Request for Quotation (RFQ)



|  |  |
| --- | --- |
| **Nature of Purchase / Service** | **Anti-Fraud Services** |
| **Business Area** | **Claims** |
| **Tender Reference** | **NHSR\_200** |
| **Date:** | **14 May 2024** |

**Notice:**

This document is commercially sensitive and confidential. Any person receiving this document in error must either return it to the NHS Resolution or destroy hard copies and delete electronic copies in their possession.

# INTRODUCTION

**BACKGROUND INFORMATION**

NHS Resolution is an arm’s length body of the Department of Health and Social Care (“DHSC”). We provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care.

NHS Resolution’s corporate strategy for the next three years called, [‘Advise, Resolve and Learn: Our strategy to 2025’,](https://resolution.nhs.uk/2022/05/19/nhs-resolution-strategy-to-2025-published/) builds on the work undertaken since 2017 to focus on early intervention, and avoid unnecessary court action and other formal processes.

Our main functions operate in different contexts and jurisdictions but share expertise in the fair and efficient resolution of concerns, namely:

* Claims for compensation on behalf of the NHS in England (Claims Management directorate);
* Concerns about the performance of doctors, dentists and pharmacists (Practitioner Performance Advice directorate); and
* Appeals and disputes between primary care contractors and NHS England and NHS Improvement (Primary Care Appeals directorate).

# Scope and sPECIFICATION OF REQUIREMENTS (sor) (Technical/Quality)

NHS Resolution (NHSR) requires an anti-fraud service to ensure basic anti-fraud checks are carried out on all claims involving a personal injury, with enhanced checks on specific claims where there is a suspicion of fraud that has been reported to our internal Claims Validation Team. The proposed duration of the Contract is to be four (4) years, with a break clause at the end of year 3.

The service is required to conduct a search on insurance claims databases to assess risk, check parallel claims activity and mitigate against fraud. The service is also required to report data to CRU (Compensation Recovery Unit), provide CRU certificates and updated CRU certificates through the life cycle of the claim.

The services required are defined as follows:

**Part 1. Mandatory**

**Services related to the CUE (Claims and Underwriting Exchange) Database and CRU (Compensation Recovery Unit):**

1. We require new personal injury claims to be added to the CUE database with an enquiry to be performed at the time of the claim being added, which shows any previous claims made by the subject.
2. We require submission of the CRU1 form to be made to the DWP (Department of Work & Pensions), usually at the time when a new personal injury claim is added. (The CRU1 form is a form that compensators who receive a claim for compensation must send to the Compensation Recovery Unit within 14 days to register the claim. The Compensation Recovery Unit recovers social security benefits in certain compensation cases and NHS costs in certain injury cases).

This must include the submission and renewal digitally of the CRU documentation, with a notification sent to the DWP and the ability for two-way communication electronically with the DWP/CRU through the provider to notify of claims settlement/closure. To ensure that there is always an up-to-date certificate on the database, the provider must be able to ensure that when a certificate expires, it is automatically renewed without any further steps required from NHSR, covering the end-to-end CRU process.

1. We require the provider to have the ability to make enquiries against the CUE PI(Personal Injury) database where any additional ad-hoc enquiries are necessary for a claim.
2. We require the provider to have the ability to make updates to an existing claim on the CUE PI database where necessary.

**Services Related to referrals made to the NHSR Claims Validation Team where there is suspicion of fraud:**

1. We require the provider to have the ability to perform an enquiry on a subject which provides an output of the individual’s previous claims as recorded on the Personal Injury, Motor and Household CUE databases. The provider will need to have the ability to search all three databases.
2. We require the provider to have the ability to perform an enquiry on connections which highlight relationships between individuals involved on claims, allowing NHSR to view relationships between participants – groups of subjects and connected people.
3. We require an identity verification service to conduct a search that does not require consent of the subject and looks for proof of ID, address history, electorate roll registration, bank account check that the subject is registered at their stated address.
4. We may require a vehicle verification service which allows searches to be carried out on specific vehicles.

**Part 2. FUTURE CAPABILITIES**

**Future I.T. Interoperability Requirements:**

In future we may require the services above to be provided as a solution embedded into our internal case management system. The full requirements are still to be determined, however we wish to understand providers’ capabilities in this area.

