

Capital Investment, Property, Equipment & Digital Technology proposals

**NHS England Project Appraisal Unit
Project Initiation Document - Type 5
Digital Technology Capital**

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.

Document version control <i>(for use by PID sponsors)</i>	Version No.	Status	Issue date	Notes
Add rows as required. Last entry should read: 'Final for signatures'	2.0	Final for signatures	17.07.17	Reflects feedback from David Scannell
	3.0	Final for signatures	27.07.17	Reflects feedback from David Scannell

1. TITLE OF SCHEME	Remote Working	
Scheme reference number and source of number (organisation). <i>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 – 17 – 001) as used in NHS England South Region</i>	Reference No.	12F 17&18-10264b – Phase 2
	Confirm the Organisation issuing the reference number.	NHS England

2. DATE OF FORMAL PID SUBMISSION	Date	17 th July 2017
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3. IS THIS A RESUBMISSION OF AN EARLIER PID? If so, provide details and reference no.	Reference number	No
IF YES: Will this resubmission result OR potentially result in a duplicate funding application already covered by another PID, etc.? Is any element of this PID actually, or potentially funded through any other previous (already approved), parallel (current) or planned (future) application for funds?	Please provide details	Not applicable

4. NHS ENGLAND FUNDING STREAM Please confirm the NHS England capital funding stream relevant to this investment e.g. BAU, etc. <i>(Use standard NHS finance codes) Where capital funding is from a special initiative e.g. ETTF, please use the first two rows opposite to denote initiative name and scheme reference number</i>	If applicable, funding initiative name	Remote Working
	Scheme reference No.	12F 17&18-10264b
	Funding stream	ETTF
	Cost Centre	
	Subjective Code	

5. NHS ENGLAND REGION/LOCAL DIRECTOR OF COMMISSIONING OPERATIONS (DCO) OFFICE	Region	North
	DCO	Cheshire & Merseyside

6. SPONSORING ORGANISATION MAKING THE APPLICATION	Organisation Name	NHS Wirral CCG
	Registered Address	Old Market House
		Hamilton Street
		Birkenhead
		Wirral
	CH41 5AL	

7. LEAD CONTACT Please include a named lead contact for this application from the organisation who can answer any queries relating to this PID	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

