**SPECIFICATION OF REQUIREMENTS**

**Improvement Analytics Unit (AIU) Healthcare Initiatives Evaluation**

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| **Revision Date** | **Summary of Changes** | **New Version No** |
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# Specification of Requirements

## Background to the requirements

#### The Improvement Analytics Unit (IAU) is a unique partnership between NHS England and the Health Foundation that evaluates complex local initiatives in health and care in order to support learning and improvement.

#### Over the last decade, a number of national transformation programmes have been established to improve quality and efficiency in health care, often through the provision of more integrated care. The best analytical approaches to evaluate the impact of complex changes such as these are demanding to apply and the required capability is not always available in the NHS.

#### The Improvement Analytics Unit aimed to fill this gap by:

#### providing robust evaluation of complex change to support the development of strong and effective health care systems

#### identifying whether outcomes for patients have changed following the introduction of a new initiative and to identify, so far as possible, why

#### helping to spread the use of data analytics in the NHS for the purposes of quality improvement

#### strengthening the robustness of the body of evidence available to inform national policy development.

#### A recent review by Frontier Economics and as agreed by the IAU Transition Steering Group concluded “Demand and supply-side issues mean there is a space for high quality and robust evaluation work that informs NHSE central policy making.” The new supplier we commission will work in this space to address both demand and supply-side issues. Specifically:

#### Supply-side issues include a lack of skills and capabilities internal to NHSE to perform complex quantitative evaluations; and scarcity of high-quality external analysis combined with astute and influential policy insights. The new supplier must have a unique skill mix and will use it to support priority NHSE work, for example by evaluating complex national programmes which may otherwise be underserved.

#### Demand-side issues include a lack of awareness and understanding of the value of high-quality evaluation work in this context; and reluctance to invest sufficient resources in long term strategic analysis. The new supplier will deliver awareness raising and knowledge building materials and seminars to support NHSE to build demand, for example by running seminars and publishing papers.

#### Evaluation of large-scale initiatives is keeping in line with the government’s data strategy: ‘Data saves lives: reshaping health and social care with data’ which emphasises the need to create a learning system through robust evaluation of large programmes.

## Scope of the Procurement

### Aims & Objectives

#### The IAU are looking for a supplier that can provide evaluation of complex local and national initiatives in health care in order to support learning and development. The supplier will utilise statistically robust methods and novel counterfactual analysis to estimate the impact of a change programme or innovation, informed by a deep understanding of relevant policy and practice.

#### By providing rapid feedback to service leaders and decision-makers at both a local and national level, we aim to identify what is working well and what might need to change in the future to improve outcomes

#### The local and national initiatives requiring evaluation are from various NHS Organisations such as Integrated Care Systems (ICS). By providing this rapid feedback to service leaders and decision makers, can help to identify what is working well and where changes may be needed to improve outcomes.

#### This procurement covers all activities that would be described as ‘closing the gap’ in advanced analytics for complex programme evaluation. Closing the gap means tackling the root causes associated with demand and supply-side for this type of work which are currently preventing optimal levels of evaluation being carried out. This could include demand-side initiatives such as increasing the awareness and appreciation of the value of high-quality evaluation. And supply-side initiatives such as building a community of practice, increasing capacity within NHSE and establishing best practice. The successful supplier will have the skills and capabilities to deliver the following overarching aims:

#### Providing robust evaluation of complex change to support the development of strong and effective health care systems

#### Identifying whether outcomes for patients have changed following the introduction of a new initiative and to identify, so far as possible, why

#### Helping to spread the use of data analytics in the NHS for the purposes of quality improvement

#### Strengthening the robustness of the body of evidence available to inform national policy development

### Constraints and Dependencies

#### The stakeholders that will need to be engaged with can be wide ranging from national programme and analytical teams, to local teams including those but not exclusive to from primary and secondary care, mental health and community. The outputs from this supplier will inform future funding for various workstreams across health and care nationally.

#### The successful supplier will work in a matrix fashion with an existing NHSE team that specialised in complex programme evaluation and counterfactual analysis.

## Requirements

### Mandatory and Minimum Requirements

#### The successful supplier will already have access to and experience of working with the National Commissioning Data Repository (NCDR) portal, which is a web based application developed by Arden & GEM (on behalf of NHS England). The portal empowers ICBs to collaborate for the commissioning of specialised services and enables planning to be joined up throughout ICS footprints

#### NHSE will be able to draw on highly skilled data experts to deliver insights into important national programmes. The nature of this funding means that the evaluation can take a long view, and take time to establish long term impacts which might not immediately be apparent in shorter evaluation timeframes. This expertise will support enhanced decision-making.

#### The supplier will be able to directly work with NHSE policy-makers to make relevant evaluation evidence and data available to decision-makers. They will do this while drawing on NHSE’s patient-level data to undertake its work, where it is legal and practical to do so (i.e. when processing on behalf of NHSE to lead to service improvement).

#### The supplier will be able to provide as a minimum, 3 key evaluations of national programmes under the following domains: digital primary care, Primary care transformation; Impact of Psychiatric Decision Units; Virtual wards. This will be delivered in the first 12 months of the contract commencement.

