

Digital Health Platform

G-Cloud Service Definition

26th January 2026

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Introduction

Inhealthcare's Digital Health Platform forms the infrastructure for radical change in healthcare through enabling patients to be cared for outside of hospital walls. The cloud-based technology is delivered from within a secure data centre and available within the HSCN allowing clinicians to monitor patients safely and securely.

The Platform Services and Apps are built on the Business Process Model and Notation (BPMN) model which is designed to support rapid innovation and reduces the need for software coding and allows new services to be built in a matter of hours.

The Platform is integrated with hospital and primary care Electronic Health Records, allowing data to be shared easily between healthcare professionals.

The Inhealthcare Platform provides a secure integration environment into NHS infrastructure. We ensure that data is securely integrated back into hospital and Electronic Health Records using a number of different API mechanisms.

The Platform Services allow clinicians to provide regular monitoring of their patients at home or in care homes. The purpose of the services is to provide clinicians with better, more up to date information about their patients, and for patients to be more involved in their own treatment and care.

Services

Our services which have been designed by NHS clinicians and are available to healthcare organisations through the adoption of The Inhealthcare Platform. These services include:

Service	Description
Virtual Wards	Inhealthcare provides virtual ward services which support early discharge of patients across the NHS. Some examples of Inhealthcare Virtual Wards include Respiratory, Heart Failure, Pre and post-surgery, Paediatrics and Renal.
Patient Initiated Follow UP (PIFU)	Inhealthcare's PIFU services allow patients to self-refer into healthcare professionals when they require additional support or are suffering from a deterioration. PIFU services allow healthcare professionals to manage their growing caseload of patients and identify those that require immediate support.
INR self-testing	This service allows patients on warfarin to self-test their INR at home instead of attending out-patient clinic, and then for them to receive their new warfarin dose at home.
Undernutrition Monitoring	This service assesses patient's risk of undernutrition at home and in care homes and identifies patients that no longer require ONS.
Weight Management	This service allows clinicians to set patients goals order to encourage weight loss. Patients respond to the goals from their own home and are followed up by a clinician where required.
Chronic Pain	This service uses apps designed using Cognitive Behavioural Therapy (CBT) to help patients understand and better self-manage their condition, and to provide regular updates to their care team.
Long Term Conditions	This includes services such as COPD, Diabetes, Heart Failure and asks patients questionnaires about their conditions. Clinicians are able to set patients' thresholds and if any readings are out of the thresholds they will be alerted and can follow up where necessary.
Patient Reported Outcome Measures (PROMS)	This service allows patients to answer questionnaires which are then sent back to the clinician.
Vital Signs (blood pressure, temperature, weight, heart rate and SP02)	This service allows patients vital signs readings to be sent remotely to the clinician via a range of different communication methods. This allows patients to be monitored from their homes and for clinicians to prioritise their case load easily.

Service	Description
Falls	This service gathers information from patients who are at risk of falling. If any of the patient's responses are a cause for concern then the clinician is alerted.
Digital Care Home	The dDigital cCare Home Pathway allows clinicians to remotely monitor patients' in care homes. The carer fills in any tasks that are set for the patient and they are sent to the relevant clinician.
Medication Reminders	This service reminds patients to take their medication.
Surgical Outcome Tracker	This service contacts patients that have recently undergone surgery and informs the clinician of patients that are at high risk of readmission.
NHS Number Validation	This validates NHS numbers against the Spine.

Further to the above detailed in the table below are descriptions of the services that can be developed on the Inhealthcare platform.

Service category	Description
Patient Reported Outcome Measures (PROMs)	Patient Recorded Outcome Measures (PROMs) are a measure of a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients. A PROMs service on the Inhealthcare Platform allows for the following: • An unrepeatable, short self-completed questionnaire using any of the following communication channels; Automated Phone Call, SMS, My Inhealthcare app, online web form. • Results of questionnaires to be collated and if applicable scores calculated based on the patient's responses. • Results to be shared with external clinical systems that the Inhealthcare Platform integrates with. A pathway will not fall under the definition of a PROMs service if it meets any of the following criteria: • Questionnaire information to be collected via a third-party application and shared with the Inhealthcare platform via an API.

