



2018/19 Addendum to the GP IT Operating Model, Securing Excellence in GP IT Services, 2016-18 (revisions)

Appendix 5: GP IT Commissioning Specification Support Pack

June 2018

¹ To be read in conjunction with “Securing Excellence in GP IT Services: 2016/2018 Operating Model” and the “2018/2019 Addendum”

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Contact Details for further information	<p>Sue Cooke Senior Programme Lead for Digital Primary Care Quarry House Leeds LS1 7UE england.digitalprimarycare@nhs.net</p>

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2 Introduction and Purpose

In May 2015 NHS England informed Clinical Commissioning Groups (CCGs) that, in order to secure value for money for General Practice Information and Technology (GP IT) services and minimise the risk of fragmentation, where GP IT is currently sourced from a Commissioning Support Unit (CSU), CCGs are required to re-procure the service through the Lead Provider Framework (LPF) to at least a minimum standard national specification.

In procuring GP IT services CCGs should ensure where possible these services reduce likelihood of unlawful discrimination and promote Equality of Opportunity by supporting NHS compliance with the nine characteristics in its public sector equality duty as defined by the Equality Act 2010. Particular areas with patient facing aspects are access to records, electronic messaging for direct patient communication (e.g. Short Message Service (SMS)), public/patient Wi-Fi, online consultations and data security.

Where a contract for GP IT services is already in place and re-procurement is not scheduled in the near future this support pack will be of assistance to CCGs and their GP IT Delivery Partners/suppliers in (i) reviewing the current service and agreeing any changes needed (ii) ensuring the availability of the data needed by both parties to ensure a high quality efficient service is available to general practices.

[The 2016 GP IT Operating Model](#) - Securing Excellence in GP IT Services, 2016-18, 3rd Edition¹ sets out how NHS England will achieve world class digital primary care systems that support flexible, responsive and integrated services for patients, giving them greater control over their health and care. The Operating Model is periodically updated with the publication of formal addendum. The model describes the financial operating arrangements, assurance arrangements and leadership required to support the effective delivery of GP IT services. The model also addresses the responsibilities and expectations of the NHS nationally, regionally and locally (through CCGs) and of the general practice contractors. This procurement support pack and specification is a key component of this model in ensuring CCGs can meet their responsibilities whilst also addressing local community requirements. Under Appendix C of the Operating Model a schedule of services for GP IT is described, this can be used as a basis for the development of local GP IT specifications but not all the services listed will be required within the local specification, although the CCG is still required to meet the defined core and mandated requirements. CCGs should be familiar with the requirements outlined within the Operating Model when they review their local GP IT specifications.

This pack includes an updated template specification aligning with and supporting the standard national service schedule in Appendix C of the GP IT Operating Model. The Operating Model includes 'core and mandated' GP IT arrangements which CCGs are responsible for commissioning and discretionary 'enhanced' and 'transformational' service requirements that should be agreed locally to support developing models of primary care (including confederated working) and enable

Sustainability and Transformation Partnerships (STPs) and delivery of the associated local digital strategy, known as Local Digital Roadmaps (LDRs).

Note: Where the acronym STP is used within this document this refers to Sustainability and Transformation Partnership.

The model recognises the fundamental role that effective GP IT services will play in delivering the ambitions outlined within the Five Year Forward View (FYFV), the National Information Board's (NIB) vision of an integrated, paper-free health and care economy, and the General Practice Forward View (GPFV). It is therefore, critical that the procurement of GP IT support considers the wider strategic context of the service and tests how potential bidders will provide not only the support required to deliver business as usual core and mandated GP IT requirements, but will also deliver efficiency savings, that enable CCGs to reinvest in enhanced and transformational service developments that support and enable new models of care, service integration, extended working and new models of primary care organisations at a local level.

This pack sets out some of the key considerations when re-procuring GP IT services and a recommended process to support CCGs to tailor local GP IT specifications. However, it should not be taken as an exhaustive or prescriptive guide. This pack will be refreshed and updated as further good practice emerges.

This pack includes a template which when populated by CCGs, as part of their discovery process, will give a full overview of the GP IT estate, local considerations and those services to be included in the specification.

The specification described in Table 1.1 and Table 1.2 should be used once the contract is awarded to populate Appendix 1 (Summary of Services Table) of the CCG-Practice Agreement.

Tables 4.1, 4.2, 4.3, 4.4 and 4.5 should be used once the contract is awarded to populate Appendix 2 (Support & Maintenance Service Levels) of the CCG-Practice Agreement.

3 Key Considerations

This section briefly describes some of the key areas that CCGs should consider when developing local GP IT service specifications.

3.1 Using Digital Primary Care Maturity Assurance Data

Before undertaking a re-procurement of GP IT services, CCGs should review the Digital Primary Care Maturity Assurance (DPC MA) Module, within the Primary Care Web Tool (PCWT), to help understand local levels of digital maturity across primary care.

The DPC MA Module was released on 16 June 2016 and can be found at www.primarycare.nhs.uk. This can provide a view of the digital maturity for primary care within local CCG areas. NHS mail users can register for an account online and log in to the “Digital Maturity Index” module.

An initial analysis of the data is underway and is expected to be published in early 2018. This has demonstrated significant shortfalls in meeting certain core and mandated requirements for GP IT services in some areas. This support pack will assist CCGs address such shortfalls.

The module is aligned to the GP IT Operating Model and outlines progress against ‘core and mandated’ GP IT requirements, together with providing some insight into current progress against some initial aspects of ‘enhanced’ and ‘transformational’ service delivery. This will help CCGs to identify gaps in current service provision and areas for future investment, together with supporting CCGs in considering the following questions:

- Can we be assured that the commissioned services are safe (i.e. secure, compliant and resilient), are of the required quality (i.e. fit for use and responsive) and meet our contractual obligations (i.e. General Medical Services requirements)?
- Review the Core and Mandated Requirements indicators
- Where do we need to invest in the future to meet the ambitions of the General Practice Forward View (GPFV)?
- Review the Enhanced GP IT indicators
- Can we easily identify areas for development and/or investment to support the ambitions of our Local Digital Roadmaps (LDRs) and Sustainability and Transformational Partnerships (STPs) across the local community, learning from general practice innovation?
- Review the Transformation in Primary Care indicators

In addition evidence should be sought to support the more general questions of:

- Can we demonstrate value for money?
- Are there opportunities for the CCG to share learning from general practice across the wider health and care system to meet the ambitions of the Personalised Health and Care 2020, FYFV and the local CCG strategy?

The information available within the DPC MA Module will provide important insight into existing and future GP IT service provision and should be shared with potential bidder as part of the procurement process to ensure that potential bidder responses are fit for purpose.

3.2 The GP IT Operating Model

[The GP IT Operating Model](#) (published as Securing Excellence in GP IT Services, 2016-18, 3rd Edition) describes the responsibilities, service requirements, funding support and accountability relationships between the GP contractors, the NHS centrally (NHS England), NHS regional offices and NHS local commissioners (CCGs). As such the scope is wider than that of the direct procurement of GP IT services by CCGs and although clear direction is given on what services are core and mandated not all of these services will be needed or will be provided by the successful bidder. For example the provision of services such as General Practice Systems of Choice (GPSoC) clinical systems and national digital assets such as e-Referral Service (e-RS) will be made through national framework contracts with the CCG accessing local call off agreements. Similarly CCGs may directly commission certain services such as WiFi, online consultation systems, HSCN from other suppliers. The requirement from the Supplier in such cases therefore, would be for support on the management, deployment and use of such services but not the delivery of the service itself. The Schedule of Services provided in the GP IT Operating Model can form the basis of a local specification but needs adaption to articulate the requirement which best supports the CCG's delivery responsibilities and local needs.

Services described as Enhanced and Transformational in the Operating Model are discretionary and often described at a high level with optional approaches. The CCG needs to determine which of these are required locally and can be funded, and then what the requirement from the Supplier is. The template specification in Appendix A has been adapted to address the services being commissioned rather than the full CCG responsibilities.

The GP IT Operating Model is subject to an addendum for 2018 and will be published as the General practice environment it supports evolves. This pack is published as an appendix to that addendum and has been aligned with the content of the addendum. Potential bidders need to be able to respond to these revisions over the term of the contract.

3.3 Discovery Process

Local GP IT services can be complex and wide ranging for a number of reasons, for example legacy local arrangements, local community wide service improvement initiatives, ambiguity and inconsistency in legacy GP IT arrangements. It is essential that the CCG embarks on this procurement with clarity on the services, assets, and liabilities within the current local environment. Leaving such a discovery process to take place as part of or alongside the service mobilisation process once the contract is awarded can create significant financial and service continuity risks for the CCGs and their GPs.

Assets which include IT hardware, software licences, and staff access accounts and physical estate will attract support and replacement costs. Potential bidders may use these asset profiles to calculate baseline service costs. Without such baseline information, planning and engaging constructively with the potential bidder on primary care service improvement and digitally enabled transformation will be compromised.

There may be significant revenue costs associated with legacy IT service contracts, for example software applications, Community of Interest Networks (COINS), remote access tokens, telephony etc. Both the CCG and the potential bidder need to have visibility of these and clarity on how they are to be managed and funded in the future. The distinctions given in the GP IT Operating Model for Core and Mandated, Enhanced, Transformational and Practice responsibilities may be helpful in planning the future management of such services. Some of these legacy services may support providers other than General Medical Practitioner (GMP) contractors, for example in shared primary care sites and shared infrastructure in which case the CCG (as commissioner) should consider how it wishes these services to be supported in the future.

Given the importance of this information it will be clear that the ongoing collation and management of this information once the contract is awarded and service mobilised should be seen as a critical delivery success factor of any potential bidder.

3.4 Core and Mandated GP IT Delivery Requirements

Core and mandated GP IT requirements are defined within the GP IT Operating Model as 'technologies, systems and support services required to deliver Primary Care Essential Services'.

Note: These are the fundamental services to be commissioned by CCGs, for GP practices, to enable the effective delivery of health and care and compliance with the General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contractual conditions regarding IT.

As a minimum, CCGs should include all 'core and mandated' requirements outlined within the GP IT Operating Model, where these are not delivered via alternative mechanisms for example, provisioned directly by the CCG or other provider. A key

principle is to build on the best of existing service provision arrangements, addressing any shortcomings and ensuring any subsequent transfer of services is effectively managed to avoid de-stabilising existing service provision.

CCGs should be clear within GP IT specifications about the kind of services that are required. For areas where the service is mature and stable, continuation of existing service provision should be a key principle, together with expectations around service improvement. Where there are known challenges to current GP IT service arrangements, these should be clearly articulated within the tender documentation, with an outline of future service expectations to address known challenges. CCGs may wish to advise potential bidders to propose innovative and cost effective strategies to address current challenges.

If there are any specific local requirements considered to be essential to maintaining service delivery locally, such as online technical support/first line response to reduce the demand for technical/onsite support particularly in rural areas, these should be included within the specification. CCGs should however, be cautious about setting too many specific requirements of this type as bidders should be given flexibility to design and offer best value solutions.

3.5 Enhanced GP IT Services

The Enhanced GP IT services outlined within the GP IT Operating Model provide examples of discretionary services that CCGs, in conjunction with GP users may wish to consider.

