

**NHS North Central London CCG  
Procurement Committee  
Thursday 30 September 2021  
16:30 to 17:00  
Virtual Meeting**

Item	Title	Lead	Action	Page	Time
<b>AGENDA</b>					
<b>1.0</b>	<b>INTRODUCTION</b>				
1.1	Welcome and Apologies	Karen Trew	Note	Oral	16:30 to 16:40
1.2	Declarations of Interest Register	Karen Trew	Note	2-6	
1.3	Declarations of Interest relating to the items on the Agenda	All	Note	Oral	
1.4	Declarations of Gifts and Hospitality	Karen Trew	Note	Oral	
<b>2.0</b>	<b>BUSINESS</b>				
<b>3.0</b>	<b>ITEMS FOR DECISION</b>				
3.1	<b>Procurement Plan</b> <i>Consultant Connect</i>	Keith Spratt	Approval	7-31	16:40 to 16:55
<b>4.0</b>	<b>GOVERNANCE AND COMMITTEE ADMINISTRATION</b>				
<b>5.0</b>	<b>ANY OTHER BUSINESS</b>				
5.1	Any other Business				16.55
<b>6.0</b>	<b>DATE OF FUTURE MEETING</b>				
Thursday, 28 October 2021 at 9:00					



North Central London CCG  
Procurement Committee Meeting  
30 September 2021

<b>Report Title</b>	Declaration of Interests Register – NCL CCG Procurement Committee	<b>Agenda Item:</b> 1.2
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<b>Governing Body Sponsor</b>	Karen Trew Committee Chair and Governing Body member	Tel/Email	<a href="mailto:Karen.trew@nhs.net">Karen.trew@nhs.net</a>
<b>Lead Director / Manager</b>		Tel/Email	
<b>Report Author</b>	Chris Hanson Governance and Risk Lead	Tel/Email	<a href="mailto:Christopher.hanson1@nhs.net">Christopher.hanson1@nhs.net</a>
<b>Name of Authorising Finance Lead</b>	Not Applicable	<b>Summary of Financial Implications</b>	Not Applicable
<b>Report Summary</b>	<p>Members and attendees of the Procurement Committee are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Governing Body or its Committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</p> <p>Any such interest should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p>		
<b>Recommendation</b>	To <b>NOTE</b> the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.		

<b>Identified Risks and Risk Management Actions</b>	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the CCG.
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<b>Conflicts of Interest</b>	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
<b>Resource Implications</b>	Not Applicable
<b>Engagement</b>	Not Applicable
<b>Equality Impact Analysis</b>	Not Applicable

<b>Report History and Key Decisions</b>	The Declaration of Interests Register is a standing item presented to every meeting of the Procurement Committee.
<b>Next Steps</b>	The Declaration of Interests Register is presented to every meeting of the Procurement Committee and regularly monitored.
<b>Appendices</b>	The Declaration of Interests Register.

NCL CCG Procurement Committee Declaration of Interest Register - October 2021

Name	Current Position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Interests	Professional Interests	Non-Financial Interests			From	To	Date declared	Updated	
<b>Members</b>													
Karen <b>Trew</b>	Deputy Lay Chair of Governing Body Member of Covid Response Oversight Committee (when in session) Finance Committee Primary Care Commissioning Committee Remuneration Committee IFR Appeals Panel Strategy and Commissioning Committee Chair of Audit Committee Chair of Procurement Committee Member of Fertility Policy Group	Broxbourne School Hertfordshire	No	No	Yes	direct	Chair of the Governing Body (previously Governing Body members since Nov. 2004)	01/07/2015	current	15/07/2015	01/09/2021		
		Wormley C of E Primary School, Hertfordshire	No	No	Yes	direct	Chair of the Governing Body	28/06/2005	current	15/07/2015	01/09/2021		
Dr Subir <b>Mukherjee</b>	Secondary Care Clinician, NCL CCG Member of Covid Reponse Oversight Committee (when in session) Primary Care Commissioning Committee Quality and Safety Committee Individual Funding Request Appeals Panel Medicines Management Committee Strategy and Commissioning Committee Procurement Committee	Health Education England, KSS	yes	no	yes	direct	Associate post graduate Dean	2003	current	05/09/2020	13/08/2021		
Arnold <b>Palmer</b>	Lay Member of NCL CCG Governing Body Chair of Remuneration Committee Member of IFR Appeals Panel Member of Strategy and Commissioning Committee Member of Primary Care Commissioning Committee Member of Finance Committee Member of Audit Committee Member of Public and Patient Engagement Committee	A & C Palmer Associates	Yes	No	No	Direct	Director and Owner of private LTD company, providing training, executive coaching and consultancy services (including coaching and consultancy services to the NHS but excluding NCLCCG) Spouse is also a shareholder and company secretary.	01/01/2006	current	16/04/2020	31/07/2021		
		Mental Health & Community Service Review, led by Carnell Farrar	No	Yes	Yes	Direct	Member of the Programme Board - from May 2021 to March 2022. An acquaintance of a partner at Carnell Farrar, known of since 1995, as professional colleagues at the same NHS Trust.	05/05/2021	current	11/05/2021	31/07/2021		
Simon <b>Goodwin</b>	Chief Finance Officer of NCL CCG Member of CCG Governing Body Finance Committee Procurement Committee Attendee, Audit committee Strategy and Commissioning Committee Primary Care Commissioning in Common Attend other meetings as and when required.	East London NHS Foundation Trust	Yes	No	No	Indirect	Wife is a senior manager at the Trust	14/06/2017	current	12/10/2018	19/07/2021		
Dr Dominic <b>Roberts</b>	Independent GP Clinical Lead, Strategic Commissioning, NCL CCG Member of Primary Care Commissioning Committee		n	n	n	none		07/11/2018	current	02/08/2019	16/02/2021		
		Clinical Director, Islington Borough, NCL CCG	y	y	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021		
		Conflict of interest issues for the Governing Body and CCG.	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	16/02/2021		
		Caldicott Guardian for Islington & Haringey	n	y	n	direct	Caldicott Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Freedom to Speak up Guardian for NCL GP Practices	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Individual Funding Request Panel				direct	Member	07/11/2018	current	02/08/2019	16/02/2021		
		Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021		
		Member of NCL Primary Care Commissioning Committee				direct	Clinical representative	07/11/2018	current	02/08/2019	16/02/2021		
		Supporting and managing the Clinical Leads (including Darzi fellow) - recruitment, bi-monthly network meetings, appraisals, finance.				direct	Support and manage	07/11/2018	current	02/08/2019	16/02/2021		
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	16/02/2021		
MSO/MDSO network for local CCGs and Providers				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021				
Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	16/02/2021				
Whittington Care Quality Review Group				direct	member	07/11/2018	current	02/08/2019	16/02/2021				

