

**INVITATION TO TENDER DOCUMENT**

**FOR**

**Integrated Diabetes Care in Eastern Cheshire (including STOPandGO)**

**Ref: Project No 19991  
ITT No 3293**

**Volume 1**

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Dear potential bidder,

**Re: Invitation to Tender for Integrated Diabetes Care in Eastern Cheshire (including STOPandGO) for NHS Eastern Cheshire Clinical Commissioning Group**

Offers are invited, subject to the Terms of Offer (Section 1), for the supply in accordance with the Terms and Conditions of Contract (Section 3) and the services detailed in the Specification (Section 5).

This procurement focuses on three component required to deliver Integrated Diabetes Care System; Specialist Integrated Diabetes Service, Technology Enabled Care and Diabetes Structured Education. There are no separate Lots for this tender.

The Commissioner does not bind itself to accept the lowest or any offer and reserves the right to accept an Offer either in whole or in part, each item being for this purpose treated as offered separately and reserves the right to award contracts for the supply of the services described above and arising out of this procurement process to more than one supplier, and reserves the right not to make any award.

All information requested of the bidders is required as part of the adjudication and award process and therefore bidders are requested to complete the documents enclosed / attached and not to return separate schedules. Failure to comply with this will render the offer return invalid.

We would like to draw your attention to the following important points when completing and submitting your offer:

1. All offers must be in English.
2. All offers must be submitted in accordance with the documentation provided herein
3. Offers must be submitted no later than **17:00 on 16<sup>th</sup> February 2016**. Failure to do this will result in your offer being rejected.
4. Offers must be submitted via the e-tendering Bravo portal: <https://www.nhssourcing.co.uk>
5. All documents to be returned must be uploaded and all templates must be submitted using the Bravo system. All written communications must also be carried out via the Bravo system. Failure to do this will result in your offer being rejected.

## **Introduction**

### **Eastern Cheshire Clinical Commissioning Group**

Eastern Cheshire Clinical Commissioning Group (Eastern Cheshire CCG) is made up of 23 Eastern Cheshire based GP practices and is one of 211 CCGs in England. The main purpose is to ensure high quality healthcare, through commissioning appropriate healthcare services for the 204,444<sup>1</sup> residents of Eastern Cheshire. Eastern Cheshire CCG GP practices are organised into five neighbourhood teams which include:

1. Macclesfield
2. Congleton and Holmes Chapel
3. Bollington, Disley and Poynton
4. Knutsford
5. Chelford, Alderley Edge and Wilmslow

There are 38 Pharmacies, 42 dentists and 48 opticians. There is one District Hospital in Macclesfield and 2 Community Hospitals.

### **Caring Together**

Eastern Cheshire CCG is partnered with the following organisations through its local Transformation Programme, known as Caring Together; East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Vernova Community Interest Company Ltd and Cheshire East Council. All services procured by each of these partners should adhere to the principles, ambitions and standards as laid out in the Caring Together strategy. ( [www.caringtogether.info](http://www.caringtogether.info))

### **Cheshire Pioneer – Connecting Care**

Eastern Cheshire, West Cheshire, South and Vale Royal CCG's are part of the Cheshire Pioneer Programme called Connecting Care across Cheshire, one of 14 sites to be chosen to be part of a 3 year programme, for integrating care. The objective is to improve the health and wellbeing of residents in Cheshire by focusing on implementation of ground-breaking models of care and support based on integrated communities, integrated case management, integrated commissioning and integrated enablers. ([cheshirepioneer.co.uk](http://cheshirepioneer.co.uk)).

### **European Sustainable Technology for Older People – Get Organised Project**

Eastern Cheshire CCG is a core partner in the European Sustainable Technology for Older People – Get Organised (STOPandGO) Project. STOPandGO is a three year project, which has been established to support the European priority of supporting innovative solutions and purchasing health care, to ensure cost effective care and enhanced wellbeing for the aging population. Eastern Cheshire CCG is the only UK procuring organisation and is committed to innovatively procuring sustainable technology at scale in order to help meet the objectives laid out by the EU.

Eastern Cheshire CCG has designed Integrated Diabetes Care with technology and education as key enablers. This innovative procurement moves away from technology being procured as stand-alone solutions used in isolation as is often the case to; enabling integrated working across multidisciplinary teams, supporting clinical expertise in sharing information and supporting people to be empowered to self-manage their health and wellbeing. (<https://www.easterncheshireccg.nhs.uk/About-Us/stopandgo.htm>)

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<sup>1</sup> [www.easterncheshireccg.nhs.uk](http://www.easterncheshireccg.nhs.uk)  
NHS Eastern Cheshire CCG

## **Aims and Objectives of Service**

The aim is to commission Integrated Diabetes Care for the population of Eastern Cheshire. The service will provide:

- High quality, cost effective care for adults aged 18 years and over including a smooth transition for young people aged 16 years to adult services
- Care as close to a person's home as is practical for people who are registered with a GP within Eastern Cheshire CCG
- Appropriate service components to be accessed 7 days a week (to be agreed with service providers during the procurement phase)
- Outcomes based on the standards, principles and ambitions of the Caring Together Transformation Programme

Providers will be required to work innovatively and collaboratively to ensure that care is joined up and focused on improving outcomes for people who are at risk of Diabetes or who have a diagnosis of Type 1 or Type 2 Diabetes.

