

## GPFV FUND FOR ONLINE CONSULTATION SYSTEMS

### Planning Template Online Consultation Systems

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<b>1. DATE OF FORMAL SUBMISSION</b>	Date	19/12/2017
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<b>2. NHS ENGLAND REGION/LOCAL DIRECTOR OF COMMISSIONING OPERATIONS (DCO) OFFICE</b>	Region	North
	New Region	

<b>3. SPONSORING ORGANISATION MAKING THE APPLICATION</b>	Organisation Name	Lancashire and South Cumbria (L&SC) STP
	Registered Address	Preston Business Centre
		Watling Street Road
		PRESTON
		PR2 8DY

<b>4. LEAD CONTACT</b> Please include a named lead contact for this application from the organisation who can answer any queries relating to this document.	Title	Mr
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## 5. PROJECT DESCRIPTION

Please specify what is being purchased and for which practice(s). A list of practices may be included as an annex.

Include a description of the project, which should include a summary of:

- Scope and content
- Objectives and benefits
- Communications & engagement plan for:-
  - a. Clinicians, patients and support staff
  - b. Wider stakeholders

Please describe how the project:-

- Aligns with other initiatives, current and planned, for improving digital services and improving access for patients, and specifically 111 Online

All CCGs within Lancashire and South Cumbria have agreed to collaborate to meet the criteria defined for online consultation. In doing so, we will adopt a place-based approach aligned to our emerging Primary Care Networks. The solutions will improve access and compliment other digital innovations underway across the STP.

### Scope

The funding will establish and deliver the underpinning infrastructure for a online consultation programme for cohorts of Primary Care Networks across Lancashire and South Cumbria. The objectives of the programme are to:

- Support practice staff and patients to use online consultation tools
- Establish tools that signpost patients to the most appropriate treatment / service
- Ensure solutions are sustainable and effective

This planning proposal presents a case for the adoption and dissemination of the use of online consultation by teams across all health settings as part of the Local Digital Roadmap (LDR) and the embedding of its use as part of service delivery. This will make a substantive contribution to enhancing patient empowerment, so increasing the likelihood of patient adherence to treatment and redressing of their adverse lifestyle habits via behavioural change; whilst also providing a viable approach for more effective and productive working by clinicians.

Lancashire and South Cumbria (L&SC) citizens will be able to:

1. Use web browsers and / or mobile apps to access online consultation tools
2. Be able to submit a query, symptoms or other information into an online tool and receive a timely response
3. Be able to submit relevant information directly into their primary care record
4. To undertake a video consultation with a care professional should they wish to do so

### Anticipated benefits

1. Patients have access to 24/7 online solutions for advice and signposting to appropriate services
2. Workforce has new opportunities to provide services from home or in other locations
3. Improved flow of information between patients and clinicians
4. Patients get offered the most appropriate service
5. Reduction in unnecessary face to face consultations
6. Patients will receive a consistent approach to online consultation anywhere within L&SC.
7. Building on the investment delivered over the last 18 months

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in raising the digital maturity in practices across the STP.

8. Provides a standardised approach to care navigation within primary care across the STP.
9. Enabling practices across the STP to work together to provide economies of scale and financial benefits
10. A consistent approach to reduce time pressures within primary care.
11. Maximises the effectiveness of rolling out online consultation by linking it to the development of a primary care digital exemplar programme focused on primary care networks

### ***National Context***

As financial pressures continue to grow in the NHS, and the gap between expectations, demand and resources increases, the need for the care system to make use of the best available technologies has become urgent.

Information technology plays an essential and rapidly expanding role in empowering people to take charge of their own health, by providing information, support and control. The public in England are huge users of digital services with expectations growing for a more digitally enabled health and care system.

### ***Health Secretary Vision for a patient-led, transparent and safer NHS – July 2015***

The Secretary of State has asked Martha Lane-Fox to develop some practical proposals for the NHS National Information Board before the end of the year as to how we can increase take-up of new digital innovations in health by those who will benefit from them the most. He emphasizes the move towards a radical permanent shift in power towards patients and the need for patients and the NHS to embrace technology – “Digital inclusion is as vital in healthcare as everywhere else”.

