Document 8

Market Engagement – Transparency Disclosure

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

**Offer reference number: CM/MSR/17/5554**

**Period of framework agreement: 1 April 2024 – 31 March 2026 with an option or options to extend (at the Authority’s discretion) for a period or periods up to a total 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 11th May 2023, the meeting was held on 13th July 2023.**

**The following attended this meeting:**

|  |  |
| --- | --- |
| **NHS** | **Supplier** |
| Venetia Simchowitz (VS) - HPN Vice Chair | Ashfield |
| Elizabeth Lazenby (LP) - CMU | Baxter |
| Michelle Clarke (MC) - CMU | BBraun |
| Yasmin Stammers (YS) - NHSE | Calea |
| Sarah Zeraschi (SZ) - NHS | Fresenius Kabi |
| Amanda Simmance (AS) - Patient Representative | Lloyds Pharmacy Clinical Homecare |
| Lisa Gemmell (LG) - NHS | Royal Liverpool |
| Susan Hill (SH) - NHS | PolarSpeed |
| Jeremy Nightingale (JN) - NHS & BIFFA |  |
| Cathy Cawley (CC) - NHS |  |

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

**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.

1. **Rules of engagement**

No discussion of actual pricing or company sensitive information

1. **The Specification and other documents**

These documents are still all draft and are subject to change

1. **Planned time-table**

Tender pack to be published end of July 2023 Tender closing approx. September 2023 Adjudication meeting – 19th October 2023 Start date 1st April 2024

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

The purpose of the meeting is to give an opportunity for interested parties to ask questions on the Homecare Specification and Commercial Schedule. It was explained that any questions received will have a written response, and for Transparency will be sent to all suppliers.

**Introduction to the specification**

Each tab of the specification was reviewed, and suppliers were invited to ask questions they had on those tabs.

**Homecare Pricing Schedule.**

The commercial schedule was reviewed, and suppliers were asked to direct any questions.

**AOB.**

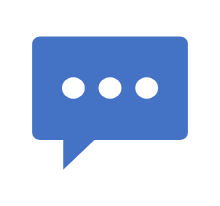
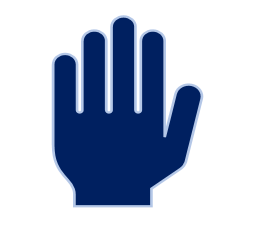
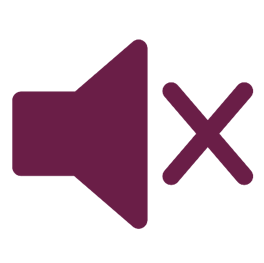
Clarity was sort around the closing date of the tender. Suppliers will be given longer to complete taking in the summer holiday period.

# Home Parenteral Nutrition

Pre-Tender Supplier Engagement Meeting

13/07/2023

**Introduction & House Keeping**



# Overview

* **Structure of the Day** *Open forum/one to one sessions / looking for all to contribute*
* **Purpose** *opportunity for the suppliers to ask questions on the Homecare Specification and Commercial Schedule*
* **Rules of engagement –** *Actual pricing will not be discussed or company sensitive information*

## Document discussion

*Specification (doc 5), Commercial schedule (doc 6) QA tabs will be discussed on 20th July 2023 with QA colleagues*

## Planned time-table

*Tender pack to be published end of July 2023 Tender closing approx. September 2023 Adjudication meeting – 19th October 2023 Award approx. January 2024*

*Framework start date 1 April 2024*

# HPN Homecare Specification

**Specification Tab *Specification Tab Leads***

* + **5a General** Mia Small/Yasmin Stammers
  + **5b Prescribing & Dispensing** Sarah Zeraschi/ Venetia Simchowitz/ Liz

Gemmell

* + **5c Delivery** Mia Small/Carolyn Wheatley
  + **5d Equipment and Ancillaries** Mia Small/Cathy Cawley/Carolyn Wheatley
  + **5e Clinical Services** Mia Small/Cathy Cawley/ Nicky Wyer

