5th February 2018

Dear Bidders,

**Request for Quotation: PRJ-607 Smoking Cessation & Tobacco Control**

I am writing to you on behalf of Tower Hamlets CCG. We currently have a requirement for the PRJ-607 Smoking Cessation & Tobacco Control, the details of which are set out in the Annex A to this RFQ letter.

We need our chosen supplier to commence the work in the week commencing 26 February 2018 and finish the work on or before 31st March 2018. Following the service delivery, the provider is required to convene the quality improvement workshop for the NHS providers in April 2018.

Please note the attached (Annex B) NHS Standard Contract 2017-18 / Terms and Conditions for the Supply of Services will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a ‘bid response document’ to the following email box [nelcsu.welcpod-procurement@nhs.net](mailto:nelcsu.welcpod-procurement@nhs.net) **by 12:00 noon on 12th Feb 2018** with the following information:

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

**Procurement Timeline**

| # | Description of the Event | Start Date | Deadline |
| --- | --- | --- | --- |
| 1. | Request For Quotation Issued | 5th Feb 2018 | 5th Feb 2018 |
| 2. | Deadline for Clarification Questions | 5th Feb 2018 | 9th Feb 2018 |
| 3. | Deadline for submission of quotations | 12th Feb 2018 | 12th Feb 2018 |
| 4. | Evaluation of Quotations | 12th Feb 2018 | 15th Feb 2018 |
| 5. | Interview/Presentation (if applicable) | Wk Com 19th Feb 2018 |  |
| 6. | Approval of Contract Award Recommendation | Wk Com 19th Feb 2018 |  |
| 7. | Notification of outcome of quotation exercise to successful and unsuccessful bidders | Wk Com 19th Feb 2018 |  |
| 8. | Mobilisation | Wk Com 19th Feb 2018 | 28th March 2018 |
| 9 | Contract Commencement Date | 1st March 2018 | 31st March 2018 |

The CCG is seeking quotations from a number of suppliers. The following criteria will apply to the selection of the successful supplier:

Allocation of scores based on 80% quality (20% price).

| # | Evaluation Criteria | | Weight |
| --- | --- | --- | --- |
| **1** | **Proposed Approach** | | **80%** |
|  | 1.1 | Robust project plan to deliver the required outputs within the contract period – including risks and mitigation  **Question** Please provide your project plan and the approach you will take to risks and mitigation. | 15% |
|  | 1.2 | Clear methodology for delivering the requirements of the contract  **Question**  Please provide a detailed description of your approach to meeting the requirements of the contract. | 20% |
|  | 1.3 | Demonstration of extensive relevant knowledge, experience and capability of the team who would be working on this contract – specifically in the areas of tobacco control, behaviour change, working in partnership with NHS trusts on service improvement and system change  **Question**  Please provide comprehensive information and examples demonstrating your relevant knowledge, experience and capabilities in this field. | 20% |
|  | 1.4 | Proven ability to mobilise and deliver complex projects to tight deadlines  **Question** Please provide examples of your ability to mobilise and deliver complex projects to a tight deadline. | 15% |
|  | 1.5 | Organisational capacity to undertake the work alongside other commitments  **Question**  Please describe the resources that you will deploy to ensure this work can be completed alongside your other commitments. | 10% |
| **2** | **Price**  **(Any quotations exceeding the financial envelope will be disqualified)** | | **20%** |
|  | **Proposed Approach + Price** | | **100%** |

| **Score** | | **Definition** |
| --- | --- | --- |
| 0 | Non-compliant | No response or partial response and poor evidence provided in support of it.  Does not give the commissioner confidence in the ability of the Bidder to deliver the Contract. |
| 1 | Weak | Response is supported by a weak standard of evidence in several areas giving rise to concern about the ability of the Bidder to deliver the Contract. |
| 2 | Minor reservations | Response is supported by a satisfactory standard of evidence in most areas but a few areas lacking detail/evidence giving rise to some concerns about the ability of the Bidder to deliver the Contract. |
| 3 | Compliant | Response is comprehensive and supported by good standard of evidence. Gives the commissioner confidence in the ability of the Bidder to deliver the contract. Meets the Commissioner’s requirements. |
| 4 | Very good | Response is comprehensive and supported by a high standard of evidence. Gives the Commissioner a high level of confidence in the ability of the Bidder to deliver the contract. Exceeds the commissioner’s requirements in some respects. |
| 5 | Excellent | Response is very comprehensive and supported by a very high standard of evidence. Gives the Commissioner a very high level of confidence the ability of the Bidder to deliver the contract. Exceeds the Commissioner’s requirements in most respects. |