Enhanced services are the technologies, systems and support services which enable and improve efficiency and effectiveness of general practice including primary care at scale to support the delivery of the GP Forward View (GPFV). These services may be provided to facilitate confederated working, in support of general practice efficiency and effectiveness, working 'at scale' and delivery of 7 day/extended hours services.

These are discretionary GP IT services that should be developed and agreed locally to support local strategic initiatives and commissioning strategies to improve service delivery. They will require local specification in line with local priorities and plans that should be included within tender requirements.

Bidders should be able to offer innovative service delivery arrangements and solutions, to support CCGs and general practice in delivering against the improvement and transformation of general practice services, as outlined in the GP Forward View.

3.6 Transformation Services

The Transformational services outlined within the GP IT Operating Model provide examples of discretionary services that CCGs, in conjunction with GP users, may wish to consider to support new models of care, cross sector and whole system "place" based commissioning and service provision.

Transformational services are the technologies, systems and support services which will enable new models of care and service integration. These services may be provided to facilitate broader service integration and inter-organisational sustainability and transformation initiatives.

CCGs should outline local service transformation plans within GP IT specifications, particularly in relation to primary care, but also the broader integration of health and care, to enable potential bidders to respond to local requirements within tender submissions.

These are discretionary GP IT services that should be developed and agreed locally to support local strategic initiatives and commissioning strategies to improve service delivery. They will require local specification in line with local priorities and plans that will need to be included within tender requirements.

Bidders should be able to offer innovative service delivery arrangements and solutions, to support general practice contribute in delivering the transformation of new models of care across care sectors and health and social care communities.

3.7 Primary Care Enabling Services

From April 2018 the commissioning of Primary Care Enabling Services (PCES) for general practices will be responsibility of CCGs. CCGs may choose to embed these requirements in the main GP IT specification or deal with these services in a separate specification. However CCGs should be aware of the significant link, and some potential overlap, between PCES services and other core GP IT services such as IT/Cyber Security. The GP IT Operating Model defines most PCES services as core requirements.

3.8 Funding

Revised funding arrangements, outlined within the 2016-18 GP IT Operating Model, aim to ensure that CCGs have sufficient local flexibility to commission effective and responsive GP IT services that meet local need and support the development of new models of care whilst also ensuring:

- Standardised high quality IT services
- Alignment of GP IT operating arrangements with local strategies for primary care
- A foundation to underpin IT provision to enable service transformation

The first call on GP IT revenue funding locally is the provision of 'core and mandated' GP IT services.

Given the discretionary nature of Enhanced and Transformational services and the need of wider scoped future Primary Care contracts, (Multi-speciality Community Providers (MCPs) s and Primary and Acute Care Systems (PACS) it is unlikely that all these requirements, particularly where there is ambitious service change and modernisation, can be fully funded through the national GP IT revenue allocations made to CCGs alongside the core and mandated requirements and local investment

will be needed. Local funding sources may include, but are not limited to GP IT CCG allocations, Estates and Technology Transformation Fund (ETTF), transformation or GP Access Funds, local business case development and/or direct CCG/GP funding.

Investments in these services should support and align with the local digital strategy, namely Local Digital Roadmaps (LDRs) and where possible strategic rather than tactical solutions should be developed. CCGs may therefore, choose to invest in these services using funds additional to the GP IT CCG allocations if they are to provide community wide benefits. Note: as the new models of care contracts develop the GP IT Operating model will be updated to reflect the support needed.

Financial envelopes should reflect the increased funding available to deliver the additional services in the core and mandated elements of GP IT as well as any additional funding required to deliver enhanced and transformational services.

3.9 CCG Practice Agreements

CCGs should have all CCG Practice Agreements signed and in place with local GP practices. These outline the terms governing the provision and receipt of GPSoC and GP IT services. These terms should be reflected in the specifications, particularly highlighting any local requirements that have been added to the national template agreement, and shared with potential bidders to provide detail on the services that the new supplier would be supporting.

3.10 Scope of Service Recipients (Contractors)

All active General Practitioner Contractors who are members of the CCG who operate under a GMS, PMS contract, or under an APMS where Primary Care Essential Services to a registered patient list is offered, should be included providing (a) the practice contractor has signed the CCG-Practice agreement (b) no other provision for supplying the GP IT services for that Contractor has been put in place locally. This is a pre-requisite for the provision of GPSoC and GP IT services to GPs. Where there is no signed CCG practice agreement the practice should be considered outside the scope of this service.

A number of APMS contracts are in place to provide a range of primary care and associated services – these include walk-in centres, GP Out of Hours services, specialised community services, etc. The inclusion of any of these contracts in the scope of this procurement will be a local decision however allocated GP IT funds should only be used to support those APMS contractors where (i) the provision of Primary Care Essential Services to a registered patient list is a condition of the contract (ii) the contractor has signed the CCG-Practice Agreement (iii) no other provision has been made to fund contractor IT services (e.g. an expectation that IT services are funded within the provider's baseline costs).

CCGs may wish to extend the procurement to include IT support for other organisations and services not operating under a GP contract e.g. a community provider. This is a local CCG discretionary decision and in this instance, the CCG must ensure additional funding, other than the CCG allocated GP IT funds, are made available to support this.

Note: the future range of Primary Medical Care contracting options will include MCP and PACS contracts which will encompass a wider service scope than current GMS and PMS contracts. They are expected to operate at significantly larger scale in terms of both delivery scope and population coverage. The impact of these contracts on GP IT responsibilities and provision is currently being evaluated by NHS England and will be reflected in future revisions of the GP IT Operating Model.

3.11 Local Engagement

Where possible general practices should be able to contribute to this process through existing forums, GP IT representatives, practice manager groups etc. The cooperation of individual general practices is essential in this process as they are the primary service recipients. The CCG should ensure good communication routes are maintained with the general practices throughout the processes of discovery, service specification development, and procurement and service mobilisation.

3.12 Contract Length

The length of the contract awarded to a Supplier is likely to affect the value for money the CCG can achieve. Longer contracts should drive greater investment in service transformation as suppliers seek to drive efficiencies and quality improvement. Although many CCGs are uncertain what the future state should be and are consequently concerned about signing up to longer contracts it is important to note that there is flexibility in the contract to enable the CCG and supplier to co-design the solution that best meets the CCG's needs. By taking this approach, and bringing in the suppliers at the start of a redesign process, suppliers will be able to spread the cost of transformation over multiple years and identify where efficiencies can be made that can (and should) be reinvested in further transformation and service improvement.

3.13 Local Context Setting

There are fundamental changes taking place in primary care services in England, driven by both policy and organisational pressures. Future general practice needs to be supported with the best modern digital services if successful and sustainable improvements in care are to be delivered through such change.

The revised GP IT Operating Model, Securing Excellence in GP IT Services, 2016-18, provides a framework for the delivery of 'core' GP IT services, including consideration of enhanced and transformational requirements to support primary care at scale and the broader health and care service transformation, in response to changing models of care outlined in the Five Year Forward View (FYFV).

The automated data collation template aims to support CCGs to capture key 'local' information in a uniform manner that will provide potential bidders with sufficient local insight to ensure that bid submissions are responsive and reflect local needs and requirements in relation to GP IT service delivery arrangements. When completed it should summarise the key considerations outlined above.

Note: This should provide a 'summary' view, rather than in-depth information that would be available within more formal local plans.

Using the automated data collation template provided (or equivalent alternative if preferred) CCGs are also advised to include a summary outline of current the GP IT estate and environment, including key data, where appropriate see Table 4.5. Current GP IT suppliers should be able to support the capture of this key summary information.

3.14 Cyber & Data Security

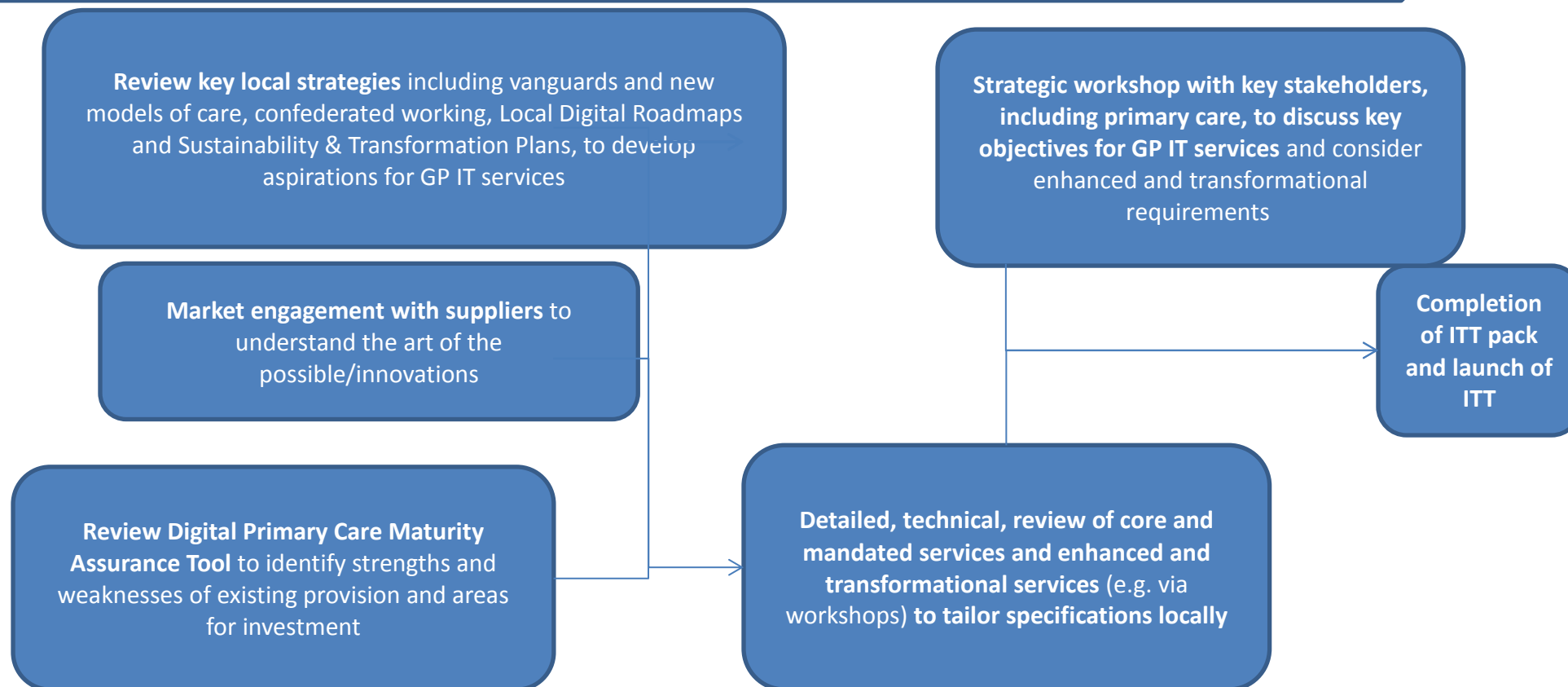
All parties ie CCGs, General Practices and potential bidders must understand and consider the impacts of

- (i) The threats to general practice business continuity and patient safety from potential cyber attacks
- (ii) Complying with the National Data Guardian's ten standards
- (iii) Legal compliance by all parties with the EU General Data Protection Regulation (GDPR) from May 2018 and the new Data Protection Act (2018) once passed.

