IT requirements for personalised care

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IT requirements for personalised care

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Executive summary

NHS England is leading a process on behalf of and with clinical commissioning groups (CCGs) across England, to ensure that information technology (IT) solutions that support the personalisation agenda in health and social care, specifically the rollout of Integrated Personal Commissioning (IPC)[1] and personal health budgets (PHBs)[2], are high quality and represent value for money.

This document sets out the expected functional requirements of these IT solutions. The requirements have been developed with CCGs, local authorities and other local partners, and with people with experience of personalised care.

The requirements are intended to be used by IT suppliers in order to develop appropriate solutions that take into account the needs of all service users, including those with PHBs and people in IPC cohorts, and support the delivery of the intended benefits from more personalised approaches to care.

This document sets out a number of core requirements that all solutions should comply with, and additional functionality to support the principles of personalisation. This will allow different solutions to meet different system and organisational needs, and will enable flexibility and innovation.

IT suppliers are invited to respond to this document, setting out how their IT solutions fulfil these requirements. This is the first stage in a process through which NHS England will assess the relevant IT solutions currently available in the market to:

- Ensure that they meet the core functional requirements
- Clarify and agree which additional functionality they offer, meeting all additional requirements within the relevant functional area
- Clarify the commercial model employed or proposed for each of the solutions.

NHS England's intention is to publish an initial list of IT solutions that are compliant with the requirements set out in this document. This list will allow commissioners in health and social care to assess the most appropriate IT solution and form a basis for a functional specification that meets their local circumstances, in line with local contracting practices and meeting their policy and regulatory obligations. This should support the successful delivery of high-quality and efficient personalised care at scale in health and social care.

This is the initial phase of NHS England's approach to developing the capability of IT systems to support personalisation. NHS England intends to adopt an iterative approach to the process, ensuring that the quality of IT solutions is maintained and to stimulate a dynamic marketplace, encouraging innovation and new entrants.

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[1] https://www.england.nhs.uk/commissioning/ipc
[2] https://www.england.nhs.uk/healthbudgets

1 Context: personalisation

Personalised care, or personalisation, means enabling people to have more choice and control over their care, and building the expertise of individuals to manage their care. This transforms the relationship between people and professionals into a true partnership, and lays the foundations for achieving the best health and wellbeing outcomes for people.

The personalisation agenda is transforming how the NHS empowers people, and is one of the key ambitions of Chapter 2 of the NHS's Five Year Forward View[3], which sets out a shared vision for the future of the NHS in England. Through various policy and regulatory requirements, NHS England requires commitments to personalisation to be delivered through commissioning by CCGs alongside other partners, including local authorities and providers. The development of Sustainability and Transformation Plans (STPs)[4] provides an opportunity in the 'footprints' to harness excellence in personalisation and accelerate wider adoption.

Personalisation can improve outcomes by:
- Giving people choice and control over their health and support
- Enabling more bespoke and coordinated approaches to care and support
- Building knowledge, skills and confidence of people to manage their own health
- Enabling greater integration of services
- Building strong inclusive communities that promote health and well-being.

There are a number of national initiatives to deliver the vision, including the Integrated Personal Commissioning (IPC) programme, a joint initiative between NHS England and the Local Government Association (LGA) that is shaping the model of care for people with ongoing, high support needs in England.

IPC is central to NHS England's plans to support the expansion of personal health budgets (PHBs) by creating the wider system conditions that enable people to personalise and direct their health, social care and education support. The IPC framework is shaped around five 'key shifts', as set out in the IPC Emerging Framework[5], published in May 2016.

NHS England expects the development of IT solutions will support this broader model of care to enable the continued expansion of IPC.

Further information about the approach to delivering PHBs in the NHS is available on the NHS England website[6]. The NHS Mandate commitment is for at least 50,000-100,000 people to have a PHB by 2020/21, building on existing legal rights in NHS Continuing Healthcare. Beyond 2020, NHS England expects this number to continue to increase annually.

By supporting people to manage their own health, PHBs can reduce the cost of inpatient care[7], and in doing so support a financially sustainable NHS.

