

## **NHS Improvement Procurement reference:**

**ITQ-IMP-0720-401**

Assessment of NHS secondary care video consultation requirements

### **Request for Proposal (RFP)**

Address any queries relating to this document by email to:

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This RFP is being issued by NHS Trust Development Authority (NHS TDA) as the contracting Authority on behalf of NHS England and NHS Improvement (NHSE/I).

The final award of this contract is subject to final internal business case sign off to proceed with the work.

Suppliers must bear all costs associated with their participation in the procurement process. We reserve the right to terminate the procurement at any time.

## Introduction

NHS Trust Development Authority (NHS TDA) as the contracting Authority and on behalf of NHS England and NHS Improvement (NHSE/I) is seeking Request for Proposals for the assessment of NHS secondary care video consultation requirements.

## Background

The National Improvement Directorate has been working in conjunction with NHSE/I regional teams and NHSX supporting the use of video consultations to improve the quality of patient care. This project was expected to be delivered over four years as part of the outpatient transformation programme. As a result of the Covid-19 pandemic, and the immediate need for video consultation capability, the National Improvement Directorate, working with regional teams and trusts, pro-actively supported a significant acceleration of the use of video technology to support and improve patient care across a wide range of secondary care services including acute outpatients, urgent and emergency care, mental health and community services.

A video consultation platform was procured in mid-March 2020 as part of this support offer in response to Covid-19 and has been rapidly rolled out to trusts who have chosen to participate in the project. As a result of this project, tens of thousands of video consultations are now taking place every week across NHS secondary care. As this was a Covid-19 rapid response project, funding and the licencing arrangements were put in place for 12 months only. This arrangement ends on 16 March 2021.

In order to build on this work, through engagement with the sector, we are seeking to understand and contribute to the development of the future requirements of NHS trusts, clinicians and patients who use video consultation technology to deliver/receive care. In particular we want to better understand what has worked to date and what needs to be considered going forward to better support care transformation for the benefit of patients.

We also want to develop a clear overview of the supplier market for healthcare video consulting platforms so that we can help trusts identify the technology options that meet the needs of their patients and clinicians beyond March 2021. As part of this commission, we also require support to actively engage with the market for healthcare video consultation platforms to ensure they are informed of our policy direction and the requirements of the sector.

## Specification

To deliver secondary care video consultation capability beyond the current arrangements, the successful supplier will undertake independent research into the thematic requirements of the secondary care sector and users of video consultation

technology (patients and clinicians) and capture a detailed understanding of technology options available within the supplier market to meet these beyond March 2021. The chosen supplier shall, as a minimum, undertake the following:

#### *Part 1*

- a. Engage with NHSE/I regional teams and NHS trusts to understand the the platform deployment and ongoing support offer available to trusts participating in the national Covid-19 roll out project. Where trusts have not participated in this, capture the experience of working directly with video consultation platform suppliers directly to roll out this capability. The supplier shall capture insights including, but not be limited to:
  - procurement of a video consultation platform and wider challenges of buying digital products
  - the incentive effect of national funding of a video consultation platform
  - platform deployment support
  - platform training
  - supporting local information governance requirements
  - ongoing user and technical support
  - ongoing local platform administration
  - user (clinician/patient) experience to date
  - capital investment support
- b. Engage with NHSE/I regional teams and NHS trusts to capture thematic technical (e.g. interoperability, etc.), functional (e.g. waiting room capability) and non-functional (security features, information governance etc.) requirements for video technology from a patient, clinician and operational perspective.
- c. Capture and assess the importance of wider support requirements that could/should be delivered by central NHS resources (eg training/implementation support, funding) to support further adoption of VC technology
- d. Assess the extent to which trusts are incorporating video consultation roll out into future financial and cross system operational plans and build an understanding of any limiting factors that have been picked up in these local plans.
- e. Support these requirements with evidence of user (operations managers, patient and clinician) 'stories' at several levels.