## **Objectives of Integrated Diabetes Care in Eastern Cheshire**

The objectives of Integrated Diabetes Care in Eastern Cheshire are as follows:

- To empower people who are at risk of or have a diagnosis of Type 1 or Type 2 Diabetes to take responsibility for their own health and wellbeing, to self-manage their care and are confident in understanding how to avoid or manage a crisis
- To identify people who have Type 1 or Type 2 Diabetes are provided with guidance, access to the right level of care and educational support at the right time
- To support, educate, coach and empower people who are at high risk or who have been diagnosed with Type 1 or Type 2 Diabetes to achieve personal HbA1c and lifestyle goals. These goals will be achieved through a range of approaches including educational programmes and/or the use of technology and virtual learning.
- To support, educate and empower families and carers of people who are at high risk or who have been diagnosed with Type 1 or Type 2 Diabetes
- To delivering high quality affordable Diabetes care that meets national and local standards and guidance
- To providing equitable access and reduce inequalities through ensuring people are treated with dignity, respect and are fully informed about their care and through working in partnership with care professionals

## **Eastern Cheshire Integrated Diabetes Care Model**

Integrated Diabetes Care in Eastern Cheshire will deliver an outcome based care model, which has been co-designed with colleagues and partners from the NHS, Local Authority/Public Health and Third Sector organisations. Included also in this co-design of the Integrated Care Model are people who have diabetes and people with an interest in diabetes. Eastern Cheshire CCG have further utilised its Risk Stratification Tool, throughout the design process, which has enabled Eastern Cheshire CCG to review the level of risk of unplanned admission for people with Diabetes and attribute an appropriate level of care. Through our approach, it is envisaged that the Integrated Diabetes Care Model will enable a proactive service approach, which is tailored to the needs of individuals.

The Integrated Diabetes Care model has been based on Eastern Cheshire CCG risks stratification tool and represents a person's associated risk of an unplanned admission with a level of care from:

Level 1: Prevention and Low Risk - Prevention and Wellness Promotion, Diabetes Management

Level 2: Moderate Risk – Supported Self Care, Diabetes Management

Level 3: Complex Care – Diabetes Management, Case Management

NHS Eastern Cheshire CCG

A person's - level of care will therefore change during a crisis or escalation of their health problems (e.g. ketoacidosis or hypoglycaemia or complications such as cardiovascular or neuropathic acute event) with the ability to 'step up' to the next level of care as appropriate. The model also allows people to 'step down' for continuing care once stable.

This innovative model of care will be measured through a series of high level outcomes, key interventions and key performance indicators, but is fundamentally underpinned by the notion of an integrated approach to service delivery. Thus the model aims to move away from a traditional service model to a model whereby providers can inform interventions, inputs and outputs and outcomes delivered.

The Eastern Cheshire CCG Integrated Diabetes Care System is the output of a co-design project and will be the foundation for the delivery of care. The specification outlines the key components that make up the system that will support people with diabetes and describes:

- Overarching the model highlights the importance of the **empowered person**, taking responsibility for their own health and wellbeing
- Community Care delivered close to home with support of **Integrated Community Teams and Rapid Response Service (STAIRRS)**
- **Specialist Diabetes Service** delivering Super 7<sup>2</sup> + local requirements Including Review of people post discharges from hospital in community setting. Review of people who are at high risk of admission or in crisis (step up of care to specialist services). Education in Primary Care re Virtual Clinics, Case Reviews
- **Primary Care** outlines primary care contract for diabetes care. With some practice in Eastern Cheshire CCG delivering a higher level diabetes service than included in the general practice contract, this may be at GP Practice or Neighbourhood Team level and provider of the specialist team is required to work with local general practice to agree how this level of care is provided
- **Public Health** – supporting prevention of diabetes and lifestyle interventions
- Access to **Mental health and Psychological Services** for people who have diabetes
- **Third sector** opportunities including services that are already commissioned such as wellbeing coordinators, 'healthy eating and cooking on a budget' courses, local diabetes support groups
- Underpinning the model highlights the importance **clinical and professional leadership** and includes; **Structured Education** for people with Diabetes including **Technology Enabled Care** to support hospital admission avoidance, earlier discharge from hospital and information sharing

The Integrated Diabetes Specialist Team will support the wider multi-disciplinary team outlined in the full specification.

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<sup>2</sup> [www.leicestershirediabetes.org.uk/982.html](http://www.leicestershirediabetes.org.uk/982.html).  
NHS Eastern Cheshire CCG

## **Procurement**

To ensure that our vision for the Integrated Diabetes Care System is truly realised, providers and suppliers are encouraged to work innovatively and collaboratively from the outset in line with following Caring Together Principles:

- integrated care cannot be delivered by organisations working alone or in isolation, it must be delivered through collaborative working
- it must ensure seamless care so that people who have diabetes, families and carer's when moving from one care setting to another experience no gaps, do not need to repeat their history or any unnecessary tests or treatments and feel that everyone involved in the care process are well informed and working together as a team
- the development of very different relationships are at the heart of integrated care, with professionals from different organisations, professional groups and teams understanding one another and developing mutually respectful and collaborative relationships with those who require their professional expertise
- the skills, knowledge and experience of staff is respected and their willingness and ability to work across boundaries is valued and rewarded
- information and required data on people and service users and their carer's is readily available and utilised as required across all relevant service providers through an effective and safe IT system
- staff, people and carer's are able to suggest and access different kinds of solutions and models of care that are bespoke to their needs and that inspiring and innovative working is supported and rewarded appropriately

Eastern Cheshire CCG is therefore looking for partners (both current and potential providers and suppliers from all backgrounds) who are interested in continuing the co-design work with the focus being empowerment of people to take responsibility for their own health and wellbeing.

