**CSC (Computer Sciences Corporation) the Local Service Provider (LSP) Contract:**

**Introduction**

This briefing paper provides a summary of the key decisions and process that the CCG will be required to follow when moving from the current national CSC LSP contract to new local contract arrangements for a successor IT system service.

CSC’c LSP contract expires on the 7th July 2016 and services provided under this contract (all SystmOne clinical systems) must be re procured under new frameworks. This transition will give GP practices and community services a wider choice of IT systems and will ensure a continued, equitable and fair market.

**Background**

GP Practices, Community Services, Child Health and Hospice in North East Lincolnshire are currently having Clinical IT systems provided by SystmOne are on a CSC LSP contract that will expire on 7th July 2016 and therefore a successor service must be put in place for each of those organisations.

The CSC LSP contracts have been centrally funded and therefore provided free to local organisations. GP practices shall continue to have their system provision funded through national allocations. However, other organisations will be required to fund the costs of their successor service from within existing resources.

***GP Practices:***

25 practices in NEL are on SystmOne, and the cessation of the LSP contract means that those practices must, as part of the transition, move onto the national GP System of Choice (GPSoC) contract. This means that the CCG must complete, for each GP practice, a full Principal Clinical System selection process. The process is designed to help evaluate the current system functionality and then choose the most suitable Principle Clinical System available under GPSoC Lot 1.

***Community Services and Hospices:***

As part of the transition to a successor service, organisations using Clinical IT systems provided by SystmOne must undergo a procurement process. To reduce the burden of the procurement process the Health & Social Care information Centre (HSCIC) have developed a Shared Business Services (SBS) framework that organisations can use

Core Care Links who manage GP OOH, 360 Care, Yarborough Clee Care, Open Door and Care Plus who all have community SystmOne units have asked that Y&HCS re procure their systems

***Child Health***

The council have asked that Y&HCS re procure their Child Health System as part of the procurement process

1. **Strategy and Risks**

In line with the CCG IT strategy the CCG wishes to ensure that the systems used by local providers will continue to support the development of integrated services through (appropriate) sharing of patients and client information.

With the cessation of the CSC LSP contracts the system costs for non-GP providers that have been nationally funded for many years, will now be borne locally. This is estimated to be around £132,000 + vat per annum. For GP practices the system costs will continue to be funded through a specific national allocation. There is a significant risk that if each provider is left to determine its own future system through individual procurement choices our local integration strategy could be jeopardised, and many of the benefits of local investment (such as those that went into the development of the Adult Social Care SystmOne system) could be lost.

There is an additional risk that if each provider procures its own system, then each time a service contract is awarded to a new provider there could be a new system/set of system interfaces that needs to be implemented, or a system transfer process to be managed which would be time and resource intensive. This could be avoided if the CCG were to take on the hosting of the system contract, making the systems available to whatever provider was contracted to deliver the service in a similar manner to the current CSC LSP arrangement. A single contract would also mitigate the cost impact by an estimated £13,000.

Whilst the current systems do not fully meet the increasingly sophisticated integration needs across all health and care providers in North East Lincolnshire, an assessment of the market has shown that a single system of that type is not yet available for health and social care

In summary, whatever route is taken there is a local cost implication. However, retaining the existing Clinical systems and hosting the new system contract at this point would bring:

**Benefits:**

* Organisations are currently using the SystmOne clinical systems which enable integrated Health and Social Care and have existing interfaces with other systems in the local area
* The staff are familiar with the systems and have all organisations have expressed a strong desire to retain them
* No development required
* No data migration required (with the exception of repatriation from CSC servers – responsibility of supplier)
* No training required
* No quality or Information Governance issues (although Clinical Safety Officer sign off is required)
* There will be an opportunity to negotiate an improved service wrap
* The change can be implemented quickly with minimal resource requirements for managing system transition
* The local cost impact will be mitigated

**Disadvantages:**

* No opportunity to test for more cost effect system options
* The need to establish robust legal and contractual arrangements to manage the system hosting arrangements with individual providers

The view of the CCG IM&T strategy group is therefore that the CCG should support local providers to continue using SystmOne as its primary System of choice where that is their current system, using GPSoC arrangements for practices currently using this system, and hosting the system for the other service that are currently using it.

**Process**

***GP Practices:***

The process for GP practices is well defined by national and procurement requirements as set out below.

|  |  |
| --- | --- |
| Mid July 2015 – March 2016 | CCG must sign a CCG/ practice agreement with each of the practices |
| Mid July 2015 – end September 2015 | Local organisations complete selection process. CCG’s send outcome of GP selection process to HSCIC |
| January 2016 – March 2016 | CCG to place call off orders on GPSoC framework via tracking Database and sign local call off agreements |
| April 2016 – July 2016 | Transition of GP practices onto GPSoC Framework |

***Community Services, Child Health and Hospices:***

The process for the hosted system would be:

|  |  |
| --- | --- |
| August 2015 | Register to be able to use Shared Business Service (SBS) procurement framework |
| Mid July 2015 – Sept 2015 | Preparation and development of Organisational readiness |
| Mid July 2015 – Sept 2015 | Local organisations complete selection process |
| Sept 2015 – Dec 2015 | CCG procure new services and complete legal documentation as lead contractor |
| April 2016 – July 2016 | Transition of hosted systems onto new SBS framework |

**Summary of Costs**

|  |  |
| --- | --- |
| Item | Cost |
| SystmOne Community Annual Licence Fee | £84,564.48 |
| SystmOne Child Health Annual Licence Fee | £17,279.68 |
| SystmOne OOH Annual Licence Fee | £15,772.47 |
| SystmOne (2) Palliative Annual Licence Fees | £14,564.14 |
| Sub Total | £132,180.79 |
| Vat | £26,436.16 |
| **Total** | **£158,616.95** |

Based on quote 19/08/2015 from TPP for a 5 year contract

Recommendations

The board is asked to

1. note the potential strategic implications and risks of the loss of the CSC LSP contracts
2. support the recommendation of the CCG IM&T Strategy Group to host the provision of SystmOne for these services
3. note the unavoidable financial implication of an approximate additional £132,181+vat cost to the local healthcare economy