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CP-IS – Spine Mini Service Client Requirements

Document Management

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0.4	04/06/2014	Minor revisions to text concerning use of RBAC in section 3. Requirements around display of access history changed. Corrections to reference ID's used to trace back to business requirements
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Reviewers

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Reference Documents

Ref	Description
01	CP-IS NHS System Specification Baseline v1.0

02	ITK Spine Mini Service - Common Client Requirements
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1 Introduction

Spine Mini Services are a specification to enable suppliers of third party software to provide solutions that provide a greatly simplified interface for accessing a subset of Spine services. The intent is to thus lower the “barrier to entry” to the Spine.

This document forms part of the overall document set for the Interoperability Toolkit (ITK).

1.1 Purpose of Document

This document is a specification for the implementation of services that are expected to be provided by a Spine Mini Service Client. There are also requirements in here for the design and assurance process.

Some of the requirements in this document will be assured using the Common Assurance Process and some will be assured using the ITK Accreditation process..

1.2 ITK Documentation Set

The position of this document in relation to the document set is shown below.

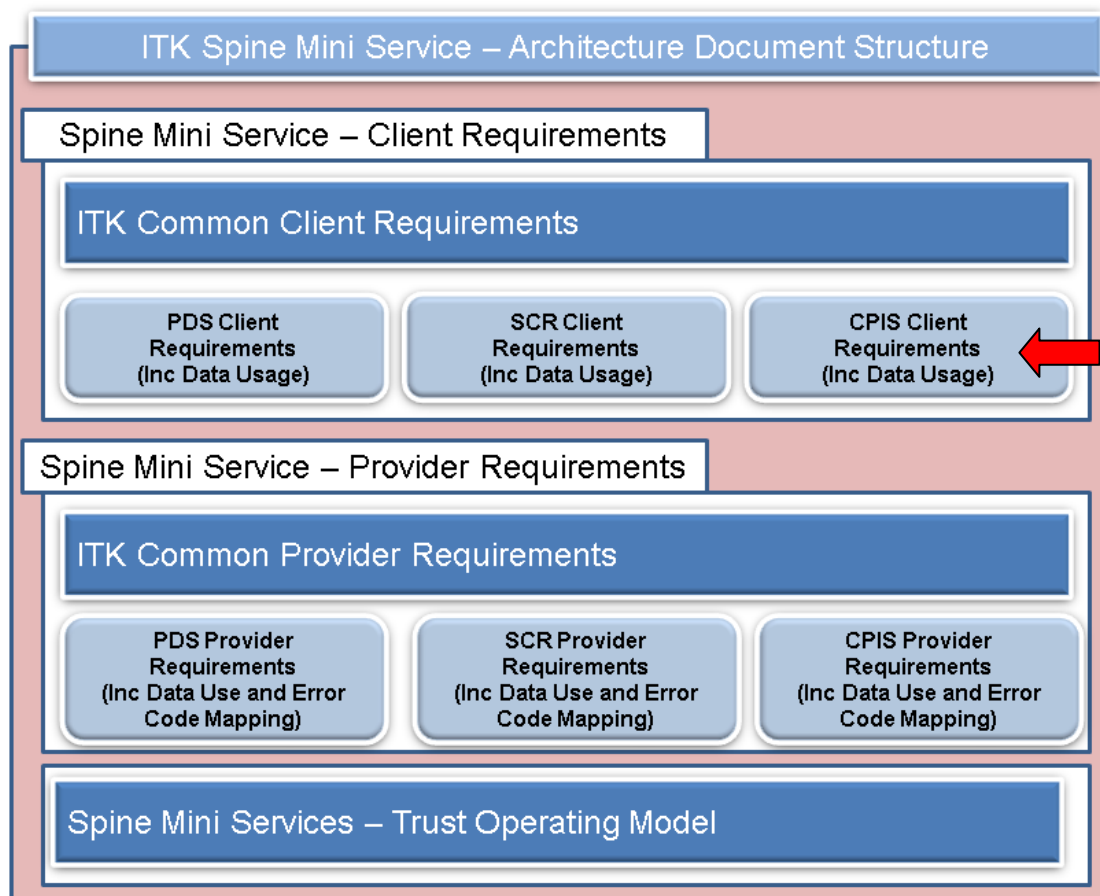


Figure 1 – The ITK Spine Mini Services Architecture Document Set.

1.3 Audience

The primary audience for this document are the developers (analysts, architects, developers) working on the ITK Component of the Spine Mini Service being developed. Within a Trust, the Project Manager and technical team will find the entire document set relevant.

These requirements are common/generic to all CP-IS Spine Mini Service Client implementations.

2 High Level Overview

2.1 Level 0 view

A SMSP is an application which handles the complexity of dealing with the Spine TMS boundary yet provides a simplified interface to its clients. The complexity saving can be expressed both in terms of relaxed requirements for certain system calls and or syntactically and semantically more concise messaging.

