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**Invitation to Quote**

**Instructions & Requirements Document**

**NHS England and NHS Improvement Commercial**

***Digital Inequality Pioneers***

**Document owner:** Commercial & Procurement Team, NHS England and NHS Improvement

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**Document History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Status | Key Change Made | Author/s |
| 1.0 | 01/11/18 | Final Version |  | Charlie Stephens/Andrew Campan/Shared Business Services |
| 2.0 | 15/07/19 | Final Version | Additional details relating to the Hive and where further information and guidance is available | Polly Feeney |
| 3.0 | 02/10/19 | Final Version | Updates made following initial user feedback. | Andrew Campan |
| 4.0 | 25/03/21 | Final Version | Updated to reflect new internal sub £150k process | Makaella Allison |

# Introduction

###### This Invitation to Quote (ITQ) has been prepared by NHS England and NHS Improvement (the ‘Authority’). The Authority is looking for a Supplier for the provision of consultancy services to deliver a discovery for NHSX and a number of Integrated Care Systems (ICSs) and Clinical Commissioning Groups (CCGs) across the country. The proposed engagement is envisaged to run from September 2021 to March 2022. A full description of the requirement is found in section 2.

###### This procurement exercise is being carried out as an Invitation to Quote.

###### 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**

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| --- | --- |
| **Name of Team** | Innovation Team |
| **Name and Title of Contract Lead** | Mathew Watt, Senior Delivery Manager |

**Timeline**

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| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue on Contract Finder\* | 16 August 2021 |
| ITQ Clarification Deadline | 4pm 23 August 2021 |
| ITQ Closing Date | 27 August 2021 |
| Estimated Award Date | W/C 6 September 2021 |
| Estimated Contract Commencement Date | W/C 13 September 2021 |

The timeline is indicative and 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) before 4pm on 23 August 2021. Clarification questions received after this time will not be responded to. All Clarification questions will be responded to within 2 working days of the date received.

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 all question(s) received form all bidders and their 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 you have 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 | 60 |
| Social Value | 10 |
| Commercial | 30 |

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

|  |  |
| --- | --- |
| **Question** | **Weighting (% of total)** |
| 1. Please provide a summary of your relevant expertise and how it can be applied to working with health and social care services, patients and families in the areas of (digital) health inequalities and social exclusion. Using relevant examples to demonstrate expertise.   MAX – 500 Words | Technical/Quality  10% |
| 1. Please detail how you will deliver the requirements outlined in section 2, and what and how you plan to deliver this project (including an indicative timetable of proposed activities. To include, but not be limited to outputs and stakeholder meetings.)   MAX – 1500 Words + a timetable in MS Excel format. | Technical/Quality  35% |
| 1. Please detail how you would work collaboratively with the relevant stakeholders involved in the project and your approaches for co-production with patients and staff.   MAX – 500 Words | Technical/Quality  10% |
| 1. Please provide detail on the roles, responsibilities and experience of the team of people you propose to involve in the planning and delivery of this project.   MAX – 500 Words | Technical/Quality  5% |
| 1. Please explain how your delivery model will deliver social value and align with NHS commitment to sustainability.   MAX – 500 Words  *(N.B. Social value describes the social benefits achieved from public services and considers more than just the financial transaction. It includes wellbeing, health, inclusion and employment.)* | Social Value  10% |

**Scoring**

**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:

Tenderers Price Weighted Score = Lowest Total Cost offered Tenderer Total Cost

x (30% weighting)

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

The financial score will be calculated to two decimals 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.

Commercial submissions that exceed the capped maximum bid price of £85,000.00 ex VAT will be disqualified.