### ***Personalised Health and Care 2020 – Using Data and Technology to Transform Outcomes for Patients and Citizens (A Framework for Action)***

The paper describes the use of technology as one of the greatest opportunities of the 21st Century to meet the challenges of improving health and providing better, safer and sustainable care for all. Technology should be used across the Health and Care system to enable people to make healthier choices to be more resilient, to deal more effectively with illness and disability when it arises, and to have happier, longer lives in old age. The paper shows there is good evidence that better use of data and technology improves patient outcomes, improves efficiency and effectiveness and safety.

### ***Aligning to the Commissioning Intentions***

There is a national drive to maximize the value of Technology Enabled Care Services (TECS) for patients, carers, commissioners and the whole health economy and at a local level (Commissioning Intentions 16/17). Commissioners recognise the need to

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commission and deliver services differently which includes significant scaling up of the use of Technology Enabled Care.

### **Aligning to the Five Year Forward View (FYFV)**

As the STP develops, guided by the FYFV, the local health economy also needs to acknowledge the technological requirements to be aligned to the LDR.

*“Technology – including smartphones - can be a great leveller and, contrary to some perceptions, many older people use the internet. However, we will take steps to ensure that we build the capacity of all citizens to access information, and train our staff so that they are able to support those who are unable or unwilling to use new technologies.”*

*“The NHS will become one of the best places in the world to test innovations that require staff, technology and funding all to align in a health system, with universal coverage serving a large and diverse population.”*

GP Forward View, pp32

### **Demand**

By 2020 it is recognised that there will be a significant number of people in the over 65 year old group who have access to smart phones and high-speed broadband whether within the home or when ‘out and about’. It is expected that good health and care will be top of their priorities as will be the need to engage with the service using a variety of devices. (*Personalised Health and Care 2020. Using Data and Technology to Transform Outcomes for Patients and Citizens (A Framework for Action)*) Video and online Consultation is one example of where this is happening up and down the country.

Sir Bruce Keogh points out that a growing older population – with an estimated three million people living with three or more long-term conditions by 2018 – is only going to increase pressure on the NHS, adding: “One opportunity lies in the fact that people increasingly want to own and control their own healthcare. By harnessing the power of digital technology we can help by empowering people to manager their care in a way that is right for them.”

### **Working with Urgent Care Centres and 111**

The STP will work with providers and software suppliers to develop and test functionality as it emerges. The initial focus will be to address primary care services, embedding solutions and proving effectiveness prior to moving forward into other areas. A step-change approach through the exemplar programme, linked to primary care networks, offers a robust method to embed the effective use of online consultation across the STP footprint.

### **Communication & engagement plan**

- Working to define the criteria for an exemplar programme

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underpinned by a programme of action learning sets for the primary care workforce.

- Engaging with wider stakeholders such as Healthwatch and patient participation groups. Working with incumbent IT teams to define training requirements and delivery plans.
- Working with the STP wide Comms team and engaging with patients through existing social media networks across the STP.

### **Aligns to other initiatives**

Via the Lancashire and South Cumbria LDR and the regional approach to interoperability, online consultation within primary care will be aligned with a view to integrate with all other stakeholders across the STP, such as local authorities, secondary care and other public services i.e. police, schools etc.

Underpinning the flow of patient data between STP partners is an online tool called the Information Sharing Gateway (ISD). This tool, which is actively used by all partners, underpins L&SC Health Information Exchange (LPRES). As part of this programme, we will be encouraging solution providers to integrate with LPRES to offer patients a single online view for both primary and secondary care.

Over the last 9 months the STP has been delivering a co-ordinated programme to increase the number of patients online. Over 20,000 new patients have registered for online services which will complement the new functionality available to them across Lancashire through this online consultation programme.

To support the development of staff, the STP has been working with NHS Digital and Health Education England to establish a Digital Ready Workforce Programme. It is our intension that this programme will provide appropriate digital development skills for staff who need it.

### **6. TECHNICAL AND SERVICE REQUIREMENTS**

Please outline:-

- a. Your plan for ensuring that your proposed solution will meet specified national functional, technical and security requirements (see Operational Information)
- b. Any additional local service requirements

Confirm that any proposed digital technology development will be compliant with appropriate and

Look to adopt one of the suppliers identified in **Annex A** and meet the technical and security requirements specification as set out in **Annex B**.

