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**NATIONAL PATIENT REPORTED OUTCOME MEASURES**

**(PROMS) SUPPLIER ACCREDITATION APPLICATION FORM**

September 2017.

This application form should be completed in conjunction with the National PROMs Programme Guidance document published by NHS England.

Relevant paragraph references from the Guidance are included in this form.

Suppliers must demonstrate how they are able to satisfy each requirement in this application form in order to become an Accredited Supplier and to be permitted to submit PROMs data to NHS Digital.

Please submit the completed application form to NHS England by email to[**england.proms@nhs.net**](file:///C:\Users\CHouston\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\Z25Z5JJC\england.proms@nhs.net)

| **Organisation Details** | |
| --- | --- |
| Supplier Name: | |
| **Contact Information** | |
| Name:  Job Title  Department  Full Address:  Email  Phone | |
| **Warranty** | |
| The Supplier warrants on its behalf and that of each Relevant Organisation that any information supplied by it during the PROMS Accredited Supplier Application Process is and remains true.  The Supplier warrants to inform NHS England and NHS Digital if any information supplied by it changes at any point during the period in which it is either applying to be an Accredited Supplier or acting as an Accredited Supplier.  The Supplier understands that Accreditation may be suspended or revoked by NHS England if they breach the Accreditation requirements, with Accreditation not to be unreasonably withdrawn. | |
| **Signed**  **(on behalf of the Supplier)** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

## 1. General requirements of the Supplier

| **Requirements of the Supplier (3)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will comply with all the requirements of the National PROMs Programme. Specifically, the National PROMs Programme Guidance, the PROMs Technical Guidance and the PROMs Information Governance requirements. (3.2) |  |
| The Supplier shall provide and maintain a named contact person who shall give all reasonable assistance to the Provider and to NHS England / NHS Digital in relation to the national PROMs activity. (3.3)  **Please provide details, if different from the contact named above.** |  |
| The Supplier shall liaise with other Providers and/or Suppliers to facilitate the administration and collection of Q1 questionnaires to patients for which the Provider is responsible for, but for whom part of the pathway and/or the procedure is carried out on the other Provider’s site. (3.4) |  |
| The Supplier shall ensure that any organisation which sub-contracts for the collection and reporting of PROMs data abides by the same terms and conditions that it does, including full compliance with this guidance. (3.5) |  |
| *Please describe how you will ensure that you meet all of the above requirements.* ***(Maximum 200 words)*** | |

## 2. Information Governance

| **NHS IG Toolkit Compliance (3.7)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| Suppliers MUST hold a current Level 2 Information Governance Toolkit certificate. Please confirm what level of NHS Information Governance Toolkit (IGT) the Supplier currently holds. (3.7.1) **Please provide evidence of this.** |  |
| Suppliers will be expected to complete the NHS IGT on an annual basis using the latest version of the toolkit. This is released in June each year. Please confirm that it will completed by mid-March the following year. (3.7.1) |  |
| **Organisational Requirements (3.8)** |  |
| The Supplier has registered with the Organisation Data Service <https://digital.nhs.uk/organisation-data-service> (formerly NACS) for an Organisational Code and for an Organisational Site Code for each site where the services will be delivered. **Please provide the relevant codes.** | **🞏** |
| **IT Requirements (3.9)** |  |
| The Supplier has the necessary IT requirements so as to support interfaces with NHS Digital’s Secure Electronic File Transfer (SEFT) interface for the purposes of secure data exchange, in accordance with the PROMs Technical Guidance. (3.9.1) |  |
| The Supplier shall produce Disaster Recovery (DR) and Business Continuity (BC) plans before service commencement. (3.9.3) |  |
| **Document Management (3.10)** |  |
| The Supplier has a documented policy on the management of hard and soft copy documents for PROMs and will apply this policy at all times, within reason. (3.10.1) **Please provide a copy.** |  |
| The Supplier will securely store completed Q1 questionnaires for 24 months from the date of consent unless otherwise notified by NHS Digital. (3.10.2) |  |
| The Supplier will securely store electronic Q1 questionnaire data as per paper questionnaires (i.e. for 24 months unless otherwise advised by NHS Digital). (3.10.3) |  |
| The Supplier will securely store completed Q2 questionnaires for 1 year from receipt (unless otherwise notified by NHS Digital) (3.10.4) |  |
| The Supplier will transfer data using a secure data link as set out in the PROMs Technical Guidance (3.10.5) |  |
| *Please describe how the Supplier solution satisfies the document storage and destruction requirements in compliance with the Information Governance requirements.* ***(Maximum 200 words)*** | |
| **Data Confidentiality (3.11)** |  |
| The Supplier will adhere to NHS Information Governance requirements and the associated legislation under which they will operate including the Data Protection Act 1998 and NHS Caldicott principles. (3.11.1) |  |
| **Processing and Storage of Data (3.12)** |  |
| The Supplier will have in place a secure IT system with access control for all users including encryption in compliance with NHS Digital guidelines. (3.12.1) |  |
| The Supplier will only store data in England. (3.12.2) |  |