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[3] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[4] https://www.england.nhs.uk/stps/
[5] https://www.england.nhs.uk/healthbudgets/wp-content/uploads/sites/26/2016/05/ipc-emerging-framework.pdf
[6] https://www.england.nhs.uk/healthbudgets
[7] https://www.phbe.org.uk/index-phbe.php

2 Purpose and scope of the IT solution

There are currently a wide range of approaches being used to administer PHBs locally. Some CCGs may have labour intensive methods to administer PHBs, diverting resources away from other areas.

NHS England is aware that a number of CCGs are in the early stages of considering and procuring various IT systems to enable more efficient and effective delivery of the personalisation agenda. There is a risk that these solutions are of varying quality, being designed to meet the needs of the system, rather than being developed around and prioritising people's needs. A system designed around people's needs should support genuine choice and control, reduce complexity and encourage take-up.

Through this process, NHS England aims to support CCGs in their decision-making, enabling them to spend the money they may already be planning to spend on new systems more effectively.

Whilst IT solutions are not a magic bullet to deliver personalisation at scale, and the overall success of the agenda will depend on wider factors, they should support CCGs to efficiently and effectively deliver the personalisation agenda in line with the five IPC key shifts. They should enable genuine choice and control that leads to improved well-being and reduced reliance on crisis services. They can also support greater integration across services, for example by supporting development of shared marketplaces, and integrated care and support planning across health and social care.

NHS England also expects IT solutions to support analysis and learning about what works to deliver better outcomes for people, thereby supporting improvements to the commissioning process and widening the choices available.

Given the range of IT solutions already available for use and being used in the market, NHS England does not believe that building a new, centralised system is the best option at this stage. NHS England is committed to supporting local choice and flexibility by facilitating a high-quality marketplace for those IT solutions.

For the avoidance of any doubt, NHS England is not, at this stage, procuring any IT solutions or contracts or setting up any form of purchasing framework. It is running a process with and on behalf of CCGs and other local professionals that firstly sets out the requirements of high-quality IT solutions that can support personalisation locally. These requirements have been developed through engagement with CCGs and other local delivery organisations, people with lived experience and national programme leads. Secondly, NHS England will identify which solutions in the marketplace meet these requirements, in line with the process explained in Section 5 of this document. This is intended to assist CCGs and local partners in making informed local decisions about their investment in IT, in line with their normal procurement and governance processes.

Local areas will have a range of existing IT solutions and will be at different stages in their journey implementing PHBs (and, in some cases, IPC). Therefore IT solutions to support personalisation must be flexible and designed to work within this context. Based on the delivery model for personalisation and initial engagement with the market, in the broadest sense NHS England anticipates the solutions could deliver the following functionality:

- **Identification**: of the highest priority candidates for IPC and/or a PHB, and calculation of an indicative budget. This functionality should be within the capability of existing risk stratification tools (which are accessed through the [Lead Provider Framework (LPF)](#)[8])
- **Planning**: joining up assessments and supporting creation of a personalised care and support plan
- **Management and monitoring**: a finance platform to enable effective management of PHBs and facilitate required transactions, with appropriate monitoring and audit
- **Marketplace**: access to a broad marketplace for the individual to purchase care and support in line with their care and support plan. This may include items and services such as therapies, personal care and equipment
- **Community**: to support health empowerment and service improvements, including access to peer support.

These functional areas align with the IPC key shifts, as set out in Figure 1.

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[8] https://www.england.nhs.uk/lpf/

