

RM6187 Framework Schedule 6 (Order Form and Call-Off Schedules)

Order Form

CALL-OFF REFERENCE:	AGEMCSU/TRANS/24/1736
THE BUYER:	NHS England on behalf of NHS Arden & Greater East Midlands Commissioning Support Unit
BUYER ADDRESS	Cardinal Square, 10 Nottingham Road, Derby DE1 3QT
THE SUPPLIER:	PA Consulting Services Limited
SUPPLIER ADDRESS:	10 Bressenden Place, London, SW1E 5DN
REGISTRATION NUMBER:	00414220
DUNS NUMBER:	211000617
SID4GOV ID:	211000617

Applicable framework contract

This Order Form is for the provision of the Call-Off Deliverables and dated 22nd February 2024 date of issue.

It's issued under the Framework Contract with the reference number RM6187 for the provision of Consultancy Support for Clinical Registries for NHS Arden & GEM CSU.

CALL-OFF LOT(S):

Lot-3: Complex & Transformation

Call-off incorporated terms

The following documents are incorporated into this Call-Off Contract.

Where schedules are missing, those schedules are not part of the agreement and can not be used. If the documents conflict, the following order of precedence applies:

1. This Order Form includes the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) RM6187

3. The following Schedules in equal order of precedence:

Joint Schedules for RM6187 Management Consultancy Framework Three

- Joint Schedule 1 (Definitions) - Mandatory
- Joint Schedule 2 (Variation Form) - Mandatory
- Joint Schedule 3 (Insurance Requirements) - Mandatory
- Joint Schedule 4 (Commercially Sensitive Information) - Mandatory
- Joint Schedule 6 (Key Subcontractors)
- Joint Schedule 10 (Rectification Plan) - Mandatory
- Joint Schedule 11 (Processing Data) - Mandatory

Call-Off Schedules

- Call-Off Schedule 5 (Pricing Details)
- Call-Off Schedule 7 (Key Supplier Staff)
- Call-Off Schedule 8 (Business Continuity and Disaster Recovery)
- Call-Off Schedule 20 (Call-Off Specification)

4. CCS Core Terms
5. Joint Schedule 5 (Corporate Social Responsibility) - Mandatory
6. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

Supplier terms are not part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

Call-off special terms

The following Special Terms are incorporated into this Call-Off Contract:

Special Term 1 - The Buyer is only liable to reimburse the Supplier for any expense or any disbursement which is

- (i) specified in this Contract or*
- (ii) which the Buyer has Approved prior to the Supplier incurring that expense or that disbursement. The Supplier may not invoice the Buyer for any other expenses or any other disbursements*

None

Call-off start date: February 2024

Call-off expiry date: 31st March 2024

Call-off initial period: 6 weeks

CALL-OFF OPTIONAL EXTENSION PERIOD: No option to extend.

Call-off deliverables:

Option B: See details in Call-Off Schedule 20 (Call-Off Specification)

Security

Short form security requirements apply.

Maximum liability

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

[REDACTED]

[REDACTED]

Call-off charges

[REDACTED]

Reimbursable expenses

Recoverable as stated in Framework Schedule 3 (Framework Prices) paragraph 4.

Payment method

Payment made by BACS

Buyer's invoice address

NHS Arden and GEM CSU
ODE Payables M405
Shared Business Service
PO Box 312
LEEDS

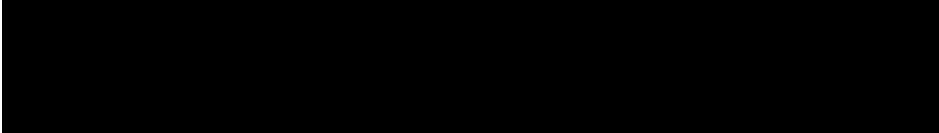
LS11 1HP

Invoices: sbs.apinvoicing@nhs.net

FINANCIAL TRANSPARENCY OBJECTIVES

The Financial Transparency Objectives do not apply to this Call-Off Contract.

