



Department  
of Health

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**By Email**

*To: CEs of organisations (including NHS Trusts)  
receiving a service from CSC LSP*

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Dear Colleague,

**Expiry of CSC Local Service Provider (LSP) contract in July 2016**

Further to my letter of 19<sup>th</sup> February 2015 I am writing to seek confirmation that you have plans in place to **safely exit from the CSC LSP contract by 7<sup>th</sup> July 2016 when it expires**, and to request your support to quantify the benefits your organisation has experienced from the contract.

The Department of Health currently provides a range of electronic patient record services via the CSC LSP contract to organisations across the North, Midlands and East of England, including your own. **There is clinical, financial and operational risk to your organisation if you fail to put in place a successor service.**

From 7<sup>th</sup> July 2016 the Department will no longer fund these services and you need to ensure that your organisation is taking action to ensure that services required after this date are procured and funded locally via standard processes such as retained surpluses or loans.

To ensure that you have appropriate time to manage a safe and secure exit we recommend that all procurement activities are completed by **December of this year at the latest**, although if you are replacing your existing system you may require this to be completed sooner.

To support you in procuring replacement services we have put in place the NHS Shared Business Services Clinical Information Systems Framework, the Government G-Cloud Frameworks, and there remains the traditional procurement route via OJEU. You should ensure that your replacement contract includes the NHS number as the primary patient identifier, the ability to integrate with national systems, and compliance with SNOMED CT and national interoperability standards, all recently mandated at the March 2015 NHS England Board Meeting.

In return the Health and Social Care Information Centre (HSCIC) will continue to provide your organisation with support to make the transition to successor services as efficient as possible, and for the realisation and reporting of benefits from these services. Given the challenges many organisations are currently facing, we must work together to ensure the right decisions are made

during exit that help your organisation step towards full digital maturity, thereby ensuring it is more efficient and sustainable. Your organisation has a named Exit Manager to lead your support. **Annex A** and **Annex B** provide further details.

We also recognise that some organisations may be ready to exit the contract prior to 7<sup>th</sup> July 2016 but may not feel incentivised to do so as current services are centrally funded until expiry. We would want to fully support you to achieve early exit without being financially disadvantaged so please work with your HSCIC Exit Manager to understand how this can be achieved.

The following actions are now required:

1. **Confirm your organisation's Senior Responsible Owner (SRO)** for the safe and secure exit and transition from the CSC LSP contract and for the reporting of benefits received under this service. Unless notified otherwise we will assume that this role is held by you as the Chief Executive Officer;
2. **Confirm your planned exit date and supporting plans** (to enable us to book your exit slot and data transfer from CSC);
3. **Confirm your Caldicott Guardian** is aware that your organisation will be responsible for receiving data repatriated from services provided to you under the contract before the service can be decommissioned;
4. **Confirm a named operational individual** to be HSCIC's point of contact.

Please confirm these actions by email to [CSCExit@hscic.gov.uk](mailto:CSCExit@hscic.gov.uk) by **19<sup>th</sup> July 2015**. If you have any questions in relation to this letter please contact your assigned HSCIC Exit Manager.

Colleagues at Monitor, NHS Trust Development Authority and NHS England have agreed the above approach. If I can be of any assistance, please do not hesitate to contact me.

Yours sincerely,



**Tom Denwood**  
**Senior Responsible Owner for CSC Local Service Provider Programme**

cc Adrian Masters, Managing Director of Sector Development, Monitor  
Andrew Baigent, Director, Group Financial Management, Department of Health  
Beverley Bryant, Director of Digital Technology, NHS England  
Bob Alexander, Chief Executive Officer, NTDA  
Nic Fox, CSC LSP Programme Director, HSCIC  
<<NHSEDirector>>, Director of Commissioning Operations (<<Region>>), NHS England

## **Annex A - Supporting Exit Details**

HSCIC is committed to providing organisations with the support to make the transition to replacement services as efficient and seamless as possible, including providing further details and guidance around procurement options. The HSCIC Exit and Transition team have produced guidance based around the three paths to exit.