Figure 1: How the proposed IT functionality maps onto the five IPC 'key shifts'
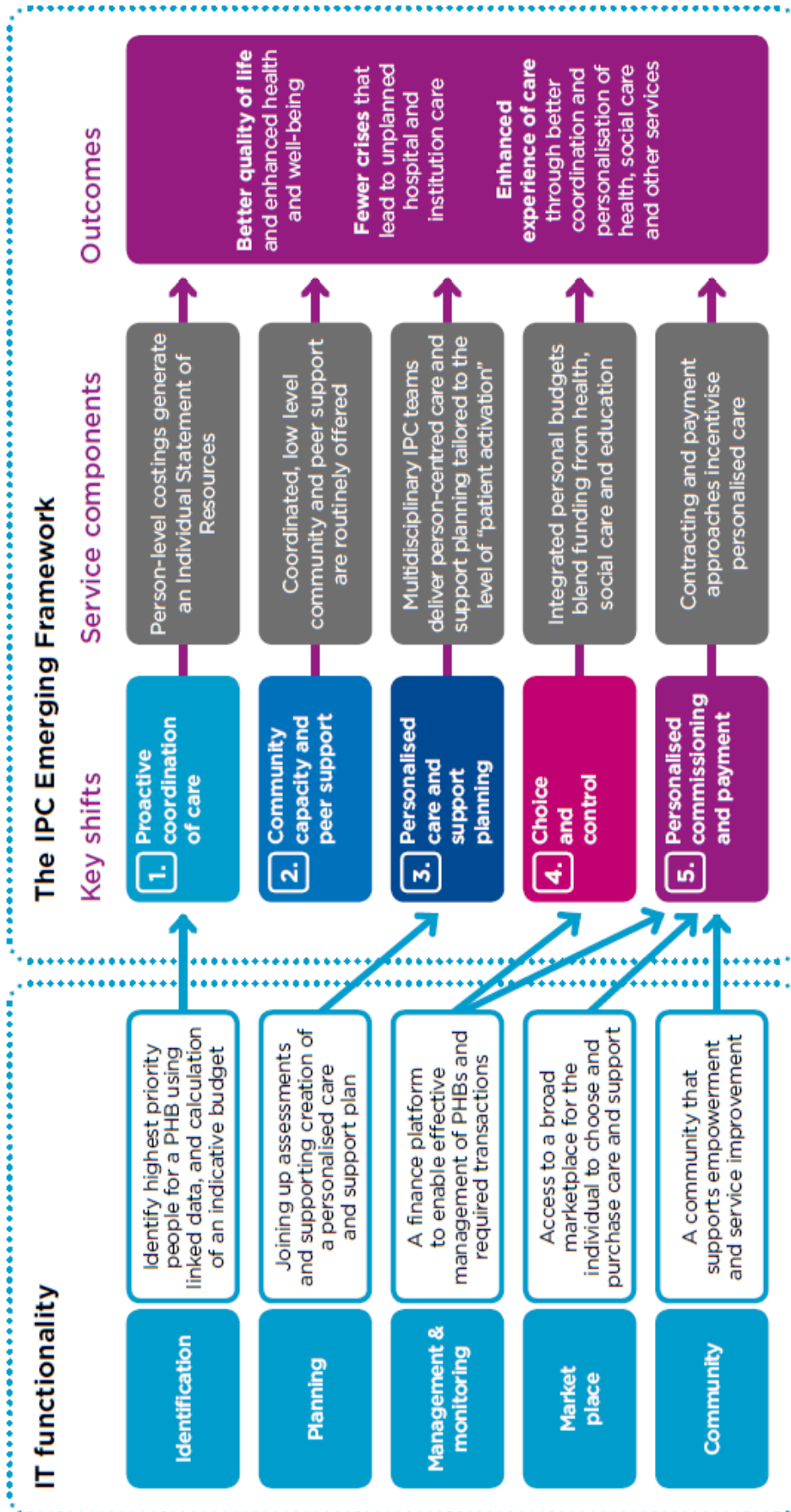
It is not anticipated that any one IT solution will deliver all functional areas, but it is expected that all solutions consider the range of end user perspectives, and are developed with a view to being part of a single, coherent system.

As part of the 'identification' functionality, local areas will already have in place solutions that provide business intelligence, working with the local provider of Commissioning Support Services (CSS) via the LPF. IT solutions should take account of and integrate with the existing model. In other areas of functionality, there may be more variation in the existing use of IT solutions.

NHS England also expects IT solutions to integrate with the NHS.uk platform, which will be the common platform for public access to NHS IT services. Solutions should take into account NHS Digital standards, some of which are highlighted below.

There are other linked IT initiatives that shift people's health records and interactions within the care system online, such as Patient Online and Care Passports. NHS England would look to work with IT suppliers to explore the links between these initiatives.

