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# WHATS INCLUDED

Customer Requirements (this document)

Appendix A – Award Questionnaire (template to be completed)

Appendix B – Supplier Pricing Matrix (template to be completed)

Appendix C – Call-Off Contract (Part A&B) (Customer specific terms)

– Call-Off Contract (Part C) (Standard Terms and Conditions)

Appendix D – T&S Policy

OVERVIEW

|  |  |
| --- | --- |
| CCS Project Lead: | Emilia Cedeno |
| Customer:  | NHS England: Healthy London Partnership (HLP) |
| Delivery Location: | Central London |
| Phase(s):  | Discovery |
| Project:  | DS02- 109 NHS England HLP London Digital Programme  |
| Required Capabilities: | Include:[x] User Research (UX Design) |
| Subcontracting Permitted?[supplier must have all required capabilities, but may subcontract to supplement their resource if required] | [x] Yes [ ]  No |
| Supplier Partnering Permitted?[suppliers who do not hold all the required capabilities, but wish to bid for all, may partner with another supplier on the framework who does hold the capabilities they need] | ☐Yes [x]  No |
| Contract Charging Mechanism (Discovery Phase): | Capped Time and Materials |
| Tender Publish Date:  | 16/03/2016 |
| Tender Submission Deadline: | 01/04/2016 |
| Proposed length of phase:  | 3 months |
| Proposed Commencement Date of Project: | 25/04/2016 |

LOTTING STRUCTURE

## The Customer has structured this procurement as follows:

|  |  |
| --- | --- |
| **Lot 1**  | User Research |

TIMESCALES

The Customer or CCS may change this timetable at any time. The Potential Provider will be informed by email if there are any changes to this timetable.

## It is the Potential Provider’s responsibility to monitor the online messaging facility (e-Sourcing).

|  |  |  |
| --- | --- | --- |
| **DATE** | **WHO** | **ACTIVITY** |
| 16/03/2016 | CCS | **Publish requirements to Potential Providers** Clarification period starts |
| 22/03/2016 | CCS, Customer & Potential Providers | **Clarification Webinar 14:00**Invite to webinar will be issued via the CCS eSourcing Suite. All questions and responses will be published via eSourcing Suite. |
| 24/03/2016 | Potential Providers | **Clarification Question period closes**Please submit all clarification questions by 23:59hrsPlease note that we aim to publish all response to Q&A within 24hrs |
| 01/04/2016 | Potential Providers | **Submission Deadline** Potential Provider must upload submission to the eSourcing suite by 12:00noon |
| 08/04/2016 | Potential Providers & Customer | **Demonstration, Testing and Scrutiny**Presentation (face to face or webinar) with Q&A 45 minutes |
| 13/04/2016 |  | **Award Notification**Publish Successful and un-successful Potential Providers. |
| 25/04/2016 |  | **Expected "Commencement Date" for Call-Off Contract/s** |

KEY DELIVERY DATES

|  |  |  |
| --- | --- | --- |
| PROJECT PHASES | START DATE | COMPLETION DATE |
| [Discovery](https://www.gov.uk/service-manual/phases/discovery.html)  | 25/04/2016 | 26/06/2016 |

#

CURRENT SITUATION / BACKGROUND INFORMATION

**Overview of our requirements**

We require user needs research and testing specialist support to strengthen the London Digital Programme’s focus on how to increase utility and take-up of the digitally enhanced Citizen Account. We do not require technical architects, web site or interaction designers.

We are a small interdisciplinary team within the NHS England’s Healthy London Partnership's London Digital Programme. One of the programme long-term goals is to enable citizens to contact the NHS using a channel that is appropriate and convenient, while experiencing the same high levels of customer service expected of other industries and organisations.

We require specialist skills in user research, market segmentation, and UX experience over 3 months for 3 key purposes:

1. Research: to conduct a literature review and qualitative research to clarify and summarise user needs requirements across 3 patient population groups in London;
2. Test: to evaluate usability by planning and delivering usability tests to determine how the Citizen Account could drive maximum value from each of 3 patient groups, and
3. Report: to write a report on findings and recommendations that will inform a business case for investment at scale and further roll-out of the Citizen Account project.

