

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 4 – Tŷ Hywel

Meeting date: 14 February 2018

Meeting time: 09.30

For further information contact:

Claire Morris

Committee Clerk

0300 200 6355

SeneddHealth@assembly.wales

At its meeting on 08 February, the Committee agreed a Motion under Standing Order 17.42(vi) to exclude the public from today's meeting

- 1 Introductions, apologies, substitutions and declarations of interest**

- 2 Public Health (Minimum Price for Alcohol) (Wales) Bill – consideration of draft report**
(09.30 – 11.30) (Pages 1 – 84)

- 3 Forward Work Programme – consideration of Forward Work Programme**
(11.30 – 12.00) (Pages 85 – 103)

- 4 Paper(s) to note**
 - 4.1 Public Health (Minimum Price for Alcohol) (Wales) Bill – evidence from South Wales Police**
(Page 104)
 - 4.2 P-05-784 Prescription drug dependence and withdrawal – recognition and support – letter from the Petitions Committee**
(Pages 105 – 107)



4.3 Resilience and preparedness: the Welsh Government's administrative and financial response to Brexit – letter from the External Affairs and Additional Legislation Committee

(Page 108)

4.4 Letter from the Royal College of General Practitioners regarding the Changes to EMIS

(Pages 109 – 122)

Document is Restricted

Agenda Item 3

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

As you can appreciate a lot of our pricing data is sensitive, but what I can talk about is the most common street deals found on the streets of South Wales and how much it would cost a user.

- 1 gram of Female Flowering Head Cannabis cost £10 and a user would make 4 Cannabis Cigarettes out of the gram.
- 0.1 grams of Heroin cost £10
- 1 gram of Cocaine costs £40 – £50 and a user will snort 5 – 7 lines out of a deal
- 0.2 grams of Crack Cocaine costs £15 – £20
- Ecstasy has a two tier market. Within the Club environment would cost £10 a tablet and outside could cost £5
- 1 gram of MDMA powder costs £40
- 1 gram of Amphetamine costs £10
- We are not seeing Crystal Meth on streets of South Wales but an emerging trend is that is being used along with Viagra, Mephedrone and GHB at ‘Chemsex Parties’ amongst the Gay community.
- 1 gram of Ketamine costs £20 – £40
- Benzodiazepines are commonly sold in multiples of 10’s and cost £5 for 20 – 25 tablets
- SCRA’s – (Street name ‘SPICE’) is more common within the prison environment, but on streets sold at £5 – £10 per gram

The drugs market is ever changing where anything new will create a market for the dealer. SCRA use amongst the homeless is on the increase and LSD and Ecstasy are being re branded so there is an emerging trend there.

Within ‘County line Gangs’ Heroin and Crack Cocaine is still the drug of choice to be marketed.

Without quoting exact purities due to sensitive nature of the sources, I can say that the average purity of powdered drugs in South Wales are very much in line with those elsewhere throughout the UK.

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Tŷ Hywel
Cardiff Bay
CF99 1NA

31 January 2018

Dear Dai

P-05-784 Prescription drug dependence and withdrawal – recognition and support

The Petitions Committee has been considering the following petition from Stevie Lewis, which was submitted with 213 signatures:

Petition text:

We call on the National Assembly for Wales to urge the Welsh Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal.

This petition has been set up to raise awareness of the plight of individuals in Wales who are affected by dependence on and withdrawal from prescribed antidepressants and benzodiazepines – and specifically to ask the Welsh Government to support the BMA's UK-wide call for action to provide timely and appropriate support for individuals affected.

The term "prescription drug dependence" refers specifically to the situation where, having taken their antidepressant or benzodiazepine medication exactly as prescribed by their doctor, patients find they are unable to stop because of the debilitating withdrawal effects. It is important to note here that addiction and dependence are related but different issues. Use of the term addiction implies pleasure seeking behaviour. Reporting of prescription drug dependence in the



media continues to allude to "misuse" and "addiction" as if the patient is responsible in some way for their own harm. This is far from the truth. There is no pleasure whatsoever in finding that if you try to reduce or stop your antidepressant, you suffer a wide range of physical and emotional disturbances, that for some people can be life limiting and, tragically, even life ending. Patients need formal acknowledgement, support and guidance to help them through their withdrawal journey and this currently does not exist.

