

Health Systems Support Framework

Establishing a national Integrated Care Experience Survey within Integrated Care Systems (2023-2026).

<u>References and Date</u>			
Order Reference Number	HSSF23-015 - C145706		
Date of Order Form	18/06/2022		
<u>Parties and Key Persons</u>			
Authority	NHS England		
Suppliers	IPSOS		
Principal Supplier(s)	N/A		
Key Roles for the supply or performance of the Deliverables and the personnel who will fill those Key Roles ("Key Personnel")			

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Contract Managers	Authority's Contract Manager	Contract	
	Supplier's Contract Manager(s)	Contract	
Lead Contract Manager (if applicable)	Insert the Lead Contract Manager at the commencement of this Contract		
	Authority's Lead Contract Manager		
	Supplier's Lead Contract Manager		
Person(s) to receive notices under the Contract	Authority's nominated person and contact details for service of notices	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
	Supplier's nominated person and contact details for service of notices	<div></div> <div></div> <div></div> <div></div> <div></div>	
Notified Sub-contractors in the event of a TUPE transfer at a Relevant Commencement Date	N/A		

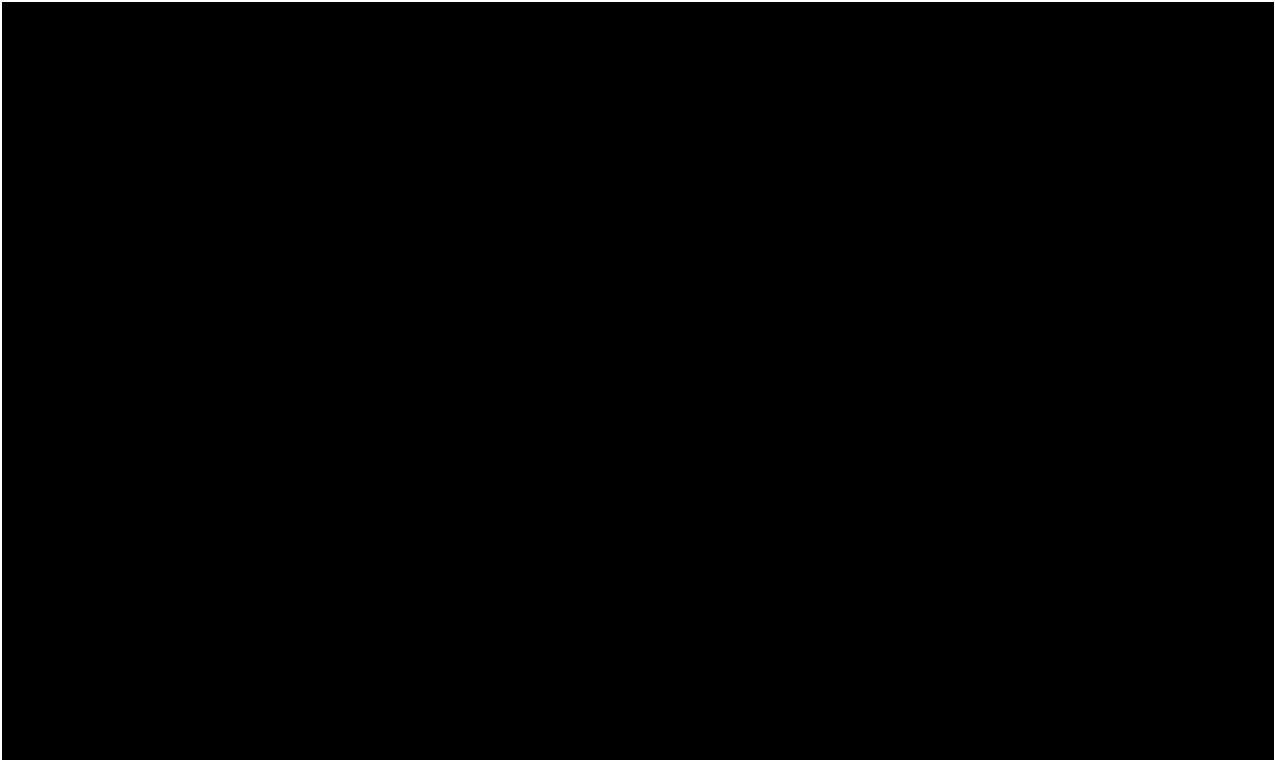
<u>General</u>																																					
Status of Order Form	<p>Issue of this Order Form is an “invitation to treat” by the Authority following the Suppliers’ Call-Off ITT Response submitted by the Supplier(s) in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement. On the signature of the Order Form by the Suppliers and its return to the Authority, the signature of the Order Form by the Authority shall be the point at which a contract is formed between the Authority and the Suppliers. This Order Form, together with the Call-Off Terms and Conditions and the applicable provisions of the Framework Agreement (and the other provisions as set out in the Call-Off Terms and Conditions) form a contract (defined as “the Contract” in the Call-Off Terms and Conditions) between the parties as at and from the date of this Order Form.</p> <p>All terms defined in the Call-Off Terms and Conditions have the same meaning when utilised in this Order Form.</p>																																				
Call-Off Terms and Conditions	<p>The Call-Off Terms and Conditions comprise the following Schedules of Appendix A of the Framework Agreement:</p> <table> <tr> <td>Schedule 1</td><td>Key Provisions</td></tr> <tr> <td>Schedule 2</td><td>General Terms and Conditions</td></tr> <tr> <td>Schedule 3</td><td>Definitions and Interpretations Provisions</td></tr> <tr> <td>Schedule 4</td><td>This Order Form</td></tr> <tr> <td>Schedule 5</td><td>Information Governance</td></tr> <tr> <td>Schedule 6</td><td>Security Management</td></tr> <tr> <td>Schedule 7</td><td>Standards</td></tr> <tr> <td>Schedule 8</td><td>Software</td></tr> <tr> <td>Schedule 9</td><td>Installation and Commissioning Services</td></tr> <tr> <td>Schedule 10</td><td>Maintenance Services</td></tr> <tr> <td>Schedule 11</td><td>Guarantee</td></tr> <tr> <td>Schedule 12</td><td>Staff Transfer</td></tr> <tr> <td>Schedule 13</td><td>Change Control Process</td></tr> <tr> <td>Schedule 14</td><td>Calculation of Termination Sum</td></tr> <tr> <td>Schedule 15</td><td>Not Used</td></tr> <tr> <td>Schedule 16</td><td>Acceptance Testing</td></tr> <tr> <td>Schedule 17</td><td>Benchmarking</td></tr> <tr> <td>Schedule 18</td><td>Governance</td></tr> </table>	Schedule 1	Key Provisions	Schedule 2	General Terms and Conditions	Schedule 3	Definitions and Interpretations Provisions	Schedule 4	This Order Form	Schedule 5	Information Governance	Schedule 6	Security Management	Schedule 7	Standards	Schedule 8	Software	Schedule 9	Installation and Commissioning Services	Schedule 10	Maintenance Services	Schedule 11	Guarantee	Schedule 12	Staff Transfer	Schedule 13	Change Control Process	Schedule 14	Calculation of Termination Sum	Schedule 15	Not Used	Schedule 16	Acceptance Testing	Schedule 17	Benchmarking	Schedule 18	Governance
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	Any additional Extra Key Provisions set out at Annex 2 below shall be incorporated into the Contract formed by the signature and completion of this Order Form.
Framework Agreement	The Health Systems Support Framework established by NHS England for and on behalf of NHS England and other contracting authorities. (the “ Framework Agreement ”).
Call-Off ITT	The Call-Off ITT as issued by the Authority to invite responses to the relevant mini-competition conducted under and in accordance with the Framework Agreement.
Call-Off ITT Response	The Suppliers’ response to the relevant Call-Off ITT submitted by the Suppliers in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement and initiated by the issue of a Call-Off ITT by the Authority.
Contract Meetings	<p><i>The</i> default position is that the Authority will minute each meeting in accordance with Clause 11 of Schedule 2 of the Call-Off Terms and Conditions.</p> <p>Please note that any changes to the Processing arrangements outlined in Annex 7 of this Order Form should be dealt with under the procedure outlined in Clause 31.3 of the Call-Off Terms and Conditions.</p>
Fast-track Change values	N/A
<u>Contract Term and Termination Provisions</u>	
Term of the Contract	3 Years
Extension of Term	N/A
Unilateral Authority right of termination notice period	N/A
Maximum Payments following Unilateral Authority right to terminate	N/A
Maximum Permitted Profit Margin	N/A
Variation to Termination Sum calculation	N/A

Insurance on Expiry or Termination	<p><i>On the expiry or earlier termination of this Contract, the Suppliers are required to ensure that:</i></p> <ol style="list-style-type: none"> <i>1) unless otherwise required in the Extra Key Provisions, any ongoing liability that they have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of six (6) years from termination or expiry of this Contract; and</i> <i>2) where the Deliverables or any part of them could result in liability to any patient in respect of care and/or advice funded by an NHS body, any ongoing liability that the Suppliers have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of up to twenty-one (21) years from termination or expiry of this Contract.</i>
<u>Contract Deliverables</u>	
Deliverables	As per the specification (Annex 1) and the tender response (Annex 6)
Priority Deliverable	N/A
Deliverables Commencement Date	12 th June 2023
Services Commencement Date	12 th June 2023
Goods Commencement Date	N/A
Long Stop Date	Will be applicable in line with the contract terms and conditions
Implementation Plan	See project plan in Annex 6.
Quality Plans	N/A

Information Security Management Plan	The information security management plan submitted as part of the Call-Off ITT Response (if required by the relevant mini-competition conducted in accordance with the Call-Off ITT), in line with the HSSF call off contract terms and the conditions and set out at Annex 5 below, as may be amended from time to time in accordance with Schedule 6 of the Call-Off Terms and Conditions.
Insurance	In line with the call off contract terms and condition requirements
Supplier Specific Standards	N/A
<u>Premises and Property</u>	
Premises and Location(s) for the Delivery of the Deliverables	<i>In line with the specification – Annex 1</i>
Property Licence(s) and/or Lease(s) granted to the Suppliers	N/A
<u>Information Governance</u>	
Information Governance Provisions (Schedule 5)	<i>The default position under the Call-Off Terms and Conditions is that the Authority shall act as a Controller (for survey returns) and the Supplier shall act as a Processor.</i>
Processing of Personal Data	The contract will involve the transfer of patient data from ICBs to Ipsos UK in order to carry out the survey. The survey sample will be compiled by each participating ICB from GP Practice data to a set specification.
<u>Intellectual Property Rights and Licencing</u>	
Intellectual Property	As per HSSF Call-Off Terms and Conditions.
Local Health and Care Record Exemplar (LHCRE) Specific IPR	N/A
Supplier Owned Foreground IPR	N/A