All IT solutions designed to support personalisation will be expected to meet the core requirements set out below in Section 3 of this document.

Given that the IT solutions will have different scope in terms of functionality, the rest of the requirements are organised into functional areas, as set out in Section 4. Not all solutions are expected to deliver all functional areas. Within each functional area, for a solution to be deemed to be delivering this functionality, it is expected to meet all of the constituent requirements.

In addition to these requirements, NHS England would encourage additional innovation and creative solutions that provide functionality not set out in this document.

NHS England expects a range of solutions to meet these requirements, thereby giving choice to local commissioners regarding the best solution for their circumstances.

Suppliers may feel that some requirements (either core or additional) may not be applicable to their solutions. In these instances, NHS England will take a pragmatic approach to this process and consider the justification for this, taking into account the direction of travel. The intention of this exercise is to engage with the market to establish the range of suitable IT solutions in the marketplace that are capable of meeting the specific requirements of personalisation, as well as assisting CCGs and other commissioners in identifying key functional requirements for their local circumstances.

3 Core requirements

The following requirements are compulsory for all providers of IT solutions who wish to be part of this process. Note that these have been designed to be core requirements for all solutions but it is expected that the type of evidence provided by IT suppliers will vary.

3.1 An IT solution must have been designed with people at the heart, such as through agile development methodology

Reflecting the principles of personalisation, IT solutions must be designed and developed with people at the heart, through co-production and iterative design. This may include individuals with care and support needs, families, carers, commissioners and providers. The user interface should be easy to use and intuitive.

This will mean that the service is one that people will want to take up and professionals are comfortable using, and therefore support the expansion of personalisation. If services are not designed and developed in this way, they will not meet people's requirements and therefore will not encourage take-up.

NHS England expects to see evidence of how co-production has shaped each IT solution, including the principles of the engagement process and how it has influenced the design of the offer.

3.2 An IT solution must enable genuine choice and control for people and their families to achieve the desired outcomes from the personalisation agenda, in line with the IPC key shifts and consistent with the statutory regulations. It should allow for flexibility and innovation in people's lives

Information on the NHS England website and in the IPC Emerging Framework set out more information on these programmes. At the heart of any IT solution must be genuine choice and control, so that the outcomes of personalisation are met.

NHS England expects to see evidence of how IT solutions support the aims of personalisation and how they enable these to be delivered, including, where relevant, through referencing the IPC Emerging Framework and other guidance. For example, if providing 'marketplace' functionality, the IT solution should not restrict people to only choosing contracted providers, as this does not align with the intention of personalisation.

3.3 An IT solution must support different personal budget models, including direct payments and notional budgets, and meet the full range of people's needs

A one-size-fits-all IT solution will not be sufficient to support the range of people accessing PHBs. PHBs may be available for both those with complex, ongoing health and well-being needs, as well as one-off needs such as equipment, so the solutions should be flexible and adaptable to different requirements. All types of PHB, including direct payments and notional budgets[9], must be supported by the solutions.

CCGs will be in different places and have different needs; for example some are implementing IPC and therefore integration across local areas is vital, including with local authorities. Others may be focussing on delivering PHBs for specific cohorts.

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[9] http://www.nhs.uk/NHSEngland/patient-choice/personal-health-budget/Pages/about-phb.aspx

NHS England expects to see evidence of how the solution has considered the different users, and how it meets their needs.

3.4 An IT solution must meet the relevant data security and privacy standards, in line with NHS policy, and must be consistent with the IT security requirements of the Information Governance (IG) toolkit

NHS England expects all IT solutions to have appropriate data security and privacy built in.

It is recommended that organisations providing IT solutions are Cyber Essentials Plus[10] accredited and can evidence adherence to relevant national guidance from the NHS Digital Cybersecurity Programme[11] and the National Cyber Security Centre[12] (including adherence to the Cloud Security Principles where relevant). The IT solution should be able to evidence that they have privacy built in by design, in line with the Information Commissioners Office guidance[13] in this area, ensuring that privacy and data protection compliance has been implemented from the outset.

