|  |  |
| --- | --- |
| 19th August 2015  |  |

Dear Bidder,

**Request for Quotation: Delivery of Personalised Care Planning Training Programme, Reference: NELCSU/CAM/JR/300057**

I am writing to you on behalf of NHS Camden Clinical Commissioning Group (the CCG).

We currently have a requirement for a provider to deliver ‘Year of Care’ or personalised care planning training and support the CCG with the implementation and embedding of care planning into general practice, the details of which are set out in the Annex A to this RFQ letter.

**We need our chosen supplier to commence the mobilisation of the project by end of September in order to commence training and support by November 2015.**

Please note the attached (Annex B) NHS Terms and Conditions for the Supply of Services will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a ‘bid response document’ to the following email box clinical.procurement@nelcsu.nhs.uk **by 2:00pm on 2nd September 2015** with the following information:

* Full name and address of supplier, our reference number and your contact details;
* Details of services to be supplied including details in response to the requirements set out in the Annex A / the evaluation criteria to this letter and a referee (preferably public sector);
* Expected delivery/ start/ finish date and a project time table;
* Your response should consist of no more than 10 pages long;
* Expected delivery / start / finish date, and a project time table;
* Total price excluding VAT
* Confirmation of acceptance of the terms and conditions of contract (draft document attached);

The following criteria will apply to the selection of the successful supplier:

| # | Evaluation Criteria | Weight |
| --- | --- | --- |
| **1** | **Proposed Approach** | **80%** |
|  | 1.1 | **Training** Provider should outline;* The content of their training Programme
* How training will be delivered
 | 20% |  |
|  | 1.2 | **Relevant knowledge, skills and experience** * Previous experience delivering similar training
* Experience of supporting organisations to embed personalised care planning approach (involving ‘two consultations’)
* Monitoring and reporting outcomes (i.e. levels of engagement and training)
* Evidence of clear understanding and commitment to the objectives of the project
 | 15% |  |
|  | 1.3 | **Methodology, including strategy to address the core challenges of the**  **project** * Programme of delivery achievable with clear and realistic timings
* Proposal correctly identifies the challenges
* Proposal sets out clear mitigations to be employed to deal with any risk
 | 15% |  |
|  | 1.4 | **Engaging Stakeholders** * Strategic understanding of who the main stakeholders will be
* Strategy for engaging with stakeholders
* Ability to develop and maintain stakeholder relationships with senior stakeholders in commissioning and GP practices.
 | 15% |  |
|  | 1.5 | **Evidence that the project team have the proven skills and capacity to meet the core challenges of the project** * Relevant knowledge of project context and experience
* Time proposed for each team member is appropriate
 | 15% |  |
| **2** | **Price**  | **20%** |
|  | **Proposed Approach + Price** | **100%** |

|  |
| --- |
| **Scoring Matrix** |
| **Score** | **Description** |
| 0 | Unacceptable - no evidence provided. |
| 1 | Poor - Evidence provides little confidence and is below expectations. |
| 2 | Satisfactory and meets expectations. |
| 3 | Good - Evidence provides full confidence standard will be met with full description and evidence of implementation. |
| 4 | Exceptional - Evidence provides full confidence with relevant added value and additional services with full description and evidence of implementation and monitoring. |

**The Quotation must be submitted in a PDF format, with pricing submitted in a separate file (or submit one priced and one unpriced bid). Quotations received after the above date and time may not be considered.**

Please submit your bid within **13 working days** of receiving this RFQ, no later than 2pm on 2nd September 2015.

*It would be appreciated if you could advise,* **within 3 working days** of receiving this RFQ*, if you intend to submit a bid or your reasons for not submitting a bid.*

If the panel feels at any point that there is not sufficient evidence to score a bidder on any evaluation point then they may, at their discretion, seek clarification from any and all bidders. Bidder clarifications will at all times take account of the commercial confidence of bidders.

