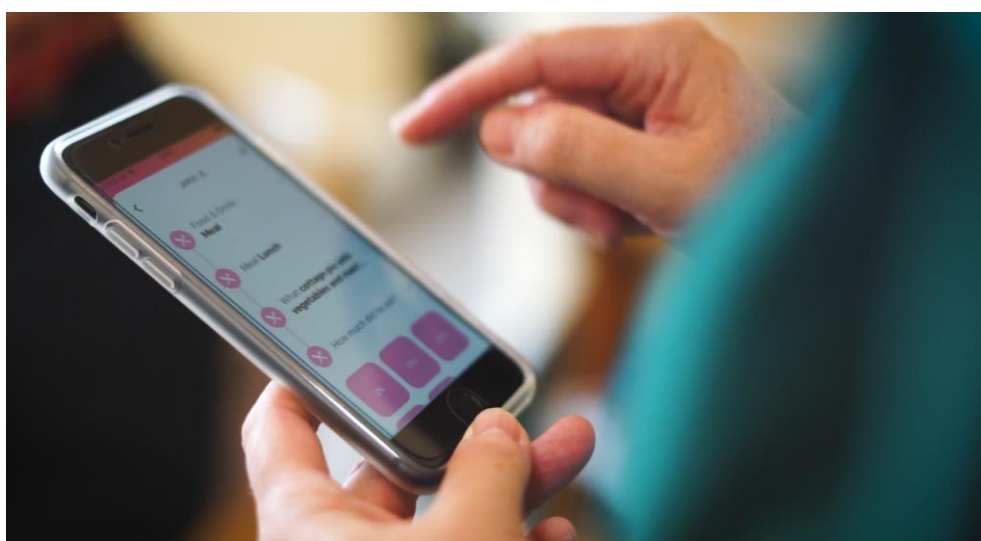


Digital Social Care Records

Buyers Guide to complement the Assured Supplier List



February 2022

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Introduction

Choosing and implementing a digital social care record will probably be one of the biggest steps you take as a care provider: it will become the key tool for your day-to-day management of care and for reviewing past provision and planning future provision. The adoption of digital social care record solutions could have the potential to transform care outcomes. They give the opportunity to free time spent by care workers and managers on administrative tasks whilst equipping them with the key, up to date information they need to deliver care.

Digital social care records could allow you to benefit from enhanced information sharing that can support improvements in the safety and quality of care which is centred around the individual. It is the system with which most of the other digital systems you are using or may use in the future will need to integrate and should be viewed as the master data store which will drive or take feeds from other systems. In its basic form, digital social care record software is a traditional database for storing details of the people you care for, their needs and potentially some details of care staff. However, it offers so much more than that.

What is a Digital Social Care Record (DSCR)?

A Digital Social Care Record allows the digital recording of care information and care received by an individual, within a social care setting, replacing traditional paper records. This is sometimes also called an electronic care plan, electronic care record or electronic care management.

What is this guide for?

This guide has been developed to help you go through the process of buying a digital social care record for your care service.

It has been designed for adult social care providers who are thinking about purchasing a digital social care record for the first time.

The appendix has a step-by-step guide to purchasing a digital social care record.

Why should you adopt a digital social care record?

There are many reasons why organisations start to think about adopting digital social care records and many people are enthusiastic about the benefits that can be found from using digital systems. We have lots of success stories where people talk about what they have liked about adopting digital social care records on the Digital Social Care website:

<https://www.digitalsocialcare.co.uk/success-stories/>

Adopting digital social care records can bring about positive change. They allow for safer handling of information (data), increases responsiveness and provides a greater level of insight into how care is delivered. Digitised care records increase the ability to share

information with other organisations, friends and family in a more consistent manner. Electronic care records are also an effective way of articulating the high-quality care you provide to residents and customers. For recipients in receipt of care a digital social care record ensures all their key information is available to their carers at the point it is required.

Some of the reasons which people have for adopting digital social care records are:

Care Recipient and Families
Families and loved ones can access the care record remotely (with consent)
All key information about the individual is in one place, accessible at the point of care
Better facilitation of admissions to - and discharges from - hospital
Care Manager
It makes it easier and more efficient to provide information to commissioners and regulators
It is more secure than paper files
There is better oversight for senior managers and it is easier to complete audits
Reduction in archiving and scanning costs
Reduction in the amount of printing required
It is easier to review and analyse trends – both for the organisation and for individuals who are receiving care
Greener environmental impact.
Care Staff
Staff can find it quicker to record notes digitally, which allows them to have more time to spend providing care
Staff can find it easier to read notes as carers are not being asked to decipher handwriting
Ability to review notes from anywhere
Reduction in staff time spent on administration
Ability to brief clinicians and AHPs more comprehensively about a person

Where to start?