# Price

Potential suppliers are required to submit fixed costs for the duration of the contract within the given pricing schedule The lowest price per unit will be awarded the highest marks. This is defined as the highest weighted score. **A maximum of 30% of the total score will be awarded for Price.**

**Please complete and submit the pricing Table listed in Appendix 2 (Supplier Responses)** **Part 3 – Pricing submissions.**

# TIMETABLE

An indicative timetable for the Procurement Process is set out in the table below. This is intended as a guide and whilst NHS Resolution does not intend to depart from the timetable, it reserves the right to do so at any stage.

| **Stage** | **Date** |
| --- | --- |
| Request for Quotation sent | 14/5/24 |
| Clarification questions deadline | Noon 17/5/24 |
| Clarification answers to Suppliers | Noon 20/5/24 |
| **Quotes received** | **Noon 24/5/24** |
| Evaluation of Quotes / (Shortlisting if required) | 28/5/24 |
| Evaluation Meeting | 29/5/24 |
| Award/Preferred supplier | 30/5/24 |
| Agreement Signing | 31/5/24 |
| Work to Commence | 3/6/24 |

# Tender Response Requirements and Communication

## **RFQ Deadline**

The deadline for tender submissions is at **Noon on 24th May 2024.**

NHS Resolution will email through any changes to the procurement documents, and responses to clarification questions received from other interested tenderers.

**Tender Response Requirements**

All documents and communication shall be in English.

This procurement process and any subsequent contract entered into will be subject to the laws of England and the exclusive jurisdiction of the courts of England.

By submitting a tender response, each tenderer and its authorised representative warrants that, any information supplied by the tenderer is true and that it has not made any material misrepresentation in providing any of the information required in relation to the above.

Tenderers must ensure that their tender responses comply with the provisions set out in this RFQ. If any waiver or variation of these provisions is made in writing by NHS Resolution this will be binding. Any such waiver or variation will be notified to the authorised representative of tenderers. Any tender response which fails to comply with the provisions of this RFQ and any amendments and/or supplementary information issued subsequent to it, shall be liable to be disqualified.

Tenderers must submit their tender response in accordance with the terms of this RFQ.

In order to submit a tender response, a tenderer must submit its completed tender response document through to email inbox [nhsr.procurement@nhs.net](mailto:nhsr.procurement@nhs.net). Tenderers must ensure all embedded documents can be opened by NHS Resolution.

Tenderers must submit their submissions in full to the email inbox advised by the deadline for tender submissions. Tenderers must ensure that they leave plenty of time to upload their tender response, particularly where there are large documents. If Tenderers have any problems with submitting documents they must contact the NHS Resolution Procurement team [nhsr.procurement@nhs.net](mailto:nhsr.procurement@nhs.net) in advance of the return time.

NHS Resolution is not obliged to accept any tender response that is submitted after the submission deadline has passed. Any such tender responses will not be considered.

As part of the tender response, each tenderer must sign and return the Form of Tender, attached at Appendix 3, which sets out:

* A clear statement of its commitment to enter into all necessary contractual documentation as set out in this RFQ and acceptance of the terms of the Framework Agreement; and
* Confirmation that the tenderer has read and understood the RFQ and accepts all the provisions set out in this document.

NHS Resolution shall not evaluate any tender response unless the Form of Tender (duly signed) has been received by the NHS Resolution.

If a tenderer wishes to deviate from any of the obligations set out above (or elsewhere in this document), it must first seek specific guidance from NHS Resolution, or obtain NHS Resolution’s approval, and, comply with any of the conditions for approval before proceeding. NHS Resolution shall have no obligation whatsoever to give such approval and shall not do so where NHS Resolution considers that doing so would give any tenderer(s) an unfair advantage in the process.

NHS Resolution reserves the right to, at its discretion:

* Waive, or adjust, the requirements of this procurement in whole or in part;
* Disqualify any tenderer whose tender response does not comply with the response requirements set out in this document;
* Seek additional information or verification, if NHS Resolution has legitimate concerns about the tenderer’s ability to perform its obligations, including (without limitation) its financial ability;
* Extend the timetable and deadlines; and
* To cancel or withdraw from the procurement at any stage.

## **Information Provided in Tender Responses**

In evaluating tender responses, NHS Resolution will only consider information provided in response to this RFQ.

Tenderers should not assume that NHS Resolution has any prior knowledge of the tenderer, its practice or reputation, or its involvement in existing services, projects, or procurements.

All relevant information required to support the tender response should be included in the response. Tenderers should refrain from submitting information that is not specific to, or has not been requested in the RFQ as this will not be considered for evaluation purposes.

The tender response and accompanying documents must be complete and self-contained. Tenderers must submit tender responses which are within the allocated word limit of any particular question and clearly relate to the requirements set out in this RFQ.

## **Guidance on Completing Tender Responses**

Tenderers are advised to carry out the following steps when compiling their tender responses:

* Carefully read this RFQ and its attachments in full;
* Use the formal clarification process if they are unsure of the process or what is required; and
* Comprehensively compile the required responses to questions using the templates as set out.

No tender may be modified after the deadline of receipt of tender responses has passed.

