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| Document filename: | **IOPS Project Questionnaire** | | |
| Project / Programme | **Platforms – Clinicals Pillar – Clinicals Core** | Project Name: **V4 FGM FHIR API** |  |
| Document Reference |  | | |
| Project Manager | **Clare Cooke** | Status | **Draft** |
| Owner | **Jill Sharples** | Version | **0.1** |
| Requestor/main contact | **Clare Cooke / Chris Knowles** | Version issue date | **22/08/2022** |
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# Introduction

## Purpose of Document

The purpose of this document is to gather the information that is required for a New Work Request (NWR) to be estimated and costed by the IOPS team.

Attach any other supporting documents and/or provide links to online repositories where further detail can be found.

**Note: For Discovery Projects some of the questions in this document may be too low level, for example, in the architecture section, however, please fill in as many sections as possible and state reasons why detail is unknown.**

# Project Overview

* What is the programme/project that is requesting the work request?

Clinicals Pillar within Platforms. There is no longer a ‘Programme’ as such for FGM so the service is jointly owned by Platforms and Service Management now.

* What is the scope and purpose of the project and what is it looking to achieve?

We are looking to build an API to FHIR 4 tech / standards, this API will just replicate the functionality that is available in the current FGM write API. The reason for the re-build is that the old API was built to STU2 (?) and therefore it’s now impossible for anyone to integrate with because the tooling is no longer available.

* Who are the key parties and interactions and what business need is being fulfilled?

NHS England and DHSC have requested that we do this work because they believe that the absence of an integrateable FGM API is a blocker to FGM data sharing. The GP IT futures Programme have removed FGM as a requirement from their roadmap (for Principal suppliers and new market entrants) because to ask suppliers to integrate with the old API would be unrealistic / unachievable. This means that GPs are not widely sharing FGM info (although we believe they are collecting it in local systems). DHSC have projected figures of how many girls they think have a family history of FGM living in England, the number of flags on FGM is a fraction of this – DHSC believe that having no integrateable API is a contributing factor.

This work would be a key contributor to meeting NHS E’s strategic aim of reducing health inequalities.

## Timelines

* Is this project following Government Digital Services (GDS) guidelines? If not what stages are you following?

We will not be undertaking a GDS assessment because it would not be appropriate for this delivery, although we follow many best practices in our delivery process that GDS recommend.

* What are the project timelines? Can you share the documented roadmap for the path to live?

Ideally I would like to have the FHIR Specification delivered by end of Q1 / beginning of Q2 and Delivery finished by end of Q2/beginning of Q3. Then we (Platforms) can focus on promoting uptake and adoption for the remainder of the FY

* Is the project delivered in phases/sub releases e.g. Agile delivery?

Yes, all Clinicals deliveries follow Agile methodology

* When do the IOPS components need to be delivered? Is this staggered to match any sub releases/agile delivery?

I intend to employ a 3rd party delivery team / supplier partner to do the technical delivery, therefore it’s important I can be sure when the IOPS spec will be finalised so that I can bring the delivery team in to match the spec delivery. However, the TA (David Fletcher) who will oversee the work is already in post so IOPS could work with David prior to the delivery team arriving. I also have a permenant BA who will oversee the elaboration for the delivery team (Chris Knowles) who can be engaged prior to delivery team starting.

* Is a programme/organisational directive driving this timeline/priority that needs to be factored into our scheduling? If so please detail this directive.

DHSC want this work doing and the sooner the better because as long as it’s not done then we are proliferating health inequalities, but there is no ‘ministerial commitment’ that makes this work urgent.

# Stakeholder Wider Involvement/Engagements

* Has the project engaged with the PRSB or other areas to seek wider requirements in this domain? If so who?

No – not needed as far as I know.

* How has publication and interaction been done?

## Key stakeholders

List all key stakeholders below:

|  |  |  |
| --- | --- | --- |
| **Title** | **Name** | **Role on Project** |
| Sponsor | **Jill Sharples** | **Pillar Head** |
| Project Manager | **Clare Cooke** | **Product Lead** |
| Architect | **David Fletcher** | **Tech Arch** |
| Technical Lead | **Jolo Das** | **Tech Lead (oversight)** |
| Business Analyst | **Chris Knowles** | **BA (oversight)** |
| Developer | **TBA** |  |
| (First of Type) Implementors | **GP Suppliers – Principal & New Mkt entrants**  **Maternity suite software suppliers** |  |
| Suppliers | **EMIS, TPP, Medicus** |  |
| Terminologist | **???** |  |

## Clinician Support

Has suitable clinician support for this area of expertise been identified? Please list names. If not is this in hand?

|  |  |  |
| --- | --- | --- |
| **Title** | **Name** | **Role on Project** |
|  | **Chris Dickson** | Clinical Advisor |
|  | **Raman Behl** | Clinical Advisor |
|  |  |  |

# Architecture

***This section is not mandatory for Discovery Projects. However, any information known or envisaged is beneficial so please review and add detail if possible.***

## Exchange Paradigm Selection

* What is your current view of how data exchange happens?

API exchange between systems. In the case of FGM there is contribution (adding flags) and consumption (viewing flags). APis can be integrated into native systems FGM flags can also be added and amended and viewed using NCRS.

* What technology and interaction pattern are envisaged?
* Is this real-time or batch, push or pull?

Likely/ideally real-time but some System Suppliers may choose/wish to batch updates into mutually agreeable patterns.

## Architecture Approach

* Are you aware of the [Integration Patterns Book - NHS Digital](https://digital.nhs.uk/about-nhs-digital/our-work/nhs-digital-architecture/integration-patterns-book).

No

* Have you selected one of the Integration patterns from the Integration Pattern Book?

No

* Have you been/presented to the architecture boards, such as TRG?

Not for this as of yet

# Requirements

## Business Processes and Use Cases

* Has the project documented Use Cases and/or Business Processes? Please share these if known, or briefly outline the primary Use case the project will cover.

## Documented Requirements

* Are there any documented written requirements for the project? Please share these.

## Data Requirements

* Are there any documented data requirements/standards for the project? Please share these.
* Is there or will there be a related Information Standards Notice (ISN)? Please list these.

NHS IT system suppliers must implement FGM-IS before 31 March 2021, as set out in the [Information Standards Notice (ISN)](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2112-fgm-information-sharing-local-system-integration) DCB2112

* Have any specific FHIR Resources been identified as required. Please share these. Note, that the IOPS team will map the requirements to FHIR resources as part of the project. Logical Model
* Are there any logical models for this project? Please share if documented.
* Have these logical models been reviewed/compared to the PRSB model(s)
* Does your use case use Allergies or Medications? If so does it conform with the ISN for these resources? See [here](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4013-medicine-and-allergy-intolerance-data-transfer) for these ISNs. Not used

# Technical Considerations

* Is this proposed to be a new implementation of FHIR or an amendment/extension of an existing project/implementation? If existing please specify the project name and a link to any current resources/documentation.

Existing.

https://digital.nhs.uk/developer/api-catalogue/female-genital-mutilation-information-sharing-fhir

## FHIR Version

* STU3 or R4? Note all new developments/projects will be aligned to UK Core R4.

R4