Requirements arising from these are incorporated into the GP IT Operating Model Addendum and the template specifications in this document. CCGs as commissioners and general practices as data controllers must jointly ensure all parties fully meet these requirements through this procurement.

4 Key Stages of Invitation to Tender (ITT) Development

ITT Development



During this stage you should collect data to support the procurement including:

- Requesting and reviewing staff and asset information from incumbent supplier
- Gathering information on the volume of services currently provided e.g. number of GP practices supported
- Collate a pack of key documents for suppliers including practice agreements, the CCG's IT strategy, digital roadmap etc.

5 Checklist of Key Questions for CCGs

Before publishing the ITT the CCG should have considered, as a minimum, the following questions:

Has the CCG reviewed the current GP IT service delivery arrangements with key stakeholders including primary care service users, to ensure their views are adequately reflected?

Are Cyber & Data Security understood locally and adequately reflected in the specification documentation, including mandatory responsibilities for all parties (refer to current versions of GP IT Operating Model & Addendum and NHS Digital CareCert website).

Has the CCG reviewed the information available within the Digital Primary Care Maturity Assurance Tool to support the developing service specification? Is this information clearly articulated, including highlighting utilisation of this tool to potential bidders, as a means of identifying current progress towards digital maturity within primary care?

Has the CCG used the information available above to identify those existing service areas which need strengthening? Is this clearly articulated in the GP IT specification?

Does the financial envelope reflect the increase in core and mandated service delivery requirements, supported by the GP IT funding provision for 2016-17?

Have discussions taken place with NHS England DCO Teams with regard to legacy arrangements and commitments for Primary Care Enabling Services?

Has the CCG included sufficient information on the supported IT estate/primary care estate, local CCG Practice Agreements, in-flight projects and current service provision?

Has the CCG articulated general practice service improvement trends locally including new contracts, federations and GP Forward View? What are the GP IT service requirements that will be needed to enable these? Is information provided in sufficient detail to allow the contract to be flexible to meet developing needs?

Has the CCG reviewed local strategic plans, including as a minimum insight into Local Digital Roadmap (LDR) digital strategy and Sustainability and Transformation Partnerships (STPs), to ensure procurement of GP IT services that will support changing demands on primary care, particularly in relation to enhanced and transformational service requirements?

Where there is an expectation that the successful bidder will develop innovative service offerings and provide service options, is this clearly articulated within the tender documentation?

How long do you intend to award the contract for? Have you considered the benefits of enabling the Supplier to spread the cost of transformation over a longer period?

Has consideration been given to funding arrangements for enhanced and transformational service requirements? Where there is a need to access innovation funds i.e. Estates and Technology Transformation Fund (ETTF), is there an expectation on successful bidders to support such access arrangements and, if so, is this clearly articulated within the specification?

6 Support Tools Available

An automated data collation template is provided as part of this pack.

This is an Excel file (GP IT Data Capture and Services Schedule 2.3.xlsm) which can be downloaded and used locally.

Note: it is a macro enabled Excel file so macros need to be enabled for this file only to use it.

The spreadsheet has colour coded tabs to guide the user:

- Green TABS show the sheet is available for data entry
- Amber TABS indicate the cells in the sheet are part completed (fixed text or automatically populated) and part available for local data entry OR are provided as a draft template for local amendment if appropriate
- Red TABS show the sheet is auto-populated or fixed text and local data cannot be entered into the sheet.

Cells are also colour coded: –

- Cells in Blue text have pre-set content or are automatically populated - do not attempt to amend these.
- Cells in black text can be manually completed - in some cases there is a validation constraint or drop down lists to support data quality and consistency

Detailed instructions are given within the tool but the functions are:

- a. Set the scope by selecting one or more CCGs (by either name or CCG code from a drop down list) which make up the procuring Authority.
- b. Optional - Choose up to three categories for this procurement (you may only need one)
- c. Optional – amend the drop down lists in the Customised Reference tab.
- d. All eligible general practice contractors are pre-selected from the CCGs included. Identify the asset count, systems and services associated the practice (contractor) estate. Additional APMS or provider contractors can be added.

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- e. Identify the physical estate (locations) where the services are required – and the asset count associated with that estate.
- f. Progress checklists and suggested external documents to include are provided.
- g. Identify other assets and volumetric including hosted applications, standard (universal) desktop software, contracts, projects in flight or committed, key meetings requiring IT attendance.
- h. Using the service specification template based on the GP IT Operating Model Schedule of Services identifies if and how each of these services is required by each CCG. Customise the description in [Appendix A \(GP IT Specification Template\)](#) below – square bracketed text indicate where review and amendment is required. This template can be used for local review and approval and then with and the attached tables as part of the ITT Pack for issue to prospective bidders.
- i. Automatically generate a clean set of unlinked tables (Excel file) from the data entered. This should be provided as an attachment to the Word document (Appendix A Template) which references each table as appropriate. Using the template in Appendix A (GP IT Specification Template) review and amend as required the Detailed Service Specification.
- j. Ensure these matches the services that the CCG wishes to include in this procurement as selected in the Service Specification tab in the data collection template.
- k. [Template Questions](#) – for inclusion in the GP IT Supplier Information Pack
- l. [Suggested exploratory topics for bidder presentations](#)
- m. [Suggested Points of Consideration in Bidder Interviews](#)

7 Appendix A: GP IT Specification Pack Template

7.1 Service Specification – Service Summary

This Service Specification is aligned with the GP IT Operating Model 2016-18 'Securing Excellence in GP IT Services' and the 2018 Addendum. The CCGs detailed in Table 3.2 (attached) are accountable and responsible for the provision of key IT services to support expectations set out in the following Operating Model documents- Securing Excellence in GP IT Services:

<https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/04/gp-it-operating-model-16-18.pdf>

The GP IT Delivery Partner ("Supplier") must adhere to the service standards defined in the GP IT Operating Model and its successor(s). For the avoidance of doubt where a successor or addendum to the Operating Model is published during the course of this contract the Supplier must meet the minimum requirements defined in said successor or addendum.

CCG Practice Agreements are in place between each CCG and their practices that outline the terms governing the provision and receipt of GPSoC and GP IT services. Suppliers are required to deliver services in line with these agreements, or their successors. A copy of the locally agreed CCG Practice Agreement(s) is attached.

Suppliers must meet the minimum standards defined within the Operating Model including but not limited to:

- Provision of service desk functions compliant with ITIL Version 3 (or equivalent) and operating to standards ISO 20000 and ISO 9000.
- Demonstrate satisfactory compliance as defined in the NHS Information Governance Toolkit current version applicable to the Supplier organisation type e.g. "Commercial Third Party" or "Commissioning Support Unit" for their organisation and the services delivered under the GP IT services contract. From April 2018 this will be replaced by the Data Security and Protection Toolkit (DSPT).
- Organisational compliance with ISO 27001 standard for Information Security Management.
- The organisation holds, a current Cyber Essentials (CE), as a minimum preferably Cyber Essentials Plus (CE+), certificate from an accredited CE Certification Body
- Commitment to adhere to and support implementation of the National Data Guardian ten standards on data security.
- Compliance with EU General Data Protection Regulation (GDPR) as a data processor effective from 25 May 2018.

- Well-developed disaster recovery and business continuity plans, reviewed, tested and validated annually for services critical to GP service continuity compliant with "NHS Business Continuity and Disaster Planning - Good Practice Guideline". These plans should include a response to threats to data security, including significant breaches or near misses
- Applicable minimum standards are identified in Table 3.2 Secondary K.P.I.s (Quality Indicators).

The CCGs which constitute the Authority are seeking the following GP IT services:

Table 1.1 Services by CCG

Further summary details by heading is provided in

Table 1.2 Service Specification Summary

Definitions

“Supplier” – the successful bidder awarded contract to supply GP IT services as defined in this specification

“Practices” - general practice contractors eligible to receive GP IT services as listed in Table 5.1.

“Managed Systems/Equipment/Infrastructure” – those devices, applications or systems which the Supplier has responsibility for managing, support and control under this contracted service.

“Shared Managed Infrastructure” – those components of IT infrastructure which the Supplier has responsibility for managing, support and control under this contracted service and which are shared by multiple general practices or by other organisations who are not recipients of this service.

“Operational Support Hours” – services to be provided for core GMS contracted hours, as detailed in the GMS contract (between 08:00 - 18:30, Monday to Friday, excluding Bank Holidays).

“Standard Service Hours” - services to be provided between 09:00 - 17:00, Monday to Friday, excluding Bank Holidays.

“Core Hours” means the hours of 07:30 until 20:30 from Monday to Sunday including Public and Bank Holidays – as defined in the CCG-Practice Agreement

“Extended Hours” Support for 7 day or extended hours services subject to restrictions described for the following times

[] days or week

[] hours

Excluding []

7.2 Detailed Service Specification

The detailed Service Specification requirements are described below:

Category 1 – GP IT Services

S.1.1 - GP IT Support Service Desk (Core service)

Service Desk - Provision of a single point of contact for all IT incidents and service requests.

Supporting an ITIL aligned or equivalent, management process for:

- Incidents
- Problems
- Requests

Consistent service availability for “operational support hours” ie core GMS contracted hours, as detailed in the GMS contract (08:00 - 18:30, Monday to Friday, excluding Bank Holidays)

Access channels - there must be:

- A single telephone number for logging calls
- A single email address for logging calls
- A web portal for logging and managing calls.

It must be possible to log a call using at least one of these methods 24 hours a day, 7 days a week.

The service has clear and agreed priority incident categories, with minimum response and target fix times to ensure the safe and effective operation of GP digital services (see Table 4.4 Priority Assessment Matrix).

- All calls are prioritised to the agreed standard see Table 4.4 Priority Assessment Matrix, in conjunction with the person reporting the incident.
- A minimum standard should be agreed for the percentage of incidents resolved on first contact or within an agreed timeframe from call logging. (See Table 4.1 Primary K.P.I.s)
- Where third party support is required for incident or problem management, there is a robust and effective resolution plan in place with agreed responsibilities

To improve helpdesk efficiency and responsiveness the service should include secure remote access to customer desktop PCs for diagnostic and resolution purposes.

S.2.1 IT Support for 7 Day and Extended Hours Services (enhanced GP IT service)

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Support for 7 day or extended hours services is required for the practices and locations as indicated in Table 5.1 Practice Estate and Table 5.2 Physical Estate and for those hosted applications (Table 5.4) which in addition to core infrastructure, file management, directory and connectivity services and GPSoC LOT 1 (principal clinical systems) will require 7 day or extended hours support.

Support service availability for “extended hours”

Support will not be available for staff working with equipment or applications not supported during core hours under this agreement.

Service provision will be agreed at an appropriate level within the Service Level Agreement (SLA), for safe and effective delivery of these GP services.

Where third party support outside GMS core hours is required for incident or problem management, there is a robust and effective resolution or work-around plan in place which considers the availability of third party support.

