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**Invitation to Quote**

**Instructions & Requirements Document**

**NHS England and NHS Improvement Commercial**

NHS Breast Screening Programme - Evaluation of initiatives to improve uptake

**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 |

# **Purpose**

# **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 an NHS Breast Screening Programme - Evaluation of initiatives to improve uptake. 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

|  |  |
| --- | --- |
| Name of Team | Public Health Operations and Commissioning |
| Name and Title of Contract Lead | Jacquie Jenkins (National Breast Screening Programme Manager) |

Timeline

|  |  |
| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue on Contract Finder\* | 09/11/2022 |
| ITQ Clarification Deadline | 16/11/2022 |
| ITQ Closing Date | 23/11/2022 |
| Estimated Award Date | 16/12/2022 |
| Estimated Contract Commencement Date | 19/12/2022 |

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) within 5 calendar days of receiving the ITQ. 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 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 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 |
| Sustainability and 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 (%)** |
| 1. Please describe your approach for undertaking a health economic evaluation to include a cost/benefit analysis for implementing projects A and B | 20 |
| 1. Please provide details of the team that will be involved in the delivery of the project. Please include details of how each team member will be involved, their role and responsibility, level of qualification and experience, and specifically how much of the total time allocation for the project each team member will spend. \*Please include brief CVs as an appendix | 20 |
| 1. From the information that has been provided within the ITQ Specification document and appendix 1, please provide a detailed project plan that outlines your initial proposed methodology for project A | 15 |
| 1. How would you support services to communicate effectively when making direct contact with previous non-attenders by phone? | 5 |
| 1. Social Value related Question: How will you support meeting the requirements of this ITQ with social value and environmental commitments in mind, both in terms of the projects and as an organisation?   For more information on the social value model - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940828/Social-Value-Model-Quick-Reference-Table-Edn-1.1-3-Dec-20.pdf> | 10 |
| 1. Commercial / Pricing - please upload a separate Excel sheet with the breakdown of costs. | 30% |
| **Total** | **100%** |

**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.

**Note:** There is a minimum quality threshold of 2 out of 4 for all the above assessment questions.

| **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.

**Please note that there is a maximum capped budget for this work of £120,000 VAT inclusive), £100,000 (VAT excluded). Bids above this 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.

**Background Information:**

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| --- |
| The aim of the NHS Breast Screening Programme (NHSBSP) is to reduce the mortality from breast cancer through a quality assured, population based screening programme for women aged 50 up to their 71st birthday. The NHSBSP invites around 2.9 million women for screening annually and screens around 2.1m. It operates across 77 screening services in England and it is estimated that approximately 1300 lives are saved annually.  When the programme was introduced in 1988 the invitation methodology was timed appointments only, where women were sent a timed appointment slot that they could change if inconvenient. Second timed appointments were introduced circa 2013 to improve screening uptake where women failed to attend their first invitation.  During the Covid pandemic, screening was paused by all NHS providers due to the national lockdown, this resulted in a backlog of around 1 million women. In addition, there was reduced screening capacity enforced with infection control measures and staffing resources. In a pragmatic solution to deal with reduced capacity and increased demand, timed appointments were replaced by open invitations. Women had to phone the screening service to book an appointment. This was to ensure that clinic slot capacity was maximised.  An NHSE health impact assessment was undertaken and clinical advice sought and whilst it was acknowledged from the [literature](https://www.gov.uk/government/publications/population-screening-improving-participation-in-underserved-groups), that open invitations were likely to decrease screening uptake whilst increasing inequalities. This was the most effective method to reduce the screening backlog and help services recover to a 36 month screening round length (national target). Evaluation of open invitation methodology was not possible at the time of introduction, due to confounding factors and impacts of the Covid-19 pandemic. The NHSE Breast Screening Programme Board (21/12/2021) and clinical advisory board recommended that invitation methodology should be evaluated post-Covid recovery.  Following a return to the standard 36 months screening schedule, some commissioners and services continued to offer open invitations (a second invitation to book for screening is sent if women don’t respond or book following their initial invitation). They believe it offers more flexibility, increases uptake, does not impact adversely on health inequalities whilst maximising the use of screening capacity in the midst of a workforce shortage (12% national vacancy rate for mammographers as at March 2022).  In contrast, others have reverted to timed invitations (a second timed invitation is offered if women don’t attend their first timed invitation) or a hybrid mix of open and timed invitations. All services ensure that very high-risk women and those with learning disabilities are offered timed appointments to maximise uptake.  The NHSBSP objective is to support a review of invitation methodology. The requirement is to analyse and evaluate which is the most appropriate method to maximise screening uptake and examine the economic efficiency of each methodology. This will inform the future delivery of the national screening pathway (Project A).  In order to achieve [The NHS Long Term Plan](https://www.longtermplan.nhs.uk/) commitment to increase the proportion of people surviving cancer for 5 or more years, 75% of breast cancers will need to be diagnosed at an early stage (stage 1 or 2). This will only be achieved by maximising screening uptake and coverage in the NHSBSP.  The Covid 19 pandemic had a significant adverse impact on the breast screening programme activity compared to the previous year (2019/20):   * numbers of women invited decreased by 36.9% (1.8m) * numbers screened decreased by 44.1% (1.2m) * overall uptake decreased by 7.3% points (61.8%)   Currently, the performance thresholds for screening uptake are 70% (acceptable standard) and 80% (achievable standard) The 3 distinct projects are:  1. Optimal invitation methodology to improve uptake particularly in underserved groups 2. Evaluation of direct contact with non-attenders to assess impact on uptake by screening cohorts 3. Online survey of non-attenders to ascertain barriers to screening acceptance  All 3 distinct projects are designed to help the NHSBSP understand why women do not attend breast screening invitations and analyse and identify the most cost effective methodologies to improve uptake.The NHS England Breast Screening Programme team will determine in consultation with the Supplier which breast screening services are invited to participate in each of the projects, based on predetermined eligibility criteria. The Supplier will act as a point of contact for the services to respond to questions relating to the projects as required. |