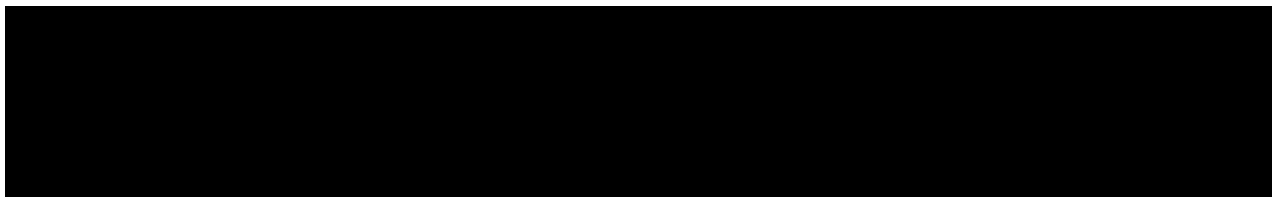
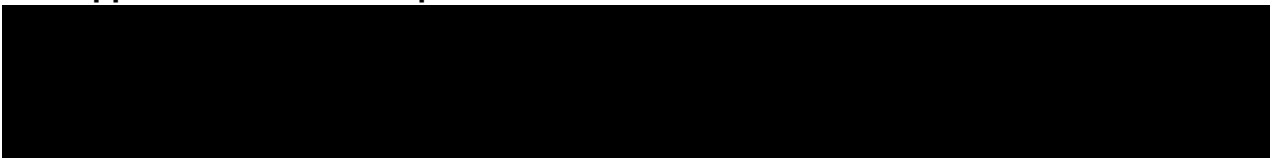
Buyer's authorised representative



Buyer's security policy

<https://www.ardengemcsu.nhs.uk/>

Supplier's authorised representative



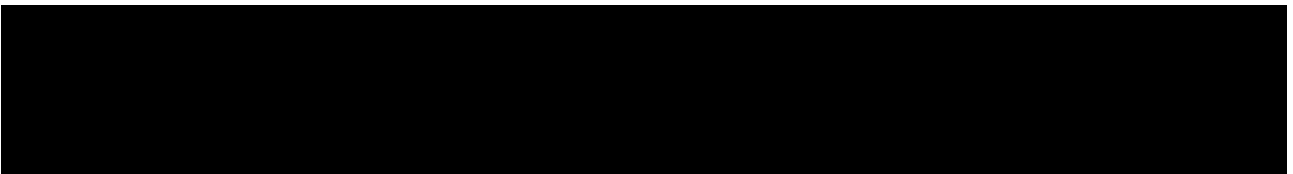
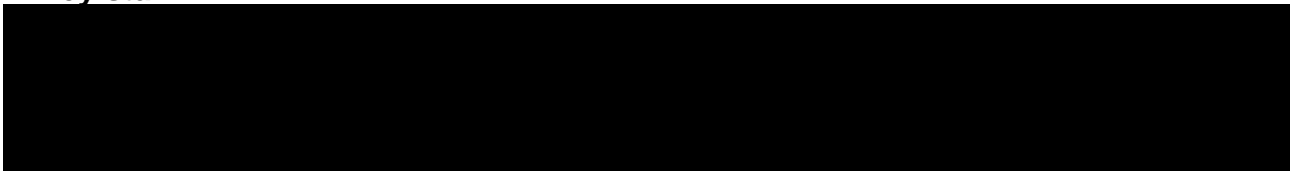
Progress report frequency

Weekly

Progress meeting frequency

Weekly

Key staff



Key subcontractor(s)

PA Holdings Limited

Commercially sensitive information

- | | | |
|---|--|---------|
| 1 | Identity of professional staff and skills experience | 5 years |
| 2 | Fee rates for professional staff | 5 years |
| 3 | PA Consulting Methodologies and Tools | 5 years |

Service credits

Not applicable

Additional insurances

Not applicable

Guarantee

Not applicable

Buyer's environmental and social value policy

<https://www.ardengemcsu.nhs.uk/>

Social value commitment

The Supplier agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Tender)]

Formation of call off contract

By signing and returning this Call-Off Order Form the Supplier agrees to enter a Call-Off Contract with the Buyer to provide the Services in accordance with the Call-Off Order Form and the Call-Off Terms.