Standard Licence Terms	N/A
Supplier Software and Third Party Software	N/A
<u>Contract Price and Payment</u>	
Contract Price	£ 1,584,500 Excluding VAT, as set out in the Call-Off ITT Response and reproduced at Annex 3.
Financial Model	The Suppliers' Financial Model submitted if required by the Authority in the Supplier's Call-Off ITT Response and reproduced at Annex 3.
Total Contract Price for the purposes of Clause 19 (Limitation of Liability)	As outlined in Annex 3 of this Order Form
Contracts conditional on the execution of a Guarantee	N/A
Guarantee in favour of NHSE	N/A
Payment Provisions	<p>The payment terms for the payment by the Authority to the Suppliers of the Contract Price for the Services, as set out in the Call-Off ITT and reproduced at Annex 3; and</p> <p>The level of reimbursement by the Suppliers to the Authority relating to any service credits in respect of failures by the Suppliers to meet the KPIs, as set out in the Call-Off ITT and reproduced at Annex 3.</p>



Order Form Annexes

Annex 1

Part 1: Specification

Part 2: KPI Overview

Part 3: KPIs

Part 4: Calculation of Service Credits

Part 5: Termination Trigger for Accrued KPI Failures

Part 6: Excusing Events

Annex 2

Extra Key Provisions

Annex 3

Contract Price and Payment Terms

Maximum Payments on Unilateral Termination

Supplier's Financial Model

Annex 4

Implementation Plan

Annex 5

Information Security Management Plan

Annex 6

Supplier Solution

Annex 7

Processing of Personal Data

Annex 8

Board Representations and Structures

Annex 9

Standard Licence Terms

Annex 10

Notified Sub-Contractors

Annex 11

Supplier Software and Third Party Software

Specification

1 Statement of Requirements

Background to the requirements

Integrated Care Systems (ICSs)

1. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
2. Following several years of locally led development, recommendations of NHS England and passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022.
3. The purpose of ICSs is to bring partner organisations together to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience, and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development¹

Understanding the experience of integrated care within ICSs

4. The successful delivery of integrated care should make a significant positive impact on population health through services that shift to prevention and address people's needs promptly and effectively; but it is also about the details and the experience of care – the things that matter most to people, carers and families.²
5. Directly serving a Long Term Plan³ commitment known as the 'Integration Index', establishment of the Integrated Care Experience Survey (ICES) presents a unique opportunity to support ICSs to understand and assess what experience of care looks like beyond interactions with specific services. This new nationally coordinated data collection will enable ICSs to look at experience of care across the whole system, presenting an exciting opportunity to reassess what good care looks like, particularly for people with multiple or complex needs stretching across a number of traditional service boundaries.
6. Enabling ICSs to measure and understand the extent to which they are genuinely delivering integrated, personalised and anticipatory care from the patient and carer perspective will be an extremely important step forward. However, provision of the measure and associated survey data is only part of the work. We need to support ICSs to develop a sustainable culture that puts the patient and carer voice at the heart of the work of each ICS and overall new health and care landscape.

¹ NHS England 2022 [NHS England » What are integrated care systems?](#)

² Department of Health and Social Care 2022 CP 573 – [Joining up care for people, places and populations – The government's proposals for health and care integration \(publishing.service.gov.uk\)](#)

³ NHS England 2019 The Long Term Plan [NHS Long Term Plan](#) (paragraph 1.55)

7. For the ICES to make a significant impact within ICSs, senior local leaders need to be supported to embed this new approach to understanding and assessing experience as a priority area. The survey data needs to be used by ICSs to understand how well integrated care is being delivered, alongside the other key purposes of ICSs, such as improving outcomes.
8. As a new experience measure, sparking a shift from understanding experience in relation to specific services or providers, the ICES will be a source of important missing evidence for ICSs relating to experience of care across the whole system, including inequalities in care. This important information will be used to inform the NHS Oversight Framework, Care Quality Commission assessment of ICSs, and evaluations of Integrated Care Systems (ICSs) by both NHS England and the Department of Health and Social Care.

The ICES in practice

9. The ICES will be initially targeted at people living with moderate to severe frailty and their informal carers. Participants will be identified through GP records based on their electronic frailty index score⁴.
10. The ICES will ask participants a short set of meaningful questions in relation to care and support that span a number of different health and care services. Initial invitees will be provided with a letter to pass to their carer, if they have one, with carers then also having the opportunity to provide feedback through a separate carers questionnaire. There will be an opportunity for ICSs to add survey questions related to local needs and priorities.
11. The ICES will use a mixed mode approach. The initial invitation letters and 1st reminder letters will invite the respondent to complete the questionnaire online. The 2nd reminder letters will also include a paper copy of the questionnaire. Three SMS reminder messages will also be sent to participants where mobile phone numbers are available. Whilst the survey will support an online first approach, it is important that a paper questionnaire is also available to participants to support an inclusive approach to participation. Participants will be able to request a paper copy of the questionnaire(s) at any point during fieldwork.
12. A version of the survey will be run on an annual basis. Participants will be asked whether they would like to take part in a follow up survey, with those responding positively being invited again in the future with appropriate consent.

Work to date

Scoping study: Picker Institute Europe

13. NHS England commissioned Picker Institute Europe to develop and run a scoping study for an integrated care experience survey, testing a methodology for the survey while simultaneously developing bespoke survey items.
14. Two sites, Frimley Health and Care ICS and the Durham area of the North East and North Cumbria ICS participated in the scoping study, testing a number of core survey elements, and providing feedback and learning throughout the process.
15. The two sites surveyed three different groups of people simultaneously (people living with frailty, people with COPD, and people with a learning disability). A fourth group was also considered, those using Child and Adolescent Mental Health Services, but discounted due to challenges identifying a suitable sampling approach. Learning from the scoping study has led to us focus initially on just one group of people in the wider survey roll-out, those living with moderate and severe frailty.

⁴ [NHS England » Electronic Frailty Index](#)

16. The scoping study completed and reported in March 2022, with the used to develop this Statement of Requirements.
17. Produced as part of the scoping study, a copy of the final report is available in annex 1. This output provides important background information and learning which Suppliers will need to take note of when preparing their tender submission.

Research and Design: Ipsos UK

18. Building on the learning from the scoping study, NHS England commissioned Ipsos UK to advise on the research methodology and materials for the survey. This included the invitation and reminder letters, the development of the person/patient and carer questionnaires, and on the sampling and weighting of the survey data, ultimately producing research guidance and materials for roll-out of the survey.
19. The majority of this work is now complete, with final outputs expected to be delivered by the end of March 2023.
20. Produced as part of the research and design work, the materials/outputs listed below are available in the annex number listed. These outputs will be inherited by the successful Supplier for use from the start of this contract. These outputs have been provided as Suppliers will need to use information within them when preparing their costings. The cognitive testing report provides important background to the survey questions.
 - Person/patient questionnaire (Annex 2)
 - Carer questionnaire (Annex 3)
 - Person/patient initial invitation letter (Annex 4)
 - Person/patient 1st reminder letter (Annex 5)
 - Person/patient 2nd reminder letter (Annex 6)
 - SMS invitation, reminder and persuasion wording (Annex 7)
 - Carer information sheet (Annex 8)
 - Cognitive testing report (annex 9)

Suppliers should note that the sampling instructions have not yet been produced. However, once produced, the sampling instructions will be inherited by the successful Supplier for use from the start of this contract.

Whilst this work has not yet fully reported, it is not expected that there will be any changes impacting on the tender process.

Implementation Plan: Carnall Farrar

21. NHS England commissioned Carnall Farrar to develop an implementation plan to help secure successful delivery of the ICES across ICSs. This aimed to understand the resource requirements of implementing the ICES, address the technical challenges of implementation and to look for opportunities to minimise the burden placed on ICSs to run the survey.
22. This work completed and reported in April 2022, with findings and learning used to develop this Statement of Requirements. This work also built on learning from the scoping study and was aligned with the research and design work undertaken by Ipsos UK.
23. Produced as a result of the contract with Carnall Farrar, a copy of the implementation plan is available in annex 10. This output has been provided as background. Suppliers will need to consider

the learning and steps in the implementation plan when preparing their tender submission but should ensure that their tender is aligned to this Statement of Requirements.

New and future work

North of England Commissioning Support (NECS)

24. NECS has recently been commissioned by NHS England to support with implementation.

25. This work commenced in January 2023, initially commissioned with NECS to the end of March 2023.

Please note that the work listed in paragraph 26 is **NOT** within scope of this contract. These details have been provided as the work listed aligns to the work set out in this Statement of Requirements (Establishing the Integrated Care Experience Survey (ICES) within Integrated Care System 2023-2026)) and the successful Supplier will be expected to work in partnership with NECS (or other supplier). This alignment is detailed in paragraphs 85-91 of this Statement of Requirements.

26. Continuation of this support is to be confirmed but may involve the following activities:

- Establishing a Data Sharing Agreement template and a Data Processing Agreement (DPA) template, supporting responses to information governance queries from ICSs
- Establishing Data Protection Impact Assessments (DPIAs) templates to cover the projects locally
- Completion of the national Section 251 application

Future work: Evaluation of phase one of the ICES

27. Separate to this Statement of Requirements (Establishing the Integrated Care Experience Survey (ICES) within Integrated Care System 2023-2026)) and procurement, NHS England intends to procure a supplier to deliver an independent evaluation of phase one of the survey roll-out, covering the whole survey process. Procurement is expected to commence in May 2023, with work starting in June 2023.

28. The independent evaluation is felt to be an important aspect of the overall programme. It is intended to provide key learnings and make evidence based recommendations regarding continuation of this data collection, any necessary changes or improvements, and inform further work to support ICSs to measure experiences of care within their populations.