NCL CCG Procurement Committee Declaration of Interest Register - October 2021

	Islington Transformation Group					direct	member	07/11/2018	current	02/08/2019	16/02/2021	
	QIPP Delivery Group					direct	member	10/05/2020	current	10/05/2020	16/02/2021	
	GP Website					direct	Provide clinical leadership	10/05/2020	current	10/05/2020	16/02/2021	
	Serious incident reviews & patient safety					direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021	
	GP Practice Quality Federation Working Group					direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021	
	Federation Contracts and Quality Group					direct	Co Chair	10/05/2020	current	10/05/2020	16/02/2021	
	Care Homes Working Group					direct	Chair	10/05/2020	current	10/05/2020	16/02/2021	
	NLP IG Working Group					direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
	Locum GP	y	y	n		direct	Homerton Hospital OOH care, Paradoc emergency home visiting service , Tower Hamlets, SELDOC GP OOH services and Croydon (including Brigstock surgery, Thornton Heath (ad hoc sessions in various GP surgeries across London, excluding Islington)	07/11/2018	current	02/08/2019	16/02/2021	
	Greenland Passage residential association	n	y	y		direct	Board Director	07/11/2018	current	02/08/2019	16/02/2021	
	1-12 Royal Court Ltd	n	y	y		direct	Secretary & director	07/11/2018	current	02/08/2019	16/02/2021	
	Novo Nordisk pharmaceutical company.	n	n	n		Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	16/02/2021	
	St Helier Hospital in Sutton.	n	n	n		Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	16/02/2021	
	BMA	y	y	n		direct	member	07/11/2018	current	02/08/2019	16/02/2021	
	City and Hackney Local Medical Committee	n	y	n		direct	member	07/11/2018	current	02/08/2019	16/02/2021	
	City & Hackney Urgent Healthcare Social Enterprise - providing out of hours care for City & Hackney CCG residents.	y	y	n		direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	16/02/2021	
	Communitas, a private provider seeing NHS patients,	y	y	n		direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	16/02/2021	
	Haringey CCG as an external GP	y	y	n		direct	as an external GP on their transformation group and investment committee. I also support some of their procurement work streams and other CCG duties as required as an external GP.	07/11/2018	current	02/08/2019	16/02/2021	
	Hackney VTS GP training scheme	y	y	n		direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	16/02/2021	
	I am a GP Appraiser for the London area.	y	y	n		direct	GP Appraiser	07/11/2018	current	02/08/2019	16/02/2021	
	I am a mentor for GPs under GMC sanctions.	y	y	n		direct	GP Mentor	07/11/2018	current	02/08/2019	16/02/2021	
	I am currently mentoring a salaried GP at a practice in Haringey.	y	y	n		direct	Salaried GP	07/11/2018	current	02/08/2019	16/02/2021	
Mark Eaton	Director of System Recovery Attend Procurement Committee Finance Committee Strategy and Commissioning Committee	Amnis Ltd	yes	yes	yes	direct	Director and Shareholder	2005	current	12/10/2020	21/07/2021	
Sarah Mansuralli	Executive Director of Strategic Commissioning Member of NCL CCG Executive Management Team Exec Lead for Strategy and Commissioning Committee Attend Finance Committee Attend Procurement Committee Attend Covid Response Oversight Committee (when in session)	No interests declared	No	No	No	No	Nil Return	07/11/2018	current	07/11/2019	19/07/2021	
Ian Porter	Executive Director of Corporate Services Atted Governing Body meetings Audit Committee Member of Public & Patient Engagement and Equalities Committee Procurement Committee Covid-19 Response Oversight Committee (when in session) Executive Management Team Emergency Planning meetings Other Committees across NCL as required	No interests declared	No	No	No	No	Nil Return	12/10/2018	current	13/08/2019	19/07/2021	
Simon Wheatley	Director of Integration (Camden borough directorate)	None	none	none	none	none	n/a	n/a	n/a	28/05/2019	11/08/2021	
Sarah McDonnell-Davies	Executive Director, Borough Partnerships Positions held in relation to CCG business Attend Governing Body Attend NCL Committee Meetings as required e.g. Strategy and Commissioning Committee Primary Care Commissioning Committee Borough Commissioning Committee NCL CCG Executive Management Team	None	no	no	no	Direct	n/a			20/06/2018	19/11/2020	
Chris Hanson	Governance and Risk Manager	Hoo Peninsula Cares CIC	no	no	yes	direct	Shareholder of 1 share in 'Hoo Peninsula Cares CIC' which provides care services within the Hoo community, Kent.		current	18/08/2019	26/07/2021	

NCL CCG Procurement Committee Declaration of Interest Register - October 2021

	Attend Committees and Governing Body meetings across NCL as and when required	Illumina Cambridge Ltd – molecular biology and genomics technology developers	no	no	no	indirect	Sister-in-law employed as Software Test Engineer			current	18/08/2019	26/07/2021	
		Oxford Health NHS Foundation Trust	no	no	no	indirect	Uncle-in-law Chief Pharmacist Past President			current	18/08/2019	26/07/2021	
		College of Mental Health Pharmacy	no	no	no	indirect	Past President			current	18/08/2019	26/07/2021	
		Directors of MD Consents Limited, company providing consent process services for medical professionals	no	no	no	indirect	Uncle-in-law and Aunt-in-law are Directors			current	18/08/2019	26/07/2021	
		self employed writer	yes	yes	no	direct	writer			current	26/07/2021		
Shaju Jose	Senior Head of Procurement, NEL CSU	No interests declared	No	No	No	No Interests	No interests declared	17/10/2018	Current	30/10/2018			
Keith Spratt	Head of Contracts	none	n	n	y	n/a	n/a	n/a	n/a	17.06.2019	13/08/2021		





**North Central London CCG  
Procurement Committee  
Thursday, 30 September 2021**

<b>Report Title</b>	Telephone and advice guidance	<b>Date of report</b>	23 <sup>rd</sup> September 2021	<b>Agenda Item</b>	3.1
<b>Lead Director / Manager</b>	Paul Sinden/ Ed Nkrumah	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>GB Member Sponsor</b>					
<b>Report Author</b>	Stephen Wells/ Keith Spratt	<b>Email / Tel</b>		<a href="mailto:keith.spratt@nhs.net">keith.spratt@nhs.net</a> <a href="mailto:stephen.wells6@nhs.net">stephen.wells6@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	Simon Goodwin Chief Finance Officer	<b>Summary of Financial Implications</b> Financial implications are set out in the paper			
<b>Report Summary</b>	<p>This report presents the procurement process for an NCL-wide telephone and advice guidance service to be delivered from 1<sup>st</sup> April 2022.</p> <p>The service is currently provided by Consultant Connect Ltd, this followed a commissioned service established in Enfield in March 2020, which was then extended as a pilot into Barnet from May 2020 and then to the other 3 boroughs in NCL from August 2021, funded from the elective accelerator recovery programme. The current service has a contract in place until 31<sup>st</sup> March 2022.</p> <p>Based on the evidence collected since March 2020, and the feedback from clinicians that have used the service, the CCG wishes to commission a telephone and advice guidance beyond March 2022. This report sets out the procurement process that the CCG proposes to undertake.</p>				
<b>Recommendation</b>	<p>Procurement Committee is asked to:</p> <p><b>APPROVE</b> the publication of the PIN – Call for Competition Notice seeking expressions of interest.</p> <p><b>APPROVE</b> the procurement timetable, which includes the provision of a full procurement if required.</p> <p><b>NOTE</b> the additional work to be undertaken during the PIN publication.</p>				
<b>Identified Risks and Risk</b>	None				

