Project Appraisal Unit

Publications Gateway Reference:

Capital

NHS England Project Appraisal Unit

£1m - £3m Business Justification Template

To be used for Capital Investment, Property, Equipment & ICT proposals between £1m and £3m and complex schemes below £1m

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

TITLE OF SCHEME	MPLS (COIN) for pan-Wirral CCG	
TYPE OF SCHEME	New build	No
	Improvement	No
	Equipping and ICT	No
If other – specify and explain	ETTF	Digital and Technology Infrastructure Project
Scheme reference number and source of number (organisation). *Please ensure the relevant unique reference (for all Schemes) is used in all correspondence and reporting using an appropriate format: e.g. XXX – YY - XXX (Org Code – 16 – 001) as used in NHS England South Region*	Reference	12F-17-10274
	Confirm the Organisation issuing the reference number.	NHS England
ANY OTHER APPLICABLE REFERENCE NUMBER *(please clarify what it is in light blue box on right)*		
DCO	Cheshire & Merseyside	

SPONSORING NHS ORGANISATION(S) (or other such as GP)	Lead Sponsor 1:	NHS Wirral CCG
	Sponsor 2:	NHS England (C&M DCO Team)
	Delivery Partner	NHS Midlands and Lancashire Commissioning Support Unit (thereafter 'the CSU' for the pruposes of this bid)

LEAD SPONSOR CONTACT DETAILS		
PROVIDE DETAILS OF LEAD OFFICER FOR THE SCHEME	Title	Head of Digital Technology/Capital Programmes Lead
	Name	David Scannell

	Organisation	NHS England - North (C&M DCO Team)
	Office tel.	01138252891
	Mobile tel.	07918 368 506
	e-mail	david.scannell@nhs.net
PROVIDE DETAILS OF LEAD FINANCE OFFICER FOR THE SCHEME	Title	Chief Finance Officer
	Name	Mike Treharne
	Organisation	NHS Wirral CCG
	Office tel.	0151 651 0011
	Mobile tel.	07887 503 262
	e-mail	michael.treharne@nhs.net
LEAD COMMISSIONER	Title	Assistant Director of Primary Care & Partnerships
	Name	Iain Stewart
	Organisation	NHS Wirral CCG
	Office tel.	0151 651 0011
	Mobile tel.	07887 503 262
	e-mail	iainstewart@nhs.net

PROPOSED SOURCE OF CAPITAL In addition, explain if more than one source of funding is to be accessed, how obtained and type of funding.	The **Estates and Technology Transformation Fund** (**ETTF** thereafter in this document) is the sole source of the requested capital **and** non recurrent revenue requested in this bid for 2017 FY only (ETTF is a capital and revenue fund)

CAPITAL VALUE AND PROPOSED CASH FLOW OF FUNDING: *(add additional rows as required)*

PERIOD *[Please enter appropriate Financial years on right]* **FUNDING SOURCE**	Current year 2017-2018	20[ ]-20[ ] £'000	20[ ]-20[ ] £'000	20[ ]-20[ ] £'000	Total
NHS England					
NHS Property Services					
Community Health Partnerships / LIFTCo					
Other *(specify)* **ETTF**	£286,200	0	0	0	£286,200
Other *(specify)*					
Total	£286,200				£286,200

BASIC BREAKDOWN OF SCHEME CAPITAL COST: *(add additional rows as required)*

PERIOD *[Please enter appropriate Financial years on right]* **ITEM** *(please specify below)*		Current year 2017-2018	VAT	20[ ]-20[ ] £'000	20[ ]-20[ ] £'000	Total £'000
Item 1	CISCO Switch (53 units @ £3,500 each)	£185,500	£37,100	0	0	£222,600
Item 2	Comms Cabinet Replacements (53 units @ £1000 each)	£53,000	£10,600	0	0	£63,600

DRAFT

Item 3						
Item 4						
Item 5						
Total		£238,500	£47,700			£286,200
Source of Funding		ETTF	ETTF			ETTF
NHS England		Yes (ETTF)	Yes (ETTF)			Yes (ETTF)

<u>GPIT CAPITAL</u> COSTS FOR NEW BUILD/IMPROVEMENT SCHEMES: *(add additional rows as required)*						
PERIOD *[Please enter appropriate Financial years on right]*		Current year 2017-2018	VAT	20[ ]-20[ ] £'000	20[ ]-20[ ] £'000	Total £'000
ITEM *(please specify below)*						
Item 1						
Item 2						
Item 3						
Total						
Source of Funding						
NHS England						

