DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **C298004** as part of a Call for Competition on **30th July 2024** for the provision of Clinical Data relating to Person Characteristics.

Buyer	
Organisation	NHS England
Representative	[redacted]
Tel	[redacted]
Email	[redacted]
Agent *(if applicable)*	
Organisation	N/A
Representative	
Tel	
Email	
Supplier	
Organisation	Professional Records Standards Body
Representative	[redacted]
Tel	[redacted]
Email	[redacted]

Title of Work	Person Characteristics
Call-Off Reference	C298004
Proposed Start Date	15th October 2024

Summary							
Scale of Standard *(select as applicable)*	New	X	Major Revision		Minor Revision		
Type of Standard *(select as applicable)*							
Professional	Direct Care	X	Indirect Care				
Semantic	Representation		Transformation	X	Modelling		
Technical	Architecture	X	Interface		Protocol		
Scope of Services *(select one or more)*							
Governance		Development		Assurance		Endorsement	X
Publication		Promotion		Implementation		Evaluation	X

Part A – Buyer Requirements

A1 - Objective

We require a supplier to undertake the discovery phase with agreed representative groups / number of clinicians (including but not limited to consultants, midwives, allied health professionals, biomedical scientists, pharmacists) and other interested parties such as groups representing the interests of patients, to gather intelligence on the **clinical** requirements relating to person characteristics in the following areas: age, disability and impairment, gender identity/gender reassignment, marriage and civil partnership, pregnancy and maternity, race/ ethnicity, religion and belief, sex, and sexual orientation.

A2 - Background

The purpose is to identify data items relating to these characteristics which are routinely needed when treating patients, but which aren't generally available within IT systems in use in the NHS. This includes data items which could be entered by the patient themselves, to give clinicians additional information relating to conditions which relate to person characteristics, such as self-medication or recent surgeries not undertaken by the NHS. Benefits of this include:

- Improved patient access to manage and update their own records with relevant information, including consent to share appropriately.
- Improved patient experience as a result of digitally enabled relevant clinical information, as seen by reduced need to repeat their story to all they meet.
- Improved clinician experience by reducing data gathering burden and availability of relevant information to inform clinical care.
- Enhanced and faster clinical decision making, with the right clinical data available.
- Safer and more effective care by being able to share information between clinical settings in a standardised way.

A designated member of NHS England's Information Standards Architecture (ISA) team will manage the contract throughout the duration. The designated member of the ISA team will report to the Data Design Authority on the progress of the deliverables, on a monthly basis.

The successful bidder will be provided with a draft questionnaire and a draft model of suggested data items including definitions, for each characteristic (to aid discussion).

The deliverables will be:

1. Provide feedback to the ISA team on the questionnaire design, to ensure that the language used is suitable for a clinical audience, and that all relevant questions have been included.
2. Advise the ISA team on the contributors, to include Royal Colleges and other relevant representative groups, according to the contacts which the bidder has in place, and suggestions from ISA team based on their wider discovery with interested parties.

3. Undertake the formal discovery phase with identified bodies, via a mechanism to be agreed with the ISA team.

4. Produce a report detailing the feedback received from the contributors, in a format to be agreed with the ISA team and to include the data base or other representation of all comments received, as well as a high-level representation of the main outcomes.

5. Following the ISA team incorporation of clinical recommendations into the draft information model: obtain agreement/ support of the architecture from relevant clinical bodies such as Royal Colleges, as well as other interested parties such as charities and representation groups for patients (such as those representing the interests of LGBTQIA+ groups).

6. The supplier will work with the ISA team members throughout the period of the contract and will ensure that a comprehensive handover is undertaken, and detailed data will belong to NHS England.

It is suggested that this will take approximately 33 working days effort in total, over a three-month period, at a cost of [redacted].

A3 - Target Plan

The following timescales are for the purposes of setting the overall goals with respect to the timing of the work. The details for the iterative development or assurance activity will fall out of the ongoing management process.

Ref	Buyer Needs Descriptions	Target Date
M1	Kick-off meeting	Week 1
M2	Provide feedback to the ISA team on the questionnaire design (Deliverable 1)	Week 2
M3	Advise the ISA team on the discovery phase contributors (Deliverable 2)	Week 2
M4	Agree content and structure of report (Deliverable 4)	Week 2
M5	Weekly review meetings (Deliverable 6)	Week 2 - 12
M6	Undertake formal discovery phase (Deliverable 3)	Week 2 - 6
M7	First draft of report (Deliverable 4)	Week 6
M8	Agreement of the architecture (Deliverable 5)	Week 8 – 12
M9	Second draft of report (Deliverable 4)	Week 8
M10	Final Report (Deliverable 4)	Week 12
M10	Project closing and handover meeting (Deliverable 6)	Week 12

A4 - Target Settings

The following table identifies the target health and social care settings relevant to this work and its potential impact on these settings. Please select all settings that apply.