Service delivery will be based on: [delete as appropriate]

- An urgent business critical break-fix only service is available outside GMS core hours to support named practices, locations and systems
- A restricted service is available outside GMS core hours to support named practices, locations and systems
- A full service is available outside GMS core hours to support named practices, locations and systems

Note standard Target Response and Target Fix times (Table 4.4) will not apply to this service alternative acceptable standards should be agreed.

S.1.2 IT Security (Cyber Security) Service (Core service)

Consistent service availability for “operational support hours”

IT Security

An IT Security (Cyber Security) service encompassing all managed infrastructure and systems provided to all practices to ensure:

- Adherence to the appropriate security guidance, including
 - Principles of information security
 - 'Information Security Management: NHS Code of Practice':
 - NHS Digital Principles of Information Security
 - NHS Codes of Practice and Legal Obligations
- Provide necessary IT security / cyber evidence (where this is held by the Supplier) to support IGT(DSPT) requirements for general practice
- Provide a shared HSCN security contact for practices.
- Monitoring of managed infrastructure access through Active Directory to identify dormant accounts and operate a process to disable these. Provide practices with a facility to notify the Supplier when staff leave the practice

organisation or no longer require IT access, and ensure access is removed within the performance standards for user account management (Table 4.1 and Table 4.4)

- All shared managed infrastructure should have CESG CHECK approved penetration testing carried out at least annually.
- NHS Digital will release CareCERT advisories which will require that
 - CareCERT advisories are acted on in line with suggested timescales, and evidence this through CareCERT Collect.
 - Confirmation is given within 48 hours that plans are in place to act on CareCERT high severity advisories.
 - A primary point of contact is registered for the Supplier to receive and coordinate the CCGs to CareCERT advisories.

Note: Action might include understanding that an advisory is not relevant to your organisation's or practices' systems and confirming that this is the case.

Cyber Security Advice

Advice to be available to all practices on

- Cyber security audits
- Cyber security investigations

Specialist (IT Security)

Cyber Security Support

Assist the CCG to develop and maintain a strategy for protecting GP IT systems from cyber security threats which is based on a proven cyber security framework such as Cyber Essentials and the advice and direction of NHS Digital CareCERT service will be developed and maintained locally. This is to be reviewed at least annually.

On behalf of the CCG the Supplier will

- I. Register all practices to undertake an on-site data and cyber security assessment through NHS Digital's Data Security Assessment programme.
- II. Fully cooperate with an on-site cyber and data security assessment if invited to do so
- III. Act on the outcome of that assessment, including implementing any recommendations

Note: Practices will fully cooperate with the above assessments and the implementation of any recommendations.

Cyber Security Incident Management

- Advice and support for practices on incident assessment, reporting and management in accordance with national guidance and legal requirements. Advice on post-incident reviews and recommended actions for practice implementation.
- Leading or directing incident reviews and investigations where highly specialist knowledge is required or complex multi-party issues are involved.

- Cyber-attacks against GP services are identified and resisted and CareCERT security advice is responded to by all relevant elements of the GP IT service. Action is taken immediately following a data breach or a near miss, with a report made to senior management within the CCG and the practice within 12 hours of detection, or as soon as possible in the case of serious incidents. (See table 4.2).
- Report, on behalf of the CCG, cyber incidents and near misses when the organisation becomes aware

Note: Individual practices are responsible for reporting data and cyber security incidents when they become aware.

Supplier Compliance

The Supplier organisation should be compliant with the following applicable industry standards:

- ISO 27001 for Information Security Management (previously BS 7799)
- Demonstrate satisfactory compliance as defined in the NHS Information Governance Toolkit current version applicable to the supplier organisation type e.g. “Commercial Third Party” or “Commissioning Support Unit (or any successor framework) for their organisation and the services delivered under the GP IT services contract. From April 2018 this will be replaced by the Data Security and Protection Toolkit (DSPT).
- Cyber Essentials Plus (CE+) Certification

Supporting Projects

Advice for practices and the appointed project teams on Cyber Security where projects involve:

- New technology and system procurements
- Deploying new technologies and devices

This is not an exclusive list. Support for projects beyond general advice for example preparing Cyber Risk Assessments should be resourced as part of the project plan.

Note: Practices as independent contractors are responsible for sourcing any legal advice they may require to support any of the above activities.

This service should work closely with the locally commissioned IG Support Service (S.4.1)

S.1.5 Local Device Maintenance and Support Service (including Clinical Server Support) (Core service)

Scope:

- i. A comprehensive desktop device support service, which includes provision and maintenance of the supported desktop estate.
- ii. Provision and technical support of any necessary local clinical servers.

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The service capacity based upon an agreed desktop IT estate volume, see Table 3.2 CCG Data, and subject to the tolerance limits given in Table 4.5 Volumetric.

Service availability for “standard service hours”

IT Equipment:

- The GP IT infrastructure estate supporting core GP IT includes desktop, server equipment, as appropriate to meet GPSoC and GP IT Operating Model requirements
- Develop and agree (with CCG) a desktop Warranted Environment Specification (WES) which as a minimum, meets the national NHS Applications WES and the relevant GPSoC clinical system requirements.
- User workstations must be locked down and well managed, with advanced tools, processes and policies in place to support diagnosis, repair and updates. Users must not be able to install unlicensed and unauthorised software or change critical settings. Unsupported software (by software supplier) browsers, operating systems and devices must not be used on managed equipment and supported infrastructure to access patient record systems.
- The capability for (or a plan and timescale to implement this capability by December 2018) the central control of desktop security, patch control, access and software installation across the managed GP IT estate. Where such central control is not yet fully available, Business Continuity arrangements for general practice infrastructure must include the ability to isolate sites and/or individual devices, where there is an identified incident or high severity threat (relevant to that site), including the capability to isolate affected PCs from the network within 48 hours of a cyberattack.
- Installation and support of all computers and peripheral equipment related to core GP IT services
- Installation and support of all approved standard software and applications
- Anti-virus and malware protection, access management and port control on all active desktop devices
- Encryption to NHS standards on all mobile/portable devices as outlined in guidance on the implementation of encryption within NHS organisations:
[“Guidance on the implementation of encryption within NHS organisations”, NHS Digital](#)
- Defined and documented standardised desktop image(s), with a formal change control management system

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- Remote desktop support management available to 100% of workstations (for diagnostic and incident resolution purposes)
- Compliance testing and installation of standard software products
- Compliance testing of software upgrades with NHS national systems/products

Outside Scope: Responsibility for the physical security, PAT testing and power supply of local desktop IT equipment sits with the practice as part of their local estates management responsibility.

Local servers:

Where local clinical servers are required as part of the GPSoC principal clinical solution, these will be secure, maintained and in line with clinical system vendor(s) Specifications. These will be physically and technically secured, backed up where persistent clinical data is held and have a protected power supply.

Where there are local back up media, this is the responsibility of the practice to manage. Backup media must be stored in an appropriate environment and tested periodically to ensure that data is recoverable. The integrity of backup media for local GPSoC principal clinical systems must be regularly validated (quarterly) and media should be replaced when faulty and not less often than every three years. The cost of local backup media and integrity validation for core GPSoC clinical systems is included within core GP IT services.

Outside scope: Responsibility for physical security, PAT testing, power supply and fire suppression etc. of local server equipment sits with the practice as part of their local estates management responsibility.

Refresh Programme:

Support the CCG with resources required to manage the refresh programme to include:

- The CCG will have a budgeted plan for core GP IT equipment refresh which includes: desktop PCs, monitors, scanners, smartcard readers, barcode readers, printers including dual bin feed printers for consulting rooms where necessary.
- The CCG will ensure a continual refresh programme which identifies and replaces hardware where it has reached its service life.
- A local IT refresh and replacement plan will define equipment standards, availability for practices (where appropriate by practice type, size, clinical system etc.) and target service life by equipment category.
- The refresh service will include assessment, procurement, rollout, asset tracking and secure disposal (see "S.1.9 Asset Management and Software Licencing Service")

S.1.9 Asset Management and Software Licensing Service (Core service)

Consistent service availability for “standard service hours”

For all GP IT equipment supported by this service the following is required:

- All equipment is recorded in an accurate asset register
- Where equipment is NHS owned it is subject to a CCG approved IT reuse and disposal policy and procedure – using authorised contractors - this should be compliant with European Community directive 2002/96/EC. The Waste Electrical and Electronic Equipment Directive (WEEE Directive). Certificates of destruction of assets are required on disposal of all data processing IT equipment. A disposal service is required which meets these requirements.

Software:

- All software (including operating systems) used on NHS owned GP IT infrastructure by the practice and supported by this service must be approved and recorded on a software licence register which must confirm that the software is appropriately and legally licenced for such use and does not present a security risk.
- To ensure that software meets the agreed local WES requirements (to support national and GPSoC clinical applications).
- To ensure there is effective patch and upgrade management in place.
- Unsupported (by software supplier) browsers, operating systems and software must not be used on managed equipment.

S.1.6 Remote access to the clinical system at the point of care (Core service)

Scope:

This allows GPs and practice staff to have secure access to their clinical system i.e. patient record at any normal point of care delivery.

Support service availability for “operational support hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

- The necessary technology and supporting infrastructure to deliver remote access to the GP IT clinical system for consultation purposes using an agreed supported mobile estate (Table 3.2 CCG Data).
- The use of mobile computing systems is controlled, monitored and audited to ensure their correct operation and to prevent unauthorised access, supporting IGT (DSPT) requirements for general practice.

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- Mobile devices must be locked down and well managed, with advanced tools, processes and policies in place to support diagnosis, repair and updates. Users must not be able to install unlicensed or unauthorised software or change critical settings.
- Encryption to NHS standards on all mobile/portable devices as outlined in guidance on the implementation of encryption within NHS organisations (NHS Digital):
 - (i) Guidance on the Implementation of Encryption within NHS organisations
 - (ii) Principles of Information Security.
- Unsupported software (by software supplier), browsers, operating systems or devices must not be used by the practice to access patient record systems..
- Connections between mobile, portable or remote devices to HSCN/N3 and the practice clinical system using public network services (internet) must be encrypted to approved NHS standards.

Provision of the following services:

- Assist the CCG in the design and costing of a plan for mobile GP IT equipment refresh.
- Deployment and replacement of the mobile GP IT equipment in accordance with the above plan.

Availability of these will be defined in the agreed IT refresh plan.

S.2.3 Remote access to clinical systems for administrative purposes (Enhanced GP IT Service)

Support service availability for “standard service hours”

Scope:

This allows GPs and practice staff to access their clinical system outside the practice to carry out administrative and practice business functions, for example reporting, checking laboratory results.

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

- The necessary technology and supporting infrastructure to deliver remote access to the clinical system for administrative purposes using an agreed supported mobile estate (Table 3.2 CCG Data).
- The use of mobile computing systems is controlled, monitored and audited to ensure their correct operation and to prevent unauthorised access, supporting IGT (DSPT) requirements for general practice.

NHS owned or managed devices must be locked down and well managed, with advanced tools, processes and policies in place to support diagnosis, repair and updates. Users must not be able to install unlicensed or unauthorised software or change critical settings.