We need to understand what really matters to the citizen to avoid creating an unattainable wish list in times of financial constraint**.**

**Risk stratification**

A key component within the research phase of this project is risk stratification. The winning bidder, or their subcontracted 3rd party, would need to systematically divide the 3 patient population groups into different strata of risk. The winning bidder would be required to create statistically significant groups for testing, invite patients to participate following research ethics, and carry out tests. There are 32 Clinical Commissioning Groups across London who each would have statistical summaries of patient populations in their geographical area.

**Background**

* Across the London capital, health and care staff and Londoners have made tremendous improvements to patient services in the past 10 years. Working together, we have made huge progress to raise the quality and safety of care, reduce waiting times and improve access to services, but London is just ‘average’ among peers – ranked number 7 out of 14 comparable cities around the world.
* Thanks to the hard work of dedicated NHS staff in London, Healthy London Partnership has been established in 2015 to improve health services and deliver changes to health in the capital. The aim is to take London from 7th in the global healthy city rankings, to the number 1 spot.
* NHS England and London’s 32 Clinical Commissioning Groups launched a plan to make London the world’s healthiest global city. This followed on from the work of the London Health Commission, which was an independent review of health established by the Mayor, Boris Johnson and led by Professor the Lord Darzi. The Commission’s report (Better Health for London) contained 10 aspirations for London and over 64 recommendations on how to make London the world’s healthiest city.
* Currently, the work of Healthy London Partnership is focused on 13 transformation programmes. Each programme aims to solve a different health and care challenge faced by the capital. All aim to make prevention of ill health and care more consistent across the city. One particular problem for example is Londoners often have real trouble getting a GP appointment.
* The London Digital Programme (LDP), one of the ambitious programmes within the HLP, has been established to achieve the vision of paperless real time sharing of health and care information under the control of the patient/citizen by 2020.
* A key focus of LDP is enabling patients/citizens to do more for themselves in coordinating their own care and connecting up islands of information sharing across the capital so that clinicians can deliver increasingly pro-active responses with resulting improvements in patient safety.

**The Citizen Account**

* The Citizen Account, one of the digital projects managed by LDP, will deliver the technical solution design, support the way information is used across NHS/care settings, and explore the requirements and feasibility of establishing personalised identity, consent and preference services that can be set (by the citizen) once and subsequently be accessed/shared by provider systems.
* The Business Requirements for the Citizen Account project include:
	1. Act as a single-point-of-contact for the citizen/ family member
	2. Enable the Citizen to access an online directory of care/health providers
	3. Enable the Citizen to access their Personal Health Budget / Care Plans securely and update their Care Plans and Care Packages as and when they achieve their identified goals
	4. Enable the Citizen to notify clinicians / carers if there is a change in health needs
	5. Enabling clinicians to access care plans so that they know the citizen’s needs and make the best clinical decisions
	6. Enable Citizens to view their health results online
	7. Enable Social Care to view GP / hospital appointments and outcomes, and current medication prescribed for a citizen
	8. Enable Citizens to give consent to third-party providers
	9. Enable clinical/care users to access personalised Crisis Care Plan information from multiple source systems across the Urgent and Emergency Care pathway in a common way using their own systems.
1. By the end of this Citizen Account project (March 2016), technical options for the delivery of enabling capabilities will have been evaluated and prototyped in conjunction with partner programmes.
* The target capabilities will show how ‘activated’ citizens, can be provided with the means to play a bigger role in the in the co-ordination of their care via citizen accounts.
* The project, through proof-of-concept exercises, will have demonstrated how citizen accounts (in particular consent, identity management and single sign on) will enable an expansion in the use of a digital apps community and allows information exchange between apps and NHS services.
* The project will endeavour to scope single sign on requirements and prevent the need for multiple logins
* The project will endeavour to bring together health and social care transactions into one space to promote integrated care.
* The project will endeavour to have resolved many of the information governance issues that inhibit wider information sharing by enabling the citizen to take control of who is able to access their information and for what purposes, through informed consent.  This will both activate the flow of information and free up resources currently tied up in managing consent on behalf of the citizen between individual care providers.
* The project will demonstrate how wider adoption and use of existing Patients Online capabilities can be achieved by making it easier for the patient to register to use digital services.
* The project will demonstrate how to enable and improve clinical information sharing in a triage situation by positively identifying each patient.