The footprint will work with suppliers prior to any purchase to ensure all national specifications regarding functional, technical and security requirements are met in full.

Accessibility is clearly a very important factor and therefore we expect all chosen solutions to work across all established platforms with assurance or a roadmap for any solution to be available across all settings. In addition to platform accessibility, we will also be assessing solutions against Web Content Accessibility Guidelines. The solution purchased must have the ability to easily report back into general practice clinical systems.

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relevant NHS guidance.

(The Sponsor must ensure that the capture of metrics for national reporting purposes are included in the specification of supplier service requirements)

As part of the first cohort, primary care networks will be requested sign a Memorandum of Understanding (MoU) that sets out their commitments to the programme, including the following:

- Monthly/Bi-Monthly updates on usage / deployment
- Support the creation of case studies on implementation and patient experiences of using the tool
- Present / share experiences to other networks / partners
- Work with the deployment team to identify and share any changes to working practice, administrative processes and patient flow
- Assess and report on the impact the tool has had on practice activity, back office functions and clinician session planning

As part of the programme the team will assess if there is a more detailed plan regarding disaster recovery, security strategy and data management. Supplier reporting requirements will be aligned with the national specification with clear expectations set to them on achieving this to minimise the administrative overhead for phase 1 sites.

The footprint confirms any proposed digital technology development will be compliant with appropriate and relevant NHS guidance and will work with NHS England and NHS Digital colleagues to ensure this is achieved

The project would be delivered through an exemplar programme, first being rolled out across 17 Primary Care Networks which will be chosen on the basis of current skills and suitability. These exemplars will be required to share their learning and experiences to aid the adoption of online consultation across the wider STP.

The breakdown will be as follows:

CCG	No. Exemplar PCNs in 1 <sup>st</sup> phase
BwD	2
Blackpool/Fylde and Wyre	2
CSR	2
Preston	2
East Lancs	2
Morecambe Bay	3
West Lancs	2

The technical solutions to be rolled out will be selected from the Framework and will follow an engagement programme with the primary care workforce. The timetable for deployment is as follows:

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Delivery Plan														
Programme Element	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Funding bid submitted														
Exemplar expressions of interest circulated														
Exemplar sites selected														
Form delivery team														
Characteristics of exemplars agreed														
Launch roadshows														
Deployment of online consultation software														
Project review														
Learning workshop														
50% deployment target reached														
Remaining deployment complete														
Evaluation of impact														
Business case development for wider PCN network														

## 7. REPORTING

Funding approval is conditional on CCGs committing to populate the online consultation systems data fields in the periodic GPFV Monitoring Survey. These are currently being updated to capture metrics relating to roll-out and patient uptake. Please confirm commitment in the box provided.

Yes	Yes
No	

## 8. FORECAST COSTS

Please specify what the forecast revenue cost will be (separately itemising and profiling cost) and when it will be expected.

Forecast Costs	2017/18 £000	2018/19 £000	2019/20 £000	Total £000
<b>Application of Funds</b>				
Project management/implementation	50,000			
Training workshops x 14	14000			
e-consultation licences 12 PCNs for 1 year	265,000			
Backfill	7000			
Other (change management, Comms and engagement )	98,000			
<b>Total</b>	<b>434000</b>			<b>434000</b>

## 9. RECURRING REVENUE COSTS

Please explain how the CCG will support practices to continue use of online consultation systems beyond the period of nationally provided funding.

It is anticipated that the tangible benefits from online consultation will accrue sufficient savings to sustain the on-going operating costs of the solutions. CCGs will work with the deployment team and practices to identify and release savings.

All the CCGs have confirmed they fully accept the net revenue implications of the programme and will continue to support the scheme once the national funding stream ceases after three years. CCGs will continue to assess the national landscape for other suitable funding options.

## 10. BENEFITS

Describe how the realisation of benefits will be tracked and your approach to Post Project Evaluation.

Benefits within the programme will be managed using the principles and tools associated with the Management of Portfolios (MoP) and the Managing Successful Programmes (MSP) methodologies. A Benefits Management Strategy will outline the framework for how benefits will be quantified and measured, the roles and responsibilities for benefits management and the

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associated governance arrangements. This is inline with the process set out in our Local Digital Roadmap.

