
Document filename: EPaCCS Recommended IT System Requirements v1 5			
Directorate / Programme	Architecture, Standards and Innovation	Project	EPaCCS
Document Reference		N/A	
Project Manager	Katie Lindsey, Jeri Hawkins	Status	Draft
Owner	Jeri Hawkins	Version	1.5
Author	Adam Hatherly Tim Coates	Version issue date	14/09/2015

EPaCCS Recommended IT System Requirements

Revision History

Version	Date	Summary of Changes
0.2	15/05/2013	Rebranded for HSCIC and extracted system requirements specifically for publication in this document. Replaced eGIF reference with Government Service Design Manual.
0.3	05/06/2013	Updated following feedback from NHS IQ and PHE.
1.0	30/07/2013	Updated following architect peer review
1.1	17/04/2015	Updated to align with updates to information standard – change to requirement EPA-DAT-04.
1.2	24/04/2015	Tweak to fix mistake in requirements summary table
1.3	10/08/2015	Tweaks to align with latest SCCI standard documents
1.4	08/09/2015	Changes requested by NHS England (added EPA-INT-09)
1.5	14/09/2015	Removed Katie Lindsey from list of Approvers

Reviewers

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Name	Signature	Title	Date	Version
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1 Introduction

This document outlines a number of system requirements that local teams and commissioners can consider using when procuring or specifying an EPaCCS.

Requirements are listed as “MUST”, “SHOULD” or “MAY” as per the definitions in RFC2119 [Ref: 7]. Local teams may want to upgrade some of the “SHOULD” or “MAY” requirements to be “MUST” if they feel that the requirement is particularly important.

1.1 Audience

The document is primarily aimed at commissioners who are planning on procuring an EPaCCS, as well as providers and support organisations that may be looking to either procure or build an in-house EPaCCS.

The document could also be used to assess the suitability of existing clinical systems to act as an EPaCCS for the locality, and could then support additional feature requests for those existing clinical systems.

Some of the requirements in this document may be considered challenging, and it is possible that not all requirements will be appropriate in all cases. Where a local team is aware of limitations in their existing IT landscape that make certain requirements difficult or impossible to achieve they should take this into account and make amendments to ensure their local requirements meet their needs and are achievable.

1.2 Background

The majority of these requirements are taken from the text of the SCCI requirement specifications [Ref: 3], and the associated Record Keeping Guidance [Ref: 4] and Implementation Guidance [Ref: 5] documents. They have been re-worded to form a concise set of requirements, but in each case a reference back to the source of the requirement is also included. In some cases, additional “Best Practice” requirements have also been added to incorporate other best practice areas identified during discussions with EPaCCS teams and other national teams.

This document was prepared by the QIPP Digital Technology team, a function within the Health and Social Care Information Centre established to assist with the delivery of national QIPP objectives, to support local teams to exploit digital technology in order to accelerate delivery of their QIPP priorities [Ref:1].

The function focuses on helping to overcome digital challenges and barriers, to accelerate delivery, to spread initiatives and to maximise the potential value from technology enabled healthcare delivery

1.3 Disclaimer

This document is intended as a useful resource for teams looking to implement EPaCCS systems in-line with the SCCI1580 standard. This document does not itself form part of an agreed national standard (it is non-normative). In the event that information in this document conflicts with the published SCCI requirement specification or other published national standards, the published standards will take precedence.