29. The successful tenderer for this Statement of Requirements (Establishing the Integrated Care Experience Survey (ICES) within Integrated Care Systems (2023-2026)) will be expected to work collaboratively with the supplier delivering the independent evaluation, openly sharing learning, ideas and suggestions for future improvements.

Assumptions

30. The ICES will be offered to all ICSs throughout England through a phased approach. Suppliers should provide costs for 7 ICSs to participate in phase one (contract year one), on the understanding that the final number of ICSs participating in phase one will be agreed in the final contract. In addition to the costs for 7 ICSs, Suppliers should provide a separate cost for one additional ICS to participate in phase one (contract year one). Should the number of ICSs participating in phase one be more than 7, this cost will be applied for each of the additional ICSs. Please note that it is not expected that more than 14 ICSs will participate in phase one.

Please note that the final number of ICSs participating in Phase One will be 7. One Place will also participate in Phase One.

31. A version of the ICES will be carried out on an annual basis with new samples drawn as well as willing previous participants being invited to complete a follow up survey in future years with appropriate consent.
32. The resulting data from the ICES is expected to be published as an Official Statistic.
33. The sample will include people aged 18+ who have a moderate or severe frailty marker as defined via the electronic frailty index score. The sample will not include people classified as living with mild frailty.
34. The sample will be compiled by each participating ICS from GP practice data to a set specification. Ipsos UK are currently designing this specification.
35. Under Section 251 of the NHS Act 2006, the survey will require approvals from the Confidentiality Advisory Group and the Data Alliance Partnership Board. Further information can be found here: [Confidentiality Advisory Group - Health Research Authority \(hra.nhs.uk\)](https://www.hra.nhs.uk/confidentiality-advisory-group) and here: [Data Alliance Partnership Board - NHS Digital](https://www.dataalliance.org.uk/)
36. In line with other national experience surveys, it is expected that the ICES will be granted an exemption to the National Data Opt-out. Whether an exemption is granted to the National Data Opt-out or not, it is likely that type 1 opt-outs will apply.
37. The ICES will take an online first approach. The initial invitation letters and 1st reminder letters will invite the respondent to complete the questionnaire online. The 2nd reminder letter will also include a paper copy of the questionnaire. Three SMS reminder messages will also be sent to participants where mobile phone numbers are available. Whilst the survey will support an online first approach, it is important that a paper questionnaire is also available to participants to support an inclusive approach to participation. This data collection methodology has been designed by Ipsos UK as part of the work set out in paragraphs 18-20. It is expected that Suppliers will follow this methodology unless strong evidence can be provided that an alternative should be used.
38. A sample of up to 5,000 people per ICS will be invited to participate in the survey.
39. A national freephone helpline will be made available for survey recipients including carers. The helpline will support survey recipients to complete the questionnaire through text, phone and language facilities (available in at least 20 languages) as well as respond to all survey related queries.
40. The survey supplier will produce a quantitative national report which is published alongside individual ICS and Place level reports (where numbers permit). A national report will only be produced where a sufficient number of ICBs participate.
41. ICS and Place level (where volume permits) free text comments will be made available to staff within ICSs and Places without redaction. Suppliers will provide costs for an optional national free text report, which if commissioned, will only be produced where a sufficient number of ICBs participate. Suppliers will also provide costs for optional ICS level free text reports, which if commissioned, will be produced for each survey run (where numbers permit).

The ICES will store data in NHS England's data storage system, called the Unified Data Access Layer (UDAL). This is to enable ICBs and other local system users to have near-real time access to visualisations of their data through an NHS England data delivery tool (currently Foundry). Should there be a change of data delivery tool during the contract, any additional work to re-build or transfer

the existing data and dashboards and associated costs would be agreed between NHS England and the supplier.

42. The survey is currently and will continue to be overseen by the System User Insight Advisory Group (SUIAG), which includes patient and public voice partners, clinicians, ICS representatives, national Voluntary and Community Social Enterprise sector representatives, national policy advisors and experts, and the Care Quality Commission.

ICES materials

43. The Supplier will inherit a suite of documents which were developed by Ipsos UK as part of the research and design work noted in paragraphs 18-20. The successful supplier will be required to maintain and update the following documents where needed:

- Sampling instructions
- People/patient questionnaire
- Carer questionnaire
- Initial survey invitation letter
- First reminder letter
- Second reminder letter
- SMS invitation, reminder and persuasion wording
- Carer information leaflet

Scope of the Procurement

Aims & Objectives of the ICES

44. That the ICES will provide a measure of the extent to which ICSs are genuinely delivering integrated, personalised and anticipatory care from the patient and carer perspective.
45. That the ICES will make a significant impact across ICSs, with senior local leaders being supported to embed this new approach to understanding and assessing experience as a priority area. The survey data will be used to understand how well integrated care is being delivered, alongside the other key purposes of ICSs, such as improving outcomes. The ICES will be used by those working locally to truly secure a seamless experience of care for their populations. Suppliers are encouraged to carefully consider how they can best support ICSs to secure the required level of impact, ensuring the required skills and experience are available.
46. That high quality national (where a sufficient number of ICBs participate) and local ICES quantitative data are produced, in line with the official statistics code of practice, that is reliable, representative and comparable between reporting units (ICSs and Place where numbers permit).
47. That raw, unweighted quantitative ICES data for each ICS are made available to ICSs and Places at ICS and Place level (where numbers permit) in as close to real-time as possible through the Foundry platform. It is anticipated that data will be updated on Foundry daily throughout fieldwork with postal responses being added at the end of fieldwork.
48. That unredacted free text comments, once checked from a safeguarding perspective (see paragraph 136), will be made available in as close to real-time as possible through the Foundry platform throughout fieldwork.

49. That weighted ICS and Place-level data (where numbers permit) are produced and published as soon after the conclusion of fieldwork as is possible, in line with official statistics requirements, without compromising data quality.
50. That weighted ICES national data are produced and published (where a sufficient number of ICBs participate) as soon after the conclusion of fieldwork as is possible, in line with official statistics requirements, without compromising data quality.
51. That reliability and statistical confidence are improved for users of the data over the course of the contract.
52. That all sampled survey participants, including those who wish to complete the survey in a language other than English, and those with additional audio-visual needs, are provided equal opportunity to respond to the survey, such that non-response biases arising from unequal opportunity are minimised.
53. That comparability of ICES data over the time series are maintained unless decisions are made by NHS England that exclude this possibility, such as methodological or question wording changes or the removal of questions.
54. That the questions in the survey and the reporting, through annual review with NHS England, reflect the delivery of integrated care in England and the experiences of people living with moderate and severe frailty and their carers in England.

Constraints and Dependencies

55. The services will be provided at the premises of the Supplier and at such locations within those premises.
56. The Supplier will carry out the services in line with the survey timetable (see table 2) to secure and eventually protect the comparability of the data to previous years unless agreed otherwise by NHS England.

Requirements

57. The required Service is the delivery of a version of the ICES for three survey years, with the ICES being offered to 7 ICSs and 1 Place in year one (contract year one) and all 42 ICSs being invited to participate during the contract.
58. Suppliers should provide costs for 7 ICSs to participate in phase one (contract year one), on the understanding that the final number of ICSs participating in phase one will be agreed in the final contract. In addition to the costs for 7 ICSs, Suppliers should provide a separate cost for one additional ICS to participate in phase one (contract year one). Should the number of ICSs participating in phase one be more than 7, this cost will be applied for each of the additional ICSs. Please note that it is not expected that more than 14 ICSs will participate in phase one. Costs should be provided that allow all 42 ICSs to be offered the opportunity to participate during the contract.
59. This will include:
 - Provision of strategic support and advice to ICSs
 - Project management of the survey
 - Supporting completion of survey approval and assurance processes
 - Working collaboratively with NECS colleagues (supplier to be confirmed beyond March 2023)

- Collecting and preparing survey samples from ICSs including deduplication and DBS checks
 - Maintaining and updating (where needed), all survey materials, including cognitively testing or quality assuring additional local survey questions on behalf of individual ICSs
 - Cognitive testing of changes to the national survey questionnaire (where needed)
 - Build of the online questionnaire (data to flow into UDAL)
 - Survey material printing - initial invitation letter (letter only), 1st reminder letter (letter only), 2nd reminder letter (letter and paper questionnaires)
 - Postage of up to three survey letters, with the third letter also including a paper copy of the questionnaires (2nd class)
 - Delivery of three SMS reminders (where phone numbers are available)
 - Collation and scanning of completed paper questionnaires
 - Data processing and analysis of responses
 - Production of results at national (where a sufficient number of ICBs participate), ICS, and Place levels (where numbers permit)
 - Providing input to the independent survey evaluation
60. The Supplier will be able to demonstrate experience of delivering high quality patient experience surveys.
61. The Supplier will be able to demonstrate experience of working with and supporting senior health and care leaders to work collaboratively across the health and care landscape to interpret and triangulate data to set direction to bring about improvements for their local populations. The Supplier will have the knowledge to champion the use of experience data whilst also having the expertise and necessary credentials to influence senior ICS leaders.
62. The Supplier will maintain good relations with the NHS England project team. Weekly video meetings will be held between the Supplier and NHS England which facilitate the transfer of skills and knowledge pertaining to the ICES. Year one of the contract will also include a video inception meeting at the start of the contract.
63. Over the course of the three survey years contracted, the Supplier will take action to try and increase the number of people accessing and using the national ICES data online and local ICES data through Foundry, with reference to all potential users of the data.
64. The Supplier will ensure full compliance with the code of practice for statistics so that the processed ICES results can be published as Official Statistics.
65. The Supplier will support and attend the System User Insight Advisory Group meetings (six per year).
66. The SUIAG meetings are currently carried out online using Microsoft Teams. There are no current plans to move these meetings to face-to-face but should this change, the Supplier should be willing to travel. Costs will be agreed in advance with NHS England. Suppliers do not need to include travel costs for SUIAG meetings within their tender costs at this time.
67. Over the course of the three survey years contracted, the Supplier will take action to improve the survey response rate, including from underrepresented groups.
68. This Service comprises the following elements:
- Provision of strategic support and advice to ICSs (paragraphs 70-73)
 - Project management (paragraphs 74-82)
 - Survey assurances and approvals (paragraph 83-85)
 - Partnership working with NECS – supplier to be confirmed beyond March 2023 (paragraphs 86-92)
 - Sampling (paragraphs 93-101)

- Printing, postage and SMS (paragraphs 102-106)
- Data collection materials (paragraphs 107-110)
- Data processing and delivery (paragraphs 111-119)
- Data utilisation (paragraphs 120-121)
- Data outputs (paragraphs 122-125)
- Free text data outputs (paragraphs 126-127)
- Support for survey recipients (paragraphs 128 - 135)
- Data protection processes (paragraphs 136 – 148)
- Skills and knowledge transfer, including exit strategy (paragraphs 149 - 152)
- Input into the independent evaluation (paragraphs 153 - 155)

Provision of strategic support and advice to ICSs

Suppliers are encouraged to think innovatively and ensure that they have the necessary skills and experience to deliver the following requirements (paragraphs 70-73).