<b>Management Actions</b>	
<b>Conflicts of Interest</b>	None
<b>Resource Implications</b>	None
<b>Engagement</b>	Regular surveys of GPs and local consultants on the use of the service. Feedback is documented.
<b>Equality Impact Analysis</b>	N/A
<b>Report History and Key Decisions</b>	N/A
<b>Next Steps</b>	Publication of PIN notice
<b>Appendices</b>	PIN Notice Expression of Interest Form Telephone Advice and Guidance Specification

## Introduction

The Consultant Connect service was awarded a contract in Enfield prior to COVID to support Cardiology transformation. This involved using local consultants to support local advice and guidance. As a result of COVID the transformation work on Cardiology stopped, and so in order to support primary care in accessing specialist advice during a challenging time, GPs were given access to 15 specialties through a national network of NHS consultants. This opening up of the service was a phenomenal success, with strong uptake in GPs in Enfield, with GPs receiving advice and guidance quickly to allow referrals and admissions to be avoided. The success in Enfield attracted support from NHS England, who agreed to fund an additional borough for 12 months. The dramatic success in implementing the service resulted in additional investment from NHS England to introduce the service in Barnet in May 2020. From August 2021 funding from the AER program allowed the pilot to be extended across the rest of NCL until March 2022.

The Consultant Connect digital platform offers GPs an innovative way to speak to clinicians (increasingly local consultants) via calls/messaging to get immediate advice and treatment plans within 30 seconds. GPs and Consultants have welcomed this approach, feedback has been positive, with many citing that this has put clinicians back in contact with each other. This innovative way of communicating has been widely endorsed by NHS England/ NHS improvement, which included the outpatient transformation provided to launch the pilot in Barnet in 2020/21.

## Outcomes

Enfield went live on 27 March 2020 using the National Network with 19 specialties. As at 5<sup>th</sup> September 5,360 calls and 2,879 messages placed since launch and used by 228 GPs in Enfield.



Barnet went live 21 May 2020 using the National Network on 6 specialties but now expanded to all specialties. About 2,789 calls and 6,395 messages placed since launch and used by 298 GPs

Since the service has gone live GPs have recorded that the service has avoided 6,800+ outpatient referrals and 235 admissions. In addition 212 messages had led to a 2WW referral recommended. This represents an approximate 60% avoidance of a referral or admission.

Based on a PbR environment the cost/benefits of the service are highlighted in the table below for Enfield and Barnet;

Enfield (Population - 349,584)	Consultant Connect	Tariff Avoided		Saving £
	Cost £	Referral £	Admission £	
Call to National Network	122,636	580,248	173,523	- 631,135
Messages to National Network	67,456	169,273		- 101,817
				- <b>732,952</b>
Less annualised charge (includes 1st year start up costs)	133,938			133,938
<b>Enfield Summary</b>				- <b>599,014</b>
Barnet (Population - 433,492)	Consultant Connect	Tariff Avoided		Saving £
	Cost £	Referral £	Admission £	
Call to National Network	54,882	344,182	94,801	- 384,101
Messages to National Network	151,578	387,670		- 236,092
				- <b>620,193</b>
Less annualised charge (1st year funded by NHS England)	17,333			17,333
<b>Barnet Summary</b>				- <b>602,860</b>
<b>Enfield &amp; Barnet Summary</b>	<b>547,823</b>	<b>1,481,373</b>	<b>268,324</b>	- <b>1,201,874</b>

Consultant Connect was launched in Camden, Haringey and Islington from the 4<sup>th</sup> August. Since the launch there have been 87 GP sign ups in Camden, 134 in Haringey and 65 in Islington. There have been 195 calls placed and 40 messages placed. From the outcomes recorded by GPs over 121 referrals and 3 admissions have been avoided. In addition 2 referrals were upgraded to a 2WW.

## Financial Implications

Following the extension of the existing Consultant Connect contract in 2021/22, to mobilise the remaining boroughs of Camden, Haringey and Islington, funding was identified from the elective accelerator funding from 1<sup>st</sup> August 2021. This funding has enabled the associated set up costs for all GPs in the additional 3 boroughs, for the remainder of 2021/22 along with the monthly revenue costs.

In 2022/23, the expected steady state financial assumption (that excludes these associated set up costs) to continue the Consultant Connect contract, the monthly revenue implication for the CCG is £24,000 per month for the 5 boroughs. This would encompass all providers in NCL and facilitate the development of NCL wide clinical specialty rotas, with back up from the national network of NHS consultants, the annual revenue cost would be £284,000.

## Procurement Plan

Following procurement advice from the CSU Procurement team the intention is to initially publish a PIN – Call for Competition Notice on 1<sup>st</sup> October 2021. The PIN notice will be published for 30 days. Previously the CCG published a VEAT notice awarding the pilot to Consultant Connect until March 2022. The VEAT notice did not attract any challenge.

Publication of a PIN notice will allow the CCG to understand who is in the market that is interested in providing the service, as per the CCG specification. If only one organisation expresses an interest then the CCG can enter discussions with that organisation to negotiate a direct award. Note that this process does not commit the CCG to complete an award, if terms and conditions are not met that are satisfactory to the CCG.

Following the publication of the PIN notice if more than one organisation expresses an interest in providing the service, then the CCG will undertake a full procurement. The timeline for this procurement is outlined below.

