

Service Definition

G-Cloud 15 Framework

Digital Health Passport

Lot 2b: Software as a Service (SaaS)

TinyMedicalApps.

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1.0 Introduction

Tiny Medical Apps Limited (TMA) is a UK digital health supplier specialising in clinically assured, population-scale digital self-management platforms for children and young people with long-term conditions.

TMA is the developer and supplier of the Digital Health Passport (DHP), a cloud-based Software-as-a-Service (SaaS) platform supporting prevention, continuity of care and safer transitions for conditions including asthma, epilepsy, allergy and sickle cell disease. The platform is designed for population-level deployment across NHS Integrated Care Systems and Local Authorities.

The Digital Health Passport has been developed and refined over eight years of live use within the NHS and is currently deployed across multiple Integrated Care Boards. Formal evaluation has been undertaken in partnership with academic and clinical bodies, including UCL Partners. The platform is co-designed with clinicians, children and young people, and families, and is aligned to NICE guidance, NHS England policy and Core20PLUS5 priorities.

TMA operates a secure, assured SaaS delivery model, compliant with NHS Digital Technology Assessment Criteria (DTAC), DCB0129/0160 clinical safety standards, ISO/IEC 27001, Cyber Essentials, and UKCA medical device requirements. The company works across health, education and local government to support prevention, self-management and continuity without requiring organisations to replace existing systems or increase workforce capacity.

2.0 What we provide

2.1 Overview

Tiny Medical Apps provides the Digital Health Passport (DHP) as a modular, population-scaled Software-as-a-Service (SaaS) offering under G-Cloud Lot 2b, with optional, time-limited Cloud Support Services available separately under Lot 3.

The Digital Health Passport is a clinically assured, digital-by-default platform that supports prevention, early intervention, self-management and continuity of care for children and young people. It is designed to strengthen delivery across health, education and local government, without replacing existing systems or increasing workforce capacity.

2.2 Core SaaS Offer (Lot 2b)

The Digital Health Passport enables children and young people (typically aged 13–25), their families and those supporting them to:

- Access and share personalised care plans aligned to NICE guidance
- Build self-management skills through structured education and coaching
- Track symptoms, wellbeing and triggers, including mental wellbeing
- Receive timely prompts, reminders and alerts
- Navigate local NHS, Local Authority and community services via a configurable “My NHS / My Local Area” hub

The platform is designed to support children and young people with long-term conditions, additional needs and vulnerabilities, including those

receiving SEN Support, those with learning disabilities or autism, and looked-after children and care leavers.

2.2.1 Commissioning Model

The Digital Health Passport is commissioned per population footprint.

Each contract applies to a defined geographic or service population and may be accessed by multiple participating organisations under that contract through G-Cloud 'Clustering'.

Licensing is transparent, banded and scalable, supporting use by:

- NHS Integrated Care Boards and provider collaboratives
- Local Authorities, including Public Health, Children's Services and Education / SEND
- Cross-system partnerships operating under a single commissioning arrangement

This model enables a shared digital layer across neighbourhoods, schools, health services and care settings, supporting continuity without duplication or double-buying.

2.2.1 Modular Condition and Support Model for Clinical Teams

The Digital Health Passport is deployed using condition and support modules, allowing commissioners to tailor the platform to local priorities and population needs.

Modules may include:

- Asthma
- Epilepsy

- Allergy / anaphylaxis
- Rare diseases (including sickle cell disease)
- Transition (paediatric to adult services)
- Mental wellbeing support

Modules are priced as SaaS add-ons and capped to ensure predictability at scale, enabling phased adoption and expansion without re-procurement.

2.2.3 Support for Public Health (Local Authorities)

The Digital Health Passport can be commissioned by Local Authorities as a Public Health intervention supporting prevention, early intervention and the reduction of health inequalities for children and young people.

The platform supports Public Health priorities by:

- Enabling self-management and prevention for common long-term conditions, including asthma, epilepsy, allergy and mental wellbeing
- Providing trusted, age-appropriate health and wellbeing information for children and young people
- Supporting continuity through transition, including post-16 and post-18 pathways
- Promoting digital inclusion, including supported access to NHS digital services such as NHS Login
- Enabling localised signposting to school nursing, community health, sexual health and voluntary-sector services

The Digital Health Passport operates alongside existing NHS and Local Authority services and does not replace statutory provision. It provides a scalable, digital layer that supports Public Health delivery without adding

workforce burden, aligned to Local Authority duties under the Health and Social Care Act 2012.

