

Project Brief: Integrated Care System Data

Understanding Patient Data (UPD), an independent organisation hosted by the NHS Confederation, is seeking support from an external contractor to deliver a project on Integrated Care System (ICS) data use, access and sharing:

- Undertake research including interviews or workshops, desk research and other research methods as deemed appropriate to understand the current state of patient data usage in English ICSs
- Draft a brief report that sets out the findings of the research, including case studies, recommendations or best practice as appropriate

Depending on the outcomes of this project, there may be scope to build on this work with a follow-up project to understand how this data use fits with patient and public expectations, and support ICSs to engage with the public on data in a trustworthy, responsible way.

We are inviting quotes based on the outline below.

Background

Project background

The establishment of ICSs on a statutory footing in July 2022 constituted a large-scale re-organisation of commissioning powers and responsibilities in the English NHS. ICSs were formed, in part, in recognition of the increasing complexity of care needs of a population with longer life expectancies and multiple conditions that often requires joined-up care from different parts of the NHS as well as social care and other organisations in the wider community.

The move toward integrated care relies on more joined-up data collection from multiple sources and provides an opportunity to leverage this data to deliver health improvements and drive progress on ICSs' four key aims.¹ Recent reports such as the Hewitt Review have echoed the benefits that can be realised by ICSs that do this well.²

However, despite the benefits of increased data use and linkage, more progress needs to be made in this area. The latest digital maturity assessments show the NHS as a whole rated as 2.4/5, with large variation as the highest-performing ICSs scored 3.1, and the lowest 2.2.³

¹ NHS England, *Integrating care: Next steps to building strong and effective integrated care systems across England*, 26 November 2020, 4, <https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf>

² Rt Hon Patricia Hewitt, *The Hewitt Review: An independent review of integrated care systems*, 4 April 2023, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf

³ Joe Talora, "Revealed: First ICS digital maturity ratings," *HSJ*, 18 July 2023, <https://www.hsj.co.uk/technology-and-innovation/revealed-first-ics-digital-maturity-ratings/7035193.article>

Patients and members of the public often know relatively little about what data is collected in the NHS and why it is used.⁴ When thinking about health data, people often think about their GP or local hospital using data for individual care; findings from recent workshops suggest the public are less aware of the role of other organisations that collect and access patient data.⁵ This includes ICSs, which may be less patient/public-facing compared to the services people directly engage with.

This means that there is an opportunity to improve transparency and public understanding of how ICSs use data (across individual care, planning, research and any other uses), why data is important to them, what they can and cannot do with it, and how this can work in a trustworthy way. This starts with speaking to ICSs directly.

To support improvements in this area, UPD in collaboration with NHS Confederation's ICS Network is looking to commission a supplier to undertake a qualitative research and stakeholder engagement project to understand perceived challenges, opportunities and areas of improvement in collecting and utilising data among ICS leaders. This aims to complement existing information in this area, focusing on how data use by ICSs can deliver the most benefit to patients through improved service design and how patients and the public can be engaged and informed to understand how their data is used.

About Understanding Patient Data

[Understanding Patient Data](#) (UPD) aims to make the use of patient data more visible, understandable and trustworthy, for patients, the public and health professionals. We work with government, data custodians, health care professionals, patient advocates, researchers, funders and industry to influence policymaking and communication around the use of data to patients and the public.

Data that is routinely collected as part of a person's interactions with the health service is highly useful for purposes beyond individual care, such as for research and planning purposes, but its use can be controversial. We provide objective information about how patient data is used and bring the views of patients and the public to policymakers and data holders, to ensure data is being managed and used in ways that are worthy of public trust.

About the ICS Network

[The ICS Network](#) is the only independent national network which supports ICS leaders to exchange ideas, share experiences and challenges, and influence the national policy agenda. Our forums, webinars, Spotlight sessions, roundtables and annual conference provide unique opportunities for you to connect with your peers and share ideas and challenges. We are a network within the NHS Confederation.

Project specification

Overview

UPD and the NHS Confederation would like to undertake a project to understand ICS representatives' views on a range of topics related to the collection, use and sharing of health data within and between ICSs. We envisage this will be achieved by undertaking qualitative research focused on a series of interviews or workshops, potentially complemented by other methods such as surveys. The work should focus on getting a

⁴ Ipsos MORI, *The One-Way Mirror: Public attitudes to commercial access to health data*, March 2016, 107

⁵ Patients Association, *Developing a data pact: the relationship between the public, their data, and the health and care system*, September 2023, <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=c348045e-4ffc-43e5-a2ce-8a21ca1c6c5e>

holistic view of the data landscape according to ICS leaders, to complement the largely quantitative evidence that already exists regarding data maturity in this area.

