

Prospectus in respect of Help Desk and Support Services for, inter alia, the Department of Health's National Programme for Information Technology (NPfIT)

This prospectus provides further information to those organisations wishing to express an interest in services to be procured pursuant to the contract notice relating to the above which was sent to the Office for Official Publications of the European Union on 24th March 2005 (the "OJEU notice"). This document provides necessary background in relation to the National Programme for Information Technology and sets out some of the requirements for help desk services in more detail. It should be read in conjunction with the OJEU notice.

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Further information

If you have any queries regarding the contents of this Prospectus or your response to the Pre-Qualification Questionnaire please contact NPfIT either by email (flss@npfit.nhs.uk), or by facsimile (+ 44 113 280 6089).

A question and answer document relating to this procurement may subsequently be posted on this website.

The National Programme for IT

Vision of the future

Giving patients more choice and control over their own health and care and creating a health service “designed around the patient,” is at the heart of the Government’s vision for the National Health Service (NHS) in England.

Over the next ten years, modern computer systems, fit for the twenty-first century, will be installed in the NHS. Once the work is complete, these systems will, for the first time, connect more than 100,000 doctors, 380,000 nurses and 50,000 other health professionals in England.

This will ensure that the right information is available to the right people at the right time, with all those involved in the care of a patient having secure access to up-to-date, accurate information for diagnosis, treatment and care. It will also enable patients to have easier access to their own health and care information.

“If I live in Bradford and fall ill in Birmingham then I want the doctor treating me to have access to the information he needs to treat me”. (Rt Hon Tony Blair MP, 1998)

What is the National Programme for IT?

The National Programme for IT (NPfIT) will procure, develop and implement modern, integrated IT infrastructure and systems for all NHS organisations in England by 2010. Key elements of this integrated approach are:

- the NHS Care Records Service (NHS CRS), with an individual electronic NHS Care Record for all England’s 50+ million patients, securely accessible by both the patient and those caring for them
- Choose and Book, an electronic booking service offering patients greater choice of hospital or clinic and more convenience in the date and time of their appointment
- a system for the Electronic Transmission of Prescriptions (ETP), to make prescribing and dispensing safer and easier
- a new National Network for the NHS (N3), providing IT infrastructure and broadband connectivity to meet NHS needs now and into the future
- Picture Archiving and Communications Systems (PACS) to capture, store and distribute static and moving digital medical images
- QMAS – the Quality Management and Analysis System giving GP practices and primary care trusts objective evidence and feedback on the care delivered to patients
- Contact – a central email and directory service for the NHS.

From 1 April 2005, the agency responsible for delivering the National Programme for IT will be called '**NHS Connecting for Health**'.

How will the National Programme for IT enhance patient care?

The new way of storing and sharing information will allow patients to access information more easily when making decisions about their health and care. For example, they will have faster access to their record by using a secure Internet connection than is possible by requesting a paper copy.

Diagnosis and treatment will be safer and speedier, because carers will have the right information available to them at the right time, including X-rays and other medical images. These will be stored electronically so they can be easily made available at different locations. If required, they can also be forwarded to specialists for their advice.

The new technology will bring advantages over paper records and X-ray films which are still used in many parts of the NHS. They can be lost, difficult to read, or locked in a filing cabinet and inaccessible when they are needed.

Electronic records are inherently more secure than paper records and patients will be able to opt-out of having some or all of their information shared electronically. The electronic system will also record details of everyone who has accessed an individual's NHS Care Record. This is not possible with paper records.

Why do we need it?

The NHS is providing more care than ever before. The care available is becoming increasingly complex and specialised. It is often provided by teams working across a number of organisations.

Although most GP surgeries, trusts and healthcare communities already store patient information on computer systems, these systems are not linked nationally. This means health records cannot be shared easily and there is currently no national means to transfer health and care information efficiently, securely and confidentially from one NHS organisation to another.

The current situation, with thousands of disparate computer systems of variable quality and age, is simply not sustainable.

The National Programme will address these issues. It will ensure that patients and those caring for them have secure access to accurate, up-to date information. This will help the NHS to deliver the best possible service.

Only authorised NHS professionals involved in a patient's care will be able to access their record, on a 'need to know' basis and using state of the art authentication processes. Patient information will only be shared in the interests of their care and an audit trail of when, where and by whom patient records were accessed, will help to assure confidentiality.