# 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.

**2.1 Background Information:**

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| The NHS and the UK Government has invested much time and effort over the years to better understand and address issues relating to health inequalities and digital exclusion. For example NHS Digital’s (2019) work on the ‘Widening Digital Participation’ programme aimed to identify why technology and digital health solutions have a low uptake, or are unavailable to some communities, and how to address that gap; Health Education England have developed a ‘[Digital Literacy Toolkit](https://www.hee.nhs.uk/our-work/population-health/training-educational-resources)’; The Department for Digital, Culture, Media and Sport have produced a [practical toolkit](https://www.gov.uk/government/publications/digital-inclusion-evaluation-toolkit) evaluating digital inclusion initiatives to demonstrate social impact.  The recent COVID-19 pandemic has highlighted a number of systemic challenges:   * [The Lancet](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30169-2/fulltext) (2020) present issues associated with COVID-19 and the Digital Health Divide, stating that “giving people the right equipment or access to it is not enough” * An article by [The Good Things Foundation](https://www.ukauthority.com/articles/covid-19-makes-digital-exclusion-an-emergency/) (2020) suggested that “*1.7 million are isolated by Covid-19 and are not online*”. * Researchers at [Cambridge University](https://www.cam.ac.uk/stories/digitaldivide) suggested (2020) “*The coronavirus lockdown risks turning the problem of digital exclusion into a catastrophe of lost education and opportunity for the UK’s poorest and most vulnerable*” * Digital health (2021) reported a “[Surge in digital health tools during Covid-19 ‘led to data divide](https://www.digitalhealth.net/2021/04/surge-in-digital-health-tools-during-covid-19-led-to-data-divide/)” and that “[Digital inequalities are everyone’s problem, but we don’t know all the answers](https://www.digitalhealth.net/2020/12/digital-inequalities-are-everyones-problem-but-we-dont-know-all-the-answers/)”   COVID-19 has however been both a key driver and an enabler for change across the NHS.   * The Nuffield (2020) report that services have seen rapid adoption of digital technology and significant changes in the delivery of services more widely, particularly relating to primary care and remote appointments and the use of mobile applications including the NHS app ([Nuffield](https://www.nuffieldtrust.org.uk/research/the-impact-of-covid-19-on-the-use-of-digital-technology-in-the-nhs), 2020). * [Digital Health](https://www.digitalhealth.net/2020/09/time-to-deliver-business-better-than-usual-with-covid-19-tech-gains/) (2020) state that COVID-19 has enabled “*advances that health-tech leaders have been wanting for decades have been achieved in just a few weeks*.” * However the [Kings Fund](https://www.kingsfund.org.uk/blog/2020/08/covid-19-innovation-nhs) (2020) have urged caution stating that “*Without a careful appraisal of the changes adopted during the Covid 19 pandemic, there is a risk that digital innovation in the NHS repeats past mistake*”   On 11 February 2021, the Department of Health and Social Care published the [White Paper](https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version) Integration and innovation: working together to improve health and social care for all, which sets out legislative proposals for a health and care Bill and builds on NHS England's recommendations to implement [Integrated Care Systems](https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/) across England  The move towards [Integrated Care Systems](https://www.england.nhs.uk/publication/designing-integrated-care-systems-icss-in-england/) and the pace of technological change stimulated by COVID-19 denote there is a need to better understand and share learnings on how to ensure clinical pathways are digitally inclusive *(i.e. that all individuals and communities, including the most disadvantaged, have access to and use of Information and Communication Technologies,* [*NDIA*](https://www.digitalinclusion.org/definitions/)*, 2021)* and minimises or eliminates health inequalities *(i.e. those unfair and avoidable differences in health across the population, and between different groups within society,* [*NHSE*](https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/#health-inequalities)*, 2020).*  Whilst there is a large and growing body of evidence in this area at the strategic and policy levels *(including but not limited to the Widening Participation Programme (NHSD, 2019), UK Digital Strategy (2017), Digital Skill Inclusion Policy (NHSD), Digital Health Literacy Toolkit (HEE, 2020))* there are limited or few examples of where digital inclusion has been addressed within clinical pathways and where learnings / toolkits / guidance can be reused by others to helpful demystify digital inclusion within their services at a pathway level.  The learnings from this project will contribute to other activities across NHSX including but not limited to the ‘What good looks like’ programme ([TechUK](https://www.techuk.org/what-we-deliver/events/industry-briefing-with-nhsx-on-what-good-looks-like-and-who-pays-for-what-programmes.html), 2021) and NHS England’s [Health Inequalities](https://www.england.nhs.uk/about/equality/equality-hub/) programme. |
|  |

