5th Floor, Stephenson House
75 Hampstead Road
London
NW1 2PL

Tel: 020 3688 1595
Email: clinical.procurement@nelcsu.nhs.uk

23 January 2018

Dear Bidders,

Request for Quotation: Whittington Health Community Services

I am writing on behalf of Whittington Health NHS Trust who currently have a requirement to commission additional quality improvement capacity to support community services. The Trust proposes to bring improvement expertise to work alongside operational teams, providing expert guidance and also embedding QI techniques so that the teams build capacity to drive and sustain change. The details of which are set out in the Annex A to this RFQ letter. The contract will be held by Islington CCG on behalf of the Whittington Health.

We need our chosen supplier to commence the work in the week commencing in 12 February 2018. Funding is until May 2018 when we anticipate the work will be completed.

Please note the attached (Annex B) short form of the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Contract Version) (March 2015) which will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a 'bid response document' to the following email box sarah.young11@nhs.net by **12 noon on Monday 5 February** with the following information:

- Full name and address of supplier, our reference number and your contact details;
- Details of services to be supplied including details in response to the requirements set out in the Annex A / the evaluation criteria to this letter and a referee (preferably public sector);
- Expected delivery / start / finish date, and a project time table;
- Total price excluding VAT (Annex C);
- Confirmation of acceptance of the terms and conditions of contract (Annex B);
- Annex D – Conflict of Interest Declaration.

Islington CCG is seeking quotations from a number of suppliers. The following criteria will apply to the selection of the successful supplier (referred to below as The Provider):

#	Evaluation Criteria		Weight
1	**Quality**		**80%**
	1.1	How will your organisation's experience of working with community services both on operational and transformation change, ensure successful delivery of this project? (Word limit: 1,000 words)	30%
	1.2	How will your organisation's infrastructure ensure these outputs are delivered to the quality and satisfaction of the Wellbeing Partnership? (Word limit: 1,000 words)	20%
	1.3	Outline your implementation plan for the project and timescales for implementation and advise how you will ensure delivery on time? (Word limit 1,000 words)	30%
2	**Price**		**20%**
2.1	Please describe your costing model in Annex C Financial Submissions		20%
	Proposed Approach + Price (+ Presentation/Interview)		**100%**

Scoring Matrix	
Score	**Description**
0	Unacceptable - no evidence provided.
1	Poor - Evidence provides little confidence and is below expectations.
2	Satisfactory and meets expectations.
3	Good - Evidence provides full confidence standard will be met with full description and evidence of implementation.
4	Exceptional - Evidence provides full confidence with relevant added value and additional services with full description and evidence of implementation and monitoring.

The Quotation must be submitted in a PDF format, with pricing submitted in a separate file. Quotations received after the above date and time may not be considered.

It would be appreciated if you could advise, within 3 days of receiving this RFQ*, if you intend to submit a bid or your reasons for not submitting a bid.*

If the panel feels at any point that there is not sufficient evidence to score a bidder on any evaluation point then they may, at their discretion, seek clarification from any and all bidders. Bidder clarifications will at all times take account of the commercial confidence of bidders.

If a bidder scores a '0' on any sub-section then they may be eliminated at the discretion of the panel, dependent on how service critical the panel deems that sub-section to be. If a bidder scores '0' on an entire section of the evaluation, the bidder will be automatically eliminated from any further evaluation.

The pass-mark for the qualitative evaluation (Questions 1.1 – 1.9) element is 55%. If a bidder does not attain this score overall then their bid will be rejected. This process ensures that Islington CCG attain a minimum acceptable service quality. Following submission of bids, a moderation / evaluation meeting may be held. Following the moderation meeting, Islington CCG will invite the bidders scoring over 55% to a post bid submission clarification meeting / interview to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. The interview / presentation will be scored. An interview / meeting ***may be held from 14.00 – 17.00 on Friday 9 February* 2018*.***

In the event of a tie (where two or more top scoring Bidders had the same total weighted score including both quality and price), Whittington Health and the CCG will select, from amongst those Bidders, the submission of the Bidder with the highest weighted score for question 1.3. Should the proposals of bidders come to an amount beyond budget they may be excluded.

Islington CCG reserves the right to award the contract on the basis of Most Economically Advantageous Bid. The provider who attains the highest qualitative score and submits the most competitive cost will be awarded the contract.

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if Islington CCG accepts that offer then a legally binding contract will exist between us.

Respondents accept that the Islington CCG is subject to the Freedom of Information Act and government transparency obligations which may require Islington CCG to disclose information received from you to third parties.