Service category	Description
	- Clinical alerts to be created based on the patients responses to questionnaires. - Further questionnaires or information to be requested from the patient based on their responses to an initial questionnaire. - A questionnaire to be repeatedly sent to a patient for completion / Questionnaires scheduled on a frequency greater than one-off. There will be no additional charges for these questionnaires if they use the My Inhealthcare application or online portal. SMS messages and Call minutes to UK landlines / mobiles to be used by the service will be charged separately as specified in the communication section.
Medication Reminders	This service allows a patient to receive prompts to take prescribed medication a maximum of four times a day. The service allows patients to respond to the prompts to confirm compliance. There will be no additional charges for these prompts if they use the My Inhealthcare application or online portal. SMS messages and Call minutes to UK landlines / mobiles to be used by the service will be charged separately as specified in the communication section.
Appointment Reminders	This service allows a patient to receive prompts to take attend appointments or provide patients with an option to select a preferred appointment from a list that is provided to them. The service allows patients to respond to the prompts to confirm attendance or that their appointment preference. There will be no additional charges for these prompts if they use the My Inhealthcare application or online portal. SMS messages and Call minutes to UK landlines / mobiles to be used by the service will be charged separately as specified in the communication section.

Communication Methods

As part of the services that Inhealthcare provides to its customers the below communication methods are available to patients.

Method	Description
Telephone	The Inhealthcare Platform calls the patient at an agreed time and the patient enters their results and/or answers questionnaires over the phone using the keys on the telephone handset.

Method	Description
Online	The Inhealthcare Platform sends patients an email with a link to login to the Inhealthcare Patient Portal. The patient will have been sent a registration email prior to this where they will register for the Inhealthcare Patient Portal. The patient will then use this information to login to the Inhealthcare Patient Portal and submit any results to their health care professional.
App	The patient downloads the My Inhealthcare app and submits the requested information to their healthcare professional. The patient will have gone through a registration process to be able to access the Inhealthcare Portal and is notified when a task becomes available. The app has a built-in calendar so the patient can be reminded via app notification when they have a task to complete
SMS	The Inhealthcare Platform sends text messages to the patient to gather the required information. The patient responds by replying to the text message.
Clinician & Care Worker App	A clinician or care home user can download the Inhealthcare Professional app to allow them to submit patient readings back to the relevant when they may not be near a computer.
API Services	In addition to the web portal, the service also offers an API to allow other healthcare systems to query patient details.

Functionality

Detailed in the table below are descriptions of the service functionality available on the Inhealthcare Platform.

Service category	Description
Frequency	The frequency is the number of times which the patient is contacted as part of the service.
One-off	These services will only contact a patient for a one-off event and will not be setup on a repeating schedule.
Repeating	These services will contact patients on a repeating schedule which will contact patients at pre-defined intervals in the service.
Communication	The communication is the medium which is used to communicate with the patient to send and receive information.
Communication charges included	If a service has communication charges included then any SMS or Voice minutes used as part of the service will be included free of charge. For services which do not include communication charges any SMS or Voice minutes used as part of the service will be charged separately to the service charge.

Service category	Description
SMS	A SMS text message to a mobile number comprising of 160 characters. In the event the number of characters in a message goes above 160 this will count as multiple messages.
Automated Phone Call	An Automated Phone Call to a UK landline or mobile number which allows patients to respond to voice prompts using the keypad on their landline or mobile phone.
Patient portal	The Inhealthcare Platform sends patients an email with a link to login to the Inhealthcare Patient Portal. The patient will have been sent a registration email prior to this where they will register for the Inhealthcare patient portal. The patient will then use this information to login to the Inhealthcare patient portal and submit any results to their health care professional.
Patient app	The patient downloads the My Inhealthcare app and submits the requested information to their healthcare professional. The patient will have gone through a registration process to be able to access the Inhealthcare portal and is notified when a task becomes available. The app has a built-in calendar so the patient can be reminded via app notification when they have medication to take.
Patient self-enrolment	The patient visits a website where they enter their demographics which are then confirmed against the NHS Spine. Following this the patient is asked to verify their identity by using a communication method that they have registered against their Spine record. The patient is asked to enter a code that they receive via an SMS, Automated Phone Call or email.
Care Home portal	The care home portal allows care home staff to enter information on behalf of their residents via an online portal. The care home portal provides staff with access to information about their residents including previously submitted information on those residents.
Care Home app	The care home app allows care home staff to collect and enter information on behalf of their residents via a smartphone application for Android or iOS. Staff use interactive forms to submit and receive information on behalf of the residents.
Rules	As part of a service rules may be used to determine what happens based upon information that is sent or received from patients.
Service defined	These services have rules that are defined at the service level and are not individual to a specific patient. The rules are fixed for all patients and do not change based on any patient specific information.
Patient specific	These services have the ability to set patient specific rules which can be defined based upon clinical input or alternatively they can be set based upon patient specific information.
Third party Algorithms	These services use third party algorithms as part of a ruleset to determine future service actions and calculate scores which can