2.2.4 Support for SEND, Learning Disability and Autism

The Digital Health Passport is designed to support children and young people with SEND, learning disabilities and autism by:

- Providing a single, accessible place for health information, care plans and reasonable adjustments
- Supporting early intervention where health and wellbeing issues contribute to SEN Support needs
- Improving continuity and communication between families, schools, school nursing and health services
- Offering structured, repeatable education and prompts that support understanding and routine
- Enabling clearer evidence of support already in place, aligned with the SEND Code of Practice

The platform complements, and does not replace, EHCPs, Individual Healthcare Plans (IHPs) or statutory SEND processes.

2.2.5 Support for Looked-After Children and Care Leavers

The Digital Health Passport provides particular value for looked-after children and care leavers, supporting continuity across placements and transitions by:

- Securely holding key health information and care plans across settings

- Supporting mental health and wellbeing alongside physical long-term conditions
- Enabling young-person-controlled sharing, consent and withdrawal of access
- Maintaining access as young people move into care-leaver status (16–25)
- Supporting engagement with adult health services, including digital NHS services using NHS login authentication

This reduces corporate parenting safeguarding risk without introducing new statutory processes.

2.3 Key Platform Features

- **Young-person-centred mobile application**

Secure, accessible app supporting long-term condition management, wellbeing and transition.

- **NHS login integration**

Supported access to NHS digital services, strengthening continuity and digital inclusion.

- **Digital personalised care and emergency plans**

Clinician-approved, shareable plans aligned to NICE guidance and accessible across home, school and care settings.

- **Structured self-management journeys**

Condition-specific education, coaching and prompts supporting asthma, epilepsy, allergy and mental wellbeing.

- **Health, wellbeing and symptom tracking**

Clinically validated trackers, including patient-reported measures.

- **Environmental risk alerts**

Real-time air quality, pollen and weather alerts linked to condition risk.

- **Configurable Content Management System (CMS)**

Enables ICBs and Local Authorities to manage, localise and update trusted content without system changes.

- **“My Area” local system pages (ICB and/or Local Authority)**

Local landing space for services, contacts, campaigns, events and escalation routes.

- **Deployment Dashboard Analytics Platform**

Aggregated, anonymised insight into uptake, engagement and usage across population footprints.

- **Modular, scalable SaaS architecture**

Incremental module deployment with predictable pricing and no local infrastructure requirement.

2.4 Optional Lot3 Cloud Support Services

To support safe adoption and measurable impact, Tiny Medical Apps offers optional, time-limited Cloud Support Services under G-Cloud Lot 3.

These services are not required to access the Digital Health Passport and do not form part of the core SaaS offering.

Where commissioned, Lot 3 services may include:

- Mobilisation and governance support (including DPIA and DCB0160)
- Local content configuration and pathway alignment
- Training and CPD-accredited sessions
- Adoption support and usage insight reporting
- Evaluation and benefits realisation support

All Lot 3 services are delivered on a defined scope or transparent rate-card basis, enabling ICBs and Local Authorities to select the level of support required without creating ongoing operational dependency.

3.0 Case for Change

Children and young people (CYP) with long-term conditions such as asthma, epilepsy and allergy continue to experience preventable harm, variation in care and poor continuity across health, education and local services.

Despite clear national guidance, outcomes remain suboptimal:

- **Asthma:** Two-thirds of children and young people who died from asthma had attended an emergency department in the preceding year, indicating missed opportunities for prevention and self-management (NCMD, 2024).
- **Epilepsy:** Around one-third of CYP do not have a complete or accessible care plan, increasing clinical risk and avoidable escalation (Epilepsy12, RCPCH, 2025).
- **Mental health:** Referrals to CAMHS have increased by over 50% since 2019, now exceeding 1.2 million annually, compounding the

management of physical long-term conditions (NHS Digital, 2023) with many young people transiting to adult services without having seen CAMHS and need re-referral to adult mental health.

These challenges are not confined to the NHS. They cut across Local Authority statutory responsibilities, particularly Public Health, Children's Services, Education and SEND.