8. DIGITAL TECHNOLOGY SCHEME DESCRIPTION Please specify what equipment is being purchased and for what site(s). Include a description of the scheme, which should include, but need not be limited to: <ul style="list-style-type: none"> scope and content objectives and benefits – these may be financial and/or non-financial location and distribution (where appropriate) wider stakeholders and their interest e.g. potential users of the technology indicative scheme value for approval purposes 	This project will support the implementation of a modern agile hardware platform that integrates with the single network and centralised infrastructure bids. <ol style="list-style-type: none"> Pan Wirral, covering all GP practices Devices would be assessed on a role based approach Remove the reliance of BT N3 keyfobs and replace using a softfob option utilising an existing Swivel PinSafe solution. N3 Keyfobs would still be required until the rollout of the Single Network and Domain and has been costed in this PID. Devices would be 3G/4G enabled Devices would have all software required installed: <ol style="list-style-type: none"> EMIS Web EMIS Web Mobile for Off-Line Working Docman Access to Remote Ordering System Access to Wirral Care Record (HealthyWirral) Access to refer patients via EDT bi-directional hub Access to centralised storage drives Access to messaging solutions Access to NHSmail 2 Future options could include Bluetooth printing for patients who don't use EPS for prescriptions or where Remote Ordering Forms need to be printed to allow the patient to attend Phlebotomy clinics for example.
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	<p>Devices would be used for clinical care settings such as Care Homes using a WiFi solution or 3G access.</p> <p>Home Consultations would become paper less as clinicians would be able to access the patients record and input all consultation information in to the live system. Clinicians would no longer need to print summary notes from the clinical system before leaving the practice. All devices would be encrypted and would improve IG Toolkit results for all practices.</p>
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<p>9. STRATEGIC NEED</p> <p>Please describe the need for capital investment and what measurable benefits the capital investment will provide.</p> <p>Confirm the strategic drivers and justification for the scheme. Please describe how the investment links in and aligns with the Local Digital Road Map (LDR), STP, national priorities and other strategies as appropriate</p> <p>Please identify any other possible sources of funding that have been considered.</p> <p>For the more complex and substantial schemes, please provide any contextual information which if missing can delay the approval process while additional information is sought.</p>	<p>To Patients:</p> <p>This technology will support the improved co-ordination of care and communication for patients receiving care from General Practice and Community teams. The agile devices would ensure direct access to all clinical systems that would be required to complete a consultation. Patients would no longer experience an air-gap between seeing the GP in a care home or at their place of residence and further tasks being processed.</p> <p>To Clinicians/ Practices:</p> <p>A key clinical benefit is that the mobile/agile working solution will allow more time to see patients as clinicians will no longer be required to type up consultation notes from pieces of paper back at the GP Practice.</p> <p>Clinicians would have access securely to N3 and its successor; full clinical information allows for a more successful consultation where patients can be referred immediately as required or for tests to be ordered.</p> <p>Specimens could be taken, labelled and drop it to any GP practice for central collection.</p> <p>Future Strategy</p> <p>The mobile/agile device could become the main machine of use – replacing the desktop PC within consultation rooms.</p>
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<p>10. CONSISTENCY WITH SUSTAINABILITY AND TRANSFORMATION PLANS (STP), COMMISSIONING AND ESTATES PLANS</p> <ul style="list-style-type: none"> confirm alignment with the NHS England Five Year Forward View, GPFV and related implementation plans. confirm that the proposed scheme is consistent with the relevant STP, commissioning, clinical and (where appropriate) estates and or digital technology strategies. confirm that any proposed digital technology development will be compliant with appropriate and relevant NHS guidance. As part of the STP, show alignment and then align to the Operating plan metrics to allow for measurable outcomes. confirm alignment with Target Architecture being developed by the National team 	<p>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:</p> <ul style="list-style-type: none"> 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 <p>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.</p> <p>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;</p> <ul style="list-style-type: none"> single point of access to health and social care services 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
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- 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.

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.

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

	<p>matter experts (e.g clinical registries)</p> <ul style="list-style-type: none"> - Teletracking - Real time data <p>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:</p> <ul style="list-style-type: none"> - 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) <p>To deliver these ambitions the following themes demonstrate how they will be achieved (with some cross-cutting areas):</p> <ul style="list-style-type: none"> - 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 <p>This development proposal aligns with Target Architecture being developed by the national team.</p>
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<p>11. ESTATES IMPACT Confirmation that any estates issues have been addressed (such as adequate ventilation, cooling, server room space, where appropriate, cabling for power or data, any room space considerations for new equipment, any docking, charging, storage or security considerations, cost of decommissioning existing services where relevant, etc.) and that funding is in place to cover this. Please confirm the source of any such funding and its current approval status.</p>	<p>CCG Estates strategy supports the Five Year Forward view for transformation of primary care premises from traditional converted buildings to purpose-built, multi-service provision. Conditions surveys and utilisation studies on the remaining converted buildings have been completed.</p> <p>Reasonable adjustments required to be made to primary care premises to enable this proposed development to be implemented, will be met by CCG Business As Usual GPIT contingency funding – where improved premises or new builds offer the opportunity to incorporate the estates requirements within overall costs, this will be pursued as part of those due processes.</p>
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12. CAPITAL COST ESTIMATES

(including VAT)

Using the appropriate tables please detail the capital requirements to deliver this scheme in the relevant financial year.

Please also indicate, if applicable, and provide details of any further capital spend that may be required to support or develop this scheme in future years(s).

If the PID covers a number of organisations, please provide an appropriately detailed separate cost breakdown by organisation in the space provided below.