1. BRIEF SCHEME OVERVIEW	
a) What is/are the principal strategic drivers triggering the need for this business case (e.g. to enable delivery of relevant commissioning requirements, to comply with NHS policy requirements, alignment with relevant policy e.g. Five Year Forward View, Strategic Transformation Plans and Strategic Estates Plans. **b)** Summarise the key dimensions of the scheme in terms of both the tangible capital asset to be delivered, and the outputs that will be enabled in service terms as a consequence of the investment. Include land and premises ownership issues, cross boundary/partnership working and impact for service users, etc.	This project will support the implementation of the foundation layer of a modern communication infrastructure in primary care for all NHS Wirral CCG Primary Care Practices. This project will provide the foundation for a more modern cloud based storage system, a single logon domain i.e. person not site specific, a centrally managed phone system, and centrally managed desktop estate. Wireless networking could be implemented post MPLS along with additionally centrally managed solutions such as SharePoint and intranet web hosting. This builds on the MPLS solution already being implemented by the CSU for CCG's within the four Cheshire CCG's. *(Note this referenced solution was funded at least in part by the ETTF last FY in Cheshire, so this Wirral scheme is strategically linked as the STP and CCGs within mobilises delivery against the national and local digital agenda)* a) The MPLS network would cover all GP practices, pan Wirral, including those on Wirral Community Trust sites. All main and branch sites would be considered for a non optional connection to a central network with improved connectivity b) 52 GP practices covering 54 sites would receive at minimum a 10Mbps connection via BT with an ADSL 2+ backup circuit c) The MPLS would be the building block for the following 1. Allow the centralised domain NWSIS to be rolled out across Wirral Primary Care 2. A shared VOIP telephone system 3. Centralised non-clinical data storage 4. Implementation of WiFi 5. Video conference can be overlaid on the connection

DRAFT

	6. More clinical services are entering various supplier Cloud infrastructure whereby more resilient and larger capacity links are needed d) More resilient links, ability to manage connections centrally along with the management of devices behind firewalls. Practice staff can log on to any device in any practice and access the full range of documents and clinical data and systems e) Better facilities and access for other suppliers to use GP networking infrastructure

2. PURPOSE **a)** State clearly what the business justification is in support of: typically – 'this is to seek approval of ..... for £ ….. on ….. in support of …..' **b)** Where funding sources are, or may be split, such as investment by the premises owner and external funding e.g. ETTF, this must be clearly defined and explained here, in the relevant subsequent sections and in the table above.	The purpose of this FBC is to seek approval of ETTF capital and non recurrent revenue founding of **£1,771,465** in 2017/18 FY only in support of the delivery of the full roll-out of a single network and shared domain across Primary Care in Wirral CCG supporting all its constituent member practices. This total sum funding requested request split as follows capital and non recurrent revenue as is permissible under the ETTF investment regime: • Capital **£286,200** • Revenue **£1,485,265** All of the above investment funding if approved would be disbursed by the CCG before FYE 2017/18 in full. All and any ongoing and connected revenue impacts not contained within the above sums relating to this project and its forward consequence, whether identified in this FBC or not, will be the responsibiliy of the bidding CCG. The above sum represents the totality of the request of the NHS England ETTF for this transformational digital project.

3. Strategic Context **a)** Provide a summary in the context of underpinning plans and key strategic drivers together with the service requirements that support the case for investment. E.g. Five Year Forward View, GP Forward View, Sustainability & Transformation Plan, Strategic Estates Plan, Devolution and New Care Models, etc. **b)** Provide confirmation of the support of all relevant stakeholders. **c)** Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements, e.g. Service transformation and related infrastructure requirements as identified in the strategic drivers above, improving patient safety and the patient environment, reducing backlog maintenance (% of total); enabling QIPP delivery, etc. and other current key work streams.	**a) Key strategic drivers together with the service requirements that support the case for investment** The Wirral Local Digital Roadmap describes the economy's position of strength in terms of the ability to exploit informatics solutions in health and social care, based upon: • long-term investment across all health sectors • excellent cross-working and shared systems between organisations • long-term culture and expectation from clinical staff • significantly less complex geography and health care system than most • integrated organisation-wide enterprise grade informatics solutions deployed at scale within our organisations The Wirral health economy has many years of award winning informatics implementations and a well-developed informatics workforce and capability with reputation spreading beyond the NHS in hosting/attending conferences to discuss local successes and plans in Europe and the USA. The vision for the **Wirral Digital Roadmap** covers prevention; self-care, integrated delivery and high quality information leading to improved outcomes for patients. The detail for "high quality information" extends to; • single point of access to health and social care services

DRAFT

d) Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities. **e)** Confirm that any premises subject to the investment will not be disposed of within 5 years of their completion. **f)** Include how the investment will deliver the aims of the programme, etc.	• care portal to enable people to manage their health and social care • integrated record of care enables joined up care planning and promotes the delivery of evidence-based care across organisational boundaries • information systems to enable optimisation of population health management and population risk stratification This proposed digital development will be compliant with all appropriate and relevant NHS guidance. *****_Please note given the crossover nature of the question parameters, this section response 3a) we ask to be considered contextually and combined with section response 3c) below._ **b) Provide confirmation of the support of all relevant stakeholders** This proposal has been submitted by the NHS Wirral CCG and as such has the full sanction and support of the member practices and local clinical leads. This scheme is further endorsed and has passed through local capital pipeline group scrutiny at the local NHS England DCO (C&M). This scheme is further and finally endorsed and has passed through assessment and review by the local C&M DCO Head of Digital Technology and the Regional Head of Information and Transparency. All of these parties have signed support to this project see ENDORSEMENTS AND APPROVALS section below **c) <u>Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements</u>** *****_Following on from response 3a) above_ The **NHS Operational Planning & Contracting Guidance 2017-2019** determines "9 must do's", which for Primary Care requires; ▪ Ensure the sustainability of general practice in your area by **implementing the General Practice Forward View,** including the plans for Practice Transformational Support, and the ten high impact changes. ▪ Ensure local investment meets or exceeds minimum required levels. ▪ Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating **the use of online consultation systems.** ▪ By no later than March 2019, **extend and improve access** in line with requirements for new national funding. ▪ **Support general practice at scale**, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