The system as a whole must be consistent with the IT security requirements of the NHS Digital Information Governance Toolkit[14] and all providers should be able to demonstrate compliance with the Information Governance Toolkit or an equivalent level of assurance (such as ISO 27001) for itself and all third parties who may process data on their behalf. This should be documented in relevant contracts with these third parties. The IT solution should support the ability to inform users how their information will be used and provide a facility for users to record consent for information processing and sharing in line with the agreed use of the system.

3.5 An IT solution must allow appropriate access, taking into account different user needs and including the capability to verify identity

NHS England expects the IT solution to allow appropriate access for users, including:

- Taking account of the range of user needs and capacity, and where appropriate allowing people who require advocacy or those with limited capacity to delegate access to individuals, who will have their own access credentials
- As per Section 3.4, aligning with relevant data security and privacy standards and where necessary providing reassurance to potential users of the IT solution about the use of and access to personal data
- Where possible, aligning identity requirements with the wider NHS approach, helping to link data and providing a true online experience
- Allowing appropriate access for professionals, with permission from the person, to support partnership working and enabling personalised support in line with the IPC key shifts, whilst maintaining control for the person to make decisions about who can access what; potentially limiting access to a subset of information where appropriate
- Implementing role-based access controls for staff
- Ensuring transparency in access logs so that people know who has viewed and/or edited their record, when and why.

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[10] http://www.cyberessentials.org/
[11] http://content.digital.nhs.uk/carecert
[12] https://www.ncsc.gov.uk/
[13] https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-by-design/
[14] https://www.igt.hscic.gov.uk/

3.6 An IT solution must enable connectivity and interoperability to support integration between health, social care and education in a local area

Given the wide range of current IT solutions used locally and the range of IT solutions NHS England expect to be on offer, all solutions are expected to:

- Publish their application programming interfaces (APIs) as part of their response to these requirements, evidencing how and where they enable interoperability
- Align with the NHS Interoperability Toolkit[15] – a set of common specifications, frameworks and implementation guides to support interoperability within local organisations and across local health and social care communities
- Have considered the potential integration required between different solutions, for example other solutions supporting the personalisation journey, national NHS services, wider marketplace services and payroll services, and be designed to effectively enable these types of integration.

3.7 An IT solution must allow for the analysis and reporting of data, to understand whether and how the outcomes from personalisation are being delivered

IT solutions must enable data to be extracted and used appropriately by local areas, at regional and/or STP footprint level and nationally as necessary, in order for analysis to be undertaken, creating a feedback loop that responds to what is and isn't working. This information and analysis should enable local commissioners to improve the way they commission and contract for services.

IT solutions will need to take into account what data exports are needed at each level, including whether it is personal (patient level) data, and whether it is pseudonymised or anonymised. It will need to take into account the consent requirements from individuals who sign up to use the IT solution.

It is expected that, where consent is granted and recorded, the relevant data will feed into Data Services for Commissioners Regional Offices (DSCROs), providing the necessary information to enable linkage with existing data sets. The frequency of the data flows, and the data captured for analysis, should be defined locally by the CCG and their CSS provider.

IT solutions should also consider wider reporting requirements and enable relevant users to fulfil their reporting obligations. For example, for some solutions, helping CCGs meet their reporting requirements against the voluntary 'markers of progress' (MoP) survey that CCGs use to report on PHB uptake on a quarterly basis. NHS England expects to see examples of possible reports.

3.8 The individual's information must be portable between different IT solutions to facilitate ease of movement

The IT solutions should allow for ease of movement between different geographic areas as well as other types of movement, such as a personal budget holder moving from a legacy system or a local authority system to a new IT solution. This aligns with the new rights under the EU General Data Protection Regulations which will come into force in the United Kingdom in 2018. The solutions should also consider how

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[15] https://digital.nhs.uk/interoperability-toolkit

people can request and download their data in a standard format to aid portability. Solutions should take account of relevant NHS Digital standards and data migration considerations.

