



Health Systems Support Framework (HSSF) Refresh Preliminary Engagement Pack

NHS England and NHS Improvement



Background and context

The Health Systems Support Framework (HSSF) was established in August 2018 to provide a mechanism for Integrated Care Systems (ICS) to access the support and services they need to transform how they deliver care. It focusses on specialist services that enable the digitisation of services, for example through establishing standards based interoperability between patient records, and the use of data to drive proactive population health management approaches across Primary Care Networks and integrated provider teams.

When the HSSF was established there was an expectation that it would change as the needs of ICS became clearer and the market evolves to meet these changing development and infrastructure needs. It was therefore created with the intention that it would be refreshed on a regular basis to update the scope and provide suppliers with further opportunities to bid for a place on the framework. This pack contains initial proposals for the first refresh, planned in 2019, specifically:

1. A new **'Lot 0 Innovation Greenhouse'** to provide easier access for Integrated Care Systems to tried and tested innovations for patients, populations and NHS staff with an assessment process that allows existing accreditations to be carried forward into the bid process;
2. Updating the two analytical Lots and **more rigorously testing intelligence and analytical tools and support for Integrated Care Systems** and their providers;
3. Testing specialist solutions **for development support for Primary Care Networks and Integrated Care Providers** to build capability;
4. Enhancing part of the framework to cover **asset and resource optimisation** including e-rostering and workforce management, control centres, transfers of care and demand management and capacity planning.

We will also use this engagement to develop an understanding of the market for modular electronic patient record solutions to inform the future extension of Lot 1 and to prioritise which other Lots should be opened for new bidders.

These priorities have been identified following engagement with internal stakeholders at NHS England and Improvement and NHSX and a review of the key NHS policy documents, in particular the Long Term Plan, that have been published in the last 12 months. We also recently released a Request for Information (RFI) to the market and have been examining the responses received from the market.

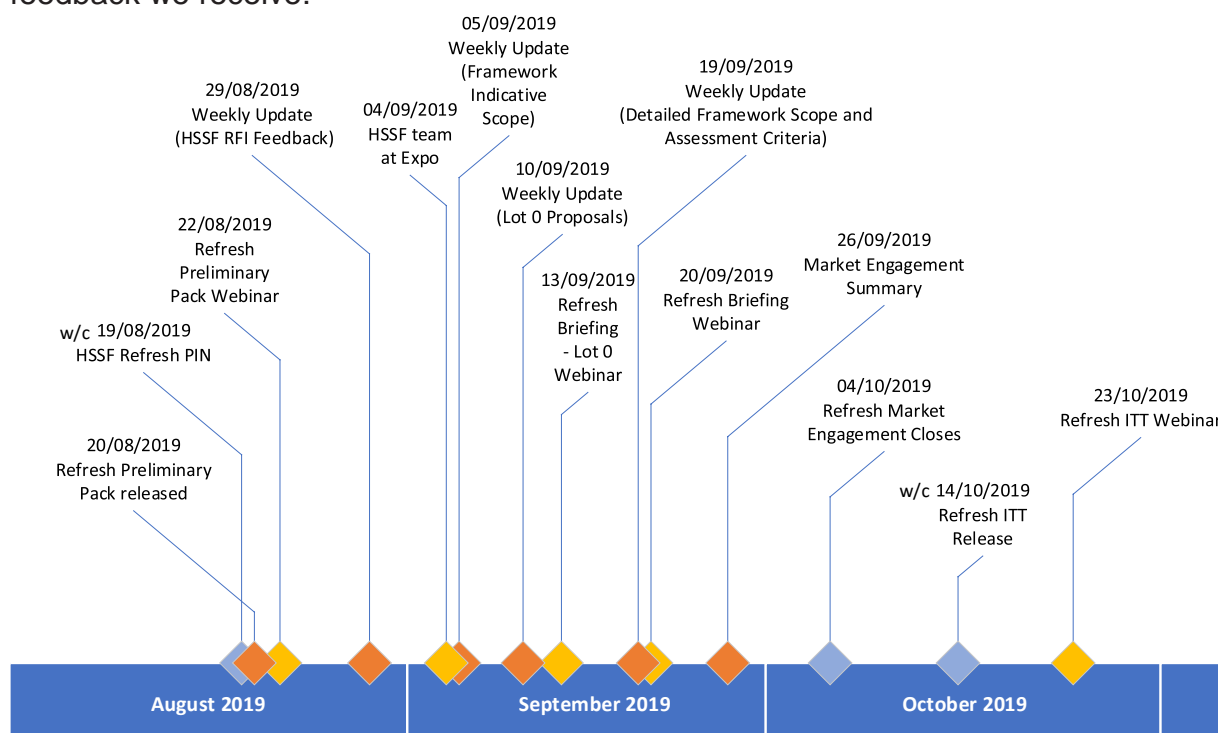
Information about the HSSF refresh is being published via the Bravo e-tendering portal. If you are not already registered, please sign up to the refresh project reference:

"Project_2840 – Health Systems Support Framework Refresh; ITT reference: ITT_534 – Health Systems Support Framework Refresh"

If you have any questions please email hssf.refresh@nhs.net

Engagement plan

We are keen to gather your feedback to help us shape the refresh. We are running an iterative engagement process – gathering your views and amending and resharing our proposals accordingly over a six week period. The pack below sets out our initial proposals and questions but we will be publishing additional information and questions during this time. Our intention is to share a short update every week with additional details on specific topics and reflecting on the feedback we have received. The indicative timeline is set out below. This may change subject to the feedback we receive:



Design principles

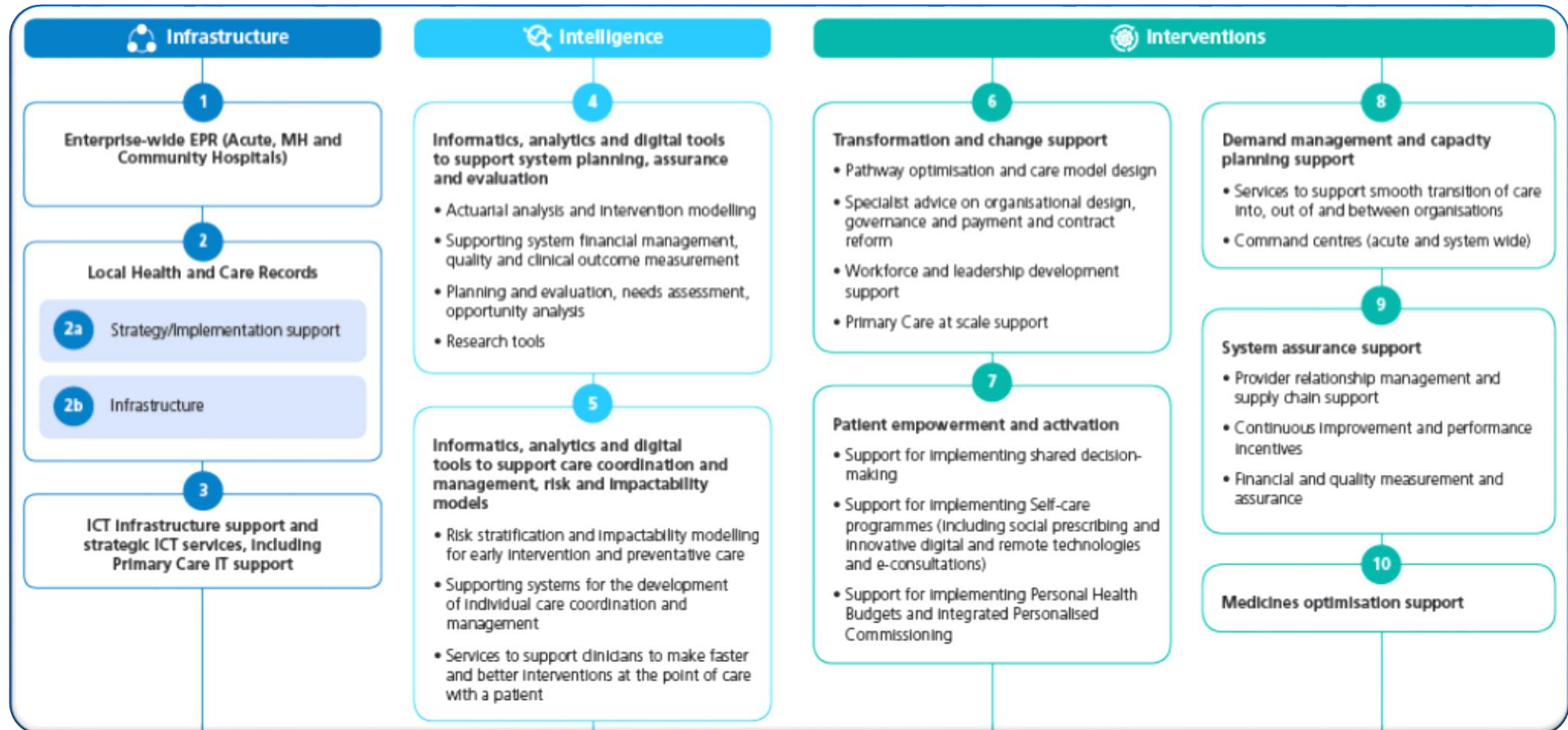
When reviewing the existing framework we have adopted the following principles:

- The refreshed framework must be simple to use;
- The framework bid process will be streamlined to minimise duplication and make the process simpler for bidders;
- A high-quality threshold will be maintained to ensure that only capable organisations are accredited but steps will be taken to ensure that smaller organisations aren't disadvantaged;
- Bidders will have the option to deliver defined parts of the framework – they will not be required to offer all of the services in the scope;
- Where there is an existing framework that adequately covers the current gaps and has an appropriate contract in place we will signpost to it rather than replicate its scope in the HSSF – unless there is a reason to do so to support integrated buying requirements;
- The contract will be updated to reflect the latest standards (for example around interoperability and cyber security) but these will be proportionate and achievable.



