

Infectious Blood pre-market engagement supplier day

Minutes of discussion and Q & A with participants

Date

- 26 September 2016 – 13:00-15:00

Venue

- MR 1, Richmond House, Westminster

Participants

- Department of Health
- Atos
- Capita Business Services
- Caxton Foundation
- Haemophilia Society

Agenda

- Overview of the current five schemes
- The tendering process
- New scheme requirements / feedback
- Q & A

Minutes

1. Overview of the current five schemes

- This section provided an overview of the current scheme, setting out the makeup, interplay, history and roles performed by the three charities and two organisations. *The relevant slide pack for this presentation is attached in the wider information pack.*

Q Are there consistent issues/faults for the processing of applications or payments?

A The current payment and application system runs smoothly, with limited complications. The major issue faced for applicants is the increasing difficulty for new applicants to demonstrate that they are eligible for support due to the timespan; as such infections would have happened around 30 years ago. Any application is based on the balance of probability which is becoming harder to demonstrate.

Q Are beneficiaries content with the process?

A Beneficiaries are content with the process as it stands.

Q What are the measures for means testing and would there be any potential additional hurdles in implementing the new scheme.

A The new single provider scheme will not implement a new process for discretionary applications, so we do not envisage any new hurdles for applicants to navigate this.

Q Are the payments to beneficiaries annual or monthly?

A The current schemes have a flexible and variable system in that payments depend on the beneficiary's circumstances, it could either be a monthly or annual payment.

2. The Tendering Process and new provider duties

- This section explained the principle behind using the Open Tendering Process. It is to ensure fairness, transparency and a straightforward procurement exercise.
- The aim is for a high quality and consistent service to support the beneficiaries and not one solely price focused. To achieve this, the evaluation criteria would look at price and quality assessment. The full evaluation criteria are still being worked out but it will likely to be based on 70% for quality and 30% on price.
- The number of beneficiaries is around 3500 people.
 - There may be around 20 new hepatitis C applicants added to the scheme per year on average. For HIV there are fewer new applicants each year, usually only 1 or 2.
 - There may be a spike in applications due to the recent publicity from the consultation and announcement of a new scheme, as well as the upcoming changes to be implemented, which makes it difficult to quantify how many claimants will come forward in the coming months and years.
 - However with time you would expect to witness a diminishment in numbers of applicants and successful applications.
- Ultimately the new scheme would retain the majority of the same elements with the addition of new appeal panels. These appeal panels will allow the system to be more responsive to the changing nature of a beneficiary's medical condition; enabling a beneficiary to adapt the financial support they receive to reflect changes to their condition and health.
- Addressing the potential commercial risk for a provider the Department would retain the policy lead in formulating the policy and guidance around payments and support including criteria for the panel's makeup and the processes they will use.
 - With the understanding that policy may change over time which will involve consultation with the provider.
- In addition, covering the payment and advice the provider will provide, all payments are exempt from tax and benefits while the provider will have to signpost beneficiaries to benefits advice and advice on navigating the system.

Q Will staff be co-located?

A As it stands staff are co-located currently and they may be co-located in the future.

Q Will the provider be given the funds to distribute, and if the budget ran out due to policy missteps, could the new scheme work with the Department to secure appropriate and additional funding?

A The provider would be given the funds to process payments. There would be a need for consistent communication between policy and the provider. If the prescribed policy did not allow the provider to manage the budget effectively then timely communication/notice would be needed/expected.

In addition annual/monthly payments are demand led, so while the majority of payments will be known about there can be new cases arising making it harder to quantify amounts needed. Discretionary payments can be better explained with clearer criteria. These are also demand led but the intention is that the budget for these types of payments will be fixed.

Q Are there records on the wider benefits beneficiaries receive and the types of payments beneficiaries receive from the schemes? In addition are the current organisations able to see if a new applicant had approached these schemes before?

A The Department does not hold this information. Data transfer and data protection policy is being worked through.

Q Does the Department know the average length of calls received, the types of topics discussed and does the Department hold any potential transcripts of these calls?