69. The Supplier will work closely with senior ICS leaders to raise awareness of and champion the ICES as an innovative approach to measuring and understanding experience across a whole system, beyond interactions with specific services.
70. For the ICES to make a significant impact across ICSs, senior local leaders will be supported by the Supplier to embed this new approach to understanding and assessing experience as a priority area. ICS leaders will be provided with support and advice to understand how their ICES data can be used to assess how well integrated care is being delivered, alongside the other key purposes of ICSs, such as improving outcomes.
71. The Supplier will support senior local leaders to prepare to use both the near-real-time ICES data and the final processed ICES results, recognising them as valuable data sets, helping to ensure that leaders from across the system are all driving in the same direction and thinking about what is being delivered across the whole system.
72. The Supplier will bring together senior system leaders to work collaboratively across their system to consider both how their ICES data can be used locally in the immediate term to reassess what good care looks like for those with multiple or complex needs stretching across a number of traditional service boundaries, and to ultimately develop a sustainable culture that puts the patient and carer voice at the heart of the work of the ICS and overall new health and care landscape.

Project management

73. The Supplier will be responsible for the management and oversight of the overall running of the whole lifecycle of the survey, from set up to supported use of the data and ensuring it lands well within the ICS, using project management techniques as appropriate.
74. The Supplier will produce and share a detailed project management timetable for each survey run, agreed with the NHS England Population Health Management team. As official statistics require advance notice of publication dates and times, this must be borne in mind when designing the timetable for delivery of the national survey results.
75. The Supplier will be punctual in delivering agreed project milestones to the agreed project timetable.
76. Within three months of the contract start date the Supplier will produce a log of potential risks and issues. The log will be maintained by the Supplier and discussed at weekly video meetings with NHS England. The risk log will include data security considerations and any issues that could affect the

timing or delivery of the survey results across the full span of the project, from data collection to data processing and publication. The log will also describe how risks are being mitigated.

77. The Supplier will identify a project team, providing contact details, and identify the responsibilities of each team member. **Crucially, this will include sufficient resource and skill, to not only deliver the ICES but ensure it is successfully embedded within ICSs.**
78. The Supplier will identify a programme lead and an additional day-to-day contact with responsibility for liaison with NHS England.
79. The Supplier, including the project manager, a day-to-day contact (if different), and other relevant staff, will host weekly meetings (video) with members of the NHS England project team. The Supplier will use the meetings to ensure that NHS England is kept up to date with developments and progress in delivering the survey, and to ensure that issues are raised and can be addressed quickly. The Supplier will produce and share a short note of those meetings including agreed actions.
80. The Supplier will respond promptly to queries from the NHS England project team, patients, carers, members of the public, clinicians or other non-project team stakeholders with initial responses within two working days and final responses as soon as possible thereafter.
81. A formal review will be carried out at the end of Phase One. This review will take into account the findings of the independent evaluation but will also consider the suitability of the survey methodology and consider whether changes need to be made ahead of full roll-out in order to deliver value for money. During Phase One, the supplier will input into discussions concerning options for possible future national sampling sources. In the event of a future decision to alter the survey approach from that defined in this Statement of Requirements, the Supplier will agree revisions with NHS England for the following survey wave. The scope and cost of the revised wave will be agreed with NHS England prior to commencement.

Survey assurances and approvals

82. The Supplier will support NHS England in obtaining the required survey assurances and approvals. This includes assurance from the Data Alliance Partnership Board and Section 251 approval from the Confidentiality Advisory Group. The Supplier will support completion of the Data Alliance Partnership Board application and associated documents including the Data Protection Impact Assessment and Processor Assurance Checklist. Further information about the process can be found here: [Data Alliance Partnership Board - NHS Digital](#) The Supplier will support completion of the Section 251 application form. The current form and accompanying guidance can be found here: [Confidentiality Advisory Group - Health Research Authority \(hra.nhs.uk\)](#)
83. The Supplier must currently hold a Data Security Protection Toolkit. Where any part of the work is subcontracted, all subcontracted organisations processing confidential personal information must also currently hold a Data Security Protection Toolkit. Further details can be found here: [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](#)
84. It is expected that all confidential personal information, including patient and carer data will be processed and held by the Supplier within the UK. Suppliers wishing to process and hold confidential personal information outside of the UK must seek approval from NHS England do so and must recognise that NHS England has the right to refuse a tender on this basis should an alternative that is satisfactory to NHS England not be found by the Supplier.

Partnership working with NECS (supplier to be confirmed beyond March 2023)

85. The Supplier will work in partnership with NECS (or other supplier) colleagues for the duration of this contract on the activities outlined in paragraph 26 where required.
86. The Supplier will work with NHS England colleagues to establish/update Data Sharing Agreements (template produced by NECS or other supplier) with participating GP practices and put in place a DPA (template produced by NECS or other supplier) between ICSs/GP practices and themselves (the Supplier). The Supplier will also work with NHS England colleagues in establishing local DPIAs (template produced by NECS or other supplier) where appropriate. A follow up process will be agreed between the supplier and NHS England including the handling of requests by NHS England for the supplier to work directly with provider organisations (sub-ICB level).
87. The Supplier will share any learning or insight with NHE England colleagues regarding the resource required to maintain data collection in ICSs participating in phase one and to establish the survey in the remaining systems.

Sampling

88. The Supplier should provide costs for a sample of up to 5,000 people per ICS. Suppliers should provide costs for 7 ICSs to participate in phase one (contract year one), on the understanding that the final number of ICSs participating in phase one will be agreed in the final contract. In addition to the costs for 7 ICSs, Suppliers should provide a separate cost for one additional ICS to participate in phase one (contract year one). Should the number of ICSs participating in phase one be more than 7, this cost will be applied for each of the additional ICSs. Please note that it is not expected that more than 14 ICSs will participate in phase one. Costs should be provided that allow all 42 ICSs to be offered the opportunity to participate during the contract. For the purpose of costing, it should be assumed that 1000 responses will be received from people/patients per ICS, and 333 responses will be received from carers per ICS.
89. The Supplier will inherit the survey sampling instructions (to be developed as part of the research and design work carried out by Ipsos UK) and be responsible for maintaining and updating the guidance as needed. The Supplier will be responsible for the dissemination of the survey sampling instructions to ICSs/GP Practices. The instructions will be approved by NHS England before being disseminated in each survey year. As noted above, the Supplier will need to align with NECS (or other supplier) colleagues to undertake this activity.
90. The supplier will run a webinar for staff responsible for drawing survey samples to explain the sampling instructions and allow opportunities for questions ahead of samples being drawn.
91. The Supplier will work with NHS England colleagues to put a Data Processing Agreement in place with each participating ICS ahead of the sampling data being transferred to them. NHS England (via NECS/other supplier colleagues) will support production of a template which will be approved by the NHS England Information Governance team, but it will be the responsibility of the Supplier to work with NHS England colleagues to ensure agreements are signed. A follow up process will be agreed between the supplier and NHS England including the handling of requests by NHS England for the supplier to work directly with provider organisations (sub-ICB level).
92. The Supplier will ensure that survey samples are securely transferred to them from ICSs/GP practices, sending reminders where necessary.
93. The Supplier will ensure that all necessary data checks are carried out on the sample before invitation letters are sent out to participants. The Supplier will work with ICBs to ensure deceased checks are carried out as close to mailing as possible, aiming for them to be conducted within 24 hours of surveys being mailed to participants.

94. The Supplier will support steps to improve the quality of sampling data received from ICSs/GP practices to improve the quality of data produced and reduce the sampling burden on ICSs.
95. The Supplier will ensure that any participant requests for removal from the survey sample are actioned within one working day, avoiding any reminders being sent wherever possible.
96. Throughout the duration of the contract, NHS England will be leading work to explore a national sampling frame for future iterations of the contract thus negating the need to sample directly from GP practices. The Supplier will provide advice and support in relation to a future national sampling frame.

Printing, postage (2nd class) and SMS

97. The Supplier will be responsible for printing the survey materials. Materials should be printed on 80gsm paper which is FSC certified. Details about contact contents and timing is set out in table 1.

Table 1 (proposed methodology – fieldwork length 8 weeks)

Contact	Approach	Timing
Initial invitation letter	Letter with URL to online survey, no paper questionnaire Multi-language sheet included Carer letter included (with URL to online survey)	Week 1
SMS 1	SMS reminder with unique link to online survey (patient only)	3 days after Letter 1
1 st reminder letter	Letter with URL to online survey, no paper questionnaire Carer letter included (with URL to online survey)	Week 3
SMS 2	SMS reminder with unique link to online survey (patient only)	3 days after Letter 2
2 nd reminder letter	Letter with URL to online survey, paper questionnaire included Multi-language sheet included Carer letter included (with URL to online survey + paper questionnaire)	Week 6
SMS 3	SMS reminder with unique link to online survey (patient only)	3 days after Letter 3

98. The Supplier will be responsible for all postage costs (2nd class). This includes the postage costs for the initial invitation letter (letter only), first reminder letter (letter only), second reminder letter (letter and paper questionnaire), and return postage.
99. Additional items may be included with the letters such as leaflets promoting the survey to particular groups of participants. Any associated additional costs, such as printing and increased postage for any additional leaflets that are requested to be sent out with the survey by NHS England (that do not relate to the survey or content), will be borne by NHS England.
100. Please note that Suppliers should calculate year one postage rates in line with the current postage rates (at time of publication of this Statement of Requirements). Year two postage costs should be

calculated with an estimated 7% increase on year one postage costs and year three costs should be calculated with an estimated 7% increase on year two postage costs. Postage rates for full roll-out will be agreed with NHS England when the actual rates for each year are known.