Additional information:

The British Medical Association has recently highlighted the issue of prescribed drug dependence. In May 2017, they wrote: "Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. But often their use can lead to a patient becoming dependent or suffering withdrawal symptoms. In the absence of robust data, we do not know the true scale and extent of the problem across the UK. However, the evidence and insight presented to us by many charity and support groups shows that it is substantial. It shows us that the 'lived experience' of patients using these medications is too often associated with devastating health and social harms. This represents a significant public health issue, one that is central to doctors' clinical role, and one that the medical profession has a clear responsibility to help address." Because the side effects, tolerance effects and withdrawal effects of these medicines are not medically recognised for what they are, when patients develop these related effects/symptoms they are often prescribed other medicines and then polypharmacy complicates the problems further.

Affected patients are finding themselves with vague diagnoses eg: 'medically unexplained symptoms' or 'functional/somatic system disorders'. These are essentially psychiatric diagnoses attributing various debilitating and disabling physical symptoms to patients' own anxiety, beliefs, etc. This has the effect of discounting, disempowering and demoralising these patients still further. If it cannot be acknowledged that patients can have sustained functional nervous system dysfunction and damage as a consequence of taking medicines 'as prescribed' (sometimes over many years), systemic medical learning and improvement is stifled and patients continue to be further harmed. Meanwhile the initial prescribing risks remain severely underestimated and misleading prescribing guidelines and 'best practice' advice is unchanged.



The Petitions Committee considered the petition most recently on the 23 January 2018 when Members agreed write to the Health, Social Care and Sport Committee to ask whether you have considered the issues raised by the petition in your recent work, or intend to consider them as part of any forthcoming inquiries.

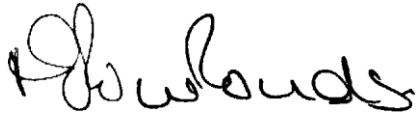
You may wish to be aware that the Committee also agreed to seek the views of individuals affected, health boards, the British Medical Association and the Royal Pharmaceutical Society on the issues raised by the petition.

Further information about the petition, and the Committee's consideration of it to date, is available here:

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?Ild=19952>

I would be grateful if you could send your response by e-mail to the clerking team at SeneddPetitions@assembly.wales.

Yours sincerely



David J Rowlands AC/AM
Cadeirydd/ Chair



Cynulliad Cenedlaethol Cymru
Y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol

National Assembly for Wales
External Affairs and Additional Legislation Committee

Dai Lloyd AM

Chair, Health Social Care and
Sport Committee

Dear Dai

5 February 2018

How is the Welsh Government preparing for Brexit?

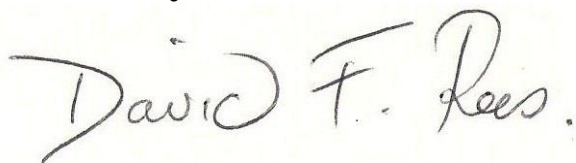
As you may be aware, today the External Affairs and Additional Legislation Committee published its report '**How is the Welsh Government preparing for Brexit?**' as a result of its **consultation** and inquiry on **Resilience and preparedness: the Welsh Government's administrative and financial response to Brexit**.

Section 3 of the report relates to preparedness of public services including health and social care. I am writing to you to bring your attention in particular to section 3.2 on changes to immigration rules and section 3.4 on implications for health as they may be of interest to your Committee. The report is also informed by **rappporteur discussions** with staff at Aneurin Bevan University Health Board.

I hope that in drawing your attention to the above it may also help to inform your future scrutiny of the Cabinet Secretary and the health portfolio.