If a bidder scores a ‘0’ on any sub-section then they may be eliminated at the discretion of the panel, dependent on how service critical the panel deems that sub-section to be. If a bidder scores ‘0’ on an entire section of the evaluation, the bidder will be automatically eliminated from any further evaluation.

The NEL Commissioning Support Unit (NELCSU) and NHS Camden CCG reserves the right to award the contract for the Public Awareness Campaign for COPD on the basis of Most Economically Advantageous Bid. The provider who attains the highest qualitative score and submits the most competitive cost will be awarded the contract.

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if NHS Camden CCG accepts that offer then a legally binding contract will exist between us.

Respondents accept that the NHS Camden CCG is subject to the Freedom of Information Act and government transparency obligations which may require NHS Camden CCG to disclose information received from you to third parties.

This RFQ letter and your response do not give rise to any contractual obligation or liability unless and until such time as NHS Camden CCG issues a letter referencing this Request for a Quotation with a signed contract and a valid Purchase Order number accepting your quotation. NHS Camden CCG does not make any commitment to purchase and shall have no liability for your costs in responding to this Request for a Quotation.

## Canvassing and contacts

Bidders shall not in connection with this Procurement:

* Offer any inducement, fee or reward to any officer or employee of NELCSU or NHS Camden CCG or any person acting as an advisor to NELCSU or NHS Camden CCG in connection with this Procurement
* Do anything which would constitute a breach of the Prevention of Corruption Acts 1889-1916
* Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact NELCSU or NHS Camden CCG staff, except the Project Team, or to contact NELCSU / NHS Camden CCG or NELCSU / NHS Camden CCG advisers or other NHS/DOH bodies as part of the procurement process. Any enquiries made to persons other than the NEL Commissioning Support Unit Project Team will be regarded as prima facie evidence of canvassing.

If you have any queries about this letter or the requirement, please contact the under signed at clinical.procurement@nelcsu.nhs.uk

If you are unable to meet this requirement or are otherwise not intending to provide a quote, I would be grateful if you could let me know as soon as possible.

Yours sincerely,

**Jennifer Rhoden**

Procurement Manager

**Annex A**

**Specification / Project Brief**

**NHS Camden CCG– Delivery of Personalised Care Planning Training Programme (Care Planning Project)**

## Specification Overview

## Objective:

To provide additional review, support and training to develop a consistent model of care planning for all long term conditions across Camden. The approach will need to be reproduced easily so that it can be transferred to e.g. COPD, cardiovascular disease and those with multi morbidity.

The objective of this training programme is to provide GP practice staff with ‘Year of Care’ or personalised care planning training. In the first instance, the training will be delivered to whole practice teams to include, GPs, Practice Nurses, Healthcare Assistants and practice reception staff.

Camden CCG seeks to identify and recruit an organisation for a one year contract, with capacity, skills and expertise to manage and deliver the ‘Year of Care’ methodology and care planning training programme in the London Borough of Camden. The organisation will also support Camden CCG to implement a personalised care planning approach (in line with the ‘Year of Care’) across the early implementer sites and identify appropriate metrics to assess impact, values and measure improvement.

In summary, the service will;

* Recruit and manage the instructors who will deliver ‘Year of Care’ or personalised care planning training.
* Supervise and support clinicians following the ‘Train the Trainer’ programme to ensure high quality training and to identify any problems/ issues early on.
* Carry out the coordination and administration of the programme including locating and booking venues and registering participants;
* Completing monthly registration forms, evaluation forms and monitoring reports to Camden CCG.
* Actively market and promote the training programme in a targeted way to GP practices.
* Support Camden CCG to implement the ‘Year of Care’ or personalised care planning approach across the early implementer sites
* Support Camden CCG to identify appropriate metrics to assess impact and measure improvement.
* Support the IT team at Camden CCG and at practice level to make effective materials for care planning.
* Support the CCG to recruit and maintain membership of the steering group

**Local costs will include;**

* **Venue Hire**
* **Catering costs**
* **Local administration costs**
* **Clinical Backfill costs (Backfill to be paid to the practice on booking on the course for the training programme).**

## Context:

The Mandate for the Long Term Conditions and Cancer (LTC) Programme sets out clear ambitions for improving the outcomes and quality of life for people living with long term conditions through involving them in the delivery of their own care and embedding personalised care planning. This is in line with the national commitment by NHS England, to provide a personalised care plan for everyone with a long term condition.