- Encryption to NHS standards on all mobile/portable devices as outlined in guidance on the implementation of encryption within NHS organisations (NHS Digital):
 - (i) Guidance on the Implementation of Encryption within NHS organisations
 - (ii) Principles of Information Security
- Unsupported software (by software supplier), browsers, operating systems or devices must not be used by the practice to access patient record systems..
- Connections between mobile, portable or remote devices to HSCN/N3 and the practice clinical system using public network services (internet) must be encrypted to approved NHS standards.

Provision of the following services:

- Assist the CCG in the design and costing of a plan for mobile GP IT equipment refresh.
- Deployment and replacement of the mobile GP IT equipment in accordance with the above plan.

Availability of these will be defined in the agreed IT refresh plan.

S.2.7 Wi-Fi Services - for clinicians and the public (core service)

Support service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Relevant technical, service desk and contract support for third party contract for the following services:

- A WiFi service for each practice meeting the National Wi-Fi security standards (www.digital.nhs.uk/nhs-wi-fi). Ensuring:
 - Adequate support arrangements as outlined in the NHS Wi-Fi Technical & Security Policies and Guidelines are in place.
 - National Wi-Fi security standards (www.digital.nhs.uk/nhs-wi-fi) are followed
 - Wi-Fi service usage does not impact on core general practice activities in particular performance of GPSoC hosted systems and NHS national systems
 - There is compliance with NHS data security & protection requirements.
 - Unsupported software (by software supplier), browsers, operating systems or devices must not be used by the practice to access the “corporate” Wi-Fi network in the practice.

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- Locally agreed Acceptable Use Policies, must be in place which should cover all of the wireless network services provided, including Guest and Bring Your Own Device arrangements.

S.1.3 Core infrastructure services (Core service)

Service availability for “operational support hours”

Provision, maintenance and technical support of the necessary infrastructure to deliver core GP IT Services, to include:

Network connectivity and access to core GP IT services at point of care.

Networking services:

- Management and support for provision legacy N3 connectivity and HSCN (Health and Social Care Network) connectivity. This includes connections to main and branch practice sites as per national entitlement.
- Local network services (in the supported general practice estate), including equipment, cabling and support. Practices should have sufficient individual Cat 5/Cat 6 network access ports and structured cabling to avoid the use of local unmanaged mini-hubs and switches connected through a single network port.

File management, data storage and hosting services for core services:

- Provide access to a secure, resilient off site data storage facility for all practice data required for delivery of clinical services, other than that held in externally hosted applications such as GPSoc clinical systems and NHS Mail, to a standard not less than tier 3 data centre. Example data include clinical documents e.g. multi-disciplinary team discussions/clinical case reviews/referral management reviews, clinical protocols etc.

The Supplier (and any subsidiary or sub-contracted service and infrastructure provided) will operate to prevailing NHS security standards, including Information Governance Toolkit (Data Security and Protection Toolkit).

Maximum use should be made of best practice to reduce costs and increase efficiency such as server virtualisation and storage area networks.

S.1.4 Estates Strategy Service (Core service)

Service availability for “standard service hours”

Provision of advice and guidance to support the development of GP IT estate relevant to the provision of IT services and systems.

Service provision is required at an appropriate level and capacity within the SLA, to provide the following:

- Advice on IT infrastructure requirements and standards
- Identify, as required, suppliers of IT infrastructure and external services (for example HSCN connectivity) ensuring any CCG statutory or otherwise mandated responsibilities such as Standing Financial Instructions and public sector procurement obligations are followed
- Support development of associated business case for individual estates projects, including consideration of resource and funding requirements ensuring IT costs are factored in the business case
- Advice and guidance should include consideration of transformation opportunities, enhanced GP IT services and local digital strategy

Any increase in the IT supported estate i.e. beyond the tolerance limits stated in the volumetric table will require agreement between the commissioners of primary care (NHS England/CCG) and GP IT services (CCG), GP and the Supplier. A process supporting this requirement is needed.

S.1.7 Practice Disaster Recovery (DR) and Business Continuity (BC) Support (Core service)

Service availability for “standard service hours”

Advice and guidance is available to all practices to support the development and review of practice DR and BC plans. The BC plan will include continuity plans in response to threats to data security, including significant breaches or near misses.

In the event of a practice DR or BC plan being invoked the CCG will ask the practice to review the plan, support for this process from the Supplier will be required.

Note: Each practice is required to maintain a disaster recovery (DR) and business continuity (BC) plan. Assurance will be provided through the general practice Information Governance Toolkit/Data Security Protection Toolkit from April 2018

S.1.8 Supplier Disaster Recovery (DC) and Business Continuity (BC) (Core service)

Service availability for “operational support hours”

The Supplier is required to maintain an annually reviewed, tested business continuity plan and validated IT disaster recovery plan for services critical to GP service continuity. The BC plan will include continuity plans in response to threats to data security, including significant breaches or near misses.

These plans should be based on a Recovery Time Objective (RTO) for essential GP IT services of no more than 48 hours.

Business Continuity arrangements for general practice infrastructure must include the ability to isolate sites and/or individual devices, where there is an identified incident

or high severity threat (relevant to that site), including the capability to isolate affected PCs from the network within 48 hours of a cyberattack.

In the event of the Supplier DR or BC plan being invoked where services relevant to GP services are impacted the Supplier will provide an initial report to the CCG within 12 hours of the incident, a resolution report within 12 hours of resolution or as soon as possible in the case of serious incidents (and a full report including root cause and remedial actions within two weeks of the incident (ref table 4.2).

S.2.2 Enhanced infrastructure services (Enhanced GP IT service)

Support service availability for “operational support hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

Networking Services:

[delete as required]

- Management and support for provision of additional HSCN services or top up legacy N3 services
- Local network services, including equipment, cabling and support associated with top up of HSCN and local COIN

Enhanced or alternative architectures including:

[delete as required]

- Virtual Desktop Interface (VDI)
- Citrix Access Gateway (CAG)
- Smartcard/Remote Secure Access Token authentication
- Single sign on
- Bring Your Own Device (BYOD) – for non-clinical systems access

Note: Where COINs are a feature of local digital primary care infrastructure, the use of GP IT allocated funds, to support these, needs to consider the following:

[delete as required]

- Where the COIN is used to support GP IT there is a clear requirement for this in addition to core funded HSCN & legacy N3 services
- Where the COIN is shared between health providers, the costs need to be appropriately proportioned
- Where the COIN is shared between health providers management of network supply contracts, security and access should be agreed and documented between stakeholders.
- Where the COIN is used to support GP IT, the network must have sufficient bandwidth, low latency, low contention ratio and breakout connectivity to HSCN/N3 to support the necessary services

Note: The cost of COINs which are cross care settings should be shared with those care settings.

S.1.18 Local Digital Strategy Support (Core service)

Service availability for “standard service hours”

Advice to the CCGs and any GP forums with designated authority for GP IT and Digital Strategy matters by the CCG on horizon scanning and advice on best practice and digital innovation.

Provide specialist subject matter expertise to the CCG and the appointed Chief Clinical Information Officer (CCIO) or equivalent accountable officer on the development of relevant local digital strategies including (i) A GP IT services strategy (ii) A commissioning-led digital strategy, supporting innovation, service improvement and transformation, with GP IT as a key component (iii) Local Digital Roadmaps.

Assisting the authority to ensure that CCG and GP requirements are represented in any relevant local, regional or national forum where GP IT subject matter expertise is required.

S.1.15 National Strategic System Implementation Service (Core service)

Service availability for “standard service hours”

Advise practices on current and planned national developments and solutions. Maintain national tracking database with local status of system deployments, changes and updates as required nationally.

Local deployment programme for national systems implementation within practices, including benefits realisation, stakeholder engagement, and business change support.

S.1.16 Project and Change Management Service (Core service)

Service availability for “standard service hours”

Skilled project and programme management resources are available, to deliver the planned programme of work, both nationally and locally driven.

The Supplier needs to ensure there is sustainable access to a skilled resource, whilst securing best value for money for the CCG.

The service should include:

- Programme management
- Project management
- Technical support
- Change management
- Benefit realisation support

The authority will require clarity on how to access the skilled resources above and what capacity is available in the core service

S.1.14 Training and systems optimisation (Core service)

Service availability for “standard service hours”

The service will include training for:

- GPSoC LOT 1 principal clinical systems
- National digital systems e.g. SCR, EPS2, e-RS

And will include training requirements arising from:

- Staff turnover
- Refresher training
- New system functionality
- New systems and technologies projects

System optimisation:

- To support practice optimisation of principal GP clinical systems and national digital systems, by providing support, guidance and advice, including user group facilitation to enable sharing of best practice.

Training delivery should reflect:

- Practice training plans and staff training needs analysis
- Environment and estate accommodation and facilities
- Virtual and online delivery channels
- Resource availability
- User satisfaction and customer feedback

Outside Scope: Training for business administration and office systems is the responsibility of the practice. The practice and CCG responsibilities for training are described within the CCG-Practice Agreement.

S.1.19 GP Data Quality Service (Core service)

Service availability for “standard service hours”

A comprehensive data quality advice and guidance service is available to all GPs, including training in data quality, clinical coding and information management skills. Development and delivery of a practice data quality improvement plan, where necessary.

The service will include support for:

- National data audits/extracts/reporting e.g. National Diabetes Audit
- General reporting
- Template development/QA
- Spreading best practice

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- Data migrations as part of system deployments
- National system deployments for example. GP2GP, SCR, e-RS, EPS Clinical/medical terminology

The Data Quality service should also support the transition to SNOMED CT in general practice and subsequent ongoing support. This requires training materials/courses and IT training and facilitation staff are all fully updated to be support SNOMED CT clinical coding standards and requirements. This will include supporting practices in:

- Report/search facilities using SNOMED CT
- Content finding/code identification in SNOMED CT
- Review i.e. identifying reports, templates or business rules which may need to be updated on changing to SNOMED CT

S.2.5 GP Data Quality Accreditation service (Enhanced GP IT Service)

Service availability for “standard service hours”

A formal data accreditation support programme available to all GPs which includes:

- Data quality baseline/audit review
- Development and delivery of a GP data quality improvement plan with practice(s)
- A formal rolling data accreditation programme for practices that will underpin key work streams to support paper free / 2020 vision.

S.2.6 CQRS / GPES Support (Enhanced GP IT service)

Service availability for “standard service hours”

A comprehensive CQRS/GPES advice and guidance service available to all GPs, to include review, report management and remedial action planning, particularly around exception reporting, to ensure appropriate data quality within GP sites to enable effective Quality and Outcomes (QOF) reporting.

S.1.10 GPSoC System (lot 1) Support (Core service)

Service availability for “standard service hours”

Supplier Management and Liaison for GP Systems of Choice (GPSoC) including:

- Local management of service support contracts/supplier liaison
- Ensure local GPSoC call-off contracts are current and accurate (i.e. Schedule A)
- Advice CCG on management of local payments ensuring that all charges incurred are current and accurate, including payments for additional software to enhance the functionality of the clinical system

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- Inform clinical system suppliers of any changes to existing contracts, for example. terminations due to practices exercising their contractual right to choice of system
- Maintain the Tracking Database (TDB) to ensure the integrity of GPSoC contracts
- Liaising with GPSoC suppliers re: future requirements and developments
- In the event of any unresolved issues, escalate to system suppliers on behalf of practices to facilitate a satisfactory resolution
- To support CCG to meet their requirement to monitor and escalate to NHS England general practice and clinical systems performance in relation to the use of GP IT services and systems provided under the GP IT Operating Model

General:

- Ongoing technical support for GP clinical systems including technical liaison with GPSoC supplier and clinical application support where not provided by GP system supplier
- In the event of any unresolved issues, escalate to system suppliers on behalf of practices to facilitate a satisfactory resolution
- Support CCG with data, advice and alerts as needed in order to meet CCG responsibilities to monitor and escalate to NHS England clinical systems performance issues in relation to the use of GP IT services and/or systems provided under the GP IT operating model and/or GPSoC.