#### The supplier will have a robust plan of knowledge sharing with our NHSE staff.

#### The Supplier will have strong technical skills, with a blend of experience utilising Excel, SQL and Tableau, and knowledge of NHS datasets, including use of the National Data Commissioning Repository (NCDR).

#### The supplier will have the skills and capabilities to share findings as they emerge via relevant blogs, forums and huddles such as those seen in AnalystX

#### The supplier will work with a range of health and care stakeholders such as Primary Care, Secondary Care, Mental and Community Services.

###  Timescales & Implementation

### The timescale for implementation for this commission run for 12 months, however the contract will have an option to extend up to a further period or periods of an additional 12 months (24 months in total) subject to performance review, budgetary approval and business planning.

### Location We would expect that staff involved in this work stick to the current working policy at NHS England which encourages hybrid working.

### Roles and Responsibilities

#### NHS England will be responsible for the contract management, project management and matrix working with the analytical teams of the successful supplier through combined teams delivering the analyses and subsequent deliverables.

#### The supplier will be responsible for providing ‘closing the gap’ activities mentioned above.

### Management Information & Governance

#### The governance will:

#### provide strategic oversight and direction.

#### be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level.

#### align decision-making authority with the criticality of the decisions required.

#### be aligned with the governance arrangements of each party (and may therefore require changes over time); and

#### provide coherent, timely and efficient decision-making.

#### The Chief Data and Analytics Officer in NHSE, and Chief Executive of the supplier’s organisation, are the Senior Sponsors for this service and will be updated annually on the strategic plan and impact of the service.

#### The joint unit (supplier and NHS England) will have a Board which will be chaired by the supplier and will include senior representatives.

#### For day-to-day decision-making, responsibility will be delegated to the supplier and NHSE Joint Senior Responsible Officers (JSROs), or their chosen delegates. The JSROs will make decisions about which individual workstreams are undertaken within the parameters set by the strategic plan. They will agree the overarching mandate for proceeding with each study and the direction of travel at agreed gateways during analysis and reporting.

#### The joint unit may, at the discretion of the JSROs, appoint and draw on the advice of a wider Advisory Group who can provide advice and guidance to the leadership and Board. The role and format of the Advisory Group will be set out in a separate Terms of Reference and will be periodically reviewed.

#### To deliver the objectives of the joint unit, the supplier will typically act as a Data Processor for NHSE for work delivered under this contract. Information governance arrangements are covered by a separate framework, including a Data Processing Agreement between the parties.

#### Information can be provided in either Word documents, Excel spreadsheets (or other analysis tools, such as Tableau) if it is data, or PowerPoint.

#### The deadline dates for the reports will be agreed upon contract start.

#### Upon termination of the contract the appointed supplier must return all data in an agreed digital format to NHS England or their nominated supplier within 1 month of expiry or provide a certificate of destruction if it is agreed that the data does not need to be retained.

####  All products of the work commissioned within the contract as identified in this specification will remain the intellectual property of NHS England and data and information relating to this work cannot be disclosed without prior approval of NHS England in writing.

### Performance and Measurement

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| KPI Ref. Number | Services that KPI relates to | Description of KPI | Measurement |
| 1 | Robust evaluations of complex change to support the development of strong and effective health care systems with a focus on integrated care | Working with programme teams to provide robust evaluations of complex change such as impact and qualitative evaluations of integrated care programmes and multi-disciplinary teams, to support the development of strong and effective care systems. Within each evaluation providing action-oriented next steps. | Delivery of minimum 3 evaluations of complex change to support the development of integrated care systemsEvaluation analysis |
| 2 | Spread the use of data analytics in NHS for purposes of quality improvement | Documented methodologies, such as optimal matching, in the NHS E Methods toolbox template, submitted to the Methods peer review group and steering group, and inclusion in the toolbox. Also, sharing of code where applicable through Methods Github  | Documentation of 3 statistical methodologies submitted and inclusion in the NHS EI Methods Toolbox |
| 3 | Application of best analytical approaches to identify whether patient outcomes have changed following an introduction of a new initiative | Working with programme teams to provide analytical pieces of work to identify whether patients outcomes have changed following an introduction of a new initiative, such as the national diabetes prevention programme | Delivery of 3 analytical pieces of work to identify whether patient outcomes have changed following an introduction of a new initiative |
| 4 | Development of analytical capability across the NHS | Working with the analytical community to knowledge transfer the complex programme evaluation methodologies used. | Presentation at 2 AnalystX mini huddles or lunch and learns at the Health Foundation |
| 5 | Invoicing | Invoicing to be 99% accurate to the £ to authorise payment  |  Invoices to be accurate upon submission |

#### Contract Term

#### The contract term will run for 12 months, however the contract will have an option to extend up to a further period or periods of an additional 12 months (24 months in total) subject to performance review, budgetary approval and business planning.

#### The minimum notice is 3 months following a performance review for an extension.

### Budget

#### Payment will be provided quarterly in arrears with an annual review of deliverables.

### Exit Plan

#### The contract will terminate following the initial contract period or after any extension period as notified.

#### A plan should be agreed with NHS England 3 months before the end of the contract, to ensure sustainability of the project once it has been terminated.

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