RAFT

The **Government's Mandate to NHS England 2020 Goals describes the Technology** requirements as;

- Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care.

- 95% of GP patients to be offered e-consultation and other digital services; and 95% of tests to be digitally transferred between organisations

The Cheshire & Merseyside STP contains twenty distinct, but inter-related programmes of work, each developed with clear objectives and eight supporting clinical programmes – there are five programmes that support and enable these programmes including "Technology, including Digital".

The digital enabler programmes include;

- Operational control centre for risk stratified population
- Shared care records (Wirral Care Record)
- Enhanced technology supporting care through strategic alliances and relationships with subject matter experts (e.g clinical registries)
- Teletracking
- Real time data

At **Cheshire & Wirral LDS** level, the enhancement of primary care is critical to new models of care development including improvement of infrastructure (estates, IT). The LDS describes joint level digital ambitions for the future:

- Digitally empowered individuals (e.g. access to online services)
- Connected Health & Social Care economies (e.g. professionals accessing appropriate information when needed; in near real time; wherever it is held)
- Exploiting the digital revolution (e.g intelligence-led services; population health capabilities)

To deliver these ambitions the following themes demonstrate how they will be achieved (with some cross-cutting areas):

- A set of digital principles
- Information sharing/governance framework
- Digital maturity of all providers (inc primary care)
- Rationalisation of systems in and out of hospital
- Interoperability between systems
- Upscaling of assistive technology
- Advanced analytics/population health
- Consolidated infrastructure at LDR level and connectivity between LDRs where clinical services overlap

This development proposal aligns with Target Architecture being developed by the national team.

This MPLS projects will provide Consolidated Infrastructure and the enhancements to services within primary care, the network links require

RAFT

upgrading and linking together to provide an integrated network platform to withstand future technology enhancements such as Video Consultations, Docman 10, and other web based solutions. All of which is absolutely intrinsic and essential to delivery of the selected relevant national and superregional strategic drivers detailed above

The MPLS network provides fault tolerance in case of link failures; once connected to the neighbouring wider West Cheshire existing network, data flows and access to wider trusts can be enabled with ease by the CSU. Integration with provider alliances within the LDR will be achievable.

To Patients:
This technology will support the improved co-ordination of care and communication for patients receiving care from General Practice and Community teams. The cloud network will support the data sharing arrangements already in place, between General Practice and Emis Community, supporting both Primary and Community teams to view each other's record and provide more coordinated care. This supports the work of the Integrated and Extended teams, a key deliverable for the CCG.

To Clinicians/ Practices:
This project also facilitates effective re-organisation of primary care services allowing clinicians to work across multiple sites, as the CCG moves forward with its transformation of primary care programme.

Future disruption to clinical services will also be reduced as the cloud network will allow practice software to be updated across the network at the same time, rather than individually. It will also support business continuity by re-directing a practices connection to Emis and other software. The required infrastructure will change and potentially release hardware cost savings, as PCs will no longer need to hold software – packages will instead be accessed and maintained via the network. Servers can be removed as file storage will be held centrally; the function of logon server will also be managed centrally.

A key clinical benefit is that the network will allow software to be made available to support effective communication e.g. software, which shows if a clinician, is available for advice e.g. District Nurse or Consultant. The ultimate benefit on completion is the ability to have a single sign on to the systems required, regardless of the base the clinician is working out of.

In the future, as practice telephone contracts expire, the network would also allow all practices to function across a single network thereby reducing costs and supporting business continuity by diverting a practices phones to an alternative practice if required.

d) <u>Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities</u>

This proposal has been submitted by the NHS Wirral CCG and as such has the full sanction and support of the member practices and local clinical leads; whom all recognise and endorse the supported strategic deliverables as described in section 3 a & c above

e) <u>Confirm that any premises subject to the investment will not be disposed of within 5 years of their completion</u>

This bid does not seek to support investment in premises, only for digital and technology

f) <u>Include how the investment will deliver the aims of the programme, etc.</u>

