

Procurement of Child Health Information Systems across the South West - Options Appraisal (March 2017)

NHS England is considering how best to procure Child Health Information Systems for the South West which result in a long term sustainable, cost effective and efficient service which can meet the requirements of the recently published Digital Strategy. Further information on current CHIS services and the reasons for the procurement can be found in the attached Background Information document.

The table below lists seven potential options for the future organisation of Child Health Information Services (CHIS) in terms of the geographical area that each department would have responsibility for. The potential advantages and disadvantages of each option are summarised alongside – these are not exhaustive but aim to give a reflection of some of the potential issues commissioners need to consider. They are provided as a tool to assist in your consideration of the options but individuals should use their own knowledge of services and local planning to inform responses to the survey.

The options listed are largely based on existing organisational boundaries such as Local Authorities and CCG's however should there be a geography you feel should be considered, but is not listed, there is opportunity to identify this and your reasoning within the survey. Sustainability and Transformation Plans (STPs) and digital roadmaps are relatively new nationally driven ways of working which aim to join up planning for the future of health and social care services and the use of digital technology in defined geographies across the country. Should you require further information on these please follow the links below:

- STPs <https://www.england.nhs.uk/stps/>
- Digital roadmaps <https://www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/>

Acronyms:

BNSSSG = Bristol, North Somerset, Somerset and South Gloucestershire

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IoS = Isles of Scilly

Peninsula = Devon, Cornwall and Isles of Scilly

Kernow = Cornwall and Isles of Scilly

NEW Devon = North, East and West Devon (includes Plymouth)

CHIS = Child Health Information Service

CHRD = Child Health Records Department

LA = Local Authority

CCG = Clinical Commissioning Group

STP = Sustainability and Transformation Plan

Options	Description	Advantages	Disadvantages
<p>1. Local Authority Footprint</p>	<p>eight or nine CHIS services each in line with current Local Authority boundaries:</p> <ul style="list-style-type: none"> • Isles of Scilly* • Cornwall • Devon • Torbay • Plymouth • Somerset • North Somerset • Bristol • South Gloucestershire <p>*owing to size & working arrangements Isles of Scilly & Cornwall would likely combine</p>	<ul style="list-style-type: none"> - Minimal change in Devon and Cornwall, programme remains highly localised. - greater localisation in north of patch - greater alignment to other 0-19 services commissioned by the local authority such as health visiting. - improved alignment to schools which may ease data quality issues 	<ul style="list-style-type: none"> - Increases current number of CHIS services resulting in increased activity transferring data when children move / access services in different geography. - Significant potentially negative change for Bristol, North Somerset, Somerset and South Gloucestershire which is currently one integrated service. Risks fragmentation, increased boundary issues. - Increased cost owing to more services – management, premises - Reduced resilience due to small programmes and workforce numbers. - Economies of scale not realised – this is a process rather than frontline healthcare. - IOS would be unsustainable on own – would need to join with another LA ?Cornwall - Multiple programmes requiring duplication of administrative effort – provider & commissioner. More staff in meetings. - May restrict market - low contract values may make unattractive especially given development to achieve digital strategy. - Risks being small programme in a large organisation - limited visibility and priority. - Reduced provider efficiency in procuring information systems & licence's. - Reduced alignment to wider NHS planning. - Considerable change for limited gain. - Does not address national direction of travel for larger centralised data services