3.9 An IT solution must be capable of providing management information and user feedback that will enable development and improvement, to ensure it is successfully supporting the policy outcomes

All IT solutions must allow for further development in response to user feedback, to ensure user requirements are being met. NHS England expects these types of testing mechanisms to be built in, such as the ability to carry out A/B testing and user surveys. Future amendments to IT solutions should be easily delivered to ensure the solutions are future proofed. NHS England expects to see a brief explanation of the methodology for how the IT solution will be able to be constantly updated and improved.

3.10 The solution must provide appropriate availability to meet people's needs, through appropriate access channels, and support assistive technology

IT solutions must be available for people in a way that works for their lifestyle and needs. All IT solutions must set out their expected availability and how this will be delivered and maintained. They should also clarify the approach to user support.

They should also set out the scalability of the solution, including concurrent users that can be supported immediately, how this will scale over the following years and the impact of the scalability.

IT solutions should be able to be accessed in a way which provides maximum flexibility for users, including through a range of devices such as different types of smartphone and through mobile and web apps. They should also support assistive technology, enabling solutions to meet [best practice guidance around accessibility](https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction)[16].

3.11 IT solutions must provide accurate record keeping for all users

IT solutions should enable accurate electronic record keeping. They should record decisions made, by whom, when, including the reasoning and how this decision was communicated to the relevant people. This supports the legislative duty as part of due process. IT solutions should give people the confidence and ability to move away from paper-based record keeping. Solutions should take account of relevant NHS Digital standards.

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[16] https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction

4   Additional requirements

Given that IT solutions will have different scope in terms of functionality, the following requirements are organised into functional areas, as set out below. Not all IT solutions are expected to deliver all areas. Within each area, for a solution to be deemed to be delivering this functionality, they should be providing the capability against all of the constituent requirements.

The requirements are written from two perspectives: an individual's perspective, to highlight the centrality of the individual in the design of the IT solutions, and the perspective of a CCG (or other local professionals), to highlight the route through which such IT solutions would be commissioned, put in place and used by healthcare professionals.

4.1   Identification

This functionality, if offered, should support identification of the highest priority candidates for greater personalisation in a local area, including a PHB, and ultimately give an indicative budget. Local areas should already have in place solutions which provide business intelligence, working with the local provider of CSS via the LPF.

4.1.1   [Professionals] "I am able to view linked data sets in my local area that bring together health and care usage for individuals"

The IT solution should enable activity and cost data sets to be linked in a local area across the relevant available data sets, including all NHS services, local authority services, the voluntary and community sector and education. This will enable professionals to understand trends and where the costs are falling in the system. Solutions should outline how they establish interfaces and links with other data sets, and they must be designed to take into account information governance (IG) issues at a local and national level.

4.1.2   [Professionals] "I am able to identify who would benefit from greater personalisation in my local area, based on their health and care needs via linked data sets"

The solution should enable data mining and analysis to enable targeting of those individuals who would be eligible and could benefit the most from a personalised approach to their care, such as those with complex needs, those who are regularly using emergency services and those at risk who may require a preventative approach. The IT solutions must be designed to take into account IG issues at a local and national level.

4.1.3   [Individual] "The IT solution indicates who is eligible for a PHB in my local area, and helps me to identify whether I may be eligible"

This requirement is optional, as not all risk stratification tools may easily provide this functionality.

4.1.4   [Individual] "The IT solution helps me understand all the resources that may be available to meet my health and well-being needs"

Such an understanding could be achieved through a "statement of resources", which is a public statement produced by a local area that makes clear which groups of people can get a personal budget, and what money can be included in the budget. It

is made available to everyone who can get a personal budget. NHS England expects that risk stratification tools could help enable this to happen.

4.1.5 [Individual] "If I am eligible for a PHB, I get an upfront indication of my budget and how it will be calculated"

The IT solution should provide an indicative budget for a person's care package, based on relevant information such as historic data and/or average costs for the types of services. For PHBs, this takes account of relevant health spend. For integrated personal budgets, this takes account of relevant spend across health, social care and education services. The person should know their indicative budget before starting to build their plan. Note that this functionality links with the planning functionality below.

4.2 Planning

This functionality, if offered, should support the process of personalised care and support planning, and facilitates a different conversation between individuals and the people who support them, based around achievement of an individual's planned and agreed outcomes. It is vital that the IT solution is seen as an enabler, not a substitute, for the necessary face to face conversations between people and professionals. Consideration will need to be given to a logical, intuitive system workflow.

