

# **Invitation to Quote**

## **Instructions & Requirements Document**

**Atamis Ref: C100468**

**Where Are My Patients\_  
Discovery and Proof of Concept**

## 1. Purpose

This document sets out the process for obtaining quotations for the supply of services within a maximum budget envelope of **up to £110,000 (ex VAT)**.

## 2. Introduction

This Invitation to Quote (ITQ) has been prepared by NHS England (the 'Authority').

The Authority is seeking to appoint a capable and competent supplier for the provision of a Discovery phase, including development of prototypes and user research, exploring how Social Care / Domiciliary Care providers can receive notifications when their clients / customers have been admitted into acute NHS care, and have constant communications of their likely discharge date and time. It could improve their efficiency by reducing wasted trips, and create additional capacity within social care system, and will allow discharge from hospitals to happen more effectively and improving patient flow throughout the NHS acute system.

A full description of the requirement is found in section 2

The Authority has taken reasonable care to ensure that the information provided is accurate in all material respects. However, the Bidders attention is drawn to the fact that no representation, warranty or undertaking is given by The Authority in respect of the information provided in respect of this transaction and/or any related transaction.

The Authority does not accept any responsibility for the accuracy or completeness of the information provided and shall not be liable for any loss or damage arising directly or indirectly as a result of reliance on this ITT or any subsequent communication.

No warranties or opinions as to the accuracy of any information provided in this ITQ Pack shall be given at any stage by The Authority.

Any person considering making a decision to enter into contractual relationships with The Authority or any other person on the basis of the information provided should make their own investigations and form their own opinion of The Authority. The attention of Bidders is drawn to the fact that, by issuing this ITQ, The Authority is in no way committed to awarding any contract and that all costs incurred by Bidder in relation to any stage of the Tender process are for the account of the relevant Bidder only.

In accordance with The Authority's internal financial instructions and general principles applicable to public procurement, The Authority seeks best value for money in terms of the Contract reached with the successful Bidder.

The Authority has endeavored, therefore, to express as clearly as possible in this ITQ the terms on which it would propose to contract with the successful Bidder and in particular the obligations, risks and liabilities which it expects to become the responsibility of the successful Bidder.

This document contains the following sections:

➤ **1. Instructions**

- Project Team Details
- Timeline
- Supplier Clarification Question process
- Evaluation Criteria
- Scoring

➤ **2. The Requirement:**

- Background Information
- Standards and Service Specification
- Essential Skills Deliverables
- Deliverables
- Proposed Terms and Conditions

➤ **3. Responding to the ITQ**

- Bidders Details
- Further Bidder Information
- Bidders Response

# 1. Instructions

## Project Team Details and Contract Lead

Name of Team	NHS England, Transformation Directorate, Innovation Lab
Name and Title of Contract Lead	Emma Harvey, Head of Innovation Lab

## Timeline

Item	Date
ITQ Release Date & Issue on Contract Finder	24 August 2022
ITQ Clarification Deadline	02 September 2022 at 12noon
ITQ Closing Date	12 September 2022 at 12noon
Estimated Award Date	w/e 23 September 2022
Estimated Contract Commencement Date	Monday 03 October 2022

Bidders should note that the timeline is indicative and therefore may be subject to change.

## Supplier Clarification Question Process

All clarification questions relating to this ITQ must be submitted via the procurement portal route (Atamis) in-line with date proposed at the timetable. Clarification questions received after this time will not be responded to.

All clarification questions received via other routes will not be reviewed and responded to.

**Please Note:** To ensure an open and fair process is followed, all Bidders will receive a copy of the question(s) and answer(s).

## Evaluation Criteria

The purpose of evaluation in the procurement process is to establish which supplier(s) have submitted the best quotation; ensuring that the assessment of quotes is undertaken in a transparent, fair, and consistent manner so that an effective comparison can be made.

The Authority reserves the right to accept or reject all or any part of the quotation if you have failed to provide the information requested in this quotation or submitted any modification or any qualification to the terms and conditions of contract.

The Authority does not bind itself to accept the lowest priced, or any quotation, nor guarantee any value or volume and shall not be liable to accept any costs you have incurred in the production of your quotation.

The Authority will check each quotation and submission for completeness and compliance with the requirements in this Invitation to Quote document, thus, you should ensure that you carefully examine this document in full.

Quotes will be evaluated on the following Quality and Costs basis.

