

**NHS Improvement Procurement reference:  
ITQ-IMP-1119-383  
Outpatient Video Consultation Pilot Evaluation  
Request for Proposal (RFP)**

Address any queries relating to this document to:

Jonathan Powell-Richards  
NHS Improvement  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG  
Email: [nshi.procurement@nhs.net](mailto:nshi.procurement@nhs.net)

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

PLEASE NOTE: The decision to commission external support is subject to approval of an internal business case.

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 Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

## Background

Over the past decade hospital outpatient visits have nearly doubled in England. The traditional outpatient model is not able to keep up with demand of a growing and ageing population and the traditional outpatient model is outdated and unsustainable.

The NHS Long Term Plan (LTP) sets the ambition that the existing outpatient model will be redesigned so that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatient visits a year. Technology means that a traditional face-to-face outpatient appointment is often not the most accurate or fastest way of providing specialist advice or diagnosis, follow-up review after a hospital procedure or ongoing specialist patient care and the LTP states that in each of these cases, there are opportunities for redesign.

The scaling up of technology enabled care is fundamental to successful delivery of the LTP commitments. At present, virtual solutions have been implemented successfully across different specialities in NHS trusts, but there is limited evidence of these virtual approaches being scaled up successfully. The implementation of video consulting at scale will improve choice around how patient care is delivered and provide the opportunity to better deploy scarce clinical resources.

As part of a national outpatient improvement offer, NHS England and NHS Improvement are piloting a nationally supported and deployed video consultation platform with a number of trusts across England. Supported by a small national project team of three WTEs, the project commenced in April 2019 and will run until December 2020. The project team procured a suitable video platform via competitive tender and it has since been deployed to trusts via sub-licence arrangements. Participant trusts are at varying stages of implementation, while some have fully deployed the platform, others are still in the early planning stage. The solution is wholly web-based, conforms to the highest security standards, is IG compliant and has been proven to work at scale in the NHS in Scotland and across Australia in many clinical specialties. The platform is to be piloted in circa 35 trusts across approximately 120 individual services in areas such as paediatrics, respiratory, orthopaedics, diabetes, cancer services and mental health services.

The National project team is focussed on three areas to support trusts and understand how to scale video adoption:

1. Tackling barriers to adoption, including procurement and funding, information governance, security assurance, clinical risk management and tariff.
2. Improvement support, including training, facilitating knowledge sharing through a virtual learning community, trust/national level workshops, trust to trust learning visits, webinars, analysis and benchmarking, communications support
3. Evaluation

To address the third area, NHS England and NHS Improvement now seek to procure an evaluation study of the pilot to better understand the impact of outpatient video consultations on both NHS providers and service users and the impact of the national team's role in enabling adoption. The learnings from the evaluation will enhance NHS England and NHS Improvement's understanding of the impact of video on care delivery and its potential to contribute to long term plan commitments. The findings will also inform consideration of a more systematic, nationally supported, roll-out of video consulting capability across the NHS in England beyond the pilot.

## **Specification**

### **Research questions**

In order to meet the objectives of the pilot set out above and the associated target outcomes, we propose that the study is orientated around answering the following questions:

#### **Trust experiences of implementing video consultations and patient impact**

1. What are the perspectives of patients regarding experience, convenience and the quality of care received through clinical video consultations?
2. Do health care staff feel they are able to deliver the same quality of care to patients through the use of video consultations compared with face-to-face consultations?
3. What are the common attributes observed within clinical services that demonstrably support adoption of video consultations?
4. What barriers did trusts experience during the set-up phase of implementing video consultations and what barriers (if any) still exist post-implementation?
5. What are the perspectives of trusts on the key components required to successfully implement video consultations at scale (e.g. organisational wide cultural shift, dedicated project management, tailored SOPs)?
6. Provide an indicative view on the areas of outpatient productivity gains, eg saving clinician time.

