

NHSE Specification for:

**Review of Allied Health Professions (AHP)
Rural and Coastal Workforce**

Tender Summary

NHS England (NHSE) are seeking to appoint a supplier to undertake an international and domestic review of solutions to maintain, build and train rural and coastal AHP workforce at pre-registration and post registration levels with a view to improving recruitment and retention in these areas. It is anticipated that this study will focus on optimal use of advanced and consultant roles to support medical and other workforce shortfall across other professions.

Section One: Introduction

NHSE WT&E (Workforce Training and Education Directorate) is an executive non-departmental public body of the Department of Health and Social Care. WT&E exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place. We believe that the most important resource the NHS has is its people. Without a skilled workforce there is no NHS.

NHS People Plan outlines the significant role AHPs will play to support the demands the NHS will face in the next ten years and help to deliver the ambitions of the NHS Long Term Plan.

Background

The Allied Health Professions (AHP/s) work across health and social care settings and represent the third largest workforce in the NHS and wider health employment market. AHPs consists of 15 discreet professions and professional stakeholder groups. This commission supports the delivery of the NHS Long Term Plan (NHS LTP) and NHSE Long Term Workforce Plan (LTWfP). AHPs are recognised as part of the future workforce supply solution. The Plan along side other key policies, e.g., GP role expansion, Richard's Review, signalled the need for more AHPs, working differently, to meet future care needs.

The interim People Plan and our NHS People Plan signalled this - "We will need to continue to develop a pipeline of AHPs to ensure sufficient numbers of staff to deliver the new service models set out in the NHS Long Term Plan, particularly as part of multidisciplinary teams working in primary care networks."

The challenges within rural and coastal communities are well documented. This commission is intended to shine a light on these challenges, but more importantly draw on good practice examples to address these. This commission is aligned to the following WT&E objectives, WT&E key deliverables and key National AHP Programme priority business areas as follows:

AIM 1: GROWING THE WORKFORCE

Objective 1 Increasing the number of qualified healthcare professionals available to work in the NHS that reflects local need.

Objective 2 Recruit more staff, domestically and internationally, to respond to local need and reduce NHS vacancy rates.

Objective: 3 Improving the quality of healthcare education and training and reduce course leaving rates in 2023/24.

Key Deliverable: 1.3 Develop more flexible routes into training such as apprenticeships that will help to grow and diversify the talent pool.

Key Deliverable 2.2 Deliver NHS domestic workforce plans.

National AHP Priority Business Area(s):

Supply Optimisation - whole workforce.

Supply optimisation - student retention.

Improving practice education - capacity, availability and utilisation.

Stimulating demand - making AHPs a career of choice.

AIM 2: WORKING DIFFERENTLY AND PRODUCTIVELY.

Objective: 3 Develop and transform the workforce to meet current and future demands based on service delivery and available finance to 2025/26.

Key Deliverable: Develop national systems and guidance to support ICB capabilities on workforce redesign and transformation, maximising the new ways of working opportunities offered by up-skilling, enhanced, advanced and consultant practice.

National AHP Priority Area(s): Support the development of occupation-specific and sustainable education and career development pathways for AHP advanced and consultant practice.

Reform and Training. Enhanced Practice. AHP Career Pathways that attract develop and retain.

AIM 3: IN A COMPASSIONATE AND INCLUSIVE CULTURE

Objective 3 - Ensure equality, diversity and inclusion of all NHS staff.

Key Deliverable (3.1) Roll out the 5 year NHS EDI improvement Plan (23-28) and development of national policy for protected characteristics other than race and disability.

National AHP Priority Areas: Ensure EDI policy and strategy is core and a cross cutting theme across all AHP work programmes in line with National Guidance.

Project Aim

This commission is to identify a Supplier to work with NHSE AHP Team on an international and domestic review of solutions to maintain, build and train rural and coastal AHP workforce at pre-registration and post registration levels with a view to improving recruitment and retention in these areas. It is anticipated that this study will focus on

- local strategies to train the pre reg workforce needed (and learning from other small and medium size highly skilled autonomous professions)
- support worker solutions and other delegated skills based solutions and utilisation of wider community assets eg schools, leisure centres and third sector and private providers
- focus on the optimal use of Allied health (related to the England definition)
- advanced and consultant roles to support medical and other workforce shortfall across other professions.

Indicative deliverables and KPIs are as follows:

Deliverable: Undertake a review of domestic and international solutions to maintain, build and train rural and coastal AHP workforce at pre-registration and post registration levels. (Ensuring connection with relevant examples in countries with similar autonomy of scope of practice eg in Scotland, USA & Canada, Australasia etc.)

KPIs: A comprehensive literature review of international examples of good practice approaches.

A full report that incorporates best practice international examples.