Angela Cole/Simon Lal

* + **5f Governance** Yasmin Stammers/Simon Lal/Jeremy Nightingale
  + **5g Finance** Heather Weaver/Joe Kerin/Jackie Eastwood
  + **5h Home Visits** Mia Small/Cathy Cawley
  + **5i Digital** Venetia Simchowitz/Yasmin Stammers
  + **5j Net Zero and Social Value** Jackie Eastwood/Susan Hill/Yasmin

Stammers

# HPN Homecare Pricing Schedule

* **Pricing Schedule**
  + Band H - removal
  + Line Locks – Added Duralock PFS and Nutrilock PFS
  + Fluids – Sodium Chloride amalgamated
  + Pantoprazole injection – note: IV is 2nd line treatment if oral has failed
  + To be added - Sodium Chloride sachets and Cyclizine – follow Biffa guidance

# Pumps

NHSE commissioning requirement – transparency of pumps and accessories, costs will be requested as part of document 6

Band A & B pump lists has been removed

# Any Questions?



Supplier individual Time Slots

**Guide Time: Supplier:**

* 13:00 – 13.20 LPCH
* 13:25 – 13:45 Baxter
* 13:50 – 14:10 Calea
* 14:15 – 14:35
* 14:40 – 15:00
* 15:05 – 15:25

Questions for Suppliers

|  |  |
| --- | --- |
| **Offer reference number: CM/MSR/17/5554**  **Question and Answers following pre-market engagement meeting 13th July 2023** | **Responses** |
| There is a limited list of fluids on the list in the commercial schedule? Please can you confirm whether we should only supply fluid bags stated on this list please, as we are asked for  others? Should magnesium 10mmol in 500ml normal saline be on this list as this is quite commonly requested? | No further additions added. |
| Nutratain should be diluted in 250ml saline 0.9%; can this be changed on the commercial schedule please? | This has been changed |
| From section 5b, can you clarify if repeat prescriptions (when original due to expire) should be requested with 2 or 4 weeks notice? | Moved to 4 weeks for repeats with no change - this is when the HCP contacts the trust |
| Would it be acceptable to make one volume only of Taurolock PFS and Taurosept PFS e.g. 2ml or 3ml or are various volumes required for supply under the framework? | No remains as requested. |
| Is there a plan for Tegluditide supply or nursing to be covered under the framework? | This is not to be added to the framework. The framework is for HPN, not  Intestinal Failure. |
| Could use of the E-signature hub be introduced for the next framework, in line with using the agreed prescription templates and signatures required, in order to improve prescription management? | This is currently being considered by the stakeholder group |
| **Pricing Schedule** |  |
| Pump List - Bodyguard® 323 non-colourvision - Please review/consider removal - this pump is not supported by the manufacturer from next year? | This pump is phasing out. Need to only consider patients currently with this pump. Not for new patients, replacement programme for those patients who have this pump currently required. This must be in conjunction with the Purchasing Authority |
| Pump List - Micrel - Please review - this is the brand name of the Mini Rythmic™PN+ mentioned below? | Issued tender will reflect this |
| Commercial Schedule - Please clarify if there will be a Band H charge for expensive pumps from the current contract? As the costs vastly vary for pumps and sets the removal of this will impact the overall pricing. The pricing would be more efficient with the Band H charge for use with relevant pumps. | Issued tender will reflect this |
| Line 21 - Please could this be amended to 'Emergency Delivery or Additional Fridge delivery'? As these deliveries will require additional individuals to carry out the specialist delivery. | The specification will remain as is. |

