**Invitation to Quote**

**Instructions & Requirements Document**

**NHS England**

# Public and Patient Involvement and Engagement planning for Commercial Principles for NHS Data Access

**Document owner:** Data for R&D Team, Transformation Directorate, NHS England

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**Document History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Status | Key Change Made | Author/s |
| 1.0 | 26/06/22 | Draft 1.0 | First draft | Ben Moody |
| 2.0 | 05/07/22 | Draft 2.0 | Tailored to Commercial Principles | Rebecca Cosgriff |
| 3.0 | 18/08/22 | Draft 3.0 | Tailored in relation to Commercial team feedback | Ben Moody |

# Purpose

This document sets out the process for obtaining quotations for Goods and Services **up to £80k**.

# Introduction

###### This Invitation to Quote (ITQ) has been prepared by NHS England and (the ‘Authority’). The Authority is looking for a Supplier for the provision of Public and Patient Involvement and Engagement services. The maximum available funds are £80k, plus VAT.

###### This is a programme of work to be completed by 28th February 2023. A full description of the requirement is found in section 2.

###### This procurement exercise is being carried out as an Invitation to Quote.

###### The Authority has taken reasonable care to ensure that the information provided is accurate in all material respects. However, the Bidders attention is drawn to the fact that no representation, warranty or undertaking is given by The Authority in respect of the information provided in respect of this transaction and/or any related transaction.

###### The Authority does not accept any responsibility for the accuracy or completeness of the information provided and shall not be liable for any loss or damage arising directly or indirectly as a result of reliance on this ITT or any subsequent communication.

###### No warranties or opinions as to the accuracy of any information provided in this ITQ Pack shall be given at any stage by The Authority.

###### Any person considering making a decision to enter into contractual relationships with The Authority or any other person on the basis of the information provided should make their own investigations and form their own opinion of The Authority. The attention of Bidders is drawn to the fact that, by issuing this ITQ, The Authority is in no way committed to awarding any contract and that all costs incurred by Bidder in relation to any stage of the Tender process are for the account of the relevant Bidder only.

###### In accordance with The Authority’s internal financial instructions and general principles applicable to public procurement, The Authority seeks best value for money in terms of the Contract reached with the successful Bidder.

###### The Authority has endeavoured, therefore, to express as clearly as possible in this ITQ the terms on which it would propose to contract with the successful Bidder and in particular the obligations, risks and liabilities which it expects to become the responsibility of the successful Bidder.

1. **Instructions**

**3.1 Project Team Details and Contract Lead**

|  |  |
| --- | --- |
| Name of Team | NHSE Centre for Improving Data Collaboration |
| Name and Title of Contract Lead | Ben Moody, Commercial Delivery Lead |

**3.2 Timeline**

|  |  |
| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue on Contract Finder\* | 08/09/2022 |
| ITQ Clarification Deadline | 21/09/2022 |
| ITQ Closing Date | 26/09/2022 12:00pm |
| Evaluation | 26/09/2022 – 30/09/2022 |
| Approval to award from CSP | 06/10/2022 |
| Estimated Contract Commencement Date | 15/10/2022 |

The timeline is indicative and may be subject to change.

**3.3 Supplier Clarification Question Process**

All clarification questions relating to this ITQ must be submitted via the procurement portal route (Health Family Joint Commercial Sustem). Clarification questions received after this time will not be responded to. All Clarification questions will be responded to within 2 working days of the date received.

All clarification questions received via other routes will not be reviewed and responded to.

**Please Note: -** To ensure an open and fair process is followed, all bidders will receive a copy of the question(s) and answer(s).

**3.4 Evaluation Criteria**

The purpose of evaluation in the procurement process is to establish which supplier(s) have submitted the best quotation; ensuring that the assessment of quotes is undertaken in a transparent, fair and consistent manner so that an effective comparison can be made.

The Authority reserves the right to accept or reject all or any part of the quotation if you have failed to provide the information requested in this quotation or you have submitted any modification or any qualification to the terms and conditions of contract.

The Authority does not bind itself to accept the lowest priced, or any quotation, nor guarantee any value or volume and shall not be liable to accept any costs you have incurred in the production of your quotation.

The Authority will check each quotation and submission for completeness and compliance with the requirements in this Invitation to Quote document, thus, you should ensure that you carefully examine this document in full.

Quotes will be evaluated on the following Quality and Costs basis;

|  |  |
| --- | --- |
| **Section** | **Weighting (%)** |
| Technical/Quality | 60 |
| Sustainability and Social Value | 10 |
| Commercial | 30 |

A weighted scoring system will be applied to the response, the sub-criteria weightings are set out in the Health Family Joint Commercial System portal.

**3.5 Scoring**

**Bidder information**

The ‘Bidders Detail’ will be ‘For Information Only’ and not scored.