#### *Part 2*

In order to ensure the video technology supplier market can best meet the needs of the secondary care sector going forward, the supplier will also support NHSE/I to pro-actively engage with these suppliers to undertake the following:

- i. a desk-based market review to identify the suppliers (including viable new entrants to the marketplace) that provide video capability suitable for healthcare delivery
- ii. Create a product stratification framework to assess the features and functionality of each identified platform and engage with suppliers where necessary to validate the stratification
- iii. Design, manage and support supplier webinar(s), to explain the national policy direction for supporting VC adoption in secondary care going forward, the requirements of the sector as established in part one of the work and next steps for VC suppliers to ensure they are best placed to meet these requirements
- iv. Design, manage and support virtual supplier 'show and tell' webinars to provide an opportunity for suppliers to showcase the capabilities of their respective products and input in to requirements development
- v. Undertake a mapping exercise of existing or emerging purchasing routes (frameworks) to relevant identified suppliers and available or indicative pricing schedules.

## **Outputs and deliverables**

The supplier will produce draft and final reports, setting out the following:

### *Part 1*

- i. Overview of how the research was conducted and synthesised
- ii. Analysis and prioritisation of the thematic technical, non-functional and functional VC platform requirements of the sector as a whole and/or sub-sectors (MH, Community, Ambulance, Acute) including, patient/clinician views and user stories to support the basis of the requirements identified. These should be written in a way consistent with a behavioural driven development approach to software development.
- iii. A clear assessment of the quality improvement and implementation approach taken in response to C-19 to support national roll out of VC in secondary care. This should document what worked and what didn't and provide recommendations on how the national and regional NHSE/I teams can continue to best support NHS provider organisations in the context of a multi-supplier eco-system.
- iv. Assessment of the extent to which trusts are incorporating video consultation roll out into future financial and cross system operational plans. A summary of any limiting deployment and adoption factors that have been picked up in these local plans.

### *Part 2*

Support supplier market engagement:

- i. Design, manage and support supplier webinar(s), to explain to the VC supplier market, the policy direction for supporting VC adoption in secondary care going forward, the requirements of the sector as established in part one of the work and next steps for VC suppliers to ensure they are best placed to meet these requirements
- ii. Design, manage and support up to three virtual supplier 'show and tell' webinars to provide an opportunity for suppliers to showcase the capabilities of their respective products and inform the requirements

As part of the draft and final report:

- iii. Provide details of the steps taken to identify and engage with suppliers of patient facing VC healthcare technology
- iv. An analysis of the range of technology options and a stratification of these into clear buckets of functionality / complexity and indicative costs
- v. A clear conclusion on the overall market capability/options available including capability to deliver scaled services across multiple trusts/systems and services.
- vi. Any recommendations to bridge the gap between requirements and supplier product capabilities
- vii. A mapping of the current and emerging procurement routes available for each relevant supplier
- viii. Supplier feedback from engagement events and follow up suggested actions to ensure continued openness and transparency with supplier market

The final report must be written with a view to full publication. NHSE/I publication standards shall therefore need to be considered and adhered to.

The Supplier's project team will work with the Customer prior to the completion of the documentation to ensure that the approach to drafting is in line with the requirements of the Deliverables.

All documentation shall be of high quality, with clearly laid out and readable diagrams and where relevant written in plain English in such a way that it is accessible and of practical use to a number of different stakeholders at end of the contract without recourse to support from the Supplier;

The Supplier shall report on progress to the Customer against the agreed project plan on a weekly basis.

## **Data Protection**

The Supplier shall outline how they will comply with GDPR requirements including, obtaining informed consent from research participants, meeting all requirements around processing personal data and special category data, data transfer, storage and

protection to ensure confidentiality and protecting the anonymity of research participants.

The Supplier shall demonstrate that they meet all mandatory assertions in the [Data Security and Protection \(DSP\) Toolkit](#) and attach a DSPT Action Plan if the completed DSP Toolkit cannot be evidenced. **If this is not provided the Supplier's response shall be rejected at the absolute discretion of the Authority.**

The Supplier shall evidence they are registered with the ICO by providing their Data Protection Registration number. **If this is not provided the Supplier's response shall be rejected at the absolute discretion of the Authority.**

## **Ethical sensitivities**

The following potential ethical sensitivities have been identified in relation to this project as engagement with members of the public will form part of the work:

- Informed consent and mental capacity. We require that all research participants should have the mental capacity to provide informed consent. Given the need to include experiences of a broad range of patients, the research may need to seek information about their experiences via a carer / family member.
- Representativeness: there is a risk that it will be easier to reach patients and carers who have used the service and had a positive experience of it. Tenderers should explain how they propose reaching patients/carers with a range of experiences.