System pressures facing ICBs and Local Authorities:

At a local level, data consistently mirrors national trends, including:

- High rates of emergency attendance and unplanned care for long-term conditions
- Gaps in school nursing, specialist nursing and transition support
- Fragmented information across health, education and care settings

Deprivation is a key driver of risk:

Children and young people living in the most deprived communities are significantly more likely to experience avoidable admissions, poorer condition control and disengagement from services.

This is compounded by:

- Rising emotional and behavioural needs (including Social, Emotional and Mental Health Difficulties)
- Persistent school absence and disengagement in secondary education
- Family strain linked to long-term physical and mental health conditions

For Local Authorities, these pressures translate directly into statutory and financial risk, including:

- Increased SEN Support demand without corresponding early health capacity
- Escalation to crisis-led intervention at key transition points (16–25)
- Poor continuity for pupils with medical needs, SEND learners, looked-after children and care leavers
- Ongoing financial pressure, with Children's Services and SEND remaining the largest drivers of overspend

3.1 Why change is required now

National policy direction is clear. NICE guidance (including NG245, NG217, NG43 and NG134) and the Core20PLUS5 framework for children and young people emphasise:

- Proactive, personalised self-management
- Early intervention and prevention
- Digital inclusion and continuity through transition
- Joined-up delivery across neighbourhood systems

However, most local systems lack a practical, scalable digital mechanism that works across NHS and Local Authority boundaries without adding workforce burden or replacing existing systems.

Without change, demand on acute and specialist services will continue to rise, inequalities will widen, and opportunities for prevention will be missed. Fragmented, reactive approaches will persist, increasing the risk of avoidable deterioration, poor transition into adulthood and long-term dependency on high-cost services.

3.2 What the Digital Health Passport Solves

The Digital Health Passport provides a clinically assured, digital-first self-management platform that addresses these shared challenges by providing a single, consistent digital layer across health, education and care.

It enables ICBs and Local Authorities to jointly support:

- Stronger self-management confidence for children, young people and families
- Improved continuity across home, school, community and healthcare settings
- Earlier intervention and reduced reliance on crisis-led care
- More equitable access to trusted information and support for Core20PLUS5 populations
- Reduced statutory risk for Local Authorities, without adding staff or replacing systems

3.3 Key Benefits of the Digital Health Passport

3.3.1 Benefits for Integrated Care Boards (ICBs)

- **Reduced avoidable urgent and emergency care**
Improves self-management, adherence and early escalation for long-term conditions such as asthma, epilepsy, mental health and rare diseases.
- **Delivery of Core20PLUS5 priorities**
Enables targeted digital outreach to children and young people in deprived communities and inclusion-health groups.

- **Improved continuity and safer transition to adult services**

Reduces risk and unwarranted variation at paediatric-to-adult transition points.

- **Population-level insight and evaluation**

Aggregated analytics support quality improvement, programme assurance and evidence-based commissioning decisions.

3.3.2 Benefits for Local Authorities

- **Reduced statutory risk across SEND and vulnerable cohorts**

Improves continuity and access to health information for SEND learners, pupils with medical needs, looked-after children and care leavers.

- **Stronger early intervention without increasing workforce capacity**

Supports SEN Support, school nursing and Public Health priorities without adding staff or creating new processes.

- **Improved attendance, engagement and stability**

Addresses health-related barriers to learning and participation, reducing escalation and crisis-led intervention.

- **Safer transitions across education, care and health**

Supports 16–25 transitions, reducing disengagement, NEET outcomes and loss of support.

3.3.3 Shared System Benefits

- **Joined-up delivery across health, education and social care**

Provides a single, shared digital layer that complements NHS systems, EHCPs and statutory care processes.

- **Scalable, assured and cost-effective prevention at scale**

DTAC-assured, clinically safe SaaS model with predictable pricing and no capital investment, enabling sustainable prevention.

4.0 Evidence of Impact

Tiny Medical Apps maintains a robust and proportionate evidence base demonstrating the impact of the Digital Health Passport (DHP) on self-management, patient experience, health inequalities and system efficiency.

The service has been subject to independent academic evaluation, alongside analysis of routine usage data and structured user feedback. This evidence underpins continuous service improvement and supports commissioners in evidencing outcomes, value and return on investment.

Independent evaluation undertaken in partnership with UCL Partners demonstrates that the Digital Health Passport delivers measurable improvements in patient activation, self-management confidence and experience, with associated reductions in avoidable escalation and urgent care use. While initial evaluation has focused on asthma, the findings are transferable across other long-term conditions supported by the platform, including epilepsy, allergy and sickle cell disease.

