

RTL109 Diabulimia Pathway Pilot

(London Integrated Diabetes and Mental Health Pathway for the treatment of Type 1 Diabetes with disordered eating and insulin reduction)

Tender information Document (TID)

NHS England (London)

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Version number: 1.0

First published: 23 November 2018

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OFFICIAL-SENSITIVE: COMMERCIAL

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SECTION 1 INVITATION TO TENDER (ITT)

1. Introduction

- 1.1. At the September 2018 NHS Diabetes Programme Board, London was approved as one of two regional pilot areas to trial, test and evidence the impact of an integrated diabetes mental health pathway for the assessment, referral and treatment of Type 1 Diabetes with disordered eating and insulin reduction (T1ED). Terms used to describe this are diabulimia as well as classical eating disorders such as anorexia and bulimia.
- 1.2. This is an exciting opportunity for London of national importance. The pilot has been devised with the view to supporting people with type 1 Diabetes across the whole of London so they benefit from an integrated pathway and 'hub and spoke' service model.
- 1.3. The purpose of the pilot is to:
 - 1.3.1. Trial, test and evidence the impact of an integrated diabetes and mental health pathway for the assessment, referral and treatment of T1ED over 15 months of the pilot.
 - 1.3.2. Share key data and lessons learned to inform a best practice integrated pathway and service model for wider rollout across the country
 - 1.3.3. Participate in an independent evaluation of the pilot and the integrated pathways model

2. A call for Expressions of interest

- 2.1. NHS England (London) welcomes expressions of interests (EOI) from suitably experienced providers who have the capacity and capability to lead this pilot initiative. Where the successful provider holds a contract for similar services with NHS England, the option of a contract variation would be considered.

3. Important to note:

- 3.1. This pilot is open to any suitable qualified provider however the commissioner recognises that due to the specialist nature of the service it is likely to be acute or mental health provider who is most suitable to leading this pilot initiative in London.
- 3.2. EOIs are welcome from an acute or mental health provider who are expected to lead the pilot, host the 'hub' component of the service and will be the lead provider NHS England will contract with.
- 3.3. Lead providers expressing interest in the 15 month pilot should demonstrate the wider system leadership support they have for their bids. They should also describe existing local relationships and integrated working arrangements they already have established with London's diabetes and mental health clinical communities and commissioners.
- 3.4. The ability to mobilise the pilot quickly is therefore essential. NHS England (London) has set an aspiration for this pilot initiative to go live by 25 February 2019. NHS England invites providers that feel they are in a position to possibly start before 25 February 2019 to specify an earlier start date. However, we are prepared to consider alternative later start dates from any providers wishing to make a bid.

4. Specification for the London pilot

- 4.1. Purpose of the pilot

- 4.1.1. Trial, test and evidence the impact of an integrated diabetes and mental health pathway for the assessment, referral and treatment of T1ED.
- 4.1.2. Share key data and lessons learned to inform a best practice integrated pathway and service model for wider rollout across the country.
- 4.1.3. Contribute to an independent evaluation of the pilot and the integrated pathways model.

5. Out of scope

- 5.1. Trial, test and evidence the impact of a wider integrated service for people with type 1 or type 2 diabetes with dietary and insulin restrictions

6. Key characteristics of the pilot

- 6.1. Within the allocation awarded to London, we are not in a position to fund a pilot to support people across the whole life course. The pilot will focus on people under the care of adult diabetes and mental health services.
- 6.2. The selected provider will work closely with the independent evaluation partner, appointed by the national diabetes programme team, to agree a baseline position and ensure appropriate hard and soft intelligence and data on the progress of the pilot are made available as required.

7. Key outputs

- 7.1. Integrated diabetes and mental health pathway developed and tested over a 15-month operational period
- 7.2. Replicable service model and service specification trialled and tested
- 7.3. Eligibility, assessment, referral and risk stratification criteria developed and made available for wider use.
- 7.4. Training programme for diabetes and mental health professionals developed and delivered, with the materials made available for wider use.