## 3. **Provision of Q1 Questionnaires**

| **Provision of Q1 Questionnaires (3.14 - 3.17)** | | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- | --- |
| The Supplier will provide Q1 questionnaires in the required manner, volume and language types, in a timely manner and process as agreed with the Provider. (3.14 ) | |  |
| The Supplier will provide Q1 questionnaires in the most appropriate medium for their patient population (electronic or paper) as agreed with the Provider. (3.15) | |  |
| *Please describe how the Supplier proposes to satisfy the requirements of Q1 questionnaire provision with particular reference to how it will ensure the most appropriate medium for the patient is used.* ***(Maximum 400 words)*** | | |
| *Describe the mechanisms and quality control methods for delivering the required Q1 questionnaires and describe how all Q1 related documentation will be assured compliant (with the PROMs Guidance)* ***(Maximum 300 words)*** | | |
| **Electronic Questionnaires (3.18 – 3.19)** |  | |
| The Supplier will fully comply with the PROMs Guidance in relation to electronic representations of the PROMs questionnaires. (3.18) |  | |
| The Supplier will obtain approval for the Licensors of the Intellectual Property comprised within the questionnaires to use electronic representations of the PROMs questionnaires in advance of their use within the PROMs services. (3.19) |  | |
| **Rendering (3.20)** |  | |
| Electronic versions of the questionnaires will be rendered as per the owner of the measures specifications (3.20.2) |  | |
| All PROMs questionnaires will be displayed using a contrast ratio of at least 7:1. (3.20.3) |  | |
| All electronic representations of the PROMs questionnaires will retain the same look and feel as the paper and pen versions of the questionnaire as described in the PROMs Guidance. (3.20.4) |  | |
| **Navigation (3.21)** |  | |
| The Patient will be permitted to decline to complete any individual item (3.21.1) |  | |
| The Patient will be permitted to revisit items and to change their responses. (3.21.2) |  | |
| No default responses should be selected for the patient for any item in the PROMs questionnaires (3.21.3) |  | |
| **Layout of other questionnaire items (3.22)** |  | |
| Other questionnaire items will be laid out in a manner consistent with the paper versions of the questionnaires and with the rest of the PROMs Guidance wherever possible. (3.22.1) |  | |

## 4. Collection of Q1 Questionnaire Forms or Data

| **Collection of Q1 Questionnaire Forms or Data (3.28-3.29)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will agree a delivery protocol with the Provider, which will include arrangement of transport methods, verifying dispatch and receipting of delivery to minimise risk of delivery loss, identify data loss quickly and determine point of loss or responsibility as quickly as possible. (3.29) |  |
| *Please describe the proposed delivery protocol suitable for satisfying the above requirement* ***(Maximum 300 words)*** | |

