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	NWSIS/Central storage	
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-17-10270
	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
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PROVIDE DETAILS OF LEAD FINANCE OFFICER FOR THE SCHEME	Title	Chief Finance Officer
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LEAD COMMISSIONER	Title	Assistant Director of Primary Care & Partnerships
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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**	£756,636	0	0	0	£756,636
Other *(specify)*					
Total	£756,636				£756,636

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
Item 1	Supplier Setup (53 units @ £4,483.17 each inc VAT)	190,086.40	47,521.60	0	0	237,608

	Supplier NWSIS Single Domain Setup for GP Practices including Domain Controllers* and see explanatory note below on how the cost 'per practice/unit' is derived					
Item 2	Hardware VSAN Storage Nodes 8 units @ £35,076	280,608	56,122	0	0	336,730
Item 3	Hardware 3 Yr CISCO Licence UCS 8 units @ £1,243	9,944	1,989	0	0	11,933
Item 4	Hardware Backup Server (Split over all partners) 2 units @ £37,000	74,000	14,800	0	0	88,800
Item 5	Hardware Additional backup storage 15 units @ £2,740	41,100	8,220	0	0	49,320
Item 6	Software Server 2012 Upgrades 53 units @ £507	26,871	5,374	0	0	32,245
Item						
Total		670,131	86,505			£756,636
Source of Funding		ETTF	ETTF			ETTF
NHS England		Yes (ETTF)	Yes (ETTF)			Yes (ETTF)

GPIT CAPITAL 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		0	0			0

The single domain set up cost inclusive of domain controllers relates to a combination of technical setup and the physical setup of the domain infrastructure and has been broken down into separate 'unit' costs based on the number of sites affected (ie 53). This approach has been discussed and reviewed with the Head of Digital Technology (David Scannell). The bidder does clarify that the above could be best described as a single line item cost (ie 'the single domain' £237,608) and could be presented as a single capitalised cost item rather than split out 53 separate units for the 53 CCG practice sites affected. However for consistency it has been presented as such ie 53 'units'. These individual unit costs may be uneven per practice due to the varying size of the practices in question, but will NOT rise above the* *£237,608*** *total requested.*

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 a modern communication infrastructure in primary care. This project will implement a cloud based storage system, a single logon domain i.e. person not site specific, a centrally managed phone system, and centrally managed desktop estate. This builds on the corresponding ETTF Bid ref 10274 MPLS foundation project, providing a future proof, shared network that will support a more agile and mobile workforce. Wireless networking would be implemented post MPLS along with additionally centrally managed solutions such as SharePoint and intranet web hosting. (a) Pan Wirral, covering all GP practices (b) Consolidated Infrastructure builds on the foundation of MPLS scheme (ETTF ref 10274) (c) This bid covers a. Centralised domain NWSIS to be rolled out across Wirral Primary Care b. A shared VOIP telephone system c. Centralised non-clinical data storage d. Implementation of WiFi – using NHS-Staff as the SSID e. Video conference solution could be an additional layer f. Reduction in the requirement of large capacitiy servers on site at GP practices g. Ability for practices to co-locate services in the same practice h. Abiltiy for practices to move in to other MPLS joined sites to continue to provide patient access in the event of an emergency with their premises. Once the MPLS network has been implemented (separate project ETTF ref 10274), the next stage is to **consolidate data storage of all practices to a centralised storage network** which this bid purports to. A single point of data access, managed by NWSIS usernames and access groups can be achieved. Information sharing across the provider alliances that are on the same storage network can be implemented, with other utilising their own N3 access. Shared infrastructure such as telephony can be added as required where practice owned telephony contracts lapse or come for renewal. WiFi access points can operate seamlessly across the wider Wirral Health Economy and managed as a single entity. Professionals can access their practice data from any site, be that remotely using their mobile/agile solution or from another practice or Local Authority site to ensure that we deliver high quality care
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	The purpose of this FBC is to seek approval of ETTF capital and non recurrent revenue founding of **£1,552,838** in 2017/18 FY only in support of the delivery of NWSIS/Central storage across Primary Care in Wirral CCG supporting all its constituent member practices.

