Machine generated alternative text:



**Programme CORTISONE**

**Primary Medical and Intermediate Patient products for Defence Medical Services deployments and operations.**

**Request for Information - Questionnaire**

Version: 1.0

Date: 19 July 2023

**Introduction**

1. Thank you for your interest in the CORTISONE Programme.
2. The objectives of this Request for Information (RFI) are for the Authority to:
   1. better understand relevant products that may solely or collectively provide the capability required.
   2. understand what the market can provide in relation to the services required.
   3. better understand the routes to market which could provide access to relevant products and services.
3. Programme CORTISONE is seeking to integrate a number of Commercial Off The Shelf (COTS) products and services to provide an ecosystem of sub-systems that will constitute future UK Defence Medical Information Services (Med IS). The Programme is entering the Delivery Phase and intends to procure products to deliver a Primary and Intermediate Patient Care Record solution for Defence Medical Services military deployments and operations.
4. The Defence Medical Services work closely with the Royal Navy, Army, and Royal Air Force to generate medical capabilities to support global deployments involving UK forces. These deployments can either be standalone or in partnership with NATO and key allies. They cover the full spectrum of UK Defence standing and contingent commitments.
5. Primary Medical and Intermediate Care (PM&IC) is a critical component of the healthcare provided to maintain the health and fitness of the deployed force. This is principally an Occupationally driven, General Practice led, Primary Care Service that includes Rehabilitation, Mental Healthcare, Occupational Health and Sexual Healthcare capabilities tailored to the size and composition of the deployed population at risk (PAR).
6. There are often multiple medical facilities within a single deployed theatre of operations. In addition, lone, semi-autonomous medical practitioners can be operating geographically dispersed from the main medical facilities and are required to maintain patient care records and access clinical supervision/reach back support, either within the deployed theatre of operations or to the UK. The medical capabilities on deployments should be considered as a network providing care through fixed, mobile and peripatetic service delivery methods.
7. PM&IC products for use in deployed theatres of operations should be able to operate with extended periods of poorly connected or dis-connected network availability and support digital integration in the following ways.
   1. **From Deployed Environment to UK**. Data exchange between the instance/point of presence (deployed PM&IC and enabling software products) and the firm-base CORTISONE digital ecosystem. This ensures the integrity of the patient record between the deployment and master data systems.
   2. **Create a deployed digital instance**. Integrate with other applications to generate a deployed digital instance/point of presence. This ensures the clinical functionality required to deliver care, specific to clinicians and medical administrators, on deployments.
   3. **Network multiple digital instances within the same deployment**. This ensures the patient care record is updated across the deployed clinical network and the patient can move between facilities and be referred to specialist care provision.
   4. **Wider system interoperability**. Some data types will need to be interoperable with; NATO systems, non-medical personnel systems to support management of the deployed PAR; population health reporting into central management systems.
8. It is envisaged that deployed clinical applications and integration solutions will eventually be hosted on Defence Operational Computer information systems (CIS) but this is dependent on progress of other Defence programmes. Therefore, initial operational hosting is yet to be decided and requires supplier support in development and testing to confirm approach.

**Responding to this RFI**

1. Responding to this announcement is voluntary and does not start the official procurement process for the CORTISONE requirement. It should be noted that all information released in relation to this RFI is done so on a without commitment basis, is subject to change and does not signal the start of a formal procurement process. The CORTISONE team intends to provide further details of the procurement itself at a later date. The programme team will be seeking to procure these services through a framework, where possible.
2. Your response to this RFI should consist of a completed soft copy Questionnaire in Adobe PDF or MS Word format. In order to keep the response size manageable, and unless the question states otherwise, you are requested to limit your response to no more than 300 words per question; you may wish to add extra pages for diagrams, tables, etc. to support your response. Additionally, you are welcome to provide supporting information (brochure material, presentation packs etc.) outside the main body of the questionnaire.
3. Programme CORTISONE has issued this RFI to gain information about the market. The Programme team would be grateful for any information you are able to provide, even where you do not provide every component listed or are unable to answer every question in detail.

