Service Specification

National Drug Treatment Management Service (NDTMS) – Analytical and Web Services.

**Purpose**

Public Health England (PHE) is seeking to commission an external partner to:

1. Provide immediate independent analytical support to aid PHE in delivering its work priorities.
2. Support PHE in the production of peer-reviewed publications, including support and advice for other academic departments using NDTMS data for research into drug and alcohol treatment.
3. The contract holder will be required to develop, maintain and host web services that provide a visually eye-catching gateway into key data relating to drug and alcohol treatment.

**Background**

Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health’s statutory duty to protect health and address inequalities and executes his power to promote the health and wellbeing of the nation.

PHE supports local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so.

PHE is responsible for the maintenance of the National Drug Treatment Monitoring System (NDTMS). NDTMS is the national repository for alcohol and drug treatment information for all clients accessing publicly funded treatment in England. Together with providing a platform for regular management reporting to treatment providers and commissioners, NDTMS is utilised for bespoke data requests and replying to Freedom of Information requests and Parliamentary Questions, as well as for national statistics bulletins and releases. PHE is looking to tender for services to provide independent analytical support and research capabilities from, preferably, an academic organisation along with providing hosting, maintenance and administration of web services to support the dissemination of drug and alcohol treatment management reporting to key national and local stakeholders.

**Outline of Work**

The following list broadly outlines the skills and experience required to deliver the outputs detailed in this tender specification:

1. Academic credibility amongst peers within the field of drug and alcohol epidemiology;
2. Ability to produce specified reporting outputs within two days of receipt of monthly NDTMS data;
3. Proven ability to develop and support web reporting tools for health data, including dynamic tabular reports and GIS;
4. Proven ability to produce high quality statistical methodology documentation;
5. Ability to comply with NHS Data Security and Protection Toolkit requirements;
6. Demonstrable expertise in programme/project management for software development;
7. In house skills required to develop and support .net framework/SQL server applications;
8. Advanced SPSS, R and SQL skills or similar analytical product;
9. Proven ability to produce technical documentation for software development;
10. Experience of production of National Statistics, and demonstrable understanding of UKSA code of practice and assessment methodology;
11. Demonstrable experience and skills to answer Freedom of Information requests and Parliamentary Questions in a timely manner (normally 48 hours).

There are three main requirements to this commission:

1. **Analytical services**

To provide immediate analytical support to aid PHE in delivering its work priorities. Knowledge of the NDTMS dataset is essential in order to meet PHE's requirement to maintain regular reporting of key statistics on multiple geographic levels, together with subject matter knowledge pertaining to drug and alcohol treatment processes, client heterogeneity and treatment outcomes. The contract holder will ideally have gained longstanding academic credibility relating to the subject matter or similar.

To support PHE, the contract holder will need to replicate the methodologies utilised by PHE in analysing NDTMS data. PHE creates a ‘treatment journey’ construct that applies to everyone receiving alcohol or drug treatment. This construct is composed of one or more treatment episodes, which may occur at one or more treatment providers, and may be concurrent or consecutive in nature. Support would be provided, and it is expected that the contract holder would be able to meet all output requirements within three months.

With the ‘treatment journey’ construct in place, the contract holder will be required to:

* + have in place verification procedures to identify anomalies and inconsistencies in the data that are provided each month
	+ carry out external validation of PHE’s performance management information.
	+ undertake to advise PHE on issues of data quality, consistency and comparability at national, PHE Centre and upper-tier local authority level.
	+ agree protocols in relation to medico-legal aspects of data storage, processing and dissemination to take account of current guidelines and legislation.
	+ maintain data storage facilities capable of holding data sets for every treatment provider in England (see below).
	+ provide processor capability to match size of data sets.
	+ ensure information governance practices meet required standard (as outlined in NHS DSPT https://www.dsptoolkit.nhs.uk/).
	+ verify and produce monthly statistics on drug and alcohol treatment to be published online under the web services requirement below. A current list of requirements can be found in the Deliverables section of this specification document.
	+ support PHE in the production of national statistics relating to drug and alcohol treatment provided to adults and young people in community and secure estate settings (see here for most recent publications: https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics), in accordance with the standards required for National Statistics as well as official statistics on substance misuse treatment in secure settings (see here for more detail: http://www.nta.nhs.uk/statistics.aspx).
	+ respond to requests for information of a political/sensitive and confidential nature within pressured timescales. The contractor will typically be required to support PHE in providing externally validated figures pertaining to NDTMS drug and alcohol data (e.g. Parliamentary Questions, Freedom of Information requests, media enquiries etc.). Requirement is to answer and provide supporting evidence for appropriate queries within 48 hours. Such queries need to be produced quickly to a high standard of accuracy.
	+ assist PHE with the development of annual commissioning support packs to help local areas develop joint strategic needs assessments (JSNAs) and local joint health and wellbeing strategies, as part of their public health remit, which effectively address public health issues relating to alcohol and drug use (see https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack).
	+ assist PHE in providing data evidence to support collaborative working between other government departments, such as the CQC Insight inspection model for registered drug and alcohol treatment providers or the provision of data to support Project ADDER with the Home Office.
	+ to produce Treatment Demand Indicator (TDI) statistical tables for England from data held within NDTMS and the collection and collation of tables from the Devolved Administrations for UK figures. The TDI is one of five key epidemiological indicators which provide a common European methodology for collecting and reporting core data on the number and profiles of those entering specialised drug treatment each year. TDI data are routinely used in EMCDDA analysis of the drug situation in Europe, helping to identify trends and patterns in problem drug use and to assess the use and uptake of treatment facilities (http://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0). The contract holder may be expected to submit the statistical tables to the EMCDDA on behalf of PHE.

The contract holder will be experienced and conversant with appropriate administrative functions including, but not limited to, document management, methodology creation and storage, process documentation, change management, project management, version control.

The contract holder will need to demonstrate their suitability for these requirements.

The contract holder will be required to receive, store and process similar size files to those listed below on a monthly basis:

|  |  |  |  |
| --- | --- | --- | --- |
| **File** | **Approx. size** | **No. variables** | **Approx. rows** |
| reviews | 0.2 GB | 72 |  641,076  |
| modality | 3 GB | 112 |  5,078,743  |
| outcomes | 2.8 GB | 88 |  8,161,530  |
| sub modality | 1.8 GB | 118 |  5,351,668  |
| agency table | 0.01 GB | 36 |  4,023  |
| prison modality | 0.75 GB | 112 |  1,048,819  |
| prison TOP | 0.1 GB | 224 |  117,397  |

**Analytical services break clause**

The analytical services component of the contract will be reviewed each year to assess value for money and the likelihood of PHE undertaking those functions for the remainder of the contract. As such, this component is subject to a break clause to be reviewed at the end of the first and second contract year.

1. **Research**

To support PHE in the production of peer reviewed publications, including support and advice for other academic departments using NDTMS data for research into drug and alcohol treatment.  It is anticipated that this sub-component will account for up to 10% of the activity requirements. Prioritisation of research commitments will be negotiated during the 6 monthly reviews. The contract holder will be expected to contribute to the formulation of research priorities, literature reviews, drafting of manuscripts and project management of research projects. Articles intended for publication utilising NDTMS data will be provided to PHE no less than four weeks prior to submission for review by PHE. All publications will have at least one named author from both the contract holder and PHE.

The contract holder will need to demonstrate their suitability for these requirements by providing a list of peer-review publications in the last five years, together with a list of main statistical techniques utilised in these papers (such as regression [linear, logistic, poisson], time series, survival analysis, meta-analysis, imputation, structural equation modelling, multilevel modelling) as well as the software used to implement.

**Research break clause**

The research component of the contract will be reviewed each year to assess value for money and the likelihood of PHE undertaking those functions for the remainder of the contract. As such, this component is subject to a break clause to be reviewed at the end of the first and second contract year.

1. **Web services**

To develop, maintain and host a website that provides a visually eye-catching gateway into key data relating to drug and alcohol treatment. The website will contain both accessible and restricted data via multi layered role-based access.

