

Annex to Schedule 7
Order Form Template

This Order Form is issued subject to the provisions of the Framework Agreement 2017/S 243-506532 entered into between NOE CPC and the Supplier on 01/06/2018 (“**Framework Agreement**”).

The Supplier agrees to supply the Services specified below on, and subject to, the terms of this Contract and for the avoidance of doubt the Contract consists of the terms set out in this Order Form and the Contract terms, including the call off terms and conditions at Appendix A, together with the Schedules thereto.

NOEJ..0217.0 Framework Order Form - For the provision of Healthcare Consultancy Services

Date	22/09/21	Order no.	WP2083
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From:

Authority name	Secretary of State for Health and Social Care acting as part of the Crown through the Department of Health & Social Care " Authority "
Authority's address	Department of Health and Social Care, 39 Victoria Street, London, SW1H 0EU
Invoice Address	<div></div> Payment and Invoicing 39 Victoria Street Westminster London
Contact Ref:	Name: <div></div> Phone: <div></div> E-mail: <div></div>

To:

Supplier	NatCen "Supplier"
Supplier's Address	NatCen Social Research 35 Northampton Square London EC1V 0AX
Account Manager	Name: [REDACTED] Phone: [REDACTED] E-mail: [REDACTED]

1. Statement of Service requirements

Services required	o Lot 4 Healthcare Innovation, Research and Related Services
Commencement date for call off of services	09/08/2021
Duration or long stop expiry date	31/05/2022
Service Levels required	o Deadlines for completion of the services o Appropriate levels of staff to be employed o Key meetings appropriate supplier representative must attend
KPIs required	<p>Task 1: Project initiation</p> <p>This task includes a one- off kick-off meeting (and immediate follow-up/exchange of information) with the NHS Test and Trace evaluation team in order to agree key practical aspects to underpin evaluation planning:</p> <ul style="list-style-type: none"> • Information sharing regarding the pilot and any other relevant documents, including support for data access (especially with regard to the NHS Test and Trace dashboard). • Protocols for the working with the pilot area, including key contacts. • Discussion of priorities and parameters for the evaluation given the need to provide the strongest possible evidence, yet the need to do so in the context of a fast-moving pilot situation. • Upfront discussion of potential scenarios/options in terms of what the data review might show in order to pre-empt how any analytical limitations will be addressed.

Task 2: Engagement and scoping with the pilot area

We have included resource for what we presume to be a number of engagements/discussion/exchanges with the pilot area (including potentially key stakeholders in the local area) in order to develop a clear enough view of the pilot delivery parameters and landscape. We make no assumptions about the format of this engagement, other than it is likely to be iterative and somewhat investigatory in nature. In summary, it will involve:

- Unpacking the pilot purpose, aims and implementation approach in order to ensure that the evaluation plan is meaningfully aligned to what is happening on the ground.
- Scoping out key local stakeholders in terms of how the evaluation plan may need to incorporate inputs from different local actors.
- Understanding the nature of and process by which additional local data is collected that may be of relevance to the evaluation.
- Frequency – Between NatCen and Pilot area/ LA/ PHE and evaluation team. Weekly meetings to begin with, however may go down to fortnightly, will continuously review the frequency of meetings.

Task 3: Data review and impact design

The first two weeks of work will be devoted to exploring the feasibility of econometric analysis to estimate the impact of the pilot. Ideally, a counterfactual-based impact evaluation approach should be used as it will provide more robust empirical evidence of the pilot's causal effect. Therefore, we will assess the existence of suitable data on both pilot participants and non-participants (these could be either local areas or individuals residing in them).

Data to be scoped include the Test and Trace Dashboard, national datasets (from DHSC, ONS, etc.), any additional data collected locally (as identified in Task 2), and will need to include quantitative measures of outcomes and contextual variables (impact confounders). Data aspects to be investigated include data quality (notably, existence of measurement error) and coverage (in terms of both variables and sample sizes). The most appropriate econometric methods to suit the pilot's features and circumstances (difference-in-differences, propensity score matching, synthetic control, etc.) will be identified. The plausibility of assumptions underlying the chosen method and expected impacts (needed to calculate minimum sample size requirements) will be discussed with the NHS Test and Trace team. Frequency.

Weekly meetings (In line with KPI Task 2) with potential to reduce over time/increase if needed.

Task 4: Development of the evaluation plan

The format and structure of the evaluation plan will be agreed as part of the project initiation. We envisage that it will include the following:

Pilot summary from an evaluation perspective (capturing key activities, stakeholders, implementation approach) connected to an outline theory of