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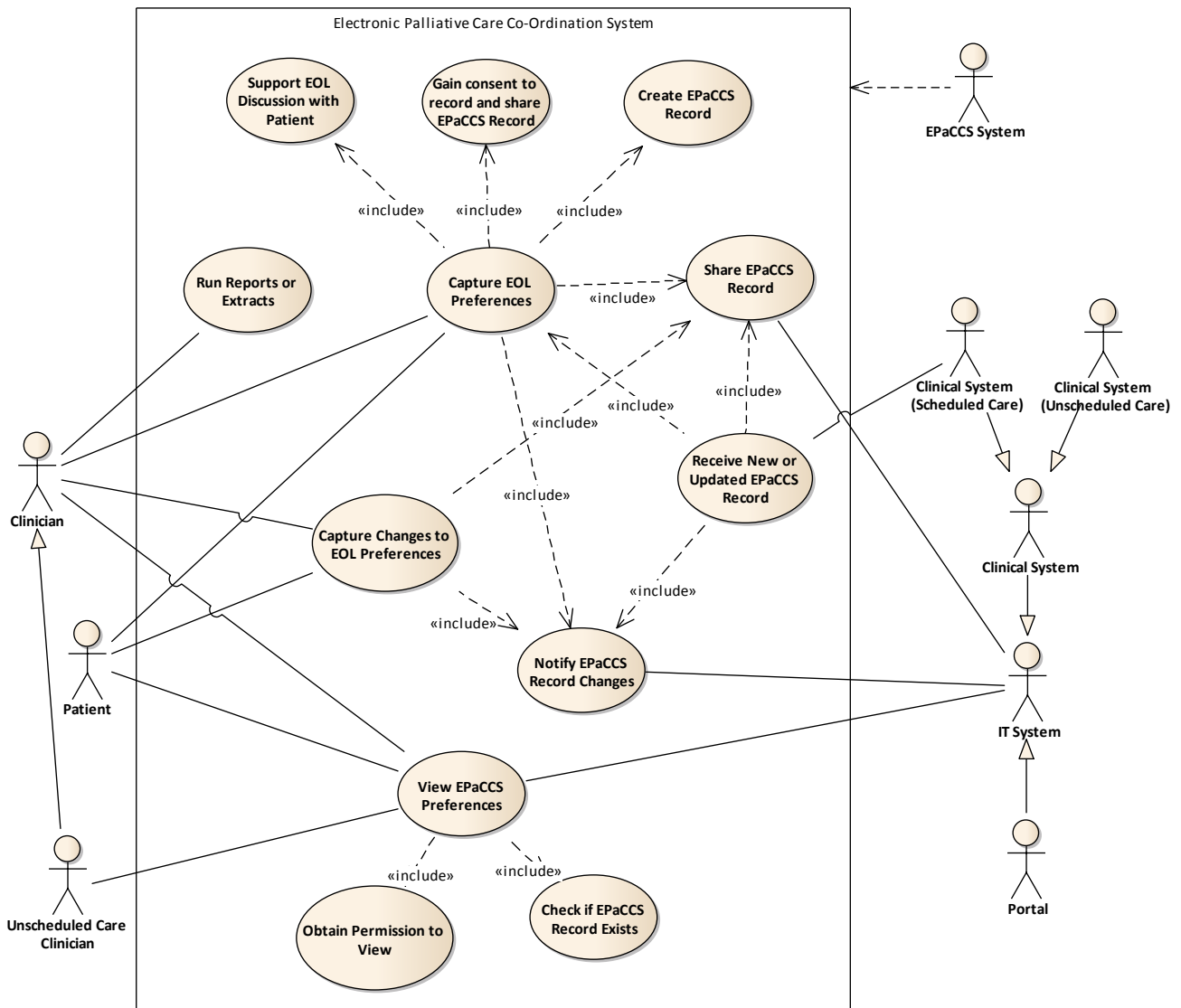
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Any party relying on or using any information contained in this document and/or relying on or using any system implemented based upon information contained in this document should do so only after performing a risk assessment. A correctly completed risk assessment enables an NHS organisation to demonstrate that a methodical process has been undertaken which can adequately describe the rationale behind any decisions made. Risk assessments should include the potential impact to live services of implementing changes.

This means that changes implemented following this guidance are done so at the implementers' risk. Misuse or inappropriate use of this information can only be the responsibility of the implementer.

2 EPaCCS Functional Overview

In order to help contextualise the requirements in this document, it is worth re-stating some of the high level functions that an EPaCCS would typically provide. The below high level use-case diagram give a suggested set of functions that one might expect an EPaCCS system to support – this is illustrative and not intended to be prescriptive:



3 Information Governance

The information governance requirements have been captured in a separate document [Ref: 8] to allow for additional elaboration and supporting information to be included specific to an IG audience, and will not be duplicated here.