Service category	Description
	be presented to patients or to clinical staff as part of a service. Third party algorithms are developed outside of the NHS and require a separate licence or agreement from a third party to be used as part of a pathway.
Integration	As part of a service on the Inhealthcare Platform there may be integration required with other clinical systems to on-board patients or to share information collected as part of the patient's service.
GP Systems	These services use the existing Inhealthcare GP system integration to extract demographics from the patient's GP record as part of a referral and also to upload information back into the patient's record.
Trust PAS	These services use the existing Inhealthcare API's to integrate with their local PAS system to send patient demographics to the Inhealthcare Platform as part of a service or to return information collected as part of the service to that system.
NHS Spine	These services use the existing Inhealthcare integration with the NHS Spine Patient Demographic System (PDS) to retrieve and match patient demographics against the Spine.
Third party Software	These services use the existing Inhealthcare API's to integrate with third party software as part of a service. The third-party software can be used either by patients or by clinical staff to send or receive information to the Inhealthcare Platform as part of a patient's service. Third party software is software that is developed outside of the NHS and requires a separate licence or agreement from a third party to be used as part of a pathway.

Standard Workflow

Patient referral

Clinicians either refer patients to the service through the Inhealthcare Portal, or through the GP system.

Patient Training

Patients are provided information about the service by their clinician and this is followed up with a patient leaflet that provides further information or providing a 'train the trainer' session.

Home monitoring

When the patient is referred to the service by the clinician, a monitoring regime is specified for each patient. The patient takes their measurements which are then uploaded to the Inhealthcare Platform using one of the above communication methods. If a patient does not submit readings when expected, the system will automatically generate a non-responder alert.

Alert Administration

Clinical alerts are sent to a named administrator at the clinical site who then assigns alerts to an available clinician. This avoids alerts being sent to clinicians who are unavailable to follow-up the alert.

Consultation

When a clinician is assigned an alert, they automatically receive an email notification. The clinician then logs into the Inhealthcare Portal where they can review the reason for the alert, the patient's latest and historical readings, the patient's responses to questionnaires, and any supplemental notes made on the patient's record by other clinicians.

Once the clinician has assessed the alert and is ready to close it, the system directs the clinician through a procedure which is specific to that alert to ensure the necessary steps are taken and reasons are documented. It may also include information which can be sent back to the patient as part of their treatment.

On-boarding

Requirements

Inhealthcare will allocate a product specialist to discuss the product requirements of your project and map out the service that is required. Inhealthcare will work with you to meet any information Governance requirements and produce any documentation such as a proposal document and a contract.

Customer Success Manager

Every customer will have their own dedicated Customer Success Manager that will guide them through the process, from initial meetings, through to training and finally go live and business as usual. Your Customer Success Manager will work with you to gain insight into what goals/key performance indicators you are trying to achieve by implementing your remote monitoring pathway and from there will host quarterly business meetings with you and your teams to see how close you are to reaching your goals.