- Desk research for background to inform engagement exercise
- Development of approach to research/stakeholder engagement (with UPD and NHS Confederation input)
- Drafting of research questions
- Interviews/workshops/surveys with ICS leaders
- Drafting write-up of findings (with UPD and NHS Confederation input)
- Production of public-facing, plain-English case studies that can be used by ICSs as well as UPD / the ICS Network to explain how ICSs use data

Research and engagement exercise

We are open to suggestions from the selected supplier on how best to achieve the aims of the project, but envisage the following for the research and engagement part of the work:

- **Format** – Semi-structured one-on-one interviews and/or workshops with relevant ICS leaders such as ICB chief executives, ICP Chairs, senior digital leads and leaders responsible for digital and data governance and strategy following a semi-structured format of pre-determined questions along with the opportunity to capture additional insights. This may be complemented by workshops or surveys.
- **Topics and Scope** – The final topics and questions will be agreed between the chosen supplier and UPD/NHS Confederation, but we anticipate this will include interviewees' perspectives on:
 - The current state of patient data access, usage and sharing across ICSs
 - E.g. maturity and usage of electronic patient records, shared care records, progress on What Good Looks Like Framework
 - Public understanding of and views toward the use of their data by the ICS and its constituent organisations, and patient and public involvement and engagement (PPIE) activities on data to date
 - Including any participatory/collective governance arrangements in place in relation to the use of data
 - Data sharing by ICSs to organisations outside the ICS
 - E.g. data shared with NHS England (NHSE) and Department of Health and Social Care (DHSC) to support accountability and improvement and data shared with organisations outside of the ICS, including views on Hewitt Review recommendations in this area⁶ and how best to implement them
 - Barriers to the effective use of patient data
 - E.g. interoperability, technical, organisational, information governance, public opinion and the impact e.g. is there data that cannot be effectively used?
 - Opportunities
 - E.g. where the usage and sharing of data is delivering value for ICBs, providers and people, what has become possible for the use of data

⁶ Rt Hon Patricia Hewitt, *The Hewitt Review: an independent review of integrated care systems*, 4 April 2023, <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>, 53-63

since the statutory establishment of the ICS in terms of individual care, finances, commissioning, public health activities etc.

- Are benefits being realised in other organisations in the local area e.g. VCSE, the local authority etc.
- Best practice and examples by use case
 - E.g. population health management, individual care, planning, research
- How data is being used to respond to local/regional needs and examples of data use at neighbourhood, place and system level
 - Including variation in approaches taken by ICSs of different sizes and make-up
- Aspirations of where data use in the local area could yield benefits and data priorities going forward
 - What is required from NHS England, the Department for Health and Social Care and other national-level stakeholders to support these?
- **Scope** – The emphasis should be on routinely collected patient data, but we would be interested in hearing about linkage to data from other sources. The findings should make reference to data from acute, primary, community and mental health sectors. The exercise should capture insights about the usage and sharing of data from different constituent parts of an ICS such as voluntary organisations, local government, social care and providers, not just the Integrated Care Board (ICB).
- **Audience** – Relevant ICS leaders such as ICB chief executives, ICP Chairs, senior digital leads and leaders responsible for digital and data governance and strategy
 - Logistics and some communications would be supported by the ICS Network's in-house team the NHS Confederation will facilitate connections with members where necessary.

Output

The chosen supplier would produce a brief written report that sets out the findings of the engagement exercise. This should include:

- A big-picture overview of the current state of play for ICSs working with patient data, challenges, opportunities, and priorities based on synthesis of the interviews.
 - Including statistics where suitable
- More detailed follow-up quotes/information about best practice case studies where ICSs are effectively using patient data, written in plain English and developed as 'resources' that can be published on UPD's website
- Additionally, the output may, if appropriate, make policy recommendations or suggestions for further research
- A separate document with a selection of patient and public-facing case studies in plain English for use by ICSs, UPD and the ICS Network

The report should be non-attributable to maintain confidentiality of discussions, except where participants have indicated they are happy to be quoted. We are open to suggestions from prospective suppliers as to how this report should be formatted to best capture the findings.

We expect the prospective supplier to work with UPD and colleagues from NHS Confederation during the drafting process to inform the structure of the report and incorporate comments and edits ahead of finalising the outputs.