Purchasing a Digital Social Care Record system should be viewed in the same way as any other project or change you might make in your service. The first part of any project is consultation with stakeholders to define the outcomes – you have to get to the bottom of why digital care planning is important for you.

“Digital Care Management Systems present a great opportunity for positive change in care provision. The successful adoption of digital records can help to deliver better management of care, more secure data handling, better co-ordination and improved responsiveness...” –

[Preet Shergill, Peverel Court](#)

The investment in the software and training has to create value. Value in terms of better quality of life for the people you support, greater efficiency and greater interoperability with health

and care systems outside your service (for example with district nurses, clinicians, allied

health professionals etc.). This should define the outcomes or capabilities you want and guide any procurement process.

For example, if you want the loved ones of people you support to be able to see the digital social care record remotely, that would be a key outcome of any software you start using and it is helpful to know that before you start shortlisting suppliers.

It is important that you get your staff and the people you support involved in deciding what is important and which system to buy. These are your key stakeholders as they will be the ones using the system and the people most affected by it.

You may want to reach out to other organisations who have adopted a digital social care record solution and can tell you what the solution does, they may also be able to provide guidance or advice.

People to involve/consult in the decision-making process

There are many people who will be affected by your decision to go digital, and you have the choice of involving them at any stage of your decision making process. People often adopt new things more easily when they feel they have been involved in the adoption, so it's often good to agree with colleagues who these stakeholders include. Then you can decide whether you want to involve them or get their thoughts. They include:

- The people you are supporting and their families,
- the staff and management teams,
- CQC inspectors, local authority and CCG commissioners,
- the governing board,
- clinical and allied health professionals you work with
- consultants you work with,
- your internal quality colleagues, and
- there may be others depending on your organisational set up.

For a great piece on stakeholder involvement see **Social Care Institute for Excellence (SCIE) stakeholder mapping** or listen to Rachel Peacock, CEO of Making Space talk about how her and her team **brought people with them.**

Choosing the right solution

Choosing the digital social care record system is an essential part of your digital transformation journey. Due to its importance as the hub, the focus should be on selecting a supplier who understands your journey and whose ethos and way of working are a fit for you. The aim is to build a partnership with the company which best matches your organisation's aspirations, a partnership which will develop and grow. The decision involves looking at a number of factors and deciding which are the most important for you and your organisation.

The Assured Supplier List

NHSX have worked with care providers and digital social care record suppliers to create the [Assured Supplier List](#). This is a list of software suppliers who have passed rigorous selection criteria to ensure they can deliver against national specifications, that their solution meets core capabilities and that their financial position is stable.

If you purchase a system from this list, you can be certain that they have been assured at the highest level.

Key procurement factors

Any procurement is unique and this guide can help you to decide what factors are most important to you when choosing a solution. Below is a list of **core capabilities** which your digital social care record solution should be **required** to have and then a list of **optional capabilities** which **may** be important to your organisation. You should review each of these capabilities and decide which are vital for your organisation, which would be nice to have, and which aren't required for your work.

All providers listed in the assured supplier list have had their solutions checked and assured that they offer the core capabilities listed below. If you are considering a solution that is not on the assured list then you may want to check they offer the below capabilities.

Core (Required) Capability

The solution must support inclusive care planning and needs assessment and include the capability:

- To capture a person-centred care plan
- To undertake and capture care needs assessments using templates / pre-built criteria
- To create care plans using templates / pre-built care plans
- For a social care provider to add to care plan templates / pre-built care plans
- To involve an individual in the process of planning their own care
- To set a target outcome/goal for the individual receiving care and an associated list of tasks/action

The system must capture real-time, auditable, records, notes and observations that can be accessed at the point of care and include the capability:

- To capture structured data for routine tasks, for example when tasks have been completed, that is linked to the care plan, including for plans a carer did not create
- To capture unstructured data, for example, information about activities, patient comments etc., that is linked to the care plan, including for plans a carer did not create
- For data to be captured and displayed consistently throughout the system so that it is easy to absorb
- To provide a longitudinal picture of the care provided to an individual over time
- To capture written notes
- To capture verbal notes that are converted to unstructured text
- To upload existing third-party documents and images

The system must support task planning, allocation, management and completion and include the capability:

- To allocate tasks to the most appropriate staff members
- To provide information about the status of tasks in real-time
- To provide a list of the tasks assigned to an individual care worker showing clearly which are outstanding and which have been completed
- To manually identify priority tasks that require action
- To automatically flag overdue tasks
- To actively calculate an individual's risk and flag the need for a care plan/activity to be reviewed as a result of rising risk
- To generate handover information for shift changes etc. to ensure continuity of care
- To provide an aggregated dashboard view of the status of tasks for a care manager to view

