

<b>Meeting Date</b>	24 March 2021	<b>Action</b>	Approve
<b>Item No.</b>	8	<b>Confidential</b>	No
<b>Title</b>	GP Foundation Clinical System: Options Paper		
<b>Presented By</b>	Geoff Little, Accountable Officer		
<b>Authors</b>	Zabina Rahman, Senior Project Manager- Digital		
<b>Clinical Lead</b>	Dr. Sanjay Kotegaonkar, Clinical IT Lead		

<b>Executive Summary</b>
<p>As part of an NHS Digital mandated requirement to move to the GP IT Futures contract, Bury CCG have to re-tender its GP foundation clinical system.</p> <p>COVID put a spotlight on the importance of a resilient, stable, and secure general practice digital infrastructure to provide continuous service to patients. Procuring a solution on the GP IT Futures framework which meets Bury ambitions will reduce workforce burden as well as support the adoption of forward thinking, patient empowering, seamless front door to discharge pathways which improve patient outcomes.</p> <p>GMSS and Bury CCG co-produced an evaluation process with key stakeholders to identify which of the three accredited foundation clinical systems to recommend for local procurement. The scoring showed EMIS was the preferred supplier. The key differentiator in support of EMIS was that it is interoperable with Docman, an important third party supplier in Bury as it allows documents to be transferred from health care providers and incorporated into GP records with minimum effort on the GP practices part. Procuring a foundation system which is not interoperable with Docman would be a regression in terms of Bury's digital maturity and place significant additional admin burden on to each practice.</p> <p>A more detailed version of this options paper was presented to Bury Digital Board in Feb 2021 where it was supported for progression through governance channels. It was also presented to the Finance, Contracting and Procurement Committee in Feb 2021 who confirmed that they supported the recommendation progressing to Governing body for approval based on the financial investment and financial aspect only which is required to implement the clinical system. The paper was also presented to the Primary Care Commissioning Committee in Feb 2021 who supported the commissioning of EMIS and recommended the paper for approval at Governing body. Due to the commercially sensitive nature of this procurement this paper contains only the salient points to allow this Board to make an informed decision.</p>
<b>Recommendations</b>
<p>It is recommended that Governing Body approve the migration to the EMIS foundation clinical systems across all Bury CCG GP Practices.</p>

Links to CCG Strategic Objectives	
<b>SO1 People and Place</b> To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
<b>SO2 Inclusive Growth</b> To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
<b>SO3 Budget</b> To deliver a balanced budget for 2020/21	<input type="checkbox"/>
<b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<b>A variety of stakeholders from primary care, GMSS, LCO and the CCG.</b>						
Have any departments /organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<b>A variety of stakeholders from primary care, GMSS, LCO and the CCG.</b>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<b>Yes, as detailed in report</b>						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
<b>Bury Digital Board</b>	<b>20<sup>th</sup> Jan 2021</b>	<b>Approved</b>
<b>Finance and Procurement Committee</b>	<b>18<sup>th</sup> Feb 2021</b>	<b>Approved</b>
<b>Primary Care Commissioning Committee</b>	<b>24<sup>th</sup> Feb 2021</b>	<b>Approved</b>

## 1. Introduction

### 1.1 National Drivers

- 1.1.1 NHS Digital (NHS D) are leading the GP IT Futures programme which mandates that all GP clinical systems must be re-tendered on to the GP IT Futures Framework. This replaces the current contractual framework (GP System of Choice) through which IT systems and services to GP practices and associated organisations are purchased. GP IT Futures is a critical enabler for taking primary care towards the requirements set out in the NHS Long Term Plan, Five Year Framework for GP Contract Reform and the Digital, Data and Technology Vision. It supports delivery of safe, resilient, and functionally rich clinical GP systems, with a focus on increasing efficiencies by enabling patients and the NHS to access and share data in real-time.
- 1.1.2. All the systems and services available from the GP IT Futures Framework have undergone a robust procurement process to ensure they have or are working towards meeting stringent data and technology standards for safety and security. A key objective of the GP IT Futures Framework is that all systems, regardless of the company developing them, are to work towards the Long Term Plan objective of being interoperable. This sets out all accredited systems safely and securely share information across healthcare settings, keep up to date with new developments and where appropriate with the NHS app, to improve patient outcomes and efficiencies.