Project Management

When the contract and initial documentation have been completed, Inhealthcare will allocate a Project Manager to the project. The Inhealthcare Project Manager will assist the customer in the roll out and provide on-going support to the project. The following documentation is created to support the delivery of the service:

1. Project plan
2. Stakeholder engagement matrix
3. Stakeholder communication plan
4. Risk and issue log
5. Patient information leaflets
6. Patient consent form
7. Clinician user guides
8. Standard Operating Procedures
9. Information Governance and Clinical Governance
10. Patient awareness posters for use within practices
11. Customer Support Plan (CSP)

Customer Support Plan

The aim of this Customer Support Plan is to outline how Inhealthcare will support our customers. In this document we will also provide guidance to customers on the ways in which a request can be raised with the support team.

Raising a support request

Method	How to	Information required
Jira Self-Service Support Desk	With your username and password, you can log a request for support at any time through our Jira Service Desk using https://servicedesk.inhealthcare.co.uk/servicedesk/ .	When submitting a query or request you will be asked to complete: - Summary of issue - Description of issue (optional) - A screenshot of any issue you may be having - NHS/CHI number of patients that we may need to look at - What service/organisation you are logged into

Method	How to	Information required
Phone call	To log a call, please call the Inhealthcare Support Team on 0300 247 8600. The call will be answered by a member of the team.	Please be ready to supply the following information: - Your name - Your organisation - The service name - Your contact number - Name of the person requesting support (if on behalf of another user) - Details of the query
Email	You can log a ticket at any time by emailing support@inhealthcare.co.uk	When submitting a query or request via email you will need to include: - Your name - Your organisation - The service name - Your contact number - Name of the person requesting support (if on behalf of another user) - Details of the query (See Jira Self-Service Support Desk row for more information)

Please note: Although you can log tickets via email and Service Desk 24/7 our Support team are only operational between the hours of 8.00am and 6.00pm, Monday to Friday, excluding bank holidays.

Out of hours

Out of hours is defined as outside of Inhealthcare's standard operating hours of 8.00am – 6.00pm, Monday to Friday and includes bank holidays in England.

Out of hours support is only provided in the case of a major incident (see section 7). Responses from Inhealthcare support outside of support hours will be provided on a reasonable endeavours basis and response times are not guaranteed.

Support ticket types and priorities

The following table defines examples of the priorities that are used to define queries and requests when logging support tickets.

All tickets shall be triaged initially within 1 working hours at which stage the ticket shall be prioritised accordingly and the resolution SLA shall begin.

All tickets are subject to 'Stop the clock' whereby if Inhealthcare are waiting for the Customer to provide further information then any SLA counters shall be paused whilst waiting for further information.

Classification	Criteria	Time to Resolution
Severe – Incident and Problems only	An issue is Severe if any of the following are true: 1. Clinical system users are unable to use key functions of the system or access is not available. 2. A significant subset of patients (10%) is unable to use a key feature of the Patient-facing functionality. 3. Data in the database is found to be compromised. 4. Clinical issues are found within care plans that could affect patient safety. 5. Inaccurate reporting in relation to patient Alerts.	Inhealthcare shall aim to resolve or provide a viable work around for any Priority Incidents and Problems within 4 working hours.
Moderate – Incident and Problems only	If an issue is not Severe, it is classified Moderate if: A feature of the system, patient-facing functionality or support service is not available or is not functioning according to specification.	Inhealthcare shall aim to resolve any Priority 2 Incidents and Problems within 18 working hours.
Incident	An unexpected and unplanned interruption or reduction in the quality of a customer's service. Failure by IHC to correctly configure something which causes an issue	
Problem	Cause of one or more incidents. The cause of the problem isn't usually known when the problem is reported. Problems are usually recognisable as they are reported as multiple incidents by numerous customers or where there is a Major Incident and the cause of it is unknown.	

Classification	Criteria	Time to Resolution
Service Request	Where an Issue is a request for an administrative service, including but not limited to: • a request to add/edit/remove a user, admin centre, care home, etc; • a request for a password reset; and/or • a request for an existing report, it shall be classified as a “Service Request”.	Inhealthcare shall aim to resolve any Service Requests within 2 working days.
Service Review	Where an Issue is a request to review of a pathway that has been submitted for approval and making live on the Platform it shall be classified as a Service Review.	Inhealthcare shall aim to resolve any Service Reviews within 2 working weeks.
Change request	Where an Issue is a request to amend an existing pathway, including, but not limited to: • a request to amend to the wording; and/or • a request to include additional logic,	Inhealthcare shall aim to resolve any Change Requests within the next available Sprint.
Configuration Requests	Where an Issue is a request where something typically needs configuring within existing services, including but not limited to: • a request to provide access to different environments; and/or • a request to create/add new users	Inhealthcare shall aim to resolve any Configuration Requests within a timely manner depending on the individual request.