A The Department does not have this information to hand at present. There may not in fact be systems in place to record this kind of information. Ultimately a new provider will need to tailor its approach. If the Department is able to provide further details on this it will be included within the tender package.

Q Is there any 'face to face' element of the service?

A There is no 'face to face' interaction. However, one scheme does provide an annual event for the beneficiaries it supports, but there is no obligation for a new single provider to do that.

Q What are the future plans for the existing bodies / scheme providers?

A The charities and organisations are independent from the Department. However the Department provides the only funding for these bodies. This funding will stop as the new scheme starts to operate and it will be up to the existing bodies to decide whether they wish to continue.

Q What is the level and type of monetary and debt advice the single provider would have to abide by.

A The idea would be for simple 'signposting' for beneficiaries to debt and money saving advice centres, i.e. the new scheme provider would not provide direct advice.

Q Which budget will the money to fund such signposting come from?

A The funding for this will come from the administrative budget (i.e. the monies paid to the new scheme provider for the delivery of services) not the discretionary fund.

Q Will there be a continuation of the work conducted by the five bodies by the single provider as the work now stands or a refinement?

A The Department expects a continuation of the primary tasks, but for certain services a refinement or a change could be expected. For instance since the annual payment would be the largest task to be performed, the single provider may have a particular and different means of processing it. Agreement between the Department and the new provider would be needed to clarify modes of practice.

Q What is driving these timescales?

A it is best practice to implement the announced scheme reform as soon as is achievable, to ensure the best service is provided for the beneficiaries.

Q Would 'TUPE' be applied?

A The Department's assumption is that it would be applied.

Q What is the transition planning for the single provider?

A The Department is working through the process and expects to provide details at a later stage. In addition, the schemes do not have specific exit clauses although the Department is working with the schemes to agree exit arrangements.

The Departments intention is to work with the new provider to hone a transition plan. Transition may be covered in the invitation to tender – as a question/series of questions for example.

Q What would be an appropriate transitional period?

A The Department would welcome suggestions here from suppliers, alternatively the Department would set a date and ask the administrator for a plan.

With these different schemes and the differing tasks they perform it may be likely there would be differing transitional dates for tasks to be moved to the single provider.

Q Do the five bodies use the same IT systems?

A The Department does not hold this information but is discussing this as part of exist planning.

3. Specification

- The key parts of the specification are:
 - Annual/discretionary support
 - A measure of question and answer support including signposting
 - Processing payments, and applications
 - Panel reviews

- Ultimately it comes down to payments and a degree of social support

Q Concern was raised on the PR perspective of a private company rejecting applicants.

A Since the Department will retain and manage policy on payments and applications this should help reduce the risk of public criticism directed at the single provider. Concerning discretionary support, as this is a more open concept, guidance will be provided to the new scheme provider to assess beneficiaries on an individual basis. The 'appeals' process, [independent panel] would also be used to mitigate any complaints.

Q What are the measures used to determine discretionary payment?

A The provider would manage an independent panel that would process applications for discretionary payments to make a reasoned holistic decision. The panel would be provided with guidance from the Department on this.

Q Participants expressed a desire to understand to a greater extent the soft support asks. An understanding of how many calls are expected as well as the average length of calls the provider would expect was seen as important to help determine the administrative costs of running this scheme.

A The call volumes and call lengths are hard to quantify as this is a personalised service supporting a varying mixture of people and conditions. A provider would need to manage the balance of such a mixture of beneficiaries.

4. Conclusion

- The deadline for any additional further questions (Pre market Engagement) would be up to 1 November at which time we expect to issue the invitation to tender package.
- If a question posed is commercially sensitive to your company then it will be answered where it is right to do so but not published to other suppliers. But questions that are not commercially sensitive / general questions and answers will be published.

Q Had the Department considered delivering the service directly?

A The Department does not have the skill set and is not a provider of services. In addition there needs to be a degree of separation and independence for this provider while it is useful to get wider options for delivery.

- Any provider would need to ensure the beneficiaries are the most important aspect of any bid.
- Any more information from the charities is crucial with specific focus on the enquiries they get.