Section	Weighting (%)
Technical/Quality Including Sustainability and Social Value	70
Commercial	30

A weighted scoring system will be applied to the response, the high-level evaluation criteria are given below:

**Scoring:**

Question	Weighting (%)
<b>1 - Team and Implementation</b>  Please provide CVs or Pen profiles of the team who will deliver this work Please make clear what expertise the identified team member will bring to this project.	<b>10%</b>
<b>2 - UCD Approach and Methodology</b>  Please describe your proposed UCD approach and methodology for this work, including your approach for user testing of prototypes.  Your response should include a description of how you will apply your expertise to the outcomes detailed in the specification.	<b>15%</b>
<b>3 - Quality Assurance</b>  Please outline how you will ensure high quality of service and outputs and how you will ensure it aligns with GDS service standard.	<b>10%</b>
<b>4 - Project Management and delivery</b>  Please describe your proposed approach to project management and delivery.  Your response should include a high-level timeline (identifying key milestones) confirming proposed timescales for the delivery of this work, including any assumptions.	<b>10%</b>
<b>5 - Previous relevant experience</b>  Please provide 3 short case studies which demonstrate previous relevant experience, and how you will apply the learnings and experience from them to this project.	<b>15%</b>
<b>6 - Social Value</b>  Please outline how your proposal will contribute to social value in the delivery of this work, in line with the NHS's Social Value Model and Policy.	<b>10%</b>

## Bidder information

The 'Bidders Detail' will be 'For Information Only' and not scored.

The 'Further Bidder Information' will be given either a 'Pass/Fail' for each section.

## Quality

The Authorities evaluation system is based on the familiar "weighted scoring approach", in which the officer scores responses to the quality questions according to a pre-agreed scoring system 0-4 (see table below). The scores for the sections are then added together to give a total quality score for the quotation response.

Score	Interpretation
4 Excellent	The Tenderer's response provides full confidence that the Tenderer understands and can deliver the Requirements well and addresses all of the requirements set out in the question.
3 Good	The Tenderer's response provides a good level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses all or most of the requirements set out in the question.
2 Satisfactory	The Tenderer's response provides a satisfactory level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses at least some of the requirements set out in the question. However, the response is lacking in some areas.
1 Poor	There are weaknesses (or inconsistency) in the Tenderer's understanding of the services and/or Tenderer's response fails to address some or all of the requirements set out in the question.
0 Unacceptable	No response and/or information provided is deemed inadequate to merit a score.

## Scoring Cost

The financial weighted score is calculated by using the following formula:

$$\text{Tenderers Price Weighted Score} = \frac{\text{Lowest Total Cost offered}}{\text{Tenderer Total Cost}} \times (30\% \text{ weighting})$$

(Lowest Total Cost divided by Tender Total Cost multiplied by 30)

The financial score will be calculated to two decimal places.

Therefore, the bidder who submits the lowest compliant bid (based on the pricing model created for evaluation purposes) will receive the full 30% available.

## 2. The Requirement

The Requirement is detailed below which provides background to the project/business need, the standards or specification required alongside the essential supplier skills and the objectives of the requirement.

### Background Information:

The Innovation Lab is a multidisciplinary team within NHS England's Transformation Directorate that exists to explore problems across the health and social care system; and rapidly prototype and test new technologies and solutions to these problems in "real world" and clinical settings, evaluating their effectiveness, and using the learnings to inform policy and strategy.

814,000 people receive domiciliary care in England, which provides support with day-to-day household tasks, personal care or any other activity that allows them to maintain their quality of life and independent living. This is funded by local authorities or clients themselves, and typically delivered by private companies, rather than the NHS or public sector.

When a person receiving social care is admitted to hospital for unplanned reasons, there is no systemic mechanism to notify their domiciliary care provider. This can lead to wasted home visits, additional burden for providers having to track down their clients, and potentially additional anxiety for people's families at an already stressful time.

Conversely, when a person is then discharged from hospital, the domiciliary care provider relies on information on discharge plans and updated care needs being manually communicated and transferred, potentially leading to delays, gaps in care, and ultimately harm or re-admittance to acute settings.

Wasted domiciliary care capacity adds to delays in discharge which impact throughout the system, and potentially increase the risk of prolonged or repeated acute admission; an increased cost to the NHS; worse clinical outcomes; and a poorer citizen experience.

This discovery work aims explore how Social Care / Domiciliary Care providers can be notified when their clients / customers have been admitted into acute NHS care. We don't anticipate that notifications related to discharge from hospital will be in scope of this project.

The Innovation Lab has already carried out a pre-discovery phase with initial high-level desk research (which will be made available to the winning bidder). This project is to take that initial desk research work and enhance our understanding of the problem space; conduct user research; quantify potential benefits; identify technical options; and use that knowledge to ideate; build prototypes, test them with users; and assess their potential and value for mass adoption and further development. This list is not exhaustive and we welcome suppliers' input to the scope and outputs.