In addition, the National Programme's IT buying power has brought down costs to deliver millions of pounds of savings for the NHS. The Programme has negotiated with its prime contractors to ensure value for money and significant cash savings over the lifetime of its contracts. It has also made estimated savings of over £100 million through direct negotiation and Enterprise Wide Arrangements with around 80 sub-contractors to the prime contractors.

What are the benefits?

Patients

- Patients will eventually have access to their NHS Care Record through a secure NHS gateway on the internet. This will allow them to be more informed and involved in decisions about their own care and treatment.
- The care provided will be safer, because vital information for diagnosis and treatment (such as current medication, details of previous operations, test results or allergies) will be available wherever that care is required, even outside the patient's home area.
- Patients will find it faster and easier to make hospital appointments at a time, date and place to suit them. They will be able to choose and book the appointment whilst at their GP

surgery – or later via a call centre or the internet, if they prefer to discuss it with family, carers or colleagues first.

Clinicians

- Clinicians will have ready access to more comprehensive, more up-to-date information to support diagnosis.
- They will be able to make more efficient referrals, gain alerts to contra-indicated therapies and significantly achieve early detection of disease outbreaks.
- The administrative burden will be significantly reduced as it will no longer be necessary to spend time chasing up referrals or missing notes.

The NHS

- The NHS Care Records Service will provide better intelligence on how the NHS works, and on the health of citizens, with anonymised information collected nationally. It will be easier to see if infectious diseases are spreading. The numbers will be real, in real time, not just a sample from spotter practices.
- The NHS will benefit from the National Programme for IT's negotiating power. Already, savings of over £430 million have been made through the process of direct negotiation with suppliers and subcontractors.

Implementing the National Programme for IT

The National Programme for IT will be implemented by National Application Service Providers (NASPs) and Local Service Providers (LSPs).

NASPs are responsible for purchasing and integrating IT systems common to all users nationally. LSPs will deliver IT systems and services on a local level for five regional clusters of strategic health authorities – London, North East, Southern, Eastern and North West & West Midlands. They will supply and integrate systems to perform functions in the local setting and to interface with the national system.

A regional implementation director (RID) leads implementation in each cluster. Each RID manages a programme support team and the relationship with the supplier, as well as co-ordinating deployment. The RID is part of the National Programme for IT team and reports to the National Programme implementation director, but is also responsible to the cluster board for delivery.

Who is involved?

Contract	Area	Company	Duration
NHS Care Records Service - NASP	National	BT	10 years
NHS Care Records Service – LSP	North East	Accenture	10 years
NHS Care Records Service – LSP	Eastern	Accenture	10 years
NHS Care Records Service – LSP	London	Capital Care Alliance (BT)	10 years
NHS Care Records Service – LSP	North West & West Midlands	CSC	10 years
NHS Care Records Service – LSP	Southern	The Fujitsu Alliance	10 years
N3	National	BT	7 years
Choose and Book	National	Atos Origin	5 years
Contact (email)	National	Cable & Wireless	10 years

Timeline

Summer 2004 – Summer 2005

- Choose and Book – first electronic booking of hospital appointments from GP surgeries
- NHS CRS – first phase sees the development of basic health record to include patient demographic information, birth and death notification, recording of allergies
- ETP – phased roll out due to start in early 2005
- PACS – roll out from summer 2004
- Email and Directory Services – new service, known as Contact, launched Autumn 2004, available to NHS staff
- GP IT system – QMAS provides timely feedback for GP practices on the quality of care delivered to their patients

Summer 2005 – Summer 2006

- NHS CRS – second phase under which health record grows to cover orders and results for diagnostic images and pathology; support for care pathways; GPs notified of emergency and out of hours encounters

2006 – 2008

- NHS CRS – third phase provides support for all doctors and nurses to help with decisions. Care at home helped by remote links to healthcare professionals anywhere in the community. Better healthcare planning also enabled by using the facts and figures held on NHS CRS
- ETP – to be fully implemented
- PACS – to be fully implemented

Up to 2010

- Final features incorporated to complete full integration between health and social care systems in England

Helpdesk Services

Professional Front Line Help Desk services are required to support, *inter alia*, this critical national IT programme. The Front Line Service Support (FLSS) Project has been initiated to procure such services. This section provides background to this requirement and provides greater detail on the potential scope of the requirement to support information provided within the OJEU notice.