|  |  |
| --- | --- |
| Line 33 - Taurolock - Please include multiple lines to enable efficient pricing for each of the volumes available | This will remain as is. |
| Line 35 - Taurosept - Please include multiple lines to enable efficient pricing for each of the volumes available | This will remain as is. |
| Line 37 - Duralock C - Please consider removal - Renal use comprises of 2 syringes and not clear on usage or implications if patient uses incorrect one | Issued tender will reflect this |
| Line 38 - Nutrilock - Please consider removal | This will remain as is. |
| Line 39 - Sodium Chloride 0.9% - Please include multiple lines to enable efficient pricing for each of the volumes available - 500ml & 1000ml | Document 6 will be updated |
| Line 41 - Glucose 4% - Please include multiple lines to enable efficient pricing for each of the volumes available - 500ml & 1000ml | Document 6 will be updated |
| Line 44 - Soduim Chloride 0.9% with 4mmol magnesium chloride 100ml Bag - please review - should this be 1000ml? | Issued tender will reflect this |
| Line 60 - Ranitadine - Please review - it was our understanding that this product had been withdrawn | This will be removed from the commercial schedule |
| Line 64 - No drug / product included - please review? | No change |
| Line 66 - No drug / product included - please review? | No change |
| **Specification** |  |
| **General** |  |
| 5a Links not working to embedded documents | Corrected |
| 5a Line 13 - Our courier partners are able to provide a consistent delivery service to our primary distribution partner - Suggest addition to last sentence of 'without appropriate training, DBS checks and patient consent'. | Issued tender will reflect this |
| 5a Line 28 - This specification point appears to contradict the specification point in 5a Line 33 - recommend remove mention of  home suitability assessment from 5a Line 28. | Removed |
| 5a Line 32 - The first sentence of this specification point is ambiguous and can be interpreted numerous ways - please clarify. | Purchasing Authority will complete and securely transmit to the Supplier the formulation request and purchase order ideally at the same time as the registration form, or at least 5 working days for new patients and 3 working days for current patients  before the confirmed service activation date. |
| 5a Line 33 - This specification point appears to contradict the specification point in Line 28 - recommend remove mention of home suitability assessment from Line 28. | Removed |
| 5a Line 56 - Please provide further information as to the type of buffer stock required e.g. same as regime or can be fluid bag? Regarding minimum 3 days buffer stock - there are potential issues with stability for 8 day bags delivered weekly and 18 day stability for bags delivered fortnightly. For those on MCB/Fluid regimes, is 3 days buffer stock required? Also, what are the considerations for space in the patients home for 3 additional bags (especially if refrigerated needed) | The buffer stock is to be agreed between the purchasing authority and the supplier for each patient, but there should be a minimum of 1 day for all presentations. See policy from NHSE by Joe Kerin. Will need some flexibility due to stability of some  bags, not feeding 7 days |

|  |  |
| --- | --- |
|  | etc. but needs to account for the majority of patients |
| 5a Line 76 - We note that this has been reduced from a maximum of 10 days 'On Hold' fee payment in the current contract. This would be acceptable where the patient/carer confirm that asap collection is possible within this time period. For all other cases we would request this period remains at 10 days. | 10-day period agreed |
| 5a Line 84 - Please could we be provided with examples of previous  PA surveys as we would like to ensure there is not duplication and implement results into our action plans. | We will endeavour to provide an example |
| 5a Line 115 - Please provide indicative patient numbers across all individual ICB regions. Year-on-year increase figures as well as new patients on and deactivated, would assist suppliers to ensure that sufficient capacity to be built into all regions to ensure appropriate coverage and equity of service provision nationally. | We do not hold this information. We can only provide per region and total number - will be included in the tender pack |
| **Prescribing and Dispensing** |  |
| 5b Line 10 - RAG rating must be on script on referal - We have been informed this is not always possible until the patient is stable on HPN  - please consider changing to post 1 month to reflect the above. | Blueteq asks for a RAG rating on initiation - this can be amended after a short review period to check stability. We don't always know exact formulation until sometimes 1 day prior to discharge / time taken to prepare a contingency which will impact on how complex the contingency  is, so it's a practicality rather than stability issue |
| 5b Line 14 - Please clarify if it is the suppliers responsibility to remind the PA that a new script is required? Also this timeline is contradicted in 5b Line 21 - please clarify. | Suppliers are responsible for reminding the PA that a new script is required 4 weeks prior to the expiry of the current prescription.  Spec updated |
| 5b Line 15 - Please consider change from 'routinely written generically' to 'Prescriptions will be written generically where possible' - this guidance will ensure quicker implementation of new/more cost effective equivalent products. | Happy for this as HCP do not purchase from CMU contracts for this framework, so we do not  need to think about brands for generic medicines |
| 5b Line 18 - Please see comments at 5a Line 56. | No changes to this line need to be made |
| 5b Line 21 - Please see 5b Line 4 comments - this timeline is contradicted - please clarify. | 4 weeks timeline for repeat prescriptions |
| **Delivery** |  |
| 5c Line 6-48 - Preference would be for a comments section on each ICB to explain if there are any caveats to service provision in particular areas | This is acceptable, please be as clear as possible. |