Ref	Service	Target	Potential Impact *(see definitions)*	Ref to Note
S01	Primary Care - General Practice	Y	Min	
S02	Primary Care – Dentistry	Y	Min	
S03	Primary Care – Pharmacy	Y	Min	
S04	Primary Care – Optometry	Y	Min	
S05	Primary Care - Out of Hours	N		
S06	Other Primary Care setting *(please identify)*	N		
S11	Secondary Care - Ambulance	Y	Min	
S12	Secondary Care - Emergency	Y	Min	
S13	Secondary Care - General/Acute *(please identify as Anaesthesia, Community sexual and reproductive health, General medicine, Intensive care medicine, Obstetrics and Gynaecology, Occupational medicine, Oncology, Ophthalmology, Paediatrics, Pathology, Pharmacy, Radiology and or Surgery)*	Y	Min	Most specialties
S14	Secondary Care - Maternity	Y	Min	
S15	Secondary Care - Mental Health	Y	Min	
S16	Other Secondary Care setting *(please identify)*	N		
S21	Community Care - Child Health	Y	Min	
S22	Community Care - End of Life	Y	Min	
S23	Community Care - Mental Health	Y	Min	
S24	Community Care - Rehabilitation / Aids & Adaptations	Y	Min	
S25	Community Care - Treatment / Therapies	Y	Min	
S26	Other Community Care setting *(please identify)*	N		
S31	Public Health - Health Promotion	N		
S32	Public Health - Immunisation & Vaccination	Y	Min	
S33	Public Health - Infection Prevention/Control	N		
S34	Public Health – Screening	Y	Min	
S35	Other Public Health setting *(please identify)*	N		
S41	Social Care - Advocacy services (*identify as Adult / Child / Both*)	N		
S42	Social Care - Disabilities services *(identify as Adult / Child / Both)*	N		
S43	Social Care - Domiciliary care *(identify as Adult / Child / Both)*	N		
S44	Social Care - Needs assessments *(identify as Adult / Child / Both)*	N		
S45	Social Care - Residential care *(identify as Adult / Child / Both)*	N		

Ref	Service	Target	Potential Impact *(see definitions)*	Ref to Note
S46	Social Care - Safeguarding *(identify as Adult / Child / Both)*	N		
S47	Other Social Care setting *(please identify)*	N		
S51	Genomics	Y	Min	

Impact Definitions	
Min	The revised or newly created information standard could have a minimal but identifiable impact upon the current provision of care services within this setting
Mod	The revised or newly created information standard could have a tangible and measurable impact upon the current provision of care services within this setting
Sig	The revised or newly created information standard could have a substantial and disruptive impact upon the current provision of care services within this setting

A5 - Target Stakeholders

The following table summarises the target stakeholder groups for the work and the extent of engagement required of them. Please select all audiences that apply.

Ref	Audience	Target	Extent of Engagement *(see definitions)*	Ref to Note
A01	Patients, service users and citizens	Y	Org	
A02	Registered health and social care professionals	Y	Org	
A03	Regulated health and social care professional bodies	Y	Org	
A04	Health and social care provider organisations	N		
A05	Voluntary/third sector organisations	Y	Org	
A06	Dept of Health & Social Care and its Arm's Length Bodies	N		
A07	Central government *(its Depts and Parliament)*	Y	Org	
A08	Devolved governments *(their Depts and Parliaments)*	N		
A09	Local Government	N		
A10	International organisations / bodies representing other nations	N		
A11	Academia	N		
A21	Other Audience *(please identify)*	N		

Engagement Definitions	
Ind	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s)
Org	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s).
Pop	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s) and/or large user communities representative of the selected stakeholder group(s).

A6 - Target Deliverables

The following table lists the various deliverables which could be required from this work and the relative complexity of each. Please select all deliverables that apply.

Ref	Deliverable	Target	Degree of Complexity *(see definitions)*	Ref to Note
D11	Development Plan (inc methodology)	N		
D12	Research Proposal	N		
D13	Research Outcomes	Y	Rep	
D14	Evaluation of Supporting Technologies/Standards	N		
D21	Assessment of Need	N		
D22	Assessment of Burden	N		
D23	Assessment of Risks	N		
D24	Assessment of Benefits	N		
D25	Assessment of Training Support	N		
D26	Assessment of Investment Options (inc Value for Money)	N		
D27	Clinical Hazard Log	N		
D28	Data Privacy Impact Assessment	N		
D29	User Research Log	Y	App	
D30	Draft Design Specification	N		
D31	User Guidance	N		
D32	Other Developer deliverable (please identify)	N		
D41	Assurance Plan (inc methodology)	N		
D42	Clinical Safety Assessment	N		
D43	Information Governance Assessment	N		
D44	Updated User Guidance	N		
D45	Correspondence Log	N		
D46	Final Design Specification	N		
D47	Other Assurer deliverable (please identify)	N		
D51	Endorsement	Y	App	
D52	Other Endorser deliverable (please identify)	N		
D61	Pre-publication Assessment	N		
D62	Post Publication Assessment (including user feedback)	N		
D63	Other Publisher deliverable (please identify)	N		
D71	Promotion Plan (including methodology)	N		
D72	Promotion Outcomes (including correspondence log)	N		
D73	Other Promoter deliverable (please identify)	N		
D81	Implementation Plan (including methodology)	N		
D82	Implementation Outcomes (including user feedback)	N		
D83	Other Implementor deliverable (please identify)	N		
D91	Evaluation Plan (including methodology)	N		

Ref	Deliverable	Target	Degree of Complexity *(see definitions)*	Ref to Note
D92	Evaluation Outcomes (including consultation log)	N		
D93	Other Evaluator deliverable (please identify)	Y	Sec	The Questionnaire

Complexity Definitions	
Sec	The deliverable will be made up of one or more defined document sections (including references, glossary and bibliography elements) contributing to the body of a Buyer report
App	The deliverable will be made up of one or more defined document appendices (including references, glossary and bibliography elements), and potentially document sections, contributing to the body of a Buyer report
Rep	The deliverable will be a full report including all references, glossary, bibliography, appendices, version control and document management
Let	The deliverable will be a letter to the Buyer of the formal endorsement of the information standard by a body of responsible professional opinion or other recognised representative stakeholder organisation

A7 - Roles

The table summarises which high level role each party (Buyer, Agent [if applicable], or Supplier including any work sub-contracted via the Supplier) will hold. It uses a slightly extended version of the standard RACI terminology as follows:

- (R)esponsible - the primary party responsible for delivery (only one per role). A lower case (r) can be used to indicate if another party has partial responsibility (under the management of the primary responsible party)
- (A)ccountable - the party who is accountable for the role (only one per role) who has the ultimate decision-making ability about the role
- (C)onsulted - any party who must be routinely consulted with regard matters relating to the role (with evidence that this is the case)
- (I)nformed - if a party should be informed

Role	Buyer	Agent	Supplier	Ref to Note
Custodian	R	R		
Developer		C	R	
Assurer		R	R	
Endorser		C	R	
Publisher		I	R	
Promoter		R		
Implementor		R		
Evaluator		R		

A8 - Management

A8.1 - Control

Unless agreed as otherwise between the Buyer and the Supplier, the frequency of progress meetings will be:

Weekly:

The purpose of the progress meeting is to:

- Understand progress to date and capture actual time taken to complete identified tasks (backlog items) for the purposes of continuously improving forward estimates
- Review the outstanding tasks (backlog item list) re-prioritising them, or evolving them - ideally into sprint sized activities - as progress is made through the backlog item list, and amending, deleting or supplementing them as necessary (recording any changes to scope and any material impact on the Charges and/or timescales)
- Planning for the next sprint accordingly, ensuring that criteria for marking agreed tasks as “done” are agreed in enough detail; and, if necessary bringing the work to closure

- In the event of deciding to bring the work to closure, the Supplier acknowledges its obligations to bring the work to a mutually satisfactory conclusion (see termination) as part of final (sprint) planning

Unless otherwise agreed between the Buyer and the Supplier the sprint duration will be the same duration as the frequency of progress meetings set out above.

A8.2 - Termination

The Buyer **will** review this work package after each of the stated Milestone delivery of each release.

A8.3 - Charging

A8.4 - Special Requirements

The Request for Information document was supplemented with further information provided by the Information Standards Architecture team to further clarify our requirements. A copy of which is below:

Clinical data relating to Person Characteristics:

1. Document Purpose

This document is intended to provide brief background information relating to the Person Characteristics workstream of the Portable Care Record project, which is being developed by the Information Standards Architecture (ISA) team at NHS England. This is for the purposes of the BIS Framework process, to allow bidders to better understand the requirements of the 'The clinical requirements of the Person Characteristics – Discovery Phase' work package.

2. Person Characteristics and Information Standards Architecture

The Person Characteristics workstream within the Information Standards Architecture team at NHS England is undertaking the development of effective data architecture principles, patterns and definitions to support the safe clinical care of patients. It is intended that these data specifications will become part of standardised clinical record content for all patients. The current development of clinical data definitions is focussed on Person characteristics in the following areas: age, disability and impairment, gender identity/gender reassignment, marriage and

civil partnership, pregnancy and maternity, race/ ethnicity, religion and belief, sex, and sexual orientation.

While some information on these provisions is already collected within health care IT systems, this is primarily defined for the purposes of Secondary Use – for example the Ethnicity of a patient is collected in many data sets, but is a single patient-stated choice from the codes used for the Census for population level analysis; therefore it cannot accurately represent the factors which a clinician may require in order to consider different diagnoses or likely efficacy of medication, for example.

In some cases, the use of person-stated data for clinical use, can raise clinical risks – for example the use of stated Gender in the Personal Demographics Service to drive national screening cohort selection, means that manual workarounds for trans patients have to be put in place. Better data design is needed to enable physiological, anatomical and medication information to be accessible to clinical staff, so that better and faster treatment can be delivered in a safe way, while retaining the information to support how a trans patient wishes to be described in terms of their Gender Identity.

The Person Characteristics workstream aims to:

- address the inconsistencies between recording practices across different care settings
- provide a single data model to which all clinical and administrative data types and vocabularies can be mapped
- define data items to allow useful clinical information to be available to all professionals involved in the care of the patient
- provide the right data items to allow secondary use of clinically-recorded data (such as safer management of screening, monitoring Equality, providing statistics and patient access to records)
- enable the use of collected data more intelligently to populate key data requirements such as clinically-collected data populating Equality data items where appropriate
- allow structured data recording (including by patients themselves where appropriate) rather than text based clinical notes relating to a single encounter
- recommend preferred vocabularies and representation of data in health care IT systems locally and nationally

3. Initial Consultation Findings

A limited number of consultative interviews have been undertaken by the ISA Team since January 2023, in order to develop a suitable draft questionnaire asking for feedback from the clinical community. The questionnaire focuses on the

respondents' view of data which is needed for the purposes of clinical care, but which is not routinely available within a patient's standard clinical record.

The draft questionnaire was also informed by additional discussions between the ISA team and national teams responsible for data infrastructure, both existing and planned. This includes, for example, the team responsible for National Screening Programmes; the Personal Demographics Service; the Information Governance Policy team; and other strategic teams developing new ways for patients to access and update their own data, where appropriate. Discussions have also taken place with medical records and administration staff, PAS/EPR suppliers, Pharmacy colleagues in an NHS Trust with distributed interfaced IT systems, and other groups such as the Trans Gap Project.