4.2.1 [Individual] "The IT solution holds timely information about me – including relevant assessments that have been completed – and what's important to me. This enables me to tell my story once and have a better conversation with everyone who supports me"

4.2.2 [Individual] "The IT solution enables me to have an integrated care and support plan which meets my needs and outcomes and summarises more detailed plans"

4.2.3 [Individual] "The IT solution provides a record of the discussion and, if applicable, agreement about how my PHB will be spent"

4.2.4 [Individual] "The IT solution is the main access point to my care and support plan, which should include all relevant contact details"

4.2.5 [Individual] "My care and support plan is easily accessed, reviewed and updated by all relevant people with my permission"

4.2.6 [Individual] "The IT solution enables a transparent process for agreeing and reviewing my care and support plan"

4.2.7 [Professionals] "The IT solution easily enables me to point people towards community and peer support to help meet their needs"

4.2.8 [Professionals] "The IT solution enables me to have a better understanding of support needed across the system"

4.2.9 [Professionals] "The IT solution supports my ability to discharge my responsibilities and provides clarity over decision making"

4.2.10 [Professionals] "The IT solution helps me to efficiently and effectively drive forward the planning process, such as flagging up when action needs to be taken and help to ensure that, where applicable, there is no delay in paying a PHB"

4.2.11 [Professionals] "The IT solution enables me to understand why people have chosen to take a PHB or not and enables me to understand how the care planning process can be improved"

4.3 Management and monitoring

This functionality, if offered, should provide a platform that enables effective management of all types of PHB, including direct payments and notional budgets, for those who are eligible.

4.3.1 **[Individual] "I can manage and spend my PHB in line with my care and support plan"**

4.3.2 **[Professionals] "I can provide a PHB to those who are eligible via a finance platform, so that they can manage and spend their PHB in line with their care and support plan"**

4.3.3 **[Individual] "The IT solution makes it transparent how my expenditure is being recorded and monitored and by whom"**

4.3.4 **[Professionals] "I have agreed the approach to monitoring spend with the individual; the IT solution enables me to appropriately track expenditure, and spot and resolve issues quickly and easily"**

4.3.5 **[Individual] "I can monitor how I am spending my PHB against my care and support plan"**

4.3.6 **[Individual] "The IT solution could effectively enable a third party to help me manage my PHB"**

4.3.7 **[Individual] "The IT solution helps to ensure that my PHB is not reduced or increased without consulting me"**

4.3.8 **[Individual] "The IT solution offers a full range of options for spending my PHB with the same flexibility and protection as a standard bank account"**

4.3.9 **[Professionals] "I am confident that the IT solution provides appropriate security and safeguards against fraud in line with relevant national and local policy and standards"**

4.3.10 [Individual] "The IT solution helps me be a responsible employer and manage my financial obligations, such as payroll and HR"

Supporting people to be individual employers may not be an integral part of all IT solutions, but solutions must at least have an approach to how they integrate with wider solutions and thus enable this type of functionality.

4.3.11 [Individual] "The IT solution helps to ensure my PHB is well managed, for example scheduling appointments and prompting me to arrange training and maintain equipment. It also ensures good record keeping"

4.3.12 [Individual] "I can access the appropriate information, advice and guidance to help me use the IT solution and manage my PHB effectively"

4.3.13 [Professionals] "The IT solution enables me to have a better understanding of how money is being spent across the whole system"

4.3.14 [Professionals] "The IT solution helps me to understand the costs of services before and after a PHB is in place"

4.3.15 [Professionals] "The IT solution enables me to easily fulfil my reporting requirements to NHS England on PHBs"

4.4 Marketplace

This functionality, if offered, should provide access to a broad marketplace for the individual to purchase care and support.

