**Request for Proposal (RFP)**

DS01-231 Department of Health (DoH)

European Economic Area (EEA) Healthcare Discovery

CUSTOMER REQUIREMENTS

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# WHATS INCLUDED WITHIN THIS RFP

Appendix A – Customer Requirements (this document)

Appendix B – Pricing Matrix (template to be completed)

Appendix C – Award Questionnaire (template to be completed)

Appendix D – Order Form and Call-Off Contract (Customer specific)

Appendix E – Customer PowerPoint (Process Redesign over view slides master Discovery tender)

# OVERVIEW

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| --- | --- |
| CCS Project Lead: | Kirsty Manning |
| Customer: | Department of Health (DoH) |
| Delivery Location: | Base office with flexibility. However, there will be considerable travel at a national level between a number of Government and NHS sites such as London, Leeds, Leicester and Newcastle |
| Phase(s): | Discovery |
| Project: | DS01- 231 |
| Required Capabilities: | Include, but are not limited to: (mark those that apply) ☒ Software engineering and On-going Support  ☒ Product Development and Service Design  ☒ Agile Delivery Management  ☒ User Research |
| Subcontracting Permitted? | Yes |
| Supplier Partnering Permitted? | Yes |
| Contract Charging Mechanism (Discovery Phase): | Capped Time and Materials |
| RFP Start Date: | 06/05/2015 |
| RFP Response Deadline | 22/05/2015 |
| Proposed length of phase: | 8th June 2015 to 31st October 2015 |
| Proposed Commencement Date of Project: | 08/06/2015 |

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# LOTTING STRUCTURE

## The Customer has structured this procurement as follows:

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| --- | --- |
| **Lot 1** | Software Engineering and Ongoing Support  (Technical Architect) |
| **Lot 2** | Product Development and Service Design  (Service Design/Business Analyst or Solutions Architect) |
| **Lot 3** | Agile Delivery Management  (Delivery Manager) |
| **Lot 4** | User research  (Researcher) |

Suppliers are asked to provide the required number of roles and seniority for this requirement.

# TIMESCALES

The Customer or CCS may change this timetable at any time. The Potential Provider will be informed by email if there are any changes to this timetable.

## It is the Potential Provider’s responsibility to monitor the online messaging facility (e-Sourcing).



# KEY DELIVERY DATES

|  |  |  |
| --- | --- | --- |
| PROJECT PHASES | START DATE | COMPLETION DATE |
| [Discovery](https://www.gov.uk/service-manual/phases/discovery.html) | 08/06/2015 | 31/10/2015 |

# Immediate requirements: For senior role to assess project and to provide firm ideas and advice on our plan To assess system infrastructure; To map the current state of all processes and systems; Make assessments to inform hypothesis for change

## CURRENT SITUATION / BACKGROUND INFORMATION

**Current artifacts**

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| --- |
| The EEA Healthcare Programme, which was started as a result of Ministerial objectives, has identified the need for a comprehensive review and systems analysis of the administrative and operational processes, including supporting IT systems, which support the delivery of the UK’s obligations under the European cross border Healthcare arrangements.  Process Redesign is a collaborative working project; undertaken by the NHS BSA Pacific programme, under the management and sponsorship of Department of Health (DH) International Branch to secure efficiencies through an end to end process redesign for EEA healthcare administration for those UK and EEA citizens whom the UK is responsible for with regard to payment of their healthcare costs.  **DH Objective 1:** Cost efficiencies and service improvements  There are currently 26.9million European Health Insurance cards in circulation, with around 5 million new and replacement cards being issued each year. In addition, the UK is responsible for covering the costs of over 180,000 citizens now living in another EEA member state and registered for healthcare paid for by the UK (mostly UK state pensioners and posted/frontier workers).  The project will look at process improvements, eliminating duplication in processes, mitigating over-processing and overproduction of claims and therefore reducing operational expenditure. The project will improve inter-organisational communication and improve the quality of government data and management information. In turn, this will improve DH intelligence on UK healthcare abroad and therefore better inform policy decisions, understanding of public healthcare trends etc.  **DH Objective 2:** Enables delivery of GDS strategy  The systems and processes under review have a significant volume of customer touch points in particular at the point of registration for particular health benefits and some claims. A key project deliverable is to greatly improve the user experience at these touch points, a deliverable that aligns with the Government Digital Strategy..  **DH Objective 3:** Reduce opportunities for infraction & fines  In designing clear claim and payment processes we will avoid making payments irregularly and thus ensure we are well within EU regulations. Similarly we will have greater budget control and the ability to provide financial forecasting and analysis reports.  The complex processes and systems currently in place that span DH, NHS England, the NHS BSA, International Pensions Centre, DWP and HMRC mean that the project team requires substantial IT analysis and digital capability, combined with an in-depth understanding of both technical architecture and operational environments of this scale in order for the project to meet its objectives and deliver an improved and cost efficient EEA healthcare system. |
| This is a major long term project that has been split into stages. The first stage, to which this specific business case relates, is limited to Discovery - evaluation of current business processes, digital capability and supporting IT infrastructure, and the development of a blueprint that will set out one or more options for the reconfiguration of those business processes and supporting IT/Digital systems. |