Some initial findings from these conversations include:

Sex and Gender Reassignment

- Surgeries undertaken and hormone medication prescribed/taken are pertinent to differential diagnoses and treatment decisions in trans patients

- The binary (male or female) options in some clinical assessment tools, without giving clinical guidance for where the patient is transitioning or has transitioned, expose trans patients to sub-optimal care and clinical safety risks

- Pharmacy drug dispensing safety is compromised where the patient is transitioning or has transitioned, again because of the use of Stated Gender, and often more seriously because pharmacy staff are not usually face to face with the patient

- Use of the Personal Demographics Service 'Administrative Gender' to derive cohorts for routine screening requires manual workarounds to manage the requirements of trans patients (who may or may not have undergone surgery)

- Patients with Differences in Sex Development (intersex) conditions face many of the same issues as trans patients, especially if they have not been diagnosed at birth and have not undergone surgery

Race/Ethnicity

- Race/ethnicity and ancestry should be taken into consideration for diagnosis of diseases where prevalence is known to be higher in some populations

- Race/ethnicity and ancestry may have a bearing on drug efficacy

- The intersection between race/ethnicity and religion (as well as in some cases, nationality and/or birthplace and/or country of family origin) of the patient and their relatives is an important clinical consideration, as cultural practices may have an impact on them or their children. For example, the prevalence of consanguineous marriages is higher in some religious groups

because of social norms, and patients with ancestry in particular countries may be at higher risk of Female Genital Mutilation

- Attitudes to certain conditions (such as dementia) vary in different ethnic and religious communities

- Self-reported ethnicity is important for public health/population level activity (such as commissioning) so that appropriate services are designed and provided to groups with different needs

- Self-reported ethnicity at a more granular level than that required for Equality Monitoring is also important for clinical staff to understand, so that the patient's wishes are respected, and social factors can be taken into consideration during treatment

- Medical devices such as pulse oximeters may return less accurate results on darker skin, which is a clinical safety risk particularly with the rise in virtual care and remote monitoring activity

Pregnancy and Maternity

- Understanding a patient's pregnancy status and time since delivery of a baby (or non-live birth outcome) is crucial to deciding the most appropriate investigations and treatment options

- There is a higher risk of some conditions such as blood clots and certain mental disorders after a birth

- There is an intersection between race/ethnicity and pregnancy and maternity, which has been shown to produce worse pregnancy outcomes in minority ethnic people who give birth

Sexual Orientation

- This is rarely routinely collected for future use outside of sexual health settings, despite sexual orientation being a risk factor for some diagnoses (although the clinician should not make behavioural assumptions based on declared sexual orientation alone)

Age

- Age is often a factor and/or a parameter within clinical assessment tools

- It is crucial for correct medication dosage calculations or equipment sizing in neonatal and paediatric settings, and gestation length is also needed for premature babies

- It is not currently known whether the age and/or date of birth in some IT systems is as stated by the patient, or as estimated by clinicians or other involved in care. This is pertinent in some populations such as

unaccompanied asylum-seeking children, who may not know their date of birth, or be unable to provide documentary proof

Disability

- Data collection on whether a patient has a Learning Disability is poor, and research has shown that patients with such a disability die earlier and may receive sub-optimal care

- The Reasonable Adjustment Flag process collects data on Disability and Impairment – but only where the patient DOES require an adjustment to be made in order to access care

- Diagnoses causing/contributing to disabilities are needed to tailor care plans and decide appropriate treatment options to align to the capabilities of the patient

Religion and Belief

- A patient's religion may have implications for the type of clinical care that can be delivered; for example, the patient's Jehovah's Witness belief may preclude some treatments involving blood products

- A patient's stated religion is also important for adhering to requirements within, for example, food preparation and supplements; as well as for pastoral care involving the correct religious minister, and the arrangement of clinician home visits around religious observance

- There is evidence to show that certain religious groups such as Ashkenazi Jewish people have a genetic propensity to some diseases

- There is an intersection between religion and ethnicity, such that non-practising patients may wish to declare their 'religious' heritage (e.g., Jewish, Sikh) as their ethnicity, as well as or instead of their religious affiliation.

Marriage and Civil Partnership

- Research shows that marital status has an impact on longevity and overall health; although the current standard list of marital status types requires expansion to reflect modern social circumstances. For example, a patient may be legally still married, but cohabiting with a new partner.

- The use of Marital Status as a proxy for whether the patient has someone to look after their needs at home is not a reliable indicator of support, and should be discontinued

4. Scope of work required

For clarity, the scope of the full work package is:

1. Review the Draft Questionnaire provided by the ISA team, and provide feedback on changes/additional questions based on knowledge of clinical and informatics community concerns

2. Agree the contributors with the ISA team, based on a supplied initial list but with insight into the NHS and private health care provider ecosystem within the NHS in England

3. Undertake discovery on clinical and associated health care provider patient characteristics requirements, including the option for respondents to be supported to reply (by undertaking in-person explanatory interviews if required, and providing clarification on any queries raised). This will be with the support of the ISA team where necessary

4. Review the draft data definitions provided by the ISA team, for the Clinical Person Characteristics model and suggest any refinements, with clinical input as necessary

5. Compile the questionnaire responses into an agreed format, and produce a report outlining additional recommendations for data from the insights obtained

6. Review the updated data model and data definitions produced by the ISA team from these insights, and feed back any additional suggestions for clarification

7. Submit the data model and data definitions for agreement/support from relevant clinical bodies and others involved in the discovery phase, with support from the ISA team

8. Produce a final report outlining the discovery process undertaken, a list of those who responded (with their agreement), and a table of insights gained from each area/speciality/interest group

9. The contributor responses and personal contact details will be compiled into a file format such as excel or another database format to be agreed, and handed to NHS England ISA team for management under the NHS England records retention policy. Copies of data containing personal information such as names and email addresses must be disposed of by the contractor once the work package is complete.