**Standards and Service Specification:**

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| --- |
| As user data may be shared with the supplier, chosen supplier will be expected to answer questions to complete a data protection impact assessment.  Bespoke crystal reports will be developed independently (not by the Supplier) to allow data extraction from the national breast screening system (NBSS) to enable analysis across projects A, B and C. The constraints of the IT to deliver the requirements of the project design may mean compromises or redesign of the Projects (A, B and C).  The outcome data and associated data collected is the property of the Authority and should not be shared in any forum without the explicit consent of the Authority. All documentation should be returned to the Authority on the completion of the project. Any peer review publications resulting from the evaluations should involve joint authorship with the Authority. |

**Essential Skills Deliverables:**

|  |
| --- |
| The Supplier should design an academically robust project methodology for studies comparing screening uptake by alternative interventions for projects A and B (see appendix 1)The Supplier must have the ability to be adaptable in approach to the design of research methodologies. Bespoke crystal reports will be developed independently (not by the Supplier) to allow data extraction from the national breast screening system (NBSS) to enable analysis across projects A, B and C. The constraints of the breast IT and data variables routinely collected to deliver the requirements of the project design may mean compromises or redesign of the Projects (A, B and C). This will need close collaboration between the Supplier, NHSE and the individual commissioned to design bespoke reports to interrogate the breast IT system.The NHS England Breast Screening Programme team will determine in consultation with the Supplier which breast screening services are invited to participate in each of the projects, based on predetermined eligibility criteria. The Supplier will act as a point of contact for the services to respond to questions relating to the projects as required. In addition, the Supplier must: provide a rigorous academic and statistical analysis of the evaluations with the production of high quality reports as outlined in appendix 1provide robust health economic evaluation analyses for projects A and B to assess the impact if scaled up to national level for policy implementationevidence a track record of peer reviewed papers relating to health care (screening related preferable)participate and deliver workshops with breast screening services to support training in telephone communication utilising behavioural insight methods (project B) |