Should you wish to discuss this further, please do not hesitate to get in touch.

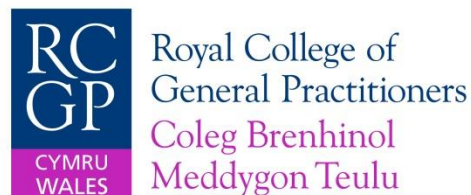
Yours sincerely



David Rees AM

Chair of the External Affairs and Additional Legislation Committee





30 January 2018

Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Changes to EMIS

Dear Dai,

As you will be aware EMIS will not be used in GP practices, following the latest round of the procurement process. Letters from NHS Wales explaining the developments are attached.

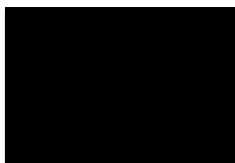
I am sure you will also be aware of the negative reaction to this from GPs. The news is an extremely worrying development for our members and RCGP Wales is concerned it risks pushing older GPs to an early retirement. We are also concerned that change on this scale could be detrimental to patient care. Our full response can be found here:

<http://www.rcgp.org.uk/news/2018/january/rcgp-wales-warns-change-to-it-system-could-be-detrimental-to-patient-care.aspx>

As Chair of the Health Committee I hope you are able to consider the tools at your disposal to raise the importance of this on the political agenda.

Best wishes,

Rebecca Payne.



Dr Rebecca Payne
Chair
RCGP Wales

Royal College of General Practitioners Wales Regus House Falcon Drive Cardiff Bay Cardiff CF10 4RU
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Ffôn [REDACTED] Ffacs [REDACTED] ebost [REDACTED] web www.rcgp-wales.org.uk

Patron: His Royal Highness the Duke of Edinburgh Registered charity number 223106



To: Health Board Chief Executives
Directors of Primary Community and Mental Health
Heads of Primary Care
Medical Directors
Assistant Medical Directors (Primary Care)
Assistant Directors of Informatics
General Medical Practitioners
Practice Managers
Local Medical Committee (LMC)

29th January, 2018

Dear Colleague

Outcome of GMS Systems Framework Contract Procurement

This letter confirms the outcome of the recent GMS Systems Framework procurement for the future provision of GP clinical systems and services to NHS Wales.

Following a robust and rigorous procurement, overseen by the national GMS IM&T Programme Board, it is the intention to award the contract for GP clinical systems and services to two suppliers - **Vision Health Ltd** and **Microtest Ltd**.

The successful tenders demonstrated a strong commitment and ability to meet core GMS clinical / technical requirements and the wider Primary Care agenda, as well as further integration with the NHS Wales' digital services platform and strategic requirements.

A third tender, submitted by EMIS Health Ltd, did not meet a number of the necessary evaluation criteria relating to the financial, contractual and functional requirements as set out in the procurement, including within the core GMS clinical / business requirements, support for the wider Primary Care agenda in Wales and further integration with the NHS Wales digital services platform and national systems. This means EMIS Practices will need to choose an alternative system.

The new GMS Systems Framework Contract is effective for a four-year period from award, with the option to extend for up to a further two years, and replaces the previous GMS framework agreement, which expired in July 2016.

It is planned that the first GP practices will migrate or upgrade to new systems in January 2019, with the final migration due to be completed by July 2020. Throughout this period,

until a practice migrates, GP practices can be assured that existing systems and services will continue to be supported by current suppliers under the existing contract arrangements.

Road shows are scheduled during April 2018 to allow GP practices to evaluate and select their preferred GP clinical system under the new Framework.

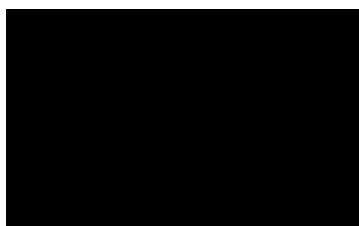
All GP practices will need to choose either the Vision or Microtest product under the new contract. Recognising the potential impact on practice administration and resources for practices changing system, additional help and support will be provided to prepare for and manage the transition. GPC Wales and Health Board representatives are working with NWIS and Welsh Government colleagues to identify additional ways to alleviate pressures for Practices that will be migrating systems.