Please ensure that all proposed expenditure set out in these tables is for capitalisable digital technology items in accordance with the guidance at Appendix A

Please insert the relevant dates in the [square brackets]

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[8/19.]	£ PID total Years 1 & 2	£ 20[../..] Indicative only	£ Total
Hardware	£95,894.40				£95,894.40
Software	£32,400				£32,400
Total in Programme	£128,294.40				£128,294.40

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) 20[17/18] £

Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
Laptop with smartcard reader & laptop bag	52	£1,239	£64,428	£12,885.60	£77,313.60
N3/HSCN VPN token	52	£317	£16,484	£3,296.80	£19,780.80
EMIS Mobile	26	£1,000	£26,000	£5,200	£31,200
Total in programme			£106,912	£21,382.40	£128,294.40

If this is part a multi-year project please provide details by subsequent year in the following tables of the **total** estimated value of the project by type per year. Add extra rows if required.

Table 3. Capital requirement second year (year 2) 20[../..] £

Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
Total					

Table 4. Indicative only - Capital requirement third year 20[../..] £
Any approval of this PID will not include funding for a third year

Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
Total in programme					

If the PID covers a number of organisations, please provide an appropriately detailed separate cost breakdown by organisation below.

<p>CCG cost breakdown and / or relevant notes</p> <p>Which organisation will own the digital technology asset/s and on which balance sheet will it be recorded.</p>	<p>State name of organisation that will own the assets and cover depreciation costs. The capitalised assets would be owned by NHSE.</p> <hr/> <p>Please confirm that depreciation costs will be met by the asset owner. Capital depreciation costs will be met by NHSE</p>
<p>For multi year schemes please confirm extent of any dependency on future years' funding. (i.e. if capital could be provided for the current and or 2nd year only, would the goods and services secured deliver benefits and value for money without the proposed future years' investment). What mitigation/contingency arrangements are in place to manage associated risks.</p>	<p>All capital funding would be required in the first year to enable to implementation of the scheme.</p>

13. REVENUE IMPACT

Please specify what the revenue impact will be (separately itemising and profiling costs and any savings) and when it will be expected.

Table 2. Revenue requirement current year (year 1) 2017/18] £					
Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
MS Office Standard License one off license cost no recurring cost	52	£205	£10,660	£2,132.00	£12,792
CSU Project Manager PB7	11	£587	£6,457.00		£6,457.00
CSU Technician PB6	45	£315.88	£14,214.60		£14,214.60
4G SIM 2 year Contract year 1	52	£1,056	£54,912	£10,982.40	£65,894.40
Total in programme			£85,843.60	£13,114.40	£98,958

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

Table 5. Net revenue impact (by financial year)								
	20[17/18] Current financial year	2018/19]	2019/20]	2020/21	2021/22]	2022/23		Total
Costs £	£131,001		97,661		97,661			326,323
Savings £								
Net revenue impact £	£131,001		97,661		97,661			326,323

total revenue request via the ETTF to support the reasonable implementation, roll out and training connected to the scheme is £98,958. This is in addition to the capital requested of £128,294.40 detailed in section 12. This gives a total ETTF investment cap + rev request of £227,253 in 2017/18FY'

14. REVENUE FUNDING

Please confirm which organisation has committed to meeting the revenue costs

2017/18 revenue costs are requested to be met by NHSE via ETTF Bid
2019/20 and 2021/22 revenue costs are to be met by NHS Wirral CCG

15. DEPRECIATION

Please specify what the depreciation impact will be.

Depreciation (by financial year) £								
	20[../..] Current financial year	2018/19	2019/20	2020/21	2021/22	2022/23	20[../..]	Total
Total	0	25,659	25,659	25,659	25,659	25,659		128,295

16. VFM

Please explain how VFM is being determined. e.g. through comparison with region wide benchmark costs

Outline how this capital investment will deliver VfM, summarise the benefits:-

- Financial (cash and non-cash releasing); and
- Qualitative

Describe how the realisation of benefits will be tracked and the plan for Post Project Evaluation.