Service Levels and Service Credits

As part of the delivery of its services Inhealthcare shall strive to deliver its services to the following Service Level.

Service Level	Description
99.9%	Core System Unavailability is identified by proactive fault detection by Inhealthcare or when Inhealthcare acknowledges the Customer’s reported fault related to Core Components.

Service Level	Description
	The Core System shall be deemed to be Available to the extent that any Unavailability results solely from equipment faults, network faults or other incidents outside Inhealthcare's control, including Force Majeure. In calculating Core System Availability, the following circumstances are excluded: • Service unavailability as a result of Service suspension pursuant to the Services Agreement. • Service unavailability due to action or omission of the Customer, its employees, agents, sub-contractors or patients. • Service unavailability due to planned maintenance as agreed in advance between the parties. • Service unavailability due to emergency maintenance. • Service unavailability due to Force Majeure.

Core Components

Component	Monitoring
Professional User portal (WWW)	Inhealthcare monitors connectivity to these components using automated synthetics which attempt to perform a GET request on the application.
Authentication Service (WWW)	
Professional User portal (HSCN)	
Authentication Service (HSCN)	
REST API (WWW)	
REST API (HSCN)	
End User Portal	
Digital Engine	Inhealthcare's Digital Engine monitors the availability of its Platform Engines which are used to drive activities along the patient pathway.
HSCN	Inhealthcare monitors the ability for the Inhealthcare Platform to connect to HSCN facing services such as NHS Digital's DNS and NHS Spine LDAP.
Email	Inhealthcare monitors the ability for the Inhealthcare Platform to be able to send emails via its email gateways by automatically sending test emails through gateways.
Automated Phone Calls	Inhealthcare monitors the ability for the Inhealthcare Platform to make phone calls by sending test calls to a synthetic contact centre.

Component	Monitoring
SMS	Inhealthcare monitors the ability for the Inhealthcare Platform to send SMS messages using its SMS gateway provider.

Monitoring processes

Inhealthcare performs monitoring of its platform through AWS CloudWatch Metrics and AWS CloudWatch Alarms. These two different monitoring solutions provide detailed monitoring across all different elements of The Platform and from multiple different locations to ensure that service is available from multiple regions.

Inhealthcare performs monitoring and synthetics for its various platform components to ensure that these are functioning as desired and therefore has early visibility in the event that platform components are suffering a degradation in service.

Detailed below are the different components and how we monitor the availability of them within the Inhealthcare Platform.

Component	Statement
Clinician portal (WWW)	This component is monitored by two distinct systems. Firstly, the upstream reverse proxy load balancer performs periodic (30s) health checks on every node of Clinician portal (WWW) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0). Secondly, automated synthetics are used to periodically load the landing page as a real user would, every minute. The number of successful page loads is contrast against a threshold, and deviation from this threshold is alerted upon. This is designed as an early-warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
Clinician portal (HSCN)	This component is monitored by two distinct systems. Firstly, the upstream reverse proxy load balancer performs periodic (30s) health checks on every node of Clinician portal (HSCN) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0). Secondly, automated synthetics are used to periodically load the landing page as a real user would, every minute. The number of successful page loads is contrast against a threshold, and deviation from this threshold is alerted upon. This is designed as an early-

Component	Statement
	warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
Authentication Service (WWW)	This component is monitored by two distinct systems. Firstly, the upstream reverse proxy load balancer performs periodic (30s) health checks on every node of Authentication Service (WWW) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0). Secondly, automated synthetics are used to periodically load the landing page as a real user would, every minute. The number of successful page loads is contrast against a threshold, and deviation from this threshold is alerted upon. This is designed as an early-warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
Authentication Service (HSCN)	This component is monitored by two distinct systems. Firstly, the upstream reverse proxy load balancer performs periodic (30s) health checks on every node of Authentication Service (HSCN) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0). Secondly, automated synthetics are used to periodically load the landing page as a real user would, every minute. The number of successful page loads is contrast against a threshold, and deviation from this threshold is alerted upon. This is designed as an early-warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
Patient Portal (ORS)	This component is monitored by two distinct systems. Firstly, the upstream reverse proxy load balancer performs periodic (30s) health checks on every node of Patient Portal (ORS) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0). Secondly, automated synthetics are used to periodically load the landing page as a real user would, every minute. The number of

