G-Cloud 14
Sexual Health & HIV Data Migration

Service definition for Sexual Health and HIV data migration from an existing EPR into a new EPR.

1 Service Definition

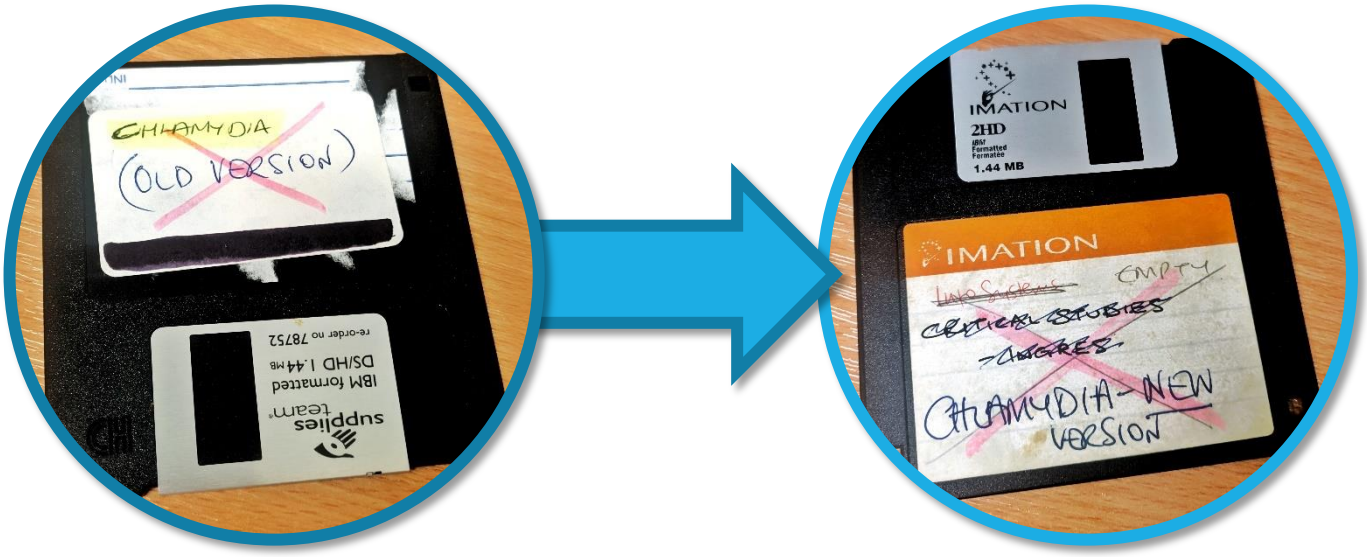
Data migration to include planning and preparation to transfer data from the purchasers existing sexual health/HIV Electronic Patient Record (EPR) database to their new EPR database ready for testing and go-live. Data transfer is for up to 200,000 records and includes data cleansing and one test extraction.

Data migration can be from any sexual health or HIV self-hosted database into any other, including:

- INFORM (Inform Health)
- Lilie (idox)
- PreView
- Mill Systems (Telecare)
- ExceliCare
- CLIMATE-HIV

1.1 Data migration includes:

- Sexual health coding
  - SRHAD
  - GUMCAD
  - HARS
- Contraception
  - current
  - previous
- Diagnosis
- Local coding
- Demographic history
  - Additional demographics
- Clinical notes
- Patient flags
- Test Results
  - simplified
  - standard
  - complex
- Prescriptions and formulary
- HIV clinical notes
- Scanned documents, uploads and attachments



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3 Project Assumptions

This project assumes that the purchaser will give an administrator username/password to the server/database to Tessell Health. That access, permission(s) and authority is provided to Tessell Health to carry out all the data migration (remotely).

4 Initial Consultation

Upon receipt of a purchase order Tessell Health will start initial consultation meetings to confirm there is sufficient data access available and to explain and agree the scope of each element in the data migration. These initial consultations will take one week to complete and a further week for internal documentation.