In summary the approach will identify:

- Who will benefit from the change
- How will they benefit from the change
- What are the defined high level benefits
- When will the benefits be realised for the client or wider community

Some benefits are immediate and some benefits can take more than a year to show. Looking at all the benefits a stakeholder wishes to realise will identify quick wins and which benefits are likely to be longer term gains. A Benefits Register will be developed at the start of that project that will contain details of all the quantitative cash releasing and non-releasing benefits, as well as the qualitative benefits associated with the project. Each benefit will contain (as a minimum):

- A description of the benefit and when it is expected to occur, and over what period of time
- Details of benefits ownership
- Measurement criteria
- Any dependencies and risks

The footprints post project evaluation will be completed by working closely with pilot practices to collate a full review which will evidence outcomes throughout the first stage so further deployments are able to achieve associated benefits as soon as possible.

### 11. PROPOSED PROCUREMENT STRATEGY

Please describe the procurement strategy, who will be leading, and timetable for completion.

Please include:-

- Market assessment and plan for market engagement
- Procuring organisation
- Procurement Advisers (CSU, health informatics service, etc.), if applicable
- Procurement route (e.g. NHS England dynamic purchasing system, direct award, framework agreement, EU procurement procedure)
- Procurement plan (key tasks, milestones and timescales)

Solutions will be procured based on the criteria in **Annex B** and the list of Suppliers in **Annex A**. The STP is committed to undertaking a primary care digital maturity assessment to align legacy services and provision.

The procurement of licences will utilise the Framework and list of suppliers in Annex A. Engagement has already been undertaken with suppliers to gauge a cost based on an implementation programme focused on exemplar Primary Care Networks. The STP has carried out initial market assessment that met the needs of the area to deliver an established online consultation service. The STP will link with NHS England colleagues to ensure current assessment meets the procurement requirements which will be clear in January 2018.

The preferred approach will be to identify a lead CCG to bulk procure solutions on behalf of the STP. The deployment team will support CCGs to manage the process and allocation of licenses. A similar approach has been successfully used for procurement of ETTF assets.

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<b>12. NATIONAL PROCUREMENT HUB</b> Have you consulted the national Commercial and Procurement Hub for Primary Care IT on your procurement strategy?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">No</td> <td></td> </tr> </table>	Yes	X	No	
Yes	X				
No					

<b>13. PROPOSED DEPLOYMENT / IMPLEMENTATION STRATEGY</b>  Please describe the strategy for deployment of the Online Consultation product, including: <ul style="list-style-type: none"> <li>who will be leading on ensuring take-up and useage,</li> <li>the resources available to GP practices to support roll out,</li> <li>any targets for up-take across GP practices and/or patients, and</li> <li>key implementation milestones.</li> </ul>	<p>A centralised STP resource will programme manage the delivery of online consultation led by a project manager who will lead on ensuring take up as well as co-ordinating engagement. Licences will be provided across Primary Care Network exemplars and training and support provided by the STP programme team.</p> <p>By end of quarter 2, 50% of exemplar practices will be enabled with a view to having 25% utilised across Lancashire and South Cumbria STP by end of quarter 4.</p> <p>Exemplars will be tasked with sharing their learning via a programme of learning workshops and action learning sets for remaining practices.</p>
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14. PROJECT ENDORSED (AS APPROPRIATE) BY:		
<b>SPONSOR ORGANISATION CHIEF FINANCIAL OFFICER</b>	Organisation	
	Name	
	Signature	
	Date	
<b>STP Endorsement</b>	Organisation	Lancashire and South Cumbria STP
	Name	
	Signature	
	Date	19/12/017
<b>NHS ENGLAND DCO HEAD OF PRIMARY CARE</b>	DCO	Lancashire and South Cumbria
	Position	Head of Primary Care
	Name	Jackie Forshaw
	Signature	
	Date	19/12/0217

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<b>NHS ENGLAND DCO DIRECTOR OF FINANCE</b>	DCO	Lacashire and South Cumbria
	Name	Elaine Collier
	Signature	
	Date	19/12/2017