### 1.2 Bury's Strategic Objectives

- 1.2.1 Bury's Digital Charter mirrors the objectives being aimed for by NHS Digital, within the Long Term Plan and through the GMCA digital platform. The GP clinical system will be critical to achieving the following local objectives:
- Achieve real-time and secure access to data for patients and NHS users
  - Procurement of systems which are interoperable to enable seamless, digitised workflows in and between care settings, in real time, underpinned by common standards and supporting new models of care and primary care networks
  - Enable relevant, resilient GP and primary care IT systems, which evolve with advances in technology and the NHS
  - Allow data to be easily and consistently captured to enable comparison of activity and clinical outcomes.

### 1.3 Bury's Current GP Clinical System Landscape

- 1.3.1 There are 26 GP practices in Bury, they all use Vision as their core clinical system and have done so for around 25 years. Having one system across all practices is a cherished attribute in Bury and has resulted in significant direct and in-direct financial and workforce time savings especially in relation to federated and PCN working.
- 1.3.2 Bury is the only locality within GM where all GP practices are on Vision. The current foundation system landscape across GM is that out of the c470 GP practices in GM,

around 85% are EMIS, 46 practices are Vision and 34 are TPP. To note, all practices are required to move to the GP IT Futures contracting framework within the next 18 months, which may change the digital landscape across GM.

Figure 1: GP Clinical systems across Greater Manchester

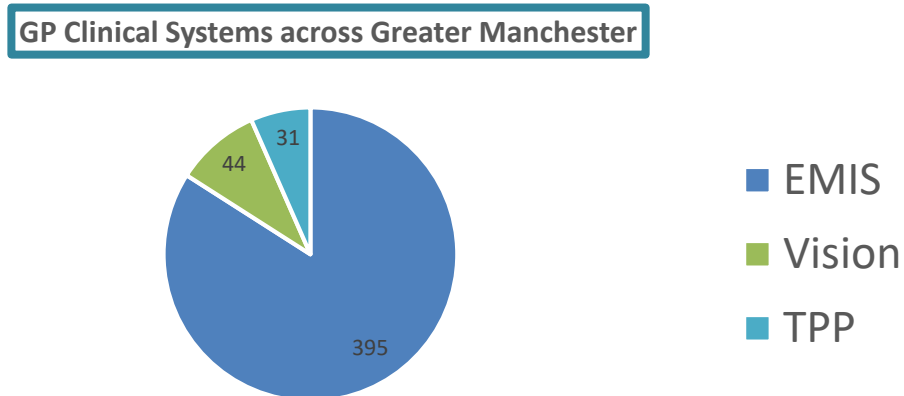
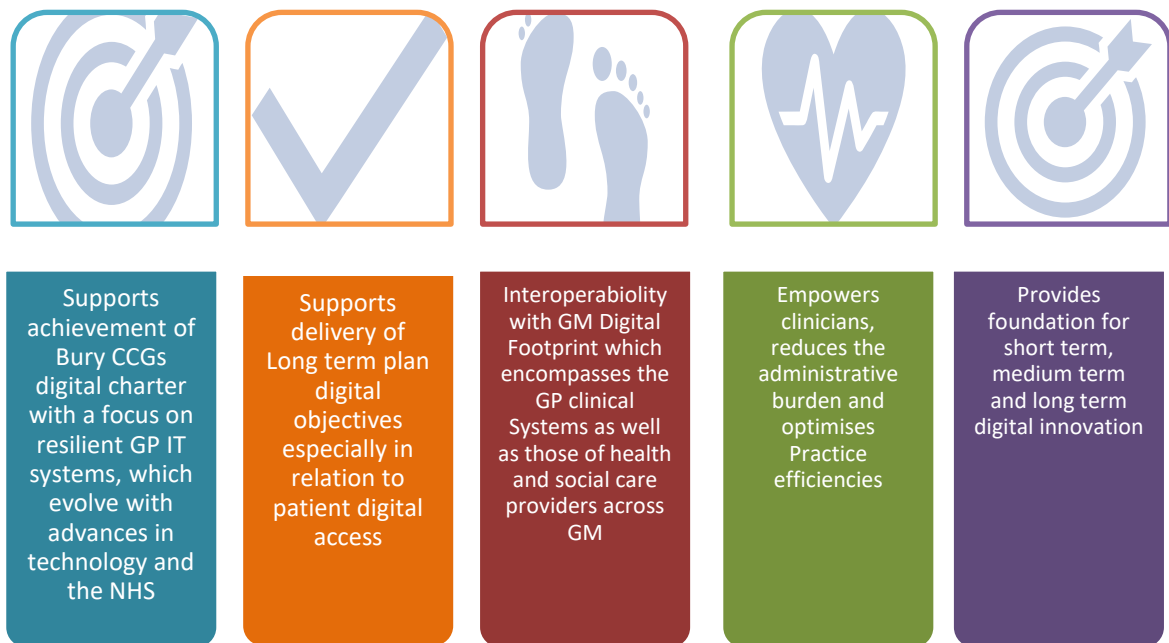