4.1 Health Inequalities

The Digital Health Passport aligns directly with the Core20PLUS5 framework and wider population health priorities for children and young people.

Deployment data demonstrates strong reach into underserved populations:

- Approximately 50% of users are from the most deprived quintiles (IMD 1–2)
- 28% of users are from ethnically diverse communities
- Engagement reflects a balanced gender distribution

This indicates effective penetration into communities at highest risk of avoidable deterioration, poor engagement and unequal outcomes. The platform's inclusive design, accessibility features and community-based deployment model support equitable access to self-management tools and trusted information, without reliance on frequent face-to-face contact.

By supporting earlier intervention, continuity and confidence, the Digital Health Passport contributes to reducing inequalities linked to deprivation, long-term conditions, learning disability and mental health need.

4.2 Patient Experience

Patient experience is a core design principle of the Digital Health Passport and is supported through co-design, continuous feedback and structured evaluation.

Independent evaluation with UCL Partners reported:

- 96% user satisfaction
- 100% of surveyed users would recommend the app to others

Users consistently highlight the value of:

- Having care plans and information in one place
- Clear reminders and prompts

- Environmental alerts (air quality, pollen and weather)
- Symptom and wellbeing tracking

Qualitative feedback demonstrates improved confidence, reduced anxiety and a greater sense of control over health management. Users report high levels of trust in the information provided and sustained intention to continue using the platform, indicating long-term engagement rather than short-term uptake.

4.3 Self-Management and Patient Activation

Evaluation using the Partners in Health (PIH) scale shows a statistically significant improvement in patient activation associated with use of the Digital Health Passport.

Key findings include:

- +12% overall improvement in patient activation
- Improved knowledge of conditions and treatments
- Increased confidence in symptom monitoring and self-management
- Better understanding of the interaction between physical and mental wellbeing

These outcomes demonstrate that the Digital Health Passport supports behaviour change and self-efficacy, which are critical to reducing avoidable escalation and improving long-term outcomes for children and young people with chronic conditions.

4.4 Return on Investment

Economic analysis undertaken with UCL Partners demonstrates that the Digital Health Passport is a cost-effective intervention from a system perspective.

For asthma, the analysis shows:

- Improved condition control linked to increased patient activation
- Reductions in emergency attendances and unplanned care
- Lower use of high-cost acute services

Even modest improvements in Asthma Control Test (ACT) scores (for example, a 2.8-point improvement among previously uncontrolled patients) are associated with meaningful reductions in healthcare utilisation.

The analysis estimates a Return on Investment of £8.21 for every £1 invested over three years, driven primarily by avoided urgent and emergency care and improved productivity. While this analysis is condition-specific, the underlying mechanism, enhanced self-management through digital support, is applicable across multiple long-term conditions.

5.0 DHP Platform Product Overview

The Digital Health Passport (DHP) is a secure, young-person-centred digital platform designed to support self-management, continuity of care and safer transitions for children and young people with long-term conditions.

The platform is used within the NHS and is available to Local Authorities as a cross-cutting, preventative digital offer, supporting statutory

responsibilities across Public Health, Children’s Services and Education, without adding staff or replacing existing systems.

The Digital Health Passport works alongside, and does not replace, EHCPs, school systems, statutory care planning processes or NHS clinical records. It provides a consistent digital layer that supports early intervention, shared understanding and continuity across home, school, health and care settings.

5.1 Mobile Application (with NHS Login)

The mobile application is the primary user interface for children and young people and their families. It supports condition self-management, mental wellbeing, access to care plans and local support and digital inclusion.

The app is designed to be accessible, intuitive and age-appropriate, with functionality that supports increasing independence as young people move through adolescence and transition to adult services.

Core User Features

Feature	Paid	Free
Onboarding and screening – safe personalisation and user assessment	✓	✓
NHS login – supported access to NHS digital services	✓	×

Emergency and care plans – clinician-approved, shareable plans	✓	✓
Health tracker – symptoms, wellbeing and patient-reported measures	✓	✓
Health and wellbeing content – NHS and national charity resources	✓	✓
Localised health content – ICB / Local Authority resources	✓	×
My Journey – structured self-management coaching	✓	✓
Environmental alerts – air quality, pollen and weather	✓	✓
Reminder hub – medication and care prompts	✓	✓
My Medicines – medicines list, reminder support and reordering	✓	×
Condition-specific support links	✓	✓

5.2 Content Management System (CMS)

The Digital Health Passport includes a configurable Education Content Management System (CMS) that enables NHS and Local Authority partners to manage, localise and maintain trusted content within the platform.