## REQUIRED OUTCOMES

Specific outputs for this Discovery phase of the project include:

* A review of the current technical infrastructure/architecture and its fit for purpose in relation to current and potential future service design
* A review of current digital capability, informed by both user research and technical architecture, and evaluation of potential improvement in line with GDS goals
* The provision of service design, technical architecture and digital opportunities that will inform and underpin the overall blueprint that is the main outcome of this stage of the project.

The in-depth analysis will take place in parallel with the other process redesign and business analysis work through the core project team is undertaking.

## *High-level Project Objectives*

This project will propose feasible options for change in order to benefit the EEA Healthcare service commercially and operationally, in addition to benefitting the customer by improving access, processes and understanding of entitlement. The objectives for Process Redesign are threefold:

1. To assess the operational processes involved in EEA Healthcare holistically; addressing their efficacy and effectiveness against their respective customer journeys e.g. application pathway, rather than by individual organisational processes.
2. To make better use of data available and identify reliable means for information sharing, quality controlling and the performance analysis of the service.
3. To improve validation mechanisms for claims and payments of healthcare by the UK; reducing erroneous behaviour and improving the identification of outlier activity

## 

## *Project Goals*

This project will achieve the following goals:

1. To Improve current business processes; access for customers and realising benefits of both direct and indirect cost savings; improvements in the quality of a service, and the mitigation of potential fraudulent activity.
2. Improve the level of data driven intelligence; making best use of the data available in all involved and relevant governmental and departmental bodies to ensure accurate and informed management of both financial and operational activity;
3. Future-proofing business processes and systems respectively; enabling them to be flexible and robust to external influences, reducing unnecessary operational costs.

## *Desired Outcomes*

This project will achieve the following outcomes:

1. To Improve current business processes through streamlining the overall administration of EEA healthcare obligations to realise benefits of both direct and indirect cost savings, improvements in the quality of a service, and the mitigation of customer error and potential fraudulent activity.
2. As a result of the above, DH will be driving strategic outcomes for cost savings, compliance with both EEA and UK legislation and improving the service as a whole to benefit the customer.
3. Make best use of the data available in all involved and relevant governmental and departmental bodies to ensure accurate and informed management of both financial and operational activity;
4. Designing business processes and systems that take into consideration future change to the likes of healthcare entitlements, domestic affairs, technology enhancements etc. thus enabling them to be flexible and robust to external influences, reducing unnecessary operational costs.

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## *Deliverables*

The key project deliverables from this project will be generated throughout the project as follows:

* + - 1. **Project Initiation Document** (this document), which confirms the scope, objectives, key activities and timetable for the project.
      2. An outline blueprint for change by 31st July 2015
      3. A detailed blueprint for change by 31st October 2015

## 

## *Blueprint Definition*

The blueprint is defined as:

*A detailed plan proposing feasible options for change and the benefits they will achieve; the blueprint will detail where and how changes can be made and what benefits, both commercial and quality-based, can be realised. Upon approval, the blueprint allows for flexibility in approach to implementation, ensuring deliverables are fit for purpose and meet the outcomes specified in this PID.*

## 

## *Expected Benefits*

The financial value of cost savings are expected to be realised in both government programme and administrative budgets. As this project looks to address operational improvements and consider the standards set by the Government Digital Strategy (GDS) following benefits are expected to be realised in the implementation of the blueprint:

* **Programme Benefits** – areas of EEA Healthcare whereby we know that there is monetary benefit to be recovered
* **Potential Programme Benefits** – improving operations, such as payments processes or evidence building, which may realise a programme cost benefit, however there is no concrete data to determine the certainty of a cost benefit.
* **Administrative Benefits**-Costs that will be saved owing to system and process improvements
* **Quality Benefits** – Benefits that improve the quality of EEA Healthcare as public service, subsequently reducing any reputational risk and simultaneously improving the service for the customer and user.