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## Annex A

### Online consultation – dynamic purchasing framework Expressions of interest

Supplier	
Return Opened	Advanced Health and Care
Return Opened	GP Access Ltd
Return Opened	Hurley Innovations Ltd
Return Opened	Microsoft Ltd.
Return Opened	Accenture (UK)
Return Opened	Cinos Communications Services Limited
Return Opened	Wiggly Amps
Return Opened	Care Innovations (UK) Ltd
Return Opened	Involve Visual Collaboration Ltd
Return Opened	Babylon healthcare services
Return Opened	Sensely UK Limited
Return Opened	Ascribe Ltd Trading as EMIS Health
Return Opened	Medvivo Digital Limited
Return Opened	iPLATO Healthcare Ltd
Return Opened	Patients Know Best
Return Opened	Silicon Practice Ltd
Return Opened	InTouch Technologies, Inc.
Return Opened	Your.Md
Return Opened	Ada Health

The Hub are preparing a short report and they're now working up the selection questionnaire to underpin the formal OC systems call for competition. This is currently scheduled for release **mid November**

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## Annex B

### Technical & Security Requirements Specification

#### 1. Supporting Clinical Safety

a. The bidder should confirm that

i. If the solution (or part of) is not classified as a medical device then the manufacturer/developer of the online consultation solution has applied clinical risk management as required under SCCI0129 (formerly ISB 0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems) during the development of the product. The bidder should also be able to provide assistance to the practice (and its local IT provider) in the application of clinical risk management as required under

SCCI0160 (formerly ISB 0160 Clinical Risk Management: Its Application in the Deployment and Use of Health IT Systems) during the deployment of the online consultation solution.

ii. If the solution (or part of) is classified as a medical device the solution complies with the medical device directives.

b. If the solution uses a clinical decision support tool (i.e. utilising predefined algorithms and / or a knowledge base) for direct use by the patient or a remote clinician, then details on the provenance and validation of this tool should be provided by the bidder, together with Clinical Safety Assurance.

#### 2. Data Processing Responsibilities

If the solution is hosted (externally to the practice) by the bidder or the bidder acts as a data processor of patient identifiable information the bidder must:

a. Confirm they can provide Information Governance assurances for their organisation via the NHS Information Governance Toolkit (using the applicable IG Toolkit version eg 'Commercial Third Party', an 'NHS Business Partner', an 'Any Qualified Provider').

b. The organisation holds, a current Cyber Essentials (CE), as a minimum preferably Cyber Essentials Plus (CE+), certificate from an accredited CE Certification Body

c. Describe how the online consultation system will support individual general practice(s) discharge its legal responsibilities as data controller, in particular:

(i) How data sharing between legal entities e.g. individual practices can be controlled;

(ii) How the practice can respond to a Full Data Disclosure Request made by a patient under the UK Data Protection Act or EU General Data Protection Regulation (GDPR) at no charge to the patient;

(iii) That a record access audit log is automatically maintained in the system. This audit log should be readily accessible by the practice as data controller to allow the practice to respond to patient requests for this information (as committed in the NHS Patient Care Record Guarantee) or to any authorised information security or governance investigations.

(iv) Where patient identifiable data is hosted externally by the bidder (or one of its subcontractors) the bidder should confirm the data is held securely within the UK.

(v) Fully support the practice, and its commissioned GP IT Service delivery partner, detect, report and investigate personal data breaches complying with the requirement to report specific breaches to the ICO within 72 hours of becoming aware of such a breach

d. Confirm it can comply with the National Data Guardian's Data 10 Security Standards.

e. Confirm that as a Data Processor they will be compliant with the EU General Data Protection Regulation applicable in the UK from 25 May

2018. This compliance will include keeping records of data processing activities.

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## 3. Interoperability with Principal GP Clinical Systems

The proposed solution must be interoperable with the general practice principle clinical system so that data is electronically transferred into the clinical system without manual data entry (re-keying) being required.

This is an area where software functionality and interoperability is evolving fast. Procurement should seek to secure the best solution currently available.

- a. Where clinical data (history, diagnosis, symptoms, findings, diagnostic investigations and results, treatment, prescribed drugs) is exchanged electronically using a formal clinical coding system between the online consultation system and the GP principal clinical system the data should be in approved clinical term nomenclature such as SNOMED CT. NB: From April 2018, SNOMED CT must be adopted by all general practice service providers.
- b. If the bidder's proposed solution will interface directly with the GPSOC principal clinical system in the practice, the system should use the verified NHS number as the primary identifier and in any documented outputs of patient identifiable information.
- c. The bidder's proposed solution will either
  - i. Directly interface with the GPSOC principal clinical system in the practice using the NHS Digital GPSOC GP Connect platform and FHIR standard the bidder should hold a Licence for the Digital Interoperability Platform from NHS Digital.