This procurement focuses on 3 main areas of the Integrated Diabetes Care System; Specialist Integrated Diabetes Service, Technology Enabled Care and Diabetes Structured Education.

Eastern Cheshire CCG wishes to highlight the interdependencies between all elements in the Integrated Diabetes Care System and the opportunity to collaborate outside the specified areas, for example services commissioned and provided by public health and the 3rd Sector. To ensure the opportunity to join up care for individuals is fully realised.

A key interdependency is the collaboration between the specialist team and primary care. In the design of the integrated diabetes care system we have highlighted the opportunity for primary care to deliver a higher level of diabetes service than included in the general practice contract. The provider of the specialist team is required to work with local general practice to agree how this level of care is provided.

## **SECTION 1 - TERMS OF OFFER**

### **1.1. Information and Confidentiality**

- 1.1.1 Information that is supplied to bidders as part of the procurement exercise is supplied in good faith. However, bidders must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the bidders of such information, unless such information has been supplied fraudulently by the Commissioner.
- 1.1.2 All information supplied to bidders by the Commissioner in connection with this procurement exercise shall be regarded as confidential.
- 1.1.3 This invitation and its accompanying documents shall remain the property of the Commissioner and must be destroyed when no longer required. The Commissioner may request a certificate of destruction at any time.

### **1.2. Freedom of Information Act 2000**

- 1.2.1 The Freedom of Information Act 2000 (FOIA) applies to the Commissioner.
- 1.2.2 Bidders should be aware of the Commissioner's obligations and responsibilities under the FOIA to disclose, on request, recorded information held by the Commissioner. Information provided by bidders in connection with this procurement exercise, or with any contract that may be awarded as a result of this exercise, may therefore have to be disclosed by the Commissioner in response to such a request, unless the Commissioner decides that one of the statutory exemptions under the FOIA applies. The Commissioner may also include certain information in the publication scheme which it maintains under the FOIA.
- 1.2.3 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, the Commissioner may consider it appropriate to ask bidders for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the Commissioner must comply with a strict timetable and the Commissioner would, therefore, expect a response to any such consultation within five working days.
- 1.2.4 If bidders provide any information to the Commissioner in connection with this procurement exercise, or with any contract that may be awarded as a result of this exercise, which is confidential in nature and which a bidder wishes to be held in confidence, bidders must clearly identify in their offer documentation the information to which bidders consider a duty of confidentiality applies. Bidders must give a clear indication which material is to be considered confidential and why it is considered to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as "commercial in confidence" is not appropriate. In addition, marking any material as "confidential" or equivalent should not be taken to mean that the Commissioner accepts any duty of confidentiality by virtue of such marking. Please note that even where a bidder has indicated that information is confidential, the Commissioner may be required to disclose it under the FOIA if a request is received.
- 1.2.5 The Commissioner does not accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.



1.2.6 In certain circumstances where information has not been provided in confidence, the Commissioner may still wish to consult with bidders about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.

1.2.7 The decision as to which information will be disclosed is reserved to the Commissioner notwithstanding any consultation with the bidder.

### **1.3 Site Visits**

1.3.1 The Commissioner where necessary may carry out site visits as part of the evaluation process and potential providers must facilitate these where required.

### **1.4. Prices**

1.4.1 Tenders must remain valid for acceptance for a minimum of 180 days from the closing date for the receipt of tenders.

1.4.2 Prices offered as part of this tender are quoted exclusive of VAT.

### **1.5. Offer documentation and 'Quality' submission**

1.5.1 Unless otherwise stated offers must be submitted for all services as described in the specification.

1.5.2 The services offered should be strictly in accordance with the Specification (Section 5). Alternative goods and/or services may be offered but all differences between such items and the Specification must be indicated in detail in the Offer.

1.5.3 In submitting an offer the Bidder must complete the Qualification and Technical envelopes in Bravo.

1.5.4 Offers submitted utilising the Bravo system by the supplier will be regarded by both parties as a bona fide offer and therefore signatures to documents normally required will be deemed to have been given by use of the Bravo system to submit offers.

1.5.5 The Bravo documents must be completed in full as any offer may be rejected which:

1. Contains gaps, omissions or obvious errors; or
2. Is received after the closing time.

1.5.6 For help in completing your response or if you require any clarifications, please use the Bravo messaging service in every instance for this tender. Any Bravo system technical queries should be referred to the BravoSolution helpdesk on telephone number 0800 368 4850.

1.5.7 Offers must only be submitted via the e-tendering portal at <https://www.nhssourcing.co.uk>

1.5.8 All documents where requested must be uploaded and all templates must be completed using the Bravo system. All written communications must be carried out via the Bravo system. Failure to do this will result in your offer being rejected.

1.5.9 The Commissioner may at its own absolute discretion extend the closing date and time specified for the receipt of Offers.

1.5.10 The Commissioner does not bind itself to accept the lowest or any offer.

1.5.11 You will not be entitled to claim from the Commissioner or the Commissioner's representatives any costs or expenses that you may incur in preparing your tender whether or not your tender is successful.

#### **1.6. Contract award criteria**

The contract will be awarded on the basis of the most economically advantageous offer based on the criteria stated in **Section 6**.

#### **1.7. TUPE**

1.7.1 The attention of bidders is drawn to the provisions of the European Acquired Rights Directive EC77/187 and TUPE (Transfer of Undertakings Protection of Employment Regulations). TUPE may apply to the transfer of the contract from the present supplier to the new one, giving the present supplier's staff the right to transfer to the employment of the successful bidder on the same terms and conditions. The above does not apply to the self-employed.