Figure 2: Outcomes/ benefits required from the chosen GP Clinical system



## 1.4 Patient Perspective

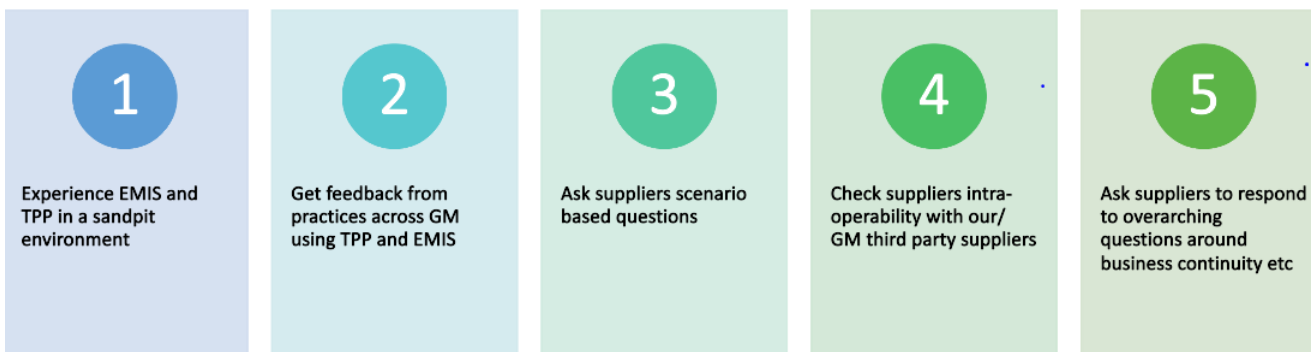
1.4.1 National Voices is a coalition of health and social care charities which work to improve the voice of patients, service users and carers in health and social care provision. A key criteria they state for transformations includes patients and their carers being put in a position where they can control and support the co-ordination of the care being received. A forward-thinking GP clinical system should allow patients to have better access to their information, enable improved co-ordination between their different health providers and support optimum treatment pathways being adhered to.

1.4.2 The National Voices view on the Five Year Forward View: Digital First Primary Care response states that proposals put forward should not exacerbate inequalities of access or outcomes. We are satisfied that these proposals do not do this. They additionally opine that all patients be provided with an up-to-date and personalised offer of digital access to flexible and personalised Primary care. Multiple CCGs are trialling offers of digital innovations within GM. Taking the lessons learned from uptake, we can look to build training packages to enhance uptake in use within home and care home environments moving forward. The proposed conversion in foundation system from Vision to EMIS enables future utilisation of remote chronic disease monitoring, patient-held records and will be a significant move to a person-centred digital approach for the people of Bury.

## 2 Options and Evaluation Process

2.1 There are three GP foundation systems accredited on the GP IT Futures contracting framework; Vision (current system), EMIS and SystmOne/TPP. Each of these clinical systems have progressed through a rigorous procurement exercise with NHS Digital. They all already deliver against, or are working towards, delivering against the core competencies required of a GP clinical system. To ensure the system which best meets Bury’s current and future needs was selected, an informal evaluation process was co-developed with stakeholders for this purpose and contained the five elements detailed in Figure 4 below.

Figure 3: The five agreed elements of the evaluation process



The stakeholders assigned the following weighing to the evaluation activities:

Table 1: Evaluation activities and weighting

Evaluation Activity	Weighting
Using systems in a sandpit environment	25
Reference sites feedback	25
Supplier day	15
Interoperability	25
Overarching questions	10
<b>Total</b>	<b>100</b>

2.2 For each evaluation activity, stakeholders were sought to represent the four individual PCNs and corporate CCG colleagues (e.g. data quality and medicines management) to be part of the evaluation panel. The evaluation panel agreed the evaluation criteria and weighting to be applied prior to each activity occurring. These are included in Appendix 1. Where more than one representative from a PCN or from the corporate CCG groups was partaking in an evaluation activity, their average score was taken forward.

### 3 Recommended Option

3.1 The evaluation score found EMIS to be the preferred option with the key differentiator being that EMIS is interoperable with Docman, an important third party supplier in Bury which allows documents to be transferred from health care providers and incorporated into GP records with minimum effort on the GP practices part. Procuring a foundation system which is not interoperable with Docman would have significant workforce impact for primary care and would be a regression in terms of Burys digital maturity.