**Patient Groups**

The 3 patient groups we have identified for this project:

1. People in London with long-term conditions. People with long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the longer term rather than providing single, unconnected “episodes” of care’.
2. People in London who use NHS for short term intermittent care
3. Young people. People in London aged 18 to 24.

**Current Work Streams**

LDP currently is managing two work streams for the front-end phase of the Citizen Account work.

1. *Work Stream 1*: Defines a set of front-end screen flows, wireframes, and integration points for a working prototype of the end to end flows in registering for Citizen Account in accordance with the high level requirements described/agreed – BY END OF MAY 2016
2. *Work Stream 2*: Builds the front-end Citizen Account application based on the defined set of screen flows and user experience design to demonstrate the core citizen account registration process (with verification to identify an individual) and the administration of a subset of information sharing preferences. Work Stream 2 is to implement the Front-End of the Citizen Account Registration Process – BY MID to END APRIL 2016.

These two work streams concentrate on the screen flows and functionality.

There is also a back-end work stream in process: *Work Stream 3*. Identity Hub implementation, configuration for the data controllers online information sharing processes, flows, data access and control.

The diagram below illustrates the core epic stories that define the end-to-end flows and functionality that will form the Citizen Account application. (Work Streams 1, 2 and 3)



What is required now is digital specialist support to conduct more in-depth user research and functional usability testing. We do not require web site or interaction design.

**Our requirements**

Research carried out by NHS England in 2015 provided evidenced-based insight using robust market research methodology (Conjoint\*) to determine what current and future citizens’ value in relation to their interaction with the NHS for non-emergency contact. The research revealed the ideal “bundled” offer that is most likely to be preferred by the majority of citizens, which is consistent across scenarios and demographic segments. An online NHS account was the third highest ranking attribute and the preference for this increased the more functionality that was added and in particular the ability to do transactions such as booking appointments. This research has also gone further to a provide insight into people’s preferences in relation to data sharing, personalised NHS accounts, online transactions, and appetite for self-service, which are fundamental concepts within the National Information Board - Personalised Health and Care 2020.

(\*Conjoint: ‘Customer Contact Programme, Research and Analysis Understanding, customer priorities through conjoint testing’, May 2015. This literature review commissioned by NHS England and conducted by PA Consulting in Q3 2014 developed a comprehensive view of how other organisations and sectors are tackling customer contact issues to achieve desired outcomes. Successful contact models such as 311 in the US have brought a wealth of positive outcomes for citizens and organisations through an improved customer contact offer, and there are clear learnings from these other contexts to support the development of a future contact solution for NHS England.)

Our next steps are to build a clear understanding of what the priorities are for citizens and understand what aspects of the offer should be prioritised from a customer viewpoint, building on the insights from the literature review and Care Connect pilots.

An example of questions to explore for user research that builds upon current research findings:

* What will drive/ motivate citizens to log-on, connect and use a Citizen Account?
* What are the high level benefits to citizens in using a Citizen Account?
* How usable is the registration flow for citizens within the Citizen Account?
* What segments of the population will get the biggest benefits from the Citizen Account?
* What are the priorities for citizens in using the Citizen Account; that is, what tasks would they most likely carry out on the Citizen Account?
* What utility would citizens value most from a Citizen Account – i.e. the applications that could be accessed once they have registered their account and had identity authenticated
* What features (enabled by the Citizen Account) would citizens expect in order to build their confidence in using the Citizen Account; for example, security, feedback, privacy, help-desk, easy log-in, single sign on, ability to register preferences and consent, branding ?
* How to citizens want to access this functionality – i.e. through existing services such as Facebook, from a GP system etc.