#### **Understanding the optimal role of the national body to support systematic scaling of video**

7. Has the support and resources provided by the national project team positively impacted participant trusts in adopting and scaling up video consultations across specialties in a systematic way and at pace? What would have been the counterfactual if no support was provided from the national project team?
8. What additional interventions from a national level could be undertaken to resolve continuing barriers to adoption faced by trusts?
9. What are the implications of these findings for the future scaling-up and sustainability of outpatient video consultations in England?

Before commencing the evaluation we will look to refine the research questions with our chosen evaluation partner.

### **Practical guidance on methodology**

It is anticipated that a range of research methods will be needed to address the questions above. The methodology will be agreed in detail during the scoping stage of the project, based on proposals submitted by the successful supplier.

It is expected that the study will rely on primary research which will be mainly qualitative in nature. The study may also draw on secondary quantitative and qualitative data gathered by trusts, including activity data.

The following provides an indication of the approaches anticipated for this work, but suppliers are advised to improve, build on and provide alternative suggestions in their own proposals:

1. Assessment of progress against project logic model.
2. Conduct wider qualitative research with all participant trusts to address research questions using a combination of surveys, interviews and collation of trust data and patient feedback captured locally.
3. Adopt the principles of rapid cycle evaluation, with the aim of feeding back insights to the national project team on a regular basis to support ongoing improvement.
4. Consider applying Greenhalgh's nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework to understand the overall impact of the pilot and future scale up potential.
5. Engaging with NHS Scotland and drawing on its evaluation work into video adoption and scale-up in health.

### **Outputs and deliverables**

The Supplier will produce the following outputs according to the project schedule provided on page 9.

1. **Project implementation plan** summarising the logistical approach to achieving the research objectives, including a full project plan, methodological approach, task allocation, timescales, risk management and dependencies.

2. **Rapid cycle evaluation feedback** detailing the progress of the study: how the work is proceeding, insights, the emerging findings, the issues identified and next steps. These updates will be provided at least monthly to the contract manager in a form mutually agreed at the commencement of the work.
3. **Interim report** summarising interim findings and early recommendations. In-depth case studies will be included from each sub-sector (such as mental health), with a geographical spread. This report will be shared internally only.
4. **Final Report** summarising research findings and actionable recommendations. In-depth case studies will be included from each sub-sector (such as mental health), with a geographical spread. This report will be published externally.

The ownership of the research material including the final report and any data produced as a result of the research lies with NHS England and NHS Improvement. All Intellectual Property Rights in any material including but not limited to reports, guidance, specification, instructions, toolkits, plans, data, databases, models, designs which are created or developed by the Supplier lie with NHS England and NHS Improvement.

## Data Protection

The Supplier will need to 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 should demonstrate that they meet all mandatory assertions in the [Data Security and Protection \(DSP\) Toolkit](#) and evidence they are registered with the ICO by providing their Data Protection Registration number.

## Ethical sensitivities

The following potential ethical sensitivities have been identified in relation to this project:

- 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.

## Award Criteria

Requirement Ref	Requirement
<b>Understanding the requirements (weighting 10%)</b>	
	Demonstrates a clear understanding of the policy context and practice issues evident in the research requirement.
	Understands the rationale for undertaking the research, with reference to the background/context, and (if applicable) understanding of any data sources you think are relevant to this research/evaluation.
<b>Proposed approach and methods (weighting 30%)</b>	
	Demonstrates a clear understanding of the specific objectives/research questions for this work
	Provides detailed account of the methodology to be used in the project.
	Sets out rationale for adopting the methodological approach and how the resource is set aside (e.g. number of days/budget).
	Provides information, where possible and applicable, on sampling methods, mode of administration, expected sample sizes and response rates.
	Set out how any qualitative / quantitative data will be 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, and reduction of barriers to participation etc.
<b>Experience of delivering similar requirements and lessons learned (weighting 20%)</b>	

Requirement Ref	Requirement
	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.
	Highlights staff's relevant experience and expertise (eg with reference to similar projects they have been involved in).
<b>Project and Risk Management (weighting 10%)</b>	
	Provides an estimated schedule 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
	Meets all mandatory assertions in the Data Security and Protection (DSP) Toolkit. Attaches an DSPT Action Plan if the above completed DSP Toolkit cannot be evidenced.
	Registered with the ICO and provides Data Protection Registration number.