3.2 Other factors in favour of EMIS being the chosen supplier include:

- EMIS has a directly accessible helpdesk which SystemOne/TPP does not
- EMIS has a digital development roadmap which will enable the achievement of mandated Long Term Plan objectives
- EMIS' training offer is significantly more than the other two providers
- EMIS supports federated working across 70,000 plus list sizes

3.3 EMIS is already operational in 85% of practices across Greater Manchester which allows economies of scale when commissioning add-ons, provides access to centralised resolutions in events of crisis and will simplify commissioning in light of the ambition to move to an ICS footprint. It would also:

- Make GM initiatives easier to adopt, as there is a greater chance the pilot site used EMIS so all the snags such as read codes etc. will have already been negotiated which will save time locally
- Improve our access to shared learning. I.e. we commission IT support and data quality from GMSS as do most of the CCGs locally. Additionally, medicines management colleagues currently amend searches etc to suit Vision whereas if we had EMIS, less local amendments would have to take place
- Improved access to locums as many more are familiar with EMIS in GM

3.4 The impact of choosing EMIS as Bury's GP clinical foundation system includes:

- **Proposed Coverage:** All practices in Bury
- **Technical Impact:** EMIS requires a spoke server which is included in the costings
- **Timeline of roll-out / delivery / mobilization:** It will take between 12-15 weeks to migrate each practice. It is proposed GMSS leads the migration of 2 practices per month, with the migration of the whole locality anticipated to take 13-14 months.

- **Operational Impact:** The proposed contract with EMIS, includes having engineers on site pre and during go-live. In addition, there will be GMSS staff on site and a dedicated hotline for EMIS helpdesk for the month post go-live. In previous migrations led by GMSS this has resulted in minimal disruption to the migrating practices daily operations, patient experience and to data loss during the system transition.
- **Innovation, Change and Transformation:** EMIS has demonstrated a keenness over the past couple of years to work collaboratively with other organisations to create improvements in the IT infrastructure and capabilities across GM. Procuring EMIS across Bury will support its abilities to have the foundation capabilities to explore some innovative and exciting new ways of delivering care to patients.
- **Financial Impact:** The foundation clinical system provided by EMIS is centrally funded by NHS Digital. There is a one-off cost associated with migration which has been approved by the Finance and Procurement Committee and has been noted as being manageable based on the financial forecasts for the next 2 years.
- **Patient Experience:** This change in GP Practice foundation clinical system should enable achievement of objectives detailed in section 1.4.
- **Information Governance:** EMIS' DPIA has been shared with Bury's Information governance lead. Generally, it seems comprehensive and adherent to requirements. There are a couple of areas which require more specific detail, which will be clarified pre-implementation. In addition the DPIA formed part of the accreditation process by NHS Digital.



## 4 Project Risk Assessment

Table 16: Risk assessment

Risk / Issue description and impact if not mitigated	Indicative risk rating (H / M / L)	Mitigating actions
Lack of engagement from practices	M	Setting up regular stakeholder and one-to-one meetings, active involvement in evaluation panels, communication in GP newsletter, attendance at PCN and Practice Managers meetings, sharing of Options Paper with stakeholders and invitation to score products and challenge at Supplier day.
If more than one system is chosen this could have a serious impact on collaboration, integrated working and interoperability across the Bury locality and GM.	H	Support for single system to be advocated by working group; a plan would need to be developed identifying all required interfaces to allow required information to flow successfully between systems.
Risk of data loss/ disruption to clinical practice during migration	L	Project managers have been costed into the options to support practices with migration. Extra training/ engineer days have been costed in with suppliers then standard to ensure practices are as supported as possible
Expertise and capacity to deliver the migration	L	Migration will be managed by GMSS who have led similar migrations of clinical systems over the past few years. A dedicated project manager from GMSS will be leading the migrations supported by a part time project support officer. The GMSS team will be working closely with the practice staff to clarify and queries and support with data migration etc.

## 5 Timeframes

A detailed implementation plan is to be developed if the recommended option is approved.

Proposed key milestones include:

- **Jan 2021- Mar 2021:** Create a business case and progress through Bury's internal governance

- **Mar 2021-Apr 21:** Create implementation plan
- **May 2021-June 2022:** Migration to chosen system

## 6 Assumptions

Assumptions include:

- No significant IT infrastructure issues will be identified during EMIS' site visit
- The COVID Vaccine programme will be established and practices will have the capacity to engage in the migration

## 7 Appendices

Appendix 1: Evaluation Criteria



Evaluation sheet for interoperability with t



Evaluation Sheet for Scenario Questions- f



Evaluation Sheet for system testing- for Cli



Overarching



Reference Sites

Questions for stakehcEvaluation- for Staker

## Approval/Rejection Sign-Off

Recommend Option Approved / Rejected (please check box below )

Approved

Rejected

See explanation below.