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.	This total sum funding requested request split as follows capital and non recurrent revenue as is permissible under the ETTF investment regime: • Capital **£756,636** • Revenue **£796,202** 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. **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.	**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 • 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.*

a) **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

b) **Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements**

**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.

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.

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.

c) <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

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

"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 is to work with Wirral University Teaching Hospital (WUTH) to migrate all primary care users onto the existing hospital domain. Whilst this creates a common structure across multiple Wirral organisations it was discounted as it is a very localised solution and does not fully support the concept of collaborative working or the delivery of services at scale (MCPs and PACs) out of the immediate locality.

Option 2: NWSIS, CSU implement
The second option is to become part of a much larger domain solution that includes multiple organisations including all of the CCGs in Cheshire and Lancashire as well as other NHS organisations. The solution would be delivered in partnership with the CCGs IT provider under the PF contract. This option will provide links and the ability for the mobility of services between Wirral primary care and adjoining CCGs and service providers. As the design work has already been implemented for the domain this option would be cheaper and faster to roll out than sourcing a bespoke Wirral solution.

Option 3: Proprietary domain, 3rd party supplier
The third option would be to go to market for an independent 3rd party to create a bespoke domain for Wirral primary care which may be part of an existing larger solution or could just be standalone. This option has been discounted as it would not deliver the same benefits as option 2 and it is expected that the costs would also be higher.

Options scoring

Option	Costs	Benefits	Value for Money (cost x benefit)	Timeliness	**Total (vfm + timeliness)**
1	3	4	12	4	**16**
2	3	5	15	4	**19**
3	2	3	6	4	**10**

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

(Excel, etc. and NOT pdf or images).	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. **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. **Cash releasing** Use of Frameworks for hardware and software procurement to achieve best price EMIS And Doc-Man services will be procured through GPSoC Lot 2. CCG Server Replacement plan will cease and avoid costs of c£2000 per practice every 5 years There will be other 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. 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.

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 a key component (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 project approved- the keystone is achievement and delivery of a baseline shared digital infrastructure (a central data storage and comms solution in the case of this project) and further transformative schemes will be able to build upon this such as, remote and agile working for clinicians and further interopoerbility with acute and tertiary care settings beyond primary care.

Non-cash releasing

Some elements of infrastructure will be shared with other CCGs ensuring value for money and best use of shared resources.

Single telephony system will lead to practice efficiencies on individual practice telephone contracts ceasing, creating investment back into practice services

Reduction in time spent by practice staff setting up and administering domain accounts (5min/week/practice = c225 hours per year that can be redirected to wider patient services delivery)

Reduction in time spent by practice staff backing up practice data from the local server and swapping tapes (1hr/week/practice – c360 days per year that can be redirected to wider patient services delivery)

Reduction in time spent by IT support staff applying security patches and deploying software updates (0.2 WTE)

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

Improved management of client devices

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

Supports Healthy Wirral programme for delivery of integrated working and multi-disciplinary teams and primary care at scale delivery

Reduced storage requirements at practices leading to shared back office information exchange between practices

More responsive roll out of security patches to all devices and therefore avoidance of malware attacks and clinical downtime. The Wannacry attack in May 2017 impacted some neighbouring CCGs; created loss of systems and clinical time and increased IT support demands resulting in a reduced service for some practices for several weeks.

Better control of IT access and authentication with the introduction of common standards across the whole IT estate

Measurement
Quality:

Improved co-ordination of care for patients and supporting the existing delivery of Integrated Care Hubs services to patients

Access:
Increased health and wellbeing services for patients enabled by shared infrastructure solution

Ability for staff to work across different sites enabling primary care at scale, extended hours/weekend services and changes to care models in order to meet the national target of an additional 45 minutes of capacity per 1000 patients (1002 extra appointments per week)

Capacity:
Single logon to systems required regardless of site/base that clinician normally works from

Post-Project evaluation

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).*

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

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
Supplier Setup	237,608	0	237,608		237,608
Hardware	486,783	0	486,783		486,783
Software	32,245	0	32,245		32,245
Total in Programme	£756,636		£756,636		£756,636

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.

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.