	<p>change for the pilot that translates the pilot activities into an analytical framework for measures outcomes/impact.</p> <p>Proposed approach to identifying impact based on the initial scoping including, options (if relevant), analytical considerations, constraints and limitations and a clear outline of what the evaluation is likely to be able to show and not show given the pilot, evaluation and reporting timelines.</p> <p>Proposed approach to qualitative/process evaluation based on the initial scoping including the value added by this evaluation component.</p> <p>Outline of data sources and other evidence that can contribute to the evaluation and how this material will be used as part of the evaluation.</p> <p>Timeline and proposed evaluation method/tasks.</p> <p>Weekly meetings (In line with KPI Task 2) with potential to reduce over time/increase if needed.</p>
Management Information reports	<ul style="list-style-type: none"> • Weekly check-in meetings with [REDACTED] (Programme Evaluation Lead), [REDACTED]. Supported by [REDACTED] and [REDACTED] to assess progress against milestones • Weekly review meetings to ensure work is focused on priorities, as well as to flag risks and issues for mitigation, as well as on Programme-level documentation (if required) • Fortnightly show-and-tell meetings with wider team to demonstrate progress • Quarterly (or more regularly if required) team retrospectives to ensure supportive and effective working culture and practice – documented on team Trello board and retro Miro board • All of the above reflected in programme process at weekly ExCo and PDF (Portfolio Delivery Forum) • Review of deliverables (custom measurement for 'commissioned' pilots, Self-Isolation Framework and evaluation/validation methodology) against internal T&T evaluation standards, aligned to the Maryland Scientific Methods scale (to be outlined and accepted at the start of the project) • There are 2 checkpoints of findings (interim and final) for all pilots. LAs will share the interim findings (target end of Aug or Sept) depending on how far the pilot duration period is. This will be analysed by the DHSC Evaluation team and results shared in Sept or Oct to relevant stakeholders (CO, Treasury etc). This will determine whether an LA should adopt a revised (or stay as) approach for the next phase of the pilot until end date.
Contract Review Meetings	<p>Progress Report :</p> <p>On the first Working Day of each calendar month</p> <p>Progress Meeting:</p> <p>Frequency Quarterly on the first Working Day of each quarter</p>
Processing of personal data	<p>If yes, confirm if either</p> <ul style="list-style-type: none"> o Data Processor o Data Controller <p>https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services</p>

o No

Variable Name	Description	Dataset
MSOA	Medium Super Output Area Code	
LTLA	code of Local Authority	DHSC (reference)
Phecnm	Regions	DHSC (CTAS)
Country	Country	DHSC (Input)
Population	Population per MSOA/LA	
Decile	IMD decile per LSOA	DHSC (reference)
Gender	Gender	DHSC (CTAS)
Age2	Age	DHSC (CTAS)
Ethnicity	Ethnicity	DHSC (Input)
Ethnicity Group	Grouping of Ethnicity	DHSC (Input)
Positivity rate	Positivity rate (formula is in the notes)	DHSC(NPEX)
Testing rate(all)	Testing rate per LA	DHSC(NPEX)
Testing rate(positive)	Positive testing rate per LA	DHSC(NPEX)
% Cases reached	DIVIDE([Total Cases Reached],[Total Cases])	DHSC
% Cases reached - 7 day rolling average	AVERAGEx(DATESINPERIOD('Date'[Date],LASTDATE('Date'[Date]),-7,DAY),[% Cases Reached])	DHSC
% Cases reached with at least one contact	% Cases reached with at least one contact	DHSC (CTAS)
% Cases reached with at least one contact - 7 day rolling average	% Cases reached with at least one contact - 7 day rolling average	DHSC (CTAS)
% Cases with at least one non-household contact	% Cases with at least one non-household contact	DHSC (CTAS)
% Cases with at least one non-household contact - 7 day rolling average	% Cases with at least one non-household contact - 7 day rolling average	DHSC (CTAS)
% Successful calls	% Successful calls	DHSC
% Successful calls - 7 day rolling average	% Successful calls - 7 day rolling average	DHSC
With contacts	% of cases case when contacts>0 then 1 else 0	DHSC

	Total contacts	Mean number of contacts shared	DHSC (CTAS)
	Self-isolation compliance	Proportion of isolating cases and contacts with 100% success in check-in calls (i.e. T&T check in calls on isolation days 4,7, and 10 were all completed successfully (if made))	DHSC
	Total cases without non household contacts	Proportion of isolating cases that report no non-household contacts	DHSC
	Vaccine one dose	% of population with at least one vaccine does	
	Vaccine two doses	% of population with both doses of a vaccine	

Lease or Licence granted (if applicable)	[Guidance Note: detail or reference any lease or licence being granted by the Authority or Supplier to enable it to provide the service.
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2. Charges and Payment

Contract Charges payable by the Authority (including any applicable discount but excluding VAT) – in accordance with Price Schedule G of the Framework Agreement or the outcome of a further competition.	<p>Call Off Charges</p> <p>The Estimated Year 1 Charges are £105,242</p> <p>Payment Method</p>
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	Monthly in arrears by BACs or alternative payment method as agreed between the Buyer and the Supplier.
Invoicing	<ul style="list-style-type: none"> o Electronic o Electronic and Consolidated o Other, detail below

3. TUPE Arrangements at Commencement

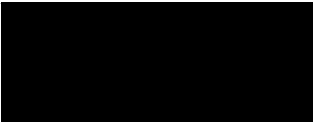

TUPE at commencement	<p>No TUPE Staff Transfers</p> <p>o Both parties agree that Section 7, Part A of the NHS Terms and Conditions for the Provision of Services (Contract Version) (August 2014) shall apply</p> <p>TUPE Staff Transfer – In House NHS Provider</p> <p>o Both parties agree that Section 7, Parts B and D of the NHS Terms and Conditions for the Provision of Services (Contract Version) (August 2014) shall apply.</p> <p>TUPE Staff Transfer – Third Party Provider</p> <p>o Both parties agree that Section 7, Parts C and D of the NHS Terms and Conditions for the Provision of Services (Contract Version) (August 2014) shall apply.</p> <p>TUPE Staff Transfer – In House NHS and Third Party Provider</p> <p>o Both parties agree that Section 7, Parts B, C and D of the NHS Terms and Conditions for the Provision of Services (Contract Version) (August 2014) shall apply.</p>
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4. Formation of Contract



The Supplier shall enter into the Contract by returning a signed copy of this Order form (*Order form for the provision of External (Statutory) Audit Services*) to the Authority.

The Contract shall be formed when the Authority acknowledges receipt of the signed copy of this Order Form (*Order form for the provision of External (Statutory) Audit Services*) to the Authority.

For and on behalf of the Supplier:

Signature	
Name and Title	
Date	29/09/2021

For and on behalf of the Authority:

Signature	
Name and Title	
Date	30/09/21