Chief Finance Officer

Date

Director of Commissioning

Date

## GP Clinical Systems Evaluation: Interoperability with third party suppliers

As part of Burys project to choose a GP clinical systems supplier, stakeholders have asked suppliers to clarify their intraoperability with key third party applications. You have volunteered to be part of the evaluation panel for this element. Please complete the below table once you receive the information from the suppliers.

Please use the scoring key below when completing the table. If you score 0/1/2 for any question then please put a very brief explanation in the rationale column. Also, just to note all questions are equally weighted.

<b>Scoring Key: 0-5 Scale</b>			
<b>0</b>	<b>Not Eligible for consideration</b> Completely fails to meet the standard. Response significantly deficient/ no response	<b>3</b>	<b>Acceptable</b> Meets the standard in most aspects but fails in some areas. Acceptable level of detail, accuracy and relevance.
<b>1</b>	<b>Inadequate</b> The response significantly fails to meet the standards. Inadequate detail provided / questions not answered. Answers not directly relevant to the question.	<b>4</b>	<b>Good</b> Meets the standard required. Comprehensive response in terms of detail and relevance to the question
<b>2</b>	<b>Limited</b> Fails the standard in most aspects but meets some. Limited information/ inadequate/ only partially addresses the question	<b>5</b>	<b>Excellent</b> Exceeds the required standard. Response answers the question with precision and relevance. Includes improvement through innovation/ added value

Supplier being completed for EMIS/Vision or TPP:		
Third party Application	Score	Rationale
Askmygp		
Accurx fleming		
Docman 7		
Docman 10		
T Quest		
Adastra		
Bromwell		
Engage Health		
ICE		
Informatica		
iPlato		
Lexacom		
Numed call system		
SpiroConnect		
Scriptswitch		

<b>Pharmaoutcomes</b>		
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## Scenarios and Scoring Sheet: Second of December Supplier Day

<b>Scoring Key: 0-5 Scale</b>			
<b>0</b>	<b>Not Eligible for consideration</b> Completely fails to meet the standard. Response significantly deficient/ no response	<b>3</b>	<b>Acceptable</b> Meets the standard in most aspects but fails in some areas. Acceptable level of detail, accuracy and relevance.
<b>1</b>	<b>Inadequate</b> The response significantly fails to meet the standards. Inadequate detail provided / questions not answered. Answers not directly relevant to the question.	<b>4</b>	<b>Good</b> Meets the standard required. Comprehensive response in terms of detail and relevance to the question
<b>2</b>	<b>Limited</b> Fails the standard in most aspects but meets some. Limited information/ inadequate/ only partially addresses the question	<b>5</b>	<b>Excellent</b> Exceeds the required standard. Response answers the question with precision and relevance. Includes improvement through innovation/ added value

Please name the supplier the scoring sheet is being completed for EMIS/ Vision or SystemOne	
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Scenario	% Weighting	Score Assigned	Comments
<b>Key Patient Details</b>	10		

<p>Mrs B is a 65 year old lady who has multiple conditions, including heart disease, COPD and rheumatoid arthritis.</p> <ul style="list-style-type: none"> <li>• If the patient is being newly registered with the practice what is the process for this.</li> <li>• Demonstrate a GP2GP receipt and the filing of records</li> <li>• Is there a size limit for the patient record with GP2GP receipt?</li> <li>• Does this trigger automatic repeat prescription recording?</li> <li>• Is there a QOF box?</li> <li>• What is the process if coding is not identified?</li> <li>• How are current illnesses recorded on transfer? Are they categorised?</li> <li>• Demonstrate a non gp2gp registration and how the notes can be easily summarised onto the system</li> </ul>			
<p><b>Patient Entry to Primary Care</b></p> <p>Mrs B wishes to make an appointment to see a GP.</p> <ul style="list-style-type: none"> <li>• Please demonstrate how we might send her a call/recall letter/email/SMS</li> <li>• Please show the various options that the system has which allow Mrs B to book an appointment, including but not limited to on-line access and in supporting practice staff in making a booking should Mrs B telephone or visit to make an appointment. Also show how easy it would be to offer alternative GP appointment options such as extended access hubs and/or practices with shared admin teams across multiple practices.</li> </ul>	10		