This represents a significant change to current ways of working and although the Diabetes IPU team and the Long Term Conditions LCS promote a personalised care approach, the following will be vital if this is to be successful:

* Philosophy, attitudes and systems must all be addressed together to implement and sustain care planning
* It must be clear where care planning fits into the local pathway or model of care for long term conditions and be an integral part of the local commissioning agenda
* Staff need to be clear about their role if they are to fully participate and understand their role in care planning and support for self-management
* Local ‘champions’ both clinical and managerial are crucial; ‘right from the top, right from the start, right the way through’. GP champions are critical.
* Local coordination and support to clinical teams is essential; delivered by people with  primary care experience, and a facilitative approach to partnership working
* Training which links attitudes, skills and infrastructure change is essential
1. **Proposed areas of consideration:**

**Primary Care**

The service should engage with GPs to;

* Actively market and promote the training programme in a targeted way to GP practices. Training will need to involve whole teams not just senior clinicians.
* Provide support and expertise with usual registration recall andreview system. This may need to be adapted to allow the collection and sharing of the biomedical results prior to consultations.
* Support practices to understand and embed the approach into their practice.
* Set up mechanisms to deliver ongoing support following training

**Deliverables:**

This will include but will not be limited to:

* Deliver training to at least 200 staff in the period of one year to November 2016.
* Refresher sessions for staff who have completed ‘Year of Care in the last two years
* Training sessions in for a range of staff and in variable formats to suit the target audience.
* Evaluation Framework
* Stakeholder engagement with patients/carers, practices and key staff
* Regular updates, progress reports and calls as required, over the course of the contract.
* Successful completion of ‘Train the Trainers’ and associated quality assurance for agreed number of clinicians
* Camden GP practices signed up to training programme
* Engagement and distribution of local materials to GP practices to support implementation of care planning approach and provide ongoing support following training.
* Completion of GP Evaluation forms to assess the quality of training

**Governance**

* The Acting Director responsible for the Long Term Conditions and Cancer Programme is Charlotte Mullins. The project manager / officer responsible will be Adetola Adeniran, Project Manager, Long Term Conditions and Cancer Programme.
* The Project manager will provide ad hoc advice to the supplier and monitor the progress of the project as agreed by the Programme Lead for Long term Conditions and Cancer.
* Progress on the development of the project/ campaign will be reported through the Care Planning Steering Group. This group will feed into the Programme Implementation Group for Long term Conditions and Cancer, which will keep oversight of the project and report this to the Commissioning Committee (which reports into the board).