In addition to the EPaCCS requirements outlined in that document, solutions utilising ITK-compliant interfaces will need to adhere to the IG principles outlined in the ITK Trust Operating Model, which is part of the ITK “Core” specification available from TRUD [Ref:9].

4 Interoperability

National interoperability specifications exist under the NHS Interoperability Toolkit (ITK) for sharing information electronically with EPaCCS systems [Ref: 10]. When using the national specifications, there are additional requirements that should be implemented – these are outlined in detail in documents included with the published interoperability specifications.

There are some more general system requirements relating to interoperability however, which are presented here:

EPA-INT-01: Information shared **MUST** be kept up-to-date

The solution **MUST** include controls to ensure that (as far as reasonably possible) discrepancies cannot occur between the Palliative care co-ordination: Core content record and other systems or databases holding this information.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INT-02: Those involved in care **MUST** be notified of updates

The system **MUST** include functionality to notify staff caring for people approaching the end of their life that an EPaCCS record has been created or updated. This **MUST** be communicated securely in line with information governance requirements.

NOTE: This **SHOULD** use the national ITK notifications specification where possible.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INT-03: It **SHOULD** be possible for others to be notified of updates

It **SHOULD** be possible to send notifications of record creation/update to staff or individuals (including the patient’s family and carers) not registered as users of the system.

Source: Best Practice

EPA-INT-04: National demographics services MAY be used

The system MAY use the national PDS service to trace patients, retrieve and manage updates to their demographic information.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INT-05: National Summary Care Record information MAY be used

The system MAY use the national SCR service to retrieve medication, allergy and adverse reaction information for a patient where this is available.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INT-06: Where national ITK specifications exist these MUST be used

All integration with other systems (other than Spine services such as PDS or SCR) MUST be built using national ITK specifications unless agreed otherwise with the local NHS organisation

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INT-07: Information that will be shared MUST be clearly identified

Local systems may hold more information than is shared with other systems using ITK messaging. The sending system MUST make it clear to the sender exactly what information will be sent to other systems and what will be held locally and not shared.

Source: Best Practice

EPA-INT-08: Users who “click-through” MUST be able to view and edit

Users who "click-through" into a record from another system MUST be able to view and update the record, subject to RBAC controls, and having a legitimate relationship with the patient.

Source: Best Practice

EPA-INT-09: The ability to electronically access records

Local systems MUST provide an Open API which allows another system to be able to both view and update a record. This interface must be implemented in line with EPA-INT-06 above.

Any view or update of records made via this interface must still consider and address (in principle) the rest of this specification.

Source: NHS England Open API Policy [Ref: 20]

5 Functional Requirements

The SCCI standard and associated documents also set out some functional requirements for EPaCCS systems:

5.1 General

EPA-FNC-01: The system MUST support recording of Palliative care co-ordination Preferences

The system MUST allow users to capture person's palliative and end of life care preferences (including as a minimum the data items in SCCI 1580).

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-02: Data items MUST conform to SCCI1580

All data items captured, held or displayed in the system MUST do so in compliance with SCCI1580.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-03: Additional data items SHOULD be agreed with organisations

Any additional data capture requirements beyond the data items specified in SCCI1580 SHOULD be agreed with the local organisations and care providers using the system.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-04: It MUST be possible to remove EPaCCS records

The system MUST allow users to update and logically delete records (in-line with retention policies for clinical data and RBAC controls). This (as with all changes to a record) must be fully auditable.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-05: It MUST be possible to have a minimal EPaCCS record

It MUST be possible to create a record for a person with a minimum set of data fields: Demographic fields, GP details (as per the definitions in SCCI 1580). All mandatory items MUST be included, along with any relevant items marked as "Required" in the standard

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-06: Changes MUST be made available in a timely fashion

The system MUST ensure that any changes to the person's preferences are updated and made available in a timely fashion. The specific timescale required should be agreed with the local lead organisation

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-FNC-07: A prompt MAY be used to support ADRT recording

The system MAY include controls or a user prompt to ensure that any advanced decision to refuse treatment is only recorded for a person who is over 18 and who has mental capacity. There is no requirement to capture anything in the record relating to this.