This RFQ letter and your response do not give rise to any contractual obligation or liability unless and until such time as Islington CCG issues a letter referencing this Request for a Quotation with a signed contract and a valid Purchase Order number accepting your quotation. Islington CCG does not make any commitment to purchase and shall have no liability for your costs in responding to this Request for a Quotation.

Canvassing and contacts

Bidders shall not in connection with this Procurement:

- Offer any inducement, fee or reward to any officer or employee of Haringey CCG, Islington CCG or Whittington Health or any person acting as an advisor to Haringey CCG, Islington CCG or Whittington Health in connection with this Procurement
- Do anything which would constitute a breach of the Prevention of Corruption Acts 1889-1916
- Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact Haringey or Islington CCG or Whittington Health staff, except the Project Team, or to contact Islington CCG / Whittington Health advisers or other NHS/DoH bodies as part of the procurement process. Any enquiries made to persons other than the Wellbeing Partnership Director will be regarded as prima facie evidence of canvassing.

Conflicts of interest

In order to ensure a fair and competitive procurement process, Islington CCG requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the CCG.

Potential Applicants should notify the CCG of any actual or potential conflicts of interest in their response to the RFQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify Islington CCG by completing the Conflict of Interest form (see Annex D) for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of Islington CCG, Islington CCG reserves the right to exclude at any time any potential Applicants(s) from the Procurement process should any actual or potential conflict(s) of interest be found by Islington CCG to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

Examples of potential conflicts of interest are (without limitation) as follows:

- A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for Islington CCG or Whittington Health, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;

- A Bidding organisation is providing services for more than one Potential Bidder, in respect of this Procurement.

The 'Conflict of Interest Declaration', provided in Annex D, must be completed by an authorised signatory, in his / her own name, on behalf of the Bidding organisation and attached in response to this section of this RFQ.

Islington CCG should be immediately notified, in the event that any actual or potential conflict of interest comes to a potential Bidder's attention at any time following the submission of the potential Bidder's 'Conflicts of Interest Declaration' and bid documents.

If you have any queries about this letter or the requirement, please contact the under signed at sarah.young11@nhs.net.

If you are unable to meet this requirement or are otherwise not intending to provide a quote, I would be grateful if you could let me know as soon as possible.

Yours sincerely,

Rachel Lissauer
Wellbeing Partnership Director
Haringey and Islington CCGs
On behalf of Whittington Health NHS Trust

Annex A

Specification / Project Brief
For
Whittington Health Community Services

1. **Introduction:**

2. **Objective:**

3. **Context:**

4. **Proposed Area of Considerations:**

5. **Deliverables:**

6. **Governance**

7. **Proposed Timetable**

For both Wellbeing procurements	
Task / Description	**Dates in 2018**
RFQ Issued	Tuesday 23 January
Deadline for submitting any Clarification questions	Friday 26 January
RFQ Submission deadline	12 noon on Monday 5 February
Assessment of submissions - qualitative and financial (including any clarifications to bidders if required)	Wednesday 7 February
Moderation meeting (if required) To agree on preferred bidder	**14.00 – 17.00 on Friday 9 February**
Presentations (if held)	Week commencing 5 February
Contract award recommendation report	Friday 9 February
Successful / unsuccessful bidder notifications	Monday 12 February
Contract Award	Monday 12 February
Contract commencement	**Week commencing 12 February**

Annex A

Specification / Project Brief
For
Whittington Health Community Services

1. Population Needs/Context

1.1 North Central London Context

The population and patients in North Central London (NCL) deserve high quality health care. The five Clinical Commissioning Groups (CCGs - Barnet, Camden Enfield, Haringey and Islington) have a shared intent to improve health outcomes, reduce inequalities and deliver financially sustainable NHS services to our population.

STP context: The health and care system across North Central London (NCL) - clinical commissioning groups, local authorities and NHS providers - have worked together to develop an NCL-wide sustainability and transformation plan (STP). This sets out how local health and care services will transform and become sustainable over the next five years.

The Haringey and Islington Wellbeing Partnership is a collaboration between eleven organisations who commission and deliver health and social care for residents in the London Boroughs of Haringey and Islington. It aims to bring a more collaborative approach to delivering health and social care whilst addressing some of the significant financial pressure we face.

The Partnership has developed a shared governance system and has articulated our ambitions and our approach within a memorandum of understanding, or 'Partnership agreement.'

Haringey and Islington populations are 263,386 and 215,667 respectively. The populations are expected to grow by about 6% over the next 5 years but there will be a much bigger increase in the over 65 population of 12% over the same period. This is twice the national average. This rate of growth will put enormous pressure on social care and health services.