Experience of working with and hosting sensitive information is essential, along with appropriate skillsets for building, maintaining and developing effective and responsive web services. The solution will need to be robust enough to support 1500 active users. The solution will need to support secure access to an application that PHE owns and maintains, called the Report Viewer. The application in question contains most of the restricted management reporting, accessed by both treatment providers and local partnerships. The solution will need to be flexible to enable change at pace, such as new web pages, functionality or potentially providing an alternative means for restricted users to access static versions of performance reports. The solution should also comply with the Government Digital Service accessibility guidelines and regulations (<https://accessibility.campaign.gov.uk/?utm_source=Blogs&utm_medium=GDS&utm_campaign=access_regs>) as well as the Government Functional Standard (GovS 005): Digital, Data and Technology (<https://www.gov.uk/guidance/digital-data-and-technology-functional-standard-version-1>) wherever possible.

Three key components of the solution:

1. Publicly accessible area to display monthly statistics and related information at national, PHE Centre and local authority level
2. Publicly accessible interactive web query tool to display key national statistics at multiple geographies using up to date web technologies at national, PHE Centre and local authority level and an equivalent restricted access area
3. Secure area to host restricted management information alongside the secure access to the Report Viewer

A section of the website should be constructed to support the display of publicly accessible drug and alcohol treatment national statistics at various geographical levels. The development should incorporate the following general specification, but it should be noted that a certain amount of interpretation and design talent will be required to achieve the desired product.

The website should be fully integrated into the web services as specified in this document, and as such users should be able to seamlessly navigate around the site. Registered users should only have to login once and should be able to navigate between the publicly accessible area as well as the restricted area. It should be structured in such a way to incorporate a large amount data. It should be scalable to ensure that changes/additions applied during the contract period can be easily applied. The data should be stored securely so that it can be updated and appended to without hindering the performance of the website.

The design and functionality of the overall site should be employed as widely as possible within this area to ensure a uniform approach and consistent user experience. A similar means of selecting data should also be used, allowing the user to select/filter by numerous factors including time series, theme, and geography. The website should look visually attractive and in keeping with current products produced by PHE and should be as intuitive as possible to ensure that it is easy to use and uncomplicated.

Users should be able to select multiple data items for analysis. Trend analysis should also be possible. Data items should be clearly labelled and concise. Industry standard geographical mapping software (such as Instant Atlas, ARC GIS) may be used to enhance the look and feel of the product and to take advantage of the increase in data items available for geographical analysis. Tables, charts and graphs should also use up to date design styles.

Guidance should be available on every page of the website, via both web functionality (such as popup boxes) and printable pdf documentation. All web elements should be printable, including maps, charts, tables, graphs.

Estimated average hits per month - 50,000

Estimated number of visitors per month – 1,600

Estimated number of active restricted users - 1,500

Estimated number of occasionally active registered users - 400

Estimated size/capacity of reporting database - 10GB

**Web services break clause**

The web services component of the contract will be reviewed each year to assess value for money and the likelihood of the Authority undertaking those functions for the remainder of the contract. As such, these components are subject to a break clause to be reviewed at the end of the first and second contract year.