101. The Supplier will be responsible for sending three SMS reminder messages to participants where mobile phone numbers are available.

Data collection materials

102. The research and design work undertaken by Ipsos UK developed a national person/patient questionnaire and a national carer questionnaire. The two questionnaires will be inherited by the Supplier. While both questionnaires have undergone robust cognitive testing, the Supplier should expect further engagement to be carried out on the questionnaires ahead of the survey being launched and must therefore have the necessary skills to undertake further cognitive testing should changes need to be made to the questionnaires, including in years two and three (contract years two and three). The Supplier must have the expertise to advise and make recommendations to NHS England regarding possible changes to the national questionnaires. The Supplier will draft any question changes or new questions required by NHS England and will identify candidate questions for removal as needed.
103. The Supplier will be responsible for reviewing and supporting requests for local questions to be added to the questionnaire(s). The Supplier will work with individual ICSs requesting local questions be added to the national questionnaire(s) to ensure they are appropriately cognitively tested and/or quality assured. The Supplier will collate local question requests and advise NHS England if demand for certain question topics may mean that changes should be made to the national questionnaire(s).
104. The Supplier will provide a commentary on any potential future changes to the existing national questionnaire(s) and accompanying survey materials, including implications for time series. Decisions impacting on data continuity will be made by NHS England.
105. The Supplier will ensure that the ICES facilitates the analysis of data by way of different demographic variables to understand the experience of different groups of people, wherever possible. As far as it is relevant to do so, the Supplier shall ensure the questionnaire(s) collect data on the protected characteristics defined in the Equality Act 2010.

Data processing and delivery

106. The ICES will store data in NHS England's data storage system, called the Unified Data Access Layer (UDAL). This is to enable ICBs and other local system users to have near-real time access to visualisations of their data through an NHS England data delivery tool (currently Foundry).
107. The Supplier will be required to build, host, and maintain the online questionnaires. The online questionnaires must have the correct functionality to flow completed responses straight into UDAL through APIs, with the Supplier retaining their own local copy of responses for quality assurance, fieldwork management and data processing purposes. The Supplier will need to work with NHS England colleagues to design and build the UDAL functionality.
108. The Supplier will be responsible for ensuring that data from responses completed on paper will likewise be saved on UDAL alongside responses from the online questionnaires.
109. Any ICSs requesting additional local questions be added to the questionnaire(s) will be supported by the Supplier to do so, ideally a self-service mechanism, utilising an approved question bank.. The supplier should ensure, as far as possible, that locally-added questions are of a good quality and do not affect the validity of the national results.

110. The Supplier will work with NHS England colleagues and participating year 1 systems to design data delivery dashboards on an NHS England data access system (currently Foundry) that enable systems to view and interrogate their live data during fieldwork. The Supplier will work with NHS England colleagues and wider systems to further develop the data delivery dashboards in contract years two and three.
111. At the conclusion of fieldwork, the Supplier will be responsible for processing the national results (where a sufficient number of ICBs participate).
112. The Supplier will take steps to minimise error in the processing and collation of the paper and online questionnaire responses into a standard electronic format for survey data, such as Statistical Package for Social Sciences (SPSS), and in any further weighting and manipulation of respondent-level data to achieve final datasets. The supplier will have a primary responsibility to quality assure the data and bring any problems to the attention of NHS England. The supplier must ensure that sufficient resource is in place to document steps taken in the production of the data, as well as to quality assure the data and results internally. A quality assurance strategy will be produced collaboratively by the Supplier and NHS England. The final version will be approved by NHS England.
113. The Supplier will be responsible for adhering to official statistics rules from the start of the contract. The code of practice for statistics can be found here: <https://www.statisticsauthority.gov.uk/code-of-practice/> The Supplier is expected to report any instances of non-compliance to NHS England within two working days of the non-compliance issue being discovered.
114. The Supplier will deliver respondent-level data files and aggregated ICS and Place level reports in Excel and CSV formats, and a national summary report (where a sufficient number of ICBs participate) and a technical report, to named NHS England analysts to the timetable agreed at the close of the fieldwork period each survey year.

Data utilisation

115. In year 1 the Supplier will work with participating ICSs to develop, model and establish ways of utilising the ICES data to ensure that its potential value is realised, with consideration for its utilisation for a variety of purposes, including quality improvement, evaluation of interventions, performance monitoring and strategic planning.
116. The Supplier will produce good practice guides to summarise and communicate these models of usage.

Data outputs

117. The Supplier will work with NHS England colleagues to design a suite of standard data visualisations for systems to view their near-real-time data via the Foundry platform.
118. For the processed survey results, the Supplier shall cost for the production of a suite of data publications. A national report (where a sufficient number of ICBs participate), and individual ICS and Place level quantitative reports (where numbers permit). The publications must satisfy the needs of a wide range of users, including ICSs, policymakers, Voluntary and Community Social Enterprise sector partners, patients and the public, and stakeholders from other national and local organisations, and we are keen to explore ways to improve the presentation of results. The report formats need to support users of the data to think about what is being delivered across the whole system, sparking a shift from considering experience of care in relation to a specific service or point in time, supporting the overall aim for this new data set to truly secure a seamless experience of care for all. Final

reporting arrangements including the report formats will be agreed with NHS England within 6 months of the contract start date.

119. The Supplier will publish weighted national data where a sufficient number of ICBs participate as soon as feasible after the conclusion of fieldwork (in line with official statistic rules) and shall ensure, through the technical capabilities of the online questionnaire, that unweighted response data can flow directly into UDAL and onto Foundry so that ICSs can access unweighted results data ahead of publication.
120. The Supplier will consider how best to represent trends following any changes to the data collection methodology and will recommend an approach to NHS England for consideration and agreement.

Free text data outputs

121. The Supplier will be required to review all free text comments in both the online and paper questionnaire for safeguarding concerns in line with the agreed safeguarding protocol (see paragraph 136). It is expected that free text comments will be checked by the Supplier for safeguarding concerns within one week of receipt. Once checked, it is expected that the free text comments will be made available on Foundry to the relevant ICS lead(s).
122. Suppliers should provide costings for an optional national free text report, which if commissioned, will only be produced in years two and three (contract years two and three). Suppliers will also provide costs for optional ICS level free text reports, which if commissioned, will be produced in all three contract years (where numbers permit).

Support for survey recipients

123. The Supplier will offer the following support for survey recipients:
 - A freephone helpline and email address
 - All survey materials in large print or braille (on request)
 - Interpreter services for foreign language survey requests
 - Support for people wishing to complete the survey by phone for any reason
124. The Supplier will be responsible for managing all contact it receives from recipients of the survey, including carers, with initial responses within two working days and final responses as soon as possible thereafter. The Supplier will develop a set of consistent responses to routine frequently asked questions and seek advice from a nominated NHS England contact in respect of issues that it is initially unable to respond to. NHS England will be notified of the content of any non-routine queries.
125. The Supplier will provide a dedicated freephone helpline, based and operating entirely within the UK, and email address during the fieldwork period for survey recipients. Details regarding helpline services, staffing, opening times and reporting will be agreed with NHS England but the freephone helpline is expected to be available to survey recipients as a minimum Monday-Friday 9am – 5pm, and an opportunity to leave a message at other times.
126. The helpline will be staffed by people able to respond to general queries about the ICES. Helpline staff will also be available to assist survey recipients in completing the questionnaire including by completing the survey online by transcribing their responses on their behalf. All relevant precautions will be made to protect the confidential information of respondents calling the helpline. Helpline staff, including those assisting by transcribing survey responses online, will receive appropriate training in order to assure that respondent confidentiality is protected and that the current data protection legislation is not breached.

127. The Supplier will ensure that alternative versions of the questionnaire are made available within two working days (where alternative versions need to be posted, these should be posted within two working days) upon request via the telephone helpline, and that access to these alternative versions is made as easy as possible for the people in question.
128. The Supplier will host and manage a year-round email inbox for queries about the ICES for the duration of the contract.
129. The Supplier will implement a safeguarding protocol that will be agreed with the NHS England Safeguarding team. The Supplier will ensure that appropriate safeguarding measures are in place where an individual may be at risk of harm or the victim of a crime (this may include breaking confidentiality to escalate the safeguarding concern to the appropriate authority).
130. The Supplier will suggest any further appropriate services that can maximise the inclusivity of the survey.

Data protection processes

131. The Supplier will ensure that all handling of information strictly adheres to UK General Data Protected Regulation (UK GDPR) and the Data Protection Act 2018. The Supplier must be able to demonstrate how they will comply with UK GDPR and the Data Protection Act, such that all personal confidential information is used in a responsible and secure manner. Stringent technical and organisational measures must be taken to ensure confidential personal information are securely stored and viewed only by personnel directly involved in the ICES, and to ensure against unlawful processing, accidental loss, damage or destruction.
132. The Supplier must be able to demonstrate appropriate compliance with the Data Protection Act 2018, this includes (but not limited to) having the following in place:
 - Active registration with the Information Commissioner's Office (the Supplier must be able to provide their registration number)
 - Appropriate security assurances (i.e., Data Security and Protection Toolkit, Cyber Essentials, ISO27001:2013 or an equivalent other standard)
 - A named Data Protection Officer, and a link to an active and appropriate Privacy Notice on their website and
 - A list of appropriate policies and procedures which ensure ongoing compliance with current data protection legislation
133. The Supplier will ensure all data is held and processed within the UK at all times (unless express permission is granted by NHS England in writing).
134. The Supplier will ensure that all handling of information strictly adheres to current data protection legislation and act only under instruction from the relevant data controller. The Supplier must be able to demonstrate how they will comply with current data protection legislation, such that all personal data is used in a responsible and secure manner.
135. The Supplier will ensure that any access to ICES personal identifiable information is restricted to the minimum necessary information being made available to the minimum number of personnel who have a legitimate and justified need to access this data. All personnel given access to personal data will have undergone training in the law of data protection, in their duty of confidentiality under contract, and in the care and handling of personal data. Personal data, including all information used for selecting and contacting the survey sample, must be stored only on a secure, isolated and encrypted machine.