|  |  |
| --- | --- |
| 5c Line 71 - Our courier partners are able to provide a consistent delivery service to our primary distribution partner- Suggest addition  to last sentence of 'without appropriate training, DBS checks and patient consent'. | Issued tender will reflect this |
| **Equipment and Ancils** |  |
| 5d Line 13 - Please consider change of first sentence to "Any change to pump types MUST be *based on clinical need*, agreed with the Purchasing Authority and appropriate training should be provided by the Supplier to the patient/ carer in the use of the pumps." This will help with efficient pricing as changing pumps has a training /  resource and equipment impact. | Issued tender will reflect this |
| **Clinical Services** |  |
| 5e Line 19 - This appears to be an inclusion from the generic homecare specification, please review and clarify whether this is appropriate for HPN? | Removed. |
| 5e Line 84 - Please clarify there will be no separate Blueteq number for nursing? | Requests for initial training will be using the same blueteq number as for initiation of Home PN. Continuation forms are being introduced for annual review of PN needs, and for any extensions / review of nursing requirements. |
| **Finance** |  |
| 5g Line 5 - Please provide specific details with regards to the 'Nationally approved standards' mentioned. | If there is a nationally approved standard for those listed you should follow. This future proofs the spec. Also ref;RPS standards for homecare;  NHSE policy for non- comp>hybrid>compounded |
| 5g Lines 7 - In order to implement this, Suppliers will require a complete list of all contract products and prices available from manufacturers as part of the tender documents. These products will need to be priced individually within the commercial schedule and not included within bundles. | At present, this contract does not use CMU framework prices. The statement here is in case there is a change, that this  would be implemented by the supplier. |
| 5g Line 8 - Same comment as Line 7 above | As above |
| 5g Line 14 - Please clarify that it is acceptable that items on the invoice will be shown as per the commercial schedule (e.g. additional ancillaries will be listed separately but not those included within a Band).  Please provide further details with regards to the 'Nationally approved standards' mentioned. | Acceptable. With regards to nationally approved standards review national EDI guidance |
| **Home Visits** |  |

|  |  |
| --- | --- |
| 5h Line 5 - To enable efficient delivery routing where possible, rather than 'must be scheduled to take place prior' - we would request change to "must be re-arranged at an clinically appropriate time which has been pre-agreed with the patient." | The Supplier will provide non-clinical home visits Monday to Friday 8am to 6pm and 8am - 12pm on a Saturday and ensure escalation contacts are available during these times. If the patient's routine delivery would be due on a Bank Holiday the delivery date must be rearranged at a clinically appropriate time which has been agreed with the  patient with maintenance of any buffer stock. |
| **Net Zero and Social Value** |  |
| 5j Line 6 - Upon review this question does not appear to correlate with the 'Tackling Economic Inequality' theme of the Government's Social Value Guidance. It is also extremely similar to the question included within the 'Equal Opportunity' section (Tab 5j - line 8) so likely to receive a very similar response from Suppliers. If the intention is to evaluate against the 'Tackling Economic Inequality' theme then we would recommend this question is reconsidered. | These have been produced in conjunction with the stakeholder group and policy team so unable to change. |
| 5e - Will there be scope for Nursing Associates in this framework? | There will not be scope for Nursing Associates. |
| 5e/68 - Can adult trained nurses with the relevant training (HPN, Paediatric BLS, Anaphylaxis, CVAD management, Paediatric Early Warning Scores etc) see under 18s?  In particular, training parents to manage pumps/ transitioning teenagers. | Yes, stakeholders are sure they can, legislation will need to be checked. Under 16 is more questionable |
| 5a/32 - Notice period of time for returning to nursing service after inpatient stay.  Can you confirm its covered by the spec point I believe covers it please?  "Purchasing Authority will complete and securely transmit to the Supplier the formulation request and purchase order will be provided at the same time as the registration form or at least 5 working days for new patients and 3 working days for current patients before the confirmed service activation date. This is for the delivery of feed and the starting of a nursing service.  " | This is correct. 3 working days for an existing patient and 5 working days for a new patient. |
| 5e/82 - As long as condensed training does not exceed 28 hours in duration can more than 2 hours per day be allocated to the patient? | This is correct. Intense training for self management for HPN can be provided for which may take longer than 2 hours per day as long as this  doesn’t exceed 28 hours total. |