Possible questions to explore:

1. What type of people – segmentation of population – who will get best benefit? How do we access hard to reach groups who could get benefit? How we address digital inequality and health literacy?
2. What utility – would be most valued via a CA - which apps and services?
3. How they would use it? What applications are most valued by people that could be connected into a Citizen Account?
	1. Look and feel; the navigation – i.e. testing the outputs of work stream 1 and 2
	2. How people want to access -i.e. white labelled in other systems, register with a clinician,
	3. The motivations, behaviors, user states- i.e. in what specific circumstances people would use it or not use it?
	4. The features that matter in terms of confidence - security, feedback, privacy, help-desk, easy log-in, single sign on, ability to register preferences and consent, branding , data sharing , proxy (carers doing it on behalf) ?
4. What would be the benefits – to individuals, to the system in terms of reducing costs?

This work aims to establish a clear understanding of what kind of contact offer would be preferred by citizens, and to use quantitative and qualitative data to help us prioritise the drivers of choice for targeted users of the Citizen Account especially within the context of the London population.

Conjoint review identified what people said they wanted; e.g. online accounts, multi-channel access and greater options to self-service. We now need to understand more about ‘how’ they want to do this and how a Citizen Account may or may not work in this context.



*Illustration One: The Activated Citizen Roadmap*

**Information Exchange**

* In London, 2,000 organisations deliver health and care services to 9m+ people. While there are around 30 initiatives to share patient data, there is no infrastructure to link these solutions and support the location of records and exchange of information. For patients, the opportunity to play a bigger role in the co-ordination of their care is for the most part still a dream.
* Information sharing at scale has the potential to transform the way the NHS delivers care. Simply sharing end of life preferences, for example, has potential to (a) ensure that peoples care preferences are respected, and (b) generate circa £30m savings annually by reducing inappropriate and unwelcome admissions to hospital.
* The ambition is to create a single health and care information exchange servicing all of London based on a ‘standards based’ message driven architecture.
* The information exchange will:
* provide a platform that connects organisations to each other and to the patient
* enable clinicians and patients to locate and share records
* exchange notifications and alerts between clinicians (and with patients) via a citizen account
* provide a Citizen Account that provides (a) a single shared identity for patients, (b) tools that allow the patient to express their preferences, be remembered by the NHS and allow them to take more control of how data is shared, and (c) allow access to a range of connected applications offering further choices and control, for example, an app to manage a personal health budget or an end of life care plan
* create a trusted environment for information exchange

CURRENT ROLES AND RESPONSIBILITIES OF THE CUSTOMER

|  |  |
| --- | --- |
| **Role** | **Responsibilities**  |
| **Programme Manager** | Oversees the full range of projects within the London Digital Programme |
| **Technical Architect**  | Provide expert advice and consult with suppliers who carry out the Proof of Concept work to prove capabilities |
| **Head of Strategic Systems and Technology** | Oversees the technical and systems components of the HLP. |
| **Patient Engagement** | Oversees projects that involve engaging with patient groups across London  |
| **Commercial Lead** | Oversees the procurement, contracts and commercial negotiations within the London Digital Programme |

