**NHS England & NHS Improvement**

**East of England**

**Health and Justice Commissioning**

**Bedfordshire SARS**

**Talking Therapy Service**

 **February 2021**

Contents

[Introduction 2](#_Toc433122976)

[Background 2](#_Toc433122977)

[Content and scope of service 2](#_Toc433122978)

[Deliverables 3](#_Toc433122979)

[Timetable 3](#_Toc433122980)

[PriceandPaymentTerms 3](#_Toc433122981)

[EvaluationandScoring 4](#_Toc433122982)

# Introduction

NHS England & Improvement wishes to commission a talking therapy service to support the Bedfordshire Sexual Assault Referral Service (SARS).

# Background

NHS England & Improvement (East of England) is responsible for commissioning the public health services elements of Sexual Assault Referral Services (SARS), and the co-commissioning of services within the wider Sexual Assault Services (SAS) pathway. There are 6 Sexual Assault Referral Services across the East of England region. The Bedfordshire SARS – The Emerald Centre does not currently have a talking therapies service.

The pathway for each individual service user will begin from the point either at which they are referred to the Sexual Assault Referral Service, or self- present. For adults this may be via a self-referral, police referral or referral made by another professional, while for children and young people it will be through a safeguarding referral to social services or the police.

Sexual Assault Referral Services provide a wide range of services to people who have experienced sexual assault and rape, including health care and onward referral to other health and social care services. These are to be made available to acute survivors and those whose trauma happened some time ago, and to offer the opportunity to assist in a police investigation if the survivor so choses. The services provided are:

* Crisis care
* Forensic medical examinations
* Heath care including emergency contraception, Post-Exposure Prophylaxis after Sexual Exposure (PEPSE), testing for sexually transmitted infections
* Access to Independent Sexual Violence Advisor (ISVA) support
* Referral for psychological therapies including pre-trial and post-trial therapy

Talking therapies have not previously been commissioned as part of the Sexual Assault Referral Services for survivors who wish to access support in the period after the incident(s). It is expected that survivors would access such services within their own communities on referral from a GP; however, a significant proportion of survivors do not access such services. This may be because they do not wish to disclose the matter to their GP, or because there is pressure on services, or because services specific to this need have not been commissioned (or other reasons).

Additionally, consultation with Sexual Assault Referral Services and specialist sexual violence service providers on the existing pathways reported significant waiting lists of between three and six months for talking therapies, indicating a true demand for these services. While local Improving Access to Psychological Therapies (IAPT) services may achieve shorter waiting times in accordance with national standards, national evidence suggests IAPT services will frequently prefer to refer clients to specialist sexual violence services rather than provide a service to them, since therapists working in IAPT services do not feel appropriately equipped to deal with victims of sexual violence, and their service is not appropriate to respond to this need.

NHS England & Improvement Health and Justice Commissioners in the East of England Team propose to pilot direct access to short term psychological interventions and evaluate their utility to survivors before taking future commissioning decisions.

# Service specification

A full service specification is available, together with a template for submitting bids. Bidders must state in their bid how they will ensure that

a) all requirements of the service specification will be delivered

b) enough therapists will be recruited to deliver the service, outlining the qualifications and experience required

c) how the risks of delivering the service are mitigated

d) NHS England & NHS Improvement receives the data requested in a timely way, it has been validated for accuracy and that patient feedback will be gathered and reported each quarter.

e) how they will maintain service provision if there are restrictions due to the covid 19 pandemic

Please use the template to express a bid for the service.

# Deliverables

The successful bidder must be able to mobilise the service by 01/04/2021.

Bids must be delivered to zillah.turner2@nhs.net in Word format no later than 10.00 on 11/03/2021.

#

# Timetable

Potential providers of the service are asked to provide quotes, which must be submitted by 10.00 on 11/03/2021 to zillah.turner2@nhs.net. NHS England will notify all bidders of the outcome within 2 weeks of this date. Bidders should request a receipt of their bid, and if this is not received by 17.00 on 15/03/2021, they should contact Zillah Turner to request this.

**Price and Payment Terms**

Interested parties are requested to advise Commissioners of their fully inclusive price for providing the service to the specification set out in this document. NHS England reserves the right to give 3 months notice to terminate the contract. The contract will be for one year only.

The NHS standard contract short form will be used. Please refer to <https://www.england.nhs.uk/publication/nhs-shorter-form-contract-2020-21-particulars-service-conditions-general-conditions/>

**Evaluation and Scoring**

1. Please submit a bid (using the template) completing each section.
2. Please provide details of similar services which you have previously undertaken or are currently delivering, including the date the service mobilised, and be prepared to provide further details to NHS England & NHS Improvement on request.
3. Please ensure that the bid to provide the service is the same name as the provider of the service. The purchase order will be raised in the name of the bidder and the invoice must correspond to the name on the purchase order and the bid.

Applications will evaluated and scored as follows:

**Scoring Methodology**

|  |  |
| --- | --- |
|  |  |
| 0  | The Provider is unable to fulfil the requirement or no response is received |
| 1 | The Provider is only able to partly fulfil the requirement |
| 2 | The Provider is able to fulfil the requirement |
| 3 | The Provider exceeds fulfilment of the requirement |

|  |
| --- |
| **Quality – weighted at 60% of total score** |
| The Provider has demonstrated that: |
| Review Deliverables | 1. All the objectives of the service specification will be delivered and the bidder has demonstrated that they have the capacity to deliver the service.
 |
|  | 1. Challenges have been identified and suitable mitigations proposed.
 |
| Capability | 1. They have experience of undertaking a similar service within the last 3 years
 |
| 1. They can mobilise suitably competent staff who have relevant experience to deliver the service.
 |
| 1. They understand the need to maintain information governance requirements
 |
| **Price – Weighted at 40% of total score** |
| Price | Cost will be evaluated by the bid with the lowest score scoring 100 and all other bidder prices being expressed as an inverse proportion.*For example.**Bid A – Price £30,000 = scores 100**Bid B – Price £40,000 = scores 75**Bid C - Price £50,000 = scores 60**Bid D – Price £60,000 = scores 50* |

**Checklist for bidders**

This check list may be helpful in developing your bid but may not be exhaustive:

* Each question in the template has a response
* Responses do not exceed the word count
* Price for the bid has been provided, and is net of VAT
* Pay costs have been reviewed, are thought to reflect similar roles within the NHS and there is a rationale for the hours for each post included
* Non pay costs have been reviewed, there is a rationale for their inclusion in the bid price, and are believed to reflect similar non pay costs for other NHS services
* The bid comes from the same organisation as the organisation which will submit the invoice for the service, and the name of the invoicing organisation is clearly given.

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