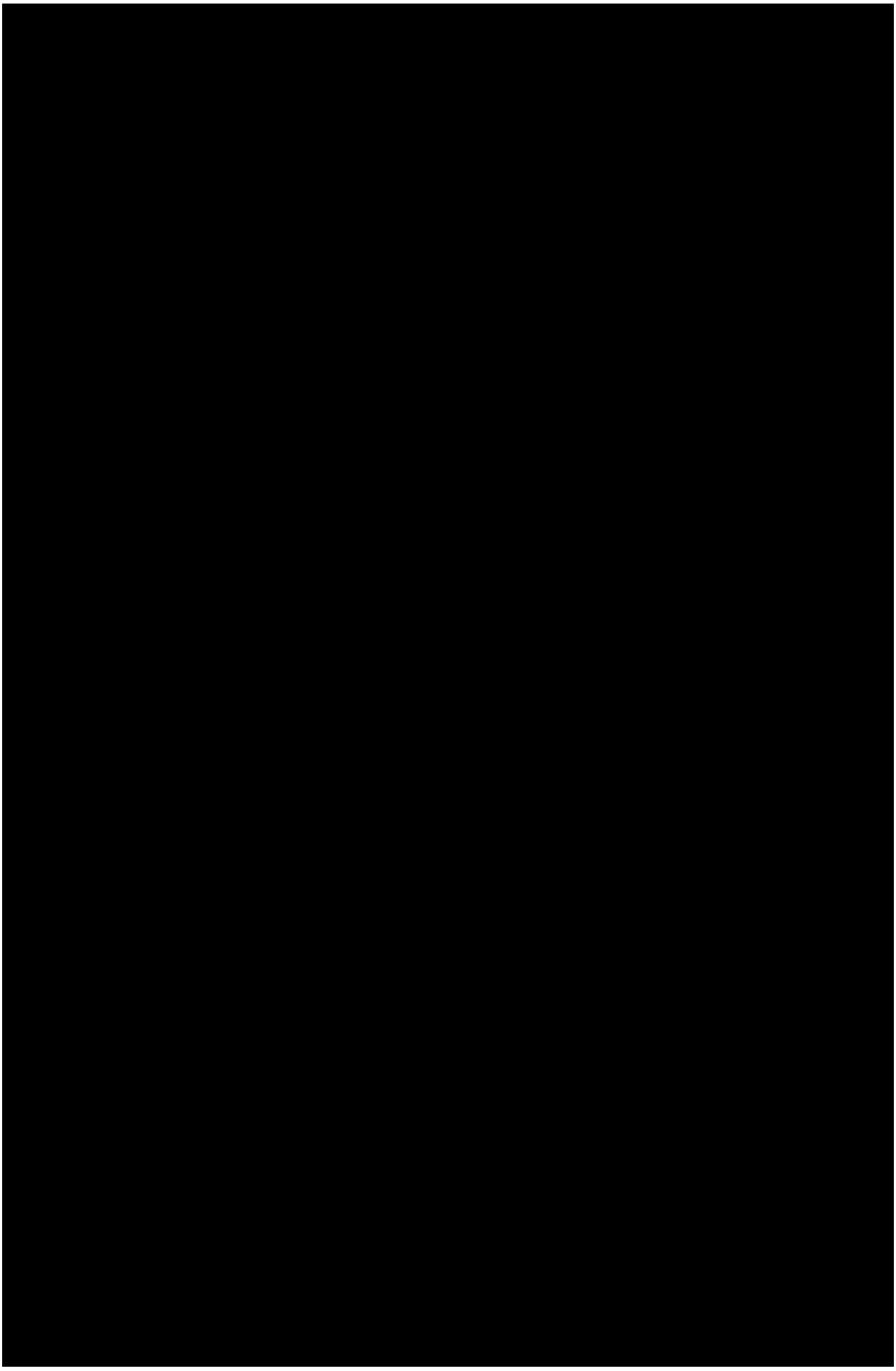
The following work is NOT required to be undertaken by the contractor:

- Design of the data model to support the clinical person characteristics
- Production of formal data definitions
- Designation of appropriate vocabularies to fulfil the data requirements

[redacted]

DPS Schedule 5 (Order Form Template)

Part B - Offer



[redacted]