*This work is to begin ASAP and should be completed by end of December 2022.*

## Standards and Service Specification:

### Project governance / stakeholder management

- € Timely and accurate regular highlight reports detailing status, progress against timeline, dependencies, risks, issues and tracking against budget
- € Maintenance of roadmap and detailed workplan
- € Regular show and tell sessions (minimum 4 across the course of the project, including a final presentation) in line with an agile approach
- € A light touch approach to delivery is acceptable, but must align with GDS service standard

### Collaboration

- € To lead the process, working collaboratively with the Innovation Lab team and other relevant stakeholders through regular communications and workshops to ensure co-design and sharing of expertise and knowledge
- € Participation at regular stand ups
- € Participation in update meetings with team leadership

### IP

- € Any code created under this contract must be published under an open-source license on the NHS Github repository
- € All material and artefacts developed as part of this contract is the property of NHS England and shall be transferred to the Innovation Lab team prior to the end of the contract.

## Essential Skills Deliverables:

The chosen supplier will need to demonstrate:

- Significant experience in running pre-discovery / discovery processes
- Experience of developing “art of the possible” demonstration prototypes using relevant prototyping tools and code
- UX experience of designing interfaces for public health and/or social care
- Experience of the health and social care sector
- Experience of NHS systems, technology and standards
- Experience of effective user research practice
- Ability to work remotely at pace and bring good organisation, communication and project management while retaining an exploratory/flexible approach to as-yet-unknown aspects of this problem which may be uncovered during the process

## Deliverables:



- **Desk / market research** into the current state of the Domiciliary care providers communications pathways and IT systems; how it can be applicable to the NHS / health / social care context and the delivery of NHS strategy and policy; and insights into potential impact on digital exclusion, healthcare inequalities and leveling up agendas
- **User research** to understand our users' problems, needs and opportunities, understanding patients' experiences with health and social care, identifying type and scope of potential benefits or disadvantages to users by, for example developing a cost-benefit model
- **Ideation and prototyping** of several concepts for potential communications-based actions for health and social care, based on research insights and expertise. These prototypes will demonstrate the art of the possible, and while we expect them to be functional, we do not expect they will necessarily be integrated with live patient data or systems. We expect any code (along with documentation) developed as part of this project to be released under an open-source license.
- **Testing** the prototypes with users, and iterating them in response to the insights gained
- **Final report** into desirability / viability / technical feasibility and gap analysis / benefits analysis of potential solutions

### Payment Method:

The payment method of this fixed price contract is via BACS

Full payment due upon successful completion of specified deliverables and milestones as approved by the Authority's representative.

Proposed 50% payment at mid-point of the contract, then remaining 50% to be paid on submission and full acceptance by the Authority's representative of the final Report.

### Proposed Terms and Conditions

The proposed terms and conditions for this engagement are the NHS Standard Terms and Conditions for the supply of services, Purchase Order Version.

No amendments shall be considered or accepted in relation to the Terms and Conditions. Failure to accept the terms will result in disqualification.

There are available to view on <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>.

**The Purchase Order will serve as the contract.**

## 3. Responding to ITQ

When responding to this ITQ, Bidders must ensure that their Tender covers all the information required. Bidders are required to download Appendix A\_Bidder's Response Form from the procurement portal (Atamis) for re-upload on submission. Failure to do so may render the response non-compliant and it may be rejected.

In evaluating Tenders, the Authority will only consider information provided in the Supplier Response Form.

Bidders should not assume that the Authority has any prior knowledge of the Bidder, its practice or reputation, or its involvement in existing services, projects or procurements.

If there are any questions that do not apply to a Bidder, please answer with a N/A and explanation where appropriate.

Where any section of the ITQ indicates a word limit, any response will be reviewed to that word limit and any additional information beyond that word limit will not be considered. Bidders must provide a word count for each question response.

The Authority may at its own absolute discretion extend the Deadline for receipt of Tenders specified in the timetable. Any extension to the Deadline granted under this paragraph will apply to all Bidders.

Tenders must be submitted via the Authorities procurement portal (Atamis) no later than the ITQ submission Deadline specified in 'Timetable'. Tenders may be submitted at any time before the Deadline.

Tenders received before this Deadline will be retained unopened until the opening date.

The Tender and any documents accompanying it must be formatted in Word or Excel as appropriate and be in the English language.

Price and any financial data provided must be submitted in or converted into pounds sterling. Where official documents include financial data in a foreign currency, a sterling equivalent must be provided. Tender pricing must be provided including Expenses and excluding Value Added Tax (VAT).

**END.**