**2.2 Standards and Service Specification:**

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| **We would like to commission an external provider to work directly with us (the NHSX project team) and a number of Integrated Care Systems to support and deliver a Discovery and build an evidence base to help us answer the following two questions:**   * **Question 1:** What are the enablers and blockers at an ICS level that support or hinder the design and delivery of digitally equitable pathways (and hence reduce or contribute to minimising or eradicating health inequalities); and * **Question 2:** What tools, knowledge and guidance do clinicians, service designers and commissioners need at the clinical pathway level to understand and address issues of digital exclusion within their services.   This will help clinicians, service designers and commissioners to answer practical and tangible questions such as: *What do we do? How do we do it? Where do we start?*  It is expected that this Discovery activity will build a strong evidence base for change and support / be the foundation of further work in this area.  We would like to identify six Integrated Care Systems (ICSs) to be part of this programme through an open competition process.  Expected outputs / deliverables are described in *section 2.4 Deliverables* of this document.  **The external provider will be expected to deliver a Discovery and:**  - work collaboratively with the NHSX project team and all relevant stakeholders to design, deliver and report on the project (including those more digitally excluded groups)  - coach / mentor / guide / work directly with up to 6 ICSs to co-develop solutions to address questions 1 and 2 above (i.e. to understand their needs, develop a plan etc.).  - offer a flexible, adaptable and holistic approach, one which embodies inclusivity and systems thinking principles  **The external provider will not be expected to:**  - deliver any changes or interventions directly on behalf of the ICS or service during the discovery exercise  **The project scope will include**:   * a focus on a specific existing clinical pathway * community / primary and secondary care * focus on specific pathways (dermatology, cancer, mental health, MSK, hypertension, COPD, maternity care and ophthalmology,) * designing and implementing research tools to evaluate the effectiveness of the projects   **The following are out of scope of this project:**   * remote consultations * any pathway that is not live OR in the process of being set up * all pathways across an ICS |

**2.3 Essential Skills Deliverables:**

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| * + - * Good theoretical and demonstrable working knowledge of health inequalities, digital inclusion and digital transformation in the health and social care sector       * Experience of delivering health inequalities and digital inclusion initiatives, of developing relevant tools, knowledge, processes etc. for use by services at local, regional and national levels       * Experience of working collaboratively and inclusively with patients, clinicians, health care services and other relevant stakeholders to co-design and deliver interventions       * Strong experience of managing complex projects from inception to completion, including reporting, managing stakeholders, shaping the brief etc.       * Good understanding of the dynamics, politics and complexities of Health and Social Care System and the health inequalities / digital inclusion agendas       * Experience of building capacity and capabilities within health care systems to address health inequalities and digital inclusion issues,       * Experience of coaching and mentoring others through a change process or initiatives       * Capability and skills re: data analysis and data literacy, and experience of conveying data and findings to clinical staff       * Experience of evaluating change and measuring impact |

**2.4 Deliverables**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicative timescales for this project are as follows:**   |  |  | | --- | --- | | **Activity** | **Date** | | 1. Invitation to Tender (ITT) via Contracts finder LIVE | August 2021 | | 2. Review ITT applications | Sept 2021 | | 2. Supplier appointed | Sept 2021 | | 3. Up to 6 Integrated Care Systems recruited (supported by the NHSX project team) | Early Oct 2021 | | 4. Discovery to answer questions 1 & 2 (in the ‘standards and service specification’ box) | Oct 2021 to March 2022 | | 5. Report | March 2022 | | 6. Next steps | March 2022 |   **Outputs and deliverables from the project to be agreed with the successful bidder, however we envisage at a minimum:**  *Project outputs:*  - Project reports (interim and final)  - Development of a practical / tangible framework and tools practitioners and commissioners can use to answer questions 1 and 2 above. This may include a gap-analysis tool, a maturity matrix, signposting to relevant learnings, case studies, guidance materials, a theory of change  *Project deliverables include:*  - Set of interventions and action plans from stakeholder ICSs  - Contribute to the design and delivery of show and tells and showcases (most likely virtual)  - Open access sharing and publication of appropriate materials and products / outputs from the project on a designated platform (most likely FutureNHS). to support / encourage fast followers  - Literature review and signposting document on useful resources relevant to the programme including Digital Equality and Inclusive Digital Transformation  - Observations, interviews and case studies across the ICS  - Coordination of action learning sets or similar peer learning sessions (workshops etc.) across the ICS |

**Proposed Terms and Conditions**

The proposed terms and conditions for this engagement are the NHS Standard Terms and Conditions 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.