The CMS supports consistent, up-to-date information across health, education and care settings, while allowing local systems to tailor content to reflect local pathways, services and statutory responsibilities.

5.2.1 My Area – Local System Pages (ICB and / or Local Authority)

“My Area” provides a flexible local landing space within the app, configurable by Integrated Care Boards and/or Local Authorities, depending on commissioning arrangements.

Local system teams can publish and maintain:

- Local service contacts and escalation routes
- School nursing, community health and Local Authority services
- Public Health campaigns and preventative messaging
- Events, clinics and drop-in sessions
- News alerts and time-critical updates
- Signposting to voluntary, community and third-sector support

This enables a single, consistent local offer to be surfaced across health, education and care, reducing fragmentation and improving clarity for children, young people and families.

5.2.3 Condition Self-Management Education and Coaching

The Digital Health Passport includes structured education and coaching content aligned to NICE guidance for long-term conditions including asthma, epilepsy and allergy.

Content is:

- Pre-populated with nationally assured self-management resources
- Customisable to reflect local pathways and service models
- Adaptable by condition, age and user need, including SEND and learning disability considerations

National content can be supplemented or replaced with locally approved materials, ensuring alignment with existing programmes, care pathways and Local Authority offers while maintaining clinical assurance.

5.3 Deployment Dashboard Analytics Platform

The Digital Health Passport includes a secure, web-based Deployment Dashboard Analytics Platform providing commissioning and delivery teams with population-level visibility of uptake and engagement.

The dashboard is available to authorised ICB and Local Authority staff and supports monitoring, evaluation and assurance, without access to identifiable patient data.

Core Analytics Available

- App downloads by geography and organisation
- Registered users and growth trends
- Active monthly users (MAU) and engagement over time

- Education and coaching module activity and completion rates
- Local comparison views by area, neighbourhood or service footprint (where applicable)
- Benchmarking against regional or national averages

Data Governance and Use

- All data is aggregated and anonymised
- No access to identifiable personal or clinical records
- Dashboards are configurable by population footprint and commissioning model
- Data supports evaluation, planning and assurance, not operational or clinical decision-making

The Deployment Dashboard enables health and local government partners to understand adoption, demonstrate value and support evidence-based decision-making, while maintaining clear separation from clinical systems and statutory records.

6.0 Data Protection

6.1 Information Assurance

6.1.1 Security Governance Standards

The Digital Health Passport requires a high level of regulatory assurance. Significant effort has gone into delivering a safe and assured platform. Tiny Medical Apps has a dedicated board level Chief Technology Officer responsible for the security of all our services. We comply with the following governance / accreditations:

6.1.2 ISO/IEC 27001

ISO/IEC 27001 Information Security Management system is designed to help organisations manage their information security processes in line with international best practice

Our certification is externally audited by Alcumus ISOQAR and our scope covers the Digital Health Passport platform.

6.1.3 Cyber Essentials

Cyber Essentials helps us to guard against the most common cyber threats and demonstrates our commitment to cyber security.

6.1.4 Clinical Safety DCB 0129, DCB 0160

These standards provide a set of requirements suitably structured to promote and ensure the effective application of clinical risk management by those health organisations that are responsible for the deployment, use, maintenance or decommissioning of Health IT Systems within the health and care environment.

6.1.5 NHS login

We were invited to be in the first wave of companies allowed to use NHS login. We have invested in attaining all of the additional assurance requirements to enable rapid integration with regional Local Health & Care Records such as One London.

NHS Login is available to patients in commissioned areas

6.1.6 SCAL

The Supplier Conformance Assessment List (SCAL) is a technical document which details the consumer supplier approach to information governance, clinical safety, functional testing and SMSP-PDS requirements.

As part of our compliance and conformance assessment for NHS Login we successfully completed the requirements of the SCAL.

6.1.7 Information security policies and processes

Our security policy and processes are internally and externally ISMS ISO27001 auditor. We follow the Data Security and Protection Toolkit to provide assurance that we are practising good information security and that personal information is handled correctly.