The ‘Further Bidder Information’, will be given either a ‘Pass/Fail’ for each section.

**3.6 Quality**

The Authorities evaluation system is based on the familiar “weighted scoring approach”, in which the officer scores responses to the quality questions according to a pre-agreed scoring system 0-4 (see table below). The scores for the sections are then added together to give a total quality score for the quotation response.

|  |  |
| --- | --- |
| **Score** | **Interpretation** |
| 4  Excellent | The Tenderer’s response provides full confidence that the Tenderer understands and can deliver the Requirements well and addresses all of the requirements set out in the question. |
| 3  Good | The Tenderer’s response provides a good level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses all or most of the requirements set out in the question. |
| 2  Satisfactory | The Tenderer’s response provides a satisfactory level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses at least some of the requirements set out in the question. However, the response is lacking in some areas. |
| 1  Poor | There are weaknesses (or inconsistency) in the Tenderer’s understanding of the services and/or Tenderer's response fails to address some or all of the requirements set out in the question. |
| 0  Unacceptable | No response and/or information provided is deemed inadequate to merit a score. |

**3.7 Scoring Cost**

The financial weighted score is calculated by using the following formula:

Tenderers Price Weighted Score = Lowest Total Cost offered Tenderer Total Cost

30(% weighting)

(Lowest Total Cost divided by Tender Total Cost multiplied by 30)

The financial score will be calculated to two decimals places.

Therefore the bidder who submits the lowest compliant bid (based on the pricing model created for evaluation purposes) will receive the full 30% available.

# The Requirement

The Requirement is detailed below which provides background to the project/business need, the standards or specification required alongside the essential supplier skills and the objectives of the requirement.

**4.1 Background Information:**

|  |
| --- |
| 1. NHS health data is integral to delivery of high quality patient care. Use of data for research and innovation holds significant potential benefits for patients, the NHS, researchers, and industry. Our ambitions to maximise potential benefits of health data and maintaining the highest standards of trust and transparency, are set out in the [Data Saves Lives](https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data) strategy and [Life Sciences Vision](https://www.gov.uk/government/publications/life-sciences-vision). 2. Our [ambitious 3-year programme](https://www.england.nhs.uk/blog/collaboration-across-the-system-to-increase-the-privacy-protection-and-speed-of-life-saving-research/) commenced in April 2022. It will deliver an interoperable network of Secure Data Environments enabling approved researchers to securely access NHS data, and support higher volumes of priority clinical trials to take place with diverse participants (Find, Recruit, and Follow-up). 3. A key enabler of the programme is developing Commercial Principles that ensure a fair return for the NHS for access to health information, to maximise benefit to patients and the public and bring income back into the NHS. 4. There is a substantial body of recent work in this area, including an [EY report](https://assets.ey.com/content/dam/ey-sites/ey-com/en_gl/topics/life-sciences/life-sciences-pdfs/ey-value-of-health-care-data-v20-final.pdf) on realising the value of health data; a [report by Imperial](https://spiral.imperial.ac.uk/bitstream/10044/1/76409/6/Imperial%20-%20NHS%20Data%20-%20Maximising%20impact%20on%20health%20of%20UK%202020.pdf) covering public opinion and value sharing models; and a [report by Reform](https://reform.uk/sites/default/files/2018-12/NHSdata%20-%20no%20gif%20SP.pdf) on ‘the value exchange’. There are also good practice principles and examples in the work of [Understanding Patient Data](https://understandingpatientdata.org.uk/research-resources) and the [One London Public Deliberation](https://www.onelondon.online/wp-content/uploads/2020/06/Public-deliberation-in-the-use-of-health-and-care-data.pdf). 5. However, issues relating to the sharing of patient data remain a difficult and controversial subject, often generating negative media headlines. This work needs to be handled sensitively, engendering rather than endangering public trust. 6. We need to communicate our commercial principles as a draft approach to deliver benefits for the NHS, patients and the public. The principles focus on how the NHS should calculate charges for accessing data and will be outlined in detail to the supplier. 7. This approach needs testing for its acceptability to the public, giving the ability to shape our work. Commercial principles are available to be tested with the public for their clarity, suitability and acceptability. The results from this engagement work will inform development of the principles as well as the manner with which they are communicated. |

**4.2 Standards and Service Specification:**

|  |
| --- |
| NHSE is seeking to commission Patient and Public Engagement support for the Centre for Improving Data Collaboration, to test commercial principles to be applied for approved researchers securely accessing NHS data for research purposes within Secure Data Environments, in line with the Data Saves Lives Strategy.  Rather than be prescriptive, we would like experts in public engagement to outline how they will test our hypotheses in this complex and sensitive area. Methods could include:   * 1. Survey   2. Focus groups   3. Public deliberation   4. We expect the proposed team to work closely with the Programme team in an agile way to ensure alignment and maintain pace. |