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

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

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

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

The pass-mark for the qualitative evaluation (Questions 1.1 – 1.5) element is **50%**. If a bidder does not attain this score overall then their bid will be rejected. This process ensures that NEL Commissioning Support Unit and Tower Hamlets CCG attain a minimum acceptable service quality. Following submission of bids, a moderation / evaluation meeting may be held. Following the moderation meeting, Tower Hamlets CCG and NELCSU may invite the bidders scoring over 50% to a post bid submission clarification meeting / interview to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. You will be advised of a date and time if an interview/meeting is required.

*In the event of a tie (where two or more top scoring Bidders had the same total weighted score including both quality and price), the CCG will select from amongst those Bidders, the submission of the Bidder with the highest weighted score for question 1.3.*

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

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

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

## Canvassing and contacts

Bidders shall not in connection with this Procurement:

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

No attempt should be made to contact NELCSU or Tower Hamlets CCG staff, except the Project Team, or to contact NELCSU / Tower Hamlets CCG or NELCSU / Tower Hamlets CCG advisers or other NHS/DoH bodies as part of the procurement process. Any enquiries made to persons other than the NEL Commissioning Support Unit Project Team will be regarded as prima facie evidence of canvassing.

## Conflicts of interest

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

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

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

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

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

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

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

If you have any queries about this letter or the requirement, please contact the under signed at [nelcsu.welcpod-procurement@nhs.net](mailto:nelcsu.welcpod-procurement@nhs.net)

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

Yours sincerely,

D Williams

Dorothy Williams

Procurement Officer

NEL Commissioning Support Unit

**Annex A**

**Specification / Project Brief**

**For**

**Smoking Cessation & Tobacco Control**

## Introduction:

The East London Health and Care Partnership has been established to support the delivery of the North East London Sustainability and Transformation Plan (NEL STP). Within the STP there are a number workstreams which aim to support the transformation of the local health and care services and ensure that these services are sustainable in the future. The Prevention Workstream is an essential element of our plan as it is recognised that without work to promote a cultural shift in how we address key population health issues facing east London genuine transformation and sustainability will be unachievable.

Smoking cessation/tobacco control has been identified as a shared priority for prevention by East London Health and Care Partnership (ELHCP). The total costs of smoking across the North East London (NEL) footprint are estimated to be £462m a year - including costs to the NHS and adult social care, costs to business (lost productivity, smoking-related sick days, smoking breaks) and the fire service.

The annual cost of smoking specifically to the NHS across NEL is £58m. Over a quarter (28%) of all admissions are due to smoking.[[1]](#footnote-1) At least £20m could be saved locally over 5 years if at least 10% of current smokers were to quit.

A limited resource has been made available for an appropriate provider to support trusts to deliver the recommendations contained in the ELHCP Smoking Cessation and Tobacco Control plan, which has been endorsed by ELHCP Smoking Cessation and Tobacco Control Group, the Prevention Workstream Steering Group, the Clinical Senate and Board.

The said provider will be commissioned to undertake a rapid baseline audit/review of each of the five North East London (NEL) acute and mental health trust’s readiness to implement the ELHCP SCTC plan, with a particular focus on workforce development and staff behaviour change. This will include:

* + a review of relevant guidance and good practice (in NEL, across London and elsewhere)
  + a programme of staff involvement and engagement in each NHS provider trust (Barts Health, Barking, Havering & Redbridge University NHS Trust, Homerton University, East London Foundation Trust and North East London Foundation Trust) to gather insight on local facilitators and barriers to behaviour change related to embedding smokefree policies and treating tobacco addiction as routine part of care pathways
  + training needs assessment and environmental audit
  + based on the above, production of a set of recommendations on trust level and NEL wide priority actions, including an improvement trajectory, to enable effective implementation of the SCTC plans.
  + Facilitation of QI workshop involving NHS Trust clinical and operational leads.