DRAFT

	Detailed in a & c above

4. Economic Case **a)** Confirm the options considered to achieve the scheme's objectives and provide a summary of the options appraisal process that has resulted in the selection of the preferred option. It is important that a range of viable options are considered during the appraisal process If the options were/are limited in number, please provide clear supporting rationale. **b)** Confirm the scheme benefits – including financial (cash releasing and non-cash releasing) and non-financial (quantifiable and non-quantifiable) and how the scheme delivers value for money. Appraisal of options on the basis of the extent to which they deliver non-financial benefits can be carried out and presented using a non-financial benefits analysis employing weighted benefits criteria and a scoring system to derive non-financial benefits points. **c)** Provide supporting economic appraisal to demonstrate the	**Options development** "Healthy Wirral" is the economy transformation programme that will lead to an accountable care system on Wirral. Primary Care needs to be fully digitally –enabled in order to fulfil its aspirations for delivery of integrated services, at scale, within that system. The accountable care system will operate across an economy organisational make-up consisting of 1 whole economy; 4 parliamentary constituencies; and 9 GP cluster networks (serving registered populations of c35,000). The following options were considered as part of the development stage: Option 1 The first option considered was to adopt a phased approach starting at the GP cluster level for the MPLS functions and building incrementally across the **9 networks.** This option was discounted as MPLS networks have been successfully established in other areas including across other Cheshire CCGs so there is no need to run a proof of concept or feasibility lead approach. This option would also introduce inequalities in provision across the Wirral health economy. Option 2 The second option considered was to select one of the **4 parliamentary constituencies** and rollout MPLS functionality across the practices geographically located within that constituency. However, this was discounted due to the absence of absolute geographical boundaries that cleanly fitted into both the parliamentary constituency boundary and the registered patient population place of residency for the general practices located in that constituency. Option 3 The third option considered was to secure an-economy-wide MPLS from the start; enabling all Wirral practices to benefit from the digital developments stated in section 1 so as to more rapidly progress the transformative requirements for primary care delivered at scale. Under their LPF contract with MLCSU for IT provision, four of the other Cheshire CCGs have implemented an MPLS network working in partnership with the CSU. This option intends to work with MLCSU as the LPF provider for IT to benefit from there experience and drive best value for money. Option 4 The fourth option is as per Option 3, but to work with an external provider to implement the local IT elements. Whilst there are numerous organisations that could fulfil this requirement, it has been discounted as they would lack local knowledge and experience of the IT infrastructure that exists within the CSU. Following implementation MLCSU would need to support the solution and these 3rd parties would cease to have any direct involvement. Furthermore, intial understanding of resource costs also indicate that day rates, which would attract VAT if using a supplier outside the NHS, could be almost double. Consideration of potential suppliers for this project included; - Wirral University Teaching Hospitals FT (also a Global Digital Exemplar) - 3rd party provider (e.g. EGTON) - Midlands and Lancashire CSU Wirral University Teaching Hospitals FT: query on capacity to deliver when the Trust is a GDE and focused upon those outcomes; query degree of working relationship with Wirral primary care; rates comparable with other suppliers.

DRAFT

value for money of the preferred option using a recognised methodology such as the Generic Economic Model (GEM) as appropriate.

Note.
To allow reviewers to see and analyse the underpinning information, please attach supporting workings in executable tables (Excel, etc. and NOT pdf or images).

3rd party provider (e.g EGTON): engineer rates are c£575, plus VAT, per day (which exceeds the CSU rates); good established working relationship with Wirral primary care via other services/hardware provided;

Midlands and Lancashire CSU: rates comparable with other providers; offers a strong continuity of service element by virtue of being the current LPF supplier; key knowledge and intelligence on the Wirral primary care digital infrastructure to-date

To expedite this scheme at the pace required, based upon a strong knowledge of the existing Wirral primary care digital infrastructure, the preferred option for supply is with Midlands and Lancashire CSU – please see table below;

Option	Costs	Benefits	Value for Money (cost x benefit)	Timeliness	**Total (vfm + timeliness)**
1	5	1	5	4	**9**
2	3	2	6	4	**10**
3	2	5	10	3	**13**
4	1	5	5	3	**8**

Costs - 5 to 1 (1 being most expensive) - Benefits 1 -5 (5 being the most beneficial)

4a) A do nothing approach is not a viable option in order for this health system to achieve the strategic deliverables as defined in section 3 of this bid and those expected outputs as detailed further below in this section 4.

The D&T solution put forward is one that meets with prescribed national and regional strategies (see section 3); there are no 'hybrid' options to deliver pan system interoperability that this bid requests funding to support as the bid sponsors are limited in:

- Our principal D&T services supplier to be used (ie this must be the local CSU/HIS in situ)
- In some cases the 3rd party system suppliers are already secured by said CSU/HIS or available as limited choice via GPSoC
- In many D&T schemes, this one included, the options are limited to do nothing or to pursue the one solution possible with the one supplier we have in situ (the CSU/HIS); as to progress a hybrid or halfway digitisation would be impractical, inequitable and unsafe (eg we can deploy across only part of primary care, advantaging some and disadvantaging others)

The variety and definition of scheme solution options, as would be the case for a premises capital scheme, does not present as readily for this D&T project for the above reasons and those expanded upon below in 4c)

4b) Scheme Benefits

Please note that all tables for FBC use currently in circulation from the PAU that may in some part map benefits as a weighted scored appraisal are **premises scheme centric**. Specifically all reference at least in part matters such as 'build' schemes, 'quantity surveyor' costs, 'refurb/extension', 'consultant and design fees' etc in some degree. Therefore none appear to be digital in nature for any practical use in the £1m-£3m template.