### **Retain existing LSP system**

Organisations planning to continue using their existing service provided, must put in place a contract to continue its use after July 2016. Under the new contract arrangements, ownership of the data will transfer to the local organisation.

### **Replace LSP system**

Organisations choosing to move to a replacement service before the end of the contract. You will need to ensure that a contract is put in place with sufficient time to migrate the data and transition business processes from the LSP service to the replacement service by July 2016. At the end of the contract, all of your organisation's data held on the system, including audit data, will be returned to your organisation.

It is important that your replacement contract includes the ability to integrate with national applications. As a minimum this should include the NHS Number as a Primary Identifier, and integration with the NHS Spine, e-Referrals Service, Secondary Uses Services and identity management and Smartcard solutions. Your organisation should also seek to retain or build support to adopt national standards such as SNOMED CT and interoperability standards that will deliver solutions via open interfaces (Open APIs). This is consistent with the strategic approach set by NHS England.

### **Retire LSP system**

If your organisation no longer uses or plans to discontinue the use of the system before the end of the contract, you should inform your HSCIC Exit Manager who will provide advice on the decommissioning process. All of your organisation's data held on the system including and audit data will be returned to your organisation as part of that process.

The HSCIC has produced a self-assessment tracker that provides information on the activities organisations need to undertake to exit the LSP contact. It is important that this information is provided to the HSCIC, to ensure that they receive the support they require at each stage of the transition.

To assist you there is extensive guidance on the HSCIC Kahootz portal, including:

- Details on National Procurement Frameworks and call off contracts;
- Best practice advice on selecting a procurement pathway;
- Procurement workshop sessions and FAQs;
- Template Service Level Agreements and Functional and Non Functional requirements;
- Data Migration best practice guides, exemplar document templates and Data Schemas;
- Information Governance Guidance.

## **Annex B – Supporting Benefits Details**

As organisations are preparing to exit the CSC LSP contract this provides a valuable opportunity for us to together further understand the benefits that electronic patient record systems can deliver to the NHS and to help justify future investment in clinical technologies.

We would therefore like to request that prior to exit from the contract, your organisation works with us to provide an assessment of the quantified benefits that have been realised up to exit. We would ideally like to gather this data quarterly but realise that may be a challenge so will work with you to agree the timing of the report(s) for your organisation. We also have arrangements in place to support you in providing these reports (see below).

This will help to create a set of benchmark data that will help you and other NHS organisations to understand better the opportunities afforded by the implementation of electronic patient record systems to both improve patient experience and to increase operational effectiveness. We are also keen to capture innovations and lessons learned from implementations in the form of case studies to promote the sharing of knowledge, with the potential to further increase utilisation and benefits realised by Trusts.

To help you, I have commissioned the HSCIC to support your organisation to identify and share good practice, and to help you increase the value obtained from the central investment in systems. The HSCIC LSP Benefits and Optimisation team will:

- facilitate workshops to support sharing of good practice and innovation;
- support organisations in the management of benefits and change through the provision of tools and guidance;
- where agreed, undertake detailed analysis and support case studies to identify how the system is used and could be further exploited; and,
- develop robust mechanisms for forecasting, counting and benefit analysis.

We appreciate that it is a challenging time with much focus on around the planning and management of exit, but the approach and findings could be of value to organisations through:

- Capturing progress against Trust drivers and strategic objectives;
- Identifying and providing the opportunity to exploit opportunities for business transformation resulting in better patient outcomes and greater efficiency;
- Assisting in the appraisal of post-LSP exit options during the business case process;
- Providing evidence for future business cases and baseline assessments prior to the procurement of replacement systems.

Together we have a joint accountability for the central investment in your organisation. The Department of Health is required to report a consolidated benefits value for the CSC LSP contract to central government on a quarterly basis (individual organisations are not identified). You can be assured that the Department of Health will not seek to recover the cash releasing value of the benefits reported at the level of individual organisations.

For further information and support please contact your dedicated HSCIC Exit Manager or email [CSCExit@hscic.gov.uk](mailto:CSCExit@hscic.gov.uk).