As part of the OJEU procurement process, we are required to allow a 10-day standstill period following notification to the suppliers. This is due to conclude at midnight Thursday 8th February, following which we will provide further information about the new Framework Contract, the supplier products, and transition and support arrangements for practices.

FAQs will be published and regularly updated at <http://nww.primarycareit.wales.nhs.uk/gms-systems-services-framework>. If you have any further queries please e-mail pct@wales.nhs.uk.

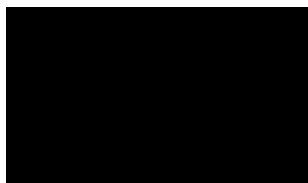
Yours sincerely

Alan Lawrie



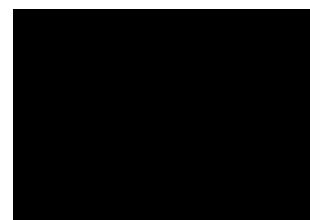
Chair, GMS IM & T Programme
Board
Director of Primary Care and
Mental Health, Cwm Taf Health
Board

Dr Charlotte Jones



Chair, GPC Wales

Andrew Griffiths



Director
NHS Wales Informatics
Service

FREQUENTLY ASKED QUESTIONS

GMS Systems & Services Procurement

Version No. v2.0
Status: Final

Author: Project Management Team
Approver: Executive Committee

Date: 29/01/2018
Next Review Date: 29/02/2018

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1 Procurement

1.1 Why has a new procurement been undertaken?

The previous Framework Contract under which GP systems and services were procured expired in 2016 and a new one is required to ensure continuity of services, prior to expiry of the support arrangements in 2020.

The expiry of the support arrangements will vary, and in most instances will be dependent on when the Practice migrated to their current clinical system. It is anticipated that Practices will be moved to the new contractual arrangements between January 2019 and July 2020. The provisional migration plan is published on the [NWIS Primary Care Services website](#).

1.2 What is a Framework Contract?

Under European (and UK) Law, public bodies must procure goods and services in line with the EU Public Contract Regulations 2015: PCR15, which includes the use of Frameworks.

Framework Agreements provide a mechanism for sourcing goods and services in the public sector. A Framework Agreement is an 'umbrella agreement' that sets out the terms under which individual contracts (call-offs) can be made throughout the period of the agreement. These call-off contracts are referred to as Deployment Orders.

Frameworks do not guarantee that suppliers will get any business, but by being on a Framework they are in with a chance. For the GP Systems and Services Framework Agreement a call-off or mini competition will need to be undertaken by each Practice to select the supplier that best meets their needs.

1.3 How long will the contract last?

The Framework is for 4 years, with the option to extend for up to a further 2 years.

Each Practice will be part of a deployment order for the system and services, which sits under the main Framework Agreement. The Deployment Order will last 5 years from the date of go-live. There is an option to extend the Deployment Orders for up to a further 2 years.

After the Framework Agreement ends, no new Deployment Orders can be placed, but this does not affect any existing Deployment Orders, which will continue in force for the remainder of the term.

1.4 Who is running the GMS Systems & Services Procurement?

The NHS Wales Informatics Service has undertaken the procurement on behalf of the Health Boards.

Each Health Board will sign a Deployment Order on behalf of its Practices, with the relevant supplier(s), and is legally responsible for ensuring procurement regulations are adhered to.

Each Health Board will be responsible for ensuring that every Practice participates in the 'call off' or mini competition process.

1.5 What were the governance arrangements for the procurement? Were Practices represented?

The [GMS IM&T Programme Board](#), on which there is representation from General Practitioners Committee (GPC) Wales, Royal College of General Practitioners (RCGP) and Practice Managers, has overseen the procurement.