Background

The NHS currently operates over 700 first line help desks all supporting different existing services, systems and user functionality and offering differing levels of service to end-users. These range from single person operations to full scale professional help desk units.

The National Programme for IT (NPfIT) did not initially contract for the provision of cohesive front line services. Once deployment of NPfIT systems/services commenced (June 2004) it was necessary to put support mechanisms in place and an interim help desk was established as a temporary measure, in-house. This is known as the National Service Desk (NSD) and is currently run from NHS Leeds offices.

The National Service Desk is currently the visible face of service management to end users of NPfIT services; as the entry point for resolution of service incidents. As such, it is critical to end user perceptions of quality.

It is clear that, in order to present an end-to-end picture of performance across NPfIT services and deliver an efficient long-term service to customers (either end-users or local service desks), a form of professional front line support is required. Developing and sustaining this function in-house is not seen as core business and the NHS wishes to take advantage of the skills and technologies available in the marketplace for such services.

The NPfIT Front Line Service Support (FLSS) Project has therefore been created as the vehicle through which a long term FLSS solution can be delivered.

Requirement

The broad requirement is for one or more providers to provide professional front line support and, where required, wider service management services for NPfIT, Local Service Provider (LSP) and Central Service Provider services. This includes, *inter alia*:

- all services currently supported by the NPfIT National Service Desk (NSD)
- all deployed NPfIT services (including all NASP and centrally provided NPfIT services/systems)
- those planned to be delivered (or otherwise procured) under the ongoing NPfIT programme
- any current/existing systems that may be replaced over time by NPfIT systems/services and the users of each of these
- any LSP and Central Service Provider systems
- any existing supplier provided systems that require NPfIT infrastructure
- potentially, and under a framework to be negotiated, any other NHS help desk supported system/service (this could include systems supported by any of the current 700 plus local help desks, including potentially non-IT systems)

(A full and detailed list of in scope systems/services is currently being developed by the project team and will be contained within the Statement of Requirements.)

This broad requirement splits into three main areas:

- The full range of National Service Desk functions will be migrated as the first tranche of activity under this project;
- Secondly, bidders will need to demonstrate how they will migrate into providing the full range of support required and how this will scale up in line with NPfIT deployment;
- The Authority proposes to negotiate a framework under which the functions of any or all individual NHS help desks may be assumed by the appointed FLSS service provider(s) in due course..

The first two requirements are essential to provide improved support and ensure that a cohesive picture of NPfIT performance exists and will take the form of the FLSS main agreement.

The third aspect is where the majority of business benefits can be realised and where the opportunity exists to streamline the current multiple help desk situation and enhance service provision to customers. This will be delivered via a framework agreement in support of the main agreement. Any framework agreement which may be awarded will not exceed four years in duration although any contract awarded under the framework(s) may extend beyond this period in line with the statements regarding contract duration in the OJEU notice.

Customer Take-Up of Services

It is anticipated that FLSS services will be mandatory for those customers who make use of NPfIT services.

The optional element for customers will be the extent to which they choose to replace local support services with FLSS provided services downstream. In summary:

- When NHS customers utilise NPfIT services then, they are mandated to use the NPfIT Front Line Desk and, in future, are likely to pay for this service; and
- NHS customers may choose to replace their existing Local Help Desks (the 700 plus) using the enabling framework. Again, this service is likely to be locally funded.

Wider Scope Statements

The following statements also apply to the requirement:

- That any contract awarded will run concurrent with and for the duration of the existing LSP NPfIT contracts i.e. until 30 June 2013. This may be extended, at the Authority's unilateral option, by up to two further years.
- That expressions of interest are invited on a geographical/Cluster basis and may be for any one or more lots. The Authority may award either one or more contract(s) in respect of any lot or any combination of or indeed all lots. The reference bid is currently expected to relate to a cluster level desk solution. Further proposals may be permitted by way of a variant bid in relation to, *inter alia*, a single national desk solution or any combination of Clusters. The Invitation to Negotiate will set out the extent to which the Authority will be prepared to consider variant bids.
- That FLSS support services will be provided 24 hours a day, 7 days a week, in accordance with business needs.