6.2 Data Back-Up and Restoration

Tiny Medical Apps ensure that backup copies of switch configuration and data stored on the network are taken regularly in accordance with the Backup Policy and specific system requirements.

TMA ensures that a log is maintained of switch configuration and data backups detailing the date of backup and whether the backup was successful. Documented procedures for the backup process and storage of backup tapes shall be produced and communicated to all relevant staff. All backup tapes are stored securely and a copy stored off-site.

Documented procedures for the safe and secure disposal of backup are produced and communicated to all relevant staff.

The restoration from a backup is tested regularly and the process documented; the restoration testing is carried out at least annually.

6.3 Business continuity plan

TMA has an active Business Continuity Plan that covers their IT systems to enable a structured recovery post an IT or information security incident. This relates to the IT and information elements of the overall Tiny Medical Apps approach to Business Continuity. Business Continuity is defined as the capability of Tiny Medical Apps to continue delivery of products or services at acceptable predefined levels set with the service level agreement following a disruptive incident.

Tiny Medical Apps use the “Plan-Do-Check-Act” (PDCA) model to plan, establish, implement, operate, monitor, review, maintain and continually improve the effectiveness of its Business Continuity Plan for IT and information.

The Business Continuity Plan enables immediate responses to be made to an information security incident (IT or information). The Plan is regularly tested, and reviewed annually. The plan identifies key roles and responsibilities for which all office holders undertake specific training.

A more detailed plan can be provided to buyer on request

7.0 Using the Service

7.1 Ordering and Invoicing

The Digital Health Passport is ordered through the G-Cloud framework using the standard Call-Off Contract.

Prospective customers should contact Tiny Medical Apps using the contact details listed on the Digital Marketplace. Following an initial confirmation of

scope and population footprint, Tiny Medical Apps will support the buyer to complete the G-Cloud Order Form.

Invoicing is in accordance with the agreed Order Form and Tiny Medical Apps' standard terms and conditions.

7.2 Availability of Trial Service

The Digital Health Passport mobile application is publicly available to download via the Apple App Store and Google Play.

The free version provides access to a subset of core functionality, including health education content, symptom tracking and environmental alerts. NHS Login and locally commissioned features are not enabled in the free version.

On request, prospective customers may be provided with access to a non-production (staging) environment to review the full functionality of the platform.

7.3 Onboarding and Off-Boarding

7.3.1 Onboarding

The Digital Health Passport is delivered as a cloud-hosted SaaS service and does not require local installation or infrastructure.

Onboarding activities for the SaaS service include:

- Configuration of population footprint and organisational access
- Enablement of commissioned features (e.g. NHS Login, local content areas)
- Provision of standard platform documentation and user guidance

These activities are designed to ensure safe and effective access to the service without disrupting existing systems or workflows.

7.3.2 Off-Boarding

On receipt of a contract termination request, Tiny Medical Apps will confirm the service end date and withdrawal of access in line with the Call-Off Contract.

End users will be notified in-app where locally commissioned features are being withdrawn and may request a copy of their personal data in a portable format in line with UK GDPR requirements.

Following contract end, NHS login access will be disabled. Users may retain access via alternative login methods, but locally commissioned features will no longer be available.

7.4 Training

End-user onboarding is delivered in-app, using guided onboarding flows, help content and contextual support.

Standard user documentation and support materials are made available to commissioning organisations.

Any additional training, CPD-accredited sessions or tailored implementation support are optional and, where required, are available separately under G-Cloud Lot 3.

7.5 Service Management

The Digital Health Passport is operated using a secure, ISO/IEC 27001-certified Information Security Management System (ISMS).

Service management includes:

- Continuous monitoring of platform availability and performance
- Incident and issue management using a structured ticketing system
- Documented incident response and recovery procedures
- Regular review and improvement through corrective and preventative actions

Business continuity and disaster recovery procedures are in place and tested in accordance with Tiny Medical Apps' ISMS.

7.6 Service Levels and Support

7.6.1 User Support

User support is available via email and ticketed web chat, Monday to Friday, 09:00–17:00 (UK time).

Support requests are acknowledged within one business day.

7.6.2 Availability

Service availability targets and service credits are defined in the Call-Off Contract.