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

EPA-FNC-08: A prompt MAY clarify that ADRT must be made in writing

When recording advanced decisions to refuse life sustaining treatment, the system MAY prompt the user that such statements must be made in writing, signed and witnessed as well as being recorded in the system.

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

EPA-FNC-09: Professional record keeping principles MUST be adhered to

General record keeping principles stipulated by GMC (2006) [Ref: 11], NMC (2015) [Ref: 12], HPC (2008) [Ref: 13], AoMRC (2008) [Ref: 14] and AoMRC and the NHS (2008) [Ref: 15] MUST be adhered to, including all entries and amendments being dated and timed, confidentiality, accuracy and timeliness of content.

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

EPA-FNC-10: The system SHOULD prompt for a review date

The system SHOULD prompt for a review date to be set when a record is created, and also at each review. The review date should not be more than 3 months from the date of creation or review.

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

EPA-FNC-11: The system SHOULD allow reminders for review dates

The system SHOULD allow for reminders to users when a planned review date is approaching or has been reached.

Source: Best Practice

EPA-FNC-12: The system SHOULD allow all formal carers to contribute

The system SHOULD allow any of the formal carers involved in the care of the person to contribute to the record (subject to relevant IG controls)

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

EPA-FNC-13: The system SHOULD provide prompts about recording cardiopulmonary resuscitation decisions

The system SHOULD prompt users that cardiopulmonary resuscitation decisions should only be recorded by the senior responsible clinician.

NOTE: The choice of who the senior responsible clinician is will be made by the user and there is no requirement for the system to verify this

Source: Palliative care co-ordination Record keeping guidance [Ref: 4]

5.2 Patient Access

EPA-PA-01: The system MUST allow printing of records

The solution MUST allow a copy of a person's record to be printed.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-PA-02: It MUST be possible to filter information provided to a patient

Local organisations will make decisions about any data fields not to be reproduced on the person's copy and any fields to be filtered out depending on how they have been answered. The system MUST support this.

This should be in line with the principles established under Section 7 of the Data Protection Act which gives individuals a right of access to personal data about them.

Source: Palliative care co-ordination Implementation guidance [Ref: 5]

EPA-PA-03: The system MAY allow patients to view and update their record

The system MAY allow the person to access their own record electronically, and to have editing rights for specific fields. The requirements for this must be agreed with the local lead organisation.

Source: Palliative care co-ordination Implementation guidance [Ref: 5]

5.3 Reporting

EPA-RPT-01: The system **MUST** provide reporting capabilities

The system **MUST** include reporting capabilities as agreed with the local NHS organisation.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-RPT-02: The system **MUST** provide data quality reports

The system **MUST** allow for the creation of data quality and validation reports as agreed with the local NHS organisation.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-RPT-03: The system **SHOULD** support equality reporting

The solution **SHOULD** provide capabilities allow reporting of equality information to support organisations in ensuring equitable provision of services, where such information has been recorded in the record.

Source: Palliative care co-ordination Implementation guidance, Section 3 [Ref: 5]

EPA-RPT-04: It **MUST** be possible to extract data for secondary uses

It **MUST** be possible to extract effectively anonymised or pseudonymised data from the system to support secondary analysis.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-RPT-05: Data extracted for secondary uses **MUST** be anonymised

Data extracted for secondary uses **MUST** be effectively anonymised or pseudonymised unless explicit consent has been gained from the person for this use of their data.

Source: Palliative care co-ordination Implementation guidance [Ref: 5]

EPA-RPT-06: The system **MUST** support full data extracts

It **MUST** be possible to extract all user-entered and necessary reference data from the system in patient-identifiable form in a standard format (e.g. CSV or XML) to allow for local analysis.

Source: Palliative care co-ordination Implementation guidance [Ref: 5]

EPA-RPT-07: Extracted PI records **MUST** be limited to users organisation

PI data extracts should be limited to records "owned" by the organisation of the user running the extract (i.e. for whom they are the data controller) unless data sharing agreements are in place that allow for other organisations data to be included.