**Deliverables**

The following table relates to the proposed list of provisional monthly statistics distributed online to a monthly schedule produced by PHE. Publication dates are set out in the delivery timescale section of this document along with additional deliverables.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Indicator** | **Frequency** | **Report level** | **Substance group** | **Age** | **Period** |
| 1 | Adults in effective treatment(12 data items and 4 reports in total) | Monthly | Provider | Opiate | 18 and over | Rolling 12 months |
| Partnership | Non-opiate only |
| PHE Centre | Non-opiate and alcohol |
| National |
| 2 | Adults in treatment(16 data items and 4 reports in total) | Monthly | Provider | Opiate | 18 and over | Rolling 12 months |
| Partnership | Non-opiate only |
| PHE Centre | Non-opiate and alcohol |
| National | Alcohol |
| 3 | New presentations to treatment (16 data items and 4 reports in total) | Monthly | Provider | Opiate | 18 and over | Year to date |
| Partnership | Non-opiate only |
| PHE Centre | Non-opiate and alcohol |
| National | Alcohol |
| 4 | Total exits (16 data items and 4 reports in total) | Monthly | Provider | Opiate | 18 and over | Year to date |
| Partnership | Non-opiate only |
| PHE Centre | Non-opiate and alcohol |
| National | Alcohol |
| 5 | Young people in treatment (4 data items and 4 reports in total) | Monthly | Provider | All substances | Young people | In month |
| Partnership |
| PHE Centre |
| National |
| 6 | New presentations (4 data items and 4 reports in total) | Monthly | Provider | All substances | Young people | In month |
| Partnership |
| PHE Centre |
| National |
| 7 | Young people in treatment (4 data items and 4 reports in total) | Monthly | Provider | All substances | Young people | Year to date |
| Partnership |
| PHE Centre |
| National |
| 8 | Young people discharged (4 data items and 4 reports in total) | Monthly | Provider | All substances | Young people | In month |
| Partnership |
| PHE Centre |
| National |
| 9 | PHOF Indicator C19a, b and c (3 data items and 3 reports in each) | Monthly | Partnership | Opiate | 18 and over | Rolling 12 months |
| PHE Centre | Non-opiate |
| National | Alcohol |

The following table relates to the proposed list of national statistics data for adults (distributed online via the web solution requirement as outlined in 3.2 in the web services section in this document) to coincide with release dates of substance misuse national statistics reports each year. The following data items will need to be reported by:

1. the four main substances groups (opiate users, alcohol only users, non-opiate users and non-opiate and alcohol users)
2. age groups (18-29, 30-49 and 50+)
3. from 2009-2010 to the latest published year (currently 2019-2020)
4. local authority, PHE centre and national level geographies

Publication dates are set out in the delivery timescale section of this document along with additional deliverables. There will be similar requirements for national statistics data for young people and secure settings.

|  |  |
| --- | --- |
|  | **Indicator** |
|  1 | Adults in treatment |
| 2 | Adults newly presenting to treatment |
| 3 | Prevalence and unmet need |
| 4 | Age |
| 5 | Sex |
| 6 | Ethnicity |
| 7 | Disability |
| 8 | Religion |
| 9 | Sexual orientation |
| 10 | Housing situation |
| 11 | Employment status |
| 12 | Clients who are parents / carers |
| 13 | Substance use |
| 14 | Injecting behaviour |
| 15 | Alcohol consumption |
| 16 | Source of referral |
| 17 | Waiting times |
| 18 | Interventions |
| 19 | Length in treatment for those that have exited treatment |
| 20 | In treatment six-month outcomes |
| 21 | Completed and not re-presented |
| 22 | Length in treatment |
| 23 | Treatment exits |

**Reporting arrangements**

The delivery partner should work closely with PHE to plan, implement and report on the project.

Processes relating to the deliverables should be transparent – sharing information on objectives, plan, timetable and outputs with PHE.

The PHE lead for this work is Kevin Shelton, Senior Programme Manager, who will liaise with the supplier and provide day-to-day support from PHE.

The successful supplier is expected to meet with the PHE lead at the initiation and at six monthly intervals thereafter up to the end point of the contract.

**Data Handling and Provision**

All personal data (as defined within the General Data Protection Regulation - GDPR) collected, stored, analysed or shared must be carried out in compliance with the Data Protection Act 2018, GDPR and must conform with the policy statements specified in the PHE Information Governance Policy framework.

The successful provider must adhere to the Freedom of Information Act (2000).

**Risk Management**

Applicants should submit, as part of their application, a summary explaining what they believe will be the key risks to delivering this project, and what contingencies they will put in place to deal with them.

A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective, which includes any potential **conflicts of interest**. All risks should be identified. The summary should include an assessment of each risk, together with a rating of the risk’s likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.

**Stakeholder and Public Involvement**

The provider will be undertaking direct engagement with users as appropriate. The provider will be expected to submit as part of their application their mechanism for engaging with users from local government, treatment providers and the public. This should include regular user surveys and consultations at annual intervals or after significant product or service changes are made.