Or

- ii. The bidder's proposed solution uses a different interoperability platform then (i) this platform should be stated (ii) any standards on which it is based should be stated (iii) confirmation is required that the interoperability is approved and supported by the principal clinical system supplier(s) (iv) the bidder should commit to migrating to the NHS Digital GPSOC GP Connect platform and FHIR standard if that becomes mandated in the future.
- d. If the bidder's proposed solution will interface with the NHS111, GP out of hours or Integrated Urgent Care principal clinical system using the Interoperability Toolkit, the bidder should hold the relevant authority from NHS Digital. If the bidder's proposed solution uses a different interoperability platform then (i) this platform should be stated (ii) any standards on which it is based should be stated (iii) confirmation is required that the interoperability is approved and supported by the principal clinical system supplier(s) (iv) the bidder should commit to migrating to any NHS 111 Online technical standards that are issued in the future

## 4. Patient Identification & Authentication

This is an area where software functionality and interoperability is evolving fast. Procurement should seek to secure the best solution currently available.

- a. The solution design should mitigate against the risk of unauthorised disclosure of personal confidential information. This might include face-to-face interaction over video, or steps to verify or authenticate the identity of a user such as an existing patient verification process used for patient on line services.
- b. The solution should support practices follow the good practice guidance in Patient Online Services in Primary Care - Good Practice Guidance on Identity Verification
- c. Where the system supports account-based access, it should require a separate identity authentication if access is to be made on behalf of the patient by a proxy such as a carer or care home worker. This patient proxy verification should meet the same standard as used for patient identity verification.
- d. Bidders should confirm they will ensure their solution will be compliant with future NHS or Government standards on data and cyber security and patient identity verification including the integration with any future mandated single or common patient identity management service.

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## 5. Management of stored patient records

Where patient records are stored as part of the online consultation solution the bidder should describe how the following scenarios will be managed:

- a. On changing registered general practice
- b. On patient becoming deceased
- c. Other patient identity management issues (name change, gender reassignment, legal protections)
- d. On termination of the online consultation solution contract (to include re-patriation of the patient identifiable data to the data controller)
- e. On the bidder (or a subcontractor) ceasing to trade
- f. On the bidder ceasing to use a subcontractor (eg clinician) in the delivery of the service.
- g. Supporting patients to exercise rights of rectification, erasure (the right to be forgotten), restriction, data portability and, objection to processing as part of GDPR compliance.

## 6. IT software & Equipment

- a. Software (including apps) for use on desktop PCs, tablets and mobile devices as part of the bidder's solution must be functionally compliant with current supported operating systems and internet browsers. Bidders should explain how this compliance will be maintained and supported through the product life.
- b. Where the bidder (or its subcontractors – including clinicians) uses any desktop PCs, tablets or mobile devices in providing the service any patient identifiable data stored on these devices should be encrypted and backed up in real-time or near real-time to either the practice GPSOC clinical system or a secure, resilient off-site data storage service to a standard of at least tier 3 data centre. Bidders should also ensure that unsupported operating systems and internet browsers are not used on these devices to access the online consultation system.
- c. The bidder is responsible for the security of any desktop PC, tablet or mobile device used within its organisation or by any of its subcontractors (including clinicians) in the provision of the online consultation service. This includes the responsibility for the removal of any patient identifiable data held on these devices.

## 7. Communication Platforms

- The online consultation should manage GP-Patient communications using an internet web browser and/or an App, as the primary communication platform.
- Communications should utilise end-to-end encryption of data in transit, for example Transport Layer Security (TLS). The online consultation may also utilise other platforms as part of an integrated solution such as secure email, video conferencing, instant messaging or telephony.
- There should be no direct charge to the patient for access to the online consultation service or technologies. Whichever platform is used the criteria previously described should still apply.

## 8. Reporting

- Practices will require simple access to online consultation utilisation and process data as standard reports. Example useful data to support practices might include patient registrations, online consultation requests and outcomes eg completed, abandoned, follow up appointment booked, and activity data such as days of week and times of day.