Responses should be sent to [UKStratComDD-CIS-ASD-MISEngage@mod.gov.uk](mailto:UKStratComDD-CIS-ASD-MISEngage@mod.gov.uk) by **12:00 BST** on **Thursday 31 August 2023.**

**Primary Medical and Intermediate Patient Care Record Solution for Defence Medical Services’ deployments and operations.**

**Request for Information Questionnaire**

1. **Clinical Functional Requirements**

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| **The attached draft Statement of Requirement (SoR) has been included with this RFI to signpost the main areas of functionality required by the Authority. Please note that prior to any future procurement, the SoR will be expanded to contain additional requirements that will be mainly ‘Should-have’ in nature.**  **Having reviewed the attached draft SoR, please outline any additional areas of functionality you believe the Authority should also consider or highlight any requirements which you believe are unclear, ambiguous or for which you cannot see justification.**  Additional Notes for consideration:  The objective of this question is to give industry the opportunity to add any requirements that may have been overlooked by Programme CORTISONE and for the Authority to confirm that the market can provide the services required. |

**Your answer:**

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| * 1. **We expect our Primary Medical Care (PMC) products and services to support the following types of functionalities. Please explain what functionality your offering has and the unique way you approach enabling them.** * UK General Practice functions * Medical Practice Management – requesting, adding new, and administrating patient records. * Recording and management of occupational health data * Medicines Management, prescribing (including e-prescription) * Patient referral and referral management - the movement of patients between facilities/clinical settings * Clinical and administrative reporting |

**Your answer:**

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| * 1. **We expect our Intermediate Care products and services to support the following types of functionalities. Please explain what functionality your offering has and the unique way you approach enabling them.**      * Physiotherapy or rehabilitation protocols/templates, pathways, and outcomes tracking. * Mental Health protocols/templates, pathways, and outcomes tracking. * Occupational Health protocols/templates, pathways, and outcomes tracking. * Medicines Management, prescribing (including e-prescription). * Caseload (cohort and individual) management. |

**Your answer:**

**2. Integration Requirements**

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| **2.1 In your experience, what lessons have you learned by integrating multiple clinical and administrative software products into a service to build extended functionality.**  **Example**: integrating PAR demographics, imaging, occupational health data and the clinical record to deliver required functionality. This could be delivered from a single supplier or by working collaboratively with multiple suppliers.   * Multiple applications may be required to meet all system requirements. * Solutions are to operate in disconnected and poorly connected environments. |
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**Your answer:**

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| **2.2 In your experience, what lessons have you learned by integrating data from dispersed clinical settings into a central digital repository or eco-system where the patient record and other reference data is mastered?**   * The integrity of the patient record must be maintained (semantic interoperability and prevention of duplication) * Structured and unstructured data must securely travel between the deployed service and the eco-system on demand. |
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**Your answer:**

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| **2.3 In your experience, what lessons have you learned by exchanging clinical records (and related administrative information) across multiple instances of digital services some of which will be partially or fully disconnecte**d **from any network.**   * Examples might include information exchange across Integrated Care Systems, GP practices, PMC to Community Care and Intermediate Care services. * Examples might include clinical record exchange between organisations as part of disaster/humanitarian response, other nation military-medical requirements or other global response methods. * Of particular interest would be knowledge gained around the management of extended periods of offline operation and maintenance of data integrity and transfer of cached data. |
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**Your answer:**

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| **2.4 In your experience, what lessons have you learned regarding enabling information exchange under network impaired conditions e.g., low bandwidth, high latency environments, intermittent connectivity.**   * Connectivity can be enabled using RF, mobile data networks and satellite communications. |
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**Your answer:**

