**Provision of the Out of Hours Home Visiting Service for Sussex (Ref 19.516)**

**The Seven Clinical Commissioning Groups in West and East Sussex**

**Request for Information (RFI) and Market Engagement Event**

This market engagement opportunity is being conducted on behalf of

NHS Coastal West Sussex CCG

NHS Brighton & Hove CCG

NHS Crawley CCG

Horsham & Mid Sussex CCG

NHS Hastings and Rother CCG

NHS Eastbourne, Hailsham and Seaford CCG

NHS High Weald Lewes Havens CCG

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

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

Please complete your response and return via our eTendering Portal by **Midday on Tuesday 30th April 2019.**

Thank you for your participation - Commissioners’ appreciate your time and effort in completing this RFI.

**Out of Hours Home Visiting Service - Aims & Objectives**

The Provider’s primary objective is to provide a high quality, patient-centred, safe and effective clinical out of hours home visiting service in the Sussex area, working with all other local providers, authorities and commissioners to foster an environment where care can flourish through quality reviews, shared support and adapt to meet the future needs of a fully integrated urgent care system. The service must be provided to high quality standards through rigorous governance structure by regular monitoring of clinical outcomes, adherence to national standards and regular patient feedback to ensure that the provision and shape of the service best suits the needs of the local Sussex population. Provider will ensure that patients are treated equitably to the whole population regardless of background or ability.

Aims should also include:

* Improving Clinical Governance and evidence based practice
* Improving Clinical and non-clinical risk management
* Achieving the safest and best possible clinical outcomes for patients
* Improving vigilance for unforeseen emergencies and events
* Optimising performance against key targets and core standards
* Recruiting, retaining and developing a motivated and skilled workforce through continuous learning and training
* Developing and enhancing management and workforce performance standards
* Ensure robust Information and Technology governance standards

Further information is included in the Memorandum of Information embedded here.



**Please provide your company details:**

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Experience –** to provide background information about your organisation in this market place | | | |
| Please provide details of up to three (3) recent contracts from either or both the public and private sector, that are relevant to this requirement. | | | |
|  | **Contract 1** | **Contract 2** | **Contract 3** |
| Customer Organisation (name): |  |  |  |
| Contract Start Date: |  |  |  |
| Contract Completion Date: |  |  |  |
| Approximate Annual Contract Value: | £ | £ | £ |
| Brief description of the contract including your technical capability in this market. |  |  |  |
| If you cannot provide at least one example, please briefly explain why below: | | | |
|  | | | |
| Where the organisation has not previously provided similar services to those required, describe your rationale for wanting to participate in this RFI and/or requirement. | | | |
|  | | | |

**Market Engagement Event Details**

The Commissioner invites prospective Providers to attend a Market Engagement Event. If you wish to attend this event, please complete the registration details below and return via the portal no later than 30th April 2019.

**Date**: Tuesday 07-May-2019

**Time**: 11am – 1pm

**Venue**: Crawley, West Sussex

The following will be attending the event (maximum of 2 people per organisation):

|  |  |  |  |
| --- | --- | --- | --- |
| Attendee (1): |  | Attendee (2): |  |
| Organisation |  | Organisation |  |
| Position in the Organisation: |  | Position in the Organisation: |  |
| Telephone: |  | Telephone: |  |

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

**Requested Information**

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

|  |  |
| --- | --- |
| **1** | **Service Contract Approach**  Please indicate which contractual approach you would adopt for best delivery of the services:   1. Single Healthcare Provider and contract holder for full service model; 2. Strategic lead with subcontracting arrangements – include details of the elements that would require sub-contracting; 3. Other collaborative arrangement (please provide details); 4. Other not listed above (please provide details). |
| **RESPONSE** |
|  |