Process for award of contract

UPD is looking for proposals which clearly demonstrate capacity to deliver and an appropriate and cost-efficient methodology. Please submit a concise proposal which addresses the following:

- Outline your understanding of the work required and your methodology for delivering the key activities and objectives of this RFP, with a rationale for your chosen approach.
- Present your timeline for the proposed stages, milestones and actions for the project.
- Provide an example of previous work where you have successfully completed a similar project.
- Outline the skills and experience of your project team and how these will support the project.
- Outline how you would plan to work with the UPD team.
- Outline any risks or challenges you foresee and mitigations to manage this.
- Provide a cost proposal for the project which details and justifies the proposed costs and which deliverables they will help to achieve.
- Give contact information for a named point of contact.

Prior to the submission of your quote, if you have any questions about the project or the selection process, please email us at hello@understandingpatientdata.org.uk. **Please email your completed quote and proposal to this address by 17:00 on 17th November 2023.**

Selection Criteria

The award of the contract will be based on the following selection criteria:

- Knowledge and understanding of Integrated Care Systems (ICSs) and ideally the use of patient data in England, including by ICSs
- Experience engaging effectively with senior NHS leaders and (desirable) established contacts within ICSs
- Experience undertaking research based on interviews, workshops or other qualitative methods, as well as desk research
- Experience working with clients to deliver research outputs including research reports
- Value for money

Funding

For the avoidance of doubt, the output of this project brief will be funded as a Contract and not as a Grant.

Costs Incurred by Prospective Suppliers

It should be noted that this document relates to an invitation to quote only and not a firm commitment from Understanding Patient Data nor NHS Confederation to enter into a contractual agreement. In addition, neither Understanding Patient Data nor NHS Confederation will be held responsible for any costs associated with the production of a response to this Request for Proposal.

Contact Details

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Appendix 1 – Timetable for contract award

Date	Activity
30/10/23	Project brief issued
17/11/23 17:00	Deadline for submitting quotes
20/11/23 - 01/12/23	Evaluation period
08/12/23	Notification of contract award
11/12/23 - 22/12/23	Supplier discussions and finalisation of contract
08/01/24	Indicative contract start date
29/03/24	Indicative contract end date

Appendix 2 – Equalities Questionnaire for completion

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The NHS Confederation wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

- In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

- In relation to delivering services?

Yes No

3. Do you have a written equality policy?

Yes No

4. Does your equality policy cover:

- Recruitment, selection, training, promotion, discipline and dismissal

Yes No

- Victimisation, discrimination and harassment making it clear that these are disciplinary offences

Yes No

- Identify the senior position for responsibility for the policy and its effective implementation

Yes No

1. Is your policy on equality set out:

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes

No

- In recruitment advertisements or other literature?

Yes

No

- In materials promoting your services?

Yes

No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, has any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes

No

In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

- Legislation prohibiting discrimination; or

Yes

No

- Contract conditions relating to equality in the provision of services

Yes

No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes

No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

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Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e., notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature. You will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g., in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information will details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.

Appendix 3 – NHS Confederation Values and their definitions for reference

Respect

We treat people with respect.

We recognise the diversity of views, and we listen to understand.

We believe in fairness and support one another to achieve our goals.

We demonstrate trust, respect and fairness at all levels of the organisation.

We have fair and respectful employment practices that provide individual support and nurture talent.

Inclusivity

We continuously strive to be a diverse organisation - we encourage different ideas, strengths, interests and experiences.

We have a genuine commitment to being an inclusive and welcoming employer and organisation.

Our staff should represent the NHS and wider population in terms of diversity.

All our staff feel they have a voice, are listened to and valued. We value everyone's contribution.

We respect different views and show this by listening and being authentic. We respectfully challenge back when needed.

Bold

We are innovative and creative, always striving to be our best.

We are courageous and confident when we need to respectfully challenge.

We are ambitious, aspiring to be the best in our work and encouraging it in others.

We are leading, influencing and represent our stakeholders and the NHS.

We speak for members and lead on their behalf.

Integrity

We are open in everything we do, say and role model.

We are honest with ourselves about where we need to improve.

We have pride in the work that we do, and we are proud to represent the NHS.

We are all accountable for our work and learn from our mistakes.

We have an honest and open culture.

Collaboration

We are all part of one organisation and work collaboratively with other teams.

We are a diverse organisation with a diverse membership and recognise and value each other's strengths.

We encourage internal collaboration to share ideas across teams and external collaboration to have impact across the wider NHS and our stakeholders.

We communicate respectfully and listen to the needs of our members and stakeholders.

We work together with our members and stakeholders to improve patient care.