136. The Supplier will ensure that personal data passed to telephone helpline and email support staff are limited to those items required in order to contact the appropriate respondent and to fulfil the purpose of the call, which may require administering the ICES over the telephone. Helpline staff will be presented with only one record at a time and will not be able to search or access other records. Once the call has been completed (which may include the submission of an online survey on the respondent's behalf) the staff member will not be able to re-access the data.
137. The Supplier will adhere to fair processing rules, following information given to survey recipients about how their personal data has and will be used, how any information they provide via the survey will be used, and if and when they will be contacted again as part of the survey.
138. The Supplier will ensure that all data collected through the survey, including self-reported information about long-standing conditions and other demographic data, remain separate from any personal identifiable information.
139. The Supplier will have the ability to transfer respondent level and aggregated survey data to NHS England for quality assurance purposes using a secure File Transfer System that requires specific login rights. Named recipients of the data for quality assurance of the aggregated reports must be agreed with NHS England in advance of the data transfer.
140. The Supplier will take appropriate actions, including meeting agreed data suppression criteria, to ensure that published data cannot be used to identify individuals.
141. The Supplier, as data processor, will ensure that all personal data are removed from all of the data processor's systems once the survey is completed. The data processor must securely destroy any portable electronic storage media used to transport by physical destruction of the portable storage media. Electronic copies stored locally on isolated hard drives or servers must be securely deleted using appropriate electronic shredding software that meets HM Government standards. This must be done at the first available opportunity following completion of the data collection processes, within a maximum period of three months. Evidence of all destruction must be provided to NHS England.
142. The Supplier will be responsible for securely holding the personal information of survey respondents who agree to being contacted to participate in the next iteration of the survey.
143. Please note that the Supplier will be permitted to accept external commissions from individual ICSs wanting to undertake further surveys/research using the personal information of survey respondents who agree to being contacted to participate in a future follow-up survey but must have the agreement of NHS England in place first.

Skills and knowledge transfer, and exit strategy

144. The Supplier will be transparent and open when new knowledge arising from the survey suggests beneficial innovation in the delivery of integrated care, and it will proactively share such knowledge with NHS England.
145. The Supplier will establish and share with NHS England a timetabled contract exit strategy in order to protect the continuity of the ICES beyond the current contract. This will be updated annually and will detail all aspects of Supplier handover and safeguarding of current survey methodological processes through a change of Supplier. The initial exit strategy will be provided to NHS England and approved subject to acceptance, within six months of the contract start date.
146. The Supplier will, upon the conclusion of the contract, transfer all relevant information and facilities to NHS England, including:

- A detailed, complete technical report covering ICES methodology including specification of any further work required in order to complete the service (had the contract not been terminated), including relevant strategic improvement plans
- The formats of the above will be agreed by NHS England prior to contract end/termination.

147. All intellectual property relating to the ICES belong to NHS England, such that it can be picked up by an alternative Supplier without the need to re-do or duplicate work previously carried out, the loss of content, or any other relevant facilities owned.

Input into the independent evaluation

148. Separate to this Statement of Requirements (Establishing the Integrated Care Experience Survey (ICES) within Integrated Care Systems (2023-2026)) and procurement, NHS England will procure a supplier to deliver an independent evaluation of phase one of the survey roll-out, covering the whole survey process.

149. The independent evaluation is felt to be an important aspect of the programme and will enable NHS England to secure learnings from the overall survey process and make evidence based recommendations regarding continuation of this data collection, any necessary changes or improvements, and inform further work to support ICSs to measure experiences of care within their populations.

150. The successful tenderer for this Statement of Requirements (Establishing the Integrated Care Experience Survey (ICES) within Integrated Care Systems (2023-2026)) will be expected to work collaboratively with the supplier delivering the independent evaluation, openly sharing learning, ideas and suggestions for future improvements.

Indicative Timescales & Implementation

Table 2 below outlines key activity for year one of the contract, showing implementation processes and one survey cycle. The Phase One timetable will be agreed with the successful Supplier on commencement of the contract, taking interdependencies and risks into account.

Table 2 Key activity for year one of the contract

June 23	Privacy notices displayed			
June 23	Start of year one contract Inception meeting Online survey platform build	Payment to Supplier (set-up and online platform build)	Section 251 and Data Alliance Partnership Board application period	
July 23				
August 23				
September 23 (first two weeks)	Survey sampling completed		Section 251 and Data Coordination Board approval/assurance certificate received	
September 23 (second two weeks)	Start of survey fieldwork period (initial mail out, 1 st and 2 nd reminders sent as well as SMS reminders)	Payment to Supplier (start of fieldwork period)		
October 23				
November 23	Local data available to ICSs in as close to real time as possible	Payment to Supplier (end of fieldwork period)		
December 23				
January 24	National data analysis period			
February 24				
March 24	Delivery of Weighted data outputs	Delivery of weighted data outputs Payment to Supplier		

		(end of year one)		
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Roles and Responsibilities

151. NHS England responsibilities

- Nomination of a responsible officer to act as NHS England contract manager
- Nomination of an overall programme lead for the technical delivery of the ICES
- Nomination of an overall programme lead for implementation of the survey
- Nomination of at least one other day-to-day contact
- Identification of at least one professional analyst with the responsibility of coordinating and conducting work to quality assure ICES data and support the production of Official Statistics
- Coordination in the organisation of meetings, as required (weekly video)
- Monitoring progress against agreed milestones and help troubleshooting any arising issues
- Collaboratively produce a quality assurance strategy with the Supplier and provide final approval

152. Supplier responsibilities

- Identification of a contract manager to oversee the work and liaise with/report to NHS England contract manager
- Attendance at meetings with NHS England (weekly video calls)
- Attendance at System User Insight Advisory Group meetings (six times per year)
- Work collaboratively with all partner organisations involved in the delivery of the ICES
- Provision of clear assurance processes for delivery
- Provision of high quality statistical, research and logistical resources and capacities to collate the survey sample, organise fieldwork, analyse and deliver national data, as well as sufficient resource to provide internal quality assurance of the data, and respond flexibly to any findings from the quality assurance process, such as implementing corrections
- To ensure full compliance with the code of practice for statistics so that the data can be published with Official Statistics status
- Contribute to discussion on the development of the survey and its delivery, including providing feedback on lessons learned and how the survey could be improved in the future within the available resources
- Collaboratively produce a quality assurance strategy with NHS England
- Ensure sufficient internal quality assurance processes in the production of the survey data and results, including those derived from statistical models
- Designate at least one member of staff to work closely with NHS England to quality assure the **data and survey results**

Management Information & Governance

153. The Supplier will report progress at weekly video meetings with NHS England. The Supplier is also expected to provide verbal and written progress updates at video System User Insight Advisory Group meetings every two months.

154. The Supplier will provide updates at weekly video meetings with NHS England on the survey helpline activity during the survey fieldwork period. A written report on helpline activity will be provided at the end of the survey fieldwork period.

Performance Measurement and Management

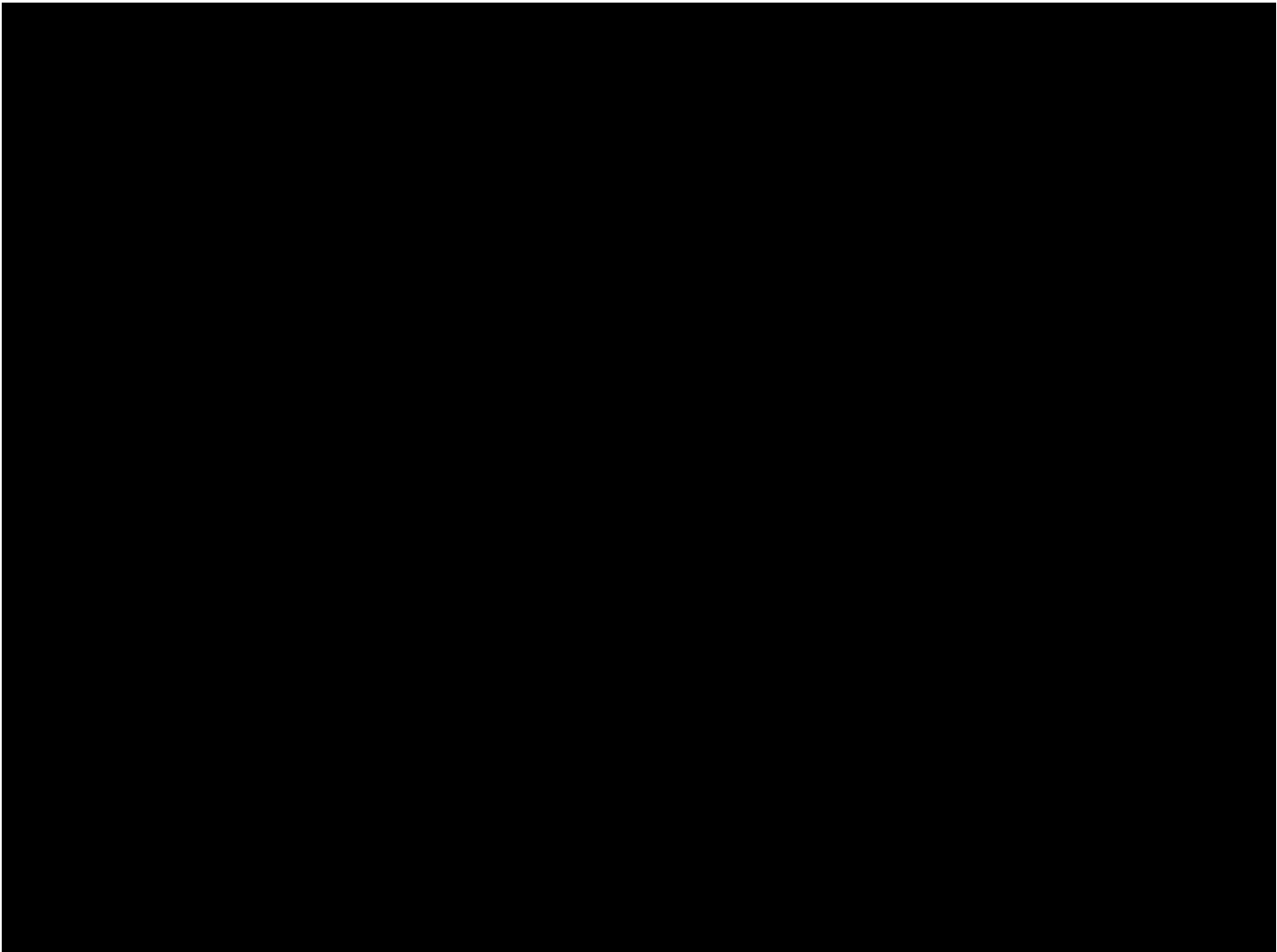
155. The Supplier shall monitor the quality of the service provision to ensure NHS England satisfaction in accordance with the key performance indicators (“KPIs”) outlined in Table 3.