A subgroup of this Board (Project Executive Committee), on which GPC Wales are also represented, has delegated responsibility to deliver the project. The Committee is chaired by the Director of Primary and Community Care for Cwm Taf University Health Board, Alan Lawrie.

There were four areas of contract delivery that were managed by work stream groups:

- Functional
- Technical
- Operational Governance
- Commercial/Financial/Legal

Practice representatives were involved in the functional, operational governance and commercial/financial/legal work stream areas, providing feedback on contract documents, participating in dialogue and evaluation sessions, and contributing to the drafting of the evaluation process that Practices will need to undertake.

1.6 What does the procurement mean for my Practice?

Procurement legislation introduced in February 2015 (Public Contract Regulations 2015: PCR15) means each supplier appointed to the Framework Agreement must be treated equally and have an opportunity to secure business.

The aim of the legislation is “To create a level playing field for all businesses across Europe”, and is based on four key principles:

- I. Transparency
- II. Equal treatment and non-discrimination
- III. Proportionality
- IV. Mutual recognition - giving equal validity to qualifications and standards from other Member States, where appropriate

Therefore, every Practice will need to participate in the mini-competition process. Practices will be asked to evaluate each of the clinical systems and services available under the new Agreement, and make a choice of system based on this evaluation.

A series of ‘Roadshow’ events will be held across Wales between April and May 2018, which Practices will need to attend to undertake the evaluation process.

2 Procurement Outcome

Following a robust and rigorous procurement, overseen by the national GMS IM&T Programme Board, it is the intention to award the contract for GP clinical systems and services to two suppliers - Vision Health Ltd and Microtest Ltd.

A third tender, submitted by EMIS Health Ltd, was unsuccessful.

2.1 How did you evaluate the suppliers?

The evaluation model forms part of the contract document set. It was drafted and approved by the Project Executive Committee and shared with the suppliers prior to commencing the competitive dialogue sessions.

A threshold methodology was used. This was to ensure that a supplier could not provide a large number of sub-optimal responses relating to the requirements, or make changes to the Authority Contract drafting that would have a detrimental impact on or increase the risk position of the NHS Wales, and still be appointed to the Framework Contract.

2.2 Why have Microtest and Vision Health been successful?

The successful tenders demonstrated a strong commitment and ability to meet core GMS clinical / technical requirements and the wider Primary Care agenda, as well as further integration with the NHS Wales' digital services platform and strategic requirements, within the existing budget.

2.3 Why has EMIS Health been unsuccessful?

EMIS Health Ltd did not meet some of the minimum threshold evaluation criteria relating to a number of the financial, contractual and functional requirements as set out in the procurement.

2.4 Can the decision be overturned? Is there any form of Appeal from a supplier?

The Public Contracts Regulations 2015 (PCR15) provides suppliers with a period of 30 days to start proceedings to challenge the procurement process that has been undertaken. The challenge would need to provide that [WE] did not follow the process stated or did not comply with the requirements of PCR15.

Throughout the procurement process [WE] have been supported by Legal and Commercial Advisors to ensure that the procurement is compliant and are assured that there is no plausible challenge in respect of this process that could be upheld.

2.5 EMIS is a long-established supplier with a big customer base – why is it not good enough for Wales?

As noted above EMIS were unable to meet a number of the minimum threshold criteria. Cumulatively there were too many areas where they only partially met the requirements and they made too many changes to the contract drafting.

2.6 Do Microtest have the software developed to allow immediate integration with the NHS Wales architecture? If not, how long will it take to develop the software?

Although Microtest are new to Wales they already offer much of the required software to NHS England (patient Access: MHOL, Summary Care Record: WGPR) which will require some development to meet the Welsh requirements.

Vision will also need to make some changes to their current software to meet requirements.

Suppliers will have 11 months from contract award to build, develop and test their services for deployment from January 2019. NHS Wales will provide the necessary resources to assist Microtest and Vision to develop and test NHS Wales National Services.