Source: Best Practice

5.4 Clinical Safety

EPA-CS-01: The solution MUST confirm to national clinical safety standards

The solution MUST conform to safety risk management standards ISB 0129 and ISB 0160 [Ref: 19].

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-CS-02: Nationally identified safety risks SHOULD be considered

The solution SHOULD be built with consideration for the clinical safety risks identified in the Clinical Safety Report included with SCCI1580.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-CS-03: Data entry and display MUST be clinically safe

Entry, display and printing of data MUST be assessed as clinically safe.

Source: SCCI1580 Requirements Specification [Ref: 3]

6 Technical Requirements

The SCCI standard and associated documents also set out technical requirements for EPaCCS systems:

6.1 Data

EPA-DAT-01: Coded information SHOULD use SNOMED-CT

All coded information held within the system SHOULD be held using SNOMED CT.

NOTE: This aligns with SCCI-0034 [Ref: 16].

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-DAT-02: Other clinical coding systems MAY be supported

Where necessary, other clinical coding systems COULD be supported alongside SNOMED CT to support interoperability with other clinical systems.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-DAT-03: SNOMED code reference data MUST be kept up-to-date

Where SNOMED CT codes are supported, the system MUST be updated with the latest releases of SNOMED CT codes in a timely fashion (SLA to be agreed with local NHS organisation).

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-DAT-04: The NHS number MUST be used

The system MUST use the NHS number as the primary unique identifier for a person (other identifiers can be held locally if required). The trace status of the NHS number must also be recorded to identify whether the number has been verified against PDS.

Source: Best Practice

Note: The above requirement has been updated to MUST in the latest version of the information standard.

EPA-DAT-05: The system MUST allow attachments for records

The system MUST allow electronic copies of documents to be attached to a person's record. It should be possible to enable or disable this functionality for any given organisation.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-DAT-06: The system MUST allow for changes to the core data set

The system MUST allow for changes to the data set over time, including any changes to the locally defined additional information that is captured.

Source: SCCI1580 Requirements Specification [Ref: 3]

6.2 Infrastructure

EPA-INF-01: The system MUST be highly available

The system MUST be highly available - in line with service levels agreed with the local organisation.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INF-02: The system MUST be accessible over N3

The system MUST be accessible to authorised users on the N3 network (or its successor).

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INF-03: The system SHOULD be accessible outside N3

The system SHOULD be accessible to authorised users who are not on the N3 network. Appropriate security and information governance controls must be in place and agreed by the Health and Social Care Information Centre (or its successor).

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-INF-04: Offline access SHOULD be provided

Users SHOULD be able to access records without a network connection (e.g. On a mobile device).

Source: Best Practice

EPA-INF-05: Offline digital capture SHOULD be supported

It SHOULD be possible to capture information using an offline digital capture mechanism such as a digital pen or scanning solution.

Source: Best Practice

6.3 User Interface

EPA-UI-01: Common User Interface standards **MUST** be followed

Common User Interface Standards: SCCI standards (1500 to 1507) [Ref: 17] **MUST** be followed for input and display of demographic data. This applies to devices capable of operating at 1024x768 which have a keyboard and pointing device, but can also be applied to smaller devices.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-UI-02: Common User Interface guidance **SHOULD** be followed

The solution **SHOULD** comply with guidance developed by the Common User Interface programme within the Health and Social Care Information Centre (formerly CFH).

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-UI-03: CUI navigation and noting standards **SHOULD** be followed

Common User Interface guidance relating to navigation and clinical noting **SHOULD** be followed.

Source: SCCI1580 Requirements Specification [Ref: 3]

EPA-UI-04: A persons preferences **SHOULD** appear as a single record

Information about a person's end of life care and preferences should appear as a single record which is updated whenever/if ever the person wishes to change it.

Source: Palliative care co-ordination Implementation guidance [Ref: 5]

EPA-UI-05: The system **SHOULD** be accessible

The system **SHOULD** be accessible for those with disabilities, and **SHOULD** comply with guidance set out in the Government Service Design Manual for accessibility [Ref: 18]. Specific accessibility needs of the users within a local organisation using the system should be taken into account.