Component	Statement
	successful page loads is contrast against a threshold, and deviation from this threshold is alerted upon. This is designed as an early-warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
REST API (WWW)	This component is monitored by the upstream reverse proxy load balancer, which performs periodic (30s) health checks on every node of REST API (WWW) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0).
REST API (HSCN)	This component is monitored by the upstream reverse proxy load balancer, which performs periodic (30s) health checks on every node of REST API (HSCN) in service. These checks are aggregated together into a single data point quantifying the total number of healthy, in-service nodes. The component is considered unavailable if this count is zero (0).
Digital Pathway Engine	This component monitors itself. To achieve this, we have loaded a service onto the digital pathway engine that perpetually sends a heartbeat signal to our monitoring platform as part of a pathway node; this node is then looped indefinitely. Execution of this pathway node is proof that the component is scheduling the processing of activities correctly. The component is considered unavailable if no heartbeat signal has been received within 30 minutes.
HSCN Connectivity	We operate a redundant pair of HSCN connections using a third-party supplier. Our supplier exposes state of each connection to us as a property known as “ConnectionState”, which we monitor. The component is considered unavailable if both the redundant HSCN connections report a “ConnectionState” property of DOWN.
Email	The email sending components of our applications log their own activity, by way of metrics, to our monitoring platform; this includes the quantity of emails that are failing to send due to error. Our email sending components will automatically retry emails that have failed to send. The component is considered unavailable if more than 20 emails are stuck for longer than 30 minutes.
Automated Phone Calls	This component is monitored by a combination of the Digital Pathway Engine and an automated telephony call centre. To achieve this, we have loaded a service onto the digital pathway engine that periodically places a call to a pre-configured phone number. This phone number is answered by an automated telephony call centre created explicitly for this monitoring. Upon receiving a call from the

Component	Statement
	platform, the telephony call centre submits a metric to our monitoring platform. This is designed as an early-warning indicator, and the component is not considered unavailable based on this metric alone, however it will prompt engineer investigation, after which a statement regarding the availability of the component may be issued if required.
SMS	The SMS components of our applications log their own activity, by way of metrics, to our monitoring platform; this includes the quantity of SMS messages that are failing to send, or received SMS messages that are failing to be processed. For sending SMS messages, our SMS components will automatically retry SMS messages that have failed to send, therefore the component is considered unavailable if more than 20 outbound SMS messages are stuck for longer than 30 minutes. For receiving SMS messages, our SMS components will attempt to process an inbound message 3 times. Upon failing for the third time, the raw message is moved to a separate processing queue for engineer intervention. The quantity of messages on this intervention queue (technical: dead letter queue) is monitored and the component is considered unavailable if more than 20 messages reside together on the intervention queue at any time.

The Inhealthcare Platform maintenance is scheduled approximately every 5 weeks following our sprint methodology.

Escalation process

The Inhealthcare Customer Support Team have a high level of experience to ensure that any tickets, queries or change requests are dealt with quickly and effectively.

If the customer feels that the support requested is not being managed effectively or in a timely manner, or a satisfactory outcome cannot be reached, the following contacts for escalation are available:

Level	Position	Email
1 st	Inhealthcare support	support@inhealthcare.co.uk
2 nd	Product Director	productdirector@inhealthcare.co.uk
3 rd	Chief Executive	ceooffice@inhealthcare.co.uk

Major incident

A major incident is defined as a loss of service that affects multiple customers.

In the event of a major incident Inhealthcare's objectives are as follows:

- Invoke the Inhealthcare Limited Major Incident Process;
- Coordinate the restoration of normal service operation as quickly as possible, with minimum disruption to customers and their business;
- Provide timely, informed communications throughout the Major Incident Lifecycle, both internally to the business and externally to customers and suppliers.