Deliverable: Undertake a comprehensive review into a minimum of 10 key rural and coastal areas in England (identified by regions) to better understand recruitment and retention issues in these areas. Conduct 120 one-hour interviews (with at least 12 of the AHP professional groups in each of the 10 identified areas (undertaken by trained researcher capacity in qualitative research)). Transcribe and analyse findings. Produce a full report with clear recommendations for implementation. Deliver at least 3 webinars to service leaders to share findings and educate on good practice of potential solutions.

KPIs: Early formation of a stakeholder group to provide advice and support and ensure NHSE regions fully engaged. Study plan and timetable that includes one-hour interviews.

Clear recommendations agreed with the national team and regional leads at key regular touch points throughout the commission to support regional AHP leads navigate areas of challenge and promote good practice within their own settings. Delivery of a full and comprehensive report that incorporates the real lived experience learning of international and domestic best practice. Successful execution of educational webinars.

Deliverable: Advertise and promote study. Advertise and promote final reports/and academic papers, to include any open access fees.

KPIs: At least 2 academic papers with NHS Lead as co-author.

Deliverable: Legacy/Sustainability A series

- Education and Training Webinars to be run with ahp regional and ahp system leads, featuring the most impactful live casestudies to support the sharing and learning from across the globe recorded (and captioned) to provide an on-line education resource for future use. These will be hosted on NHSE/eLearning for Healthcare webpages.

KPIs: Be willing to support NHS Lead to promote findings at (at least) 2 national, external conferences/events in the year after publication of report.

Tender Requirements

The provider should demonstrate the planning, development, and subsequent quality assured delivery of the product as negotiated with NHSE based on the outline above, and articulate their ability to start development of the programme from as soon as the contract is awarded, and commencing delivery as soon as possible and with a feasible and reasonable timeline for completion within the 2023/24 financial year.

The provider will have experience of rural issues in England, a fully integrated knowledge of Allied Health professions training, scope of practice. It is essential that they have an understanding of Allied Health and integrated services, along with experience of UK and international connection across Allied Health and other health and care professions.

Increasing AHP vacancy rates and shared challenges across professions within rural and coastal communities are leaving many posts unfilled and preventing access to patients to vital early diagnostics, rehab, therapeutic interventions, such as, and not exclusively, childhood vision screening, speech and language therapy, post injury rehabilitation, first contact AHP roles.

Lack of access to therapy is shown to increase health inequalities. People are increasingly unable to access the national curriculum or school, to stay in work and be economically active, care for a loved one.

AHPs are autonomous practitioners and thus able to manage many rural need needs with suitable training in advanced and consultant roles, to support other professions workforce shortfall e.g. medics. The Long Term Workforce plan will seek growth of allied health and advanced practice roles. These must be targeted towards less urban areas. This will mean increasing apprenticeship and blended training and increased post graduate workforce skills, offering flexibility and advanced roles.

The supplier will work with NHSE AHP Team on an international and domestic review of solutions to maintain, build and train rural and coastal AHP workforce at pre-registration and post registration levels with a view to improving recruitment and retention in these areas, to interlink with and compliment the on going work. It is anticipated that this study will focus on pre registration supply and recruitment to AHP roles alongside optimal use of advanced and consultant roles to support medical and other workforce shortfall across other professions.

Financial Envelope

The maximum financial envelope for the contract is £120,000 exclusive of VAT. The provider will be expected to provide an outline of their proposed delivery costs aligned to a milestone delivery plan.

Successful Bid

It is expected that work will commence upon contract award and run until 31 March 2024

Upon signed contract return, NHSE will raise a Purchase Order and pay subject to satisfactory performance. Payment and invoice details will be sent to the lead contact cited.

Contract

The Contract T&Cs are attached, and the length will be until 31 March 2024

Section Two: Tender Submission Information

Key Terms and Conditions

Successful bidders will be conferred the status of preferred provider and will be awarded a contract with an end date of 31 March 2024.

Bidders are required to clearly outline the main point of contact for single bidders or the main point of contact for the lead partner in any Consortia bids or arrangements involving subcontracting. The roles of any key contacts should be clearly outlined.

Providers will be considered data managers for this provision and should demonstrate their ability to meet GDPR requirements.

Providers will be expected to attend and positively participate in regular contract monitoring meetings with NHSE including participation in monthly contract review meetings and submission of monthly highlight reports detailing delivery risks and issues that NHSE national team needs to be aware of. These arrangements will be further defined on contract award to the successful bidder(s).

Who can apply?

Applications are welcome as sole organisation applications, as well as from consortia. We would welcome collaborations between educational institutions, voluntary sector providers and service provider organisations, although we have no preference for such collaborations.

Consortium submissions must be submitted by a lead organisation on behalf of others and approved by an Executive Director or equivalent.

Organisations are limited to a maximum of one sole application and one as part of a consortium or subcontracting arrangement.

The number of applications is restricted by organisation rather than by individual, therefore Directors can be named on multiple applications.

How will the applications be assessed?

Applications will be assessed according to the evaluation criteria set out.

NHSE may at its absolute discretion amend the specification document. Under such circumstances, NHSE will notify all relevant parties and consideration will be given to extending the deadline if appropriate.