## **Project Timescales**

The Supplier will produce the outputs and deliverables described on page 4 and 5 within 8 weeks of the project kick off meeting. As part of your bid response you should set out a clear project plan (including aligned resource deployment) with associated rationale.

## **Budget**

A fixed price of £189,000 (excluding VAT) is available for this work. Rates and prices shall be deemed inclusive of all additional expenses incurred.

**Any bids submitted in excess of this threshold shall not be passed from initial compliance checking and will be rejected without opportunity to correct.**

During project delivery, any invoices above this threshold in relation to the delivery of this project shall be rejected.

## Invoicing

Invoicing shall be solely upon completion of each Deliverable to a satisfactory standard, confirmed in writing by the Customer project lead.

## Proposal

Suppliers are required to submit a detailed proposal stating how they would approach the provision of the required services in the event that they were successful (maximum 15 sides of A4).

This proposal should include a detailed methodology and indicative programme to best meet the stated requirements and also include the operational arrangements including the initial set up and on going management of the contract.

In particular, proposals should detail how each of the requirements stated above will be met.

Any proposal may be rejected at NHSE/I's sole discretion which:

- Contains gaps, omissions or obvious errors; or
- Is received after the closing time; or
- Is Non-compliant with the details of this RFP, including the maximum budget.

## Submission

Submissions must include:

- Proposal document,
- Price table and
- Any other information requested within the invitation to submit a quotation documentation.

Failure to comply with the provisions for submission and deadline for submission above may at NHSE/I's discretion result in exclusion from the procurement process.

## Selection process

Proposals will be appraised against the following evaluation criteria:

- **Understanding the requirements 15%**
- **Proposed approach and methods 25%**
- **A team that can deliver, including experience of delivering similar requirements and lessons learned 15%**
- **Project and risk management 15%**
- **Price 30%**

Guidance for bidders when responding to the evaluation criteria (including but not necessarily limited to):

<b>Understanding the requirements (weighting 15%)</b>	
	Demonstrates a clear understanding of the policy context and the work undertaken to date in supporting the secondary care sector to adopt video consulting technology.
	Understands the rationale for undertaking the research and market engagement, with reference to the background / context, and (if applicable) understanding of any data sources you think are relevant to this work
<b>Proposed approach and methods (weighting 25%)</b>	
	Demonstrates a clear approach/plan to executing and concluding the work within 8 weeks of commencement
	Demonstrates a clear understanding of the specific objectives for this work
	Sets out in detail how the supplier envisages working with the NHSE/I project team to deliver the outputs
	Sets out rationale for adopting the approach proposed and how the resource is set aside (e.g. number of days/budget).
	Set out how any qualitative / quantitative data will be captured and analysed.
	Highlight any dependencies (e.g. co-operation from different groups, access to data) and other feasibility issues.
	Includes an explicit consideration of ethics, setting out any ethical issues including Data Protection, sampling, recruitment, informed consent, competition, and reduction of barriers to participation etc.
<b>A team that can deliver, including experience of delivering similar requirements and lessons learned (weighting 15%)</b>	
	Provides a list of the staff that will be involved in the project, including their specific role, what tasks they will be allocated and their suitability for these tasks.
	Demonstrates a thorough understanding of the remote healthcare video consultation supplier market
	Demonstrates a thorough understanding of public sector procurement processes
	Highlights staff's relevant experience and expertise (e.g. with reference to similar projects they have been involved in). Pen profiles are expected.
<b>Project and Risk Management</b>	