This initial consultation will be via remote meetings (Microsoft Teams) and cover the following:

- Meeting(s) with IT/Tech teams
    - Current and new servers - Capacity / Availability
    - Database - Hosting / Access / Reporting / Backups
    - IG - Remote access / Data processing agreement
- Meeting(s) with project team
    - Confirmation of data required
    - Timescales
    - Data cleansing
    - Date ranges to be extracted
    - Inclusions / Exclusions

Tessell Health request that only “adequate, relevant and limited to what is necessary [GDPR]” data is asked to be extracted. A priority for each data field and omissions will be discussed and agreed; note that complete data migration of active clinical data is not 100% of data held.

5 Data Migration Inclusion/Exclusions

This service includes planning and preparation to transfer data from the existing sexual health or HIV database to a new sexual health or HIV database ready for testing and go-live. Data transfer is for up to 100,000 record lines.

Where clinically required data is available it will be migrated, where data is not available or recorded it cannot be migrated. It is likely that this migration project will find data that has not been recorded or incorrectly recorded. Where possible this will be flagged to the purchaser to review.

5.1 Patient Demographics

Migration of current patient demographics to include NHS Number, Name, Aliases, DOB, Gender, Ethnicity, Comments, Language, Disabilities (Deaf/Blind/Wheelchair/Learning), Death, Other hospital numbers and Syphilis status.

5.1.1 History

Transfer of historic demographic data when it is available and suitable for transfer.

5.1.2 Additional demographics

Transfer of extended demographics included email addresses and previous patient numbers.

5.1.3 Patient flags

Transfer and inferred additional patient flags to include HIV status, Syphilis, Safeguarding and FGM.

5.2 Patient Address & Phone Number

Migration of address line 1, address line 2, address line 3, postcode and created/migrated date of previous and current patient addresses. Some data cleaning will be required during migration and some invalid addresses may not be migrated.

All current and previous phone numbers as well as created/migrated date. Data will be inferred into mobile/landline and contact permissions set to agreed defaults.

5.3 Patient Current GP

Migration of current GP name, practice, address, phone number, consent to write/copy letters and privacy comments.

5.4 Clinical Notes / Diary Entries

Clinical notes will be extracted and where appropriate split into suitable sub-headings or migrated as structure text from the multiple fields into a single ‘block’ field; this will be dependant of the existing/new EPRs.

5.5 Sexual Orientations

Migration of sexual orientations to include created date and created by.

5.6 Height/Weight/BP

Migration of Height, Weight and Blood Pressure to include date and user. Where height and weight are both recorded BMI will be recalculated.

5.7 Sexual health coding

Transfer of national dataset SHAPPT and SRHAD from the existing EPR into the new EPR.

5.8 HIV Coding

Transfer of national HARS dataset from the existing EPR into the new EPR.

5.9 Contraception

5.9.1 Current

Transfer of the current main method of contraception for each patient.

5.9.2 Previous

Transfer of all previous contraception recorded for every patient.

5.10 Diagnosis

Transfer of additional diagnosis information not already included in GUMCAD.

5.11 Local coding

Transfer of local SHAPPT codes used for local commissioner reporting.

5.12 Prescription Records

Legal prescriptions are not supported by most sexual health systems; these EPRs hold a "record of prescription". Only these records of prescriptions will be migrated. These will include all details held including date, drug, prescriber, issuer and batch number.

5.13 Test Results

A 'best endeavours' migration of tests and results from the existing EPR into the new EPR. Manipulation of date (created, requested, performed and received), name, status, +/- result, detection limit, result (integer or text), units, comments, sample number, reference range and test set.

Focus will be prioritised on important/common tests like CD4, VL, Chlamydia, Gonorrhea, Syphilis and HIV. It is expected that 100% of common tests and >95% of additional tests will be migrated – tests not being migrated will be flagged for further discussion.

5.14 Allergies

Allergy, date, user and comments will be migrated into the new EPR.

5.15 ART & Medications

Tessell Health will produce a list of ARTs available in the new EPR and ART recorded in the existing EPR. This list will be checked and mapped by the Tessell Health specialist HIV pharmacist ready for the purchaser to check and sign off.