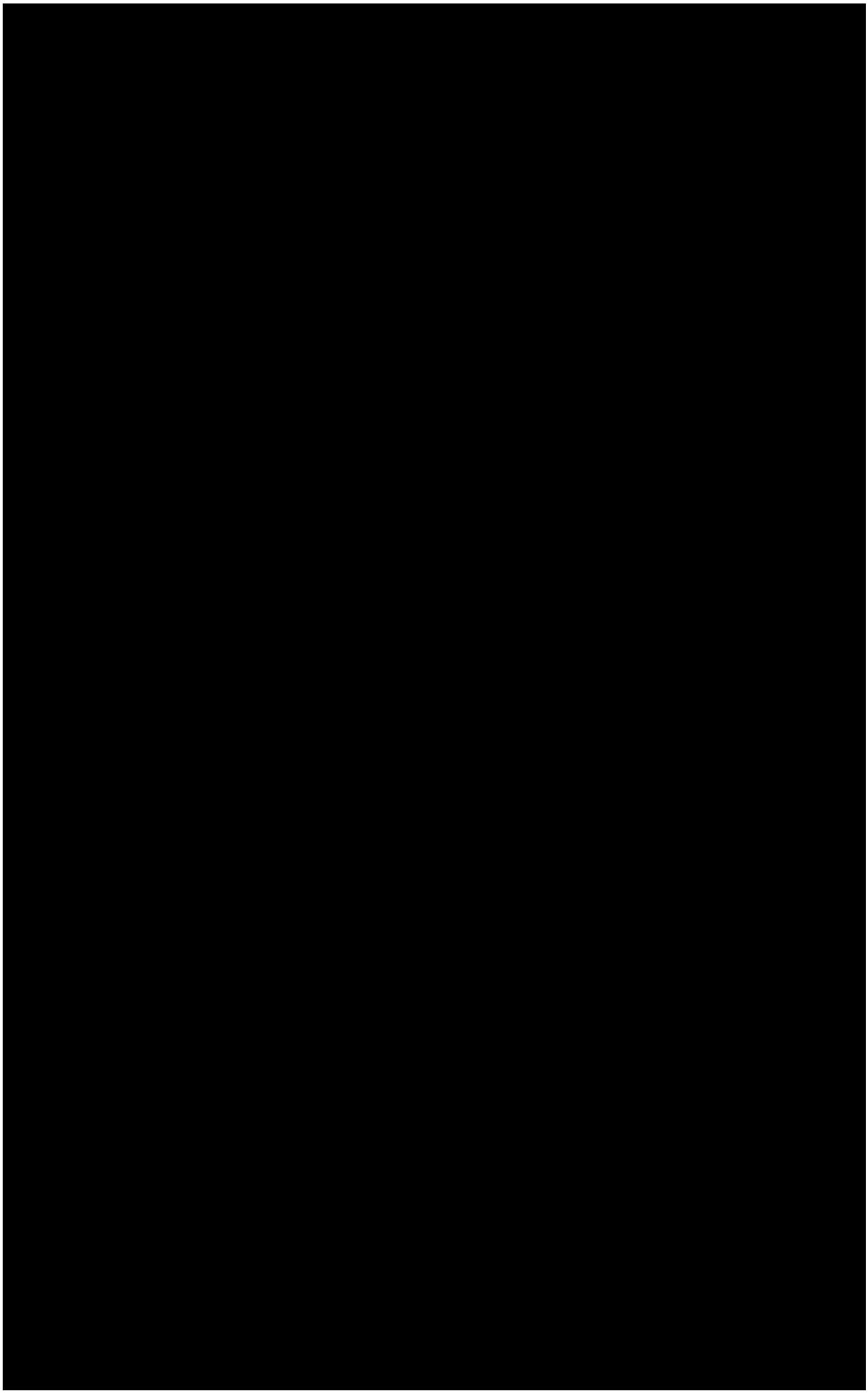
[redacted]

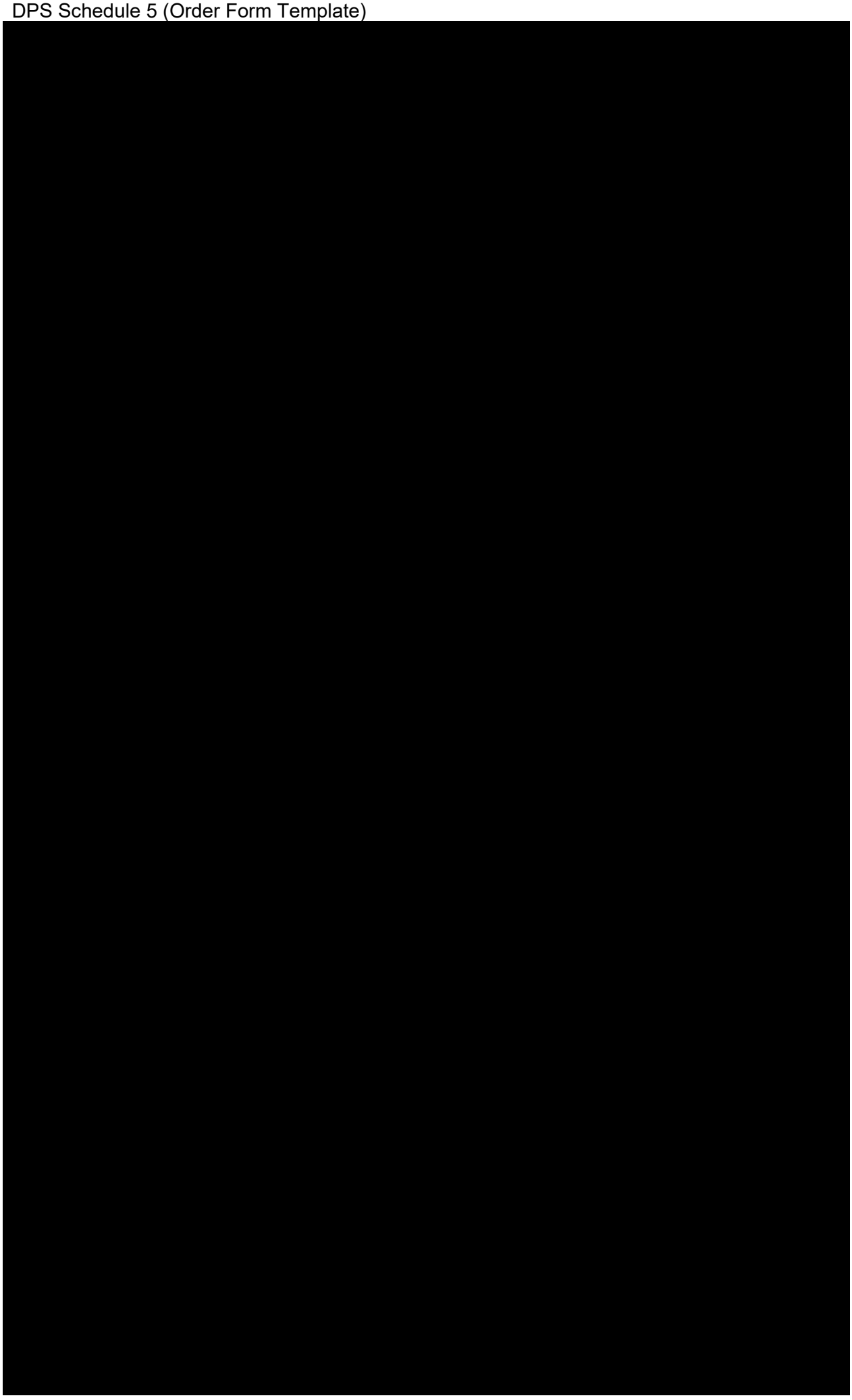
[redacted]