<ul style="list-style-type: none"> <li>• Please demonstrate how easy it is for an already booked appointment to be changed, both by practice staff and by the patient (or their relative) on-line.</li> <li>• If the appointment process for clinical professionals other than GPs is different, please outline the main points of departure from the process described above. If the process is the same, please make this clear.</li> <li>• Can we ask how the appointment system will provide or link with a total digital triage system. Does the system link with AskMyGP</li> <li>• Demonstrate how this might link directly to a telephone system</li> <li>• Do you use QR codes for digital triage?</li> <li>• How does the system allow Online Triage and how are the appointments reflected in the clinical system to avoid dual entry?</li> </ul>			
<p><b>Consultation</b></p> <p>Mrs B comes to the practice to keep her appointment or attends her appointment at an extended access hub. Please demonstrate how the system supports recording Mrs B’s arrival, and wait within the surgery, and what information is available to the receptionist and clinician helps to manage her wait for an available GP and then calls her through for her consultation.</p> <ul style="list-style-type: none"> <li>• Please demonstrate how this might link to a call system in the surgery, sound and visual, what systems do you integrate with? E.g. Wiggly amps</li> <li>• Please show how the system makes the GP aware that Mrs B has multiple on-going conditions which may contribute to her symptoms and whether there are any outstanding reviews or checks that need to be raised with her.</li> </ul>	10		



- Please show how the system supports the GP during a problem based consultation process, both in providing information to the GP and in recording what takes place in the consultation, including how easy it is to record clinical data against each of Mrs Bs multiple problems.
- Please show how the system supports the GP within an extended access hub by allowing ease of navigation when it is necessary to move between different Clinical systems.
- Please show how the system supports the GP with full access to patient notes, in particular Docman and any other relevant notifications recorded in the practice notes, including OOH reports, test results,
- Please show how locally agreed clinical pathways and decision support tools guide the GP during the consultation.
- How are clinical pathways and decision support tools displayed during a consultation? (e.g. NICE, GMMMG)
- The GP decides that a prescription is required, along with a blood test and a referral to a secondary care consultant. Please show how the system supports the generation of each item and its transfer to the relevant pharmacy, lab and consultant respectively. The demonstration should show how this is done both electronically and otherwise, using the Electronic Prescription Services 2 and paper and Electronic Referral Service where they apply. Please also include consultations carried out within an extended access hub.
- How would you refer to a community service specifically into TPP Community who are the current community provider and vice versa.
- Mrs B leaves the consultation. Please show how the system supports providing Mrs B with a summary of the consultation,

<p>including but not limited to patient on-line access to their GP records.</p> <ul style="list-style-type: none"> <li>• Please show how the system generates workflows for other practice staff as a result of the decisions made in the consultation.</li> <li>• How does the system send tasks internally and how does the system send tasks externally to the Community TPP system?</li> <li>• Please demonstrate how triggers will show to ensure maximum use of the consultation e.g. flu jab required</li> <li>• Please demonstrate how READ/SNOMED codes are used</li> </ul>			
<p>Mrs B and/or her relatives want to check her blood results and order a repeat prescription. Please demonstrate how the system allows Mrs B to see her blood test results and how she can order a repeat prescription.</p> <ul style="list-style-type: none"> <li>• Please show how the system presents Mrs B's clinical record and the facilities for the GP to control those aspects of the clinical record that are presented to her.</li> <li>• Please demonstrate the proxy access to records, including the approval process</li> </ul>	10		
<p><b>Reporting</b></p> <p>Please demonstrate how QOF information is posted by the system outlining the steps required to do this.</p>	20		

<ul style="list-style-type: none"> <li>• Please show how Mrs B could be added to the practices' COPD register and how her required interventions are scheduled by the system.</li> <li>• Please show how the system collects data from, prompts and presents information to GPs in support of local contract initiatives, such as the GM Standards.</li> <li>• Can you report across different clinical systems?</li> <li>• Please demonstrate how we access information in QOF reports, with regard to positives and negatives. How this can be used to maximise income</li> <li>• Demonstrate and define any standard reports in the system</li> <li>• Can you demonstrate how we can instantly monitor the QOF achievements?</li> </ul>			
<p><b>Medicines management</b></p> <p>The medicines management technicians need to identify a cohort of patients for a review in each practice, pulling relevant data from the medical record into a spreadsheet ready for a specialist pharmacist to review.</p> <ul style="list-style-type: none"> <li>• For this example, the cohort is all patients under the age of 18 with a diagnosis of either autism or a learning disability, prescribed either antipsychotics, benzodiazepines, melatonin or sodium valproate.</li> <li>• The information needed is:  details of medication listed above plus start date  list of all other current repeat medication  Acute medication given in the last 3 months</li> </ul>	10		