The system must provide controlled access to data and include the capability:

- For an individual to view their own care plan and record
- For an authorised care worker to view care plans, assessments and records, including ones they did not create
- For an authorised care worker to edit and update care plans, assessments and records, including ones they did not create
- For authorised health professionals to view care plans, assessments and records, including ones they did not create
- For authorised health professionals to edit care plans, assessments and records, including ones they did not create
- For a version of the care record and plan to be viewable on third party devices – e.g. devices owned by health professionals or individuals
- For a social care provider to set appropriate access controls for who can create, view and edit care plans and records
- To maintain an audit log of all changes to a care record including who accessed the record, the date and what changes were made

The system must be able to share data with other systems and care settings and include the capability:

- To export data, including data from locally generated reports, in a flat-file format (e.g. PDF)
- To export data, including data from locally generated reports, in an interrogatable and importable file format (e.g. CSV)
- For documents to be uploaded into an individual's care record
- To produce key information for emergency hospital admissions in a format that is compliant with standards

The system must support the operation and management of a care setting and include the capability:

- For social care providers to generate, save and amend prebuilt summary reports for individual recipients of care. Please demonstrate your five most frequently used reports in your video
- For social care providers to generate, save and amend prebuilt summary reports at a site and service level. Please demonstrate your five most frequently used reports in your video
- To see a chronology of interactions and activities for auditing/inspection purposes and to manage incidents
- To provide reports that support a care provider to meet the Key Lines of Enquiry of the CQC inspection regime

Optional Capabilities

The solution must support inclusive care planning and needs assessment and include the capability:

- For a social care provider to add to assessment templates / pre built care plans
- To measure progress against a target outcome / goal for the individual receiving care

The system must capture real time, auditable, records, notes and observations that can be accessed at the point of care and include the capability:

- To capture verbal notes that are converted to structured, interrogatable format such as ICD11 or Snomed
- To use body maps to capture treatment information
- To store video information about the care provided
- To store photographic information about the care provided
- To read the contents of the record back to the user
- To provide access to required information about an individual even when offline
- To automatically update changes to an individual's care record / plan / tasks when a user goes back online
- To flag where offline and online changes made to an individual's care record / plan / task are contradictory / conflict and require manual resolution

The system must support task planning, allocation, management and completion and include the capability:

- To record information about the skills, experience and training of staff
- To enable a social care provider to define a template list of the skills, experience and training of their staff

- For a care worker to view care recipient generated information related to specific tasks
- To flag priority tasks as a result of information from third party remote care solutions in a way that supplements but does not duplicate existing alerts and alarms generated by your solution
- To send notifications / messages to other care workers

The system must provide controlled access to data and include the capability:

- For an individual to write to and update their own care plan and record
- For authorised third parties (including family members) to view care plans and records, including ones they did not create
- For authorised third parties (including family members) to write to care plans and records, including ones they did not create

The system must be able to share data with other systems and care settings and include the capability:

- To provide read only access to live data held in primary care systems (e.g. through GP Connect)
- To display other live NHS data (e.g. the summary care record)
- To provide access to Electronic Medications Administration and Recording systems (either natively or through integration with a third party solution)
- To electronically transfer key information for emergency hospital admissions in a format that is compliant with standards
- To capture hospital discharge information in a format that is compliant with standards

The system must support the operation and management of a care setting and include the capability:

- For social care providers to build, save and amend their own summary reports for individual recipients of care.
- For social care providers to build, save and amend their own summary reports at a site and service level.
- To provide reports, which can be adapted by a social care provider (for example by changing data fields that are included), that aggregate the specific care needs of individuals in comparison to the skills and capacity of staff to enable effective resourcing
- To provide reports, which can be adapted by a social care provider (for example by changing data fields that are included), that show how much time and / or resources have been allocated delivering care to enable business management

Hardware and Infrastructure requirements

Many Digital Social Care Record Software companies will help you understand the type of hardware and infrastructure you need to ensure that their software will work well. System vendors should be consulted on specific hardware requirements. You should take care to purchase the right hardware as you may need to use it to run other software in the future. Any devices used will need to be compatible with multiple systems. Generally, most systems

can be hosted on Android devices. Some Digital Social Care Record solutions will also offer hardware which they can then manage for you.

What do we mean by hardware?

This includes any computers, mobile devices e.g. smart phones or tablets, WiFi routers or other equipment you need to run this technology. If you have IT support you can consult with them and they will be able to assist. If you are considering finding IT support, you can see our [Buyer's Guide for External IT Support](#). If you have questions about mobile devices, we have [guidance available](#).

