**DIABETES PATIENT INSIGHT SURVEY – PIN**

**Background to the Requirement**

The National Diabetes Audit (NDA) evidences variation in the achievement of clinical processes and clinical health outcomes for people living with diabetes, but there is currently no measure or programme on a national scale that includes patient experience and insight to understand this variation. In addition, with no existing opportunity to consistently harness user voices into the development of policies and service pathway design, an adverse consequence may be the delivery of services that do not meet service user needs. This clear gap underpins the Diabetes Patient Insight Programme rationale.

NHS England are intending to commission a supplier to deliver the first national patient survey of people living with diabetes, in order to inform future policy priorities. The survey aims to measure perceptions, expectations, and experiences of diabetes care, as well as preferences for how services are delivered. In addition to providing valuable national insight that can be disaggregated at ICS level and based upon demographic groups, the survey data would be used to develop a patient-centric segmentation of people living with diabetes. The segmentation aims to understand the priorities for creating and delivering a positive and appropriate experience, and identify how these priorities apply to different types of service users, and the value they might place on service options.

The survey is being commissioned by the Diabetes Programme Team at NHS England. The Diabetes Programme Team and the Insight & Feedback team at NHS England will oversee day-to-day delivery activity.

Please note, a qualitative research phase is currently underway and has been commissioned separately. The qualitative research aims to provide an in-depth understanding of what is important to adults living with diabetes to inform the questionnaire design. Findings from the qualitative phase would be shared with the appointed survey supplier.

**Overview of Requirements**

Current working assumptions about the Diabetes Patient Insight Survey are outlined below.

The ultimate required output would be representative survey data at ICS and national level which meets Official Statistic standards.

The supplier service would comprise the following elements:

1. Project management of all aspects of the service to a specified timeframe;
2. Attendance at Advisory Group and engagement with Diabetes Patient Insight Programme Lived Experience Partners;
3. Data collection materials (e.g. questionnaire, letters), including engagement and cognitive testing to design best-practice materials;
4. Compliance with data protection processes and Section 251 application support;
5. Sampling design and preparation of the sample for fieldwork;
6. Data collection (including printing, postage, scanning etc.);
7. Support for survey recipients (including accessible formats and hosting of a survey helpline throughout fieldwork);
8. Data processing and delivery, including weighting;
9. Data outputs at national and ICS-level produced in line with Official Statistic requirements, and engagement with stakeholders to design outputs meeting their needs;
10. Development and hosting of a survey website;
11. Skills and knowledge transfer and exit strategy.

The supplier would also work with NHS England to develop an approach that leads to the achievement of NHS England’s strategic objectives for the survey. These will include delivering actionable data which can be used to inform policy and practice, delivering robust, representative and inclusive data, and building co-production and engagement into the survey design.

**Methodology**

It is anticipated that the survey’s implementation would be mixed mode – using paper invitations and questionnaires with the option of completing online (in the form of an online survey link provided), and may also include SMS or email reminders. This method is proposed to minimise selection bias and ensure a key part of the population are not excluded; however methodologies which increases online completion without impacting non-response bias or response rate would be encouraged. The survey should also strive to incorporate accessibility and inclusivity. This may be achieved through providing support for participants or through other methods to encourage response from underrepresented groups.

If the methodology incorporates SMS or email reminders, we would encourage suppliers to consider using the [GOV.UK Notify service](https://www.notifications.service.gov.uk/features/sms) unless an equally cost-effective option is proposed.

**Data collection materials**

The questionnaire content has not been determined. The survey and data collection materials would be co-produced by the supplier alongside stakeholders and patients. Insight from the qualitative research phase and desk research completed by NHS England should also be used to inform the questionnaire content. The supplier will also work with the NHS England Behavioural Science team to incorporate measures of attitudes and behaviours which will feed into the segmentation analysis.

**Sampling**

For the supplier to administer the sampling approach for this survey, a selected sample from the National Diabetes Audit and Personal Demographic Service datasets would need to be linked. NHS England would enable this from an Information Governance perspective.

Adults living with Type 1 or Type 2 diabetes in England would be eligible for the survey. The supplier would be responsible for designing a sampling approach which is as representative as possible of the National Diabetes Audit population. We anticipate a stratified random sampling approach, potentially boosting groups of interest, would be used. The National Diabetes Audit and Personal Demographic Service would provide the demographic data, clinical outcomes data, and contact information (name, address, mobile number, email address) required for administering the survey. Please note that mobile telephone numbers and emails do not cover everyone in the sample.