8. Target outcomes (to be confirmed in agreement with NHS England national and regional teams)

- 8.1. To improve professional and public understanding of T1ED as a medical or psychiatric disorder and its impact on people
- 8.2. To increase professionals' awareness of T1ED assessment, detection, referral pathways and interventions
- 8.3. To improve multi-disciplinary team working and expertise; psychiatric knowledge and psychotherapeutic skills in diabetes professionals; and knowledge of associated impact of calorie intake, exercise and insulin use in people with type 1 diabetes within mental health teams
- 8.4. Reduction of admissions of people with diabetic ketoacidosis and chronic hyperglycaemia and the number of people receiving acute inpatient care at any one time
- 8.5. Reduction of emergency hospital admissions received in the 15 months of the pilot
- 8.6. Reduction of people receiving outpatient care in the main service in the 15 months of the pilot
- 8.7. Evidence of impact through independent evaluation and other routes as appropriate to support understanding of appropriate models to be used across other parts of England.

9. Primary Impact

- 9.1. Patients in the relevant locality are identified and access integrated diabetes and mental health care
- 9.2. (*%) reduction of hospital admissions due to diabetic ketoacidosis and chronic hyperglycaemia
- 9.3. (*%) reduction in the number of inpatient bed days for the treatment of diabetic ketoacidosis and chronic hyperglycaemia
- 9.4. Feedback from service-user and carer experience confirms a positive impact.

NB: (*%) Percentage to be confirmed

10. Secondary Impact

- 10.1. (*%) reduction in PHQ-9, GAD-7 or scores of an alternative measure of mental wellbeing in both service-users and carers
- 10.2. (*%) reduction in mortality and risk of mortality in people identified as high risk of mortality over the course of the pilot.

NB: (*%) Percentage to be confirmed

11. Duration and start date of operational delivery

- 11.1. The pilot will cover 15 months of operational delivery. The aspiration is for pilot to be operational from 25 February 2019.
- 11.2. Shared learning and intelligence with second pilot area
- 11.3. The selected provider will share regular reports and intelligence with national colleagues and the second regional partner to support rollout.

12. Corporate governance, clinical governance and quality of service requirements

- Legal

- 12.1. The selected provider will develop and share final agreed service delivery structure and service specification, which may include prime and sub-contract arrangements.

- Estates

- 12.2. The selected provider will confirm the geographical bases for the multidisciplinary team members.

- Information, management, technology and information governance

- 12.3. The selected provider will implement an agreed dataset and report on KPIs on a monthly basis for the duration of the 15 month pilot.
- 12.4. The selected provider will establish information sharing agreements with key partners.
- 12.5. The selected provider will proactively work with the evaluation provider to resolve any data-capturing or data-sharing issues that may arise.
- 12.6. The selected provider will set out in an information governance framework the process for securely capturing and safely sharing appropriate data with the evaluation partner.
- 12.7. The selected provider will work with the evaluation partner and within the agreed information governance framework to establish a baseline to monitor the outcomes and impact of the pilot.

- HR, workforce and training

12.8. The selected provider will confirm and share the service staffing model and management framework.

12.9. The selected provider will develop and deliver a staff training programme to both diabetes and mental health professionals, refreshing programme content following participant feedback.

- Clinical governance and quality

12.10. The selected provider will establish agreed assessment, referral, treatment and discharge criteria for the pathway.

12.11. The selected provider will confirm membership of the multidisciplinary team, terms of reference and individual service specifications for each service component

12.12. The selected provider will establish multidisciplinary team processes and protocols – including data recording requirements

12.13. The selected provider will develop and share a medicines management protocol.

12.14. The selected provider will establish and maintain links with aligned services across London for rapid access to services

12.15. The selected provider will document and share processes for diagnostics and onward referrals

12.16. The selected provider will devise an integrated governance framework to implement and comply with national and local standards (e.g. Care Quality Commission).