However bid authors and sponsors entirely accept that we must look to articulate the scheme benefits and outputs adequately and every endeavour has be made below in this section 4 and in prior section 3a) & c) to address this.

Establishing the MPLS network across the whole Wirral primary care economy would lay the foundations to enable different technologies to be layered over the top and also for new models of care to be implemented driving economies and benefits across the health economy.

DRAFT

Cash releasing

There will be non-quantifiable cash releasing benefits given this key infrastructural step change in digital capability will undoubtedly over time reduce burden on acute settings, increasing the capacity and capability of Primary Care to deliver more in terms of access, clinical capacity, workforce retention and recruitment.

There is already a group of 5 practices under the direction of the same senior GP partner, that has created an operational hub for all patient appointments-booking via a call centre held within one of the 5 practices. This has been based on existing telephony systems but the current infrastructure constraints prevent transferability to other clusters of practices with every general practice currently having individual contracting arrangements for services such as telephones/WIFI connectivity. The new MPLS network will allow this model to be replicated and extended across Wirral.

Learning from the existing example of a central hub for telephone appointment booking when applied to **the whole Wirral primary care economy**, suggests potential efficiencies to the overall health system of;

- 1.2wte administrative/clerical staff resource per 10,000 registered patients released to undertake other primary care responsibilities e.g. health promotion/care navigation/customer services – for Wirral primary care this would equate to c40wte administrative/clerical staff resources available for redeployment to supporting delivery of primary care services at scale

Increased access targets for patients to primary care appointments equates to an additional 45 minutes consultation capacity per 1000 patients per week – **for Wirral this is over 15,000 minutes per week of additional capacity** – enabling MPLS at the Wirral footprint level will better support the overall Wirral primary care system for connectivity demands associated with this increased patient demand.

On the general issue of 'cash releasing' scheme benefits of this or wider digital projects, and following discussion with the local DCO Head of Digital Technology we would direct the reviewer(s) of this proposal for investment to the report by National Advisory Group on Health Information Technology in England, chaired by clinician and digital expert Professor Robert Wachter commissioned by, delivered to and accepted by the DH.

Making IT Work – Harnessing the Power of Health Information Technology to Improve Care in England. ("the Wachter review")

https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs

specifically the following principal 3:

"3. 'Return on investment' from digitisation is not just financial
While it is natural to seek a short-term financial return on investment (ROI) from health IT, experience has shown that the short-term ROI is more likely to come in the form of improvements in safety and quality than in raw financial terms. In fact, cost savings may take 10 years or more to emerge (the so-called 'productivity paradox' of IT), since the keys to these gains are improvements in the technology, reconfiguration of the workforce, local adaptation to digital technologies, and a reimagining of the work".

Which in turns links to recommendations 5 & 9 of the same report:

"5. Interoperability should be built in from the start"

"***9. Ensure interoperability as a core characteristic of the NHS digital ecosystem – to promote clinical care, innovation, and research"***

We highlight this firstly in order to ensure that whilst every effort is made to provide full (and where possible quantitative) benefits to this scheme, the measurement of this for digtial programmes is sometimes very challenging to determine as detailed in the Wachter review and accepted by the SoS and DH.

DRAFT

Secondly, and in light of this we have very much endeavoured to place at the forefront the access, quality and safety benefits of this project.

Finally it should be noted that this particular project will be the foundation stone (overdue for the health system bidding) of **interoperability capability and readiness**- from which all future enhancements and investment in the digitsation of primary care will build upon. Indeed several other 2017/18 ETTF bids that will be submitted alongside this proposal are entirely dependent of having this 'foundation level' project approved- the keystone is achievement and delivery of a baseline shared digital infrastructure (the domain and shared network) and further transformative schemes will be able to build upon this such as records storages, remote and ahgile working for clinicians and further interopoerbility with acute and tertiary care settings beyond primary care.

Non-cash releasing

With the global trend towards cloud based systems more and more suppliers are moving to software as a service models such as PCTi with their latest Docman offerings and EMIS with their hosted Web solution. This trend places a greater reliance on internet connectivity and capacity over those links. The MPLS network will enable future service development expansion through the increased use of technology

Practice clinical systems performance will be improved through the modernisation and increased capacity of links.

Reliability of connectivity will be improved with MPLS technologies allowing data to be directed in the most effective way rather than being bound to a single route.

Qualitative

Improved access for NHS professionals to access appropriate systems across the Wirral economy supporting their clinical delivery to patients

Enables the opportunity to broaden connectivity and access to central resources with wider Cheshire localities

Supports Healthy Wirral programme for delivery of integrated services from an integrated accountable care system - 1 economy; 4 constituencies; 9 GP clusters.