# TEST & DEVELOPMENT REQUIREMENTS

N/A

# TERMS AND CONDITIONS

Please note that Customer specific Terms and Conditions apply to this agreement. Please refer to the Call-Off Agreement for further information.

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# CAPABILITIES AND ROLES

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| --- | --- |
| Current Roles and Responsibilities of the Customer | |
| **Role** | **Responsibilities** |
| David Pennington  DH Head of International Healthcare | The Business Lead oversees the approach to the delivery of project products and supports the Project Lead in the overarching management of stakeholder expectations and business strategy. |
| Hannah Europe-Finner  EEA Project Redesign Project Manager | To realise the opportunities and determine the size of the benefits to be gained. To build relationships with all parties involved and to maximise productivity; cultivating the shape of the opportunities recognised and outlined in the business case |
| Hannah Thronicker DH Project Lead | Additional point of contact for suppliers and interface with the wider EEA Programme |

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| Required Capabilities and Outcomes of the Supplier | |
| **Capabilities** | **Outcomes** |
| **Software Engineering and Ongoing Support**  **(Technical Architect)** | **Technical Architecture**  **Output:** This service will be required to lead on technical and system based activities required by the project in this discovery phase. This service must demonstrate excellent critical thinking skills; holding the appropriate skills, knowledge and tool kits to undertake all types of technical and data based project activity as and when required. As such, this service will be required to undertake the following types of activity:   1. Reviewing the current state IT infrastructure across all departments, to determine the project’s technical landscape. Taking an evidence based approach, means for change will be established; working with other services such as Service Design and User Research to ensure that risks and dependencies are considered across the board. 2. Mapping the existing end to end system infrastructure involved in EEA Healthcare processes across all government and ALB departments in the scope of the project landscape including existing Interfaces, Dependencies, Firewalls, Networks, Servers, Hardware, Software 3. Reviewing technical architecture against user needs and existing digital capability. Designing potential interventions and capturing the benefits that said interventions would achieve.   In order to achieve this, the service must have the following capabilities:   1. In-depth understanding of platform architecture including legacy and transitional 2. In-depth understanding of how websites and large web and mobile platforms are architected and built 3. Experience in planning and delivering of large scale, high traffic, content heavy platforms - including content management 4. Strong understanding of infrastructure aspects of solution architecture including networks, hosting and databases. 5. Strong problem solving skills with a common sense and practical solutions orientation 6. Relationship building and stakeholder management skills with all levels of seniority |
| **Product Development and Service Design**  **(Business Analyst)** | **Service Design/ Business Analyst/Solutions Architect**  Output: The procurement of this service will provide the EEA Process Redesign Project with the right capabilities to plan and organise people, infrastructure, communication and material components of the EEA Healthcare service in order to improve its quality and the interaction between services and customers, both internal and external. Service Design will be brought in to an existing project team and will work alongside other services such as Technical Architecture, User Research, and Business Analysts offering project support and assistance to the Principal Consultant.  The core capabilities for this service are as follows:   1. Taking responsibility for high-level service concepts, as well as detailed delivery through to implementation. 2. User research and profiling, requirements gathering, and strategic proposals 3. User-flows, Information architecture, wire-framing, and prototyping 4. Solving complex service design problems by applying methodical thinking, logic, and pragmatism. 5. Challenging established thinking and championing new ideas to senior stakeholders across the business 6. Contextual inquiry, workshop and focus group facilitation, and maintenance and application of other user research and testing methods where appropriate 7. Create user profiles, personas, use cases, user scenarios, storyboards and any other artefacts necessary to model the systems users. 8. Creation of wireframes, paper prototypes and electronic prototypes 9. Create heuristic evaluation, competitive analysis, usability walkthroughs and application of other usability issue identification methods as appropriate. 10. Create effective presentations, design guides, toolkits and reports. |
| **Product Development and Service Design/ Agile Delivery Management**  **(Delivery Manager)** | **Overall Delivery Manager/ Technical Discovery Team Lead**  This person will lead, coordinate and facilitate the outputs of the three subject matter experts described below. They should have extensive experience in the design, development and delivery of high volume, secure, B2C solutions and associated back office functions, including payments processing, in a senior delivery leadership role. This person will be responsible for the delivery of solution options and areas of further discovery. With a strong background in one or more of the SME disciplines listed below, they will also have a sufficiently broad understanding and presence to provide challenge both to the technical SMEs but also to the programme stakeholders. |
| **User Research**  **(Researcher)** | **User Research**  **Output:** The user research will ensure that the solutions identified are a true reflection of user needs. This service will undertake a minimum of two work packages:   1. The service will use all applicable capabilities to understand the needs of the external customer e.g. the Citizen. The service must engage with all existing services and access points that act as the first point of contact for external users, whether this is when they are within the UK or abroad. The services and access points for the external user are different to those that are involved in operational processes.   In order to achieve these outputs, the service must have the following capabilities:   1. Working with Service Design to devise appropriate research strategies to generate focused insights for the purpose of discovery. 2. End-to-end experience with all aspects of research (study design, recruiting, moderation, analysis, reporting) 3. Strong grasp of quantitative data analysis and statistics. 4. Hands-on experience with: lab-based user testing, remote testing, paper prototype testing, iterative prototype testing, concept testing, field research, international research, and survey design. 5. Fluency in best practices for user research. 6. The ability to quickly turn around high-quality study plans and reports 7. Excellent communication, presentation, interpersonal and analytical skills; the ability to communicate complex concepts clearly and persuasively across different audiences and varying levels of the organization 8. Exceptional behavioural data-collection and analysis skills, e.g., designing, conducting, and analysing all kinds of user data. |

