INVITATION TO TENDER FOR THE PROVISION OF:

National Gamete Donation Service

Deadline: 12 Noon on the 13th February 2015

ITT Reference: **59738**

**PART B** – Tender Schedules

(To be returned by Tenderers)

Specification

1. Executive Summary
   1. The Secretary of State has set out a new vision for health and social care focused around five key priority areas:

* A patient-led NHS
* Delivering better health outcomes
* A more autonomous and accountable system
* Improved public health
* Reforming long-term and social care.
  1. Due to an increased patient base, a lack of awareness, incorrect information available and complicated and time-consuming actions attached to it, there is an on-going shortage of gamete donors (egg and sperm). Infertility affects around 1 in 6 couples and is felt across all races and backgrounds. Many patients find themselves on waiting lists adding to the already significant stress or remain childless. Other patients choose to go abroad using other regulated and sometimes dangerous alternatives.
  2. The Nuffield Council on Bioethics published a report in October 2011 <http://nuffieldbioethics.org/project/donation/> that considered how far society should go in encouraging people to donate their bodily material. It concluded that “a national or regional donor service should be established to provide an infrastructure for egg and sperm donation, along similar lines to the structure currently in place for blood and organ donation”.
  3. The then Minister for Public Health, Anne Milton MP requested a national strategy on expanding gamete donation and in August 2012 agreed a 3 year Business Case to contract with a single national organisation to streamline gamete donor initiatives. The aim was that the work would encourage increased gamete donation by improving the experience for donors and increase the efficiencies in the running of the Donor Conceived Register for donor conceived people born as a result of donation before the Human Fertilisation and Embryology Act came into force in 1991.
  4. There are strong policy and strategic grounds for agreeing continuing support from April 2015 for one organisation to deliver an integrated programme of work to support gamete donation related activities and fulfil the policy priorities of the Department of Health. This enables important aspects of gamete donation to continue to be consolidated in one national body, increasing donor numbers (and so increasing patient choice preventing unlicensed donor treatment in the UK and abroad and meeting their needs better), improving the gamete donor experience and increase efficiencies in the running of a Voluntary Contact Register for donor conceived people, increase the numbers of those registering and increase the possibilities of making matches.

1. The Requirement
   1. The Department requires a streamlined programme of gamete donation work, which includes:

* Providing a national focus for the promotion of gamete donation – ensuring effective information and support for prospective donors and those seeking donors; working effectively with fertility clinics to support improvements in donor experience, and providing national leadership and profile. This will be measured by increases in numbers and retention of donors and numbers of enquiries to the national service from all stakeholders.

* Expand the scope of a kite-marking scheme which will: utilise best practice in the care of donors; include, close collaboration with local stakeholders; include measures to demonstrate improvements in gamete donor experience. Proposals should describe a vision of what this might look like and what outcomes would be appropriate.
* Further develop the web-based user-interactive model using social media and other networks suitable for gamete donor recruitment with the aim of raising the profile and increasing donor numbers;
* Maintain and expand the Voluntary Contact Register for pre-1991 donor conceived people and their donors (known as Donor Conceived Register)[existing Website for contact is at: http://www.donorconceivedregister.org.uk/. Models should include proposals on :
* Raising the profile and accessibility of the register;
* extending the reach of the Register;
* Increasing the number of registrants overall’ leading to increased number of linkages;
* covering the introduction of some elements of cost recovery;
* exploring new models to delivering advice and support;
* demonstrating appropriate frameworks for safeguarding sensitive information;
* outlining models for facilitating DNA testing for registrants, with at least 37 markers.

1. Skills requirements
   1. The Skill Requirements for this programme will include:

* General management and administrative skills to run a national office, including the management of volunteers
* Able to develop relationships between users and stakeholders, including health and social care sectors
* Ability to run a national helpline
* Experience and skills in raising awareness across sectors
* Able to develop and use social media networks
* Familiar with ICT packages, databases and web based promotional skills (including the Voluntary Contact Register)
* Effective communicator with users and stakeholders
* Able to generate sustainable funding through fundraising activities
  1. The contract will be awarded to a proposal covering the range of services outlined above; in line with the evaluation criteria and methodology.

1. Key outcomes
   1. The Key Outcomes of this programme will be:

* Addressing the shortage of sperm and egg donors thereby reducing waiting lists for treatment and match increases in demand for donor insemination and donor egg treatments.
* Continued modernisation and expansion of the Donor Conceived Register for pre-1991 donor conceived people and their donors.
* Increasing the numbers of gamete donors and increase success in matching cases (donor conceived people making contact with half-siblings or donors)
* Help reduce the waiting list for treatment
* Improving the experience for gamete donors (leading to improved retention of donors)
* Increasing the numbers of registrants on the voluntary contact register with high quality DNA samples (leading to an increase in linkages)
* Higher public visibility for gamete donation and the voluntary contact register
* Establish income generation streams leading to eventual self-funding

1. Authority Responsibilities
   1. The Department of Health will:

* Nominate a contract manager from the Embryology & Assisted Conception Policy Team to oversee the award and delivery of the contract.
* Have final sign off on any promotion campaigns and public facing material.
* Organise and attend regular contract monitoring meetings, which can alternate between DH, supplier sites or by telephone/video conference.
* ensure the timely and appropriate processing of all payments

1. Contractor Responsibilities
   1. The Contractor shall nominate a Contract Manager to oversee the work and liaise with and report to the Department’s Project Manager who will:

* attend regular quarterly meetings with the Department;
* perform quality assurance on all aspects of the programme;
* provide the Department with timely and ongoing evaluation and quality assurance information relating to the programme;
* provide on a monthly basis written updates on programme progress and on a quarterly basis to include costs;
* pay particular attention to risks during transition;
* ensure that the requirements of the contract are delivered to time and cost.