Improves commissioning capability for CCG with any other providers on single domain supported by this solution

Measurement:
Quality:
Increased speed of up-link connection

Improved disaster recovery

Access:
Multiple connections to broadband

Single point of failure removal

Improved user experience e.g. voice traffic

Capacity:
Reduced link contention

Reduced network congestion

Post-Project evaluation:

DRAFT

CCG Primary Medical Co-Commissioning Committee (PMCCC) will receive regular updates via the CCG Primary Care Operations Group (PCOG) and provide progress reports to CCG Governing Body

PCOG already includes formal updates from CSU on digital work programme for primary care

Updates provided to PMCCC will include NHS England Head of Digital Technology/Capital Programme Lead on circulation

NHS England Primary Care Leads meetings will receive summary updates on project implementation from CCG representative

CCG GP Members Council monthly meetings will be used for capturing feedback from practices on digital solution effectiveness

4c) We have discussed with the C&M DCO Head of Digital Technology and Capital Programmes Leads, the applicability of completing the 'small GEM' for this project. It would appear that this modeller is very premises centric, and would also rely on a NFBS assessment outputs also that again is premises focused.

Furthermore it should be noted that unlike locally developed premises schemes, whereby a full market test of service supplier (ie the building developer/contractor) can and indeed must be undertaken; when local NHS sponsors of this D&T project are relaying the partners/service providers whom will be supporting the coordination and many aspects of manifest delivery of the scheme which this bid supports, we are restricted in whom this supplier is. We are bound to utilise our **local CSU and HIS provider** services partners whom have contracted arrangements locally for strategic IMT/D&T support.

These providers are either CSUs on the LPF or in some cases HIS (Health Informatic Services) hosted by local NHS Trusts. Therefore the bid sponsors cannot simply go to the wider market to secure alternate providers of the services support for this scheme and others D&T in nature. These constitute in many cases a good deal of the non capital (revenue) requested costs of this particular schemes and others for the first year costs of deployment and roll out of the projects in question.

In mitigation of this, and in order to supply the reviewer with robust and accurate detail, full scheme costs of this project is presented at **section 5** and that where in limited terms full market testing/proicurement is to be undertaken on the CCGs behalf by the CSU/HIS suppliers we are bound to utilise (eg for hardware elements, or where this is some choice of software solutions) that this is well detailed and process evidenced in **section 6**.

5. Financial case

a) Confirm the capital costs of the scheme and anticipated dates of capital deployment (and any associated disposals) split across financial years (as required).

b) If a lease is proposed, confirm the whole life cost of the lease *(see note 6 on the BC Selector Introduction tab for more information).*

In this section the schemes author will detail **BOTH** the Capital costs and the non-recurrent Revenue Costs for this scheme in 2017/18. Both funding elements are requested via the ETTF which is permissible under the ETTF investment regime.

Whilst these different elements are requested distinctly in the Type 5 and 6 PID documents, this £1m-£3m template does not appear to adequately capture mixed cap& rev projest so this section 5 has been used to present all figures for these purposes.

5a) Capital Summary

Add extra rows if required.

Table 1. Total Capital requirement inc. VAT for current and future years

Summary Description	£ Current year (year 1) 2017/18	£ Second year (year 2) 20[../..]	£ PID total Years 1 & 2	£ 20[../..] Indicative only	£ Total
Hardware	£286,200		£286,200		£286,200
Total in Programme	£286,200		£286,200	£0	**£286,200**

DRAFT

c) Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving, confirm the availability and source of additional revenue.

d) Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable.

e) Confirm and where necessary explain any non-recurrent (e.g. transitional costs) of the scheme.

f) Confirm the availability and source of non-recurrent funds to meet these costs.

g) Provide supporting income and expenditure analysis that sets out clearly the recurrent and non-recurrent costs of the scheme, the sources of funds to meet these costs, which must demonstrates clearly that the scheme is affordable.

h) Clarify where the assets will reside in terms of ownership.

j) Provide evidence of the proposed efficiency measures and projected outcomes and how they align with service improvements.

Capital breakdown by individual year

The costs for each main item/class of item, as well as the project management costs, should be separately identified. Add extra rows if required.

Table 2. Capital requirement current year (year 1) 2017/18£					
Item/Type	**Quantity**	**Unit cost**	**Total**	**Vat**	**Total (inc Vat)**
CISCO Switch	53	£3,500	£185,500	£37,100	£222,600
Comms Cabinet Replacements	53	£1,000	£53,000	£10,600	£63,600
Total in programme			£238,500	£47,700	£286,200

Capital depreciation costs will be met by NHSE as follows

	2017/18Current financial year	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**Total**
Total	57,240	57,240	57,240	57,240	57,240	**286,200**

5a continued) Revenue Summary

Table 4. Revenue requirement current year (year 1) 2017/18£					
Item/Type	**Quantity**	**Unit cost**	**Total**	**Vat**	**Total (inc Vat)**
Supplier Data Line Install	53 (practices)	£18,717	£992,001	£198,400	£1,190,401
CSU Project Manager Payband 7 @ LPF Day Rate	240	586.63	£140,791		£140,791
CSU Technician Payband 6 @ LPF Day Rate	424	315.88	£133,933		£133,933
CSU OOH working Payband 6 @ LPF Rate	212	95	£20,140		£20,140
Total in programme			£1,286,865	£198,400	£1,485,265

The revenue costs above in table 4 are requested of NHS England via the ETTF as a non-recurrent investment sum for 2017/18

The revenue costs above have been reviewed with the C&M Head of Digital Technology (David Scannell) and the proposed sessional/daily rates (as applicable) for staffing resource are those as defined in the LPF for CSU support for such digital project(s) implementation and roll out.