	Action	Milestone Completed?	Responsibility	Start Date	Finish Date
<b>B</b>	<b>PIN as a Call for Competition</b>	<b>No</b>			
5	Draft PIN Notice and Expression of Interest Form	No	Procurement//CCG	07/09/2021	10/09/2021
6	Publish PIN as a call for competition on Find a Tender	No	Procurement//CCG	01/10/2021	01/10/2021
8	Deadline for the expression of interest for PIN as a Call for Competition		Procurement	31/10/2021	31/10/2021
9	Review Expression of Interests		Procurement//CCG	01/11/2021	02/11/2021
<b>C</b>	<b>Procurement Documentation Signoff</b>	<b>No</b>			
11	Finalise Service Specification and Financial Model	No	CCG	21/09/2021	08/10/2021
12	CCG approval of Service Specification and Financial Model	No	CCG	11/10/2021	13/10/2021
<b>D</b>	<b>Invitation to Tender (ITT)</b>	<b>No</b>			
13	Finalise ITT Documentation	No	Procurement	21/09/2021	08/10/2021
14	Procurement Committee approval of ITT Documentation (Virtual or face to face meeting)	No	CCG	TBC	TBC
15	Complete project set up (Upload final documentation, online questionnaire set up and evaluator allocation)	No	Procurement	01/11/2021	02/11/2021
16	Issue ITT to bidders who have expressed an interest (EOI)	No	Procurement	03/11/2021	03/11/2021
17	Bidder Clarification Question (CQ) deadline	No	Procurement	22/11/2021	22/11/2021
18	Evaluator training	No	Procurement	22/11/2021	22/11/2021
19	Tender submission deadline	No	Bidders	03/12/2021	03/12/2021
20	Release bids to evaluators for scoring	No	Procurement	03/12/2021	03/12/2021
21	Deadline for Panel clarification	No	Evaluators	13/12/2021	13/12/2021
22	Deadline for bidders to submit responses to clarification questions	No	Bidders	15/12/2021	15/12/2021
23	Evaluator deadline for completion of scoring	No	Evaluators	17/12/2021	17/12/2021
24	Procurement to prepare Moderation Report	No	Procurement	20/12/2021	21/12/2021
25	Moderation/Consensus meeting/s	No	Procurement//CCG	22/12/2021	22/12/2021
26	Procurement to prepare Award Recommendation Report for client approval	No	Procurement	23/12/2021	24/12/2021
27	Procurement Committee of the approval of Award Recommendation Report	No	CCG	TBC	TBC
28	Procurement to prepare Intention to Award letters for all bidders	No	Procurement	03/01/2022	06/01/2022
29	Intention to award letters approved by SRO	No	CCG	07/01/2022	11/01/2022
30	Issue intention to award letters to successful and unsuccessful bidders	No	Procurement	12/01/2022	12/01/2022
31	10-day Standstill period	No	Procurement	13/01/2022	24/01/2022
32	Notify bidders of successful completion of Standstill period (public message on portal)	No	Procurement	25/01/2022	25/01/2022
<b>E</b>	<b>Contract Award and Service Mobilisation</b>				
33	Finalise Contract	No	CCG	26/01/2022	28/01/2022
34	Contract signature	No	CCG/Successful Bidder	31/01/2022	31/01/2022
35	Publish contract award notice on Find a Tender	No	Procurement	01/02/2022	01/02/2022
37	Service Mobilisation	No	Successful Bidder	01/02/2022	31/03/2022
38	Service Commencement Date	No	Successful Bidder	01/04/2022	

The timetable for a procurement where only one organisation expresses an interest is shown below;

	Action	Milestone Completed?	Responsibility	Start Date	Finish Date
<b>B</b>	<b>PIN as a Call for Competition</b>	<b>No</b>			
5	Draft PIN Notice and Expression of Interest Form	<b>No</b>	Procurement//CCG	07/09/2021	10/09/2021
6	Publish PIN as a call for competition on Find a Tender	<b>No</b>	Procurement//CCG	01/10/2021	01/10/2021
8	Deadline for the expression of interest for PIN as a Call for Competiotion		Procurement	31/10/2021	31/10/2021
9	Review Expression of Interests		Procurement//CCG	01/11/2021	02/11/2021
<b>C</b>	<b>Procurement Documentation Signoff</b>	<b>No</b>			
11	Finalise Service Specification and Financial Model	<b>No</b>	CCG	21/09/2021	08/10/2021
12	CCG approval of Service Specification and Financial Model	<b>No</b>	CCG	11/10/2021	13/10/2021
<b>D</b>	<b>Negotiate Contract with the only supplier</b>	<b>No</b>			
13	Issue Service Specification and request a proposal	<b>No</b>	CCG	03/11/1021	03/11/2021
19	Deadline for the submission Proposal	<b>No</b>	Bidder	<b>17/11/2021</b>	<b>17/11/2021</b>
20	Evaluation of the submitted Proposal	<b>No</b>	Evaluators	17/11/2021	17/11/2021
21	Dealine for Panel clarification	<b>No</b>	Evaluators	06/12/2021	06/12/2021
22	Deadline for bidder to submit responses to clarification questions	<b>No</b>	Bidders	08/12/2021	08/12/2021
23	Deadline to complete the evaluation of the proposal	<b>No</b>	Evaluators	<b>13/12/2021</b>	<b>13/12/2021</b>
26	Draft Contract Award Recommendation Report	<b>No</b>	Procurement	14/12/2021	16/12/2021
27	Procurement Committee of the approval of Award Recommendation Report	<b>No</b>	CCG	TBC	TBC
28	Prepare Intention to Award letters to the Bidder	<b>No</b>	Procurement	21/12/2021	23/12/2021
30	Issue intention to award letter to the bidder	<b>No</b>	Procurement	24/12/2021	24/12/2021
<b>E</b>	<b>Contract Award and Service Mobilisation</b>				
33	Finalise Contract	<b>No</b>	CCG	17/12/2021	24/12/2021
34	Contract signature	<b>No</b>	CCG/Successful Bidder	04/01/2022	04/01/2022
35	Publish contract award notice on Find a Tender	<b>No</b>	Procurement	05/01/2022	05/01/2022
37	Service Mobilisation	<b>No</b>	Successful Bidder	06/01/2022	31/03/2022
38	Service Commencement Date	<b>No</b>	Successful Bidder	<b>01/04/2022</b>	

The following evaluators have been identified should a full procurement be required:

- Dr Nick Dattani – Clinical lead
- Ed Nkrumah – Director of Performance/SRO
- Stephen Wells – Commissioner lead
- Andy Finlay – Provider lead (NMUH)
- Emma Casey – Quality lead
- Steve Durbin – Information Governance lead (tbc)
- Keith Spratt – Contacts lead

The PIN – Call for Competition represents the first step of a full procurement as the 30 days would be required to publish the procurement to the market, so no time is lost. The advantage to the CCG is that should only one organisation express an interest, then the CCG can avoid a resource intense full procurement process.

## Expressions of Interest and Specification

Both the requirements on the Expressions of Interest response and the specification that will be published are clear on the following key requirements;

- The bidder must be a UK registered company, subject to UK law.

- All data must be held and stored in the UK, and be subject to UK data protection laws
- All healthcare professionals on the national network have NHS contracts, have full professional registration and indemnity

The specification has significant detail on the data compliance, including storage and security, and covers the aspects covered under a DPIA (Data Protection Impact Assessment).

The specification also covers the key system requirements that the CCG would expect under a telephone based advice and guidance service. This is based on current experience under the pilot by also influenced by both GPs and local provider colleagues. Key factors are as follows;

- Back up and connectivity from a national network
- Average call answer time
- Average message response time
- Range of specialties covered by national network
- Ability to proactively to engage local healthcare professionals/service managers/providers
- Demonstrate innovative ways to develop the platform to support the healthcare system to be as productive and efficient as possible.

## **Recommendation**

The recommendation to the Procurement Committee is to approve the publication of a PIN – call for competition notice that would allow the CCG to direct award (following negotiation) if there was only one expression of interest. The committee is also asked to note the preparation work undertaken if a full procurement is required.