<ul style="list-style-type: none"> <li>• Date of last annual review</li> <li>• Pulse - latest</li> <li>• BP - latest</li> <li>• Weight / BMI latest</li> <li>• FBC last 12m</li> <li>• Renal function last 12m</li> <li>• Hepatic function last 12m</li> <li>• HbA1c / lipids / glucose last 12m</li> <li>• Prolactin last 12m</li> </ul> <p>Please show how this information will be gathered and extracted into a spreadsheet</p>			
<p>Mr and Mrs X both visit the community pharmacy. Mrs X is eligible for an NHS flu jab and the pharmacy administer this. At the same time Mr X decides to pay for one privately. The pharmacy input this data onto the pharma-outcomes system. Please show how this information will be shared and recorded with the GP practice.</p>	10		
<p>Please show how the system supports the receipt of and filing of information received from other parties (this includes extended access hubs), using Mrs B's blood results and letter from the OP department from her consultant appointment as examples. Please bear in mind the established Greater Manchester processes used for these purposes.</p> <ul style="list-style-type: none"> <li>• Please show how the system supports full write back to the patient's records after a consultation in an extended access hub.</li> </ul>	10		

<ul style="list-style-type: none"> <li>• Please show how discharge information is received, processed and incorporated within the patient’s clinical record, including, but not limited to functions that assist alerting the GP that there is an item to action, the coding or terming content and the filing of the information in the patient’s clinical record for future reference.</li> <li>• Please demonstrate automatic READ/SNOMED coding from the data in the letter</li> </ul>			
<p><b>Supports working over multiple sites (PCN/Buddy+ working)</b></p> <p>Mr X arrives at his Practice for a Face-to-face appointment. Unfortunately, his Practice is experiencing extreme staffing pressures and has been forced to close. Mr X is informed that his appt has been moved to another local Practice which is supporting his regular Practice.</p> <ul style="list-style-type: none"> <li>• Please show how administrative/clinical staff from the supporting site would be able to access appt books/patient records of the patients regular site to facilitate this; potentially might require having both systems open at once to compare appt books and look for vacant appt slots; would clinicians be recording directly onto patients regular Practice record, or via a ‘Vision 360’ style module?</li> </ul> <p>If a patient attends extended working hours, how would they access any Bury patient record, and how does the consult appear in the GP system?</p>	10		

## GP Clinical Systems Evaluation: System Testing

As part of Burys project to choose a GP clinical systems supplier, stakeholders have asked test the clinical systems. You have volunteered to be part of the evaluation panel for this element. Please complete the below table while you are in the sessions with EMIS (30<sup>th</sup> Nov 1-3Pm) and TPP (4th Dec 12-2). Please also complete the evaluation sheet based on your current access to Vision.

Please use the scoring key below when completing the table.

- All questions are equally weighted
- Your score will be added to score given by Practice managers and corporate staff to give an overarching score for this part of the evaluation
- If you score 0/1/2 for any question then please put a very brief explanation in the rationale column.
- If due to being in a 'test' environment you are not able to access the spine for ERS/ EPS you can assign a score based on what the trainer shows you.

<b>Scoring Key: 0-5 Scale</b>			
<b>0</b>	<b>Not Eligible for consideration</b> Completely fails to meet the standard. Response significantly deficient/ no response	<b>3</b>	<b>Acceptable</b> Meets the standard in most aspects but fails in some areas. Acceptable level of detail, accuracy and relevance.
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System being completed for: EMIS/ Vision or TPP		
Scenario	Score	Rationale
Navigating through an appointment. This includes: <ul style="list-style-type: none"> <li>• How to check a patient's medical history</li> <li>• How to check existing conditions/ significant past health concerns are flagged during a consultation</li> <li>• How to make notes and code actions appropriately</li> </ul>		
How to make a referral		
How the system supports communication with partner organisations/ providers including (but not limited to) email communication		
How the system links with AskMyGP/ other video consultation software		
How the system links with out of hours		
How easy it would be to set up/ familiarise locums/ trainees with the system		
How to print a prescription. How to view repeat prescriptions. All elements of EPS, How to authorise and sync meds. Batch prescribing. How to message patient and or pharmacy through EPS		
How to view relevant QOF Targets in-consultation		
How to view and compare test results		

## GP Clinical Systems Evaluation: Overarching Questions

As part of Burys project to choose a GP clinical systems supplier, stakeholders have asked suppliers some key overarching questions. You have volunteered to be part of the evaluation panel for this element. Please complete the below table once you receive the information from the suppliers.