1.7.2 Bidders are advised to form their own view on whether TUPE applies, obtaining their own legal advice as necessary.

1.7.3 The successful bidder(s) will be required to indemnify the Commissioner against all possible claims under TUPE.

1.7.4 It is a further requirement that the successful bidder(s) will pass on all details of their own workforce towards the end of the contract period so that this information can be passed to other bona fide suppliers to enable them to assess their obligations under TUPE in the event of a subsequent transfer.

1.7.5 Bidders attention is drawn to the Cabinet Office's Principles of Good Employment Practice which has replaced the Code of Practice on Workforce Matters in Public Sector Service Contracts 2003.

#### **1.8. Rebates/commissions**

Not used

#### **1.9 Collusive tendering**

Any bidder who:

1.9.1 Fixes or adjusts the amount of his offer by or in accordance with any agreement or arrangement with any other person, or

1.9.2 Communicates to any person other than the Commissioner the amount or approximate amount of his proposed offer (except where such disclosure is made in confidence in order to obtain quotations necessary for the preparation of the tender), or

1.9.3 Enters into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any offer to be submitted, or

- 1.9.4 Offers or agrees to pay or give, or does pay or give any sum of money, inducement or valuable consideration directly or indirectly to any person for doing or having done, or causing or having caused to be done in relation to any other Offer or proposed Offer for the Services, any act, omission or thing of the sort described in sections 1.9.1, 1.9.2 and 1.9.3 above;

will be disqualified (without prejudice to any other civil remedies available to the Commissioner and without prejudice to any criminal liability which such conduct by a bidder may attract).

#### **1.10 EU Procurement Regulations**

The healthcare services to which this procurement relates fall within Part B of Schedule 3 of The Public Contracts Regulations 2006. Neither placement of an advertisement for this procurement, nor the use of an open procurement process, nor any other indication shall be taken to mean that the Commissioner intends to hold itself bound by any of the regulations save those applicable to Part B services.

#### **1.11 Transparency**

The government has set out the need for greater transparency across its operations to enable the public to hold public bodies and politicians to account. This includes commitments relating to public expenditure intended to help achieve better value for money.

As part of the transparency agenda, the government has made the following commitments with regard to procurement and contracting:

- All new central government tender documents for contracts over £10,000 to be published on [www.contractsfinder.gov.uk](http://www.contractsfinder.gov.uk)
- New items of central government spending over £25,000 to be published online
- All new central government contracts to be published in full.

The above rules apply to the NHS, therefore bidders should be aware that there is a requirement to publish the contract documents, which may include parts of or all of the successful bidder's response and the contract price, following contract award.

## **SECTION 2 – SCOPE OF THE PROCUREMENT**

The contract resulting from this procurement activity will be on behalf of:

### **NHS Eastern Cheshire Clinical Commissioning Group**

#### **Procurement**

To ensure that our vision for the Integrated Diabetes Care System (Figure 2) is truly realised, potential bidders are encouraged to work innovatively and collaboratively from the outset the following Caring Together Principles:

- integrated care cannot be delivered by organisations working alone or in isolation, it must be delivered through collaborative working
- it must ensure seamless care so that people who have diabetes, families and carer's when moving from one care setting to another experience no gaps, do not need to repeat their history or any unnecessary tests or treatments and feel that everyone involved in the care process are well informed and working together as a team
- the development of very different relationships are at the heart of integrated care, with professionals from different organisations, professional groups and teams understanding one another and developing mutually respectful and collaborative relationships with those who require their professional expertise
- the skills, knowledge and experience of staff is respected and their willingness and ability to work across boundaries is valued and rewarded
- information and required data on people and service users and their carer's is readily available and utilised as required across all relevant service providers through an effective and safe IT system
- staff, people and carer's are able to suggest and access different kinds of solutions and models of care that are bespoke to their needs and that inspiring and innovative working is supported and rewarded appropriately

The Specification and Intention to Tender (ITT) documentation have been defined in coordination with the other procurers involved in the STOPandGO project and was based on the common specifications defined in the EST - European Specification Template. These specifications are intended to promote the activation of innovative services enhanced by digital technologies to promote the introduction of models of Integrated Care primarily oriented to the elderly people.

Eastern Cheshire CCG is therefore looking for partners (both current and potential providers and suppliers from all backgrounds) who are interested in continuing the co-design work with the focus being empowerment of people to take responsibility for their own health and wellbeing.

This procurement focuses on three component required to deliver Integrated Diabetes Care System; Specialist Integrated Diabetes Service, Technology Enabled Care and Diabetes Structured Education.

Eastern Cheshire CCG wishes to highlight the interdependencies between all elements in the Integrated Diabetes Care System and the opportunity to collaborate outside the specified areas, for example services commissioned and provided by public health and the 3rd Sector. To ensure the opportunity to join up care for individuals is fully realised.

A key interdependency is the collaboration between the specialist team and primary care. In the design of the integrated diabetes care system we have highlighted the opportunity for primary care to deliver a higher level of diabetes service than included in the general practice contract (Figure 2). The provider of the specialist team is required to work with local general practice to agree how this level of care is provided.

To assist a range of bidders to collaborate in response to the specification, Eastern Cheshire CCG's requirements for Integrated Diabetes Care are divided 3 components which are outlined in the following sections.