**DRAFT**

# Telephone Advice and Guidance

- NHS North Central London CCG

F01: Prior information notice

Call for competition

**Section one: Contracting authority** **Section I: Contracting authority**

**one.1) Name and addresses** **I.1) Name and addresses**

NHS North Central London CCG

2nd Floor Laycock Development Centre

London

N1 1TH

**Contact**

Taofeeq Ladega

**Email**

[nelcsu.clinical-procurement@nhs.net](mailto:nelcsu.clinical-procurement@nhs.net)

**Telephone**

+44 7950839459

**Country**

United Kingdom

**NUTS code**

UKI - London

**Internet address(es)**

**Main address**

<https://northcentrallondonccg.nhs.uk/>

**Buyer's address**

<https://northcentrallondonccg.nhs.uk/>

**one.3) CommunicationI.3) Communication**

The procurement documents are available for unrestricted and full direct access, free of charge, at

<https://proContract.due-north.com>

Additional information can be obtained from the above-mentioned address

Tenders or requests to participate must be submitted electronically via

<https://proContract.due-north.com>

**one.4) Type of the contracting authorityI.4) Type of the contracting authority**

Body governed by public law

**one.5) Main activityI.5) Main activity**

Health

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**Section two: ObjectSection II: Object**

**two.1) Scope of the procurementII.1) Scope of the procurement**

**two.1.1) TitleII.1.1) Title**

Telephone Advice and Guidance

Reference number

PRJ-1066

**two.1.2) Main CPV codeII.1.2) Main CPV code**

- 85300000 - Social work and related services

**two.1.3) Type of contractII.1.3) Type of contract**

Services

**two.1.4) Short descriptionII.1.4) Short description**

North Central London CCG are seeking to commission a digital platform to enable both telephone based and clinically secure photo messaging application for the provision of Clinical Advice & Guidance for a range of clinical specialties.

**two.1.5) Estimated total valueII.1.5) Estimated total value**

Value excluding VAT: £1,440,000

**two.1.6) Information about lotsII.1.6) Information about lots**

This contract is divided into lots: No

**two.2) DescriptionII.2) Description**

**two.2.2) Additional CPV code(s)II.2.2) Additional CPV code(s)**

- 64210000 - Telephone and data transmission services

**two.2.3) Place of performanceII.2.3) Place of performance**

NUTS codes

- UKI - London

Main site or place of performance

North Central London

**two.2.4) Description of the procurementII.2.4) Description of the procurement**

North Central London CCG are seeking to commission a digital platform to enable both telephone based and clinically secure photo messaging application for the provision of Clinical Advice & Guidance for a range of clinical specialties.

The platform will provide a consistent level of stability and importantly a high level of connectivity with exceptional connection times measured in seconds.

The service is able to offer a range of specialties covering both physical and mental health.

The service is integrated with key local providers in North Central London but is entirely backed up by a national network of NHS clinicians.

This ensures that primary care always has access to immediate clinical advice and guidance.

The service also allows clinicians from providers to engage with clinicians in other local providers in NCL as well as the national network, thus facilitating the creation and development of local system working, as part of the future



development of clinical networks in the North Central London Integrated Care System.

### The Benefits

- Better patient experience - improved access to clinical care pathway, avoidance of unnecessary patient visits to hospital, reductions in follow-up visits to GP Practices
- Better GP experience - improved patient management including: patient episodes conclude with no follow-up work, casebased learning, reconnecting with Consultants; more efficient and fully IG-compliant way of taking photo images and transferring to patient records
- Better Consultant experience - improved management of GP clinical advice & guidance including: reduction in inappropriate referrals, reduction in the number of written requests for advice that require responses, reconnecting with GPs
- Better for the hospital and CCG/ICS - establish an NCL system approach with improved clinical networking, full tracking of Advice & Guidance activity, greater 'whole system' efficiency, with savings available to support other hospital and community initiatives

Expected outcomes from this service include:

- Provide timely access to clinical advice and guidance for healthcare professionals
- Enhance and improve access to clinical services through digital technology and innovation
- Provision of consistently high quality service meeting the needs of the clinical service user and improving the timely management of patients
- Provision of a highly stable digital and telephony platform
- Recorded outcomes of clinical advice and guidance to enable clinical audit of the service at specialty level and clinical user level
- High level of clinical user satisfaction from healthcare professionals using and delivering the service
- Supporting service users to access the service in the most supportive and effective way including training, reviewing services at specialty/GP/ GP practice/ hospital provider

Please note that the PIN is being advertised as a call for competition.

The contract is a going to be for 3 year with an option to extend for an additional 2 years.

The Contract is expected to commence on 1st April 2022 , with the possible deadline for delivery of the service being 31st March 2027.

To participate in the procurement exercise, potential bidders will need to register their organisation on our e-tendering portal (if you are not already registered on e-tendering portal)(<https://proContract.due-north.com/register>) and express their interest by completing the attached Expression of Interest questionnaire. Your expression of interest will be treated as incomplete should you fail to submit a duly completed expression of interest questionnaire.

The deadline for the expression of interest is 12 noon 31/10/2021

The expression of interest questionnaire is available @ (Link to be added once the PIN has been published on Pro-Contract). Interested organisation must download the expression of interest questionnaire. Duly completed expression of interest questionnaire must be submitted via messaging facility on this project on procontract.

If you have any clarification questions please submit it via messaging facility on pro-contract

**two.2.6) Estimated valueII.2.6) Estimated value**

Value excluding VAT: £1,440,000

**two.2.7) Duration of the contract, framework agreement or dynamic purchasing systemII.2.7) Duration of the contract, framework agreement or dynamic purchasing system**

Duration in months

36

This contract is subject to renewal

Yes

Description of renewals

The contract will include an option to extend for further 24 months

**two.2.14) Additional informationII.2.14) Additional information**

This notice is a call for competition. Interested organisations must inform the contracting authority of their interest in the contract. The contract will be awarded without publication of a further call for competition. In the event that only one

organisation expresses an interest and submits a duly completed expression of interest questionnaire, the NCL CCG will have the right to enter into a direct negotiation with that organisation to award a contract.

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### **Section three. Legal, economic, financial and technical information**

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#### **three.1) Conditions for participation**

**three.1.1) Suitability to pursue the professional activity, including requirements relating to enrolment on professional or trade registers**

List and brief description of conditions

Details will be available at the next stage of the procurement.

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### **Section four. Procedure**

#### **four.1) Description**

**four.1.1) Type of procedure**

Restricted procedure

**four.1.8) Information about the Government Procurement Agreement (GPA)**

The procurement is covered by the Government Procurement Agreement: Yes

#### **four.2) Administrative information**

**four.2.2) Time limit for receipt of expressions of interest**

Date

18 October 2021

Local time

12:00pm

**four.2.4) Languages in which tenders or requests to participate may be submitted**

English

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## **Section six. Complementary information**

### **six.2) Information about electronic workflows**

Electronic ordering will be used

Electronic invoicing will be accepted

Electronic payment will be used

### **six.4) Procedures for review**

#### **six.4.1) Review body**

NEL

First, 1 Lower Marsh,

Waterloo

SE1 7NT

**Email**

[nelcsu.clinical-procurement@nhs.net](mailto:nelcsu.clinical-procurement@nhs.net)

**Telephone**

+44 7950839459

**Country**

United Kingdom

**Internet address**

[www.nelcsu.nhs.uk](http://www.nelcsu.nhs.uk)

## Telephone Advice & Guidances

### Name of organisation: NCL CCG

Please provide confirmation that your organisation can demonstrate the following essential criteria:

No.	Question	Yes	No
1.	Can you confirm that your organisation is UK based and is subject to UK law?		
2.	Can you confirm that all data is within the UK and subject to UK data protection laws		
2A.	Can you ensure that you offer a national network of NHS consultants to support local provision in the following specialties - Urology, Orthopaedics, Rheumatology, Renal Medicine, Paediatrics, Neurology, Haematology, Gynaecology, General Medicine, Gastroenterology, Elderly care, ENT, Diabetes and Endocrinology, Cardiology, Dermatology, Ophthalmology, HIV and Mental Health?		
2B.	Can you confirm that all consultants on the national network are employed directly via the organisation and have NHS contracts and have full professional registration and indemnity?		
2C.	Can you confirm National network available 7 days a week.		
		Answer	
3.	NCL currently place an estimated 30,000 calls, 30,000 message and 65,000 photos per annum, please confirm that you can cover this volume of calls/messages through your system. And that it will not increase your current volumes by more than 20%. Please indicate current largest single project and overall total volumes for the last 12 months.		
4.	Please confirm that your national system can currently achieve the following KPIs; <ol style="list-style-type: none"> <li>1. Out of area support to have a first time connection rate of 85% for the last 12 months</li> <li>2. Average answer rate of calls over the last 12 months &lt; 60 seconds</li> <li>3. Average message answer rate over the last 12 months &lt; 24 hours</li> </ol>		



5.	Can you confirm which healthcare professionals can use your service?	
6.	Please indicate if you are looking at innovative ways of developing the service, and where you think developments will be made?	

**Contact Name and Role:**

**Organisation:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please submit the completed form via the message facility for this project on Pro-Contract e-tendering portal by no later 12 Noon on 31 October 2021. Please note that the commissioners/contracting authority/customer must not be contacted under any circumstances. All communication must be made only via the message facility on Pro-Contract.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.*

<b>Service Specification No.</b>	TBC
<b>Service</b>	Telephone Based Advice & Guidance
<b>Commissioner Lead</b>	North Central London Clinical Commissioning Group
<b>Provider Lead</b>	
<b>Period</b>	April 2022 – March 2025
<b>Date of Review</b>	

<p><b>1. Population Needs</b></p> <p><b>1.1 National/local context and evidence base</b></p> <p><b>National/local context:</b></p> <p>The NHS 2021/22 Priorities and Operational planning guidance had as one of its 6 key priorities, to build on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.</p> <p>“The pandemic has had a significant impact on NHS activity, and while the majority of care and activity has been maintained through the winter and the second wave, elective care has been disrupted and there are new demands on mental health services. During the pandemic collaboration across providers helped ensure that every COVID-19 patient requiring hospital treatment received it and staff could work where they were most needed. In addition, pathway changes were rapidly implemented, helping ensure patients were only in hospital if they needed to be. This same approach will now help us transform the design and delivery of services across systems, to reduce unwarranted variation in access and outcomes, redesign clinical pathways to increase productivity, and accelerate progress on digitally-enabled care”</p> <p>A key part of this priority is identified in the guidance as;</p> <ul style="list-style-type: none"> <li>• Embed outpatient transformation, taking all possible steps to avoid outpatient attendances of low clinical value and redeploying that capacity where it is needed, alongside increased mobilisation of Advice &amp; Guidance and Patient Initiated Follow-Up services</li> </ul> <p>As part of the response to the pandemic North Central London CCG piloted the use of a telephone based advice and guidance service.</p> <p>NCL covers a population of 1.6m residents across five London Boroughs (Barnet, Camden, Enfield, Haringey and Islington). The current pilot in North Central London CCG covers an estimated 30,000 phone calls, 65,000 photos and 30,000 messages per year. Evidence has shown that approximately 60% of calls avoid a referral or an admission to a specialist service.</p>
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## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>Yes</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>Yes</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>Yes</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>Yes</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>Yes</b>

### 2.2 Locally defined outcomes

#### **The Benefits**

- Better patient experience – improved access to clinical care pathway, avoidance of unnecessary patient visits to hospital, reductions in follow-up visits to GP Practices
- Better GP experience – improved patient management including: patient episodes conclude with no follow-up work, casebased learning, reconnecting with Consultants; more efficient and fully IG-compliant way of taking photo images and transferring to patient records
- Better Consultant experience – improved management of GP clinical advice & guidance including: reduction in inappropriate referrals, reduction in the number of written requests for advice that require responses, reconnecting with GPs
- Better for the hospital and CCG/ICS – establish an NCL system approach with improved clinical networking, full tracking of Advice & Guidance activity, greater ‘whole system’ efficiency, with savings available to support other hospital and community initiatives

#### **Expected outcomes from this service include:**

- Provide timely access to clinical advice and guidance for healthcare professionals
- Enhance and improve access to clinical services through digital technology and innovation
- Provision of consistently high quality service meeting the needs of the clinical service user and improving the timely management of patients
- Provision of a highly stable digital and telephony platform
- Recorded outcomes of clinical advice and guidance to enable clinical audit of the service at specialty level and clinical user level
- High level of clinical user satisfaction from healthcare professionals using and delivering the service
- Supporting service users to access the service in the most supportive and effective way including training, reviewing services at specialty/GP/ GP practice/ hospital provider
- Provide CPD accreditation meaning that learning time is recorded and Primary Care clinicians can automatically earn CPD credits.

**Key Metrics**

<b>Outcome 1</b>	<b>National network percentage first time connection rate</b>	<b>At least 85%</b>
<b>Outcome 2</b>	<b>Average call answer time</b>	<b>Less than 60 seconds</b>
<b>Outcome 3</b>	<b>Average message response time</b>	<b>Less than 24 hours</b>
<b>Outcome 4</b>	<b>GP Feedback – good or very good</b>	<b>At least 90%</b>
<b>Outcome 5</b>	<b>Percentage of calls avoiding a referral/ hospital admission</b>	<b>At least 65%</b>
<b>Outcome 6</b>	<b>Percentage of messages avoiding a referral</b>	<b>At least 65%</b>

**3. Scope**

**3.1 Aims and objectives of service**

North Central London CCG are seeking to commission a digital platform to enable both telephone based and clinically secure photo messaging application for the provision of Clinical Advice & Guidance for a range of clinical specialties.

The platform will provide a consistent level of stability and importantly a high level of connectivity with exceptional connection times measured in seconds.

The service is able to offer a range of specialties covering both physical and mental health.

The service is integrated with key local providers in North Central London but is entirely backed up by a national network of NHS clinicians.

This ensures that primary care always has access to immediate clinical advice and guidance.

The service also allows clinicians from providers to engage with clinicians in other local providers in NCL as well as the national network, thus facilitating the creation and development of local system working, as part of the future development of clinical networks in the North Central London Integrated Care System.

The system needs to provide evidence of innovation and new health models.