A "Downtime Period" is defined as 120 consecutive seconds of unavailability. Shorter intermittent interruptions are not counted as downtime.

Where monthly availability falls below agreed thresholds, service credits may apply in accordance with the contract, subject to notification within 30 days of eligibility.

Service credits are capped at 50% of the monthly service charge and are applied as a credit against future invoices.

Features designated as Alpha or Beta are excluded unless otherwise stated.

7.7 Outage and Maintenance Management

In the event of a planned or unplanned outage expected to result in prolonged service disruption, Tiny Medical Apps will notify customers via email with details of the issue and resolution status.

Maintenance and incident communication processes are documented and available on request.

8.0 Provision of the service

8.1 Customer Responsibilities

Customers are responsible for ensuring appropriate local governance and oversight for their use of the Digital Health Passport.

As a minimum, customers should nominate appropriate internal leads to act as points of contact for the service, for example a service owner and a clinical or safeguarding lead where relevant to the use case.

8.1.1 Clinical Risk Management

Where required, customers are responsible for local compliance with DCB0160 (Clinical Risk Management) in relation to their deployment and use of the service.

Tiny Medical Apps complies with DCB0129 for the Digital Health Passport platform and provides supplier documentation to support local assurance activities.

8.1.2 Information Governance

Customers are responsible for ensuring that their use of the Digital Health Passport aligns with their organisation's Information Governance policies and lawful basis for processing under UK GDPR.

Tiny Medical Apps provides standard assurance documentation to support local Information Governance review.

8.2 Technical and Client-Side Requirements

The Digital Health Passport is delivered as a cloud-hosted SaaS solution and does not require local installation or infrastructure.

The service can be accessed using:

- Modern web browsers
- Standard NHS or Local Authority email accounts (for administrative access)

The platform can operate as a standalone service without integration to clinical systems.

Where commissioned, the Digital Health Passport supports integration with regional or national digital services (e.g. NHS login, Local Health and Care Records). Integration requirements vary by region and use case and are confirmed at order stage.

8.3 Development Lifecycle of the Solution

Tiny Medical Apps operates a structured software development lifecycle using established Agile delivery practices.

The platform is subject to:

- Regular security and performance updates
- Controlled release management
- Regression testing and quality assurance

Updates are deployed centrally as part of the SaaS service and do not require customer action.

8.4 After-Sales Service Management

Tiny Medical Apps provides ongoing service management and supplier support for the Digital Health Passport throughout the contract term.

This includes:

- Platform monitoring and maintenance
- Incident and issue management
- Customer support and service communication

The service is designed to support sustained adoption through usability, reliability and continuous improvement, without requiring ongoing operational involvement from the customer.

8.5 Termination Process

Customers may terminate the service in accordance with the terms of the G-Cloud Call-Off Contract.

Termination requests should be submitted by the customer's nominated contact. Service access and data handling will be managed in line with contractual and statutory requirements.

5.0 Our Experience

5.1 Case Studies

5.1.1 South East London

Tiny Medical Apps was commissioned by NHS South East London Integrated Care Board to deploy the Digital Health Passport as a population-level digital self-management tool for children and young people with asthma. The programme was designed to support delivery of the NHS England Asthma Bundle of Care, reduce health inequalities and improve self-management without increasing clinical or school-nursing capacity.

The Digital Health Passport was launched across South East London on World Asthma Day 2023, aligned with public-health engagement during #AskAboutAsthma Week. The platform provided young people and families with access to digital asthma action plans, inhaler technique education, symptom and trigger tracking, air-quality alerts and trusted educational content from national charities including Asthma + Lung UK.

The deployment focused on embedding the DHP alongside existing NHS services rather than replacing clinical systems. The app supported improved access to personalised care plans, better preparation for annual asthma reviews and increased confidence in day-to-day

self-management, particularly in communities experiencing higher asthma burden and deprivation.

Alongside clinical deployment, the programme included school and community engagement activity to improve asthma awareness. This included a South East London schools poster competition delivered as part of Ask About Asthma Week, designed to engage young people directly in asthma education and prevention.

Following sustained uptake and positive operational fit, NHS South East London ICB renewed its contract for the Digital Health Passport in 2025–26. The renewal followed a recent NICE recommendation supporting the Digital Health Passport approach and confirmed the DHP as an ongoing preventative digital offer.