156. The Supplier shall note that areas of underperformance and where KPIs are not met may lead to a performance review. The NHS England Population Health Management team will determine any action to be taken. For example, milestone payments due to the Supplier may be withheld until improvements have been shown. A formal Improvement Notice may be issued by the Authority and the Supplier will be required to submit an action plan demonstrating how improvements shall be made to address performance issues. Release of withheld payments will be linked to the satisfactory completion of agreed timescales and targets in the action plan as agreed by NHS England.
157. The KPIs will be reviewed by NHS England and the Supplier throughout the contract to ensure they remain fit for purpose. Variations can be made to the KPIs if required and mutually agreed by the Supplier and NHS England. Any variations will be formally agreed in writing.

Annex 1 Part 2: KPI Overview

Key Performance Indicators

Table 3 Key performance indicators



Annex 2
Extra Key Provisions

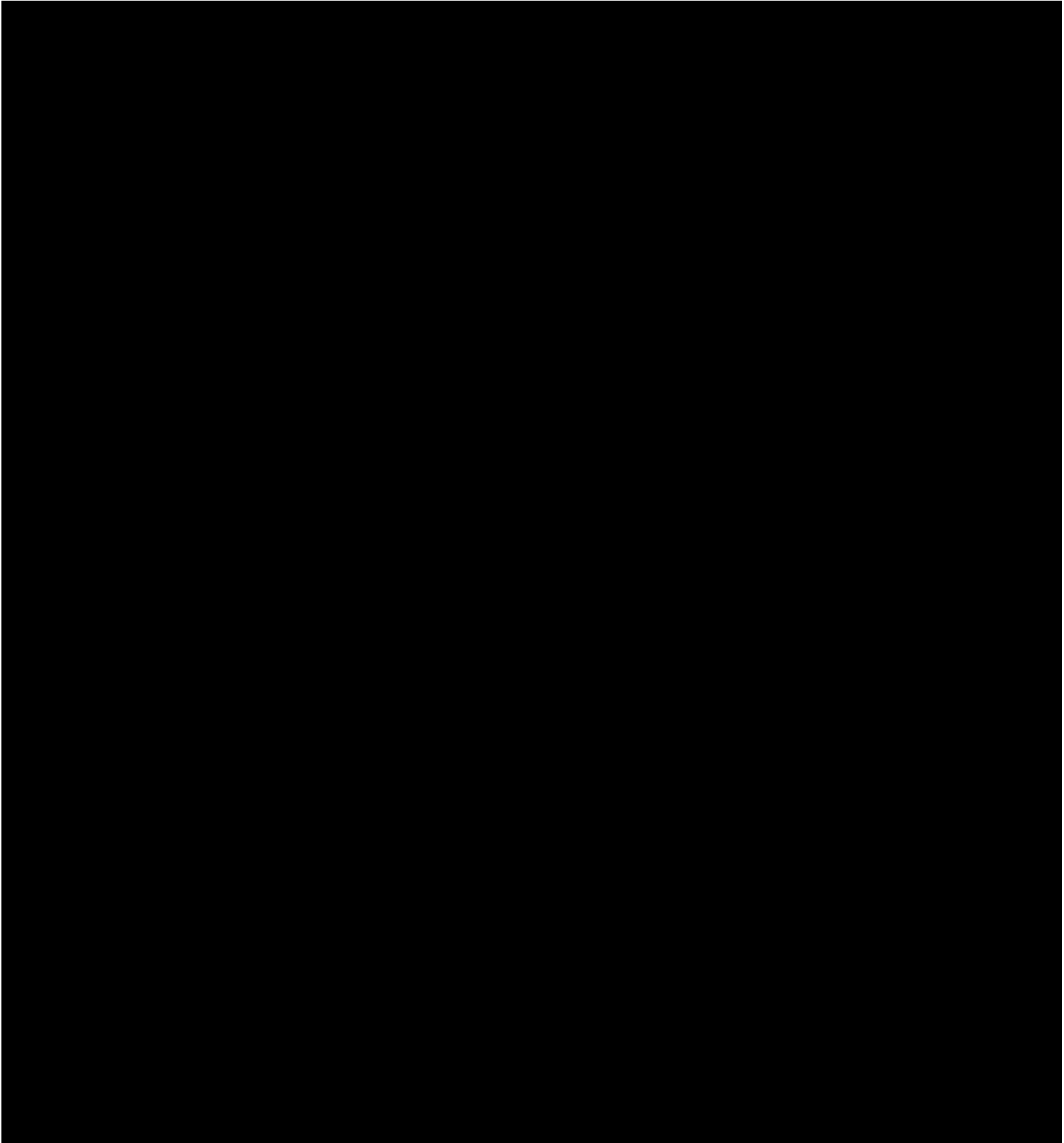
N/A

Annex 3

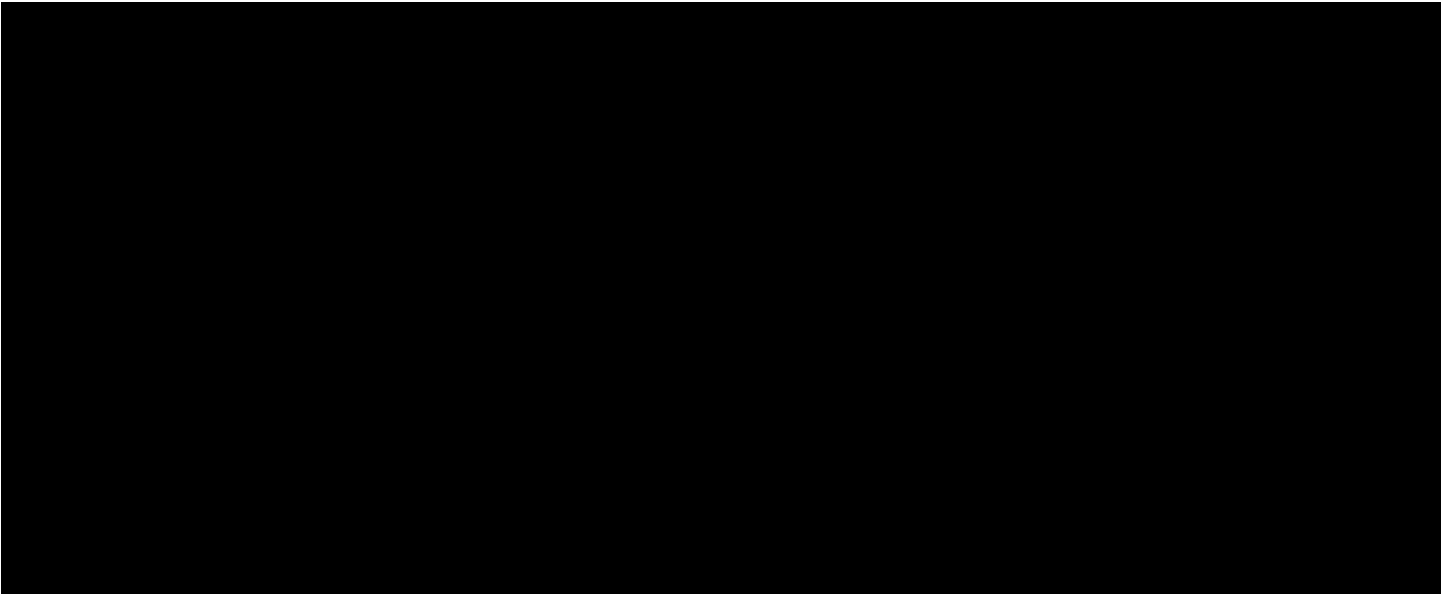
Contract Price and Payment Terms

Contract Price

£1, 584, 500.00 (Exluding VAT)



Optional Costs



Annex 4

Implementation Plan (if any)

See project plan in Annex 6

Annex 5

Information Security Management Plan

Information and security management should be conducted in line with the call-off terms and conditions and any other relevant terms stated in the specification.