**3.2 Service description/care pathway**

The service provider will provide;

- A digital platform to provide immediate clinical advice and guidance
- A mobile App to securely take, store and forward photos or files direct to local Consultants in North Central London and/or national NHS Consultants
- The mobile App must be compatible with Android and Apple based smart phones
- Call function compatible with the use of telephone landlines

- Provide a responsive technical support to clinical users including providing webinars
- Service accessible by healthcare professionals within NCL,
- Provide rota functionality to allow clinicians/providers to manage rotas locally in NCL, as well as by the service provider. Including:
  - Opt in/Opt out sessions by time/day
  - Holiday
  - Cover provided by a national network of NHS Consultants
- Record all telephone calls and photo messages received for clinical audit and education purposes
- Record outcomes from clinical users informed by the outcomes/ Key Metrics described above
- Produce monthly activity reports covering, call log (date/time/length of call), clinical users (GP and GP practice, Consultant, other Healthcare Professionals) at clinical specialty
- Engage with GPs and Providers to promote the use of the service and to develop the service
- Undertake regular surveys of clinical users (GPs, Consultants, Other healthcare professionals by clinical specialty and provider)
- An Information Governance complaint service (NHS England DPIA compliant)
- A national Network of NHS consultants, covering the following specialties; Urology, Orthopaedics, Rheumatology, Renal Medicine, Paediatrics, Neurology, Haematology, Gynaecology, General Medicine, Gastroenterology, Elderly care, ENT, Diabetes and Endocrinology, Cardiology, Dermatology, Ophthalmology, HIV and Mental Health
- A national network that is available 7 days week.
- Patient Initiated Follow Up functionality
- Virtual Hospital to manage patients between primary and secondary care

#### **Clinician to Clinician (Phone, Photo and Messaging)**

The mobile app should provide GPs, paramedics, hospital doctors and community teams with direct and immediate Phone access to each other to discuss patient-specific issues and obtain advice to support patient care in North Central London CCG. The most common use of the System proposed is to enable GPs calling Consultants, Paramedics calling the local emergency team, and Junior Doctors calling Consultants across hospitals – in each case typically for clinical advice and guidance.

The app should also enable clinicians to make IG-compliant use of their personal mobile phone to receive telephone calls and to take Photos which can then be shared with other clinicians (e.g. via eRS, email or directly via the App) and send secure IG compliant Photo Messages.

#### **Telephone Advice and Guidance**

GP calls are made via a smart-phone app to enable connection directly and immediately with Consultants via mobile or broadband signal, presenting the specialty options as an alphabetised ‘swipe-down’ list. An alternative landline Dial-In Number should also be available for clinicians who do not have access to a mobile phone, particularly if telephone calls are being made in the clinical setting i.e. GP practice, Outpatient clinic.

Once the GP selects the specialty that they wish to talk to, they should be able input the patient’s NHS Number for medico-legal tracking purposes. The call then connects directly to the relevant clinical specialty team of local Consultants in NCL via their mobile phones with each Consultant getting circa. 20 seconds to answer the call before it is automatically forwarded on to the next available Consultant on the clinical specialty rota. By connecting to teams of Consultants rather than to individuals the connection rates tend to be high. The order in which Consultants receive calls is based on a Rota of Consultant availability as requested by the hospital and where typically the ‘Consultant of the day’ will often feature at the top.

Once connected, calls are recorded as highly encrypted, information-governed digital files which provide a medico-legal record that is available to the relevant GP practice and hospital team. The recordings are held in a Secure Virtual Private Cloud which is accessible subject to secure login/password controls.

At the end of the call the GP is asked to stay on the line for a few seconds to rank the outcome; this gives the CCG/HB a broad view as to the effectiveness of the system and their investment in it. Where GPs fail to rank a call outcome the relevant Consultant will receive a text message asking them for their view of the call outcome.

#### **Photo Advice**

The App also enables clinicians to use their own phones to take IG-compliant photos (the photos are not saved on the mobile phone) and transfer them to a desktop for saving to patient records, attaching to eRS referrals or sharing them directly with Consultants to obtain pre-referral advice.

Where photos are shared directly with Consultants they can respond via the secure webportal with simple workflow tracking to ensure that all requests have been dealt with. Once a 2 Photo Advice query is 'closed' the photos and related message discussion are saved as a single PDF document which can be easily attached to patient records.

The photo images and any associated notes are automatically saved as fully encrypted files to the same Secure Virtual Private Cloud as above from where they can be accessed by the relevant GP Practice and Consultant team.

### **Messaging Advice**

The App version also allows IG-compliant messaging between clinicians via App to App linkage on mobile phones. This is a third communication channel through which a GP can obtain advice from local hospital Consultants either by typing or dictating messages.

Once again, Consultants can respond to GPs via the secure web-portal with simple workflow tracking to ensure that all requests have been dealt with. Once a Messaging Advice & Guidance query has been 'closed' the message discussion is saved as a single PDF document.

As with Photo Advice & Guidance, messaging conversations are saved to a Secure Virtual Private Cloud from where they are accessible to the relevant GP Practice and/or Consultant team.

### **Consultant Access**

In addition to being able to make Telephone calls across the hospital, take Photos and send Messages, Consultants can also access a telephone directory of local GP practice's in each borough in North Central London (Barnet, Camden, Enfield, Haringey and Islington) in North Central London including Hospital Switchboard Numbers plus Bypass Numbers where they are available.

### **3.3 Population covered**

Healthcare professionals working in North Central London.

### **3.4 Eligibility criteria**

All GPs and associated healthcare professionals registered to a GP practice within NCL CCG  
Healthcare professionals within NCL provider organisations

### **3.5 Interdependence with other services/providers**

The service should provide local rotas involving but not limited to the key NCL NHS organisations;

- Royal Free London Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- University College London Hospital NHS Foundation Trust
- Whittington Healthcare NHS Trust
- Barnet, Enfield and Haringey Mental Health Trust
- Camden & Islington NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Moorfields Eye Hospital Foundation NHS Trust

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

NHS England 2021/22 Priorities and Operational Planning Guidance

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

**4.3 Applicable local standards**

To be confirmed

**4.4 Governance and security**

**Clinical Governance**

The service is, in essence, the provision of a digital telecommunication system and does not comprise the provision of any form of clinical service.

**Governance**

Ensure compliance with Information Commissioners Office (ICO), UK General Data Protection Regulation and NHS Data Security and Protection Toolkit (DSPT) regulatory requirements.

**PID (Patient Identifiable Data) involved**

PID is stored in the form of fully encrypted Phone call recordings, Photos and/or Messaging relating to an advice conversation between clinicians or between clinicians and patients, together with the relevant patient's NHS Number.

The PID comprises 'use of existing information in different ways' rather than comprising 'new information'. This is on the basis that this initiative enables GPs to obtain advice on patient specific issues immediately and via Phone, Photo or Messaging rather than their having to write letters or emails where replies can often be delayed.

**Justification for retaining PID**

Phone call recordings, Photos and Messages are retained as part of the patient's primary care record. As such the data needs to be patient identifiable. Legal basis for retaining PID Common law purposes - sharing information for direct care is on the basis of implied consent, which may cover administrative purposes where the patient has been informed or it is otherwise with their reasonable expectation. This approach is valid for confidentiality purposes (common law duty of confidence), provided the patient is appropriately informed, or the proposed activity is obvious or can be reasonably expected

**GDPR**

In seeking advice GPs generally rely on 'Public Task' as the legal basis – processing being necessary for the purposes of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional

**Who is responsible for the PID?**

The CCG acts on behalf of constituent practices (Data Controllers) to provide the Provider (Data Processor) with clear instruction as to how that data is to be retained and how it can be used. The Provider, acting as Data Processor, is however responsible for safe storage of the PID.