Based on initial confidence interval calculations, we intend to aim for 1,000 responses achieved per ICS and at least 42,000 responses achieved nationally. Assuming a response rate of 40%, the survey would be sent to approximately 105,000 individuals.

**Data processing and outputs**

We would require weighted data that are representative and comparable at ICS level and that are also nationally representative.

The supplier would aim to produce the results in line with the [Official](https://code.statisticsauthority.gov.uk/) [Statistics Code of Practice](https://code.statisticsauthority.gov.uk/) and to publish with Official Statistics status.

Current assumptions about the outputs required are as follows:

* A national-level report analysing the survey results (including disaggregation by different groups to understand inequalities). This may include some policy context, but the policy recommendations will be developed separately by the Diabetes Programme team;
* Tables and spreadsheets of data (weighted and unweighted) at national and ICS-level;
* Technical documentation about the survey methodology;
* An infographic, depicting the national position, which could be used to disseminate key survey findings e.g. on social media;
* Personalised reports or an interactive tool for each ICS. These would include guidance providing an explanation of how to interpret the reports and use the interactive tool;
* Running a segmentation analysis which divides the population into sub-groups based on some type of shared characteristics;
* An individual-level data file, available in extractable format, which would allow NHS England to conduct additional analysis.

The supplier would oversee an engagement process with key stakeholders identified by NHS England to ensure the outputs meet a wide range of stakeholder needs. This includes patients, carers and the public generally, senior stakeholders within NHS England, and clinical and management leaders working at national, regional and ICB level.

**Timings**

NHS England intends to commission a provider to run the survey from January 2023. This contract would cover the delivery of one survey. As this is the first iteration of the Diabetes Insight survey, NHS England are commissioning one wave before confirming the frequency of future waves, as it will be important to evaluate the survey methodology and understand how the results are used. NHS England intend to repeat the survey in the future, though future waves would be commissioned separately. The supplier will design an approach and Exit Strategy which safeguards the survey methodological processes through a change of supplier if required.

Estimated key dates for the survey are as follows:

* Questionnaire, methodology and sampling design – January to August 2023
* Website design and set-up – January to July 2023
* Fieldwork preparations (including sampling and printing) – June to September 2023
* Fieldwork (including managing suppliers and hosting a helpline) – September to December 2023
* Data processing and reporting – January to April 2024
* Publication – May 2024

**Budget**

The value of this programme is profiled over 2 financial years, with the majority of costs falling into 23/24. The maximum budget for this contract would be £650,000 excluding VAT.

We anticipate that the pricing model will involve the survey printing, postage and scanning costs being passed through by the Supplier to NHS England with no mark-up applied, as they will vary dependent on the response rate achieved. At the end of each survey fieldwork period, reconciliation of fieldwork costs will take place if required. The rest of the requirements will be charged at a fixed price.

**Information about lots**

The contract would not be divided into lots.

**Description of the procurement**

NHS England is asking potential bidders to complete a market assessment questionnaire to help inform the forthcoming procurement exercise.

The aim of the market engagement exercise is to inform potential providers on the opportunity and to collate feedback. The information will be used to assist the commissioner in deciding on the most appropriate strategy for the future procurement.

Questionnaires must be submitted by **02 September 2022** via the Atamis Tendering system. The RFI (questionnaire) is under C100496 – National Survey with People living with Diabetes PIN.

NHS England will also be holding a presentation and opportunity for Q&A about the Diabetes Insight Survey. This will be on **Monday 12 September 11:15 – 12:30**. If you would like to join, please send your details including; your name; title; organisation name; and contact information to [england.digitaldiabetes@nhs.net](mailto:england.digitaldiabetes@nhs.net). Please limit attendance to 2 members of your organisation. Further details will be made available closer to the time.

To register on the NHS Atamis system and to access this opportunity, please go to the link below. As mentioned above, you can then search for the opportunity and access any further information. [Welcome (force.com)](https://health-family.force.com/s/Welcome)

Any procurement conducted because of this notice will be advertised separately and all organisations wanting to participate will need to respond to the procurement advertisement as and when it is published.

**Estimated date of publication of contract notice**

17th October 2022.