1. **Responding to ITQ**

When responding to this ITQ, Bidders must ensure that their Tender covers all the information required. Bidders must complete their Tenders within this form and upload it complete to the Authority’s procurement portal (Atamis). 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 excluding Value Added Tax (VAT).

**Bidders Details:**

Please complete the information below and upload you completed submission to the Atamis portal.

*Please ensure a response is provided for all the sections below.*

|  |  |
| --- | --- |
| *Company Name* |  |
| *Company Address* |  |
| *Company’s representative name and title* |  |
| *Contact telephone number* |  |
| *Email address* |  |
| *Address for correspondence* |  |
| *Date of Submission* |  |
| *Company Registration Number* |  |
| *VAT Registration Number* |  |

# Further Bidder Information:

*Please ensure a response is provided for all the questions below.*

|  |  |  |
| --- | --- | --- |
| ***1.*** | *Has your organisation met all its obligations to pay its creditors and staff during the past year?* |  |
| ***2.*** | *If your answer to the above is No, have you rectified the situation resulting in your organisation now being able to pay its creditors and staff?* |  |
| ***3.*** | *Is your company or any group company (your Organisation) or are any of the directors/partners/proprietors in a state of bankruptcy, insolvency, compulsory winding up, and receivership, composition with creditors or subject to relevant proceedings?* |  |
| *4.* | *Please confirm that data is stored in line with the General Data Protection Regulations 2018 where applicable* |  |
| *5a.* | *Please confirm that you accept NHS England’s Purchase Order Terms and Conditions in full with no modifications. This offer and any contract arising from it shall be subject to these Terms and Conditions and all other items or instructions as issued in this bidder response.*  [*https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services*](https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services) |  |
| *5b.* | *Please confirm that you accept that any modifications to the Terms and Conditions will be rejected and may result in the bid being rejected.* |  |
| *6*. | *Please confirm that all invoicing shall be processed through Tradeshift in line with NHS England and Improvements processes.* |  |

**Bidder’s Response**

Please ensure a response is provided for both the Quality (A) and Commercial (B) sections on Atamis by downloading this attachment and reuploading once completed.

1. **Quality**

The questions below are for reference only and will be found within Atamis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | 10% |
|  |  | |
| Please provide a summary of your relevant expertise and how it can be applied to working with health and social care services, patients and families in the areas of (digital) health inequalities and social exclusion. Using relevant examples to demonstrate expertise. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

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| --- | --- | --- | --- |
| **Question 2** |  | **Question % Weighting** | 35% |
|  |  | |
| Please detail how you will deliver the requirements outlined in section 2, and what and how you plan to deliver this project (including an indicative timetable of proposed activities. To include, but not be limited to outputs and stakeholder meetings.) | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 1500 + a timetable in MS Excel format. | | | |

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| **Question 3** |  | **Question % Weighting** | 10% |
|  |  | |
| Please detail how you would work collaboratively with the relevant stakeholders involved in the project and your approaches for co-production with patients and staff. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |
| **Question 4** |  | **Question % Weighting** | 5% |
|  |  | |
| Please provide detail on the roles, responsibilities and experience of the team of people you propose to involve in the planning and delivery of this project. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

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| --- | --- | --- | --- |
| **Question 5** |  | **Question % Weighting** | 10% |
|  |  | |
| Please explain how your delivery model will deliver social value and align with NHS commitment to sustainability.  *(N.B. Social value describes the social benefits achieved from public services and considers more than just the financial transaction. It includes wellbeing, health, inclusion and employment.)* | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

**B) Commercial**

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| --- | --- |
| **Commercial** |  |
|  |  |
| Please provide a cost breakdown to undertake the work in the ‘Supplier Response’ box below. Your breakdown should also include the total cost exclusive of VAT to the Authority.  *Please note the maximum costs should be capped max budget of £85,000.00?* | | |
| **Supplier Response** | | |
| *Please complete* a cost breakdown and total price for completion of all deliverables in MS Excel format. | | |

**C) Confirmation**

|  |  |
| --- | --- |
| **Confirmation** |  |
|  |  |
| Please provide an electronic signature with name and contact details as confirmation the detail submitted is correct and agree to the *NHS England’s Purchase Order Terms and Conditions in full as outlined in ‘Point 5 Further Bidder Information’*: | | |
| **Supplier Response** | | |
| *Electronic Signature Insert …………...*  *Name:*  *Job Title:*  *Date:* | | |