**Deliverables**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Supplier should design the project methodologies for evaluations A, B and C to timescales in the table belowThe Supplier should design the project methodologies for each of the 3 projects (A, B and C) within the first 2-6 weeks of the contract as specified below. This will involve discussion with the Authority so that externally commissioned reports can be designed to secure appropriate data retrieval from the existing breast IT system for analysis by the Provider. Participating services will need to be recruited and funded by the Authority.  |  |  |  | | --- | --- | --- | | Activity | Delivery date | Comments | | Design of project methodology for Projects A, B and C | 2-6 weeks from contract start date | Supplier to deliver with input from Authority (to allow sense checking on feasibility and help with selection/recruitment of services to participate) | | Analysis of data for Project A | The Supplier will need to analyse the data at a much later date, due to outcomes from screening not being available for analysis for 6 months following the initial invitation sent. | This date will be dependent on the date that services commence sending invitations out and bespoke reports can be written and piloted by an external Supplier organised by the Authority | | Production of final report for Project A | 4-6 weeks from the submission of final data for analysis6-8 weeks to compile the final report for NHSE Any subsequent peer review papers resulting will be subject to discussion with the Authority | Key findings should be shared in a meeting with the Authority and participating services for sense checking/input It is desirable that a peer review paper is produced but only in consultation with the Authority who would be a joint author | | Project B – production of a script for use by office staff in communication with non-attenders Project B **-** Production of a spreadsheet for use in services with key variables for recording responses and outcomes from individual women who have been contacted by phone  Project B – Participate and present in a training workshop for services involved in the project covering effective use of the spreadsheet, communicating the script to women and how to communicate effectively  Project B – Analysis of data from both be-spoke reports designed to report on outcome (attend/non-attendance) to intervention with IMD, age and other variables and also data from spreadsheet on immediate outcome from telephone intervention. If the project design requires services for control purposes, these data will also be shared with the Supplier  Project B – key findings of analysis  Project B – production of final report | 4 weeks from contract start date 4 weeks from contract start date  To be confirmed with the authority but likely to be 6-10 weeks from contract start date  Depending on the project design, the data should be available for analysis up to 3 months from the date that services finish the period of telephone contact with women 6-8 weeks from the submission of final data for analysis 8-10 weeks to compile the final report for NHSE after the final data submission date | Key findings should be shared in a meeting with the Authority for sense checking/input It is desirable that a peer review paper is produced but only in consultation with the Authority who would be a joint author | | Project C – inform number of services and number of women required to participate in this evaluation to obtain a meaningful response for analysisProject C – production of a script for the text message and accompanying online survey to be sent to all women who have not attended 2 appointments at their previous invitation Project C – analysis of data resulting from online survey | 6 weeks from contract start date8 weeks from contract start date Within 4 weeks of the end of the data collection period to be determined by the Supplier  Within 6 weeks of the end of the data collection period to compile the final report for NHSE | Key findings should be shared in a meeting with the Authority for sense checking/input It is desirable that a peer review paper is produced but only in consultation with the Authority who would be a joint author | |

**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.

**Payment schedule:**

First payment to be made following delivery of the project methodologies for the evaluations (A, B & C), 25% of total contract value. This will include the production of the project materials and support required as specified in appendix 1, prior to the project commencement by participating screening services (expected within 10 weeks of the contract start date). Remaining 75% to be paid on production and acceptance by the Authority, of final evaluation reports and project completion documentation including the analysis methodology (exc VAT).

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 the Authorities procurement portal (Atamis) set out in the "Supplier Response Form". 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:

The following is an outline of what will be required and found on Atamis. **Suppliers please download this Form, complete it and upload it as an attachment to your proposal on Atamis.**

*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 processes.* |  |

Bidder’s Response

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

1. Quality

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | 20 |
|  |  | |
| Please describe your approach for undertaking a health economic evaluation to include a cost/benefit analysis for implementing projects A and B | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 1000 words | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2** |  | **Question % Weighting** | 20 |
|  |  | |
| Please provide details of the team that will be involved in the delivery of the project. Please include details of how each team member will be involved, their role and responsibility, level of qualification and experience, and specifically how much of the total time allocation for the project each team member will spend. \*Please include brief CVs as an appendix | | | |

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| --- | --- | --- | --- | --- | --- |
| **Question 3** |  | | **Question % Weighting** | 15 | |
|  | |  | | |
| From the information that has been provided within the ITQ Specification document and appendix 1, please provide a detailed project plan that outlines your initial proposed methodology for project A | | | | | |
| **Supplier Response** | | | | | |
| The maximum total word count for this section is 750 words | | | | | |
| **Question 4** |  | | **Question % Weighting** | 5 | |
|  | |  | | |
| How would you support services to communicate effectively when making direct contact with previous non-attenders by phone? | | | | | |
| **Supplier Response** | | | | | |
| The maximum total word count for this section is 500 words | | | | | |
| **Question 5** | |  | **Question % Weighting** | | 10 |
|  |  | | |
| Social Value related Question: How will you support meeting the requirements of this ITQ with social value and environmental commitments in mind, both in terms of the projects and as an organisation?  For more information on the social value model - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940828/Social-Value-Model-Quick-Reference-Table-Edn-1.1-3-Dec-20.pdf> | | | | | |
| **Supplier Response** | | | | | |
| The maximum total word count for this section is 500 words | | | | | |

B) Commercial

|  |  |
| --- | --- |
| **Commercial** |  |
|  |  |
| Please download and complete the attached “Pricing Breakdown” providing a full cost breakdown to undertake the work. Your breakdown should also include the total cost exclusive of VAT to the Authority. | | |
| **Supplier Response** | | |
| *DO NOT EMBED YOUR COSTINGS HERE PLEASE* | | |

**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:* | | |