Options	Description	Advantages	Disadvantages
2. Clinical Commissioning Group footprint	Seven CHIS services based on CCG footprints: <ul style="list-style-type: none"> • Kernow (inc IoS) • NEW Devon (inc Plymouth) • South Devon & Torbay • Somerset • North Somerset • Bristol • South Gloucestershire 	<ul style="list-style-type: none"> - Alignment with existing GP geographies & current health commissioning boundaries for maternity and children’s services. - Programme remains localised in Cornwall & Torbay - Potentially addresses resilience concerns for Plymouth as a small programme - Greater alignment with CCG children’s services commissioning in Devon – single footprint. 	<ul style="list-style-type: none"> - Increases current number of CHIS services resulting in increased activity transferring data when children move / access services in different geography. - Significant potentially negative change for Bristol, North Somerset, Somerset and South Gloucestershire which is currently one integrated service. Risks fragmentation, increased boundary issues. - Increased cost owing to more services – management, premises - Continued potential resilience concerns for Torbay as a small programme. - Considerable work around cross boundary changes in Devon for minimal benefit? - Economies of scale not realised – this is a process rather than frontline healthcare. - Multiple programmes requiring duplication of administrative effort – provider & commissioner. More staff in meetings. - May restrict market - low contract values may make unattractive especially given development to achieve digital strategy. - Current health commissioning boundaries may evolve over the length of the contract. - Does not align to other 0-19 services commissioned by the local authority - Reduced provider efficiency in procuring information systems. - Does not address national direction of travel for larger centralised data services

Options	Description	Advantages	Disadvantages
3. Sustainability & Transformation Plan Footprints (STPs)	Four CHIS services based on new planning footprints for health and social care: <ul style="list-style-type: none"> • BNSSG • Somerset • Devon • Cornwall and IoS 	<ul style="list-style-type: none"> - Alignment to future planning footprints for health & social care - Opportunities for economies of scale & provider efficiencies to release monies for development of services - Reduces number of boundaries in Devon, reducing the need for data transfer between CHIS providers. - Greater workforce resilience across Devon – larger programme with combined workforce - Less CHIS services – reduced administration in provider & commissioner functions in Devon - Increased contract value may be more attractive to market & facilitate development of service - Increases consistency of model/offer by reducing number of services - Partially addresses national direction of travel for larger centralised data services 	<ul style="list-style-type: none"> - STPs new and may evolve over duration of contract. - Small areas which currently perform well may be negatively affected by change which may reduce performance during procurement - Significant potentially negative change for Bristol, North Somerset, Somerset and South Gloucestershire which is currently one integrated service. Risks undoing a lot of recent work bringing service together. - Reduced economy of scale & workforce resilience across BNSSSG - Increases the number of boundaries in BNSSSG thereby increasing the need for data transfer between CHIS providers. - Increased administration in provider & commissioner functions in BNSSSG - Reduced provider efficiency in procuring information systems in BNSSSG. - Potential for reduced ability of Devon service to be locally responsive - Decreased contract value in BNSSSG may decrease the market interest

Options	Description	Advantages	Disadvantages
<p>4. Digital Roadmap footprints</p>	<p>Three CHIS services based on new planning footprints for implementing electronic health records:</p> <ul style="list-style-type: none"> • BNSSG • Somerset • Peninsula 	<ul style="list-style-type: none"> - Alignment to other digital planning footprints – future proof - Opportunities for economies of scale & provider efficiencies in procuring systems to release monies for development of services In Peninsula - Reduces number of boundaries in Peninsula, reducing the need for data transfer between CHIS providers. - Greater workforce resilience across Peninsula – larger programme with combined workforce - Less CHIS services – reduced administration in provider & commissioner functions in Peninsula - Increased contract value may be more attractive to market & facilitate development of service - Increases consistency of model/offer by reducing number of services - Partially addresses national direction of travel for larger centralised data services - Potential for Increased ability of BNSSSG service to be locally responsive. 	<ul style="list-style-type: none"> - Digital roadmaps new and may evolve over duration of contract. - Small areas which currently perform well may be negatively affected by change which may reduce performance during procurement - Significant potentially negative change for Bristol, North Somerset, Somerset and South Gloucestershire which is currently one integrated service. Risks undoing a lot of recent work bringing service together. - Reduced economy of scale & workforce resilience across BNSSSG - Increases the number of boundaries in BNSSSG thereby increasing the need for data transfer between CHIS providers. - Increased administration in provider & commissioner functions in BNSSSG - Reduced provider efficiency in procuring information systems in BNSSSG. - Potential for reduced ability of peninsula service to be locally responsive - Decreased contract value in BNSSSG may decrease the market interest - May cause significant confusion over boundaries as not aligned to other children’s health or 0-19 services - May not align with STP strategic planning