12.17. The selected provider will establish, maintain and regularly review a clinical risk register

- Marketing and communications

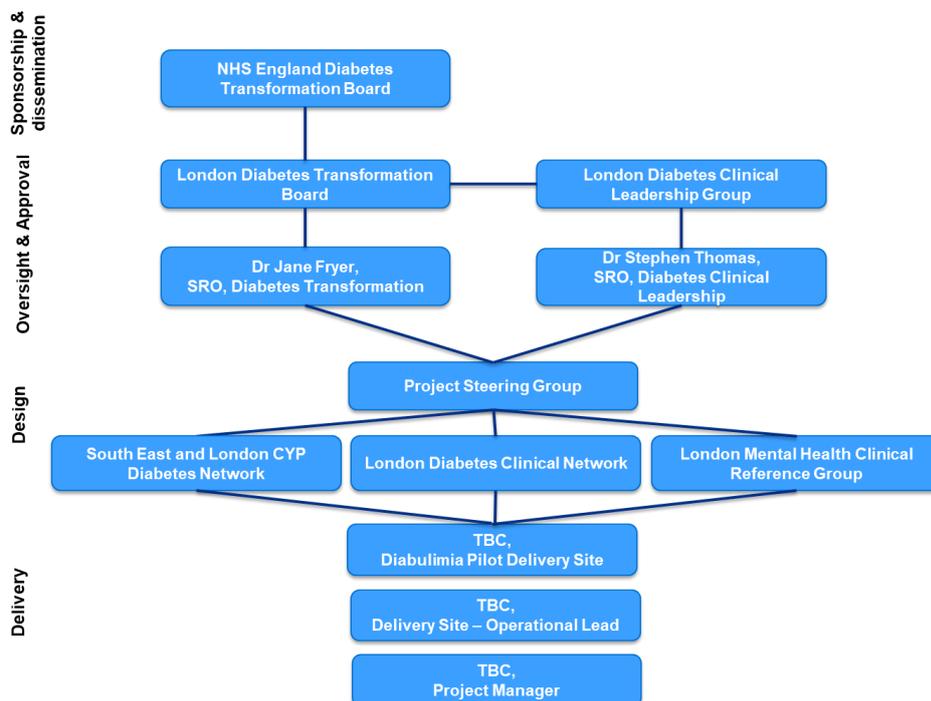
12.18. The selected provider will work with NHS England and the London Clinical Networks to develop and share a marketing and communications strategy and implementation plan to:

12.18.1. improve professional awareness of T1ED as a medical or psychiatric disorder; and

12.18.2. promote the pilot across London to establish buy-in to the 'hub and spoke model' from other trusts and generate referrals to the service.

12.19. The selected provider will work with national, regional and local NHS communications teams to improve the public's understanding T1ED as a medical or psychiatric disorder.

- Pilot Governance



Pilot Timelines

Phase	Milestone	Date
Mobilisation and Delivery	Project Steering Group established	Jan 2019
	Service structure; service specification; staffing model, structure and management framework; assessment, referral, treatment and discharge protocols; information governance framework; MDT membership, terms of reference and team protocols and medicines management policy all agreed and implemented.	Feb 2019
	Integrated Governance Framework established and implemented	Feb 2019
	Clinical risk register opened, monitored and regularly reviewed	Feb 2019
	Start of operational delivery	25 Feb 2019
	Monthly data reporting submitted to evaluation partner	Monthly from Mar 2019
	Monthly highlight report prepared for Project Steering Group	From Mar 2019
	Quarterly highlight report submitted to NHS England Diabetes Programme Board	From Apr 2019
	End of operational delivery at 15 months	26 May 2020
Evidence impact and sharing lessons learned	Final data reporting submitted to evaluation partner	June 2020
	'Hub and spoke model' and other project outputs shared with national and London stakeholders	June 2020

13. Contract

- 13.1. If the selected provider is an existing supplier to NHS England the London region would look to commission this work through a variation agreement to an existing contract.

14. Payment schedule

- 14.1. Funding will be released in three instalments; one payment made in 2018/19 and two payments made in 2019/20.
- 14.2. The first payment will be to cover key mobilisation costs made through the 2018/19 contract variation.
- 14.3. The second and third payment instalments will be made against the delivery of the final agreed specification included in the 2019/2020 contract variation.
- 14.4. Penalties may apply by way of reduced funding levels or no funding in the second or third payment instalments.

15. Contract value

- 15.1. Whilst The Authority has a Maximum budget of **£295,000** they are looking for the bid submission that offers the best combination of Quality and Cost. All costs should be exclusive of VAT.