Further information on the Major Incident Process available upon request or via the Inhealthcare Jira Service Desk for authorised users.

Enhancements and improvements

Planned events

Inhealthcare is committed to continuously improving its software and features. In order to enable new improvements and features to be implemented, the development team take the system offline out of working hours to minimise disruption.

We aim to inform our customers a minimum of ten days prior to any planned maintenance and controlled outages at which time we will provide an overview of the changes/improvements being made during that release which affect users of the portal.

Unplanned events

In rare instances, there may be incidents which require the Inhealthcare Portal to be taken offline for emergency maintenance. At such time an urgent notification will be sent to customers detailing the reason for and the expected duration of the maintenance.

Inhealthcare Toolkit Queries

Any queries on the Inhealthcare Toolkit should be raised via the Inhealthcare Forum which is accessible upon logging into the Inhealthcare Toolkit.

The Inhealthcare Forum is a crowdsource question and answer environment which allows individuals to post questions to any scenarios and issues where they require assistance to specific challenges they are facing.

Please note that the Forum is public to all Inhealthcare Toolkit users, not moderated and has no guaranteed SLA's associated with any responses.

Inhealthcare's team will endeavour to respond to any forum posts as soon as they are raised. However, requests for any development or testing should not be raised within the forum.

Account reviews

Your Inhealthcare Account Manager will provide you with regular account reviews which will incorporate a service review, the frequency of which will be agreed between the Account Manager and the customer. The frequency of reviews may fluctuate depending upon the status of projects with the customer and whether there is a need for increased reviews.

In the review any support tickets that have been raised in the period and feedback and/or improvements for the service will be discussed.

We appreciate and encourage feedback from our customers, both positive and negative. We make a point of logging all the feedback we receive in order to continually monitor levels of customer satisfaction.

Complaints and feedback procedure

If for any reason a customer is unhappy with the service provided by Inhealthcare, a formal complaint can be made through the Service Desk, through your Account Manager or by emailing the Head of PMO & Compliance at compliance@inhealthcare.co.uk. Alternatively, a letter can be addressed to Head of PMO and Compliance, Inhealthcare Limited, Cardale House, Cardale Court, Harrogate HG3 1RY.

On receipt of a complaint, Inhealthcare will manage the complaint in line with its Customer Communication, Complaints and Feedback Procedure.

You will receive an acknowledgement of your complaint within 5 working days. Your complaint will then be fully investigated, and we will identify and agree with you the appropriate corrective actions in order to resolve the complaint to your satisfaction.

It is our policy to record, monitor and review any complaints we may receive as part of our ongoing commitment to quality.

Inhealthcare also welcomes feedback which can also be sent to the contact details stated above. Feedback is useful to our teams as it helps us continuously improve our services and see what is working well with our customers.

Inhealthcare Limited reserves the right to amend this policy/procedure at any time.

Information Assurance

Compliance

Inhealthcare holds the below certifications for this G-Cloud service:

- ISO 9001
- ISO 13485
- Cyber Essentials / Cyber Essentials Plus
- DCB0129
- MHRA Class I medical device registration
- DSPT certification - YGMDA

Exit Management

Termination Terms & Service Migration

Inhealthcare can confirm that in the event of the contract ending that it would provide transition services to the customer free of charge at the end of the contract term.

As part of the transition, Inhealthcare will work with the customer to produce an Exit Plan detailing the process for the customer to exit from the services supplied in a timely and orderly manner. The exit plan will detail the following responsibilities:

- An agreed time and date for the Services to be ceased;
- Allowing the customer to continue using the Services to permit the transfer of the Customer Data to the Customer or a replacement supplier prior to cessation of services subject to the continued payment of the charges and such period may continue beyond the end of the Initial Term if required by the customer for a period to be agreed between the parties;
- Provision of the services and access to the data whilst there are any existing end user monitoring episodes actively in use by the customer; and
- Ceasing the Services at the agreed time on the agreed date.

Inhealthcare will not be obliged to disclose any confidential information to the customer or replacement supplier, or to transfer any assets, contracts, employees or third-party licences.