Options	Description	Advantages	Disadvantages
5. Replicate existing arrangements	Five CHIS services based on existing geographies: <ul style="list-style-type: none"> • BNSSSG • Torbay • Plymouth • Devon • Cornwall and IoS 	<ul style="list-style-type: none"> - No changes to geography / boundaries of existing services - Maintains workforce resilience & economies of scale in BNSSSG - Services aligned to other 0-19 services commissioned by the local authority such as health visiting. - Smaller services have potential to be more locally responsive 	<ul style="list-style-type: none"> - Large variability of service alignment, scale and size across the South West. - Does not resolve potential workforce resilience issues in smaller services - Retains existing boundaries thus the need for data transfer between CHIS providers - Reduced potential provider efficiency in procuring information systems - Reduces opportunity to release resource due to economy of scale - Fragmentation of processes and ways of working - Multiple programmes requiring duplication of administrative effort – provider & commissioner. More staff in meetings. - May restrict market - low contract values may make unattractive especially given development to achieve digital strategy. - May not future proof services - Variability of services ability to align to future health and social care commissioning footprints, low visibility in strategic planning, does not align to national direction of travel for larger data hubs.

Options	Description	Advantages	Disadvantages
6. Splitting the South West into North & South	Two CHIS services one in north, one in south: <ul style="list-style-type: none"> • BNSSSG • Peninsula 	<ul style="list-style-type: none"> - No change to current BNSSSG service - Opportunities for economies of scale & provider efficiencies in procuring systems to release monies for development of services - Reduces number of boundaries in Peninsula, reducing the need for data transfer between CHIS providers. - Greater workforce resilience across Peninsula – larger programme with combined workforce - Less CHIS services – reduced administration in provider & commissioner functions in Peninsula - Increased contract value may be more attractive to market & facilitate development of service - Increases consistency of model/offer by reducing number of services - Addresses national direction of travel for larger centralised data services whilst retaining rationale around local planning - Ability to align to wider planning within NHS digital services going forwards in Peninsula – future proof services. - Increased contract value in Peninsula may increase the priority from a provider perspective 	<ul style="list-style-type: none"> - Small areas which currently perform well may be negatively affected by change which may reduce performance during procurement - Potential for reduced ability of peninsula service to be locally responsive - May cause significant confusion over boundaries as not aligned to other children’s health or 0-19 services - May not align with STP strategic planning - Centralising services may risk losing highly qualified & experienced staff. - May restrict market in that smaller providers unable to bid. - Currently two information systems used in peninsula – single system would be required and potential for significant data transfer / staff training requirements.

Options	Description	Advantages	Disadvantages
<p>7. NHS England Commissioning footprint - one large service covering the whole of the South West.</p>		<ul style="list-style-type: none"> - Opportunities for economies of scale & provider efficiencies in procuring systems to release monies for development of services - Reduces number of boundaries substantially reducing the need for data transfer between CHIS providers. - Greater workforce– larger programme with combined workforce which is sustainable and flexible - Less CHIS services – reduced administration in provider & commissioner functions - Increased contract value may be more attractive to national market & facilitate development of service - Increases consistency of model/offer by reducing number of services - Addresses national direction of travel for larger centralised data services - High contract value increases priority and visibility of service. 	<ul style="list-style-type: none"> - All services may be negatively affected by change which may reduce performance during procurement - Potential for a single large service to be lose ability to be locally responsive - May not align with STP strategic planning - Centralising services may risk losing highly qualified & experienced staff. - May restrict market in that smaller providers unable to bid and only a few interested parties in a large service. Market appetite for large programme is unknown - Currently two information systems used in peninsula – single system would be required and potential for significant data transfer / staff training requirements. - May not result in being the ideal footprint - may need to change again in future. - Will not align to any other service or commissioning boundaries

Should you have any queries regarding any aspect of this procurement please email phcontractssouthwest@nhs.net