Table 2. Capital requirement current year (year 1) 2017/18

Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
Supplier NWSIS Single Domain Setup for GP Practices including Domain Controllers* and see explanatory note below on how the cost to the right is derived.	53	4,483.17	237,608	0	£237,608
Hardware					
VSAN Storage Nodes	8	£35,076	£280,608	£56,122	£336,730
3 yr. CISCO Licence - UCS	8	£1,243	£9,944	£1,989	£11,933
Backup Server (split over all partners*)	2	£37,000	£74,000	£14,800	£88,800
Additional Backup Storage	15	£2,740	£41,100	£8,220	£49,320
Software					
Server 2012 upgrades	53	£507	£26,871	£5,374	£32,245
Total			£670,131	£86,505	**£756,636**

Capital depreciation costs will be met by NHSE as follows

	2017/18 Current financial year	2018/19	2019/20	2020/21	2021/22	Total
Total	151,327.20	151,327.20	151,327.20	151,327.20	151,327.20	**756,636**

5a continued) Revenue Summary

Table 4. Revenue requirement current year (year 1) 2017/18 £

Item/Type	Quantity	Unit cost	Total	Vat	Total (inc Vat)
10 GB Fibre Cables	15	£30	£450	£90	£540
Fabric Interconnect Port Licences	15	£400	£6,000	£1,200	£7,200
8 GB SFP modules	15	£489	£7,335	£1,467	£8,802
Cisco Prime Licence - UCS	8	£268	£2,144	£429	£2,573
Prime Upgrade - UCS	8	£234	£1,872	£374	£2,246
Cisco Prime for existing devices	150	£268	£40,200	£8,040	£48,240
CISCO Wirless APs	185	£439	£81,215	£16,243	£97,458
Software			£0	£0	£0
Core CALs GP	1780	£48	£85,440	£17,088	£102,528
Core CAL CCG	93	£48	£4,464	£893	£5,357
VMWare	5	£24.50	£123	£25	£147
EMIS/ DocMan Support	53	£1,200	£63,600	£12,720	£76,320
CSU Resource					
CSU Project Manager / Snr Technician PB7 @ LPF Day Rate	458	£587	£268,846		£268,846
CSU Technician PB6 @ LPF Day Rate	557	£315.88	£175,945		£175,945
Total			737,634	58,569	**796,202**

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.

Any other revenue cost impacting due to this D&T project not identifed above will be the responsibility of NHS Wirral CCG

Final Summary :

	Total revenue request via the ETTF to support the reasonable implementation, roll out and training connected to the scheme is £796,202. This is in addition to the capital requested of £756,636 detailed. This gives a total ETTF investment cap + rev request of **£1,552,838** 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 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.	**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 **Procuring Organisation** – • NHS Wirral CCG **Procurement Lead** • Procurement Manager – Tracey Yates Head of IT Procurement and Assets Management at MLCSU IT • **Procurement Route** - 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 Dates:** Indicative timetable is shown below: Week 1 issue framework tender documentation Week 4 evaluate tender responses; Week 5 select preferred supplier Week 5-7 – 10 day stand down period Week 8 – contract award **Key Commercial Considerations** • Technical fit with existing infrastructure • Service levels and maintenance agreement in terms of call out / breakfix replacement timescales • Uptime and availability to provide continuity of services to CCG and GP Practices **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

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. **<u>For equipping and ICT projects</u>** **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**
	Practices within Wirral Community Trust network will require co-operation from WCT IT Services department as they are currently on WCT network.	Use of LDS Digital Leads Group to pursue co-operation
	Underestimation of disk storage space will lead to practices later in the migration process being unable to migrate their non-clinical data across to the centralised storage.	Technical assessment prior to implementation
	Porting of GP practice mainline numbers in to centralised phone system – planning required and	Technical assessment prior to implementation Secure timescales from providers

	reassurance from phone suppliers required	and review other porting options
	Not all GP practice phone contracts expire at the same time; proof of concepts and intermediate links between remote and centralised systems may be needed	Technical assessment prior to implementation Details from practices on phone contracts commitments

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 EQUIVALENT)**	Organisation	NHS England Cheshire & Merseyside DCO
	Position	Head of Digital Technology/Capital Programmes Lead
	Name	David Scannell
	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
	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.		