## 5. Completion Check, Collation and Onward Transmission of Q1 Questionnaire Data

| **Completion Check, Collation and Onward Transmission of Q1 Questionnaire Data (3.30 – 3.33)** | | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- | --- |
| The Supplier will receive and handle Q1 responses consistent with the PROMs Guidance. (3.30) | |  |
| The Supplier will check Q1 responses meet the requirements of the PROMs Technical Guidance. This may include any checks for NHS numbers or addresses as required. (3.31) | |  |
| *Please describe how the Supplier proposes to receive, handle and check Q1 questionnaire responses to ensure compliance with the PROMs Guidance, including the Technical Guidance.* ***(Maximum 100 words)*** | | |
| The Supplier will convert Q1 responses into an electronic record and transmit to NHS Digital, consistent with the PROMs Guidance and PROMs Technical Guidance (3.32) | |  |
| *Please describe the process method proposed for converting Q1 questionnaires into an electronic record to ensure compliance with the PROMs Guidance, including the Technical Guidance.* ***(Maximum 300 words)*** | | |
| **Patient Consent (3.34 – 3.39)** |  | |
| The Supplier will ensure that the patient consent withdrawal process outlined in the PROMs Guidance is adhered to. (3.36) |  | |
| The Supplier will delete records where consent has been withdrawn unless otherwise required by law and will be able to demonstrate that these records have been securely deleted. (3.37) |  | |
| The Supplier will create and maintain a process for tracking responses to enable notification of withdrawal of consent to NHS Digital, FOI queries and/ or auditable tracking of PROMs data. (3.38) |  | |
| The Supplier will operate an effective withdrawal of consent process to ensure appropriate parties are contacted and any data is handled appropriately.(3.39) |  | |
| *Please describe the Supplier's proposed processes which will ensure the above requirements are met.* ***(Maximum 200 words)*** | | |

## 6. Q2 Questionnaire Follow-up

| **Q2 Questionnaire Follow-up (3.40 – 3.47)** | | *Please confirm acceptance of and commitment to the requirement(s)* | |
| --- | --- | --- | --- |
| The Supplier will put in place a process for ensuring that the latest Q2 questionnaire is sent to patients on the default date. (3.40) | |  | |
| The Supplier will send Q2 questionnaires to patients after the follow-up interval, as set out in the PROMs Guidance, has elapsed, but no more than the month after the follow-up interval has elapsed, except where the patient is deceased. (3.41) | |  | |
| The Supplier will check that the patient is not deceased or has changed address before sending any Q2 questionnaires. (3.42) | |  | |
| *Please describe how the Supplier proposes to satisfy the requirements for sending out Q2 questionnaires including checking the patient is not deceased.****(Maximum 350 words)*** | | | |
| The Supplier will provide the option for the patient to complete Q2 electronically/online unless otherwise agreed with the Provider. (3.43) | | |  |
| *Please confirm that an electronic / online Q2 option is available and how such a system is proposed to work in practise.* ***(Maximum 300 words)*** | | | |
| The Supplier will ensure that all the Q2 follow up requirements are met. (3.41- 3.46) |  | | |
| The Supplier will make no more than two separate attempts to follow-up the patient’s Q2 response. (3.47) |  | | |

## 7. Completion Check, Collation and Onward Transmission of Q2 Questionnaire Data

| **Completion Check, Collation and Onward Transmission of Q2 Questionnaire Data (3.48 – 3.50)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will receive and handle Q2 questionnaire responses consistent with Information Governance requirements (3.48) |  |
| The Supplier will convert Q2 into an electronic record and transmit to NHS Digital consistent with the PROMs Technical Guidance and PROMs Guidance document. (3.49) |  |
| *Please describe (and explain) any differences proposed for this requirement (against that of [Section 5] above)* ***(Maximum 300 words)*** | |

## 8. Data Errors

| **Data Errors (3.51)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will clear any data errors arising from the submission of data to NHS Digital. (3.51) |  |

## 9. Survey Performance Data

| **Survey Performance Data (3.52)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will provide PROMs collection performance data to the Provider if requested. (3.52) |  |
| *Please describe how it is proposed to collect (and deliver / report on) performance data.* ***(Maximum 100 words)*** | |

## 10. Provision of Helpline Facilities

| **Provision of Helpline Facilities (3.53 – 3.57)** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will provide a helpline facility for the completion of questionnaires to the satisfaction of the Provider as set out in the PROMs Guidance (3.53) |  |
| *Please describe the helpline facility proposed to (at least) satisfy the requirements of the PROMs Guidance. (3.53-3.57)* ***(Maximum 200 words)*** | |

## 11. Provide a Patient Feedback and Complaints Process

| **Provide a Patient Feedback and Complaints Process** | *Please confirm acceptance of and commitment to the requirement(s)* |
| --- | --- |
| The Supplier will provide a patient feedback and complaints process compliant with the PROMs Guidance document. (3.58 – 3.64) |  |
| *Please describe the proposed patient feedback and complaints process proposed to (at least) satisfy the requirements of the PROMs Guidance (3.58- 3.64).* ***(Maximum 100 words)*** | |