SECTION 2 ITT GUIDANCE AND EVALUATION PROCESS

16. Tender Overview

- 16.1. This Tender process is being run by NHS England London Region (the “Contracting Authority”) in connection with a competitive procurement exercise that is being conducted in accordance with a process based on the Open Procedure under the Public Contract Regulations 2015 (“the Regulations” (as amended)). The services to which This Procurement relates fall within the “Light Touch Regime” (LTR) governing procurement of Health, Social, Education and Other service contracts. Neither the reference to “Open Procedure”, “ITT”, “SQ”, the use of the term “Tender process” nor any other indication shall be taken to mean that the Contracting Authority intends to hold itself bound to any of the Regulations, save those applicable to LTR provisions.
- 16.2. Bidders must understand that timescales for turnaround from award to contract start are challenging. Therefore, the commissioner’s expectation is that the preferred provider will attend the commissioner’s offices on Monday 3rd December for contract signing. Therefore, all bidders must ensure they are content with the contracting arrangements, or raise concerns before bid submission, as part of the clarification process.

17. Bidder Pool

- 17.1. The Contracting Authority wishes to invite applications to tenders from suitably qualified and experienced providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to provide the services as describe within the tender document and any relevant publish guidance for the particular service. in a safe and effective manner and to meet the requirements contained within this document.

18. Advert & TID

18.1. Advertisement

Potential Bidders must register their interest by submitting a completed ITT in accordance with the requirements set out in this document.

18.2. Tender Information document (TID)

This TID provides details of the Procurement and should provide potential Bidders with sufficient information to enable them to make an informed decision about whether they wish to make an application to bid for the contract.

19. Tender Process

- 19.1. Bidders should respond to this ITT by completing the On Line Selection Questionnaire which is a series of mandatory questions about the organisation published on the Contracting Authority’s e-procurement portal (the “Portal”) – ProContract. You will also

be required to download the ITT response template and complete this off line. Once complete you be required to upload the completed document. Which will then be evaluated individually by a panel of experts and specialists.

20. ITT submission

- 20.1. Potential Providers **MUST** answer all questions in as detailed in table 20.1.1 which includes completing response document which is downloaded as an attachment from the procurement portal.(attached).

20.1.1. Question Sets overview

1 - Selection Questionnaire (Online)	There is a choice between 1 and 2. Bidders can complete either of the two. Bidders will receive a “fail” if neither of these two are completed.
3 –ITT Questionnaire	All bidders must complete this off line and then uploaded to the portal.

- 20.2. Where the received submissions do not meet of 40% minimum acceptable Quality Score, the Authority reserves the right not to award the tender and to re-advertise.
- 20.3. Potential Providers’ responses must clearly demonstrate how they propose to meet the requirements set out in the question and address each element in the order they are detailed.
- 20.4. Potential Providers’ responses should be limited to the question posed. They should refrain from making generalised statements and providing information not relevant to the topic.
- 20.5. Consideration will be given to layout, spelling, punctuation and grammar. Poorly written answers will be marked down.
- 20.6. Potential Providers’ Tenders will be marked in accordance with the marking scheme at Paragraph 22.2.
- 20.7. The maximum word count is as per the table at Annex A and detailed within each question. which includes titles and paragraph headings. This word count must not be exceeded and any text which is in excess of this limit shall be disregarded and shall not be considered in the evaluation process. Attachments maybe submitted in Microsoft Word, Excel. PDF format and be in Arial font size 11.

21. Procurement Timeline

- 21.1. The Procurement timeline is summarised below. Whilst every effort will be made to adhere to the timelines, the Contracting Authority reserves the right to adjust the timeline to meet the needs of the procurement process and the service.

21.2. Procurement timeline

ACTIVITY	DATES & TIMES V1
Publication of ITT Notice inclusive of Launch of e-Sourcing event and clarification period commencement	23 Nov 2018
Clarification period closes (“ Tender Clarifications Deadline ”)	30 th Nov
Deadline for submission of Tenders to the Authority (“ Tender Submission Deadline ”)	7th Dec Noon
Commencement of Evaluation Process	10 th – 14 th Dec
Moderation /consensus meeting.	17 th Dec
LPaC approval	10 th Jan
Issue intention to award letters	11 th Jan
Provisional Award Date of Contract	22 nd Jan
Expected execution (signature) date for Contract	23 rd Jan
Expected commencement date for Contract(s)	25 th Feb 2019

Failure to return a fully completed ITT response by the deadline stated above, will result in the disqualification of the Bidder from participating in the Procurement.