**4.3 Essential Skills Deliverables:**

|  |
| --- |
| Expertise and experience in:   1. Market research, behavioural science, reaching underserved populations with research, and Patient and Public Engagement and Involvement for health data NHS and/or government projects. |

**4.4 Deliverables**:

|  |
| --- |
| 1. A literature review and overview report of relevant prior research in these areas 2. Workshop(s) and meetings with the CIDC programme team to understand the scope and requirements of the project 3. A project plan outlining the timelines, objectives, scope, methods (incl. survey design and workshop planning) to be used 4. A set of materials that interpret the commercial approach developed by the CIDC that are suitable for public and patient engagement. 5. Delivery of items outlined in the project plan (e.g. survey, focus groups, public deliberation and other). 6. A detailed report outlining the findings of the PPIE work, including representativeness of participants 7. A set of recommendations for the Commercial Principles and further PPIE |

**4.5 Proposed Terms and Conditions**

The proposed terms and conditions for this engagement are the NHS Standard Terms and Conditions of services: Purchase Order Version.

No amendments shall be considered or accepted in relation to the Terms and Conditions. Failure to accept the terms will result in disqualification.



The Purchase Order will serve as the contract.

**4.6 Key Milestones**

The selected provider is expected to develop a comprehensive plan with clear, agreed targets, demonstrating how the plan will be delivered by an expert team.

The potential provider should note the following programme milestones that the Authority will measure the quality of delivery against:

## 

|  |  |  |
| --- | --- | --- |
| Milestone | Description | Timeframe |
| 1 | A project plan outlining the timelines, objectives, scope, methods (incl. survey design and workshop planning) to be used | November 2022 |
| 2 | A set of materials that interpret the commercial approach developed by the CIDC that are suitable for public and patient engagement. | November 2022 |
| 3 | Delivery of items outlined in the project plan (e.g. survey, focus groups, public deliberation and other). | January 2023 |
| 4 | A detailed report outlining the findings of the PPIE work, including representativeness of participants. | February 2023 |
| 5 | A set of recommendations for the Commercial Principles and further PPIE. | February 2023 |

# 

# 4.7 Authority’s responsibilities

## The Authority's responsibilities will be to hold ownership and have oversight of the Project Management activities and website design and content will solely be owned by the Authority. This should not impede the responsibilities the potential provider will be providing or conducting throughout delivery.

## 4.8 Reporting

* Weekly operational checkpoint meetings
* Monthly service review meeting
* Contribution to Programme board meetings as required

**4.9 Service levels and performance**

# The Authority will measure the quality of the Supplier’s delivery by:

|  |  |  |
| --- | --- | --- |
| Service Area | KPI/SLA description | Target |
| Milestones | Key deliverable milestones are completed to agreed dates | 100% |
| Reporting | Weekly reports of updates are produced and delivered on time detailing progress against milestones | 100% |
| Staff | All staff assigned to the tasks deemed necessary for the provision of the services have been selected with regard to their qualifications, experience and technical ability | 100% |
| Delivery plan | Ensure a plan is devised within the first month of contract award | 1st Month of contract award |

**4.10 IP and Ownership**

The findings of the project will be owned by the authority, who intend to use the findings to inform future work.

**5. Responding to ITQ**

When responding to this ITQ, Bidders must ensure that their Tender covers all the information required. Bidders must complete their Tenders within the Authorities procurement portal (Health Family Joint Commercial System) set out in the "Supplier Response Form". Failure to do so may render the response non-compliant and it may be rejected.

In evaluating Tenders, the Authority will only consider information provided in the Supplier Response Form.

Bidders should not assume that the Authority has any prior knowledge of the Bidder, its practice or reputation, or its involvement in existing services, projects or procurements.

If there are any questions that do not apply to a Bidder, please answer with a N/A and explanation where appropriate.

Where any section of the ITQ indicates a word limit, any response will be reviewed to that word limit and any additional information beyond that word limit will not be considered. Bidders must provide a word count for each question response.

###### The Authority may at its own absolute discretion extend the Deadline for receipt of Tenders specified in the timetable. Any extension to the Deadline granted under this paragraph will apply to all Bidders.

###### Tenders must be submitted via the Authorities procurement portal (Health Family Joint Commercial System) no later than the ITQ submission Deadline specified in ‘Timetable’. Tenders may be submitted at any time before the Deadline.

###### Tenders received before this Deadline will be retained unopened until the opening date.

###### The Tender and any documents accompanying it must be formatted in Word or Excel as appropriate and be in the English language.