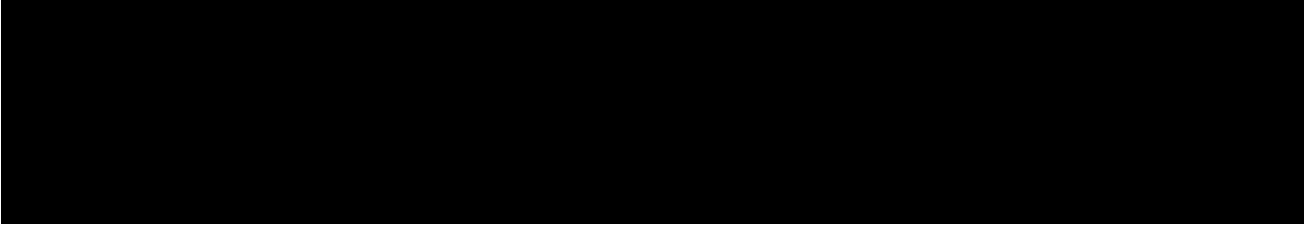
The Parties hereby acknowledge and agree that they have read the Call-Off Order Form and the Call-Off Terms and by signing below agree to be bound by this Call-Off Contract.

For and on behalf of the Supplier:

[Redacted signature area]

Date: 22/2/2024

For and on behalf of the Buyer:



Date: 7 March 2024

Call-Off Schedule 20 (Call-Off Specification)

This Schedule sets out the characteristics of the Deliverables that the Supplier will be required to make to the Buyers under this Call-Off Contract

NHS England

Clinical Registries Programme Support Service Specification

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1 Overview

The NHS England Outcomes and Registries Programme was established in 2022 to develop a single, unified registry solution – the Outcome Registries Platform. The platform consolidates existing implantable device-level registries and implements new outcome registry data collections to address data and vigilance gaps, enabling the prevention of patient safety issues and adverse outcomes.

The programme builds upon an improved model for patient engagement and involvement, and maximise governance, clinical leadership, and specialty-specific data roadmaps to deliver patient-centred change.

In collaboration with the devolved administrations, the programme is also developing an approach to enable secure data sharing, system interoperability and UK-wide coverage, where it is appropriate to do so.

There are over 150 bespoke treatment registry or audits, the current landscape is highly fragmented with variable hosting, governance, finance, operational models, technical infrastructure. NHSE clinical service specifications have dependencies upon around 120 datasets of which 22 are directly commissioned by NHSE and listed below. Registry fragmentation also leads to duplication of data collection/curation, as well as significant concerns around data security, service stability, quality, access, linkage, usability, security, and governance. These services have often been set-up to meet clinical service / data requirements, but without adequate direct contractual relationship with the resulting registry provider to enable either the required governance or data security/ flow. This is increasing exposing NHSE to various risks and vulnerabilities. A further strategic decision has been made to align these two strategies, and further optimise the Outcome and Registries Platform for a wider range of clinical registries to further achieve the Programmes aims as outlined above.

What is an outcome registry?

Outcome registries are organised systems that use observational methods to collect routine, uniform data on specified outcomes in a population defined by a particular disease, condition, or exposure. Important features of registries include:

- Collection of high quality, high volume, patient, practice, and population-level data
- Development input and expertise from clinical leadership
- Availability of enriched, comparative data for multiple upstream patient safety and quality improvement purposes
- Timely feedback of data to inform clinical decision-making.

Registry information is also used for a range of purposes within NHS England and services operating on behalf of NHS England. A key area is populating the Specialised Services Quality Dashboards (SSQDs). The SSQDs are metrics that represent delivery of the national service specifications through output and outcome data. At present there are around 1500 metrics which cover a considerable proportion of specialised services, with around three hundred of those metrics derived from information received from registries and audits. There is a strategic aim within the SSQD programme to expand the number of metrics that are sourced from registries and audits.