Poverty and deprivation are key determinants of poor health and wellbeing outcomes and major drivers of health inequalities. Islington and Haringey have high levels of deprivation relative to the national picture. Residents are more likely to spend less of their life healthy compared to the England average (approx. 20 years of their life living in poor health).

1.2 Background to Whittington Health Community Services

Strong community services are key to achieving the effective out hospital care that is at the heart of the Haringey and Islington Wellbeing Partnership.

Community services is a broad category describing a range of services, from highly specialised nursing and therapy, connected to particular medical conditions and departments (such as respiratory nursing; lymphodema nursing) through to larger scale services like District Nursing. A large scale service like District Nursing itself reaches out to a broad mix of residents and patients who find themselves 'house-bound' temporarily or in the long term, from those who have recently had surgery and need wound dressing to those with long standing and often complex needs.

Many challenges are common to community services, locally and nationally. The overriding challenges are difficulty in recruiting and retaining staff; outdated information systems that do not capture and monitor 'activity' appropriately for these services, making accurate reporting challenging and the difficulty in providing centralised management which is efficient whilst reaching a workforce based in a wide range of locations.

Whittington Health has taken a range of measures over time and recently to improve quality, access and reporting for community services. These include:

- Work to establish cost of provision of community services contributing towards greater financial transparency
- Internal improvement work with a particular focus on District Nursing and MSK where notable improvements in waiting times have been achieved

- Revision of service specifications setting out a limited number of key performance indicators for formal contractual monitoring and a wider set of service standards which are agreed between commissioners and providers as the basis for evaluating performance
- A new system for consistently monitoring waiting time performance as routine or urgent, cutting down on a number of inconsistently applied sub-categories for individual services and enabling (when fully implemented) a clearer view of performance.

There continue, however, to be recognised challenges with access in particularly in smaller, specialist services. Children's community services, particularly for Haringey residents, have long waiting times. Both CCGs and commissioners have a strong and shared desire to focus on improving the efficiency and sustainability of community services.

There are also real opportunities for us, working together across health and social care, to innovate in how services are provided in future. We are keen to work with a provider who can help us to consider how we move towards organising health and care around local networks and to explore greater integration and joint working at that local level.

1.3 Background to this request for quotation

Whittington Health, within the Wellbeing Partnership wishes to initiate a focused piece of work that will initiate a community services improvement programme.

The work will be focused on:

- Rapid assessment of priority areas for improvement work. Performance reports highlight lymphedema; bladder and bowel; podiatry and nutrition and dietetics as areas with highest waiting times. These areas assumed to be initial areas of focus.
- Additional diagnostic work will be undertaken to provide the Trust and CCGs with information based on benchmarking of performance and productivity data to identify further priority areas.
- Development of delivery capacity. The Trust management teams is strongly committed to improving community services but recognises that additional capacity is required to set this work up robustly and transparently with clear and measurable objectives and timescales. This is expected to be two project managers, able to work alongside service leads and aiming to deliver change but with a strong focus on skills sharing and sustaining change.
- Exploring opportunities for innovation in how community health and care roles are organised, considering opportunities to provide services at a larger scale (across boroughs) and at a local level (around networks of GP practices).

2. Outputs

The outputs of the work relate to the objectives in 3.1.2 below:

1. **Rapid assessment** - provide the Trust and CCGs with information based on benchmarking of performance and productivity data to identify further priority areas.
2. A **shared overview of the 'as is' situation** in relation to community services performance and spend, based on local data, national and international benchmarks. This product will provide a 'singe version of the truth' for commissioners and providers.
3. A **delivery plan and programme** that has already been initiated, with identified clinical, operational and project leads for all programmes. The plan will set out milestones and how performance will be monitored. This plan will have been informed by staff and amended in light of staff views so that the final product is 'owned' by each individual service and signed off by the Steering Group.
4. An **established reporting system**. Project and operational teams will be fully aware of how information is going to be gathered and reported. They will feel that this information will support service delivery and will have the skills and capacity to provide and present this information.
5. The **project team** will be in a position to take forward the work programme.
6. A set of proposals and **recommendations for the Services Improvement Steering Group** about the opportunities to innovate in provision of community services, particularly how services could be organised around local networks / neighbourhoods.