4.4.1 [Individual] "I am able to use my PHB to purchase items in line with my care and support plan, including both on-going and one-off items"

4.4.2 [Individual] "I have genuine choice and control and am able to be creative about how I manage my condition and spend my PHB"

4.4.3 [Individual] "The IT solution is responsive, intuitive and easy to navigate. It enables me to find the care and support I need and make purchases locally and nationally as agreed in my care and support plan"

4.4.4 [Individual] "I can identify the products and services most appropriate for me and trust that the system is not inappropriately biasing or controlling the options available to me"

4.4.5 [Individual] "Whilst the system encourages innovation and flexibility, I understand there may be some safeguards in place to provide me with some protection against poor quality goods and services"

4.4.6 [Individual] "I am able to buy goods and services at a fair and competitive price"

4.4.7 [Individual] "The IT solution enables a full range of providers: from large, established companies to small, innovative micro-providers"

4.4.8 [Individual] "The IT solution can provide a marketplace for recruitment of personal assistants. The IT solution can support the recruitment process by, for example, providing advertising templates, employment contracts and draft interview questions"

4.4.9 [Individual] "I can still purchase care from elsewhere or have more informal arrangements with friends and family. I am not limited to the options available on an e-marketplace"

4.5 Community

This functionality, if available, should support health empowerment and service improvements, including access to peer support.

4.5.1 [Individual] "I can access peer support through a safe, online forum. This helps me make choices about my care and support"

4.5.2 [Individual] "I can rate and comment on services; this feedback supports my care and support review and enables the system to identify common issues and/or successes"

4.5.3 [Individual] "I am able to link my other health apps/health data to the IT solutions so that I can better self-manage my health condition"

4.5.4 [Professionals] "The IT solution helps me to understand better what services people are choosing and benefiting people in my local area so that I can improve the way I commission services and investigate where there appear to be problems"

5 Process and next steps

Any IT supplier may respond to the requirements set out in this document by completing the response form on the NHS England procurement portal[17], setting out:

- A short explanation of the IT solution(s) on offer
- For each core requirement, explain briefly how this is met
- For each area of additional requirements the solution(s) provides, explain briefly how the requirements are met, partially met or not met
- A brief explanation of the commercial model employed or proposed in relation to the IT solution(s)
- Any additional information on value-add services provided over and above the core and additional requirements.

For any enquiries please contact Nicola Kay, Deputy Director of Personalisation and Choice at NHS England, nicola.kay1@nhs.net.

The closing date for responses to these requirements is Friday 7 April 2017.

Following the closing date for responses, NHS England will assess these responses via a 'challenge process' with each provider. This may include a prototype-based approach to demonstrate the solutions, involving:

- NHS England personalisation experts
- Service users
- IT and IG professionals.

NHS England expects to reach agreement with suppliers on which requirements are met, and how they are met, with agreement to the subset of these IT solutions:

- That meet all core requirements
- That meet the additional requirements against the functionality areas they offer
- Where the commercial model has been clarified by the supplier.

Whilst steps have been taken to ensure that these requirements are applicable to all IT solutions and are clearly defined, there may be some requirements that are not applicable to particular IT solutions. NHS England will take a pragmatic approach to this process and consider the justification for, taking into account the direction of travel. NHS England will also consider whether requirements are partially met at this stage.

NHS England will then make commissioners aware of which IT platforms have been through this process, meeting the requirements, and thereby assisting CCGs and other commissioners in forming the basis for the functional specification for their local circumstances.

NHS England will also provide a short guidance note to support informed local decision making. This will include issues such as key considerations, roles and responsibilities, and potential performance indicators.

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[17] https://nhsengland.bravosolution.co.uk/web/login.html

CCGs will be responsible for commissioning appropriate solutions for their local areas in line with their own legal requirements to procure under the Public Contracts Regulations 2015. NHS and local partners are encouraged to work together on a regional/STP footprint to make joint decisions around the procurement of local solutions, and to align their approach with their [Local Digital Roadmap](#)[18]. This also includes working with local authority counterparts to build on what is already in place in a local area and ensure appropriate integration across solutions.

This is the first stage in the process to support the development of IT solutions to support personalisation. NHS England plans to carry out a second stage during 2017/18, taking into account the learning from the first phase, to continue to develop the process to ensure the quality of the IT solutions is maintained and to stimulate a dynamic marketplace.

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[18] https://www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/