1. Timetable
   1. This contract is for an initial 12 months from April 2015. However, the Department reserves the right extend the contract by a further period of no more than 12 months subject to funding.
   2. For the right to extend to be invoked, the Department will need to be satisfied that the Contractor has done all within their power to ensure compliance and delivery of the requirements.
   3. There will be an expectation of self-funding post March 2017 of the gamete donation element of the contract. The Voluntary Contact Register will still require support.
   4. Any payments in respect of this contract will only be made in line with this timetable and linked to the delivery of these milestones. The Department reserves the right not to make payments if these milestones are not met.
2. Skills and Knowledge Transfer
   1. The supplier must make provision for and ensure that any skills and knowledge gained by this requirement is transferred to the DH. The contractor should describe how it is proposed that this is achieved.
   2. The successful contractor will contribute to the development of policies and programmes to address the shortage of sperm and egg donors and maintain systems to streamline the Voluntary Contact Register. The work will be on-going and there will be on going knowledge transfer back to the Department.
3. Further Information
   1. Any further information required can be obtained from the Embryology & Assisted Conception team at the Health Science and Bioethics Division of the Department of Health. (In line with the ITT clarification question period, via BMS online message)
   2. No personal data should be transferred to another organisation without consent of the individuals that supplied it.
   3. A privacy notice would be required stating who personal information is shared with and under what circumstances it will be shared/transferred.
   4. TUPE (Transfer of Undertakings Protection of Employment)

TUPE may apply to this contract; any information is available on request

1. Tenderer Response

**(See accompanying template questions for completion and return.)**

Schedule Two: Pricing Schedule

1. General Instructions
   1. The rates contained within the Pricing Schedule are, unless otherwise expressly agreed between the parties, firm.
   2. The rates entered shall be deemed to include complete provision for full compliance with the requirements of the Contract.
   3. The rates exclude VAT.
   4. The rates entered in the Pricing Schedule shall include all travel and subsistence costs.
   5. See accompanying Schedule Two template for completion of pricing proposals and return to the Authority.
2. Schedule of Payments
   1. The Authority requires Tenderers to competitively tender against the requirements of the Specification. Payments to the Contractor for service delivery will be in accordance with the terms and conditions.

**(See accompanying schedule two for completion and return.)**

Schedule Three: Contract Monitoring:

1. The management of this contract will be based on the quarterly meetings between the Department and the Contractor. At these meetings, progress on the work of the programme will be discussed, including any milestones and Key Performance Indicators and budget and cost issues.
2. After six months, the successful Contractor will be invited to attend to discuss any issues on the implementation of the contract and to agree with the Department and the Contractor any necessary future actions.
3. Should any issues arise between the quarterly meetings that could be deemed of importance to or detrimental to the delivery of the contract, these will be raised with the Department by the Contractor as the soonest possible opportunity.
4. The Contract will be actively managed by the Department to ensure that key deliverables and costs are being met. This will include a number of Key Performances Indicators to be determined.
5. The Contractor will attend a post contract review with the Department to assess whether the objectives of the contract were met; the benefits achieved and identify any lessons learnt for future projects.
6. General Instructions

Tenderers will be required to complete all the information requested in the following section once the contract is awarded. Any supporting documents (e.g. implementation plans etc.) will need to be clearly referenced back to the appropriate section.

1. Representatives

Name of Authority's Contract Representative(s): [to be confirmed]

Name of Contractor's Representative(s): Information redacted in line with section 40 of the FOIA, National Gamete Donation Trust. PO Box 344, Malvern, Worcestershire WR14 9GX. Information redacted in line with section 40 of the FOIA

1. Deliverables

List of deliverables, outputs and reports Contractor is to supply: to be agreed at award of contract

Period(s) over which each deliverable, output and report is to be supplied: Quarterly

Information requirements: to be agreed

Milestones: to be agreed

1. Meetings

Frequency of contract management meetings: Quarterly

Location of contract management meetings: Authorities premises

Checking performance against anticipated plan: Quarterly

1. Remedies
   1. Remedies for below par performance: Poor and unacceptable performance issues will be discussed at quarterly contract management meetings and improvements will be sought. Persistent poor performance may lead to a default notice being issued and termination of contract proceedings will follow. (See terms and conditions)

Schedule Four: Confidential & Commercially Sensitive Information

See accompanying template for (identification of the confidential & commercially sensitive information) completion and return to the Authority.

Schedule five: Administrative Instructions

See accompanying template for (Administrative Instructions) completion and return to the Authority.

Schedule six: Form of Tender

See accompanying template for (Form of Tender) completion and return to the Authority.

1. Sub-Contractors

See accompanying template for (Sub-Contractor information) completion and return to the Authority.

1. Parent Company Guarantee

See accompanying template for (Parent Company Guarantee information) completion and return to the Authority.