Source: Best Practice

EPA-UI-06: Web interfaces **MUST** meet W3C accessibility standards

All web interfaces for general users or patients **MUST** meet level AA success criteria of WCAG 2.0 (Web Content Accessibility Guidelines 2.0).

Source: Best Practice

EPA-UI-07: Online help **MAY** be provided

The system **MAY** provide online help and/or training facilities to help users understand how to use the system.

Source: SCCI1580 Requirements Specification [Ref: 3]

7 Requirements Summary

The below table provides a simple summary of all the recommended system requirements listed in this document (excluding IG and ITK requirements listed in other documents):

ID	Level	Description
Interoperability		
EPA-INT-01	MUST	Information shared MUST be kept up-to-date
EPA-INT-02	MUST	Those involved in care MUST be notified of updates
EPA-INT-03	SHOULD	It SHOULD be possible for others to be notified of updates
EPA-INT-04	MAY	National demographics services MAY be used
EPA-INT-05	MAY	National Summary Care Record information MAY be used
EPA-INT-06	MUST	Where national ITK specifications exist these MUST be used
EPA-INT-07	MUST	Information that will be shared MUST be clearly identified
EPA-INT-08	MUST	Users who "click-through" MUST be able to view and edit
EPA-INT-09	MUST	The ability to electronically access records
Functional > General		
EPA-FNC-01	MUST	The system MUST support recording of Palliative care co-ordination Preferences
EPA-FNC-02	MUST	Data items MUST conform to SCCI1580
EPA-FNC-03	SHOULD	Additional data items SHOULD be agreed with organisations
EPA-FNC-04	MUST	It MUST be possible to remove EPaCCS records
EPA-FNC-05	MUST	It MUST be possible to have a minimal EPaCCS record
EPA-FNC-06	MUST	Changes MUST be made available in a timely fashion
EPA-FNC-07	MAY	A prompt MAY be used to support ADRT recording
EPA-FNC-08	MAY	A prompt MAY clarify that ADRT must be made in writing
EPA-FNC-09	MUST	Professional record keeping principles MUST be adhered to
EPA-FNC-10	SHOULD	The system SHOULD prompt for a review date
EPA-FNC-11	SHOULD	The system SHOULD allow reminders for review dates
EPA-FNC-12	SHOULD	The system SHOULD allow all formal carers to contribute
EPA-FNC-13	SHOULD	The system SHOULD provide prompts about recording cardiopulmonary resuscitation decisions
Functional > Patient Access		
EPA-PA-01	MUST	The system MUST allow printing of records
EPA-PA-02	MUST	It MUST be possible to filter information provided to a patient
EPA-PA-03	MAY	The system MAY allow patients to view and update their record
Functional > Reporting		
EPA-RPT-01	MUST	The system MUST provide reporting capabilities
EPA-RPT-02	MUST	The system MUST provide data quality reports
EPA-RPT-03	SHOULD	The system SHOULD support equality reporting
EPA-RPT-04	MUST	It MUST be possible to extract data for secondary uses
EPA-RPT-05	MUST	Data extracted for secondary uses MUST be anonymised
EPA-RPT-06	MUST	The system MUST support full data extracts
EPA-RPT-07	MUST	Extracted PI records MUST be limited to users organisation
Functional > Clinical Safety		
EPA-CS-01	MUST	The solution MUST confirm to national clinical safety standards
EPA-CS-02	SHOULD	Nationally identified safety risks SHOULD be considered
EPA-CS-03	MUST	Data entry and display MUST be clinically safe
Technical > Data		
EPA-DAT-01	SHOULD	Coded information SHOULD use SNOMED-CT
EPA-DAT-02	MAY	Other clinical coding systems MAY be supported
EPA-DAT-03	MUST	SNOMED code reference data MUST be kept up-to-date
EPA-DAT-04	MUST	The NHS number MUST be used
EPA-DAT-05	MUST	The system MUST allow attachments for records
EPA-DAT-06	MUST	The system MUST allow for changes to the core data set
Technical > Infrastructure		
EPA-INF-01	MUST	The system MUST be highly available
EPA-INF-02	MUST	The system MUST be accessible over N3
EPA-INF-03	SHOULD	The system SHOULD be accessible outside N3
EPA-INF-04	SHOULD	Offline access SHOULD be provided
EPA-INF-05	SHOULD	Offline digital capture SHOULD be supported
Technical > User Interface		
EPA-UI-01	MUST	Common User Interface standards MUST be followed
EPA-UI-02	SHOULD	Common User Interface guidance SHOULD be followed
EPA-UI-03	SHOULD	CUI navigation and noting standards SHOULD be followed
EPA-UI-04	SHOULD	A persons preferences SHOULD appear as a single record
EPA-UI-05	SHOULD	The system SHOULD be accessible
EPA-UI-06	MUST	Web interfaces MUST meet W3C accessibility standards
EPA-UI-07	MAY	Online help MAY be provided