Tenderers may withdraw from the procurement after the deadline for receipt of tender responses, providing such intention is notified to NHS Resolution in writing via [nhsr.procurement@nhs.net](mailto:nhsr.procurement@nhs.net)

## **Clarification Questions**

The objective of the clarification process is to give tenderers the opportunity to submit questions to NHS Resolution where they require clarification on the information contained in the RFQ, including contractual documents where that information may be helpful to the tenderer in submitting their tender response. This is not an opportunity for tenderers to negotiate.

A tenderer can raise clarification questions from the date the RFQ is issued. Tenderers are urged to review the RFQ and identify and submit any clarification questions as soon as possible and in any event no later than the date shown in the timetable in section 4, unless that date is amended by NHS Resolution.

Tenderers should submit clarification questions to NHS Resolution via [nhsr.procurement@nhs.net](mailto:nhsr.procurement@nhs.net). For the avoidance of doubt, questions must be specific and relate to information contained in the RFQ. If tenderers believe information is needed that is not contained in the RFQ they must provide justification as to why such information is necessary. NHS Resolution would prefer to have questions grouped together but there is no limit on the number of clarifications, or on the number of occasions that a tenderer may raise clarifications. Tenderers should not include their name in the body of any question raised.

NHS Resolution will aim to answer clarification questions within four working days. NHS Resolution may also decline to answer a question if it deems the question to be inappropriate. If NHS Resolution is unable to answer a question, this will be indicated.

Questions or requests for clarification raised and/or responses given will be communicated to all tenderers who have registered their interest in the procurement, unless the tenderer advises that it is commercial in confidence and NHS Resolution agrees this is the case. Where NHS Resolution does not consider a request commercially confidential, the tenderer will be given the opportunity to withdraw their request for clarification.

Under no circumstances should tenderers approach NHS Resolution, or its advisors seeking further information in relation to the procurement, except through the method set out above.

# Award and Contract

The work will be awarded based on the offer that is the most advantageous to NHS Resolution. This is based on the evaluation criteria 60% Quality 10% Social value & 30% Price (Appendix 1). This is defined as the highest weighted score.

A Contract will be agreed and signed with the successful supplier for the programme of work. It is envisaged that the NHS Resolution short form contract terms will be used.

# APPENDIX 1 - EVALUATION CRITERIA

**Part 1 – Weightings.** The bids received will be evaluated as per the table below.

|  |  |  |
| --- | --- | --- |
| **Appendix 2 responses:**  **Criteria** | **Technical Question Ref** | **Available Score Pass/Fail or %** |
| Personal injury claims to CUE | Question TE Q1 | Pass/Fail |
| Submission and auto renewal of CRU documentation | Question TE Q2 | Pass/Fail |
| CUE PI database enquiries | Question TE Q3 | Pass/Fail |
| CUE PI database updates | Question TE Q4 | Pass/Fail |
| Previous claims searches | Question TE Q5 | Pass/Fail |
| Connections/relationships enquiries | Question TE Q6 | 20 |
| Identity verification service | Question TE Q7 | 20 |
| Vehicle verification service | Question TE Q8 | 5 |
| Integration with Azure AD. | Question TE Q9 | 5 |
| Ability to automate processes | Question TE Q10 | 10 |
| Social Value | Question TE Q11 | 10 |
| **TOTAL** | | **70** |

**Part 2 - Evaluation of Weighted Technical/Quality and Price Questions**

| **Available Score** | **Description** | |
| --- | --- | --- |
| 4 | High degree of confidence that the Potential Provider’s proposal will meet the requirements, demonstrated through a very good understanding of the issues and what is being asked for. Proposals set out how and what will be delivered. |
| 3 | Response provides The Authority with a good level of confidence that the Bidder's proposals will meet The Authority's requirements set out in the specification and the response demonstrates across the whole of the response a good understanding of the issues under the contract and what is being asked for. The proposal sets out a satisfactory level of detail and clarity across most of the response with some relevant reference to the specification. |
| 2 | Generally understands and addresses issues appropriately. Some areas of misunderstanding, provide a low level of detail, and/or provide more of a “model answer” than a true commitment, so only provides some confidence they will deliver requirements. |
| 1 | Some misunderstandings and a generally low level of information and detail provided. Fails to meet the requirements in many ways and/or materially in one or more ways, and provides insufficient confidence of ability to meet and deliver the requirements. |
| 0 | Failure to understand and/or failure to substantial failure to provide and/or provides no confidence that the requirements will be delivered. |