The Contracting Authority reserves the right, at its sole discretion, to extend the tender timescales for any reason; should timescales be extended they will be extended for all Bidders and notification provided via the Portal.

22. Evaluations Overview

- 22.1. A tender will be deemed to be acceptable to the Contracting Authority if it meets all of the following conditions;
- All information requested by the Contracting Authority has been provided with the tender;
 - It is compliant with all of the mandatory requirements;
 - The Bidder achieves a “Pass” for Question 6 Cost Breakdown.
- 22.2. The Authority will evaluate all bids based on combination or quality and financial responses. This is known as the Most Economically Advantageous Tender (MEAT). The bid that is identified as offering MEAT will be identified as the preferred provider.
- 22.3. To participate in this competitive tendering exercise, Potential Providers are required to submit a Tender which fully complies with the instructions in this ITT and its Appendices via the e-Sourcing Suite. Failure to complete the questionnaires in a compliant manner will result in a tender submission being rejected.
- 22.4. Potential Providers are strongly advised to read through all documentation first to ensure they understand how to submit a fully compliant Tender.
- 22.5. The table below lays out the five questions which bidders are required to answer. Further details are included in the Tender Response Document.

23. Quality Evaluation Process

23.1. General evaluation detail.

Tenders will be evaluated in accordance our consensus marking procedure.

The Consensus Marking Procedure is a two-step process, comprising of Independent evaluation and group consensus marking.

During the independent evaluation process, each evaluator will separately (i.e. without conferring with other evaluators) scrutinise the quality of answers given by Potential Providers in their Tender. Each evaluator will then allocate a mark for the answer in accordance with the Marking Scheme detailed at 22.2 Evaluation criteria.

The Authority will review the marks allocated by the individual evaluators before facilitating a group consensus marking meeting.

During the group consensus marking meeting, evaluators will discuss their independent marks until they reach a consensus regarding the marks that should be attributed to each Potential Provider's answer to the questions.

Once all quality responses have been evaluated in accordance with this document the individual scores attributed to each response will be added together to provide a 'Quality Score'.

23.2. Evaluation criteria

23.2.1. Each response will be marked in accordance with the table below:

- Table 5.0 Evaluation criteria

Score	Definition	%
0	Non-compliant No response or partial response and poor evidence provided in support of it. Does not give the commissioner confidence in the ability of the Bidder to deliver the Contract, and meet the Authority's requirements.	0.0%
1	Weak Response is supported by a weak standard of evidence in several areas giving rise to concern about the ability of the Bidder to deliver the Contract, and meet the Authority's requirements.	20.0%
2	Minor reservations Response is supported by a satisfactory standard of evidence in most areas but a few areas lacking detail/evidence giving rise to some concerns about the ability of the Bidder to deliver the Contract, and meet the Authority's requirements.	40.0%
3	Compliant Response is comprehensive and supported by good standard of evidence. Gives the commissioner confidence in the ability of the Bidder to deliver the contract. Meets the Commissioner's requirements.	60.0%
4	Very good Response is comprehensive and supported by a high standard of evidence. Gives the Commissioner a high level of confidence in the ability of the Bidder	80.0%

		to deliver the contract. Exceeds the commissioner's requirements in some respects.	
5	Excellent	Response is very comprehensive and supported by a very high standard of evidence. Gives the Commissioner a very high level of confidence in the ability of the Bidder to deliver the contract. Exceeds the Commissioner's requirements in most respects.	100.0%

Each mark achieved will be multiplied by the corresponding weighting to provide an overall question score

Example: If you scored 60%(compliant) for question one, your weighted score would be
 $60\% \times 15\% = 60 \times 0.15 = 9\%$

therefore, your weighted score for question one would be 9%

23.3. Financial Evaluation Procedure

The financial evaluation of this tender is built into the quality evaluation and is split into two distinct questions. Question 6 requests a financial breakdown by role. This is a Pass Fail question. Provided the overall cost of the table in question 6 does not exceed the commissioners maximum budget, and the Whole Time Equivalate (WTE) allocation in the opinion of the specialist evaluator gives an acceptable spread of roles to deliver an effective service, then the question will be deemed to have passed. If however the commissioners maximum budget is exceeded and / or in the opinion of the specialist evaluator the WTE allocation gives an unacceptable spread of roles to deliver an effective service, the question will be deemed to have failed and the bid will not be evaluated further.

