Market Engagement – Transparency Disclosure

**Invitation to offer for NHS National framework agreement for the supply of the home parenteral nutrition & intravenous fluid for patients with severe intestinal failure**

**Offer reference number: CM/MSR/17/5541**

**Period of framework agreement: 1 April 2020 to 31 March 2022 with option(s) to extend for up to a total period of 24 months**

To inform NHS England’s approach to this tender exercise and gain feedback from suppliers.

An invitation was sent out via the industry trade body National Clinical Homecare Association (NCHA) on 23rd January 2019, the meeting was held on 29th March 2019.

The following attended this meeting:

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| **NHS** | **Supplier** |
| Mia Small (MS) - HPN Chair | Alcura |
| Elizabeth Payne (LP) - CMU | Baxter |
| Lynne Newell (LN)– CMU | BBraun |
| Johanna Rodriguez (JR) – CMU | Calea |
| Lucy Baker (LB) - CMU | Delightful Care |
| Jackie Eastwood (JE) – NHS | Lloyds |
| Melanie Baker (MB) – NHS | Royal Liverpool & Broadgreen |
| Linda Hardy (LH) – NHS |  |
| Venetia Simchowitz (VS) – NHS |  |
| Heather Weaver (HW) – NHSE |  |
| Jeremey Nightingale (JN) - NHS |  |

To ensure no supplier has an undue advantage the key points and information conveyed have been summarised in the meeting notes below.

1. **Overview**
   1. **Structure of the Day**Open forum to discuss changes and clarity to the tender looking for all to contribute, followed by one to one sessions with the suppliers.
   2. **Rules of engagement**

No discussion of actual pricing or company sensitive information

* 1. **The Specification and other documents**

These documentsare still all draft and are subject to change

* 1. **Planned time-table**

OJEU due to be published early – mid June 2019

Adjudication 10 & 11th September 2019

Contracted Awarded October 2019

Start date 1st April 2020

* 1. **Purpose (**what we want to achieve)

The purpose of the meeting to give an opportunity for interested parties to learn more about the framework, and an opportunity for comments and questions, before the tender goes live.

1. **Introduction to the specification**

Training expectations

MS advised training is now in more detail on the nursing report and the weekly report will be easier to pick up changes.

Question – MS advised this is the standard and anyone requiring more training, suppliers will need to contact the trusts before the end of the training so an assessment can be made.

Question – self caring patients are still showing as nursed patients as having dressing done at home. MS advised the patient should have dressing done by the GP surgery as this is not covered by the framework.

Question – Whose responsibility is it to carry out the annual assessment of a patient? MS advised the assessment should be carried out in centre once a year.

Innovation

All suppliers were encouraged to provide examples of any innovation.

Blue Teq forms

HW advised a new Blue Teq form is being developed for approval of extra training over the standard 28 hours.

Deliveries to patients

Suppliers were advised they should provide a list of a maximum of 10 named drivers to patients and should think about news ways of letting patients know about deliveries and which driver will be making the deliver. MS also advised that all patients should be treated the same and no special arrangements should be made with individual patients as this is unfair on the rest of the cohort.

Quality Control (QC) Tabs and changes

LH explained that some of the compounding tabs within the specification had been amalgamated so easier to complete.

All suppliers agreed they will be able to work with all the ingredients.

All suppliers should have plans in place for contingency of supply.

Product availability

LN advised all suppliers that as there was a long lead time between award and contract start suppliers should have all products QC assessed and ready for production.

1. Commercial schedule - LP advised that the commercial schedule has been reviewed and has not been amended, however the document is still in draft.
2. Appendices - Question – Pre-filled syringes have not been specified if they need to be sterile. Action: CMU will update in appendices.
3. Heparin Saline - JE advised suppliers that Heparin had been through RMOC and would come off the new framework for adults and possibly for paediatric patients.
4. IF procurement - HW advised suppliers the service review is only for adults and is still in progress, therefore due to legal reasons cannot provide any further information at present.
5. Complex patients - HW advised suppliers that the chief pharmacist within hospitals are responsible for all homecare patients therefore if there are any problems with patients then they, CMU and homecare leads should be informed as soon as possible via nhs.net email and if possible a phone call in the first instance. Suppliers were requested to ensure all the contact details they have are kept up to date.

Any issues with patients should also be raised at the quarterly review meetings.

Question – How can suppliers deal with complex patients when they have been passed to them from another provider? Could a patient’s behaviour exclude them from receiving HPN? Stakeholders agreed this was a possibility.

1. Change management - MS advised there are 2 new appendices:-

Appendix R – Transfer of a patient from one Purchasing authority to another.

Appendix S - Transfer of a patient from one Contractor to another.

1. Data requirements - LB thanked suppliers for the information they provide each month. The new data requirement will be in a similar format to now but will be split between adults and paeds. If data is sent in and is not in the correct format it will be returned to suppliers for amendment.

LN asked suppliers if there were any volunteers to test the new MI template to ensure suppliers can map their product codes etc. into the new template to avoid problems. Calea, Liverpool and Baxter agreed to help.

Question – Could the heat maps be issued in spreadsheet format?

Action: CMU will investigate.

Question – Could the number of patients on HPN both long and short term be provided anonymously to suppliers?

Action: CMU will firstly contact all suppliers for their approval to share information and then if all agree provide reports.

1. AOB

Blue Teq forms

HW advised when new Blue Teq forms are ready they will be in the appendices.

HW advised suppliers if they have legacy patients without BlueTeq numbers or trusts which are not the referring centre are using other trusts BlueTeq numbers to advise CMU.

Training

MS advised the training of patients should be done at off peak times wherever possible. Suppliers advised this is more difficult with paeds due to them attending school.

MS advised training expectations will be added to the briefing documents for the suppliers and the NHS.

Specification

5a\_6.1 Buffer stock – advises 2 day buffer stock required currently provide 3.

Action: CMU to amend the specification to say minimum of 2 days.

On hold patients - Suppliers need to inform CMU if trusts who are holding slots for compounding and nursing are holding for too long and is becoming difficult to manage, so the stakeholder group can link in with the NHS to resolve and release the slot if necessary.

Action: Stakeholder group to review the specification and insert process and timeline and add to the briefing document.

Fridges

Question – If a patient moves home and the fridge doesn’t fit are suppliers required to provide a different fridge and is there a reinstallation charge? JE advised it is the patients responsibility to check the fridge will fit into their new property in the kitchen and if it doesn’t they must make alternative arrangements.

Prescriptions

HW advised 3 signatures are required on prescriptions and if trusts are not complying then suppliers must let CMU know.