### **Eastern Cheshire CCG Integrated Diabetes Care**

The aim of this service specification is to commission Integrated Diabetes Care for the population of Eastern Cheshire. The service will provide:

- High quality, cost effective care for adults aged 18 years and over including a smooth transition for young people aged 16 years to adult services
- Care as close to a person's home as is practical for people who are registered with a GP within Eastern Cheshire CCG
- Appropriate service components to be accessed 7 days a week (to be agreed with service providers during the procurement phase)
- Outcomes based on the standards, principles and ambitions of the Caring Together Transformation Programme

Service providers and suppliers will be required to work innovatively and collaboratively to ensure that care is joined up and focused on improving outcomes for people who are at risk of Diabetes or who have a diagnosis of Type 1 or Type 2 Diabetes

### **Specialist Integrated Diabetes Services (including STOPandGO)**

The requirements of Specialist Integrated Diabetes Service are;

- Specialist Integrated Diabetes Services will provide care close to where a person is; at home, in hospital, in care home or community setting
- Providing specialist diabetes care at Level 3 Complex Care will be provided at a GP Practice or Neighbourhood Team Community setting, which shall include a MDT 'one stop shop' review for 'step up' care of people for crisis intervention or post admission follow up (Out Patient type clinic) and 'step down' to primary care for continuing care once stable
- Specialist Diabetes Care to Primary Care/Neighbourhood Teams and Community at Level 2. Management of less complex diabetes care through virtual clinics, case study review at Neighbourhood MDT meetings, email or telephone access for specialist advice
- Specialist Integrated Diabetes Service will provide specialist clinical leadership across the Eastern Cheshire CCG's Integrated Diabetes Care Model. Collaborating and supporting primary care and the community based integrated teams to achieve the objectives, outcomes and key performance indicators

- Specialist Integrated Diabetes Services will comprise of a range of health care professionals and support workers who will provide additional support to Primary Care/Neighbourhood, Hospital Acute Care, Community Services, the Integrated Community Teams and STAIRRS to achieve the system-wide outcomes and cost savings.

### **Technology Enabled Care (including STOPandGO)**

Eastern Cheshire CCG is procuring Integrated Diabetes Care that is enabled by a broad range of technologies that are tailored to each person's needs, goals and situation. The technologies should range from everyday technology using applications to telehealth monitoring for people with a range of complex needs. In addition we are looking for technology solutions that support integrated care by increasing communications and efficiencies in working between care providers and between people and services.

This component demonstrates Eastern Cheshire CCG's commitment to implementing a large-scale adoption of innovative technology enabled solutions targeting people with Diabetes or Pre-Diabetes across all the levels of risk in our population. Figure 5 provides information on the population and indicates the range of technology support that should be provided.

This component is partly funded by the European Sustainable Technology for Older People–Get Organised (STOPandGO) Project<sup>3</sup> which is a Public Procurement of Innovative solutions (PPI) Pilot project co-funded by the Information Communication Technology Policy Support Programme (ICT PSP) of the European Union (CIP ICT PSP 2007-2013), Grant Agreement No 621013. In addition the procurement of this Component complies with all the key directives as outlined in Appendix 10.

More information on the EU STOPandGO project can be found in Appendix 6 and benefits which the STOPandGO will deliver can be found in Appendix 9.

### **Diabetes Education for people with Type1 or Type 2 Diabetes Carer's and Families including STOPandGO**

The requirements of Diabetes Structured Education are to:

- Provide high quality affordable diabetes education that meets national (NICE) and local standards and guidance
- Providing equitable access and reduce inequalities, ensuring people are treated with dignity and respect and fully informed about their care, working in partnership with local care professionals
- Promote healthy lifestyle, including psychological and mental wellbeing
- Enable people who have Type 1 or Type 2 Diabetes and their families or carers to work together with the required support to achieve their lifestyle goals
- Develop the necessary confidence and skills to feel empowered to take responsibility for their own health and wellbeing
- Empower people with diabetes can make informed decisions about their lifestyle choices, aware of the risks of diabetes and importance of good glycaemic control

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<sup>3</sup> <http://stopandgoproject.eu/>  
NHS Eastern Cheshire CCG

**Population Need**

To provide high quality structured diabetes education for adults (18 years +) who are registered at a GP practice in Eastern Cheshire. Education to be provided to individuals or groups as appropriate;

- People who are newly diagnosed Type 1 diabetes
  - Approximately 50 people annually would be eligible
- People who are newly diagnosed Type 2 diabetes
  - Approximately 500 people annually would be eligible
- People who have established Type 1 diabetes, who would benefit from participation in structured education
  - Eligibility would include people who are having difficulty self-managing and control of their diabetes resulting in frequent attendance at health care services
- People who have established Type 2 diabetes, who would benefit from participation in structured education
  - Eligibility would include people who are having difficulty self-managing and control of their diabetes resulting in frequent attendance at health care services
- Families and Carers of people who have Type 1 or Type 2 Diabetes who would benefit from participation in structured education as above

### **SECTION 3 – CONTRACT CONDITIONS**

The following conditions of contract apply to this Invitation to Tender. (Also see the Commissioner's supplementary conditions in Section 4 of this document)

#### **The NHS Standard Contract [2016/17]**

<http://www.england.nhs.uk/nhs-standard-contract/>



## **SECTION 4 – SUPPLEMENTARY CONDITIONS OF CONTRACT**

### **4.1 Contract Commencement**

The contract will commence on such date as agreed between the Contracting Authority and the successful Bidder. This is expected to be July 2016 depending on the mobilisation period required by the successful bidder.