**Accessibility**

The provider will ensure that the web solution complies with the Government Digital Service accessibility guidelines and regulations (<https://accessibility.campaign.gov.uk/?utm_source=Blogs&utm_medium=GDS&utm_campaign=access_regs>)

<https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps>

<https://gds.blog.gov.uk/2018/06/20/creating-the-uk-governments-accessibility-empathy-lab/>

<https://www.gov.uk/service-manual/helping-people-to-use-your-service/getting-an-accessibility-audit>

**Delivery Timescale**

The key milestones are listed below and will be reviewed in biannual contract reviews between the contract holder and PHE. More detailed deliverables over the lifetime of the contract will be agreed through this process.

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Detail** | **Due date** |
| Data production for national statistics publications and related data | Data to support national statistics publications, commissioning support products and related data publications via the web solution | September/October 2021September/October 2022September/October 2023 |
| National statistics publications | Data release via the web solution to coincide with the release of the adult and young people substance misuse treatment statistics in community and secure settings (three products in total) | October 2021 to January 2022October 2022 to January 2023October 2023 to January 2024 |
| Provisional monthly statistics | Publication of monthly statistics on drug and alcohol treatment for adults and young people via the web solution | Within the first three working days of each month from 01 July 2021 to 30 June 2024 |
| Research publications | One research paper to be submitted for peer-review publication each year | By 30 June 2022, 30 June 2023 and 30 June 2024 |

**Contract Period**

The contract will run for a period of three years commencing between April and July 2021 as per the commissioning timetable below.

Standard break clauses for each contract will be enforced prior to the contract renewal.

**Contact Point(s)**

It is expected that the supplier will appoint a named, suitably qualified evaluation lead Manager who will be the main point of contact with Public Health England.

The key contact points at PHE will be Kevin Shelton and Jonathan Knight. All members of staff will be available for telephone or face to face advice throughout the project lifetime. PHE can facilitate discussions with other topics experts from within PHE and other key partners.

**Costs**

The provider will need to give a detailed breakdown of their costs. Please note that applicants will need to demonstrate value for money.

The overall contract value will be for a maximum of £1,080,00 (excluding VAT) for a period of three years (e.g. £360,000 per annum max.). This is with an expected start date between April and July 2021.

**Application Process**

Applications should be submitted electronically and include the following documentation:

* Supporting statement setting out and establishing suitability to undertake the project, including evidence of carrying out work of a similar nature.
* Project outline including, where appropriate, details of evaluation plan, communications plan & methodology, evaluation logic model, timescales and stakeholder engagement plan.
* Budget (including detailed breakdown of spend).
* Risk mapping and associated risk register, including any potential conflicts of interest.
* Evaluation and project team CVs.

Word count (excluding Project / Evaluation Team CVs) is a max of 2,000 words per document.

Applications will be reviewed by an internal PHE panel and candidates will be informed electronically of the result.

If two applications are scored identically then both applicants will be invited to a verbal presentation to decide the outcome.

**Selection Criteria**

Criteria used by members of the PHE panel to assess applications for funding from the project include:

1. **RELEVANCE** of the proposed project plan and evaluation methodology to the aims and objectives of the project
2. **QUALITY** of the work plan and proposed management arrangements
3. **STRENGTH** of the project team
4. **IMPACT** of the proposed work
5. **VALUE** for money (justification of the proposed costs)
6. **INVOLVEMENT** of key partners and the public

**Commissioning Timetable**

It is anticipated that commissioning of this project will occur to the following approximate timetable:

|  |  |
| --- | --- |
| **Date** | **Action** |
| **31/12/2020** | Issue of invitation to tender via BRAVO |
| **05/02/2021** | Deadline for receipt of applications |
| **Between 08/02/2021 and 12/02/2021** | Dates for potential clarification meetings |
| **15/02/2021** | Notification of outcome of applications review |
| **02/03/2021** | Award of contract |
| **30/06/2024 at latest** | Project completion |