For information purposes only, wider ongoing revenue costs are detailed below in table 5 but these are ti be met in full by the bidding CCG and do not form part of this FBC/ETTF funding request

DRAFT

Table 5. Net revenue impact (by financial year) ***Note****-All costs in this table 5 will be met by NHS Wirral CCG and are presented for information only*

	2017/18.] Current financial year	20[18/19	2019/20	2020/21	2021/22	2022/23	20[../..]	Total
Costs £ Monthly line rentals for 53 sites payable as each goes live so increasing over 2018/19 to full 53 in 2019/20	0	£207,000	£548,550	£548,550	£548,550	£548,550		
Savings £								
Net revenue impact £	0	£207,000	£548,550	£548,550	£548,550	£548,550		**£2,401,200**

Final Summary :

Total revenue request via the ETTF to support the reasonable implementation, roll out and training connected to the scheme is £1,485,265. This is in addition to the capital requested of £286,200 detailed. This gives a total ETTF investment cap + rev request of **£1,771,465** in 2017/18 FY

6. COMMERCIAL CASE

For new build and refurbishment projects:

a) Confirm the commercial arrangements for delivery of the proposed capital investment, e.g. procurement approach and proposed contract type (if not using NHS Procure 21+ or the subsequent P22 framework please explain why not).

b) Confirm when any necessary full planning consent will be achieved.

c) Confirm status of any legal

Note: This section responses have been adapted as best possible to capture core commercial and procurement infoamtion for this Digital scheme. This is not a new build or refurbishement projects

6a)

Market Assessment

- Initial supplier engagement to understand technical offers through invite to presentation of available technologies for MPLS network

Procuring Organisation

- NHS Wirral CCG

Procurement Lead

- Procurement Manager – Tracey Yates Head of IT Procurement and Assets Management at MLCSU IT

Procurement Route

- The procurement of COIN/MPLS will utilise the HSCN RM3825 framework to enable market assessment and best value for money to be obtained.
- Procurement will look to add to current Cheshire CV COIN contract in place with four of the Cheshire CCGs
- Hardware procurement will utilise competition via Framework such as Health Trust Europe or the LINK-IT 2 Infrastructure framework. Detailed evaluation criteria will be provided as part of the tender issue and responses will be evaluated against the agreed criteria

Procurement will be led through MLCSU Procurement Team and Tracey Yates Procurement Manager through the framework above.

Procurement Plan

DRAFT

documentation or processes required for the scheme to be delivered in full and what (if anything) remains to be agreed, e.g. lease documentation, land ownership (also see g) below, party wall agreements, etc. and if not finalised, how and when the risk will be mitigated. **d)** Confirm: **i)** compliant with DH guidance (HBN & HTM); **ii)** compliant with eliminating mixed sex accommodation; **iii)** compliant with an approved infection control strategy; **iv)** in alignment with an approved estate strategy, or equivalent; **v)** intention to undertake BREEAM assessment and target relevant outcome (excellent for new build, very good for refurbishment). **e)** Confirm any contribution to carbon reduction plan (if applicable). **f)** Where appropriate, attach site plans and design drawings for the preferred option. **g)** Identify the ownership of the land or premises to be modified, the risk this poses and how the risks are mitigated for the options.	Week 1 issue framework tender documentation completed to include contract timescales, evaluation criteria and procurement timetable Week 5-6 evaluate tender responses; shortlist and arrange supplier presentations Week 8-9 Supplier presentations Week 10 select preferred supplier Week 10-11 – 10 day stand down period "Week 12 – contract award Week 14 – mobilise Project Manager and hold project kick off meeting with supplier and CCG. **Commercial Considerations** • Ability to link to the Cheshire CV COIN currently being implemented with four CCGs in Cheshire • A five year contract award is anticipated. Project Board wil be put in place to monitor project progress with quarterly Supplier Contract Reviews to be held to monitor performance and financials. **6b)** Not applicable **6c)** not applicable but relevant scheme risks are captured at section 'key risks' below **6d)** not applicable. However all relevant digital and tech standards will be met by the administering CSU and overseen by bidding CCG. **6e)** not applicable **6f)** not applicable **6g)** not applicable however all digtal capitalised assets (to be depreciated) will be owned by NHS England and administered/maintained by the partner CSU on NHS England behalf. **6h)** not applicable this has been detailed in other sections and not relevant 'equipping ICT' **6i)** not applicable