- That any FLSS provider will be required to work closely with current Service Providers to ensure seamless processes.

The Authority will conduct the procurement process on behalf of itself as principal and also as agent for, *inter alia*, all health authorities, NHS Trusts and Primary Care Trusts and any other person(s) or body established or financed under, as amended in each case:

- the National Health Service Act 1977;
- the National Health Service (Scotland) Act 1978;
- the Health and Personal Social Services (Northern Ireland) Order 1972 and the Health and Personal Social Services Act (Northern Ireland) 2001;
- the National Health Act (Isle of Man) 2001; and
- equivalent legislation covering the Channel Islands.

Any contract(s) awarded may be entered into by or for the benefit of any one or more of these bodies.

NHS Strategic Health Authority Clusters

This section describes the geographical areas covered by each Cluster (lot).

Lot 1 - Eastern Cluster

The Eastern Cluster means the geographical area covered by the Strategic Health Authorities for:

- Bedfordshire and Hertfordshire;
- Essex;
- Leicestershire, Northamptonshire and Rutland;
- Norfolk, Suffolk and Cambridgeshire; and
- Trent.

Lot 2 - London Cluster

The London Cluster means the geographical area covered by the Strategic Health Authorities for:

- North Central London;
- North East London;
- North West London;
- South East London; and
- South West London.

Lot 3 - North East Cluster

The North East Cluster means the geographical area covered by the Strategic Health Authorities for:

- County Durham & Tees Valley;
- North and East Yorkshire & Northern Lincolnshire;
- Northumberland, Tyne & Wear;
- South Yorkshire; and
- West Yorkshire.

Lot 4 - North West & West Midlands Cluster

The North West & West Midlands Cluster means the geographical area covered by the Strategic Health Authorities for:

- Birmingham & the Black Country;
- Cheshire & Merseyside;
- Cumbria & Lancashire;
- Greater Manchester;
- Shropshire & Staffordshire; and
- West Midlands South.

Lot 5 - Southern Cluster

The Southern Cluster means the geographical area covered by the Strategic Health Authorities for:

- Avon, Gloucestershire & Wiltshire;
- Dorset & Somerset;
- Hampshire and the Isle of Wight;
- Kent and Medway;
- South West Peninsula;
- Surrey and Sussex; and
- Thames Valley.

Glossary of Terms

TERM/ACRONYM	MEANING
Cluster	A regionally based collection of Strategic Health Authorities – see full description within the body of this document.
Electronic Booking	The Electronic Booking programme will deliver an electronic service that allows patients, in partnership with health professionals, to book appointments with clinicians at the most appropriate time and place for them, within the context of some local rules.
ETP	Electronic Transmission of Prescriptions: the ETP programme will deliver a service that will allow prescriptions to be generated by GPs (and other primary care prescribers) and then transferred between prescriber, community pharmacist and the Prescription Pricing Authority. The electronic prescription and supply data generated by the system will form a critical part of each individual's care record.
FLSS Project	Front Line Service Support Project. The project initiated to manage the procurement of front line help-desk and support services. The project is part of the NPfIT.
Local Help Desk	Any help desk service currently provided across the NHS of which there are over 700 (of varying degrees of maturity) currently engaged in IT support and possibly other types of non-IT related support.
Local Service Provider (LSP)	Local Service Providers are responsible for the delivery of a full range of IT services in a Cluster of Strategic Health Authorities. These are grouped into five areas to align with SHA boundaries and are fully described within the body of this document.
N3	N3 is the name given to the new national network. N3 is about re-procuring services for the delivery of a wide area network data communications for the NHS in England. It aims to provide continuity of NHSnet after the end of 2003, plus meet future bandwidth requirements.
NASP	National Application Service Providers are responsible for delivery of core national applications such as the national element of the NHS Care Records Service and the Electronic Booking Service.
NHS CRS	NHS Care Records Service: an electronic record management service that allows care professionals secure access to an individual's NHS Care Record 24 hours a day, seven days a week, whether they work in GP practices, hospitals, community health or social services.
NPfIT	National Programme for Information Technology
NSD	National Service Desk: the current in-house helpdesk providing migration support to those NHS locations going live on NPfIT systems/services.
SHA	Strategic Health Authority.