### **4.2 Contract Duration**

The contract period is three years, with an option to extend for up to a further two years.

### **4.3 TUPE**

1. The service is currently being provided by Mid Cheshire Hospitals NHS Foundation Trust.
2. It is understood that TUPE may apply. Details of staff likely to be affected by transfer of the service to a new provider as a result of this tender exercise will be provided as soon as possible. However, Eastern Cheshire CCG will take no responsibility for the accuracy of any information provided with respect to TUPE and it is the responsibility of the bidding organisation to determine whether or not TUPE will apply and take that into account in submitting any bid. Please refer to Section 1.7 above

### **4.4 The Contract activity and prices**

4.4.1 The Prices must be stated in the Financial Model Template (Volume 3).

4.4.2 The Prices shall be subject to a review on an annual basis in accordance with the NHS guidance issued by NHS England. Any such disagreement will not be subject to the dispute resolution procedure detailed in the Contract.

4.4.3 The bidder's acceptance must remain open for acceptance for a minimum of 180 days from the closing date for the receipt of offers, following which prices may be reviewed subject to the Bidder notifying the Contracting Authority in writing. Upon receipt of such written confirmation, the Contracting Authority has 14 calendar days to accept the original offer.

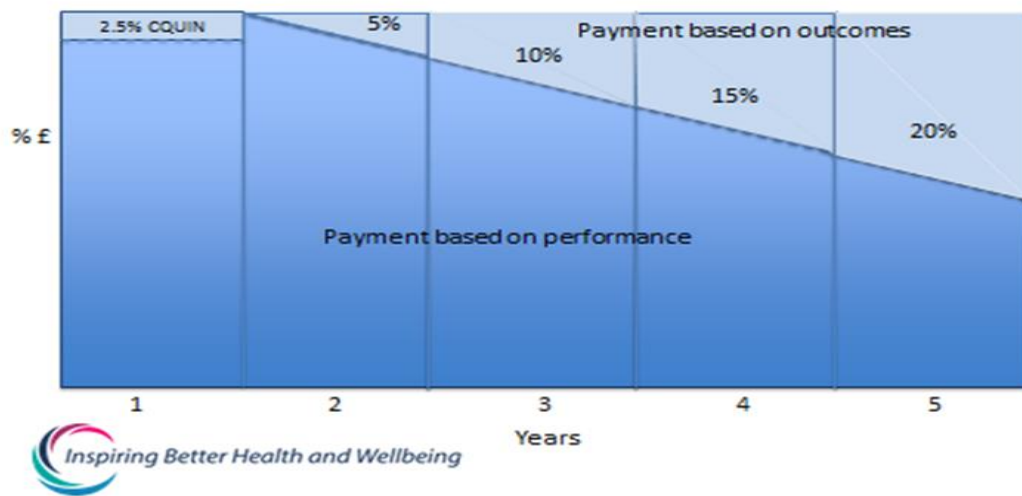
4.4.4 The CCG's financial envelope for Integrated Diabetes Care is **£1,560,000 over 3 years** of the contract.

4.4.5 Eastern Cheshire CCG is moving from traditional contracting payment through block contracts and CQUINs to phased payment based on outcomes.

The contract will run from July 2016 for 3 years with the opportunity to extend to 5 years. The contract model is a Lead Provider Model with a Year of Care capitated approach.

- Year 1: 2.5% CQUIN (see section 4.5)
- Year 2: 5% payment to focus on outcomes. These will be negotiated with the successful providers
- Year 3: 10% payment as above

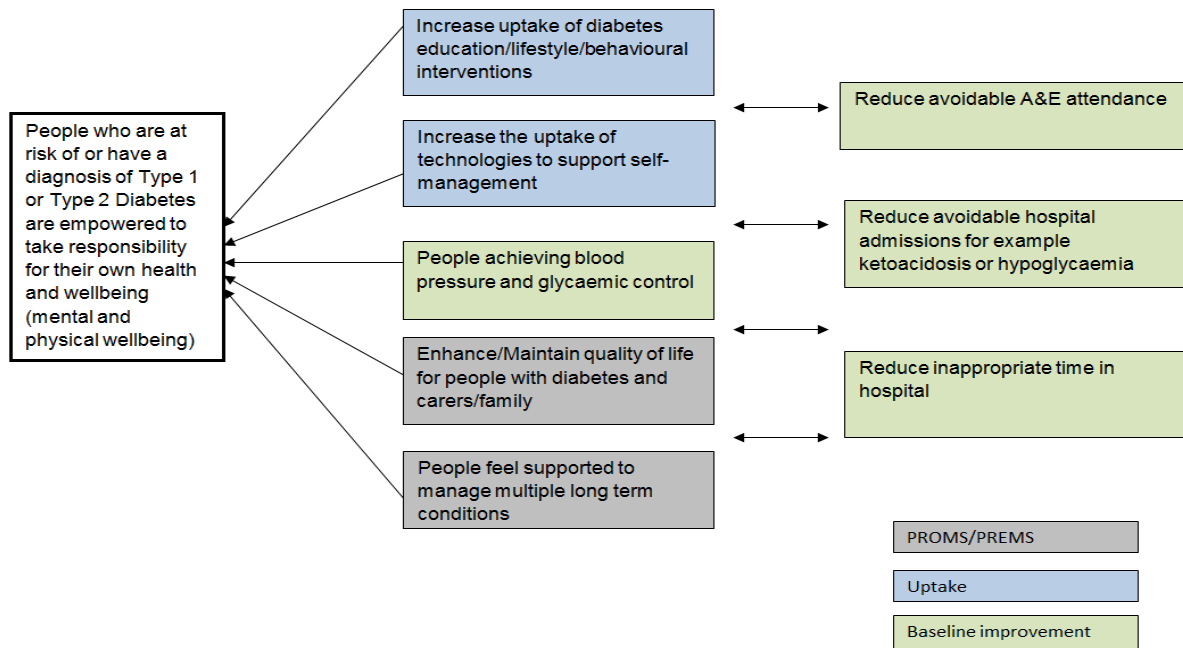
### EC CCG Integrated Diabetes Care - Year Of Care capitated approach