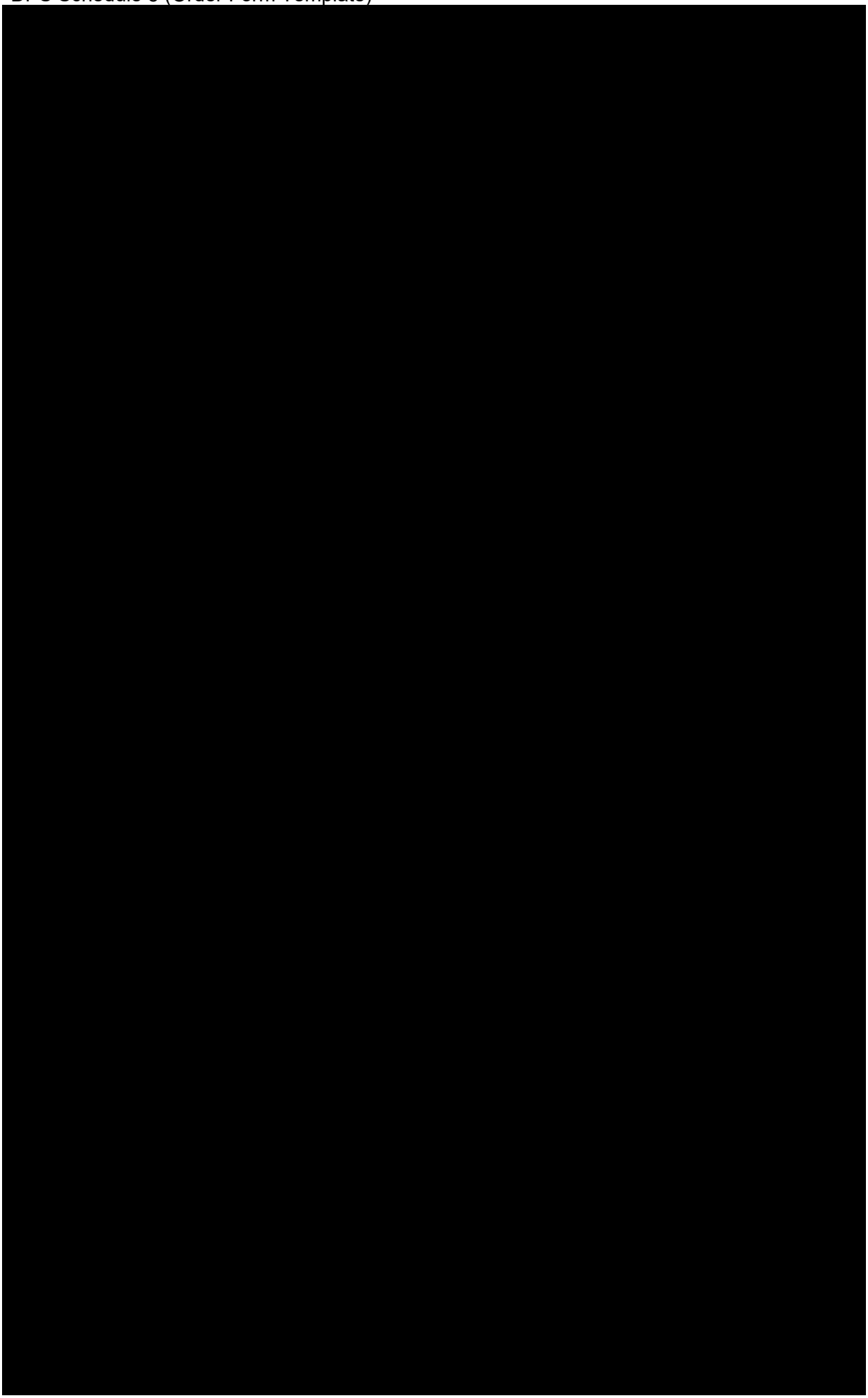
[redacted]

[redacted]

DPS Schedule 5 (Order Form Template)