###### Price and any financial data provided must be submitted in or converted into pounds sterling. Where official documents include financial data in a foreign currency, a sterling equivalent must be provided. Tender pricing must be provided excluding Value Added Tax (VAT).

**Bidders Details:**

The following is an outline of what will be required and found on Health Family Joint Commercial System. Please complete

*Please ensure a response is provided for all the sections below.*

|  |  |
| --- | --- |
| *Company Name* |  |
| *Company Address* |  |
| *Company’s representative name and title* |  |
| *Contact telephone number* |  |
| *Email address* |  |
| *Address for correspondence* |  |
| *Date of Submission* |  |
| *Company Registration Number* |  |
| *VAT Registration Number* |  |

# Further Bidder Information:

*Please ensure a response is provided for all the questions below.*

|  |  |  |
| --- | --- | --- |
| ***1.*** | *Has your organisation met all its obligations to pay its creditors and staff during the past year?* |  |
| ***2.*** | *If your answer to the above is No, have you rectified the situation resulting in your organisation now being able to pay its creditors and staff?* |  |
| ***3.*** | *Is your company or any group company (your Organisation) or are any of the directors/partners/proprietors in a state of bankruptcy, insolvency, compulsory winding up, and receivership, composition with creditors or subject to relevant proceedings?* |  |
| *4.* | *Please confirm that data is stored in line with the General Data Protection Regulations 2018 where applicable* |  |
| *5a.* | *Please confirm that you accept NHS England’s Purchase Order Terms and Conditions in full with no modifications. This offer and any contract arising from it shall be subject to these Terms and Conditions and all other items or instructions as issued in this bidder response.*  [*https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services*](https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services) |  |
| *5b.* | *Please confirm that you accept that any modifications to the Terms and Conditions will be rejected and may result in the bid being rejected.* |  |
| *6*. | *Please confirm that all invoicing shall be processed through Tradeshift in line with NHS England and Improvements processes.* |  |

**Bidder’s Response**

Please ensure a response is provided for both the Quality (A) and Commercial (B) sections on Health Family Joint Commercial System by downloading the attachments and reuploading once completed.

1. **Quality**

The questions below are for reference only and will be found within Health Family Joint Commercial System.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | 20 % |
|  |  | |
| What is the approach you would take in delivering our service specification? Please discuss the key issues you would consider and the steps you would take. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 1000 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2** |  | **Question % Weighting** | 20 % |
|  |  | |
| How can your expertise be applied to the delivery of our service specification? Please discuss other relevant work you have delivered in this area. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3** |  | **Question % Weighting** | 20% |
|  |  | |
| What is your proposed team and resource commitment to deliver our service specification? Can you demonstrate your ability to deliver to the timescales required. Please include CVs of staff that will be allocated to this project | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

**B) Sustainability and Social Value**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 4** |  | **Question % Weighting** | 10 |
|  |  | |
| Describe how you will deliver the contract in a way that supports the NHS Long Term Plan’s environmental priorities, ensures compliance with labour rights and ethical issues and generates social value out of the health pound. Your response should highlight environmental and socio-economic impacts relevant to this contract and how you propose to address these during contract delivery. | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 | | | |

**C) Commercial**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commercial** |  | **Question % Weighting** | 30 |
|  |  | |
| Please provide a cost breakdown to undertake the work in the ‘Supplier Response’ box below. Your breakdown should also include the total cost exclusive of VAT to the Authority. Please be aware that MAX budget for this project is £80k, bids above this will disqualified. | | | |
| **Supplier Response** | | | |
| |  |  |  | | --- | --- | --- | | ***Deliverable 1*** | ***Number of days*** | ***Cost*** | | *[Person name]* |  |  | | *[Person name]* |  |  | | ***Deliverable 2*** |  |  | | *[Person name]* |  |  | | ***Deliverable 3*** |  |  | | *[Person name]* |  |  | | ***Deliverable 4*** |  |  | | *[Person name]* |  |  | | ***Deliverable 5*** |  |  | | *[Person name]* |  |  | | ***Deliverable 6*** |  |  | | *[Person name]* |  |  | | ***Deliverable 7*** |  |  | | *[Person name]* |  |  | | | | |

**\*Please note that payment will be made based on satisfactory completed milestones/deliverables and not on days worked**

**C) Confirmation**

|  |  |
| --- | --- |
| **Confirmation** |  |
|  |  |
| Please provide an electronic signature with name and contact details as confirmation the detail submitted is correct and agree to the *NHS England’s Purchase Order Terms and Conditions in full as outlined in ‘Point 5 Further Bidder Information’*:  (If using Health Family Joint Commercial System, this shall be completed electronically) | | |
| **Supplier Response** | | |
| *Electronic Signature Insert …………..*  *Name:*  *Job Title:*  *Date:* | | |