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims

A rapid assessment of Whittington Health Community Services 'as is' position, including:

a) A review of how WH community services can be compared to others - benchmarking, where possible, performance and productivity
b) An 'as-is' assessment of current pressures and challenges based on performance monitoring, productivity analysis and staff interviews. This will lead to production of an assessment of which services are 'healthy' (high quality and high productivity), which services are satisfactory, where there are services that are at risk or at high risk.
c) Data to provide clarity on spend on community services; resourcing required to delivery on specifications for services and the potential implications for community services of delivering care that is more locally led and visible.

A-C above will result in the production of a document to be signed off by the Community Services Improvement Group which will act as the steering group for these works.

The Provider will then work closely with the Steering Group, with operational and management leads on a delivery plan which aims to initiate improvement work for key services. This improvement work might be internal to Whittington Health where, for example, there is scope for improvements to internal systems and processes. In some cases, the work may involve initiating STP level groups to focus on services that are felt to be unsustainable at a borough or bi-borough level.

This will result in the production of a delivery plan and programme for the next 1-3 years handed over to the team by May 2018.

The provider will also draw on their previous experience and experience from vanguard sites or other areas to consider opportunities to innovate in provision of community services, particularly how services could be organised around local networks / neighbourhoods. The provider will help to initiate a conversation within the Steering Group about the next steps in supporting multi-professional teams at a local level and being part of local leadership groups alongside GPs.

3.1.2 Objectives

1. To undertake a rapid assessment of Whittington Health Community Services
2. To deliver an overview report of the 'as is' position including benchmarking, performance and productivity analysis in order
3. To produce a delivery plan and programme for the next 1-3 years (with a detailed plan for year 1 and years 2 and 3 scoped with suggested milestones)
4. To deliver improvement works and handover to the team by May 2018.
5. To provide a set of recommendations and considerations for the Steering Group about opportunities and implications of providing community services based around local networks.

3.2 Service description

The scope of this work will be:

- Rapid assessment of priority areas for improvement work. Performance reports highlight lymphedema; bladder and bowel; podiatry and nutrition and dietetics as areas with highest waiting times.
- Additional diagnostic work will be undertaken to:
    - Provide the Trust and CCGs with information based on benchmarking of performance and productivity data to identify further priority areas. This will aim to classify services that are not of concern, from either a quality or productivity perspective, and services where there are risks.
    - The review will also consider spend on community services based on a service line analysis already carried out. It will aim to provide information for both commissioners and the provider about how levels of spend benchmark within North Central London and compare between boroughs and any areas where there is an overall under-resourcing of community services.
    - Draw on the views of service users; GPs and staff about current performance and opportunities using existing information where possible and carrying out focus groups or targeted interviews where information is not available.
- Develop delivery capacity. The Trust management teams is strongly committed to improving community services but recognises that additional capacity is required to set this work up robustly and transparently with clear and measurable objectives and timescales.

- Where there is an identified need for change, the provider will be asked to carry out improvement works including a number of focus groups (3-4) with staff to identify their experiences and what they identify as opportunities and challenges in their day-to-day work.
- The Provider will be expected to advise on how existing teams could best be supported to act as agents for change and improvement and to initiate this approach.
- The Provider will be asked to initiate a reporting system that helps both operational teams and the steering group to measure performance improvement.

3.3 Communication between the Provider and the Commissioner

The Provider will have a named point of contact, who will be available for communication with the Provider from 9am to 5pm Monday to Friday.

The Provider will be expected to produce a project plan for completion of the activities set out above and provide brief electronic updates on progress to the Commissioner on a weekly basis.

The Commissioner will have the option of weekly meetings with the Provider to discuss progress on the project.

3.4 Key Performance Indicators

Outputs and monitoring: Outputs for the work will be approved by the Community Services Improvement Group who will act as the Steering Group. Release of funds will be dependent on these approvals with indicative timescales as follows:

Description	Completion date in 2018	Release of funds
1. Rapid assessment diagnostic of Whittington Health Community Services including • Benchmarking and analysis of performance data • Staff interviews	Delivery by: 15 March CSIG: 20 March	[20%]
2. Overview report of the 'as is' position including benchmarking, performance and productivity analysis in order including findings from focus groups	Delivery by: 31 March CISG: 17 April	[31%]
3. Delivery of plan and programme for the next 1-3 years including • Consideration of opportunities for innovation and considerations for WH and the Wellbeing Partnership about the costs and benefits of organising services at a local level	Delivery by: 30 April CISG: 15 May	[35%]
4. Handover to the team by May 2018.	Delivery by: 31 May CISG: 12 or 19 June	[14%]
*Meetings of the Community Services Improvement Group are expected to take place in the 3rd week of the month on: 20 February; 20 March, 17 April, 15 May and 12 or 19 June 2018		

The precise reporting requirements and timescales will be discussed and agreed with the service provider.