8 Glossary of Terms

Term / Abbreviation	What it stands for
AoMRC	Academy of Medical Royal Colleges
API	Application Programming Interface (see NHS England Open API Policy [Ref: 20])
CFH	Connecting for Health
EPaCCS	Electronic Palliative Care Co-Ordination Systems
GMC	General Medical Council
HSCIC	Health and Social Care Information Centre
IG	Information Governance
SCCI	Standardisation Committee for Care Information
ITK	Interoperability Toolkit
NEoLCIN	National End of Life Care Intelligence Network (part of PHE)
NHS IQ	NHS Improving Quality
NMC	Nursing and Midwifery Council
PHE	Public Health England
QIPP	Quality, Innovation, Productivity and Prevention
RCP	Royal College of Physicians
RFC	Request for Comments
SNOMED CT	Systematised Nomenclature of Medicine Clinical Terms
TRUD	Technology Reference data Update Distribution

9 References

Ref	Title	Source
1	QIPP Digital Technology Resources	http://systems.hscic.gov.uk/qipp
2	NHS IQ – Making the case for change	http://www.nhsiq.nhs.uk/4424.aspx
3	SCCI1580 Requirements Specification:	http://www.endoflifecare-intelligence.org.uk/national_information_standard/
4	Palliative care co-ordination Record keeping guidance	www.endoflifecare-intelligence.org.uk/resources/publications/record_keeping_guidance
5	Palliative care co-ordination Implementation guidance	www.endoflifecare-intelligence.org.uk/resources/publications/implementation_guidance
6	End of life care intelligence network	http://www.endoflifecare-intelligence.org.uk
7	RFC2119: Requirement Levels	http://www.ietf.org/rfc/rfc2119.txt
8	EPaCCS IG Guidance	http://systems.hscic.gov.uk/qipp/library/epaccsig.pdf
9	TRUD: ITK Core Specifications	https://isd.hscic.gov.uk/trud3/user/guest/group/41/pack/30/subpack/123/releases
10	NHS Developer Network: Care Co-Ordination Interoperability	http://developer.nhs.uk/library/interoperability/care-co-ordination-interoperability/
11	GMC: Good Medical Practice	http://www.gmc-uk.org/guidance/good_medical_practice.asp
12	NMC: The Code Professional standards of practice and behaviour for nurses and midwives	http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revise-new-nmc-code.pdf
13	HPC: Standards of conduct, performance and ethics	http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/
14	AoMRC: Record Standards	https://www.rcoa.ac.uk/sites/default/files/FPM-clinicians-guide1.pdf
15	AoMRC and NHS: Record Standards – Structure and Content	https://www.rcoa.ac.uk/sites/default/files/FPM-clinicians-guide2.pdf
16	SCCI0034: SNOMED CT	http://webarchive.nationalarchives.gov.uk/+http://www.isb.nhs.uk/documents/isb-0034
17	Common User Interface Standards	http://webarchive.nationalarchives.gov.uk/+http://www.isb.nhs.uk/use/baselines/cui
18	Government Service Design Manual	https://www.gov.uk/service-manual
19	Clinical Safety Standards	http://www.hscic.gov.uk/isce/publication/isb0129 http://www.hscic.gov.uk/isce/publication/isb0160

20	NHS England Open API Policy	http://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf
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