2.7 As Microtest are not currently in Wales how do we find out more about them?

You can visit the Microtest website: <http://www.microtest.co.uk/about/>

You can also visit the Vision Health website at: <https://www.visionhealth.co.uk/>

It is intended that more detailed information from both suppliers will be made available prior to the Roadshow events.

2.8 Microtest has a very small market share in England – will Vision become a single supplier for Wales by default?

Microtest have a relatively small market share of England but do support circa 100 sites across England today.

All Practices will need to participate in the Roadshow events, including current Vision users. The evaluation process will require Practices to score the supplier systems based on the presentations and information provided. Size of market share is not part of the evaluation criteria.

Vision and Microtest have indicated their commitment to work collaboratively with NHS Wales. Both suppliers provide an exciting opportunity to develop GP IT systems and services for Welsh Practices.

2.9 What will happen to services like My Health Online (MHOL)?

MHOL and all other national services will be provided and further developed by the two successful suppliers. Any migration activities will be planned, supported and undertaken as part of the new system migration process.

2.10 As nearly half the Practices in Wales use EMIS, how long will migration to a new supplier take?

Migrations will start in January 2019 and must be completed by the end of July 2020 – 19 months.

2.11 Does NHS Wales Informatics Service (NWIS) have sufficient support staff to help manage the migration process?

The NHS Wales Informatics Service will take on additional staff where required to support the migration process. In addition, we will work with Vision and Microtest to exploit available technology to make the process as smooth and cause as little disruption as possible. Many lessons were learnt as a result of the system changes and migrations that Practices undertook under the previous Framework, which also required a high number of system transitions, and these will be incorporated into the new migration plans and processes.

A Stakeholder Reference Group, led by Practices, will be established to agree the best mechanisms to provide support through the process.

2.12 When will the migration begin and when can each Practice expect to take on the new system?

The majority of Practices will take on the new system in line with current contract dates expiry i.e. 5 years after they went live with their current system. For Practices changing system, it is expected that the migration process will start approximately 3 months before the planned go-live date.

2.13 If we have to change system this will mean disruption and extra work for the Practice – will we receive financial support?

Following on from award of the contract there will be immediate discussions with the successful suppliers regarding the feasibility of increasing migration, training and post go-live support for Practices changing system, as well as looking at streamlining the migration process.

The NHS Wales Informatics Service will increase staff resource capacity to support the Practices with the planning, pre-go-live, go-live and post go-live administrative tasks.

GPC Wales and Health Board representatives are working with NWIS and Welsh Government colleagues to identify additional ways to support Practices during and following system change. Some of the options being discussed are financial support and suspending elements of contractual requirements. We will update Practices as soon as possible regarding these discussions.

A Stakeholder Reference Group, to include Practices' representatives, will be established to design and agree a full 'support package'.

2.14 As a Practice, we have invested in third party applications that work with EMIS Web. If these don't work with Microtest and Vision we will have lost our investment. How will this be addressed?

We are unable to confirm a solution at this early stage. However, it has been raised by stakeholder representatives that Practices who have invested in improving their IT services should not be disadvantaged by an enforced change. We will work with Microtest and Vision to explore options to migrate and support these applications. This issue will also be included in discussions regarding financial support.

2.15 My Practice wants to stay with EMIS – what are the options?

EMIS Practices will need to evaluate and choose either Vision or Microtest as their new supplier. There is no option to stay with EMIS.

2.16 Can I buy EMIS Web?

There is no procurement mechanism for a Practice to buy EMIS Web and continue using current NHS Wales IT services.

3 Practice Choice

3.1 What is the process for confirming our system choice?

The full process will be published in advance of the Roadshow Events. It has been reviewed and approved by Health Board, GPC Wales and Practice representatives.

3.2 When will we need to make our choice of system?

Practices will be asked to make their choice following the Roadshow Events and by the end of May 2018.

