**NWL Procurement Services on behalf of**

**Central London Community Healthcare NHS Trust**

**Request for Information (RFI)**

CLCH seeks to understand the capabilities, capacity and the views of market for this requirement and asks a number of set questions below. We expect you will find some questions more relevant to you and easier to respond to than others at the moment. Please try to respond to as many as you can because your views are valuable whether or not you have come across all of the aspects covered.

This is a process designed to help CLCH form a view of the best way to commission the service and is not the beginning of a Tender exercise. A further Tender advertisement will be issued at the appropriate time where required. Your feedback at this point will not have a bearing on any future Tender submissions you may wish to offer at a later date. You will not be disadvantaged if you choose not to respond to this RFI but it will be helpful to understand your views at this early stage, so you are encouraged to respond as fully as you can.

Please complete your response and return the RFI responses via the Atamis Portal b**y Midday (12pm) on Thursday 23 January.**

Thank you for your participation – We appreciate your time and effort in completing this RFI.

**NWL Procurement Services on behalf of CLCH**

**Please find enclosed a draft copy of the Obstructive Sleep Apnoea (OSA) Specification to ensure completeness and accuracy in responding to the questions outlined in this template.**

**Specification:**

**Referral process for Sleep Diagnostic Testing:**

The Supplier will take ownership of contacting the patient following receipt of the referral to book the patient in to complete a diarised Sleep Diagnostic Assessment within their own home.

If the patient has had their Alice equipment for 2 nights and on both nights the study has failed, the patient will return the Alice Equipment but will keep the pulse oximeter to complete a reading of their Oxygen throughout the night, for 1 night only (an insufficient study relates to less than 2 hours of sufficient airflow).

**Process:**

Referral received by Trust to the Supplier. The Supplier sends out an introduction letter to the patient along with information via leaflets and written guidance.

**Sleep Study Booking Process:**

* Week 1 - Telephone call to book patient in for their device fitting, if unsuccessful, a message is to be left for the patient to return the call and book an appointment.
* Week 2 – Follow up call made to the patient who missed the original phone call with another message left to call and book an appointment.
* Week 3 – If the patient remains unsuccessful for contact, then a Failure Report must be sent to CLCH within 2 days so that the Trust can pick up with the patient.
* Any unsuccessful patient calling back to book appt between 2 and 6 weeks of referral, must be booked in for their first appointment as soon as possible with an alert sent to CLCH to reinstate the patient into the service.
* Any patients who fail the test must have a failure report completed and sent to CLCH. Any patients who require a re-test following this must be supported by the supplier to ensure a study is completed. Patients will be reinstated by CLCH with a repeat study referral and dates will be monitored to ensure the patient follows up with a second test.

**Sleep Study reporting:**

* All ALICE or POX or Failure reports to be sent to CLCH using the online PORTAL.
* Strict adherence to timelines of reports being placed in the Portal.

**Ongoing patient Care – including Discharge & CPAP removal:**

* The Supplier will arrange an appointment with the patients to discuss the diagnostic results and to agree on the future plan for ongoing care, or discharge the patient back to the referrer if treatment is not appropriate.
* The Supplier is responsible for creating the management plan with the patient, including CPAP support or different approaches, whichever is most appropriate for the patient.
* The Supplier will ensure the patient receives a full CPAP set up with clear instructions on how to use the devices making sure the masks fit and are comfortable for the patient to use.
* The Supplier will provide compliance reporting, management, and patient support through the duration of the care required; reports must be issued for 30/60/90 days + 6 month & 12 months. Then yearly from year 2 onwards.
* Proactive patient management is required regarding non and partial compliance within patients. There must be a focus on patient support to assist compliance, or decision to stop CPAP with subsequent removal by the supplier. The patient is kept informed at all times, and subsequently discharged back to referrer/GP.
* Ad hoc patient support – telephone, email, online support.
* Complex care and DVLA issues using clinic-based care where needed.
* Ongoing CPAP maintenance – servicing, replacement parts and masks.
* Mask re-fitting as needed.
* Communication with DVLA.
* Communication with Referrer / GP with update regarding care and compliance as needed.
* Identify patients who require onward referral to specialist centers.

**Key Performance Indicators:**

The key performance indicators below have been identified as suitable SMART targets and should be reported on monthly and reviewed as part of the Contract Management meetings.