Migrations and mergers:

Subject to CCG with business case development and approval for GP System migrations and mergers. Support for the migration and merger deployment projects with core services including, but not limited to:

S.1.1 GP IT Support Service Desk,
S.1.11 IT Procurement,
S.1.14 Training & Systems Optimisation,
S.1.16 Project and Change Management Service,
S.4.1 Information Governance Support Service,
S.4.4 Clinical Safety Assurance.

S.1.17 Electronic messaging for direct patient communication (Core service)

Support service availability for “operational support hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

Electronic messaging functionality i.e. SMS messaging, for direct unidirectional individual patient communication, to be utilised for clinical and associated administrative purposes by every practice.

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The functionality should only be used for communicating short messages to patients, to a locally agreed standard/format, for example:

- Reminders of forthcoming appointments
- Requests for patients to make an appointment for example: immunisations, routine reviews, blood test
- Notifications of 'missed' appointments (DNA's)
- Notifications of 'normal' test results

Note: All practices will have a capability to access SMS (or equivalent messaging system) integrated with the practice principal clinical system to support communications with patients. Reference: GP IT Operating model NHS England letter to CCGs 19/06/15 Gateway Reference 03635.

S.1.11 IT Procurement & Support Service (Core service)

Service availability for "standard service hours"

Procurement Support:

- Provide strategic procurement advice, recommending collaboration and standard specifications to optimise efficiency and support costs
- Advice and assistance in the development of outputs based specifications to support GP IT procurement projects
- Support the CCG secure best value through good procurement
- Where the procurement is made by or on behalf of the CCG or the NHS public sector procurement rules and specific Standing Financial Instructions (SFIs) applicable to the purchasing organisation must be applied.
- Where possible nationally agreed purchasing frameworks should be used to ensure efficiencies and compliance with appropriate procurement standards.

Where there may be potential conflicts of interest or risk of procurement challenge arising from the role of the Supplier carrying out delegated procurement activities in support of GP IT on behalf of the CCG the Supplier should raise this at the earliest possible opportunity with the authority and cease all such activity until advised by the authority.

Hardware and Infrastructure procurement

- All NHS capital asset purchases NHS England procurement rules and Standing Financial Instructions (SFIs) must be applied.
- Where possible nationally agreed purchasing frameworks should be used to ensure efficiencies and compliance with appropriate procurement standards..

Non-GPSOC clinical system procurement Support practices and CCGs purchasing non-GPSOC clinical systems and digital technologies which host or process patient identifiable patient information ensuring the solution provider

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- can provide Information Governance assurances for their organisation via the NHS Information Governance Toolkit (Data Protection and Security Toolkit from April 2018))
- confirms that the manufacturer/developer of the system has applied clinical risk management as required under SCCI0129 (Clinical Risk Management: it's Application in the Manufacture of Health IT Systems) during the development of the product
- confirms where the product procured is classified as a medical device the product complies with the medical device directives
- complies with the National Data Guardian's recommended ten Data Security Standards.
- can comply as a data processor (if applicable) with GDPR legislation
- can, if applicable, comply with national guidance on citizen identity verification, including "Patient Online Services in Primary Care - Good Practice Guidance on Identity Verification".
- can, if applicable, comply with the National Data Guardian eight-point data sharing opt-out model.

Practice clinical systems - management:

- Ongoing technical support for practice clinical systems including technical liaison with system supplier and clinical application support where these are not provided by system supplier
- Management of ongoing system updates as necessary where these are not provided by system supplier
- In the event of any unresolved issues, escalate to system suppliers on behalf of practices to facilitate a satisfactory resolution

S.2.4 GPSoC (lot 2) - associated management and support activities (Enhanced GP IT Service)

Service availability for "standard service hours"

Technical, service desk and contract support for third party contract for the following services:

GPSoC Lot 2 services

GPSoC Lot 1 Subsidiary Services where not centrally funded.

S.3.1 GPSoC (lot 3) – associated management and support activities (Transformation Service)

Service availability for "standard service hours"

Technical, service desk and contract support for third party contract for the following services:

GPSoC Lot 3 services

S.2.8 Primary care at scale (Enhanced GP IT Service)

Service availability for "standard service hours"

Practices working collaboratively e.g. in federations may require clinical systems and IT infrastructure which support collaborative working including:

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Access to clinical records between practices
- Shared patient administration, appointment management and transactions between practices
- Reporting capabilities across practice federations e.g. central reporting
- E-triage

Provision of the following services:

- Shared infrastructure capabilities e.g. Active Directory, file management, intranet etc.
- Digital solutions that support 7 day working

S.2.9 Clinical Decision Support (Enhanced GP IT Service)

Service availability for “standard service hours”

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Drug formulary and advice systems
- Clinical decision support systems

S.2.10 Digital enablement / Practice Efficiency/Service Quality (Enhanced GP IT Service)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Patient arrival and kiosk systems, patient touch screens
- Display screens (for example. 40 inch TV screens and or Jayex Boards), projectors, multi-function devices, webcams
- Blood pressure monitoring, spirometry, 24 ECG hardware and software
- Digital cameras
- Telehealth and monitoring
- Telemedicine

- Software for chronic disease management, drug monitoring, anticoagulation management software, dispensary software, dictation software
- Digital order communications and results reporting for laboratory, imaging and diagnostic tests
- Practice intranet
- Advanced appointment management
- Advanced document management
- Workflow and Data entry e-forms

S.2.11 Secondary usage (Enhanced GP IT Service)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Risk stratification
- Hospital admissions monitoring
- Data extraction tools, where not centrally funded
- Data extract, transfer and analysis (in support of public health, child health and contracting monitoring)

S.2.12 Online consultations (Enhanced GP IT Service)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

Externally hosted or locally hosted on-line consultation systems accessible by practices.

Outside Scope: Patient access support will be provided by system supplier and the practice.

S.3.2 Patient Facing Digital Services (Transformation)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Patient access portals
- Patient held records and/or device

- Data entry e-forms

S.3.3 Advanced Telephony (Enhanced GP IT)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

- Telephony solutions where they are:
- Community/inter-practice footprint; and
- Integrated with other digital services; and
- Enable transformed primary care

S.3.4 Interoperability (Transformation)

Service availability for “standard service hours”

Technical, service desk and contract support for third party contract for the following Interoperability solutions supporting:

- Transactional services e.g. appointment management
- Access to shared records
- Clinical document sharing
- Notifications and tasks
- Care coordination including End of Life (EoL)

S.3.5 Integrated Health and Care – associated support services (Transformation)

Service availability for “standard service hours”

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Record sharing initiatives and support for service/commissioning re-design
- Clinical record portals
- A&E, MIU, 111, WIC links

S.2.13 Additional Locally Commissioned Services (Enhanced GP IT)

Service availability for “standard service hours”

Where the CCG has commissioned additional services from the GP contractors in scope

Provision of the following services:

[OR - delete as required]

Technical, service desk and contract support for third party contract for the following services:

[Example List - not exhaustive]

- Local enhanced services and GP specialist interest schemes
- Specialist service clinical software/IT infrastructure

S.4.1 Information Governance Service (Core service)

Service availability for “standard service hours”

Local IG policy support

Specialist advice to support the production and maintenance of local information governance policies and procedures. Provision of advice to support practice on approval, ratification and adoption of the policies for their organisation.

These policies need to include: confidentiality; consent procedures for the use of personal confidential information; data controllership responsibilities and data protection requirements; human rights requirements in relation to privacy; information security (physical security of paper records, smartcards and access controls for information systems, managing mobile computing risks); incident management and reporting; staff training; and needs assessments.

Note: Practices are responsible for the production, approval and maintenance of (and adherence to) their IG and IT security policies but access to specialist advice for practices is required.

IG incident management

- Provision of advice and support to practices on the investigation of possible information security breaches and incidents.
Advice and support for practices on incident assessment, reporting and management in accordance with national guidance and legal requirements.
- Advice on post-incident reviews and recommended actions for practice implementation.
- Leading or directing incident reviews and investigations where highly specialist knowledge is required or complex multi-party issues are involved.
- . Action is taken immediately following a data breach or a near miss, with a report made to senior management within the CCG and the practice within 12 hours of detection, or as soon as possible in the case of serious incidents. (See table 4.2).

Note: Individual practices are responsible for reporting data security incidents

IG toolkit and DSP Toolkit advice and support

Provide advice and guidance on how to complete the IGT/DSPT, including the collection and collation of evidence in support of IG toolkit/DSP Toolkit submissions. Individual practice support to discuss IGT(DSPT) compliance is required.

Provide practices with evidence required where this is held or sourced by the Supplier.

Note: Individual practices are responsible for submitting an IG Toolkit/DPS Toolkit return annually.

IG advice and support

Provision of advice and guidance on IG related issues, including existing operational processes and procedures or new business initiatives.

A review at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security. This may be a facilitated workshop for practices at CCG level which will encourage shared learning.

Advice to support practices develop and maintain best practice processes that comply with national guidance on citizen identity verification, including “Patient Online Services in Primary Care - Good Practice Guidance on Identity Verification”, that underpins the delivery of patient facing services, and assurance requirements as these are developed.

Data Protection Officer (DPO) Support

A Data Protection Officer Advice and Support function will be available to support practice designated Data Protection Officers. The service will include:

- Access to specialist qualified advice on GDPR matters.
- Advice to support compliance with GDPR obligations, including those outlined in paragraph 1 of Figure 7 in the GP IT Operating Model, Securing Excellence in GP IT Services, 2016-18
- Alerting and providing advice on further relevant national guidance as it is published.

National Data Guardian data sharing opt-out model

Advice to support practices comply with the National Data Guardian eight-point data sharing opt-out model.

IG Training

Training in relation to Information Governance, including the development and provision of training materials to support IG, as required, and delivery of ad-

hoc IG training that is not covered by the mandatory online IG/DSP training module.

Supporting Projects

Advice for practices and the appointed project teams on IG/DSP, data sharing and cyber security considerations where projects involve

- Change of principle clinical system for the practice (including data migration activities)
- New initiatives involving sharing patient data with third parties
- Merging practices
- Closing practices
- Significant estate developments and new builds
- Deploying new technologies

This is not an exclusive list

Specialist support for projects beyond general advice for example preparing Data Privacy Impact Assessments should be resourced as part of the project plan.

GP IT Services

All published CareCERT Best Practice and NHS Digital Good Practice Guides will be reviewed and where applicable incorporated into GP IT Services where applicable.

This service should work closely with the commissioned IT Security (Cyber Security) Service (S.1.2).

Note: Practices as independent contractors are responsible for sourcing any legal advice they may require to support any of the above activities.

