**Appendix A**

**Request for Information - Response Document**

**NHS England Abdominal Aortic Aneurysm (AAA) Screening Programme Patient Management System and support services**

**Ref:** **C233307**

**Note: Please note that this document must be completed and returned via the e-Tendering portal** <https://atamis.cloudforce.com/>

 **All responses will remain confidential; however, an anonymous summary of responses may be published on the e-Tendering portal.**

 **The Contracting Authorities are committed to open government and meeting legal responsibilities under the Freedom of Information Act 2000 (FOIA) and the General Data Protection Regulation (EU) 2016/679 (GDPR). Accordingly, any information created by or submitted to the Contracting Authorities (including but not limited to the information contained in this RFI, clarification questions, responses, and feedback) may need to be disclosed by the Contracting Authorities in response to a request for information. Please be aware before proceeding that you may be adding personal data in response to this RFI which may be subject to privacy regulations.**

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| **A Organisational Information**  |
| Organisation name. | Please give details: |
| Please state the type of organisation e.g., Public limited Company, Limited Company, Charity, Social Enterprise, NHS organisation, other. | Please give details: |
| Number of employees in the organisation. | Please give details: |
| Name of respondent and contact details. | Please give details: |
| **B Market Capability and Capacity**To support the AAA Screening programme, a national information management system was established in 2009. This system supports local Screening services via three main areas:1. Identification of Screening Subject Population Index (SSPI) - The purpose of this is to identify people eligible for screening, and to provide and maintain demographic data for all identified screening subjects. This provides AAA Screening with the eligible cohort and provides demographic updates from GPs through NHS England Live services.
2. Management of administration, screening and referral - This provides the core functionality for the screening programme, including the collation of a screening cohort for each local screening programme, the administration of screening subject call and recall, the recording of the screening process and associated outcomes, the management of referrals for those screened positive, and the collation of audit and performance management data for the programme. The data for the AAA Screening programme stored in a single national database, and each Local screening unit only has access to the patients for whom they are responsible. The boundaries of local screening programmes are defined by the list of GP practices to which they are responsible for offering screening.
3. Recording of AAA surgery and outcomes - The is used to measure the effectiveness of the screening programme, by collating data on AAA Screening outcomes (whether following a positive screen or not) and linking findings with the National Vascular Registry to support the National Vascular Network.

The system aligns with the AAA Screening patient pathway and captures KPI reporting data used to benchmark all screening services in England.* Managed service desk support services

**The Commissioners wish to understand the capacity and level of expertise within the market to deliver a new digital solution to support AAA screening programme. This will include the design, implementation, support and live service management of the solution including any required migration activities from legacy systems or services. User-centred design and continuous improvement are key principles.****This information is requested to allow the Commissioners to gauge the size, type and capabilities of organisations interested in providing the service.****Please provide the following information:** |
| **Subject/Question**  | **Response** |
| 1 | Do you currently provide a similar system/service ? | Yes/No:If yes, please give details: |
| 1a | If yes, please provide details of the system/service and organisations involved  | Please give details: |

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| 1b | Please detail the number of similar contracts you currently hold and organisations, locations, including annual activity levels. | Please give details: |
| 2 | How do you think the proposed system achieves the best outcomes for users/ clinicians) and AAA programme? | Please give details: |
| 3 | Please give your views on how the system/ service could :* Integrate with all Trust Electronic Patient Record (EPR) system and TIEs (Trust Integration Engines)
* Integrate with Hospital Picture Archiving and Communications systems (PACS)
* Interact and communicate with users
* Link Ultrasound images with patient records
* Consume and Manage patient cohort details from NHS national Spine services such as PDS
* Provide clinicians with the capability to quality assure and audit ultrasound images
* Track the AAA Screening patient pathways and follow up intervals as set out in AAA screening standards and KPI’s
* Provide legally compliant, identifiable data outputs to a Secure Data Environment within the NHS

[Secure data environment for NHS health and social care data - policy guidelines - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/secure-data-environment-policy-guidelines/secure-data-environment-for-nhs-health-and-social-care-data-policy-guidelines#the-purpose-of-these-guidelines)[NHS Research SDE Network agrees to adopt common data model - HDR UK](https://www.hdruk.ac.uk/news/nhs-research-sde-network-agrees-to-adopt-common-data-model/)[Data Standardization – OHDSI](https://www.ohdsi.org/data-standardization/) |  |
| 4 | Describe how the system will deliver value for money and quality?  | Please give details: |
| 5 | If you were awarded a contract, what do you see as the key foundations for this type of system to be successful? Please include approach to project delivery, service management and support, and governance. | Please give details: |
| 6 | Do you have any suggestions about how a solution would benefit the users and the providers? | Please give details: |

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| **C** | **User Experiences**  |
| 7 | Please detail your reasoning on how the solution would/could improve user experience and other benefits and/or risks resulting from the solution. | Please give details: |

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|  **D** | **Contract Model** **Please note: The type of contract awarded for providers of the new service will be the NHS Terms and Conditions**  |
| 8 | service /system model Please indicate if you would be intended in providing the solution and maintenance as a single organisation or in partnership with one or more other organisations. | Please give details: |
| 9 | contract length Considering the solution development, testing, implementation support and maintenance as a whole, including the levels of investment, workforce, service levels and upgrades; what would you consider to be a viable and appropriate duration for this contract?  | Please give details: |
| 10 | Please share your reasoning for a preferred contract term so that we may better understand. | Please give details: |
| 11 | contractual RisksWhat contractual risks, if any, have you identified in relation to the development, testing, implementation and maintenance?  |  |
| 12 | How could we mitigate against any contractual risks you have identified? | Please give details: |

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| **E** | **Finance** |
| 13 | What do you foresee the financial structure and components of service to be? e.g.* Development
* Testing
* Maintenance and Support
 | Please give details: |

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| 14 | Are there any other comments or anything else we should be considering in relation to the pricing model? |  |
| 15 | What financial risks, if any, have you identified in relation to the solution development, implementation, testing and maintenance and any of the pricing models suggested? | Please give details: |
| 15a | How could we mitigate against any financial risks you have identified? | Please give details: |
| **F** | **Development and Implementation** |
| 16 | What technologies do you believe could provide the required service? Commercially Off-the-shelf (COTS), bespoke or a combination? |  |
| 17 | How many weeks do you think will be required for the: 1. Development phase
2. Testing
3. Implementation of a solution
 | Please give details: |

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| 18 | In terms of implementation, please describe the areas and reasons where you would require support from the Commissioners. | Please give details: |
| **G** | **Storage and Premises** |
| 19 | In this scenario NHS England are Data Controllers and Suppliers are the Data Processors. We are interested in Suppliers’ views on:What information they would store and whyWhat length of period they would hold onto the various data identified and whyWhere would the data be held, including premisesapproaches to data security and integrity | Please give details: |
| **H** | **Barriers to bidding:** |
| 20 | Are there any barriers that might prevent suppliers from bidding, noting that all barriers are not within the control of the contracting authorities? If so, please outline. | Please give details: |

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| **I** | **Whole Service Risk** |
| 21 | Please summarise the high-level material risks associated with the solution development, implementation, hosting and maintenance, other than those identified already, including brief details of potential impact and provide details of how these might be mitigated  | Please give details: |
| **J** | **Any other comments:** |
| 22 | Are there any other elements that commissioners should be deliberating in addition to the questions above? Please use this as an opportunity to highlight anything else which should be considered in relation to this early market engagement process. |  |
| **K** | **Supplier Meetings**  |  |
| 23 | If required, would you be interested in attending a supplier meeting to further explore your response to this RFI? | Yes/No  |