**PID Storage**

The PID, all of which is fully encrypted, is retained within a Secure Virtual Private Cloud that is dedicated to the Provider. Must meet TIA-942 Tier 4 standards. Details at: <https://www.digitalmarketplace.service.gov.uk/g.cloud/services/514855320331555> (Source: UK Government's Services Marketplace).

The **Secure Virtual Private Cloud** must be physically located in the UK with high physical security and ISO/IEC 27001 certification. No data associated with the service is stored in any other territory. The App has been developed in accordance with Open Web Application Security Project (OWASP) Standards and is Cyber Essentials Plus certificated.

The only data stored on the Cloud is the patient's NHS Number, the Phone call recording of the conversation between GP and Consultant and any associated Photos or Messaging.

Access to PID is via secure web-portal and is controlled via a long random password/username combination with Advanced Encryption Standard (AES) encryption:

- Data-in-transit is controlled via username and password combinations (with ~238 bits of entropy) with all data transfer between servers employing strong cryptography (TLS 1.2 with TLS\_ECDHE\_RSA\_WITH\_AES\_128\_GCM\_SHA256).
- Data-at-rest is encrypted with AES-256, with each file using a unique key and keys stored encrypted (also using AES-256) via a master key. The master keys are regularly rotated. Only authorised users from the relevant organisation can access relevant PID

Data Storage is subject to annual penetration tests performed by a National Cyber Security Centre (NCSC) approved and CHECK certified provider.

#### **How long is PID to be retained?**

PID will be retained in accordance with Department of Health guidelines or in accordance with any alternative instruction from the Data Controller.

#### **Retention of NHS Numbers**

NHS Numbers are entered by clinicians when initiating a Phone call, a Photo or a Message, or by a patient when initiating a Phone call. The NHS Numbers are held within the Secure Virtual Private Cloud. NHS Numbers are not saved or stored on any telephone/smartphone handset.

#### **Retention of Phone Call Recordings**

Phone call recordings are made whilst the conversation is ongoing with the completed file being held only within the Secure Virtual Private Cloud. Call Recordings are not saved on any telephone/smartphone handset.

#### **Retention of Photos**

Photos can be created by a GP where they use the mobile App.

The Photos are saved directly to the Secure Virtual Private Cloud. Photos are not stored on the GP's mobile phone handset and a 'do-not-cache directive' is placed on the images thus rendering them irrecoverable other than by approved users accessing them via the secure web-portal.

#### **How is data quality checked?**

The PID comprises Phone call recordings, Photos and Messages. These are media files generated directly by clinicians or patients via the Consultant Connect platform. As media files they do not require checking other than regular confirmation that the media files are indeed being generated and stored.

#### **How is information to be transported?**

The information is not transported. Instead it is accessed via a secure web-portal which is only accessible by authorised clinicians subject to secure login and password access.

#### **Who will be able to access the PID?**

The fully encrypted Phone call recording, Photos and Messages are accessible to the relevant GP Practice and the relevant trust/hospital team subject to secure access controls.

#### **Confidentiality and password security**

Unique logins and initial passwords are allocated to all authorised Users. Upon initial login, the User is required to agree to terms of confidentiality and is required to change their password.

#### **Password security conditions**

It is expected these will include:

- Password must be a minimum of 8 digits, including 1 upper case letter, 1 lower case letter and 1 number.
- User accounts are locked where there are 3 sequential failed login attempts – any 3 sequential failed logins (even if over an extended period) would lead to lockout; if 2 failed logins are followed by one successful one then the failed login 'count' is set back to zero.
- Users are automatically logged out where their screen has been inactive for 10 minutes.

Industry best practice is that Users are not forced to change their passwords in order to minimise the risk that they write the passwords down. However, where CCG, trust/hospital and/or GP practices require a regular

change to passwords there is a system facility to do this where frequency can be set for each CCG, trust/hospital, GP practice.

**Access audit trail**

All access to PID is tracked and audited regularly.

**Patient consent**

Prior to seeking specialist advice, a clinician will discuss/agree this with their patient and explain that this advice will be stored as part of their medical records. This is already the case where GPs for example seek specialist advice by contacting a hospital team via the hospital switchboard or in writing.

**Data subject rights**

Data Subjects have the following rights as set out in the GDPR Privacy Notices; these rights can be actioned at any time:

- Access to their data - a copy of the information about them that is held.
- Erasure of their data - removal of their data
- Restriction of processing - restriction in the way their data is processed
- Objection - Correction of any erroneous data
- Data Portability - Transfer of their data to another provider of services
- Complaint – they can complain to the Information Commissioners Office (0303 123 1113 or via [www.ico.org.uk\concerns](http://www.ico.org.uk/concerns))

**Data redaction and data transfer/portability**

PID will be deleted/transferred upon receipt of written authorisation from the Data Controller.

Once any data transfer arrangements have been concluded, removal of the mapping from the public name to the object starts immediately and would generally be processed across the distributed system within several seconds. Once the mapping is removed, there is no external access to the deleted object. The Call Recordings and Photo Images are then permanently deleted from the Consultant Connect system.

**Corporate Governance**

Provider must be a UK registered organisation, governed by all UK law

**5. Applicable Quality Requirements**

**5.1 Applicable Quality Requirements (See Schedule 4A-C)**

All healthcare professionals delivering this service must be;

- UK based
- Be registered with appropriate professional body
- Hold a NHS contract

**5.1.1 Continuous Improvement**

Both commissioner and provider will work together to develop both existing and new technology to seek constant improvements to the provision of service.

**5.1.2 Reporting**

The provider will be expected to provide accurate, timely and comprehensive reports to commissioners to support service monitoring, service development and service evaluation. Reports will include, but not limited to, the following details:

- Total number of calls; by date/time, by calling/answering healthcare professional/organisation, by speciality, outcome
- Total number of messages; by date/time, by messaging/answering healthcare professional/organisation, by speciality, outcome



The service provider must supply the information requested by the commissioner in an agreed format and within agreed timescales. There will be occasions when NCL CCG requests additional information or reports. NCL CCG will indicate the purpose and priority of information requested, the service will respond to NCL CCG within 24 hours.

### **5.1.3 Suspension**

The service may be suspended if service quality requirements are not met and the provider is unable to deliver on an agreed rapid recovery plan.

### **5.1.4. Exit Arrangements**

Either party can exit this agreement by providing a minimum of 3 months written notice to exit the service.

Before issuing an exit notice, the parties will meet to discuss the reason for termination.

If, after this meeting, the reason for terminating is not resolved, then the relevant party will issue an exit notice.

This contract runs for the duration specified at the front of the document. Termination is possible through a three (month written notification by either party). The commissioner may initiate termination on performance grounds at any stage subject to an agreed recovery plan.

### **5.1 Applicable CQUIN goals**

Not applicable

## **6. Location of Provider Premises**

### **The Provider's Premises are located at:**

A UK based, with company registered at Companies House, with a UK address.

