**Appendix A**

**Request for Information - Response Document**

**NHS England NHS Cervical Screening Services**

**Ref: C202278**

**Note: Please note that this document must be completed and returned via the e-Tendering portal** <https://atamis.cloudforce.com/>

**All responses will remain confidential; however, an anonymous summary of responses may be published on the e-Tendering portal.**

**The Contracting Authorities are committed to open government and meeting legal responsibilities under the Freedom of Information Act 2000 (FOIA) and the General Data Protection Regulation (EU) 2016/679 (GDPR). Accordingly, any information created by or submitted to the Contracting Authorities (including but not limited to the information contained in this RFI, clarification questions, responses, and feedback) may need to be disclosed by the Contracting Authorities in response to a request for information. Please be aware before proceeding that you may be adding personal data in response to this RFI which may be subject to privacy regulations.**

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| **A Organisational Information** | | | |
| Organisation name. | | Please give details: | |
| Please state the type of organisation e.g., Public limited Company, Limited Company, Charity, Social Enterprise, NHS organisation, other. | | Please give details: | |
| Number of employees in the organisation. | | Please give details: | |
| Name of respondent and contact details. | | Please give details: | |
| **B Market Capability and Capacity**  **The Commissioners wish to understand the capacity and level of expertise within the market to deliver self-sampling elements of the in service evaluation. NB: This information is requested to allow the Commissioners to gauge the size and type of organisations interested in providing the services for the ISE of HPV self-sampling.**  **Please provide the following information:** | | | | |
| **Subject/Question** | | | **Response** | |
| 1 | Do you currently provide NHS Screening services? | | Yes/No:  If yes, please give details: | | |
| 1a | If yes, please advise the type of screening service and location and type of geography covered i.e., predominantly town/inner city or predominantly rural or even mix? | | Please give details: | | |

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| 1b | Number of similar contracts you currently hold and geographical locations, including annual activity levels. | Please give details: | |
| 2 | What aspects of the current service model do you feel you would be interested in delivering and why? |  | |
| 3 | Do you think the proposed service model achieves the best service for patients? | Yes/No:  If yes, please give details: |
| 3a | If not, what opportunities do you consider could improve pathways and service user experience for patients? | Please give details: |
| 3b | Please provide suggestions of what would need to change to make these elements deliverable? | Please give details: |
| 4a | The contract may require one or more different self-sampling devices to be used, dependent upon geographical location of the participant/testing laboratory. Please advise how this would be accommodated. |  |
| 4b | Please indicate your preferred method for purchasing self-sampling devices, direct from agreed suppliers or from the programme. Please provide rational for your answer. |  |
| 5 | Please give your views on the following proposed model:   * requesting a kit, for example, website, text messaging or telephone * participants reminders * kit design, postage and return to laboratory * unique machine-readable kit labelling * storage of data and information governance * Tracking and monitoring of despatched kits * Kit storage, expiry dates and packaging * replacement kits * Support to users * Quality control |  |
| 6 | Do you believe the proposed service model delivers good clinical outcomes, clinical viability, high-quality and value for money? |  |
| 7 | If you were awarded a contract, what do you see as the key foundations for this type of service to be successful? |  |
| 8 | What do you foresee as the risks and issues in relation to delivery of the service either in its existing model and any new models of delivery? |  |
| 9 | Do you have any suggestions about how this service could reduce health inequalities relating to service users? | Please give details: |

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| **C** | **Regional Delivery** | |
| 10 | Please confirm which geographical footprints you feel would be appropriate for your organisation to deliver services. |  |
| 10a | Please detail your reasoning including why you believe the answer to Q8 would deliver an effective and efficient, high-quality, value for money service with good clinical outcomes and clinical viability. | Please give details: |
| 10b | Based on the geographical footprints covered in any future proposed procurement, and the respective activity data identified, please advise what regions you would be interested in delivering these services and any preferred regional combinations. | Please select Yes or No against each region within the table1. Below. Please detail your preferred regional footprints/combinations: |
| 10c | Please detail your reasoning for each region /combination and identify how this would improve patient experience and other benefits and/or risks resulting from your selected regions/ combinations. | Please give details: |

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| **D** | **Contract Model**  **Please note: The type of contract awarded for providers of the new service will be the NHS Standard Contract -** [**https://www.england.nhs.uk/nhs-standard-contract/**](https://www.england.nhs.uk/nhs-standard-contract/) | |
| 11 | Please indicate if you would be interested in providing the service as a single organisation or in partnership with one or more other organisations (stating whether in its current model and/or your proposed future model.) | Please give details: |
| 12 | Considering the service as a whole, including future potential implementation of self-sampling within the programme and anticipated future changes (which could increase or decrease activity), levels of investment, workforce and pathway changes, what would you consider to be a viable and appropriate duration for this contract? Please advise your preferred contract term in the format:  X years contract term with an option to extend for a further Y-years.  (NB: Y can be zero if preferred) | Please give details: |
| 12a | Please share your reasoning for your preferred contract term so that we may better understand. | Please give details: |
| 13 | What contractual risks, if any, have you identified in relation to this service either in its existing model and any new models of delivery? | Please give details: |
| 13a | How could we mitigate against any contractual risks you have identified? | Please give details: |

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| **E** | **Finance**  **TUPE may apply to this contract, however, we do not have any TUPE information to share at this time.**  Indicative Activity - please see Table 1. | |
| 14 | Please give your views on the following pricing models  a) Activity based  b) Aligned payment and incentive – this is a type of blended payment where providers and commissioners locally agree a fixed element to deliver an agreed activity and a variable element to reflect quality of care (best practice tariffs and the Commissioning for Quality and Innovation (CQUIN) framework) and address deviations from planned activity levels used to set the fixed element  c) Other (please state)  (*Please note that potential providers will not be held to any pricing models they provide in response to this RFI, this information is to help the commissioner gauge what the current market thinking is in relation to financial deliverability*). | Please give details: |

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| 15 | Are there any other comments or anything else we should be considering in relation to the pricing model? |  |
| 16 | What financial risks, if any, have you identified in relation to this service and any of the pricing models suggested? | Please give details: |
| 16a | How could we mitigate against any financial risks you have identified? | Please give details: |
| **F** | **Mobilisation** | |
| 17 | How many weeks do you think will be required to mobilise this type of service from contract award notification to contract commencement? | Please give details: |

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| 18 | What would you consider the expected start-up costs and investment needed to mobilise this type of service and why? | Please give details? |
| 19 | Please describe the areas and reasons where a supplier may need support from the Commissioners in mobilising this type of service. | Please give details: |
| **G** | **Storage and Premises** | |
| 20 | We are interested in suppliers’ views on storage and premises, and optimum base for the service and staff. (Please note this does not include laboratory testing of the samples, as this is contracted separately) | Please give details: |
| **H** | **Barriers to bidding:** | |
| 21 | Are there any barriers that might prevent suppliers from bidding, noting that all barriers are not within the control of the contracting authorities? If so please outline. | Please give details: |

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| **I** | **Whole Service Risk** | |
| 22 | Please summarise the high-level material risks associated with the service model, other than those identified already, including brief details of potential impact and provide details of how these might be mitigated | Please give details: |
| **J** | **Any other comments:** | |
| 23 | Are there any other elements that commissioners should be deliberating in addition to the questions above? Please use this as an opportunity to highlight anything else which should be considered in relation to this early market engagement process. |  |
| **K** | **Supplier Meetings** |  |
| 24 | If required, would you be interested in attending a supplier meeting to further explore your response to this RFI? | Yes/No |