Framework Scope

The current scope of the HSSF is:



Proposed changes

The proposed changes to the scope of the HSSF are set out below:

- A new '*Lot 0 Innovation Greenhouse*' will be established to support Integrated Care Systems to access the market for tried and tested innovations for patients, populations and NHS staff (for example, from initiatives like the NHS Innovation Accelerator Programme or the Test Beds Programme). This Lot may have a lighter touch process specifically for innovative organisations and small to medium size enterprises and allow existing relevant accreditations to be carried forward into the bid process;
- Two of the existing analytical lots (4 and 5) will be updated to provide a place for Integrated Care Systems to access the full breadth of analytical, intelligence and decision support capability they will need to move to more proactive care. We are aiming to more rigorously test supplier capability based on demonstrable use of data and creation of actionable intelligence. This will cover Population Health, business and clinical intelligence tools and decision support tools for clinical and nonclinical interventions;
- A new set of suppliers, potentially as a subset of Lot 6, will be accredited for services and specific support programmes which develop capability across Primary Care Networks, Integrated Care Providers and wider community partners. This will give ICS a clearer understanding of the support programmes available for specific development needs;
- The current pathway and demand management services will be reframed to cover asset and resource optimisation including e-rostering and workforce management, control centres, transfers of care and demand management and capacity planning.

We are also exploring other additions based on national programmes such as digitisation of NHS Continuing HealthCare, provision of Personal Health Records and support for surveys. We will share further detail on these during the engagement period.

Questions

1. Do you have any feedback on the proposed changes to the structure? Are there other areas that you think should be a higher priority? Are there any gaps in the scope? Is there anything specifically within these new categories we should be looking to test?

Changes to the bid process

Based on feedback about the procurement for the framework we are proposing that:

- Suppliers will be tested against a set of core capabilities (such as compliance with key interoperability standards) once across the framework;
- Bidders will then be asked to demonstrate the specific capabilities they could offer under the Framework. We are exploring several options including using existing accreditations (for example the digital assessment questions) which can be carried forward into the procurement, referenced case studies and video submissions.

The core capabilities are likely to test the following:

- A brief description of the bidder's solution (for information and marketing);
- How the bidder would work with a customer to implement and manage their solution;
- The bidder's approach to managing quality, continuous improvement and innovation and learning from "failure";
- How the bidder will work with third parties, for example partner organisations, other suppliers used by the customer etc;
- Confirmation that the bidder will sign up to achieving standards around interoperability, cyber security and Information Governance (where applicable). These will then form part of the contract;
- Whether the bidder has a credible plan for achieving the standards they have identified as applicable but they are not currently compliant with;
- The financial stability of the bidding organisation.

Some of these criteria may not apply / may apply with a lower quality threshold for the lighter touch process for Lot 0 bidders.

Questions

2. Are you in agreement with the proposal that we test a bidder's core capabilities (i.e. those related to an organisation's capability rather than specific services) once across the HSSF?
3. Are there additional areas that you think we should test / are there areas you think we should not be testing? Which of these criteria do you think would not be appropriate for a light touch process and why?
4. We would like to explore alternative forms of evaluation to written submissions. Are there examples that you have seen work well elsewhere? Is there anything you would not want to see used and why?

5. One option would be to accept submissions by video. This appears to offer the same advantages as a presentation whilst reducing the risk a bidder will underperform on the day. If explicit evaluation criteria are provided, along with some recommendations for how to structure the video, and the focus is on the content not the quality of production do you have any feedback on the idea of video responses to some of the questions?
6. Unless there are significant concerns about the quality of the services they are delivering we intend to carry forward suppliers from the previous framework unless there have been significant changes to the scope of a Lot (and subject to a commitment to achieve any new standards included in the contract). When we refresh the framework in future suppliers that have been successful in bidding this time would also be carried forward. Our current intention is that this would be time limited and that some form of reassessment would be required in future (for example 4 years after the initial bid). Do you have any feedback on this suggestion?
7. Lot 0, Lot 4, 5, 6 and 8 will be reopened in October. Given the resource commitment required to evaluate each Lot we are proposing to reopen additional Lots in quarterly tranches. Which of the Lots do you think should be prioritised?