**NHSE Vaccination and Screening Directorate: Engagement, Outreach and Programme Development Request for Information (RFI)**

The Vaccination and Screening directorate (V&S) forms part of NHS England and exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. This is achieved through world-leading science, knowledge and intelligence, advocacy, partnerships, and the delivery of specialist public health services.

NHSE V&S leads NHS sickle cell and thalassaemia (SCT) antenatal and newborn screening, offering:

Antenatal screening to identify women and other pregnant people who are genetic carriers of an unusual form of haemoglobin. This enables healthcare professionals to make special arrangements for care during pregnancy. It also means that known carrier parents can be offered counselling and prenatal diagnosis (PND). If this shows that a baby has inherited a condition, further counselling is offered to enable parents to make decisions regarding the pregnancy.

* Newborn screening to detect babies with sickle cell conditions so they can receive prompt follow up and treatment. This procedure also identifies babies with beta thalassaemia and babies who are genetic carriers for sickle cell.
  + The aims of antenatal and newborn SCT screening are:
    - to ensure a high quality, accessible SCT screening service delivery throughout England
    - to support women and other pregnant people to make informed choices during pregnancy and timely transition into appropriate follow up and treatment
    - to improve infant health through prompt identification of babies with a condition and timely transition into clinical care; and
    - to promote greater understanding and awareness of haemoglobin conditions and the value of antenatal and newborn screening.
  + The expected outcomes of the screening are:
    - for those women and other pregnant people accepting PND, 50% to be performed before 12 weeks and 6 days: and
    - to achieve the lowest possible childhood death rate and to minimise childhood morbidity from severe conditions.

The NHS SCT antenatal and newborn screening programme’s [first evaluation](http://adc.bmj.com/content/archdischild/early/2017/11/02/archdischild-2017-313213.full.pdf) which was undertaken between 2010-2016 and showed promising outcomes and scope for improvement. Test performance and coverage appeared excellent but timeliness of care, acceptance of penicillin and adherence to treatment were challenging. Delays between screening results and enrolment in care require optimisation of fail-safe follow-ups.

**NHSE and the Vaccination and Screening Directorate: Engagement, Outreach and Programme Development**

Previously, Public Health England acted upon recommendations from the evaluation and implemented a national engagement outreach programme which aimed to work jointly with people living with sickle cell and thalassaemia, their families, NHS bodies (commissioners and providers), Government, and a range of other national stakeholders to increase the uptake of antenatal and newborn sickle cell and thalassemia screening.

The outreach and engagement service commenced in August 2018. To date the current service has supported the improved booking targets and take up of screening offers for various cohorts.

**Overview of Requirements**

The following section describes NHS England’s potential plans to re procure the services of a antenatal and newborn sickle cell and thalassemia Engagement Outreach and Programme Development

The future service would be required to:

* address ignorance and stigma
* engage with communities less likely to access health information through usual NHS channels, particularly men
* share feedback from people that share the same population background or have experience of the condition and to feed into the programme updates and improvements
* capture family and cultural legacy to educate and improve knowledge about sickle cell and thalassaemia in specific communities
* support the NHSE V&S to develop guidance so healthcare workers will understand user options, how to provide better support, joined up care at the right time in the most appropriate setting
* focus on outreach projects that improve the screening pathway for pregnant women and their families
* pseudonymised
* work with the programme to understand and identify the causes for why pregnant women with these conditions are tested late
* ensure literature for women and families at risk which has been produced jointly by the patient organisations and the NHS Screening Programme, resulting in information that meets the needs of families with sickle cell or thalassaemia
* act as a bridge between screening services and users in the development of a referral and information solutions such as, National Haemoglobinopathy Register and Newborn outcome solution
* support the programme in developing and monitoring standards for antenatal and newborn screening
* share the lessons learned from the experiences of parents, so NHSE V&S directorate can update its standards and guidelines and public and professional educational resources
* demonstrate working in partnership with the NHSE (V&S) and NHS Sickle Cell and Thalassaemia screening and be flexible in dealing with organisational changes within the NHS.

The Newborn Outcomes Solution (NB0) and the National Haemoglobinopathy Register (NHR) provides invaluable information which aids the planning and targeting of haemoglobinopathy services. It is crucial that all health professional and parents understand the benefits of registration.

**Description of the Engagement**

NHS England is asking potential bidders to complete a market assessment questionnaire to help inform the future commissioning of the V&S antenatal and newborn SCT screening: Engagement, Outreach and Programme Development service.

The aim of the market engagement exercise is to inform potential providers of the opportunity and to collate feedback. The information will be used to assist NHS England V&S directorate in deciding on the most appropriate approach for the future of the outreach and engagement service.

Completed questionnaires must be submitted by **17th March 2023** via the Atamis Tendering system. The RFI questions are provided on page 5 of this document.

Any procurement conducted as a result of this notice will be advertised separately and all suppliers interested will be required to respond to the procurement advertisement once published. This process is not in any way connected to the tendering and evaluation process of any subsequent procurement process and responses to this RFI will not be evaluated or scored or part of any selection process.

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| **Name of your Organisation:** |  |
| **Contact Name(s) and Role(s):** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |

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| **1.Service Model/Delivery** |
| * 1. What are your views on the current SCT screening pathway and how to you think this could be improved/ developed in relation to: * haemoglobinopathies knowledge, awareness, and engagement? * committed volunteers/staff providing academic, clinical, and scientific support to projects? * paid staff and volunteers that support outreach and engagement activities? |
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| * 1. To improve the quality of the SCT screening pathway, what do you see as the key components of delivering the outreach and engagement service? |
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| **2**. **Stakeholder/Management** |
| * 1. **How do you foresee the outreach and engagement service operating in terms of influencing/ impacting national policy?** |
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| * 1. Who would you envisage are the main key stakeholders required to deliver this outreach and engagement service? |
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| **3**.**National Footprint Engagement** |
| * 1. Considering health inequalities and delivering a quality SCT screening pathway in diverse areas/ populations, please provide examples of how outreach and engagement works well on a national footprint: |
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| * 1. What published content is used by your organisation to reach and engage with communities and stakeholders? |
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| 3.3 What challenges would you foresee in the development/ overall delivery of the SCT screening pathway on a national footprint? |
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| **4. Access to Information/Data sources** |
| * 1. How would you access key information and resources to support the effective working of the SCT screening pathway: |
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| * 1. Please provide examples of good practice of effective collaboration with external organisations to deliver a shared purpose/outcome? |
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| **5.Health Inequalities** |
| 5.1 How do you think health inequalities could be addressed in relation to the SCT screening pathway? |
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| **6. Other** |
| 6.1 Please provide any feedback or observations you think we should consider as part of the outreach and engagement service: |
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| 6.2 Would you be interested in bidding for this outreach and engagement service? please provide any rationale for your response: |
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