ART and Medication, start and stop dates, frequency, comments, created by and created date will be migrated to the new EPR.

Medication, start/end dates, dose and trade name can be split between either structured or unstructured medications depending on the configuration of the existing/new EPRs.

Recreational drug, start/end dates and dose can be split between either structured or unstructured recreational drugs depending on the configuration of the existing/new EPRs.

5.16 Attachments

Migration of attachment data included document title, notes, date and creation by.

5.17 (HIV) Children

All (HIV) children details will be migrated from the existing EPR to the new EPR including date, names, DOB, NHS numbers, other hospital numbers, gender, birth weight, HIV status, created date, created by and notes.

5.18 Users

Existing users in the current EPR will be replicated to the new EPR to enable and record previous user/version control of migrated clinical data.

5.19 Flat-file/External Data

Tessell Health offer a limited ability to combine existing flat-files (spreadsheets) and stand-alone documents (e.g. scanned notes) into the data migration. This ad-hoc data needs to be presented at the beginning of the project and will be reviewed, agreed and migrated on a best endeavours basis.

Any external data should be coherent, consistent, accurate, robust and relevant or it will not be included in this data migration.

6 IT Requirements

6.1 Remote Working

Remote working will be carried out either by a secure remote working software (e.g. TeamSite or a VPN) specified, supplied and configured by the purchaser or by using a remote working laptop specified, supplied and configured by the purchaser and returned by Tessell Health at the end of this data migration project.

Access and setup for remote working on any externally hosted systems is the responsibility of the purchaser.

6.1.1 Remote Machine

Connection will be into a PC/Server hosted in/by the purchaser which has SQL access to the existing database and EPR. A connection directly into a non-business critical new/blank server for the lifespan of this migration project is preferable. The machine should have SQL (admin) access to the current database and be preinstalled with:

- Notepad++ (Version 7 or higher)
- Microsoft Excel
- SQL Server Management Studio

6.2 Access to the Existing Database

Tessell Health needs full read SQL admin access to the existing live database or a restored backup of the current live database.

6.3 Access to the Existing EPR

Tessell Health needs read only access to the existing live EPR.

6.3.1 Other Files

Tessell Health require access to any attachments/uploads which are saved outside of the existing live database.

6.4 New Server

Access to the new database is required, a new migration schema will be created for use as a staging platform for the initial data to be migrated into.

6.5 Access to the New EPR

Tessell Health needs read only access to the new live EPR.

6.6 Backups

Backups of existing database/server, the new database/server and any Tessell Health staging database must be configured and run by the purchaser so that data is fully recoverable. This must be in place before Tessell Health begin any work. All systems should be treated as live the moment this data migration (including test data extraction and building data extraction scripts) has started.

6.7 The Technical Project Leader

Tessell Health will allocate a named technical project leader for this data migration project.

The technical project leader will be well suited for this project with a Software Engineering/Development degree and experience of database programming both commercially and within the NHS. They will have experience of:

- managing multiple databases in sexual health and HIV departments
- project management of multiple data migrations
- extracting sexual health/HIV data from
    - INFORM (Inform Health)
    - Mill Systems (Telecare)
    - ExceliCare
    - PreView
    - Microsoft Access
    - Standardised Flat-Files
    - CLIMATE-HIV

6.7.1 Project Working Hours

The technical project leader will be splitting their time between multiple projects for Tessell Health, where dedicated full working-day(s) (either on site or remotely) for the purchaser are required, these should be arranged at least three weeks in advance.

6.8 Data Processing

All data will be kept entirely within the hosted servers of the purchaser. Tessell Health require that these servers and backups are kept within the EU.

7 Testing and Verification

It is industry standard to check 5-10% of the test data extraction before go-live migration. The purchaser should be prepared to invest around 10 days of staffing time into validation of this data migration. This is often achieved in conjunction with (local) system-training and split amongst all staff.

e.g. 30 staff given 5 hours of system training (by the new system supplier) and then having 3 hours of practice by validating the test extraction.

Delays to the project go-live due to a delayed sign-off are the responsibility of the purchaser.