(weighting 15%)	
	Provides a project and resource plan for carrying out the work based on the proposed approach and method and the milestones set out.
	Highlights any deadlines identified as critical from the specification. This section should include, time taken to complete field work. Time taken to turnaround reports and information on suggested meetings, contract monitoring etc.
	A risk assessment should be provided covering all main risks to the project, the likelihood of them happening, the impact they will have if they do happen, mitigation and recovery activities. This should also note any dependencies.
	Provides information on data security processes, including storage and transmission of personal data and data protection that will be followed to ensure GDPR compliance
Price – lowest cost compliant bidder score maximum price marks, more expensive bids score proportionately less marks, on an inverse percentage basis. (weighting 30%)	

## Proposal scoring

The evaluation against all criteria will be based written. The proposal shall be assessed against the specific evaluation criteria set out above and shall be allocated a score of between 1 and 5 in accordance with the following 'Score' ratings.

- Score of 5: **(Excellent Standard)** Excellent level of detail and assurance - no reservations about acceptability and elements of meaningful added value included.
- Score of 4: **(High Standard)** Excellent level of detail and assurance - only very minor reservations present. Aspects of added value may be present, but these are not considered material.
- Score of 3: **(Satisfactory)** Sufficient level of detail and assurance - some reservations about acceptability. Added value may be present.
- Score of 2: **(Poor)** Limited level of detail and significant reservations around acceptability.
- Score of 1: **(Not acceptable)** Insufficient detail has been provided and/or the response gives major cause for concern

## Price

Provide a fixed price proposal in Excel using the template below, adding rows as required to enable NHSE/I to understand the base cost of your proposal.

<b>Delivery of Specification and Deliverables</b>	<b>Price</b>	<b>VAT</b>	<b>Total (£)</b>
Part 1			
<i>Include breakdown of deliverables, resources and days (resources split junior, intermediate and senior)</i>			
Part 2			
<i>Include breakdown of deliverables, resources and days (resources split junior, intermediate and senior)</i>			
Report production and reporting			
<i>Include breakdown of deliverables, resources and days (resources split junior, intermediate and senior)</i>			
<i>Add further rows/breakdown required</i>			
<b>Total</b>			

Prices must remain open for a period of 60 days from the closing date for the receipt of the proposal.

## Procurement Timescales

<b>Date</b>	<b>Stage</b>
21 July 2020	RFP issued
05 August (11:00)	Suppliers' Briefing Teleconference
11 August (Noon)	Deadline for receipt of Supplier Questions
13 August	Response to supplier questions issued

<b>17 August (Noon)</b>	<b>Deadline for receipt of proposals</b> via MyTenders – late proposals and those submitted not via MyTenders shall be rejected at the absolute discretion of the Authority.
26 August	Issue Invitations for Clarification(s) and questions (if required)
01 September*	Supplier Clarification Videoconference (if required) Please diarise this date. Authority reserves the right to issue follow on clarifications.
04 September**	Confirmation of preferred bidder (subject to internal governance ratification)
09 September**	Kick off meeting. Please diarise this date

NHSE/I reserves the right to change any of the above dates on reasonable written notice.

\* This date is subject to confirmation of requirement. Please reserve the date.

\*\* These dates may be brought forward should the Supplier Clarifications not be required.

## Enquiries

All queries relating to this RFP should be made by e-mail to [nhsi.procurement@nhs.net](mailto:nhsi.procurement@nhs.net) using the following subject; *ITQ-IMP-0720-401 Assessing Future Model for VC Services*. Your email should confirm the correct correspondance address and, if required, the email address of your lead attendee to the Suppliers' Briefing teleconference.

We aim to respond to clarifications as indicated in the timeline above or sooner if possible. Clarification questions and answers shall be made available to all potential bidders who have expressed an interest, via the Mytenders portal notification.

## References

Please provide details of two previous contracts (independent of NHSE/I) where similar services were provided using the format below:

Customer name:			
Address:			
Contact name:		Telephone no:	
Email:		Contract value:	
Brief description of services undertaken and outcome:			
Sub-contractors used:			

Your permission to approach these organisations for a reference is assumed.

## Terms and conditions

The appointment, if any, will be subject to NHS Standard Terms and Conditions for Services (Contract Version) a copy of which is embedded below.



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Please note, NHSE/I shall own the IP in this work and the subsequent report.

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