Cash releasing

Use of Frameworks for hardware and software procurement to achieve best price

EMIS software will be procured through GPSoC Lot1.

Non-cash releasing

Releasing Time for Care outcomes through improved time efficiency for clinicians during home visiting

Efficiencies in practice back office functions due to less transactional activity being created by clinicians

Qualitative

Supports on-going economy-wide work with Care Homes on reducing hospital admissions among high risk patients

Enhances existing 7 day Access service delivery being provided by local GP Federations

Starts the vision for replacement of desktop computers for primary care clinicians

Business continuity benefit as enables full access to patient records if practice site unavailable

Measurement

Quality:

Improved local GP/Patients/Care Homes satisfaction on impact of digital solution on home visiting/Care Home visits via survey questionnaire

Access:

Improved direct access to all clinical systems for consultation purposes

Capacity:

Comparison of appointment capacity before solution and follow-up comparison post-solution

Timings

Funding confirmed July-August 2017

Agreed Phase 1 Implementation Plan assessment shared with NHS England Head of Digital Technology/Capital Programme Lead – end September 2017

Procurement Phase (6 weeks) completed by October 2017 and orders placed

Rollout of equipment and training for primary care clinicians November 17 to March 18

Post-Project Evaluation


	<p>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</p> <p>PCOG already includes formal updates from CSU on digital work programme for primary care</p> <p>Updates provided to PMCCC will include NHS England Head of Digital Technology/Capital Programme Lead on circulation</p> <p>CCG representative on LDS Digital Leads Group will provide updates to inform wider economy footprint planning NHS England Primary Care Leads meetings will receive summary updates on project implementation from CCG representative</p> <p>CCG GP Members Council monthly meetings will be used for capturing feedback from practices on digital solution effectiveness</p>
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<p>17. PROPOSED PROCUREMENT STRATEGY</p> <p>Please describe the procurement strategy, who will be leading, and when it is anticipated to complete and capital spend will be incurred.</p> <p>Please outline:-</p> <ul style="list-style-type: none"> • Market assessment and plan for market engagement • Procuring organisation • Procurement Lead (collaborative procurement hub, health informatics service, etc.), if applicable • Procurement route (e.g. direct award, competition, framework, EU procurement procedure) • Procurement plan (key tasks, milestones and timescales) – ensure this is aligned with the planned investment profile • Key commercial considerations (e.g. Term & Expiry, Service Levels & Standards, Quality Assurance And Performance Monitoring, Business Continuity, Exit Management) 	<p>Market Assessment Where applicable framework agreement will be utilised to obtain best pricing and value for money during the procurement phase.</p> <p>Procuring Organisation NHS Wirral CCG</p> <p>Procurement Lead Procurement Manager – Tracey Yates Head of IT Procurement and Assets Management at MLCSU IT</p> <p>Procurement Route: Procurement Process – The CSU would recommend using the new Crown Commercial Service Technology Products 2 framework, using Lot 3 which is a combination of hardware and software. Detailed evaluation criteria will be provided as part of the tender issue and responses will be evaluated against the agreed criteria.</p> <p>EMIS Remote solution will be procured under GPSoC Lot 2 HSCN VPN Remote Tokens will be procured through the RM3825 framework</p> <ul style="list-style-type: none"> • Procurement Dates: <ul style="list-style-type: none"> Week 1 - Procurement framework tender documents issued - Week 3 - Review responses/proposals against agreed criteria where applicable Week 4 - select preferred supplier Week 4 and 5 – 10 day stand down Week 6 Contract award and place orders • Value for money in the procurement process - items will be compared against a set of technical requirements and an agreed procurement criteria <p>Key commercial considerations</p> <ul style="list-style-type: none"> • Terms and expiry for tokens and SIM cards • Support terms for laptops
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<p>18. KEY RISKS</p> <p>Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated.</p>	<p>Risk</p>	<p>Mitigation</p>
	<p>Clear direction to be given to all clinicians on the difference between mobile and agile working</p>	<p>Knowledge share via monthly GP members meetings and scheduled practice visits</p>