Please use the scoring key below when completing the table. If you score 0/1/2 for any question then please put a very brief explanation in the rationale column. Also just to note all questions are equally weighted.

<b>Scoring Key: 0-5 Scale</b>			
<b>0</b>	<b>Not Eligible for consideration</b> Completely fails to meet the standard. Response significantly deficient/ no response	<b>3</b>	<b>Acceptable</b> Meets the standard in most aspects but fails in some areas. Acceptable level of detail, accuracy and relevance.
<b>1</b>	<b>Inadequate</b> The response significantly fails to meet the standards. Inadequate detail provided / questions not answered. Answers not directly relevant to the question.	<b>4</b>	<b>Good</b> Meets the standard required. Comprehensive response in terms of detail and relevance to the question
<b>2</b>	<b>Limited</b> Fails the standard in most aspects but meets some. Limited information/ inadequate/ only partially addresses the question	<b>5</b>	<b>Excellent</b> Exceeds the required standard. Response answers the question with precision and relevance. Includes improvement through innovation/ added value

Supplier being completed for: EMIS/ Vision or TPP:		
Questions	Score	Rationale
Please share your planned digital roadmap for the next five years?		
Please share your DPIA		
Please share your business continuity plans		



<p>Please share your Service Level Agreement with underpinning KPI's</p>		
<p>Please describe your technical support offer</p>		
<p>Please describe the initial and on-going training offer to support practices effective use of this system. Only include the offer which falls within your foundation solution cost</p>		
<p>How do you plan to ensure your systems stability&gt; Please specify the plans around maintaining high availability and management of patch and releases?</p>		
<p>How do you plan to work with Bury to support the mandated requirements around innovation and digital maturity which are defined by NHS England? Please reference the Long Term Plan in your answer.</p>		
<p>How will your system enable the key NHSE / GM and local aspiration of integration? What timeline do you have for this?</p>		
<p>Do you run national or local user groups and can you</p>		

explain how customers are able to prioritise system enhancements		
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## GP Clinical System evaluation: Feedback from users of EMIS/ TPP/ Vision

As part of Burys project to choose a GP clinical systems supplier, stakeholders have asked for an opportunity to gather feedback from existing users for the different systems. EMIS and TPP have put forward reference sites to feedback to the evaluation panel.

As you have volunteered to be part of the evaluation panel for this element, please can I ask you to complete the below table once you receive the information from the suppliers (Meeting has been scheduled for the 7<sup>th</sup> of December). For Vision, please base the evaluation from your experience of the system you are using.

Please use the scoring key below when completing the table. If you score 0/1/2 for any question then please put a very brief explanation in the rationale column. Also, just to note all questions are equally weighted.

<b>Scoring Key: 0-5 Scale</b>			
<b>0</b>	<b>Not Eligible for consideration</b> Completely fails to meet the standard. Response significantly deficient/ no response	<b>3</b>	<b>Acceptable</b> Meets the standard in most aspects but fails in some areas. Acceptable level of detail, accuracy and relevance.
<b>1</b>	<b>Inadequate</b> The response significantly fails to meet the standards. Inadequate detail provided / questions not answered. Answers not directly relevant to the question.	<b>4</b>	<b>Good</b> Meets the standard required. Comprehensive response in terms of detail and relevance to the question
<b>2</b>	<b>Limited</b> Fails the standard in most aspects but meets some. Limited information/ inadequate/ only partially addresses the question	<b>5</b>	<b>Excellent</b> Exceeds the required standard. Response answers the question with precision and relevance. Includes improvement through innovation/ added value

### Evaluation Questions

Supplier being completed for: EMIS/ Vision or TPP:		
Area	Score	Rationale
Day to day operations: How well does the system support optimal working?		
How do you rate the training offer from the supplier		
How intuitive is this system at supporting practices with QOF targets?		

<b>How intuitive and user friendly is the search function of this system</b>		
<b>How intuitive and user friendly is the recall function of this system?</b>		
<b>What is the suppliers helpdesk/ support offer like?</b>		
<b>How does the supplier's business continuity offer seem?</b>		
<b>How supportive is the system of remote working?</b>		
<b>How well does the system support patient apps and patients led interaction with the practice?</b>		
<b>How well does the system link with digital platforms including platforms supporting video consultations?</b>		