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| --- | --- |
| **2** | **Service Model Delivery**  What do you envisage to be the most significant local challenges in delivering the requirement as set out in the information provided or proposed Service Model Options (A) and (B) - are there any gaps in the provision? How should these be addressed?  Please explain why you consider the attributes detailed to be important. |
| **ATTRIBUTES** |
|  |
| **WHY IMPORTANT?** |
|  |

|  |  |
| --- | --- |
| **3** | **Service Model**  What do you consider to be the key attributes of these services, appropriate for the delivery of the Commissioners’’ key aims & objectives for this requirement?  Please explain why you consider the attributes detailed to be important. |
| **ATTRIBUTES** |
|  |
| **WHY IMPORTANT?** |
|  |

|  |  |
| --- | --- |
| **4** | **Education**  What arrangements for Education Provision do you consider an asset to delivery and access into the services for both patients and clinicians? |
| **EDUCATION FOR PATIENTS** |
|  |
| **EDUCATION FOR CLINICIANS** |
|  |

|  |  |  |
| --- | --- | --- |
| **5** | **Risk to the Healthcare Provider of the Services**  Please indicate the areas you consider to be of potential risk for a Healthcare Provider. Is there any information that the Commissioners can provide to reduce this risk – please detail? | |
| **SERVICES HEALTHCARE PROVIDER RISKS** | **SUGGESTED MITIGATION / COMMISSIONER INFORMATION** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **6** | **Risk to the Commissioner**  Please indicate the areas you consider to be of potential risk for Commissioners. Is there any information that the Commissioners can provide to reduce this risk – please detail? | |
| **COMMISSIONER RISKS** | **SUGGESTED MITIGATION / SERVICES HEALTHCARE PROVIDER INFORMATION** |
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| --- | --- | --- |
| **7** | **Social Value Act 2012**  How could the service be delivered differently to maximize the social value from the contract? | |
| **HOW** | **BENEFITS TO PATIENTS / OTHER SOCIAL VALUE BENEFITS** |
|  |  |

|  |  |
| --- | --- |
| **8** | **Mobilisation** |
| a) Do you consider 3 months to be a reasonable length of time to mobilise the service (If not, please state reasons for this)? |
|  |
| b) Summarise the key risks to the mobilisation of the service and the main challenges that a Preferred Bidder would face |
|  |
| c) Please describe the areas where you would require interaction from the Commissioners in mobilising the service? |
|  |

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| --- | --- |
| **9** | **Other Healthcare Provider Feedback – Maximum 750 words**  Use the space below to inform Commissioners of any other points you feel would inform this process.  NB: Please adhere to the requested word count - only the first 750 words of your answer will be forwarded to Commissioners. |
| **RESPONSE** |
|  |

**Main/Sub/other Contractors**

Commissioners’ may consider using competitive tendering as a potential route to commission the service and wish to offer Healthcare Providers an optional opportunity to:

1. submit their contact details for inclusion in a list headed “Wish to be a Sub Contractor and contacted by potential Main Contractors”; and/or
2. submit their contact details for inclusion in a list headed “Wish to be a Main Contractor and contacted by potential Sub Contractors”; and/or
3. submit their contact details for inclusion in a list headed “Other”

Healthcare Providers wishing to appear on one or more lists should complete the table below. The lists will be circulated to

all Healthcare Providers responding to this Request for Information document and or who access our eTendering portal.

**Your contact details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Healthcare Provider Name:** |  | | | | |
| **Point of Contact:** |  | | | | |
| **Point of Contact Email:** |  | | | | |
| **The list that details are to appear on** (place “X” in box as appropriate) | To be a Main Contractor : | **Yes** |  | **No** |  |
| To be a Sub-Contractor: | **Yes** |  | **No** |  |
| Other: | **Yes** |  | **No** |  |
| Please describe (for circulation with the lists)  Max 75 words |

**Important notice about using this opportunity**

Neither the commissioning CCGs or South of England Procurement Services give any endorsement or take any responsibility for the suitability of Healthcare Providers appearing on the lists. It is the responsibility of each Healthcare Provider to undertake their own investigations and draw their own conclusions about the suitability of other Healthcare Providers when entering into a business relationship. This procedure is only intended to allow the exchange of contact information between Healthcare Providers.

Healthcare Providers should use their judgment about whether they wish to contact potential main/sub/other contractors appearing on the lists.

Healthcare Providers are under no obligation to use this opportunity and will not be disadvantaged if they choose not to do so. If in the future Commissioners’ choose to compete this requirement, Healthcare Providers who do not use this opportunity may still choose to be included in a bid submission containing a main/sub/other contractor relationship when responding to a tender.