# Appendix 2. Supplier responses

**To be completed and returned by Suppliers.**

|  |  |
| --- | --- |
| **Technical Questionnaire – Section 1- Mandatory requirements**  **Please indicate your ability to comply with these requirements** | **Please insert Y/N** |
| TEQ1: Are you able to provide a service to add new personal injury claims to the CUE database with an enquiry to be performed at the time of the claim being added, which shows any previous claims made by the subject? |  |
| TEQ2: Are you able to provide a service to submit the CRU1 form to the DWP (Department of Work & Pensions), usually at the time when a new personal injury claim is added, including the submission and renewal digitally of the CRU documentation, with a notification sent to the DWP and to continue two-way electronic communication with the DWP/CRU to notify of claims settlement/closure covering the end to end processes with CRU for the life span of the claim? (This means that when a certificate expires, it is automatically renewed without any further steps required from NHSR to ensure there is always an up-to-date certificate on the database). |  |
| TEQ3: Are you able to provide a service to make enquiries against the CUE PI database where any additional ad-hoc enquiries are necessary for a claim? |  |
| TEQ4: Are you able to provide a service to make updates to an existing claim on the CUE PI database where necessary? |  |
| TEQ5: Are you able to provide a service to perform an enquiry on a subject which provides an output of the individual’s previous claims as recorded on the Personal Injury, Motor and Household CUE databases? (The provider will need to have the ability to search all three databases). |  |

|  |  |
| --- | --- |
| **Technical Questionnaire – Section 2 – weighted questions**  **Please complete and return the responses below.** | **Available Score (out of 70)** |
| TEQ 6: Are you able to provide a service to perform an enquiry on connections which highlight relationships between individuals involved on claims, allowing NHSR to view relationships between participants – groups of subjects and connected people? | 20% |
| Response to TEQ 6 (not to exceed 500 words) | |
| TEQ 7: Are you able to provide a service for identity verification service by conducting a search that does not require consent of the subject and looks for proof of ID, address history, electorate roll registration, bank account check that the subject is registered at their stated address? | 20% |
| Response to TEQ 7 (not to exceed 500 words) | |
| TEQ 8: Are you able to provide a vehicle verification service which allows anti-fraud searches to be carried out on specific vehicles? | 5% |
| Response to TEQ 8 (not to exceed 500 words) | |
| TEQ 9: We utilise Azure Active Directory (AAD) to manage identity and access to several of our technology services, if you offer an online portal do you offer integration with AAD as part of your offering? | 5% |
| Response to TEQ 9 (not to exceed 500 words) | |
| TEQ 10: Interoperability: We are currently migrating to a new case management system which enables us to integrate with other services and platforms to enhance our claims management process. As part of our ongoing efforts to further improve and automate our case management process we may consider automating processing regarding the checking of potentially fraudulent claims in the future by embedding services into our case management system. Is this a service you offer, and could you provide an overview and example of how this could be undertaken regarding the services we plan to utilise? | 10% |
| Response to TEQ 10 (not to exceed 500 words) | |
| TEQ 11- Social Value. Please demonstrate how your organisation proactively operates in a manner which aligns to Social Value, considering areas such as below (list not exhaustive) and how you measure and perform in these areas.   * Local employment * Local supply chains * Good employer * Green & sustainable * Best practice processes * Healthy workplace | 10% |
| Response to TEQ 11 (not to exceed 500 words) | |
| **TOTAL** | **70** |

**Part 3 – Pricing submissions.**

|  |  |
| --- | --- |
| **Description** | **Price per Unit** |
| 1. Addition of personal injury claims to the CUE database with an enquiry to be performed at the time of the claim being added, which shows any previous claims made by the subject. |  |
| 1. Submission of the CRU1 form to be made to the DWP (Department of Work & Pensions), including the submission and renewal digitally of the CRU documentation, with a notification sent to the DWP and to continue two-way electronic communication with the DWP/CRU to notify to notify of claims settlement/closure covering the end-to-end processes with CRU for the life span of the claim. To ensure that there is always an up-to-date certificate on the database, the provider must be able to ensure that when a certificate expires, it is automatically renewed without any further steps required from NHSR. |  |
| 1. Enquiries against the CUE PI database where any additional ad-hoc enquiries are necessary for a claim. |  |
| 1. Updates to an existing claim on the CUE PI database where necessary. |  |
| 1. Enquiries on a subject which provides an output of the individual’s previous claims as recorded on the Personal Injury, Motor and Household CUE databases. The provider will need to have the ability to search all three databases. |  |
| 1. Enquiries on connections which highlight relationships between individuals involved on claims, allowing NHSR to view relationships between participants – groups of subjects and connected people. |  |
| 1. Identity verification searches that do not require consent of the subject and look for proof of ID, address history, electorate roll registration, bank account check that the subject is registered at their stated address. |  |
| 1. Vehicle verification searches to be carried out on specific vehicles. |  |
| **Total (maximum 30%)** |  |

# Appendix 3. Services CONTRACT

**To be signed and returned by Suppliers**

**(see accompanying file Appendix 3 Anti Fraud Contract template v2.1.doc)**