As part of the renewal, epilepsy support was added to the Digital Health Passport at no additional cost, extending the platform beyond a single-condition deployment and increasing system value across long-term conditions.

Key outcomes and learnings from the programme include:

- Demonstrated feasibility of population-level digital self-management deployment
- Improved access to personalised asthma action plans for children and young people
- Strong alignment with Core20PLUS5 priorities for children and young people
- Ability to scale the platform across additional conditions through contract renewal rather than re-procurement

This case study demonstrates the Digital Health Passport's ability to move from initial deployment to sustained commissioning, while expanding scope and value over time.

5.1.2 East London: Healthy London Partnership / Tower Hamlets CCG / Barts Health NHS Trust

TMA was commissioned by Healthy London Partnership to deliver a platform and app that would allow: deployment of digital care plans; remote condition monitoring; access to educational resources for young people with long term conditions; and access to pollution, pollen and weather data.

The initial focus was on asthma, and involved working with leading clinicians and young people across the capital to develop our 'Minimum Lovable Product'. The DHP was initially launched in October 2019 at two sites in East London: Chrisp Street Surgery and the Royal London Hospitals with Barts Hospital following on in January 2020. An evaluation has been undertaken demonstrating evidence to Tier 2 on the NICE Evidence Standards Framework for Digital Health Tools and presented to clinicians and commissioners from across London. The 'live co-design' continues supporting Respiratory Nurses at the Royal London to provide a Digital Asthma Action Plan to patients preparing for discharge.

Within the patient group those onboarded were positive about the app with a high number being active users of the care plan and remote condition monitoring features. One user summed this up: "The name as a Digital Health Passport is exactly it – you can travel around with it and use

it as and when you enter into a service.” We received concrete user feedback for future features, which will lead to us registering the DHP as a medical device.

Clinicians were highly supportive of the key features – allowing patients access to their care plans at all times on their smartphone was highly prized with one commenting: “This app is just brilliant and could save a life”.

The main challenge during the pilot was recruitment of teenage users – this included a lack of appointments for care plan reviews and high level of ‘Do not attends’. The need for an additional ‘Clinician Portal’ for healthcare professionals to enter care plans into was also a significant barrier to adoption at scale. Ideally care plans would be entered into native GP or hospital software and a Personal Health Record app (PHR) would ‘pull’ the plan via a Local Health & Care Record. Using another portal requires changes to workflow, potential double entry and additional technology to be incorporated within already constrained consultation time.

The pilot, with the support of the clinical teams, allowed us to have a presence within clinics, enabling us to gather evidence and feedback whilst providing support and encouragement for the clinicians and patients – critical for adoption at this stage. The evidence and learnings generated from the pilot are centred around how it is possible to concentrate on patient adoption through the PHR app and for the clinician involvement to form part of existing and developing clinical systems. In addition the pilot has highlighted issues around interoperability between PHR’s and Electronic Health Records (EHR).

5.1.3 Manchester: Greater Manchester Health & Social Care Partnership

The Digital Health Passport team was approached by the Greater Manchester Strategic Clinical Network. This followed an extensive piece of research into the needs of children and young people in their area which identified an asthma care plan app as an important part of a strategy to reduce Emergency Department visits.

The Greater Manchester project has received £100k Evidence Generation funding from the Innovation & Technology Payment, an NHS England programme that supports the NHS to adopt innovations by removing some of the financial and procurement barriers to introducing new technologies, and is well supported by the regional leadership team and the local Academic and Health Science Network.

The integration plan with the GM Local Health & Care Record (LHCR) is amongst the most advanced in the country and involves evaluating the use of PODs (Personally Owned Datastores).

The focus for the project is to share asthma care plans between secondary and primary care, and once interoperability is established to do the same for epilepsy and diabetes.

Key deliverables

- Connect to Greater Manchester Local Health Care Record using NHS login
- Customise the Digital Health Passport to the local environment
- Demonstrate evidence of improved Patient Activation Measures in young asthmatic population

- Demonstrate evidence of Tier 3 of NICE Digital Health Tools framework

5.2 Clients & Partners



Greater Manchester and Eastern Cheshire
Strategic Clinical Networks





5.3 Contacts & Team

Our Team

Matt Bourne Chief Technology Officer

Greg Burch Clinical Director

Vipin Kashyap Development Lead

Catherine Beverley Team Coordinator, Product Owner for DHP

Contact

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