CURRENT TECHNOLOGIES AND LANGUAGES

N/A

REQUIRED OUTCOMES

1. A report detailing and verifying user requirements based on analysis of current research in the health care domain and enhanced with qualitative research with sample sets of citizens.
2. A report on Usability Test outcomes to include:
* **Background Summary**:  Include a brief summary including what was tested, where and when the test was held, equipment information, what was done during the test (include all testing materials as an appendix), the testing team, and a brief description of the problems encountered as well as what worked well.
* **Methodology**:  Include the test methodology. Explain how the test was conducted by describing the test sessions, the type of interface tested, metrics collected, and an overview of task scenarios.  Describe the participants and provide summary tables of the questionnaire responses by segmented groups TBD by LDP (Note: do not include the full names of the participants.)
* **Test Results**:  Include an analysis and data loggers recorded. Describe the tasks that had the highest and lowest completion rates.  Provide a summary of the successful task completion rates by participant, task, and average success rate by task and show the data in a table. Follow the same model for all metrics.  Depending on the metrics collected, show the:
	+ Number and percent of participants who completed each scenario, and all scenarios
	+ Average time taken to complete each scenario for those who completed the scenario
	+ Satisfaction results
	+ Participant comments.
* **Findings and Recommendations**:  List findings and recommendations using all your data (quantitative and qualitative, notes and spreadsheets). Each finding should have a basis in data.  List findings and recommendations scenario by scenario
1. A report on outcomes of the literature review and usability testing including a well-articulated and quantified set of benefits for a Citizen Account. This report needs to be sufficiently robust to inform a business case to facilitate investments, decisions, and planning for Citizen Accounts.

**Stages of Work: Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage** | **Task** | **Outcome** | **Estimated duration** |
| 1 | Research | Report on user requirements and segmentation/ risk stratification across 3 patient groups | 4 weeks |
| 2 | Test | A report of usability test outcomes | 4 weeks |
| 3 | Report | A report to strengthen a Business Case for further investment | 2 weeks |

**Stages of work: Detail**

1. *Part One: Desk-top research; focus groups; interviews*

Review the current research and identify the questions and scenarios for the usability testing. Carry out qualitative research to verify findings.

Segmentation and risk stratification. Systematically divide the 3 patient population groups into different strata of risk. Segment the 3 patient groups for the purpose of the usability research and testing. For example by demographics, or by HLP programmes (homelessness, cancer, End of life care, Children/ Young People, etc.), or by user states, hard to reach groups, those with high or low digital activation, health literacy, people with health or care budgets.

1. *Part Two: Usability testing*
2. Plan a Usability Test
	1. Scope: Indicate what is to be tested. Specify how much functionality the test will cover (e.g. the prototype as of a specific date; the navigation; navigation and content).
	2. Techniques: review with users; usability labs; schedule & location
	3. Sessions: length of the sessions (typically one hour to 90 minutes).
	4. Test environment
	5. Equipment required: desktop, laptop, and mobile/Smartphone.
	6. Participants: size of sample user groups
	7. Test Scenarios: number and types of tasks included in testing. Typically, for a 60 min. test, use 10 (+/-2) scenarios for desktop or laptop testing and 8 (+/- 2) scenarios for a mobile/smartphone test.
	8. Metrics:
		1. Subjective metrics: Include the questions to ask the participants prior to the sessions (e.g., background questionnaire), after each task scenario is completed (ease and satisfaction questions about the task), and overall ease, satisfaction and likelihood to use/recommend questions when the sessions is completed.
		2. Quantitative metrics: Indicate the quantitative data to be measured (e.g., successful completion rates, error rates, time on task).
	9. Roles: The usability specialist should be the facilitator of the sessions. The usability team may also provide the primary note-taker. Other team members should be expected to participate as observers and, perhaps, as note-takers.
3. Build the tests: (select test methods ;e .g. observation, thinking aloud protocol, et al)
4. Document usability testing following ISO guidelines
	1. Describe purpose of test
	2. Specify quality model to be used
	3. Identify contexts of use
	4. Identify context for the tests showing how closely the tests meet the actual context of use
	5. Define criteria for assessment
5. Identify Test Metrics
* Successful Task Completion
* Critical Errors:  Critical errors are deviations at completion from the targets of the scenario. For example, reporting the wrong data value due to the participant’s workflow. Essentially the participant will not be able to finish the task. Participant may or may not be aware that the task goal is incorrect or incomplete.
* Non-Critical Errors:  Non-critical errors are errors that are recovered by the participant and do not result in the participant’s ability to successfully complete the task. These errors result in the task being completed less efficiently. For example, exploratory behaviours such as opening the wrong navigation menu item or using a control incorrectly are non-critical errors.
* Error-Free Rate:  Error-free rate is the percentage of test participants who complete the task without any errors (critical or non-critical errors).
* Time on Task:  The amount of time it takes the participant to complete the task.
* Subjective Measures:  These evaluations are self-reported participant ratings for satisfaction, ease of use, ease of finding information, etc. where participants rate the measure on a 5 to 7-point Likert scale.
* Likes, Dislikes and Recommendations:  Participants provide what they liked most about the functionality, what they liked least about the site, and recommendations for improving the site.
1. Recruit participants who represent target audience
2. Design research consent forms complying to research ethics
3. Conduct Usability Tests
4. Write Report on findings and conclusions
5. *Part Three: Write report for Business Case*