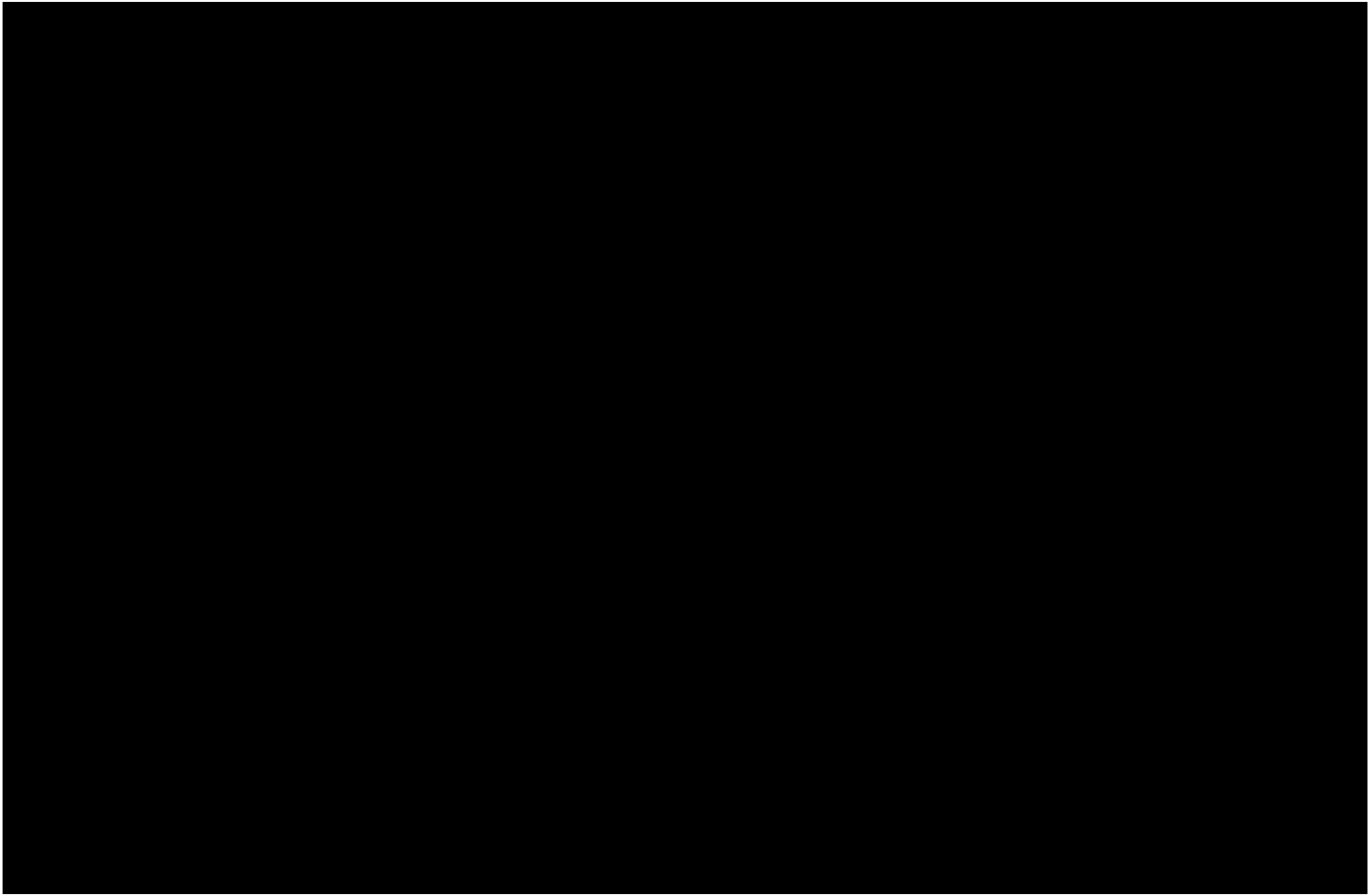
[redacted]

[redacted]

DPS Schedule 5 (Order Form Template)

[redacted]

DPS Schedule 5 (Order Form Template)



Part C – Contract Details

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Schedules.
2. The following Schedules:

Joint Schedule 1 (Definitions and Interpretation)	☒	Joint Schedule 5 (Corporate Social Responsibility)	☒
Joint Schedule 2 (Variation Form)	☒	Joint Schedule 6 (Subcontractors)	☐
Joint Schedule 3 (Insurance Requirements)	☒	Joint Schedule 7 (Rectification Plan)	☒
Joint Schedule 4 (Commercially Sensitive Information)	☐	Joint Schedule 8 (Processing Data)	☐
		N/A	
Call-Off Schedule 1 (Transparency Reports)	☐		☐
	☐	Call-Off Schedule 5 (Key Supplier Staff)	☐
Call-Off Schedule 2 (Staff Transfer)	☐	Call-Off Schedule 6 (Security)	☐
Call-Off Schedule 3	☐	Call-Off Schedule 7 (Implementation Plan)	☐

3. BIS DPS Core Terms

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of or added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS

The following Special Terms are incorporated into this Call-Off Contract:

Special Term 1	
Special Term 2	
Special Term 3	

CALL-OFF TERM

Call-Off Start Date	15th October 2024
Call-Off Expiry Date	13th December 2024
Optional Extension	

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

INVOICING

The Supplier shall invoice the Buyer for all Tasks that were planned and completed as part of any given sprint at the end of each sprint and such invoices shall be payable in accordance with the Core Terms. Each invoice rendered shall include the Charges for the Tasks that have been agreed as completed in each sprint.

ADDITIONAL CALL-OFF CHARGES

See details in Call-Off Schedule 4 (Additional Call-Off Pricing Details)

ADDITIONAL COMMERCIALLY SENSITIVE INFORMATION

In addition to those set out in Joint Schedule 4 (Commercially Sensitive Information), the Supplier should set out here any further information which it considers to be Commercially Sensitive Information.

No.	Date	Item(s)	Duration of Confidentiality
1			
2			

DATA PROCESSING

This table should be completed where Joint Schedule 8 (Processing Data) is to be used in the Call-Off Contract to which this Order Form applies.

Call-Off Contract	**Building Information Standards**
Date:	
Description of Authorised Processing	**Details**
Subject matter of the processing	N/A
Duration of the processing	
Nature and purposes of the processing	
Type of Personal data	
Categories of Data Subject	

ADDITIONAL INSURANCES

N/A

PAYMENT METHOD

Where NHS England is the Buyer, P2P payment only via invoice to:

NHS England,
T56 Payables A125,
Phoenix House,
Topcliffe Lane,
Wakefield,
WF3 1WE

To be sent as a PDF attachment by email to the following email address; sbs.apinvoicing@nhs.net (one invoice per PDF) and emails must not exceed 10Mb and quote, 'T56 Invoice Scanning' in subject line or alternatively invoices can be sent via post to the above address.

Any queries regarding outstanding payments should be directed to the Buyer's Accounts Payable section by email at financialaccounts@nhs.net

Part D - Approval

Buyer signature

Supplier signature