1. 85% of Alice sleep diagnostic studies completed or excluded with fault exclusion reason, in 28 working days of acceptance.

1. 100% of Alice sleep diagnostic studies completed or excluded with fault exclusion reason, in 56 working days of acceptance.

1. All Failure reports to be sent across to CLCH within 48 hours of the patient officially failing to have their sleep study, due to the exception criteria below. Dates of attempted contact, date the patient is designated as needing a Failure report to be documented on the failure report.
2. 100% Of sleep study reports on patients who have a Pulse Oximetry study as opposed to the multichannel requested, the Supplier must document reason within the sleep study commentary.
3. 100% of sleep study reports that do not have sufficient time i.e. 240 mins, will have commentary explaining the reason for insufficient hours e.g. patient ability to comply with equipment.
4. 100% of sleep studies with insufficient flow, will be manually score / validated and comments placed within the sleep report commentary.

‘Completed in’ refers to the number of working days between the Alice diagnostic request being accepted by the Supplier to the study results being ready to view and shared with the Trust.

‘Acceptance’ refers to receipt of the referral by the Supplier, with the Minimum Data Set (MDS) that is required to arrange the diagnostic study.

‘Working days relate to Monday to Friday and exclude weekends.

‘Failure Report’ refers to patients who are unable to have a successful sleep study due to the below exceptions.

Each Failure report must include dates and reasons for the unsuccessful attempts including the dates that the report was written.

**Fault exclusion criteria**

Exceptions to the KPI percentages above are listed below but not exhaustive:

* Patient not at home when appointment has been confirmed.
* Patient asked for reschedule.
* Sleep diagnostic study has failed and requires a repeat test.
* Sleep diagnostic failed on two occasions, so pulse oximetry study requested.
* Patient deceased.
* Patient not available or on holiday.
* Patient declines study.

All the KPIs and exceptions above will be reported in the monthly reporting pack that is submitted to the Trust.

**Please provide your company details:**

**NB: This is not an Expression of Interest for any Tender at this time**

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| **Organisation Name** |  |
| **Name of Respondent** |  |
| **Respondent Email** |  |
| **Respondent telephone contact** |  |

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| **Healthcare Provider Type – place “X” in one box** | NHS Trust / Foundation Trust |  | Voluntary Community Social Enterprise |  |
| Limited Liability Partnership |  | PRIVATE Limited Company |  |
| Social Enterprise |  | PUBLIC Limited Company |  |
| Other – please state: |  | | |

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| **Is the organisation a small medium enterprise?,** (SME defined as employing fewer than 250 people and where annual turnover does not exceed circa £42m) **Please state “Yes” or “No”** |  |

**Requested Information**

Please respond to each of the questions below in the unshaded response sections.