A report on outcomes of the literature review and usability testing including a well-articulated and quantified set of benefits for a Citizen Account. This report needs to be sufficiently robust to inform a business case to facilitate investments, decisions, and planning for Citizen Accounts.

TEST & DEVELOPMENT REQUIREMENTS

N/A

REQUIRED CAPABILITIES AND OUTCOMES OF THE SUPPLIER

|  |
| --- |
| Required Capabilities and Outcomes of the Supplier |
| **Capabilities** | **Outcomes** |
| **User Research (UX Design)** | User Research; Usability Evaluation, Metrics analysis. |

##

THE METHODOLOGY

This project will follow an agile methodology.

Types of user research methods that may be required include focus groups, usability testing, task analysis, surveys, interviews (contextual), desk top research and analysis

GOVERNANCE

The winning bidder will report to the LDP Programme Manager and the LDP Commercial Lead once every 2 weeks to provide update on activities and highlights of work.

The winning bidder will also work closely with the LDP Technical Architect to understand the front end and back end work streams relating to Citizen Account already in place.

This UX project will fit across the interoperability and Digital Personalisation and Self-Care areas of the overall governance framework of LDP.



TERMS AND CONDITIONS

There are no supplemental requirements required for this project other than what is listed in section 5 of the Call-off Contract Part A.

Details of Contract charges and payment: Invoices are aligned with milestones to be agreed with the winning bidder. Invoices are to be posted to NHS Special Business Services after the Purchase Order number is raised by LDP.

Please note that Customer specific Terms and Conditions apply to this agreement. Please refer to the Call-Off Contract Part A, for further information. Please note that these terms will supersede the standard terms within Call-Off Contract Part C Call-Off Terms and Conditions

EVALUATION STAGES, MINIMUM PASS MARKS & PRICE EVALUATION

## Evaluation will follow the approach below:

## Technical & Cultural evaluation

* Demonstration, Testing and Scrutiny

## Pricing evaluation

MINIMUM PASS MARKS:

## In order for Potential Providers to progress they must achieve or exceed the Minimum Pass Mark, as defined in the Award Questionnaire.

|  |  |
| --- | --- |
| Stage 1: Technical & Cultural evaluation | All Potential Providers who achieve the required Minimum Pass Mark for a Lot will be added to the Short List, and will be eligible to continue in the Further Competition. |
| **Stage 2:** Practical Demonstration, and Scrutiny of the resources proposed by the supplier | Suppliers who meet the Minimum Pass Marks specified for Part A Supplier Confirmation, and Part B1 Written Submission; will be required to complete Part B2 Practical Demonstration of a particular skill (specified within the Award Questionnaire) in order to evidence capability. Supplier resources will be required to respond to the Scrutiny questions stipulated within the Award Questionnaire. Each shortlisted Supplier must achieve the Minimum Pass Marks identified in the Award Questionnaire to continue in the Further Competition. |
| Stage 3: Pricing evaluation  | For each Further Competition the Customer has a choice as to how they wish the pricing to be evaluated. In this instance the Customer has specified Combined Evaluation with averages as their chosen price evaluation method. For more information please see the Evaluation Guidance document held on the e-Sourcing suite.Please note that pricing will only be evaluated for those shortlisted suppliers that have met the Minimum Pass Marks for the preceding evaluation stages |