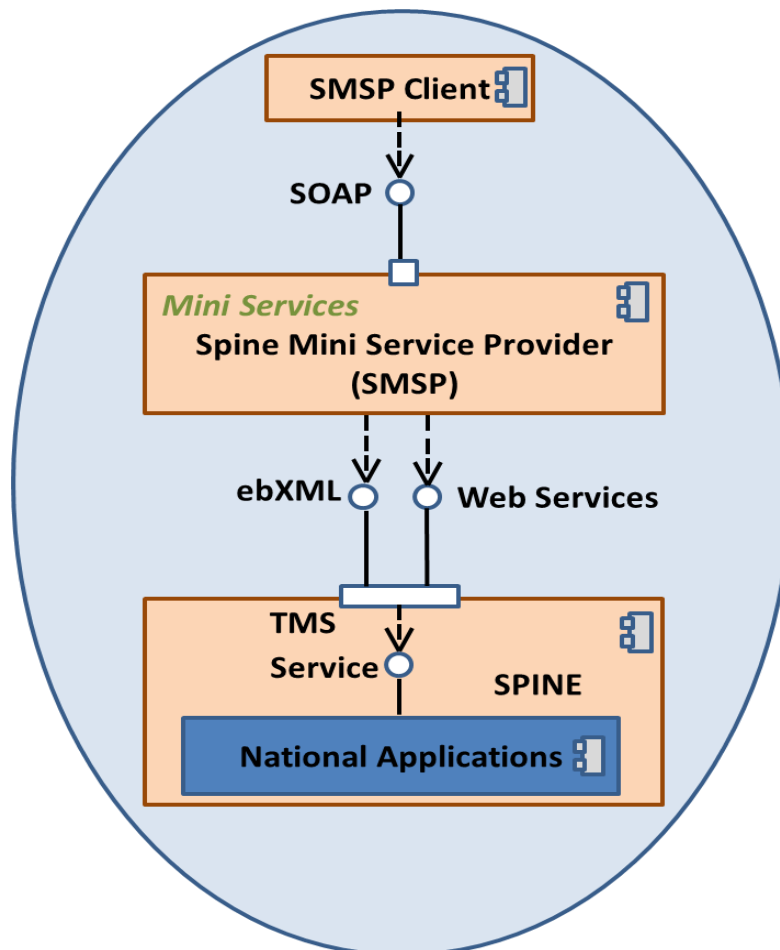


Figure 1: High Level view of an ITK Spine Mini Service

Note: In the case of CP-IS all messages will be sent using Web Services – ebXML is NOT supported

A SMSP MAY (and indeed, in some cases MUST) provide internal business logic above and beyond simple adaptor logic (e.g. filtering, protocol translation etc.). The following sections in

the document are logical groupings of related principles of the architecture of an SMSP that must be considered and have some, programme specific, additional requirements.

Some areas may overlap with those that are covered in other related documents from the Mini Services pack; notably the Interface specification and the Vocabulary specification.

3 CP-IS – General

MSCA-CPIS-01: If an integrated solution to view CPP/ LAC has been decided upon locally and where the NHS system is using Spine compliant smartcards and RBAC;

The NHS system MUST use Spine RBAC to determine whether the user is allowed to access CP-IS client.

N.B. The activity code to view the CP-IS service will be B0107 View Child Protection Plan information. Additional requirements for queries using the NHS number of a mother with unborn children are detailed in MSCA-CPIS-02.

MSCA-CPIS-02: If an integrated solution to view CPP/ LAC has been decided upon locally and where the NHS system is using Spine compliant smartcards and RBAC;

The NHS system MUST only allow those persons with the following Job Role Codes to query CP-IS service **using the mother's NHS Number** and it will therefore only be those job role codes that will be able to view CPP/ LAC information for unborn babies, outlining the CPP Start Date and End Date (Expected Delivery Date);

- R0640: Midwife Consultant
- R0650: Midwife Specialist Practitioner
- R0660: Midwife Manager
- R0670: Midwife – Sister/ Charge Nurse
- R0680: Midwife

MSCA-CPIS-03: The NHS system MUST be able to determine that the patient is a child, in order to trigger a query of CP-IS, using the verified NHS number.

On receipt of the NHS number, the NHS system MUST be able to determine that the patient is a child, in order to trigger a query of CP-IS, using the verified NHS number.

N.B. A child for the purpose of this implementation is defined as any patient who is under the age of 18. Also note the requirements in MSCA-CPIS-02 above where queries can be made against a mother's NHS number.

MSCA-CPIS-04: : If an integrated solution to view CPP/ LAC has been decided upon locally and where the NHS system is not NHS Spine RBAC compliant

Where a system does not use Spine based RBAC controls, access to the client MUST be controlled by local role based access mechanisms.

MSCA-CPIS-05: The Mini Services Client Application MUST be able to display the CPIS data set to the user in the client application.