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EVALUATION STAGES, MINIMUM PASS MARKS & PRICE EVALUATION

## Evaluation Stages:

## This RFP will be evaluated in the following approach:

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| Technical & Cultural evaluation | All Potential Providers who achieve the required Minimum Pass Mark for a Lot will be added to the Short List, and will be eligible to continue to presentations. |
| Cultural Fit Presentations | The purpose of the presentation sessions is limited to demonstrating the criteria outlined in Appendix C – Section C.  The presentation sessions will not be an opportunity to modify the written tender submission in any way or add any information in regards to the written criteria in Sections A, and B and question AQC1 of Section C.  The presentation will be evaluated and scored in isolation to the written submission and in line with the marking scheme outlined in Appendix C – Section C.  Each evaluator shall carry out the same process for each presentation in  Section C. When this process has been completed, the marks awarded by each evaluator will be reviewed in accordance with the Consensus Marking Procedure.  The presentations which will be held in Leeds, will last 45 minutes: 25 minutes for the presentation and 20 minutes for Q&A regarding the content presented.  All Potential Providers who qualify, will be given the same opportunity to respond. Details of these presentations will be issued to those who have qualified post evaluation of Sections A and B, and question AQC1 of Section C, via the e-sourcing suite.  All Potential Providers who achieve the required Minimum Pass Mark for the Cultural Presentation Evaluation will be eligible to continue to the Pricing Evaluation. |
| Price Evaluation | Detailed below within the ‘Price Evaluation’ |

## Minimum Pass Marks:

## In order for Potential Providers to progress in the process, they must achieve or exceed the Minimum Pass Mark, as defined in the Award Questionnaire, in the evaluation of the first stage

## Price Evaluation:

## The Customer has selected the following mechanisms for Price Evaluation:

Combined evaluation: Price evaluation will be conducted as described in the Lotting Structure of the RFP (inverse proportion to the best price, which will obtain maximum marks). The mark thereby obtained will be combined with the marks from stage 1 (moderated by Stage 2 if applicable) in accordance with the weighting factors defined in the Award Questionnaire (Appendix C)

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| **“Combined evaluation”:** |
| The Potential Provider’s price mark for each Lot will be evaluated by comparing the Total Price offered against all other total prices submitted by other Potential Providers.The Potential Provider who offers the lowest Total Price for a Lot will achieve the maximum score for that Lot. Every Potential Provider will, for each Lot, be awarded a percentage of the maximum score on a reducing basis based on the following formula:  |  |  | | --- | --- | | **Lowest Price Submitted Per Lot** | **x 100** | | **Potential Provider’s Price Per Lot** | | **= % of the maximum score, rounded to 2 (two) decimal places.** | |  The pricing score, following the price evaluation; will be added to the scores already recorded for Sections A and B of the Award Questionnaire (Appendix C) to arrive at a final total scoreFor the avoidance of doubt, depending on the results of the evaluation, the outcome of this procurement could consist of a single Potential Provider being awarded all Lots, or each individual Potential Providers each being awarded one of the Lots. |