24. Questions and Clarification

24.1. Potential Providers may raise questions or seek clarification regarding any aspect of this Procurement at any time prior to the Tender Clarifications Deadline (see the Procurement Timetable as set out in paragraph 21.2). Questions must be submitted using the messaging facility provided within the e-Sourcing Suite.

To ensure that all Potential Providers have equal access to information regarding this Procurement, the Authority will publish all its responses to questions asked and or clarifications raised by Potential Providers in the message section of the on-line e-Sourcing Suite. All questions published will be anonymised.

Therefore, If Potential Providers ask any questions and or raise clarifications Potential Providers are asked not to refer to their identity in the body of the question or clarification.

If a Potential Provider wishes to ask a question or seek clarification in confidence they must notify the Authority and provide justification for withholding the question and any response. If the Authority does not consider that there is sufficient justification for withholding the question and the corresponding response, the Authority will inform the Potential Provider, who will have an opportunity to withdraw the question or

clarification. If the question and or clarification is not withdrawn, then the response will be issued to all Potential Providers.

Potential Providers are responsible for monitoring the procurement portal messaging service for clarifications including, general clarifications or other information issued by the Authority. Answers to such questions may contain important information that could affect how Potential Providers complete their Tender.

Once bids are submitted and only after the deadline for submission, The Authority reserves the right to contact Potential Providers at any time for clarification on all or any part of their Tender during this Procurement and which is likely to require a prompt response.

Questions of a technical(system) nature relating to use of the procurement portal please contact the Procurement Portal Support team in the first instance at ProContractSuppliers@proactis.com, and for time sensitive issues, if required, call them on 0330 005 0352.

25. Decision to Award

- 25.1. Following evaluation of Tenders in accordance with the evaluation process set out in this ITT, the Potential Provider which offers the Most Economically Advantageous Tender as defined in paragraph 21.2 of this document will be identified as the Preferred Provider.

Should the Preferred Provider ranked first decline to accept the Contract, then it will be offered to the next ranked Potential Provider until it has been accepted.

A Contract award is subject to formal signature by both parties (including the satisfaction of any conditions precedent) providing all pre conditions are met e.g. certificates, statements and other means of proof where Potential Providers, have up until this point relied on self-certification.

Where appropriate The Authority may carry out further financial standing checks to ensure any potential provider has the financial capability to deliver the service, before awarding a contract.

26. Points to remember

- 26.1. It is the Potential Provider's responsibility to ensure that a fully compliant Tender is submitted.

Potential Providers must ensure that they are using the latest versions of this document and its Appendices, as the documentation may be updated from time to time.

- 26.2. Additional Materials, Documents and Attachments.

26.2.1. Potential Providers must adhere to the following instructions:

No additional attachments should be submitted with a Tender unless specifically requested by the Authority.

Please ensure any attachments are embedded into the response document and not attached separately. If you experience technical difficulties do this you must contact The Authority in plenty of time before the deadline. Issues of this or any other technical nature received via the messaging facility of the portal in what the Authority considers unreasonably short notice to the deadline will no be addressed

26.2.2. A fully compliant Tender must adhere to the following instructions;

All responses must be inserted into the relevant text field. Only information entered into the relevant text field will be taken into consideration for the purposes of evaluating a Tender.

The Tender must be submitted in the document format provided and in the English (UK) language.

Potential Providers must answer all questions accurately and as fully as possible, within the word limits specified.

Potential Providers must not answer questions by cross referring to other answers or to other materials (e.g. annual company reports located on a web site). Each question answered must be complete in its own right.

The Authority may disregard any part of a response to a question which exceeds the specified word limit (i.e. the excess will be disregarded, not the whole response).

All questions must be responded to within the supplied document. Please do not split out the questions and supply them individually.

There are no questions that could be considered Not Applicable (N/A) therefore any response that has N/A as a response will be considered to be incomplete and in accordance with the information set out within this ITT document will be considered a fail.

26.2.3. Deadline for the submission of Tenders. All Tenders must be received by the Authority before the Tender Submission Deadline (**12:00 noon on 7th December 2018** (see the Procurement Timetable at paragraph 20.2 for full details).