What do we mean by infrastructure?

In this context we mean things like the internet connection you have in your buildings, the availability of mobile data for any staff who work in the community, and the availability of plug sockets to charge and run equipment. You need to make sure that you have worked these things out before starting to use any new software. You may also need to consider any additional costs that this might have for your organisation. We have guidance on [internet connectivity and data](#).

What else should you consider?

When you are shortlisting your supplier, you might also want to think about the following things:

- Does the company's value system align with yours? For example, are they interested in environmental stability?
- Does the company offer a free trial? Some do and some don't but you should ask if this is important to you.
- What does the process look like for the end of the contract? You should know if there are any end of contract charges and what happens to your data at the end of the contract.
- What does the implementation process look like? We have guidance coming out in 2022 to provide support around implementation and training.
- What type of support will you get after implementation? How do you report issues or queries?

- What is the supplier's attitude to the challenges of implementing a new system and how they can guide you in how to deal with clients and staff who might be resistant to change? If they say that there is never an issue, then you may want to question further because you want a realistic rather than idealistic partner.
- What is on the supplier's product roadmap? How is the product likely to develop over time?

Pricing

Most systems offer software as a solution (SaaS) with pricing based on a minimum term commitment, one off costs for things like training, and a monthly charge. The monthly charge may be based on the criteria below, either individually or collectively:

- Specific number of clients or bed capacity
- Client range (e.g. up to 50, 50-100)
- Number of staff
- Number of core system users and number of care staff

It is difficult to generalise, and prices can vary however prices could be negotiated during any procurement process.

When reviewing pricing remember that hardware or services for additional integration, customisation, set-up and management training or premium models/modifications may have additional costs.

Appendix - How to purchase a DSCR.

Step One – Decide what you want

The first step is to decide the core outcomes which you and your stakeholders hope to achieve with a digital care record. For example, what are your non-negotiable functional requirements?

You should have a clear technical specification of what you want the software to do by the end of this stage. This should include:

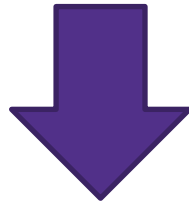
- a. Scope – what is included in the scope of works (ie what you need or don't need)
- b. background – including objectives, rationale for change, current arrangements, desired usage
- c. High level requirements
- d. Your Budget

If you work for a larger organisation, you may need to have a much more detailed document at this point. There is an in depth guide on writing a [specification for a Digital Social Care Record System](#).

You may also need to have a business plan, here is an example of one <https://www.digitalsocialcare.co.uk/resource/business-case-template-the-hubble-project/>

Step Two – Drawing up a shortlist (public sector organisations)

Once you have an idea of what you and your stakeholders would like the software to do, you need to complete the [Order Form Template](#). This is a detailed specification to submit to all assured suppliers on the DPS. Once this has been submitted, the suppliers will have a minimum of 10 days to respond.



Step Three – Consultation & Evaluation

You should evaluate your shortlist against the criteria you established in your specification. It is essential that you have good record keeping and that you evaluate the bid strictly in accordance with published award criteria. Keep an audit trail of the process

Step Two – Drawing up a shortlist (non-public sector)

Once you have an idea of what you and your stakeholders would like the software to do, you need to draw up a shortlist of suppliers. You can look at the DPS to see which ones fit your requirements.

At this stage you may want to have a much more detailed list of requirements and assess each of your shortlisted companies against this list of requirements. You can use the "Procurement Factor" information to help or the checklist from the Hubble Project:

<https://www.digitalsocialcare.co.uk/resource/tech-supplier-checklist-the-hubble-project/>



Step Three – Consultation & Evaluation

Speak to staff and service users to get their feedback on the shortlist and then make your decision. You should evaluate your shortlist against the criteria you established in your specification/scope

Step Four – Contract

Once you have finished evaluating, you will have identified your software supplier. You will now want to undertake due diligence so you know that your chosen company can meet the terms of the contract.

Once you have completed due diligence, you can sign the contract and start planning implementation!

Note for purchasing through the DPS:

NHSX need to have a record of all contracts awarded through the DPS. Where you have completed a mini-competition process and have a call-off contract, you need to complete the [DSCR Call Off Award Form](#).

When you have chosen your winning supplier, you should update your Order form with their information and ensure that it is shared and signed by all parties. When this has been signed it is the basis of your contract.

For public sector organisations, to ensure robustness, award contracts must be signed by a recognised legal contracting authority. Within an STP or ICS this could be a lead CCG with associate CCGs.