S.4.2 Registration Authority (Core service)

Service availability for “standard service hours”

Registration Authority service including policing ‘Access Policy’ and the delivery and management of role-based or position-based access control and issuing of smartcards, training of RA sponsors.

Support of software to support national systems for example, Identity Agent, CMS.

Ensure adherence to access security policy.

Issuing of smartcards (including ID checks / printing etc.).

Advise customer RA managers and RA sponsors of configuration of business functions, completion of documentation and use of RA systems (for example to reset PINs).

Involvement in national project roll out such as attendance at project boards to support project delivery

Provide practices with a facility to notify the Supplier when staff leave the practice organisation or no longer require RA access to the practice, and ensure access is removed within the performance standards for user account management (Table 4.1 and Table 4.4)

S.4.3 NHSmail Administration (Core service)

Service availability for “standard service hours”

Core administrative services (outside national services desks): Providing local organisation administrator support for example access and support for NHSmail, support for migration from local email services to NHSmail.

Creation, deletion and organisational transfer of user email accounts.

Creation of group email lists (but not management of content)

Password resets, account unlocking etc where this cannot be done online.

Provide practices with a facility to notify the Supplier when staff leave the practice organisation or no longer require NH mail access, and ensure access is removed within the performance standards for user account management (Table 4.1 and Table 4.4)

S.4.4 Clinical Safety Assurance (Core service)

Service availability for “standard service hours”

Ensuring that the necessary requirements are met for management of clinical risk in relation to the procurement, deployment and use of clinical software.

Advice and Supporting Assurance

Advice and supporting assurance on adherence to:

- Clinical Risk Management: Its application in the deployment and use of health IT systems SCCI0160 (where required).
- Clinical Risk Management: Its application in the manufacture of health software SCCI0129 (where required).
- Where a system/software (or part of it) is classified as a medical device the system/software complies with medical device directives

Note: the responsibility and burden of effort for Clinical Safety Assessment and assurance under SCCI0129 rests with the system developer. This includes any third party software incorporated into the system. The requirement for this service is to

secure assurance from system suppliers that this has been met during procurement or contract review stages.

Incident Management

Support and advice for practices in the reporting and management clinical safety incidents (information system related) within practices.

Note Practices must report clinical safety incidents in line with national guidance.

Supporting Projects

Advice for practices and the appointed project teams on Clinical Safety (SCCI0160) where projects involve

- Change of principle clinical system for the practice (including data migration activities)
- New initiatives involving clinical systems to support different or innovating ways of working
- Reconfiguring clinical systems with the potential to bypass or deviate from internal system controls and safeguards
- New clinical systems integrating with the principle clinical system
- Decommissioning clinical systems eg when merging or closing practices
- Deploying new technologies
- Clinical system procurement including third party assurance

This is not an exclusive list

Support for projects beyond general advice for example preparing Clinical Risk Management Plan, Clinical Safety Case Records and Hazard Reports and supporting procurement activities should be resourced as part of the project plan.

Note: Practices as independent contractors are responsible for sourcing any legal advice they may require to support any of the above activities

7.3 Local Context

There are fundamental changes taking place in primary care services in England, driven by policy and organisational pressures. Future general practice needs to be supported with the best modern digital services if successful and sustainable improvements in care are to be delivered through such changes.

The revised GP IT Operating Model, Securing Excellence in GP IT Services, 2016-18, provides a framework for the delivery of 'core' GP IT services, including consideration of enhanced and transformational requirements to support primary care at scale and the broader health and care service transformation, in response to changing models of care outlined in the Five Year Forward View (FYFV).

As commissioner(s) of GP IT services, the CCG(s) is keen to ensure that local GP IT service provision arrangements are responsive to and reflect local needs and requirements. The following information aims to provide insight into local services and ambitions, which will help to inform potential bidders in relation to GP IT service delivery.

Potential bidders are invited to review and respond to this 'local context' information in their submissions specifically in relation to delivery of GP IT services as outlined within the service specification. This should include consideration of service provision arrangements for core and mandated GP IT service delivery and for potential innovations/innovative ways of working that could support the development of emerging primary care delivery models. This should also support 'at scale' digital solutions that support the delivery of the GP Forward View ambitions, together with FYFV and service transformation.

Note: Potential bidders will be expected to demonstrate how GP IT services will be responsive to local needs and requirements, as part of any subsequent presentation and evaluation process. This should include how efficiency and effectiveness developments in the proposed core contracted service can be used to support these changes and where the potential bidder can offer enhancements, innovations and additions to these services to meet these local needs.

Table 3.1 Locality Context

Outlines the local environmental and strategic context by CCG. This includes summary notes (by each CCG if appropriate) on the following

- (i) Demographics/Landscape/Geography
- (ii) Delivery of Care/Service Ambitions (this will include STP plans)
- (iii) Local Digital Strategy/Plans (namely Local Digital Roadmaps)
- (iv) Local Governance Arrangements Supporting Digital Strategy

NOTE: if a CCG wishes to provide more detailed information this can be done as an attached document or external URL link and references in Table 6.1 Documents and Checklist.

Table 3.2 CCG Data

Summarises key data relating to GP IT for each CCG as derived from the details provided for each practice contractor and physical sites.

Table 3.3 GP IT Existing Services

General contextual information on the existing GP IT services

7.4 Performance, Activity and Quality Indicators

NOTE: As the service provided is likely to operate shared systems and infrastructure across a number of contracts clarification is required on whether a KPI is reported as system wide or contract specific. Recommendations on this and the calculation of KPIs are shown in Table 4.1 Primary KPIs

These are based on the minimum standards set out in the Operating Model. Additional key indicators that enable the effective monitoring and management of this contract, including KPIs that reflect broader service provision arrangements i.e. training and data quality support services can be negotiated.

A set of quality indicators is also provided. These include reference to external standards where applicable. Performance against a quality standard should be set at or near 100% (or very high). As there is often not a readily available quantifiable metric to measure compliance hence assessments are likely to be based on audits or exception/non-compliance reporting. These are included as SECONDARY Key Performance Indicators (KPIs) and listed in Table 4.2 Secondary KPIs.

To support the requirement for regular and ad-hoc reporting in the effective management and delivery of this service a set of core activity indicators is given and listed in Table 4.3 Recommended Reporting Indicators.

Table 4.4 Priority Assessment Matrix is the recommended basis for logged incident and request prioritisations (developed from original prioritisation matrix in The Good Practice Guidelines for GP electronic patient records v4 RCGP/BMA).

Finally a set of key volumetrics to underpin consistent reporting and communications in the delivery and oversight of this service are given in Table 4.5 Volumetrics. This includes a tolerance limit for each volumetric within which the service should be able to operate at agreed levels and standards.

7.5 GP IT Services Data Capture

This describes the local environment which requires support. Information supplied should relate directly to GP IT arrangements only and should not include CCG corporate arrangements. The “estate” refers to the assets (equipment, licences, user accounts, premises etc.) directly used by the GP contractors within the scope of this procurement. Assets used by other parties’ e.g. community providers sharing multipurpose premises should not be included by default, unless the authority has chosen to fund IT support services for these parties through this contract as an enhanced service.

Table 5.1 Practices

This is the general practice estate in scope to be supported by this service. The practices are automatically selected by CCG. These should all be GMS, PMS or APMS practices with a registered patient list and who have signed the CCG - Practice Agreement. In addition there is scope (at CCG discretion) to include any other APMS practice who holds a registered patient list for “primary care essential services”, have signed the CCG Practice Agreement and where no other provision for IT services has been made (e.g. within their provider contract) and to include if locally funded any other provider or contractor for this procurement. Relevant estate and asset volumetrics requiring support are shown (Note a tolerance range for each volumetric is given to allow for incremental changes in estate and assets – see Table 3.5)

Table 5.2 Physical estate

All sites where GP IT services are to be delivered are listed. NOTE: this is not the same as the list of practices as there will be multi-occupancy sites (e.g. health

centres) and practice branch surgeries included. Relevant estate and asset volumetrics requiring support are shown (Note a tolerance range for each volumetric is given to allow for incremental changes in estate and assets – see Table 3.5)

Table 5.3 Standard Desktop Software

This includes an indicator of the number of standard desktop (“ghost”) images supported by each CCG and whether the software listed is included in the standard (“ghost”) image. GPSOC and NHS national systems are included. Standard desktop (“ghost”) images should meet the locally agreed WES.

NOTE: each practice is a discrete business entity and therefore variations in software used will exist between practices, although standard desktop (“ghost”) images across a GP estate are still recommended as the standard platform.

Table 5.4 Hosted Applications

Those applications used and supported as part of the GP IT service whether internally or externally hosted. GPSOC LOT 1 (principal clinical systems) and other NHS National Digital Assets e.g. e-Referral Service, NHS mail are not included.

Table 5.5 Projects

Projects committed or currently in flight as part of GP IT service provision. Those projects which are part of a national mandate on the CCG and/or practices are flagged as such and deployment support for these should be provided as part of the service S.1.15 National Strategic System Implementation Service. Support for projects generally should be provided through the service S.1.16 Project and Change Management Service.

Table 5.6 Managed Contracts

High level summary list of relevant third party contracts relating to GP IT services e.g. COINS, Remote Access Tokens. This should indicate where responsibility for funding and for contract management sits. It is important both the potential bidder and CCGs have visibility and an understanding on responsibilities for these contracts.

Nationally funded services such as GPSOC LOT 1 (principal clinical systems) and NHS National Digital Assets e.g. e-Referral Service, NHS Mail, N3 are not included. (local HSCN contracts should be included).

Table 5.7 Meetings

Those scheduled meetings where attendance by the Supplier is required for example CCG GP IT strategy board, practice manager liaison meetings, Local Medical Committee (LMC) LMC meetings. Ad-hoc and fixed term project meetings do not need to be included here as they should be resourced as part of the project management service.

7.6 Documents and Checklist

Table 6.1 Documents and Checklist

This lists all the attached tables and their purpose and references all relevant documents which are attached or accessible through URL link provided.

8 Appendix B: Template Questions – for inclusion in GP IT ITT Supplier Information Pack

Suggested questions for bidders and assessment response criteria for inclusion in the Lead provider Framework Call-Off ITT Supplier Information Pack.

1.1 Division of Service provision between suppliers/sub-contractors.

Suppliers are required to complete the following table indicating all suppliers involved in delivery of the services, and the services which each supplier will provide.

Suppliers must also indicate the supplier ultimately responsible for the delivery, i.e. where a sub-contractor is used the supplier responsible for the relationship with the sub-contractor.

This information must be consistent with the information provided in the Suppliers Service Matrix (as set out at Schedule 9 of the Framework Agreement).