### Eastern Cheshire CCG Integrated Diabetes Care – High Level Outcomes

These high level outcomes have been taken from Eastern Cheshire CCG Integrated Diabetes Care Outcomes Framework see Figure 3 & 4 pages 17/18 of specification.

It is intended that the % outcome and which specific outcomes will be focused on for each year, will be negotiated with the successful provider to be included in the contract.



**4.5 Commissioning for Quality and Innovation (CQUIN)**

In line with Department of health guidance the CQUIN payment framework will be applicable to this contract in Year 1. This will involve an **additional 2.5% of the contract value** to focus on implementation of Technology Enabled Care. This will be negotiated with the successful providers, being made available conditional on the successful completion of the CQUIN performance indicators detailed in the contract. This will apply to the first year of the contract only.

**4.6 Commissioner Representative (Post Award)**

The representative for the Contracting Authority for all purposes connected with the contract (post award) will be;

Lana Davidson  
Senior Contract Manager  
Eastern Cheshire CCG

or other such authorised person as nominated by the above to act on their behalf.

**4.7 Material Misrepresentation**

The Commissioner shall rely on the information provided by the Bidder in relation to its offer. In providing the services as specified in the Contract Documents, the successful Bidder shall comply with the contents of its Offer as failure in this respect may constitute a material breach of contract.

**4.8 Equality**

The contractor shall in performing the contract observe the provisions of the Equality Act 2010 in terms of both employment and service delivery.

**4.9 Monthly review and quarterly meetings**

The CCG shall conduct a monthly review to address those matters set out in this section. Every quarter this review will be in the form of a meeting between the CCG and the Bidder.

The purposes of these reviews is to allow the formation of working groups to discuss any matter relating to the services with the intention of ensuring the successful and efficient operation of the services so as to avoid, as far as reasonably practicable, disputes being referred to the dispute resolution procedure of the Contract.

At each of their meetings the CCG may discuss all performance related issues including without limitation the following:

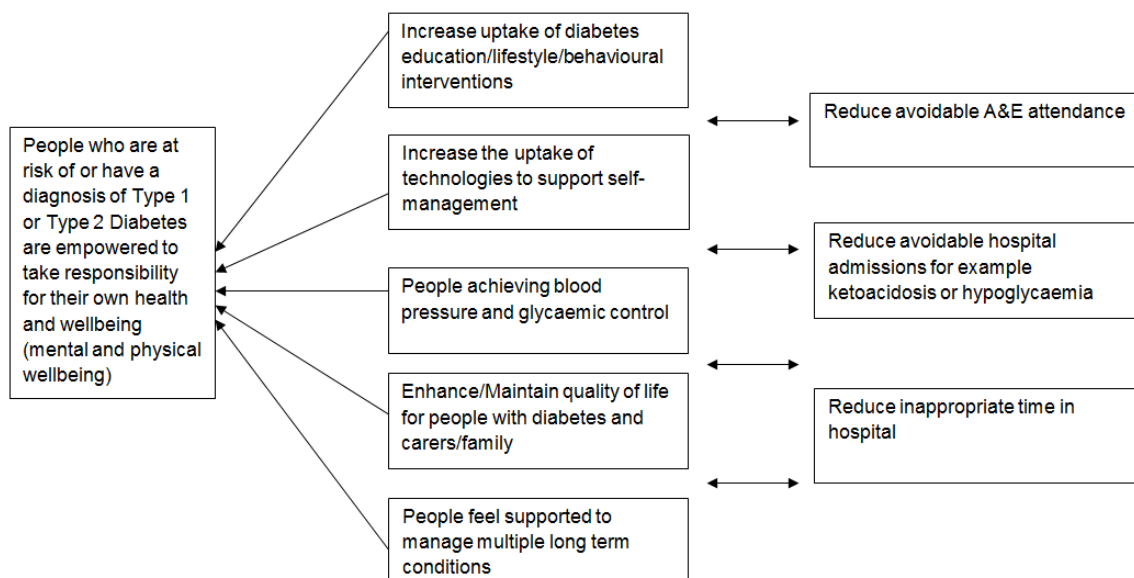
- Mobilisation and implementation progress (if applicable);
- Specific and general clinical issues;
- Quality monitoring/standards;
- Finance and activity;
- Information including Serious Untoward Incidents and Patient Safety Incident Reporting;
- Future periods cost pressures/developments;
- Future contracting arrangements;
- Methods to improve the efficiency of the Services and modernisation of the Services, including specific performance incentives.

- The amounts that the Bidder intends to invoice in accordance with the Contract;
- Whether there have been any Bidder outcomes not achieved in the immediately preceding Contract Month; and
- Any other relevant issues.