Inhealthcare will provide an inventory of all data relating to the services that is under the control of Inhealthcare and details of the data structures in which the Customer Data is stored.

Inhealthcare will transfer all the Customer data relating to the services to the Customer.

Any Intellectual Property Rights associated with content developed on the Inhealthcare Platform will remain the property of the customer.

The Inhealthcare toolkit creates “assets” which define content and the behaviour of the digital protocol. These are usually XML files that are uploaded onto the platform.

The types of assets that can be built are protocols, user interfaces (online & app), and automated phone call scripts.

At the end of the Term of the Agreement, Inhealthcare will remove any assets (XML files) that were built by the customer and return them. At this point there will then be no Customer IPR on the platform.

If a protocol developed by the customer requires Inhealthcare to enhance the Platform for the protocol to work properly, for example, Inhealthcare add integration with a 3rd party system, or add a new function – then the IPR associated with the software enhancement will belong to Inhealthcare. Inhealthcare owns the IPR associated platform, and our customers own the assets if they developed the protocol.

Integration with clinical systems

As part of the Digital Health Platform, Inhealthcare includes integration with clinical systems. Inhealthcare does not charge for the integration with clinical systems, however as detailed in the pricing document there may be additional charges for the integration from the clinical system which is simply passed on.

Integration with 3rd Party Systems

The Inhealthcare Platform has open and published APIs for connecting to 3rd party systems. As part of our commitment to open interoperability without commercial barriers, Inhealthcare is a signatory of the TechUK Interoperability Charter, and supports the Newcastle Declaration.

The Inhealthcare Platform provides RESTful and SOAP based web service interfaces over HTTPS to enable application to application communications. The web services support a number of different authentication and authorisation options including BasicAuth, OAuth2 and mutual SSL certificate-based authentication.

Inhealthcare has lots of experience integrating with different clinical systems. In the past we have integrated with PAS systems using HL7v2 ADT messages, with GP systems using proprietary interfaces, and also with the NHS HSCIC National Spine PDS services which uses HL7v3 and ebXML.

Successful integration with a third-party system is subject to meeting a number of requirements:

1. **Technical compatibility.** Both Inhealthcare and the third-party system must have a common mechanism for sharing data.
2. **Technical survey by the third party.** Integration usually requires the software to operating at a minimum specification, and may also require bespoke configuration and interface licences.
3. **Commercial terms agreed with the third party.** Some third-party vendors withhold connectivity for commercial reasons if they see it as a potential competitive threat. Charges may also apply.

Inhealthcare Software Developer Kit

The Inhealthcare platform has a Software Developer Kit (SDK) which allows selected partners to develop digital health services using the Inhealthcare Platform as the underlying infrastructure. As part of this contract Inhealthcare will provide the customer and any of its Inhealthcare approved third parties access to the SDK to build their own digital health services.

Inhealthcare will provide supporting documentation to support the use of its SDK and will provide reasonable assistance to third party organisations using the SDK.

Inhealthcare may terminate or suspend any registered developers using the SDK at any time in Inhealthcare's sole discretion. If Inhealthcare terminates a registered developer, Inhealthcare reserves the right to deny reapplication at any time in Inhealthcare's sole discretion.

Upon any termination or, at Inhealthcare's discretion, suspension, all rights and licenses granted by Inhealthcare will cease, including right to access the SDK, and the developer agree to destroy any and all Inhealthcare Confidential Information that is in their possession or control.

At Inhealthcare's request, the developer agrees to provide certification of such destruction to Inhealthcare. No refund or partial refund of any fees paid hereunder or any other fees will be made for any reason.

Optional Services

In the event that the Buyer requires any additional training or consultancy, Inhealthcare reserves the right to charge for these additional on-boarding services as detailed within the pricing document.

The charges do not include travel and expenses. Inhealthcare does not normally charge for travel and expenses, except in exceptional circumstances where the customer requests result in additional costs for the delivery of the service.

Inhealthcare will wherever possible support the Buyer who is using the Supplier's digital pathway engine and developer licence to build their own digital health services. However, where the Buyer require additional assistance, Inhealthcare reserves the right to charge for these additional services as detailed in the pricing document.