**3. Hosting Requirements**

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| **3.1** **Hosting**  **A:** The CORTISONE Firm-base ecosystem of healthcare solutions is hosted on MOD-managed infrastructure. This ensures security of MOD’s sensitive data and avoids added latency due to the inspection of data as it traverses the boundary between the internet and MOD’s network. MODCloud offers options for hosting, including the ICE environment (based on the Amazon Web Services (AWS) public cloud) and the ACE environment (based on the Microsoft Azure public cloud).  In the deployed environment, CORTISONE services are expected to be hosted on Defence Operational and Information Systems and Services (OpIS). Functionality includes IT, User Access Devices, Compute, Hosting, Baseband and Bearers which are based on Level 1 Hypervisor technologies, supporting Linux and Windows Virtual Machines (VMs).  **Please describe any hosting and support considerations you would have given the above.**  **B:** The CORTISONE Deployed PM&IC solution will hold sensitive medical records. The security requirements of the MOD mean that access to live patient data in the Production Environment may be subject to additional restrictions, or not be available at all.  **Please describe any hosting and support issues you would have with this.**  **C:** Using hosted services outside of the United Kingdom, even where they are located in an allied nation, is not consistent with MOD’s security policy.  **Does your solution utilise any offshore hosted services or support services?** |

**Your answer:**

**4. Standards**

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| **4.1 Standards**  Does your product already have NHS DCB0129 compliance, or equivalent, and what is your position with regards to the recent Medical Device Regulation (MDR) legislation and compliance to UK GP IT Futures?  Please outline your approach. |

**Your answer:**

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| **4.1 Digital Technology Assessment Criteria (DTAC)**  We will use DTAC to provide us with an endorsed mechanism to assess suppliers.  Please explain how you have supported successful DTAC processes in the past? |

**Your answer:**

**5 Professional Services**

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| **5.1 Implementation Services**  Does your company provide Implementation Services?  Yes/No  MOD security policy requires that implementation and development work on MOD-identifiable tasks be performed by suitably vetted personnel. “MOD-identifiable” tasks are those which are identifiable to the developer as being related to the Ministry of Defence. In many cases, the work order can be anonymised, and therefore completed offshore, but in some cases the work is inherently identifiable as Defence work and so cannot be offshored.  The Security Vetting service is unable to vet offshore developers. Details of this policy as it relates to each procurement are provided for each competition in the Invitation To Tender.  Staff directly engaged with the MOD during implementation will be required to be vetted to a suitable level.  Please outline your approach to development and implementation, highlighting any concerns you have about MOD’s vetted staff policy. |

**Your answer:**

**6 Routes to Market**

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| **6.1** Please provide the MOD with any information relating to the routes to market which could provide access to your relevant products and services.  The objective of this question is to assist in the identification of any public sector/government frameworks or any other available routes that could provide current or future access to your products/services.  Your response should include details of pan-government framework agreements where the MOD can access your products or services (e.g., G-Cloud, Tech Services, or the NHS Healthcare Clinical Information Systems frameworks). |

**Your answer:**

**7 Licence & Service Charging Models**

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| **7.1 Licence & Service Charging Models**  Please provide us with examples of the following models that have been used for contracts you have agreed with public sector customers for similar requirements:  Licensing Model (please include any metrics that you use for software licensing and for sizing implementations)  Core components and optional components that could be licensed separately (for example Document Management and Records Management may be core, e-Forms/Workflow may be optional)  Implementation Model including Data Migration  Professional Services Model  Training Services Model (list of training services)  Service Support Model. |

**Your answer:**

**8 Licence Conditions and DEFFORM 701**

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| 8.1 MOD procures software under the conditions contained in DEFFORM 701 (the MOD Standard Licence Agreement). MOD Suppliers are required to sign up to this Licence Agreement, as are subcontractors.  Please review the terms of DEFFORM 701 (The full text of Defence Conditions (DEFCONs) and Defence Forms (DEFFORMS) are available electronically via the [Knowledge in Defence (KiD](https://www.gov.uk/guidance/knowledge-in-defence-kid)) website). DEFFORM 701 consists of the following documents:  Annex to Head Agreement – STANDARD FORM OF LICENSING SCHEDULE.  Annex to Head Agreement - Agreed Standard Conditions.  MOD Head Agreement for Licence Terms for commercial Software.  Have you previously contracted under DEFFORM 701?  Yes/No  Would you be willing to contract under DEFFORM 701?  Yes/No  Please describe any issues you would have with using this Licence Agreement. |
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**Your answer:**