|  |  |
| --- | --- |
| 5-day turnaround, and whether the formulation or prescription starts the clock. As a follow up, it was 5a.30 and 5a.43 where we see reference to 5 days following prescription | Following prescription. 5 working days from submission of registration documents and formulation request - day 1 is day of submission if before midday, otherwise it would be day 0. Also need to be clear on PA having 2 working days to get  prescription signed and sent back to provider |
| 5a.60 – some issues obtaining hospital approval out of hours, e.g. urgent supply of a product. What is the suggested approach? | Stakeholder group are unclear. The understanding is any urgent product required 'out of hours' that is clinically indicated the back  up is always the patients local hospital. |
| 5b.4 – This refers to where stability for a formulation cannot be obtained. There is no reference to MCB and trace element compatibility. Can we clarify who is responsible for determining MCB and Vitamin compatibility. Are homecare companies required to carry out a compatibility assessment or does this responsibility fall with the trust? | The Supplier needs to share the stability data to support decision making in partnership with the Purchasing Authority.  Supplier will have stability data for the MCB with micronutrients added. It's up to the PA team to extrapolate the data to run  separately using correct pumps etc. |
| 5b.24 – we don’t believe it is a legal requirement for the supplier pharmacist to sign first, and in fact the supplier screen and signature should come after the prescribers signatures? | Disagree - the idea of the pharmacist signing this off before coming to the PA, is so this has been double checked and is correct, and avoid wasting NHS time. It may not be legal, but it was the agreed method between suppliers and the NHS. Supplier pharmacist signature is to say that they have checked stability prior to the prescription going to the PA, so yes they should be signing before sending |
| 5b.33 – is there any reference for the national guidance? | To follow reporting |

|  |  |
| --- | --- |
|  | guidance via DHSC Dash reporting etc |
| What will be done to drive compliance on the Trust obligations contained within the revised specification – there is variable compliance today with elements such as the provision of bluetec numbers. | The Purchasing Authority holds the contract with the Supplier. The Supplier should challenge the Purchasing Authority if they don't provide the mandatory / essential information. This can also be discussed at the Supplier review meetings with NHSE if continues to be a problem. Two national reference centres can also support and drive  this forward with the IC / HPN centres. |
| In the event that a referral request is not supported with all the elements detailed in the specification, such as purchase order number, bluetec number etc, should suppliers supply products and services or not? | PO may not be available in some units, however all other requirements are necessary. Therefore there should be a discussion with the unit, and only supply once confident that the unit has undertaken all required actions. It is at the PA's risk - NHSE may not pay  invoices for a patient without Blueteq |
| Requested update on standard MCB prescription template which could speed up referrals. | This will be considered and shared when available |
| Query removal of the additional charge for the Micrel pump, given the cost variances. | Issued tender will reflect this |
| Can simplification of the pricing structure be considered for standard IV bags supplied on a PRN basis, versus as a Band D bag? | This is considered to simplify the invoice process and to also ensure additional fluid bags' are cost effective for the NHS.  Issued tender will reflect this |