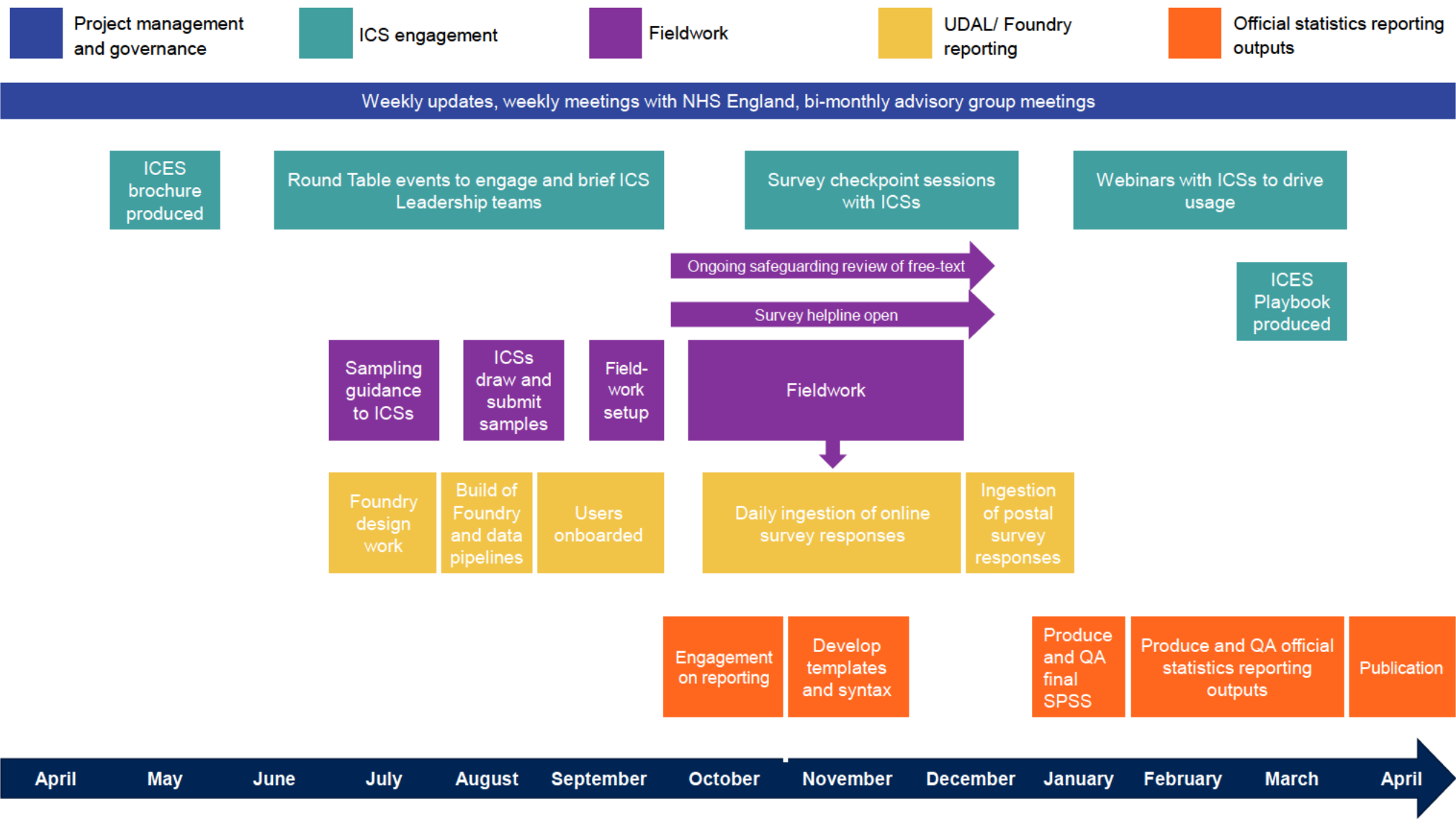
Supplied as part of the Tender exercise.

Annex 6

Supplier Solution/ Tender Response

Work contracted aligns with the Specification available in Annex 1.

Figure 1: Overview of year one survey activities

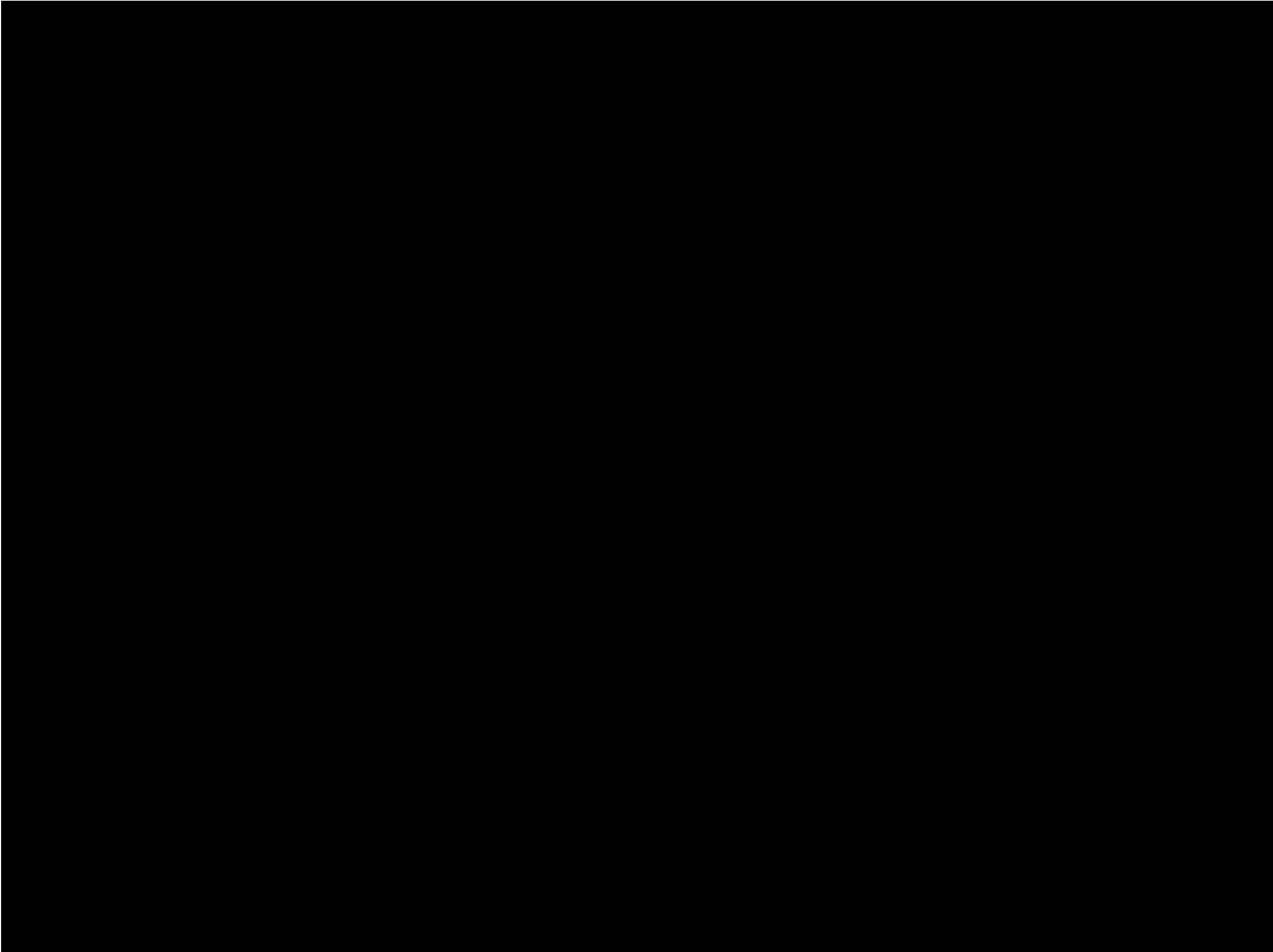


Project Plan

The table below provides a high-level suggested timings for delivering the ICES.

In developing this project plan, we have carefully considered the critical path; for example, the necessity for the online survey to be scripted, and dummy data files available, before development of the dashboard can commence. We have also designed the timetable to maximise the utility of our proposed stakeholder engagement and minimise burden; for example, we will draw on the findings from the engagement on the dashboard report to inform our engagement about the official statistics outputs.

We will work with you to agree a more detailed project plan on commissioning.



Annex 7

Processing of Personal Data

This annex shall be inserted as the Annex to Schedule 5 of the Call-Of Terms and Conditions.

1. The Suppliers are only authorised to Process Personal Data in accordance with this Annex.
2. The Suppliers shall comply with any further written instructions with respect to Processing from the Authority from time to time.
3. Any such further instructions shall be incorporated into this Annex.

Description	Data
Subject matter of the processing	<p>The ICES data is intended to be used by ICSs to understand how well integrated care is being delivered, alongside the other key purposes and priorities of ICSs, such as improving outcomes and the delivery of proactive care.</p> <p>The supplier will receive personal data (as outlined in this Annex 7) in order to invite a sample of people with complex health and care needs to provide their experience through a survey (online or by paper). The supplier will be responsible for capturing the response details ready for analysis.</p>
Duration of the processing	<p>From samples being collected in Phase One to survey returns beginning processed at the end of the contract.</p> <p>This will be covered in more detail in the DPA.</p>

Nature and purposes of the processing	<p>The ICES data is intended to be used by ICSs to understand how well integrated care is being delivered, alongside the other key purposes and priorities of ICSs, such as improving outcomes and the delivery of proactive care.</p> <p>Patients' names and addresses along with their NHS number and date of birth are needed to send out the survey invitation letters.</p> <p>Once Ipsos UK has received the patient information from the participating organisations, the size of their operation means that most of the checking and mailing processes are automated with access limited to approved employees and sub-contractor in accordance with their information security management system. A further justification for using patient identifiable information is that it will enable Ipsos UK to access the Personal Demographic Service (PDS) / Demographics Batch Service (DBS) to check appropriately for address changes and whether the patient has died. This centralised approach was first taken in 2013, rather than asking participating organisations to undertake DBS checks themselves. This approach will be used for the 2023 ICES.</p> <p>The proposed approach is details in Annex 1, table 1 of this contract.</p> <p>The supplier will ensure that the responses are processed as per Annex 1.</p>
Type of Personal Data	<p>Date of birth, Gender, Ethnic group, NHS number, GP practice code, Name (full), Address including postcode, Mobile numbers, ICS code, eFI score.</p> <p>The final data set will be agreed in the DPA.</p>
Categories of Data Subject	<p>Patient demographics and health data.</p>

<p>Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data</p>	<p>The mailing file, containing names and addresses, is to be kept encrypted at all times and destroyed when the survey is complete. The original data may need to be reviewed if any anomalies or errors are identified at any stage throughout the course of the survey, up to the point by which the survey response data is checked and finalised. For this reason, the mailing files may be kept until the reporting stage of the survey. This will be no longer than 12 months after fieldwork has finished.</p> <p>Electronic data is destroyed using Blancco Eraser shredding software, to agreed timescales, and evidenced by destruction certificates stored in the project folder.</p> <p>If consent is given data maybe kept for a longer period of time.</p>
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For the avoidance of doubt this list will be amended through the Contract Meetings as set out above and in line with Clause 31.3 of Annex 2 of this Order Form.

Annex 8

[As referenced in Schedule 18 of the Call-Off Terms and Conditions]

Annex 9

Standard Licence Terms

N/A

Annex 10

Notified Sub-Contractors

N/A

Annex 11

N/A