DRAFT

For equipping and ICT projects **h**) Describe the scheme: specify what equipment is being purchased and for what site(s) **i)** Describe the strategic need for the capital investment and what measurable benefits the capital investment will provide. j) Indicate where funding is required to support Strategic Estate Plans. For example, if a new build has been agreed and the requirements in this business case also specifically relate to another business case which has delivered or will deliver premises development, please explain and justify the links	

7. MANAGEMENT CASE **a)** Confirm the arrangements for management and delivery of the scheme **b)** Confirm the key risks to delivery and measures to mitigate and manage these risks. **c)** Provide a simple timeline with key milestones for the procurement and delivery of the scheme.	7a)The management and delivery of the projects will be undertaken principally by M&L CSu overseen by the NHS Wirral CCG 7b) see below 7c) see section 6a) 'procurement plan'

KEY RISKS Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated. Please list any risks to delivery, for example if the spend is dependent on estates investment etc.	**Risk**	**Mitigation**
	Current links are centrally funded by HSCIC	Currently transitioning from N3 to HCSN but this would enable transition to COIN Liaison with NHS Digital to secure switch to COIN
	Failure of BT to supply the link on time would delay the rollout	Secure appropriate contingencies in contract with BT

RAFT

	Additional communications cabinets may be required	Small contingency factored into bid costings

ENDORSEMENTS AND APPROVALS

LETTERS OF APPROVAL / SUPPORT				
Organisation	**Enclosed**		**Letter dated**	**Note**
SPONSOR ORGANISATION		**N**		Not requested for D&T schemes, however relevant signatories are below
LEAD COMMISSIONER		**N**		Not requested for D&T schemes, however relevant signatories are below
PROPERTY COMPANY (NHS Property Services or Community Health Partnerships)		**N**		Not applicable

SCHEME OR PROJECT ENDORSED BY:		
SPONSOR ORG 1 **DIRECTOR/HEAD OF FINANCE or APPROPRIATE AUTHORISED OFFICER**	Statement	I hereby confirm that I am satisfied the payment of Digital Technology capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that any commitments made in this PID to the covering of revenue and depreciation costs will be honoured by the organisation and/or its relevant stakeholders. I am satisfied that the capital funding requirement set out in this PID is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
	Organisation	NHS Wirral CCG
	Position	Chief Finance Officer
	Name	Mike Treharne
	Signature	
	Date	03/07/2017
	Statement	I hereby confirm that I am satisfied the payment of Digital Technology capital as set out in this PID is necessary expenditure, offers value for money and conforms with relevant policy.
(Where applicable) **SPONSOR ORG 2** **NHS ENGLAND DCO HEAD OF DIGITAL (OR**	Organisation	NHS England Cheshire & Merseyside DCO
	Position	Head of Digital Technology/Capital Programmes Lead
	Name	David Scannell

EQUIVALENT)	Signature	
	Date	3 August 2017
(Where applicable) **SPONSOR ORG 3** **DIRECTOR/HEAD OF FINANCE or APPROPRIATE AUTHORISED OFFICER**	Organisation	n/a
	Position	n/a
	Name	n/a
	Signature	n/a
	Date	n/a
NHS ENGLAND DCO DIRECTOR OF FINANCE	Statement	I hereby confirm that I am satisfied the payment of Digital Technology capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that I am satisfied with the commitments made by the sponsoring organisation in this PID to the covering of revenue and depreciation costs. I confirm that all items to be procured are capitalisable in accordance with the NHS England Capital Accounting Guidance
	Area	Cheshire & Merseyside
	Position	Director of Finance
	Name	Phil Wadeson
	Signature	
	Date	3 August 2017
	Statement	I hereby confirm that I am satisfied the payment of Digital Technology capital as set out in this PID is necessary expenditure, offers value for money and conforms with relevant policy.
(Where applicable) **NHS ENGLAND REGIONAL HEAD OF INFORMATION (AND TRANSPARENCY)*** **(Precise title/role may vary across the Regions. Amend as appropriate)*	Area	North
	Position	Regional Head of Information & Transparency / Regional Head of Digital Technology
	Name	Janet King
	Signature	
	Date	3 August 2017
NHS ENGLAND REGIONAL DIRECTOR OF FINANCE	Region	North
	Position	NHS England Regional Director Of Finance
	Name	Tim Savage

DRAFT

	Signature	
	Date	
PRIORITISATION *(For regional use only)*		
(Where applicable) **ETTF OR OTHER NHS ENGLAND PROGRAMME:** **REGIONAL HEAD OF PRIMARY CARE or PROGRAMME LEAD OR DIRECTOR** *(Depending on value and fund approval arrangements)* Special programme or funding initiatives only.	Programme	
	Position	
	Name	
	Signature	
	Date	
NHS ENGLAND CHIEF FINANCIAL OFFICER	Name	
	Signature	
	Date	
Conditions of approval, Where applicable.		

DRAFT