NHSE will establish a panel for the evaluation of the bids against the tender specification and evaluation criteria.

NHSE will evaluate all tenders without prejudice or bias towards any one bidder that fulfils the conditions and requirements of this invitation to quote (ITQ).

The panel will consist of representatives and clinical advisors from

- NHSE (Allied Health Professions Programme)

The panel will recommend to NHSE their preferred bidder(s) who give the best overall compliance with this specification.

The Authority is not bound to accept any submission and may at any time and at its entire discretion terminate this procurement any time without making any contract award. Unless the submission stipulates to the contrary, the Authority may choose to accept any part of a tender.

NHSE reserves the right not to award if no appropriate bids are received and seek an alternative means of providing the training service for that provision.

The Authority reserves the right not to evaluate a proposal that does not conform to the submission format or comply with the specification.

Evaluation criteria

All eligible bids will be evaluated against the following criteria weighted by importance.

The Panel reserves the right to amend scores based on any clarification responses provided during the evaluation process.

1. Evidence of Past Performance In light of the specification, please demonstrate your past performance in the health and social care sector and/or transferrable experience from the business sector, in respect identification, assessment and mapping of personal attributes, skills, experience and capabilities. Please feel free to provide any previous examples and feedback from commissioners.	15%
2. Capability/Capacity and Delivery Please demonstrate how you would manage the identification, assessment, mapping, and product development process at scale and pace. This must include: - An outline delivery plan for completing the project according to the timescales required (including proposed interim progress reporting). - Approach for example methods/methodologies of assessment. - Highlight any major risks involved with suggested mitigating actions. - A team organogram, including roles/responsibilities and credentials/CVs.	15%
3. Management and Support Please describe how you would manage and support the identification/ assessment/ mapping. This must include: - Quality assurance mechanisms and evidence of quality improvement relevant to this exercise. - A proposal for identification, assessment and mapping of such a variety of personal attributes, skills, experience and environment.	15%
4. Credibility/Influence Please demonstrate your experience in leading health and care workforce development support and evidence your experience of wide stakeholder management and relationship management. Your experience should also highlight your proficiency in engaging services and service users (including adults, young people, and parents and carers). This must include a stakeholder engagement plan.	10%
5. Social Value Please demonstrate how you will help NHSE's commitment to address socio-economic inequality. This should include: - How your company values align with this aspiration	5%

<ul style="list-style-type: none"> - How you will be improving equality for negatively impacted groups - How you will co-produce this piece of work with representatives of lived experience - How you will help NHSE to identify, monitor and improve access for underprivileged groups through this assessment - How the assessment can assist NHSE to improve socio-economic equality through better access to crisis training 	
<p>6. Value for Money - Costings</p> <p>Please provide a breakdown of the costings in alignment with the delivery plan for providing the service, including of VAT, for one year. This breakdown may include (as example only) staffing costs, travel costs, payments to other services/ organisations, infrastructure costs, etc.</p> <p>The maximum financial envelope is £120K including VAT. Any bids received above this amount will be excluded from the procurement process.</p>	20%
<p>7. Total Cost of the Service</p> <p>Please provide one figure that is the total cost of the service, including VAT, for one year.</p> <p>The maximum financial envelope is £120K including VAT. Any bids received above this amount will be excluded from the procurement process.</p>	20%

Outline Timetable for tender applications, evaluation and decisions:

<p>Contracts Finder and OJEU advert go live for procurement</p> <p>ITT documents uploaded and live on In-Tend (e-procurement portal)</p>	
<p>Bidder question & clarification period closes</p>	
<p>Return date for tenders</p>	

Evaluation by NHSE. Individual Evaluation Comments completed by members of the evaluation panel	
Evaluation Meeting and any Clarification Questions	
Identify Preferred Bidder per Lot	
Contract Awarded and development of relevant contract documentation	
Mobilisation Period	
Delivery of Programme	As soon as contract is awarded

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Any prospective bidder who directly or indirectly attempts to canvass employees of NHSE or their professional advisers in order to gain unfair favour concerning the award of the contract will be immediately disqualified from the process.

Confidentiality

The recipient indicates by accepting this document their agreement to comply with the following:

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- (a) that they shall keep permanently confidential the information contained herein or sent herewith or made available in connection with further enquiries (in accordance with the Freedom of Information Act 2005), and
- (b) that they shall not divulge or communicate to any person (other than those whose province it is to know the same or with the permission of the NHSE or where a joint response with another Education Provider is requested) any such information, and
- (c) that they shall ensure that their employees, agents and sub-contractors comply with the same principles.

Freedom of Information Act (FoIA)

Submissions will be subject to the FoIA. All information submitted will be treated as 'commercial in confidence' during the tender process.

Potential providers should be aware of NHSE's obligations and responsibilities under the FoIA to disclose on request recorded information held by NHSE provided by potential providers in connection with this procurement exercise, or with any contract that may be awarded as a result of this exercise, unless it considers one of the statutory exemptions under FoIA applies.