Please list any risks to delivery, for example if the spend is dependent on organisational merger, or estates investment, etc.	Clinicians not understanding the need for Mobile/Agile Working	As above
	The requirement that this solution is not for Home Working	As above
	Devices would have to be suitable for consultations, and none inhibiting during consultations	Technical assessment prior to implementation
	Devices would need to be robust (mil spec) or the break/fix budget would be increased	As above
	3G/4G reception tested across the Wirral – utilise domestic roaming SIMs	As above
	Loss of devices	utilise encryption technology already in place to secure devices

19. SCHEME OR PROJECT ENDORSED (AS APPROPRIATE) BY:

ORGANISATION CHIEF FINANCIAL 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
	Delete as appropriate	Year 1 proposal
	Organisation	NHS Wirral CCG
	Name	Mike Treharne
	Signature	
	Date	3 rd July 2017
NHS ENGLAND DCO HEAD OF DIGITAL (OR EQUIVALENT)	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.
	Delete as appropriate	Year 1 proposal
	DCO	Cheshire & Merseyside
	Position	Head of Digital Technology/Capital Programmes Lead
	Name	David Scannell

	Signature	
	Date	
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 at Appendix A
	Delete as appropriate	Year 1 proposal
	DCO	Cheshire & Merseyside
	Name	Phil Wadeson
	Signature	
	Date	
NHS ENGLAND REGIONAL ICT LEAD	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.
	Delete as appropriate	Year 1 proposal
	Region	North
	Position	Regional Head of Information & Transparency / Regional Head of Digital Technology
	Name	Janet King
	Signature	
NHS ENGLAND REGIONAL 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 assurance provided by the relevant local DCO office Director of Finance in this PID in relation to the covering of revenue and depreciation costs and the capitalisation of assets. I confirm that this capital expenditure is funded within the Regional capital budget for the relevant year(s) as outlined in this PID. I am assured that there is a credible plan in place to order, receive and account for the capital assets in the appropriate financial year in accordance with NHS England Standard Accounting Practice. I recommend that the NHS England Chief Financial Officer approves the proposed investment of Digital Technology capital set out in this Project Initiation Document.
	Delete as appropriate	Year 1 proposal

	Region	
	Name	
	Signature	
	Date	
PRIORITISATION (For regional use only where required)		

Appendix A: Capital accounting

1. NHS England Capital Accounting Guidance

The NHS England Capital Accounting Guidance is outlined in the Publications Gateway document (Gateway reference 00984: document available on request from england.capital@nhs.net) explains the NHS capital rules. Key points relating to Digital Technology capital use are:

In accordance with NHS England accounting policies, property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, NHS England/CCGs;
- It is expected to be used for more than one financial year;
- Individually to have cost equal to or greater than £5k; or
- Collectively have cost at least £5k and an individual cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Form part of the initial setting-up cost of new building, irrespective of their individual or collective cost.

Given this capital accounting policy, to ensure expenditure meets the requirements for capitalisation, all items have to cost in excess of £250. Any item below that should be charged to revenue. Further, all aggregated expenditure total in excess of £5k with all items being worth in excess of £250. Application of this is essential to meet the capitalisation policy and ensure accurate maintenance of the fixed asset register implemented in April 2015.

Software Licenses can be capitalised if they are for 2 years or more. If they are for a year or less, then they should be revenue expensed as by default they are used in year and do not provide an asset to the organisation.

2. National Systems roll-out/meeting costs of delivering mandated priority programmes

For NHS England to capitalise expenditure in relation to national system roll-out, a tangible or intangible asset would have to be bought or created and maintained on the Fixed Asset Register. These assets would be accounted for in NHS England financial accounts. If the national system is owned by another organisation (e.g. NHS Digital), and is not an asset of NHS England, then any cost incurred by NHS England in terms of initial set-up and including roll-out of national systems, would be created as revenue costs and expenses in year.