3.3 My Practice is happy with the current clinical system, and has invested a considerable amount of time and effort in developing its use. Will we be forced to change?

All EMIS Practices will need to change system.

Vision Practices will need to participate in evaluating all the clinical systems available even though their current supplier is part of the new contract. There is a legal obligation to ensure that providers are able to compete for business on an equal basis.

The evaluation process will provide Practices with the opportunity to identify the parts of the clinical system that are important to them and use this in the scoring process. Each Practice will be able to undertake their scoring independently, or as a Cluster where they choose to do so. Support and guidance will be provided by the NWIS Primary Care Services team throughout the process.

Practices will also be given information regarding the differences between the supplier offers, for example, where they are providing 'added value' functionality or services, or where the requirements have not been met in totality.

4 System Requirements

4.1 We responded to the Practice survey asking for our priorities – have these been included in the contract?

The survey responses have been collated and those clinical system requirements indicated as a high priority have been included as part of the functional requirements, where feasible.

4.2 What functionality will be funded as part of the new contract?

The functional requirements are split into two categories:

1. Baseline requirements – these cover the core system as accredited in England, plus Welsh national applications, such as GP2GP, My Health Online (MHOL), and Welsh Clinical Communications Gateway (WCCG) etc.
2. Outline requirements – these include some of the requirements that were identified by Practices via the recent survey and stakeholder engagement which we were able to specify in sufficient detail prior to the publication of the procurement. The intention will be to try and get these deployed within the first 12-24 months of contract award. These include the requirements that will enable the exchange of children's vaccination and immunisation information between GP systems and Child Health systems.

4.3 What other functionality is likely to be developed?

Developments identified from the survey/engagement and current NHS Wales strategies include:

1. Further integration and interoperability with national applications and systems e.g. Welsh Community Care Information System (WCCIS), Welsh Care Record Service (WCRS).
2. Functionality to support Federated Practice/Cluster and Multi-Disciplinary Team working, both in terms of information sharing and functional system use.
3. Further development of My Health On-Line (MHOL) services and wider integration with NHS Wales Patient Portal and shared Patient Authentication services.
4. Access to the underpinning data contained within GP systems. Data output required at Practice, Cluster, Health Board and national level to enable service planning and provision.
5. Consent and data sharing controls to support cross organisation working.
6. Systems to support cross border transfer of patient information.
7. Requirements to embed an electronic signature into a prescription.

4.4 What if other developments are identified once the contract is in place?

New requirements can be added through an agreed change control process with the suppliers.

4.5 Will we have access to functionality that will support cluster and multi-disciplinary team (MDT) working?

Both supplier systems will have the functionality to support cluster and MDT working. Detail will be provided at the Roadshow events.

4.6 What scanning solutions will be available?

Scanning and document management requirements have been specified as part of the baseline functionality. Practices will be able to assess the solutions as part of the evaluation process.

4.7 Are mobile versions of the clinical system funded as part of the new contract?

Mobile functionality will not be funded centrally at the present time. Suppliers will choose whether to include their mobile solution within the core system cost (no cost to the Practice) or to make available through additional funding. Detail will be provided at the Roadshow events.

5 Infrastructure Requirements

5.1 Where will patient data be hosted?

Suppliers will have a choice to host the system in England or Wales or a combination of both. They must meet NHS Wales' security and infrastructure requirements, e.g. a supplier may choose to provide national application services such as My Health Online in Wales but the main system in England. To note it is not permissible at the present time for a supplier to store patient data within the public Cloud.

5.2 How do we know that our patient data is secure?

Regardless of hosting location the supplier must meet the security requirements detailed in the Contract.

6 Service Levels

6.1 My Practice has experienced clinical system performance issues. How will such issues be addressed within the new contract?

Service levels remain largely unchanged from the current contract, however performance metrics have been included to address performance issues. We will also be working with the successful suppliers to implement reporting tools which will assist in diagnosing where issues lie and aid resolution.