26.2.4. Late Tenders:

Tenders received after the Tender Submission Deadline may be considered irregular and therefore will be excluded from this Procurement.

27. Uploading and submitting a Tender

Potential Providers are responsible for ensuring that their Tender has been successfully completed prior to the Tender Submission Deadline.

It is the responsibility of all Potential Providers to ensure they confirm that their bid has been submitted. The Authority can not take responsibility for submissions that remain on the system in a draft or un-submitted format.

All Tenders must be submitted to the Authority using the e-Sourcing Suite. Tenders submitted by any other means will not be accepted.

Potential Providers may modify and resubmit a Tender at any time prior to the Tender Submission Deadline. Before the Tender Submission Deadline, Potential Providers must satisfy themselves that the Tender has been submitted including all responses and attached any requested attachments, through the e-Sourcing Suite. Potential Providers cannot modify a Tender after the Tender Submission Deadline.

Tenders must remain valid and capable of acceptance by the Authority for a period of 90 calendar days following the Tender Submission Deadline. An attempt to submit a Tender with a shorter validity period may lead to the exclusion of a Tender.

28. Confidentiality

Potential Providers must not collude with nor disclose the fact of their intention to submit a Tender to other Potential Providers.

The Authority may disclose information provided by a Potential Provider where there is express provision to do so in accordance with Regulation 21 (2).

29. Registering and help using the portal.

- 29.1. Unless otherwise stated in the advert wording, a supplier's "Registration of Interest" will automatically be accepted once submitted. This means once you have clicked "Register Interest in this Opportunity" the green button will be greyed out but you will immediately be able to navigate to the separate PQQ/ITT page for the opportunity in question (see instructions link below) and access the relevant documentation to begin completing your application as required.

Accessing the SQ/ITT once interest has been registered - follow web link below:
<https://supplierhelp.due-north.com/ViewingtheDetailsDocuments.html>

Supplier Help page - follow web link below:
<https://supplierhelp.due-north.com/>

For project-specific queries:

Please use the Clarification Question process stated within the tender documents published. Direct contact details for the relevant procurement team are also provided within the project area (once the registration of interest has been submitted).

ANNEX A Question Summary

	Questions	% Value	Word count
1	Please summarise the lead provider's current relevant experience of integration and working collaboratively with diabetes and mental health services to improve patient outcomes	15	300
2	Please identify the wider system leadership who support your bid and describe their individual roles in mobilising and delivering the pathway. Bidders may wish to embed an Organigram /Gantt Chart to support this question.	15	300
3	Key to making this pilot a success is securing the interest and buy-in of provider's across London to collaborate with the 'spokes' part of the service model. Please describe how you will: <ul style="list-style-type: none"> a. Engage with other NHS services to ensure greater awareness of the pilot. b. Generate appropriate referrals. c. Offer a holistic pan-London service to patients and d. Ensure continuity of service. 	10	400
4	The pilot will engage users of services in the co-design of this pilot initiative and implement patient satisfaction metrics. Please describe how the provider will recruit and harness the voice of "experts by experience", to improve the outcomes and experience of care	10	300
5	Please describe the lead provider's approach to mobilising the pilot and initiate the service by 25 February 2019. As well as the description, bidders may wish to embed a Gantt chart to illustrate the text.	20	300
6	Please provide a costed breakdown of the Multidisciplinary Team members that you are requesting funding for over the 15months of the pilot Note: The list of core roles are the minimum expectation of the commissioner, bidders may wish to add to this if they feel it relevant.	Pass/Fail	
7	Please describe how you will make best effect of the resource as described within the costs table above, to best deliver the service	10	400

8	<p>Access to the services is an important aspect of this pilot to ensure maximum effectiveness for patients. Please provide the locations of each service. This is to include name and address of lead provider's premises and location of where each multidisciplinary team member will be based.</p>	10	300
9	<p>Please list up to three risks which may include the following key areas: Key clinical, operational and delivery risks.</p>	10	300
10	<p>There may be scope to allocate funding for the provider to recruit additional clinical staff, project management or administration resource to support the pilot's implementation. Should additional funding become available, please describe what roles(s) you would need to support the delivery of the pilot and the deliverables they will be responsible for. Please include indicative costs per role.</p>	information only	200
		100	