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| **1** | **Service Contract Approach**  Please indicate which contractual approach you would adopt for best delivery of the services:   1. Single Healthcare Provider and contract holder for full service model; 2. Strategic lead with subcontracting arrangements – include details of the elements that would require sub-contracting; 3. Other collaborative arrangement (please provide details); 4. Other not listed above (please provide details). |
| **RESPONSE** |
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| **2** | **Service Model A - Diagnosis**  Please provide detail of the type of Home Testing Kit you would provide to complete a full Sleep Therapy Diagnosis with a cost per Home Testing Kit provided.  Can you share information on the costing model, is there a purchase or rent option for the diagnosis kit? |
| **Type of Kit** |
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| **Costing models available** |
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| **3** | **Stats applicable to understanding the service:**  How many home multichannel and pulse oximeter overnight studies can be done per month? – out-patient based |
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| **4** | **Stats applicable to understanding the service:**  How long would it take to do 200 sleep studies – 75% multichannel, 25% POX, to the point of it being reported electronically? |
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| **5** | **Stats applicable to understanding the service:**   1. How long is the treatment plan from the initial patient appointment to receiving the equipment to complete the sleep study, to results being reported on electronically? 2. Are the results assessed via a clinical expert or via a digital system? 3. How do you ensure quality control if using digital systems? |
|  | **RESPONSE A** |
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|  | **RESPONSE B** |
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|  | **RESPONSE C** |
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| **6** | **Mobilisation for Part A** |
| a) Do you consider 1 month to be a reasonable length of time to mobilise the service (If not, please state reasons for this)? |
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| b) Summarise the key risks to the mobilisation of the service and the main challenges that a Preferred Bidder would face |
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| c) Please describe the areas where you would require interaction from the Commissioners in mobilising the service? |
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| **7** | **Service Model B – Ongoing Care and Equipment Maintenance** |
| In order to understand costs for ongoing maintenance of existing devices vs new devices on contract award, can you please provide indicative costing for the below:   1. The service has a current patient caseload of 3000 patients, who each have an existing CPAP machine what would the costs be to maintain these following the contract award? 2. The service has a current patient caseload of 3000 patients, who each need a new CPAP machine what would the costs associated with purchasing the machines (or renting them) with maintenance included. Please state the type of CPAP machine you would issue.   Please provide a cost breakdown per device including the yearly costs for maintenance of those machines, if known. |
| **RESPONSE** |
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| **8** | **Stats applicable to understanding the service:**  Based on an indicative round figure, please provide indicative costs of providing 60 CPAP machines a month to the Trust. |
|  | **RESPONSE** |
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| **9** | **Stats applicable to understanding the service:**  Based on an indicative round figure, please provide indicative cost of providing a stock of 150 masks a month to the Trust. |
|  | **RESPONSE** |
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| **10** | **Stats applicable to understanding the service:**   1. Based on an indicative round figure, please provide indicative costs of providing ongoing maintenance of the 60 CPAP devices per month (12 months would equal 720 machines in total) 2. Is there a pricing structure which allows for a discounted price when hitting usage thresholds that qualify? |
|  | **RESPONSE A** |
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|  | **RESPONSE B** |
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| **11** | **Stats applicable to understanding the service:**   1. Cost of monitoring ongoing compliance, patient communication and support regarding machine compliance ie, Year 1 = 30, 60, 90 day compliance reviews, then 6 & 12 month checks.   Year 2 + requires an annual review.   1. Can you confirm if add hoc patients support would be built into the contract price or if this would be charged as an additional cost (confirmation on this will help to improve our specification requirements). 2. Based on Patient compliance (including consistently non-compliant) what would be the removal of CPAP process for these patients? |
|  | **RESPONSE A** |
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|  | **RESPONSE B** |
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|  | **RESPONSE C** |
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| **12** | **Mobilisation for Part B** |
| a) Do you consider 3 months to be a reasonable length of time to mobilise the service (If not, please state reasons for this)? |
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| b) Summarise the key risks to the mobilisation of the service and the main challenges that a Preferred Bidder would face |
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| c) Please describe the areas where you would require interaction from the Commissioners in mobilising the service? |
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| **13** | **Service Model C– Fully Managed Service** |
| As a supplier in the market OSA services, do you have the facilities and capacity to deliver a fully managed service from receiving referrals to diagnosis and ongoing care including maintenance of the devices, including removal of CPAP as necessary? |
| **RESPONSE** |
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| **14** | **Stats applicable to understanding the service:**  Based on an indicative number of patients set at 3000 on CPAP treatment, please provide an indicative cost for a fully managed service? |
|  | **RESPONSE** |
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| **15** | **Stats applicable to understanding the service:**  Based on an indicative round figure of 120 new referrals per month, please provide a cost per patient regarding:  A - diagnosis  B – patient results and plan  C - percentage of patients requiring CPAP set up and care  D - CPAP removal per month (roughly 40 patients per month (reviewed after 90 days)) |
|  | **RESPONSE A** |
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|  | **RESPONSE B** |
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|  | **RESPONSE C** |
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|  | **RESPONSE D** |
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| **16** | **Service Model C – Specification** |
| When proposing a Fully Managed Service, what would you put forward as a ‘Fully managed service’ – please provide a description from the referral process through to diagnosis and ongoing patient care to enable the Trust to understand what elements should be covered in the specification? |
| **RESPONSE** |
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| **17** | **Draft Outcome Monitoring**  Following review of the specification and relevant outcomes are there additional outcomes or metrics that you would want to see as part of the monitoring of delivery?  Please list and provide details on why you have identified these additional outcomes / metrics. |
| **RESPONSE** |
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| **18** | **Other Healthcare Provider Feedback – Maximum 750 words**  Use the space below to inform CLCH of any other points you feel would inform this process.  NB: Please adhere to the requested word count - only the first 750 words of your answer will be forwarded to Commissioners. |
| **RESPONSE** |
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