An identified project lead will facilitate contact with trust leads, organise time for set up meetings between provider and each trust lead w/c Monday 26th February, and support with logistics of QI workshop.

## Objective:

The primary objective of this project is to establish ownership of the smokefree agenda within each of East London’s trusts and ensure the full integration of treatment of tobacco dependence into local NHS care pathways.

This project will directly support NHS provider trusts to deliver the ELHCP SCTC plans by providing insight and intelligence on likely barriers and facilitators to change, plus practical trust level and pan-NEL recommendations on actions to prioritise for successful implementation.

Another key objective is the provision of opportunities for sharing of good practice across the STP footprint.

## Context:

Effective identification and treatment for tobacco addiction is highly clinically and cost effective, but screening and referral rates in secondary care are low. Recommendations to improve identification of smokers and support to quit within acute and mental health trusts are contained within the ELCHP Prevention workstream’s smoking cessation and tobacco control (SCTC) plan. This plan includes the following priority areas:

1. establish integrated smoking in pregnancy referral pathways across NEL (in line with the Saving Babies’ Lives Bundle)
2. smoke free NHS estates across all NEL sites
3. ‘smoking cessation as treatment’ plans agreed and CO4 principles embedded across all trusts.

These plans are strongly evidence based as described below.

* They are in line with NICE Guidance PH48 – implementation estimated to generate net savings to the NHS in year 4.
* Evidence from a recent study in Ottawa showed a large reduction in 30 day risk of readmission and emergency department visits as a result of inpatient-initiated cessation support.
* The proposed social marketing approach is underpinned by behaviour change theory.

There are also a number of levers in place to support implementation of the SCTC plan:

* CQUIN (screening, brief advice & referral)
* Smokefree NHS estate
* ‘Saving Babies Lives’ / Local Maternity System.

## Proposed Area of Consideration:

Following the rapid baseline audit/review of NEL NHS Provider Trusts current performance against the SCTC plan requirements, a quality improvement workshop will be convened to share learning and take a collaborative approach to defining specific priority actions (with KPIs) to be taken forward by each trust and across the NEL footprint. These action plans and KPIs will be monitored through the SCTC Steering Group.

Key system outcomes include:

1) increase in the number of patients who are smokers who receive support to quit

2) reduction in smoking prevalence among patients

3) a culture shift where all staff are competent, confident and motivated to support smokers to quit.

## Deliverables:

The provider will undertake a review which will gather baseline information on current performance of each of the five NEL NHS Provider Trusts (Barts Health, Barking, Havering & Redbridge University NHS Trust, Homerton University Hospital Foundation Trust, East London Foundation Trust and North East London Foundation Trust) against the SCTC plans. This may include an audit of more than one site per Trust – up to a maximum of 10 separate sites across east London.

For each trust, and the system as a whole, the provider will use the results of this review to identify key gaps and make recommendations to address these to support effective implementation of the SCTC plans across the NEL acute and mental health NHS estate. .

The review will include the following.

* Consider different models of implementing the SCTC plans, their likelihood of success and their potential impact.
* Describe the current readiness of each Trust to implement the SCTC plans in full – including interviews with key staff and other stakeholders, an environmental audit and analysis of training needs.
* Provide a gap analysis of the current situation against the evidence base for (a) implementing effective smoking in pregnancy referral pathways, (b) becoming smoke-free and (c) treating tobacco dependency as part of core Trust business.
* Identify priority actions for each Trust to pursue in order to implement the SCTC plans – including training, staff engagement and communications.
* Identify the actions to be undertaken internally and those areas which would benefit from external support, explaining how any suggested external support would, wherever possible, leave a skills legacy within the Provider Trust.
* Identify the resources required to implement the SCTC plans across NEL.

Following the review, convene the quality improvement workshop for the NHS providers: The Provider is to plan, promote and facilitate a clinical quality improvement workshop, to be attended by senior clinical champions from each NHS provider trust, as well as Clinical Commissioning Group representatives and Public Health tobacco control leads, to present the outcomes of the baseline audit and agree priority actions to take forward.