Clinical audits and registries - strategic issues and challenges

- There is significant variation in the finance, commissioning, access and governance of registries, resulting in disparate systems with multiple data sources that are not linked e.g. some registries are funded by Specialised Commissioning some are not, some commissioned via NHSD or HQIP other directly.

- As the registries have evolved, although data fields and functionality have changed, the ability to analyse and report has not kept pace, with the result that the registries fail to deliver timely and relevant reports required to deliver real change.
- Bureaucracy and barriers have resulted in lack of easy access to data to support LTP oversight and there is a need for streamlining IG compliance and access arrangements across the totality of the audits and registries.

Opportunities in addressing the issues.

- Strategic, system-focused approach to deliver timely, accessible, single input, multiple use audit and registry data for evidence-led recovery.
- A more unified model of hosting, finance, governance, access, and linkage of registries, with the potential for income generation.
- Orienting transformation to the Outcomes and Registries Programme and platform and alignment with other significant registry developments to meet clinical transformation, Cumberlege and Paterson obligations, would signify, unify, and catalyse system-wide change.

Outcome Registries Platform (ORP)

The outcome registries platform is a consolidated, technology agnostic platform that can be fully scalable to meet the developing needs of clinical registries and audit collections. The ORP addresses the need for a more consistent approach to assure safety and satisfactory outcomes, and fulfils the recommendations of the [Independent Medicine and Medical Device Safety Review \(IMMDS\) \(2020\)](#) and [Paterson Inquiry \(2020\)](#).

“A central patient-identifiable database should be created by collecting key details of the implantation of all devices at the time of the operation. This can then be linked to specifically created registers to research and audit the outcomes both in terms of the device safety and patient reported outcomes measures.”

Recommendation 7 of First Do No Harm, IMMDS Review, 2020, chaired by Baroness Cumberlege.

NHS England has a priority list of new and established registries that will be reviewed with a view to consolidating on to a single platform. These registries include UK Rehabilitation Outcomes Collective (UKROC), International Burns Injury Database (IBID) and also cover vascular, pelvic floor, breast (including cosmetic), cochlear and trauma medical procedures. Subsequent registry datasets will be linked to or integrated in the ORP over the duration of the Programme.

What will the benefit be to patients?

The fundamental purpose of the ORP is to capture and use data from NHS and private healthcare providers to detect and predict issues relating to patient safety and outcomes and prevent harm to future patients. The registry will also:

- maximise data for surveillance, benchmarking and recall activities.
- increase transparency and accountability.
- enhance research and development.
- reduce costs of participation.

The Ask?

We are seeking a service delivery partner to help support the programme framework, scoping and implementation of the Clinical Registries programme.

Work is required to support the NHSE Outcomes and Registries Programme to:

- A. Support a structured review and document the clinical registry; CRG clinical requirements, hosting, governance, operating model, platform, and delivery resources, including people and TUPE exposure.

- B. Develop an operating model for the hosting of registry delivery teams within AGEM, that is aligned to the ORP direction of travel (consolidated registry teams and unified platform)
- C. Develop a 2-year clinical registry transformation roadmap and business case aligned to ORP with agreed registry prioritisation, implementation plan, comms plan, resource requirements and costings that can feed in to the wider OR programme business case.

2 Deliverables/Milestones

To be delivered in parallel over the period of the contract. Please note the timelines within the specifications are indicative and will be mutually agreed by the commissioner and the

3 Reporting

Monthly project reports to be produced for the SRO to provide updates on the progress being made towards the above milestones.

4 Service Level and performance

The Authority will measure the quality of the Supplier's delivery by:
Assessment of requirements delivered against Assurance and Quality Standards agreed for the delivery and development.

KPI/SLA	Service Area	KPI/SLA description	Target
1	Highlight report	Completed highlight report in time	100%

5 Payment

Payment will be made at each stage upon successful evidencing of the deliverables as stated above against each milestone and where appropriate sub-milestone.