**Additional Guidance for proposals;**

**It is intended that the provider will demonstrate that they have the following desirable criteria;**

* Expert knowledge and experience of the ‘two visit’ personalised care planning approach and how to implement this at practice level.
* Adequate capacity to deliver the training Programme to the number of staff required.
* Knowledge and IT capabilities to access current NHS systems such as EMIS web.
* Ability to mobilise the service and recruit the required staff by the end of November 2015.
* Knowledge and expertise so that registration, recall and review system are adapted to allow the collection and sharing of the biomedical results prior to consultations and approach to patients with multi-morbidities is developed.
* Adequate capacity to support CCG to fully embed care planning into practice and achieve its outcomes for the care planning project.
* Complete monthly monitoring and evaluations for Camden CCG. Ensuring quality assurance through implementing effective monitoring and evaluation processes.
* Deliver training in a number of different formats to allow staff to access it in a way that is flexible and convenient to their schedules.
* Awareness of non-traditional services and support
* Expertise with change management at GP practice level, particularly with ‘non-engaging’ practices.
1. **Proposed Timetable**
* CCG will invite quotes from organisations submitting a bid demonstrating how they propose to deliver the ‘Year of Care’ or personalised care planning training programme. The bid will address the criteria set out. *Timescale: Quotes to be received* ***by 2:00 PM on 1st September 2015.***
* The training is expected to commence in November 2015 to***November 2016****.*
* We would like the successful bidder to be able to deliver the service as soon as practicably possible. Please provide a mobilisation plan which covers the period from contract award to service initiation. This should include key activities, how milestones will be achieved, and by who. An outline of the potential challenges and barriers to delivery should also be identified with mitigating actions to address them. Appointed provider to draft a detailed Project Plan by ***1st October 2015***, for consultation.

**Detailed specification**

A draft detailed specification of the CCGs requirements is embedded below.



1. **Conflicts of interest**

In order to ensure a fair and competitive procurement process, NHS Camden CCG requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the CCG.

Potential Applicants should notify the CCG of any actual or potential conflicts of interest in their response to the RFQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify the CCG by completing the Conflict of Interest form (see Annex D) for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of the CCG, NHS Camden CCG reserves the right to exclude at any time any potential Applicants(s) from the Procurement process should any actual or potential conflict(s) of interest be found by the CCG to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

Examples of potential conflicts of interest are (without limitation) as follows:

* A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for the CCG, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;
* A Bidding organisation is providing services for more than one Potential Bidder, in respect of this Procurement.

The ‘Conflict of Interest Declaration’, provided in Annex D, must be completed by an authorised signatory, in his / her own name, on behalf of the Bidding organisation and attached in response to this section of this RFQ.

The CCG should be immediately notified, in the event that any actual or potential conflict of interest comes to a potential Bidder’s attention at any time following the submission of the potential Bidder’s ‘Conflicts of Interest Declaration’ and bid documents.

**Please review the terms within the NHS Standard Contract in Annex B. Once a chosen provider has been appointed, the schedules will be populated to reflect the terms needed for this specific project.**

**Please note that it is very unlikely that we will be able to change the wording or content of the contract as these are the standard terms used for any NHS contracts.**

**Annex B**

**NHS Terms and Conditions for the Supply of Services**

**Annex C**

**Financial Submissions**

All costs must be inclusive of travel and related expenses to the Base location. An estimate of the overall costs for expenses must be submitted to enable evaluation on an equal basis.

***All prices exclude VAT***

***If submitting*** your proposal as a pdf document, please submit your prices in a separate file (or submit one priced and one unpriced bid).

NEL Commissioning Support Unit and NHS Camden CCG, is requesting that bidders submit a breakdown of total cost for all the work / services as detailed in the Service Specification.

The lowest price (within affordability limits) will be awarded the maximum 50%, with other bidders aggregated against the lowest.

If a proposal is above the published contract value, the CCG reserves the right to judge the proposal **unaffordable** and may decide to not consider that bid submission further. Bidders’ costs that are substantially below the threshold will be required to provide additional assurances, and may still be rejected.

## Expenses

## Any expenses claimed will be:

* Reasonably and necessarily incurred as a result of carrying out the contracted services, with due regard to economy.
* Be detailed separately on the invoice and accompanied by the relevant receipts
* Have been agreed in advance with the CCG.
* Travelling time to the CCG(s) premises is non-chargeable.

### Reimbursement of expenses will be at cost and should be in line with travel and subsistence rates identified by the Provider to the CCG.

**PLEASE THE FINANCIAL SCHEDULE TO SUBMIT YOUR PROPOSED PRICE FOR THE DELIVERY OF THIS SERVICE.**