## Budget

A budget of up to £50,000 (excluding VAT) is available for this work. Rates and prices shall be deemed inclusive of all additional expenses incurred.

## Project Timescales

The Supplier will produce the key deliverables described on page 6 to the timetable shown below.

Date	Stage
17 December 2019	Kick off meeting with national project team
31 January 2020	Project implementation plan delivered
03 February 2020	Fieldwork phase commences
28 February 2020	Rapid cycle evaluation submitted monthly (last working day of the month)
30 June 2020	Interim report delivered
31 December 2020	Draft final report delivered
15 January 2020	Final evaluation report delivered and agreed

NHS Improvement reserves the right to change any of the above dates on reasonable written notice.

## 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 10 sides of A4). A Project Plan Gantt chart and pen profiles for key personnel can be added in appendices.

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. A summary of the technical specifications of the solution should be provided as an annex to the proposal.

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

Any proposal may be rejected at NHS Improvement'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.

## 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-1119-383 Outpatient Video Consultation Pilot Evaluation - Clarification*

We aim to respond to clarifications within 48 hours. Clarification questions and answers shall be made available as a log via the My Tenders portal.

## Submission

Submissions must include:

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

Please submit your quotation via the MyTenders portal in either MS Word or Adobe .pdf format to arrive no later than noon 03 December 2019.

Failure to comply with the provisions for submission and deadline for submission above may at the NHS Improvement discretion result in exclusion from the procurement process.

## Procurement Timescales

Date	Stage
11 November	RFP issued
15 November (11:30)	Suppliers' Briefing Teleconference*
22 November (17:00)	Deadline for Supplier Questions
26 November	Response to supplier questions issued
03 December (noon)	Deadline for receipt of proposals
03 – 10 December	Evaluation of proposals by NHSI
10 December	Issue if Clarification questions
12 December	Deadline for Clarification responses
13 December	Confirmation of winning bidder
17 December	Kick off meeting (please diarise this date)

NHS Improvement reserves the right to change any of the above dates on reasonable written notice.

\*Please register your interest in the Suppliers' Briefing by email to [nhsi.procurement@nhs.net](mailto:nhsi.procurement@nhs.net) not later than 15:00 Thursday 14 November 2019. Please include your company name, contact details, name of delegate and job titles. Please use the following subject in your email *ITQ-IMP-1119-383 Outpatient Video Consultation Pilot Evaluation [insert company name]*. We will circulate dial in details to all those who have registered on the morning of the Briefing.

## Selection process

Proposals will be appraised against the following evaluation criteria:

- **Understanding the requirements 10%**
- **Proposed approach and methods 30%**
- **Experience of delivering similar requirements and lessons learned 20%**
- **Project and risk management 10%**
- **Price 30%**

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: Very high 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: Reasonable standard – sufficient level of detail and assurance - some reservations about acceptability. Added value may be present.

Score of 2: Limited standard – 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 using the table below, adding rows as required to enable NHS Improvement to understand the base cost of your proposal.

<b>Deliverable / Service Line</b>	<b>Price</b>	<b>VAT</b>	<b>Total (£)</b>
Project scoping and research tool development			
Fieldwork			
Analysis and reporting			
Project management			
<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.

## Invoicing

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

## References

Please provide details of two previous contracts (independent of NHS Improvement) 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 unless you inform us otherwise.

## Terms and conditions

The appointment, if any, will be subject to NHS Improvement's terms and conditions for the provision of services a copy of which is embedded below.



NHS Improvement  
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