## SECTION 5 – SPECIFICATION & OUTCOMES

5.1 The Specification is available as an attachment on [www.nhssourcing.co.uk](http://www.nhssourcing.co.uk).

### Eastern Cheshire Integrated Diabetes Care - High Level Outcomes



Providers and commissioners will agree the baseline, outcome targets and measurement indicators; this will support the evaluation of service delivery as a whole and be part of reporting of Eastern Cheshire CCG transformation programme including STOPandGO project monitoring.

Please note that whilst every effort has been made to ensure the Specification is as complete and final as possible, some minor updates may be required prior to the agreement of any contracts awarded as a result of this tender.

## **SECTION 6 – EVALUATION OF OFFERS**

### **6.1 Introduction**

- 6.1.1 Tenders will be initially checked for compliance to ensure they are bona-fide offers that are capable of evaluation. Tenders that are found to be non-compliant may be rejected.
- 6.1.2 The Contract will be awarded on the basis of the most economically advantageous tender received and evaluated in terms of the criteria detailed in 6.2

### **6.2 Evaluation**

- 6.2.1 Tenders will be assessed on the basis of the overall criteria below:

<b>CRITERIA</b>	<b>WEIGHTING</b>
QUALITY	50%
PRICE	50%

- 6.2.2 Questions within each quality sub-criteria, which are weighted equally, are scored using one of the following scoring systems. A score sheet will be uploaded onto the web portal to indicate the scoring system used for each ITT question.

<b>SCORE</b>	<b>PERFORMANCE MEASURE</b>
5	Excellent answer.
4	Good answer
3	Acceptable answer
2	Poor answer
1	Very poor answer
0	Unacceptable answer or no answer given
<b>PASS/FAIL</b>	<b>PERFORMANCE MEASURE</b>
Fail	The response does not meet the full criteria and there is limited information provided or an answer that largely fails to address the question or that is flawed in aspects. There are significant gaps and no evidence that issues will be addressed and or managed in line with expectations and the standards required.
Pass	A comprehensive answer to the question in terms of detail, accuracy and relevance. A good degree of evidence to show the Potential Provider's ability to achieve what is stated within the response and achieves the required standard of delivery.

**6.2.3 Evaluation Process**

- 6.2.3.1 Each Bid will be scored in accordance with the weighting and scoring criteria stated above.
- 6.2.3.2 Each individual question in each quality section (sub criterion) will be scored using the points system in the *ITT score sheet*.
- 6.2.3.3 Any tender failing to achieve an overall quality score of at least 60% in any of the ITT sections will be excluded from further consideration.
- 6.2.3.4 Within each scored quality section the scores awarded to each response will be added together, converted to a percentage of the total marks available and the weighting for each section applied. Each weighted section score will then be added together to give a total quality score. The overall quality weighting will then be applied to the total quality score to arrive at a final quality score, as per the *ITT score sheet* to be uploaded onto the web portal.
- 6.2.3.5 Clarifications may be sought in writing, interview, and/or presentation from the Bidders. Scores will then be adjusted accordingly.
- 6.2.3.6 Following evaluation of the written responses NHS Eastern Cheshire CCG may seek clarification of responses through interview, presentation or site visit. If required, the interview, presentation or site visit will not be scored but information provided will be used by the Evaluation Panel to confirm or moderate any scores provisionally awarded. Bidders should note that a date will be allocated for bidder presentations should they be required. This date is still to be confirmed
- 6.2.3.7 Subject to a final risk assessment, the bidder with the highest Total Score will be recommended for award.

## SECTION 7 – TIMETABLE

### 7.1 Tender Process Timetable

Milestones	Date
Invitation to Tender (ITT) issued to Bidders	11 <sup>th</sup> December 2015
Deadline for ITT clarification Questions *	9 <sup>th</sup> February 2016
Deadline for receipt of ITT bids	16 <sup>th</sup> February 2016
Candidate Presentations / Interview (if required)	w/c 1 <sup>st</sup> March 2016
Notify Preferred Supplier & Unsuccessful Bidders	23 <sup>rd</sup> March 2016
Stand Still Period Ends	4 <sup>th</sup> April 2016
Conclude Award	11 <sup>th</sup> April 2016
Contract Start	July 2016

Please note that the dates are guidelines only and are subject to change.

### 7.2 Tender Submission / Requirements

Tenders must be submitted / uploaded in full via the Bravo system no later than **17:00 on 16<sup>th</sup> February 2016**.

Failure to submit a response via the web portal before the deadline may result in disqualification.

### 7.3 Clarification Questions

A clarification question and answer process will operate during the ITT stage to give Bidders the opportunity to submit written questions to the Commissioner where they require clarification on the information contained in the ITT.

Bidders should submit clarification questions via the Bravo e-Procurement system only. Clarification questions received by any other method will not receive a response.

Clarification requests are to be submitted no later than the stated date in the timetable above. Questions received after this date may not be answered. The Commissioner will seek to answer clarification questions as quickly as possible. Bidders are urged to review the ITT immediately upon receipt and identify and submit any clarification questions as soon as possible.

In order to treat Bidders fairly, the Commissioner will provide an anonymous copy of any clarification questions, and the answers to those questions, to all Bidders via Bravo. Bidders are able to request clarification in confidence, but in responding to such requests the Commissioner reserves the right to act in what it considers a fair manner and in the best interests of the Procurement, which may include circulating the response to all Bidders.

Under no circumstances should Bidders approach the commissioning CCG, NHS England, Department of Health, other NHS organisations, their staff or advisers seeking further information in relation to the procurement. Any such approaches (direct or indirect) may result in the Bidder's exclusion from further consideration in the Procurement.