How the CPP/ LAC information will be displayed to the end user will need to be locally determined, but this MUST include the CP-IS dataset items which are defined in the business requirements document (see item one in the reference table), with only the following exceptions from the dataset, not required for inclusion;

- Local Authority Child Identifier number (only used in return responses for the children's social care system)
- Delete Dates (although they can be assigned to a CP-IS record, the actual delete information will not be displayed to the end user)
- Child's Given Name and Family Name (these are only used by the children's social care system and CP-IS to verify the child's NHS Number, it will not be stored for retrieval or display)
- Child's Date of Birth (this will only be used by the children's social care system and CP-IS to verify the child's NHS Number, it will not be stored for retrieval or display)

MSCA-CPIS-06: The Mini Services Client Application MUST be able to limit the display of all access events to the last 25 access events (

The Mini Services Client Application MUST display the access history of any previous Health service queries against the patient returned by the service and it MUST limit the display of these access events to 25.

MSCA-CPIS-07: The Mini Services Client Application MUST display the NHS Number correctly

The Mini Services Client Application MUST display and print the NHS number in 3-3-4 format on all screens and printed material, e.g. 123 456 7890

Bar-coded NHS numbers MUST be in the Information Standards Board ISB/0061-00/2004 format

MSCA-CPIS-08: The Mini Services Client Application MUST display dates in standard format.

The presentation of any date & times associated with CPP/ LAC information MUST be in a standardised format, e.g. DD/MM/YYYY and HH/MM/SS.

MSCA-CPIS-09: The Mini Services Client MUST display all names of NHS healthcare workers and NHS organisations in human readable text.

Healthcare workers & organisation names MUST be displayed (as opposed to healthcare worker system ID's & organisation codes).

MSCA-CPIS-10: If an integrated solution to view CPP/ LAC has been decided upon locally:

- The NHS client MUST be able to display the CPP/ LAC dataset items within the correct patient's local record ensuring that there can be no confusion as to which patient the CPP/ LAC information is associated.
- The NHS client SHOULD only display positive traces of CP-IS to the NHS healthcare worker, displaying the CPP/ LAC information. Where there is no CPP/ LAC information this SHOULD not be displayed to the NHS healthcare worker. Whilst it is recommended that negative CP-IS responses (i.e. no match is found) are not displayed to end users, this will require local definition as to the preference.
- If an error is encountered while querying CP-IS the NHS client MUST notify the user that the query was unsuccessful.
- The NHS client MUST ensure that on receipt of a CP-IS NHS Query Response message, the end user is displayed with the human readable form of the following;
 - The name of the Local Authority that initially provided the CPP/ LAC information to CP-IS; and as part of the access event information;
 - The NHS organisation(s) where CP-IS had been previously been accessed from (where/ if this is applicable).
 - The name of the NHS healthcare worker who has previously accessed CP-IS (where/ if this is applicable).

MSCA-CPIS-11: An NHS system MAY store the status of CPP/ LAC information locally, including the access to service information,

It is strongly recommended however;

- That the date and time of when the CPP/ LAC information was traced SHOULD also be included, and;
- Where a current CPP/ LAC status is required, a new query to CP-IS SHOULD be undertaken to inform the user of the current view of the child's circumstances, and not rely on historic information as the child's circumstances may have changed since the last query.

MSCA-CPIS-12: The Mini Services Client Application MUST include the following when submitting an CP-IS NHS Query message to CP-IS;

- event date/ time of the query submission
- the job role profile and name of the NHS healthcare worker
- the NHS organisation code, and name, from where the query came from

Note: where the job role & profile of the health worker cannot be determined (e.g. because the query is generated as part of an automated work flow), the Mini service provider may substitute a nominated health care workers details for these attributes.

MSCA-CPIS-13: The Mini Services Client Application MUST support access to the CPP/ LAC information from Unscheduled Care Settings

Unscheduled care settings include:

- Accident and Emergency
- Urgent care in general practices
- GP Out of hours care
- Minor injuries units
- Walk in centres
- Ambulances Services (inc. Isle of Wight PCT)
- Direct ward admittance
- Maternity

MSCA-CPIS-14: If an integrated solution to view CPP/ LAC has been decided upon locally the NHS system MUST be able to send a CP-IS NHS Query message automatically;

If an integrated solution to view CPP/ LAC has been decided upon locally the NHS system MUST be able to send a CP-IS NHS Query message automatically and without any additional input by the NHS healthcare worker, to trace CPP/ LAC information from within the CP-IS service, once a verified NHS number has been identified locally.

MSCA-CPIS-15: The Client Application SHOULD have an easy-to-use User Interface, which encourages best-practice usage of CPIS

Factors to consider include:

- Minimal keystrokes needed, tab between fields possible etc
- Uses a consistent set of search criteria
- Provides client-side validation to catch obvious input errors immediately

4 CPIS - Data Quality

MSCA-CPIS-16: The NHS system MUST use a verified NHS number as the unique identifier to request CPP/LAC information from CP-IS.

The NHS number will be used as the main identifier for each child where CPP/ LAC information is to be traced from the service. It will be necessary for NHS systems to provide a verified NHS number when tracing CPP/ LAC information.

N.B. Verification of NHS numbers must be against the data held by the NHS National demographic service but the requirement does not dictate how the service is used e.g. it could be via a call to PDS or via the batch tracing service.