Name of supplier ultimately responsible for delivery of the service.	Supplier delivering the service indicated.	Service line	Service
[Insert supplier name – MUST be a supplier who is party to the final contract).	[Insert supplier/sub-contractor name]	[Insert the service line to which the services relate]	[Insert services to be supplied by the relevant supplier/sub-contractor as per the services detailed within the specification]

1.2 Organisational capability

Provide written biographies of the proposed Directors/Senior Team and key team members responsible for managing delivery of the Services and present an overview of your organisation (biographies included as an appendix to this question will not count against the page limit for this question)

Your response will be assessed against the extent to which it demonstrates the following requirements:

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- Alignment of core capability and capacity of your organisation to requirements of the ITT
- Relevant breadth and depth of experience, capability and background of the senior team to manage delivery of the services
- Clear lines of responsibility and accountability for each service and how such accountabilities will be effectively integrated at the lead provider level
- Evidence of your organisation's ability to successfully manage delivery of the services in the proposed setting
- Evidence of your approach to the delivery of the services which demonstrate that your organisational development will be informed by learning gained from delivery of services and other commissioning support services

Provide a copy of the organisational structure for the staff team who will be delivering the services with a summary of the service that each team would provide and their skills and capability.

Your response will be assessed against the extent to which it demonstrates the following requirements:

- Delivery team(s) with defined and relevant functions
- Delivery team(s) dedicated to named authority organisations
- A proposed staffing structure that has the depth, breadth and skills mix to effectively deliver the services
- A staffing structure which clearly identifies the qualifications required for each role
- An effective approach to providing a united service delivery team that works as a unit to provide a coordinated commissioning support service

How will you assure the quality of your services?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A robust approach to ensuring compliance with all relevant regulatory requirements, standards and best practice (evidence should be provided that these regulatory requirements, standards and best practice are understood);
- A rigorous approach to internal governance arrangements demonstrating how the organisation will internally hold itself to account;
- An effective approach to quality management;
- An effective approach to performance management to ensure delivery against the service specifications;

How would you go about working with the Authority, its GP membership and key local health economy partners including Sustainability and Transformation Partnership Leads to identify, test, design and plan organisational innovations of the type envisaged in the GP Forward View (GPFV) and Five Year forward View (FYFV)?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- An effective approach to understand and keep abreast of the range of innovative approaches that are being tested across England and which may have relevance to the local health economy;
- An effective approach to engaging with the authority and its GP members to test options and to formulate a vision for the future;
- A robust approach to assist the authority in planning and implementing the organisational development activities needed to realise any agreed vision.

1.3 Customer service / responsiveness

Outline your service delivery model, including your approach to flexing resource to support the anticipated fluctuations in GP IT demand.

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A flexible approach to service delivery that ensures that you can supply the necessary capability, skills and capacity to meet demand throughout the general practice year;
- A flexible approach to managing fluctuations in GP IT workloads and delivering priorities within customer financial envelopes;
- How fluctuations in demand for GP IT arising from digital system upgrades, deployments, and GP IT estate changes are supported;
- Strong leadership and account management, especially during the mobilisation stage of the services;
- A united service delivery team that works as a unit to provide a coordinated GP IT service.

Outline your approach to delivering the service in partnership with the CCGs.

Your response will be assessed against the extent to which it demonstrates the following requirements:

- An effective approach to supporting the CCGs to meet their priorities and objective by aligning your service delivery priorities to those of the CCGs and their GP membership;
- An effective approach to delivering a service in line with the behaviours described in the “Authority Requirements” section of this Supplier Information Pack;
- An approach to ensuring good practice is shared between the members of the authority;
- How the CCG will be supported in the management of GP communities and representative local bodies e.g. LMCs.

How will you maintain and enhance customer-focused service delivery and what contribution will effective contract management make to this?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A robust approach to ensure that your services achieve each procuring authority's service requirements, whether supplied directly by you or by your sub-contractors;
- An effective approach to achieve the performance standards required by the procuring authorities, in particular describing how you will address any performance issues arising, whether from services supplied directly by you or by your sub-contractors;

Describe your approach to measuring and monitoring customer (i.e. CCGs and GPs) satisfaction and the steps you take where satisfaction of customers is poor.

Your response will be assessed against the extent to which it demonstrates the following requirements:

- An open and transparent approach to gathering and presenting feedback which ensures customer views are correctly represented and issues with service delivery are appropriately highlighted;
- An approach to monitoring trends in service satisfaction and performance issues and pro-actively understanding, monitoring and/or remedying customer feedback, issues and concerns;
- A robust approach to ensuring ownership and single point of contact to handling complaints within and across services;
- An effective account management approach to customer satisfaction;
- You should evidence your response with reference to a relevant case study for a customer in a similar context.

1.4 Mobilisation

Provide an implementation plan outlining how services will be mobilised.

Your plan needs to demonstrate how you will maintain business as usual services to ensure CCG and GP patient services are not adversely affected by mobilisation and are able to deliver their statutory and contractual responsibilities:-

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A credible and realistic mobilisation plan which ensures minimal disruption to the authority and GP member practices (supported, as an appendix to your response to this question, by a Gantt Chart and associated timetable, which will not be included in the page limit for this question);

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- Effective plans for staff engagement and customer (authority and GP) communications during mobilisation;
- An effective approach to engaging with other key stakeholders (supported by, as an optional appendix to your response to this question, a high level stakeholder engagement plan, which will not be evaluated and will not be included in the page limit for this question but can be referenced in your response) demonstrating how you intend to communicate with key stakeholders and service users;
- A robust approach to governance, quality assurance and risk management during the mobilisation period;
- A robust approach to Information Governance during the mobilisation.

1.5 GP IT - Service delivery

What do you consider to be the 3-5 challenges in delivering safe and innovative GP IT solutions that are compliant with the latest NHS England GP IT Operating Model core and mandated requirements, yet at the same time support the implementation of GP Forward View and Sustainability and Transformation Partnerships (STPs)?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A robust approach to delivering GP IT service which conforms to the core and mandated requirements in the latest NHS England GP IT Operating Model.
- A comprehensive understanding of the challenges in delivering GP IT services which are safe, secure and resilient whilst enabling innovation and service improvement in general practice. This should include reference to the NDG 10 Data Security Standards (<https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>), Cyber Security and EU GDPR.;
- Demonstration of an approach on how the authority will be supported to optimise the opportunities in the GP IT Operating Model to assist in delivering on GP Forward View and STPs;
- A comprehensive understanding of the benefits associated with agile working arrangement across primary care whilst ensuring that compliant information governance and cyber security is maintained;
- Capability to deliver effective primary care IT enabling services as defined in the latest NHS England-GP IT Operating Model.

How will your IT solution serve as an enabler for strategic primary care service improvement, within the context of GP Forward View and new models of care, over the next 3-5 years?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A demonstrable understanding of national primary care service improvement initiatives such as the Estates and Technology Transformation Fund (ETTF)

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for primary care, vanguard pilots and the Integrated Personal Commissioning (IPC) Pioneering programme and an effective approach to deploying innovation and improvement in support of these;

- A clear articulation of the tangible service improvements that would be delivered, when these would be realised and what additional technologies and services would be required to deliver these;
- A robust approach to measuring outcome-based success;
- Demonstrate awareness and consideration of the impact on GP services and IT services of the new models of care such as MCP and PACS contracts.

What do you consider to be the greatest challenges in delivering safe and innovative GP IT solutions that are compliant with the latest information governance and cyber-security requirements and how would you address these challenges? What specific IG considerations will there need to be within the context of new models of care?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A comprehensive understanding of the challenges to delivering safe and innovative GP IT solutions that are compliant with the latest information governance and cyber-security requirements;
- Understanding the context of the general practice contractor environment and local provider organisations in relation to the respective of data controller roles and the integration of local services;
- An effective approach to addressing the challenges described above;
- A robust approach to ensuring safe and secure access to sensitive information such as patient records in remote, mobile and flexible working environments.

How would you utilise the existing NHS HSCN & Legacy N3 services to GPs to support high quality IT services for existing and future GP contractors and what additional services and technologies would you deploy (e.g. COIN, PSN)?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- An up to date awareness and understanding of the new HSCN and its relevance to GPs;
- How HSCN GP services can be best utilised to support local needs and the potential bidders IT service offering;
- What services and technologies in addition to the generic HSCN GP IT service provided would be need to be deployed;
- What are the challenges in supporting the above requirements?

Outline your approach to driving service improvements and efficiencies while delivering the contracted services.

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Your response will be assessed against the extent to which it demonstrates the following requirements:

- An effective approach to driving improvements in services provided across the CCG's and the GP estate;
- A realistic and targeted approach to delivering efficiencies;
- You should evidence, as part of your response, the improvements and efficiencies you will make during each year of the service contract as outlined in your Price Submission;
- An effective approach to managing expectations in the event you are not able to deliver the full extent of GP requirements.

What IT enabled GP service improvements would you be expecting from your service that would directly benefit individual general practices?

Your response will be assessed against the extent to which it demonstrates the following requirements:

- A clear description of the IT enabled service improvements a practice would expect from the supplier's service delivery and an effective approach to realising these improvements.

9 Appendix C: Suggested Exploratory Topics for Bidder Presentations

1. Bidder to explain how they would support the CCG and its general practices in significant primary care estate development which includes:
 - a. New integrated health centre build hosting five general practices (merging into three) and community teams from other healthcare providers (community trust and a mental health trust)
 - b. The merger of three of these practices into one (i.e. reducing from five to three) where the three existing practices use a different GPSoC clinical system from different suppliers, but have all agreed to move to a single practice instance of one hosted GPSoC clinical system.
 - c. Provision of new infrastructure in the building including HSCN, and WiFi
2. How would the bidder support the CCGs leverage GP IT (services, funding, coverage, system maturity etc.) in order to support whole system cross care setting transformation in the wider community (as might be envisaged in STPs)?
3. How would the bidder support the CCGs locally progress with the GP Forward View and enabling general practice improvement?
4. How would the bidder assist the CCG ensure it meets its nationally and contractually mandated obligations in respect of GP IT services?
 - Particularly in ensuring cyber and data requirements are met?

10 Appendix D: Suggested Points of Consideration in Bidder Interviews

1. How would the bidder approach resourcing the service for (i) transactional services e.g. helpdesk, RA (ii) non-transactional services e.g. training, project management, IG
2. Does the bidder understand the customer base in particular the relationship between GP independent contractors and the NHS
3. Does the bidder understand the GP IT operating model in particular the delegated responsibilities of the CCG for GP IT
4. What experience has the bidder in NHS IT and GP IT delivery specifically
5. To what extent does the bidder understand the current NHS
6. How would the bidder approach managing the GP IT equipment estate in terms of refresh, disposal, using different technologies to extend operational life
7. How will the bidder ensure IT enablers for local health community service integration continue to be available
8. How will legacy contracts be handled
9. Are specialist services such as Clinical Safety, Information Governance, IT Security, Data Quality supported by access to necessary skilled resources
10. Can the bidder support the CCG with digital strategy and enablement of wider system transformation (i.e. STP)
11. Is the bidder aware of the National Data Guardian 10 data security standards(<https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>) and the EU General Data Protection Regulation (GDPR), their implications for GPs and their responsibility as a supplier (including potentially as a “data processor”)
12. How will the bidder ensure that key cyber and data security requirements are met, including the central control of desktop security, patch control, access and software installation across the managed GP IT estate and the ability to isolate sites and/or individual devices, where there is an identified incident or high severity threat (relevant to that site), including the capability to isolate affected PCs from the network within 48 hours of a cyberattack.
13. Can the bidder deliver a business continuity or disaster recovery plan based on a Recovery time Objective (RTO) for essential GP IT services of no more than 48 hours?