3.5 Continuity arrangements

On completion of the contract the provider will ensure that the Commissioner has use of all available products and evidence in order that Islington CCG can take forward the defined programme.

4. Applicable Service Standards

The Provider will need to set out how they will ensure they meet Information Governance standards including issues of confidentiality, patient consent and information security. The Provider will need to demonstrate that they meet IG requirements, including ISO27001 certification and scope.

The Provider will determine whether ethics approval is required for any of the services outlined in this specification and if indicated, work with the Commissioner to obtain ethics approval from the relevant national or local bodies. At present, the Commissioner does not consider the services outlined in this specification to fall within the scope of research.

5. Applicable quality requirements

5.1 Complaints

The provider will:

- have in place a formal complaints policy and procedures through which service users can raise issues with the service
- adhere to local commissioner policies and procedures regarding complaints, including the need to notify the commissioner of all complaints

5.2 Governance

The provider will demonstrate that they have clear organisational governance systems and structures in place.

This work will report into the Whittington Health Community Services Improvement Group as its steering group.

5.3 Workforce

The Provider will use suitably trained and experienced staff and volunteers and will supply to the Commissioner the qualifications and experience level of each level of staff if requested.

5.4 Management and Administrative Arrangements

The work will be undertaken between February and May 2018.

The Provider and project team for these works will be jointly accountable to Carol Gillen (COO Whittington Health) and Rachel Lissauer (Wellbeing Partnership Director).

The Provider will report to the Community Services Improvement Group as the responsible steering group for the work. The Provider will also be required to attend such contract meetings as reasonably required to deliver efficient operation of the service.

The Provider will provide effective management of the programme to ensure efficient and effective programme delivery and monitoring and evaluation thereof.

The Provider will be responsible for all administration arrangements and staffing to deliver the programme.

Annex B

NHS Terms and Conditions of Contract

NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Contract Version) (March 2015):

NHS Terms and Conditions for supp

Annex C

Financial Submissions

Bidders must provide a detailed breakdown of the total cost to include:

- Benchmarking and productivity analysis
- Staff interviews
- The rapid diagnostic overview report
- Improvement work costs including focus groups
- Supporting production of programme and project plans

Breakdown of all Cost	Cost (£)
Breakdown of all costs	
Total (including VAT)	

All prices must include VAT. We must assume that VAT cannot be reclaimed for now, but we will check with our VAT advisors if you can confirm exactly which items have VAT included and the value.

If submitting your proposal as a pdf document, please submit your prices in a separate file.

Islington CCG is requesting that bidders submit a breakdown of total cost for all the work / services as detailed in the Service Specification.

The lowest price (within affordability limits) will be awarded the maximum score for price with other bidders aggregated against that.

Additional costing submission for information only

The maximum price inclusive of any VAT is £70,000 pounds sterling.

Expenses: Any expenses claimed from Islington CCG will be:

- Reasonably and necessarily incurred as a result of carrying out the contracted services, with due regard to economy.
- Be detailed separately on the invoice and accompanied by the relevant receipts
- Have been agreed in advance with the CCG.
- Travelling time to the CCG(s) premises is non-chargeable.

Any reimbursement of expenses will be at cost and as agreed with the CCG.

ANNEX D

NEL Commissioning Support Unit and Islington CCG - Conflict of Interest Declaration

[To be completed by an authorised signatory, in his / her own name, on behalf of the potential Bidder, on company headed paper]

Potential bidder Name _____

Name of authorised representative _____

Position _____

Date _____

Please identify any potential conflicts of interest that could arise if the potential bidder were to be invited to provide services detailed within the Service Specification for this procurement (taking into account all Bidding organisations), and how these will be dealt with. Examples of circumstances in which potential conflicts could arise include (but are not limited to) where:

- A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for the CCG, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;
- A Bidding organisation is providing services for more than one potential bidder, in respect of this Procurement.

A conflict of interest shall not be deemed to arise solely by virtue of a person's employment or engagement by a Clinical Commissioning Group or other NHS body (although applicants are requested to disclose such relationships for information purposes only). For example, GPs engaged under a GMS contract will not be considered to have a conflict of interest by virtue of such practising arrangements.

Where there is a potential conflict, responses must clearly set out how these will be managed within the organisation.
If no potential conflict of interest is identified, please state this in the response.

Response

Questions requesting further clarification of any part of this procurement should be sent to the sarah.young11@nhs.net email box.