## Governance

* The provider will liaise with and report to the SCTC Project lead.
* The project lead will monitor progress against each of the key deliverables and report progress to the SCTC Steering Group.
* The workstream lead for SCTC will report to the ELHCP Prevention Steering Group.
* The Prevention Steering Group will keep the ELHCP Programme Board, and ELHCP Clinical Senate, informed of progress via the SRO for Prevention.
* Updates will be provided to NEL Directors of Public Health by the Prevention SRO.

**7. Financial Envelope**

The financial envelope is within the range of £25,000 – 30,000. Further details in Annex C (below).

**Annex B**

**Terms and Conditions of Contract**



**Annex C**

**Financial Submissions**

***Financial Envelope - The financial envelope available for this work is within the range of £25,000 –30,000 including VAT (inclusive of the quality improvement workshop). Any quotation exceeding the financial envelop will not be considered.***

1.1 Providers are required to submit a comprehensive pricing schedule covering all costs involved with satisfying the Customer need, covering (but not restricted to) the following points:

* A full breakdown of staff costs which includes a fixed daily charge (exclusive of VAT) for each individual who is engaged in delivery of this contract. Providers are required to state how many days will be required for each individual as a separate line.
* Clearly outline the use of non-staff including consultants, contractors, sub-contractors, temps involved in the above breakdown
* Detail any other necessary costs which will be required (e.g. marketing, translation, management fee, overheads, cost of providing any materials etc.)
* The price submitted must be the total cost of the delivery of the service
* All charges must be provided in GBP and must be exclusive of VAT.

1.2 The charges must be inclusive of any and all additional charges which may apply. Contracting Authority will not accept any additional costs which are not declared.

1.3 The commercial scoring will be based on the total contract value

1.4 Providers are required to complete and submit the pricing schedule as part of their submission

|  |  |
| --- | --- |
| Breakdown of all Cost | Cost (£) |
| **Breakdown of all costs** |  |
| Management/co-ordination costs (specify staff role) |  |
| Service Delivery (specify with staff roles) |  |
| Operational Costs |  |
| Venue, Postage, Printing & Stationery, Telephone, Mobile Phones, Hire of equipment, etc. |  |
| If the work is to be broken down into specific sections, cost out each section separately. |  |
| **Total** |  |

**The lowest price (within affordability limits) will be awarded the maximum score for price with other bidders awarded score in proportion to the lowest priced using the following formula:**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | Score = Lowest Tender Price     x    20 (maximum score/mark available ) | | Other/Higher Tender Price | |

All costs must be inclusive of travel and related expenses to the Base location. An estimate of the overall costs for expenses must be submitted to enable comparison of bids on an equal basis.

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

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

**The lowest price (within affordability limits) will be awarded the maximum score for price with other bidders aggregated against that. Quotations exceeding the financial will be awarded 0 score and disqualified from the process.**

**ANNEX D**

**Declaration of conflict** **of interests**

**(Bidders/Contractors)**

**Project Name: PRJ-607 Smoking Cessation & Tobacco Control**

**NHS Tower Hamlets Clinical Commissioning Group** **Bidders/potential contractors/service providers declaration form: financial and other interests**

This form is required to be completed in accordance with the CCG’s Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

**Notes:**

* All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England.
* Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must be notified by completing a new declaration form and submitting it to the CCG.
* Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.
* If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

* the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England;
* a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
* the Relevant Organisation or any Relevant Person has any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions.

**Declarations:**

|  |  |
| --- | --- |
| Name of Relevant Organisation: |  |
| Interests | |
| **Type of Interest** | **Details** |
| Provision of services or other work for the CCG or NHS England |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |

|  |  |  |
| --- | --- | --- |
| **Name of Relevant**  **Person** | [*complete for all Relevant Persons*] | |
| **Interests** | | |
| **Type of Interest** | **Details** | **Personal interest or that of a family member, close friend or other acquaintance?** |
| Provision of services or other work for the CCG or NHS England |  |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |  |

**Form Completion**

|  |  |
| --- | --- |
| **I declare that to the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be included in the tender evaluation process, and that giving false information may result in my organisation being disqualified from the process, at this or whatever stage it becomes known to the Commissioners.** | |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Bidder:** |  |
| **Date:** |  |

1. Statistics on Smoking – England 2016 (HSCIC) [↑](#footnote-ref-1)