

Clinical Knowledge Summaries: an Evidence Based Resource for Primary Care

Service Specification

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Definitions

Capitalised words and expressions that follow found in this specification have the meanings hereby assigned to them unless the context specifically requires otherwise. It should also be noted that references to the singular include the plural and vice versa.

| Term | Meaning |
| --- | --- |
| **“Clinical Knowledge Summaries Service”** | Means the service that NICE is procuring and that will deliver current, high quality Clinical Knowledge Summaries to Clinicians working in General Practice at the point of need in accordance with the service specification. |
| **“Clinicians working in General Practice”** | Means a person of a Primary Care profession or discipline working in a General Practice setting. |
| **“Contractor”** | Means the successful bidder to whom a contract is awarded to. |
| **“General Practice”** | Means the general practice Primary Care setting. |
| **“Guidance producer”** | Means an organisation that produces guidance and advice and recommendations for practice. |
| **“Guidance”** | Means systematically developed statements to guide decisions about appropriate health and social care to improve individual and population health and wellbeing. |
| **“Key Performance Indicator”** | Means an indicator of the performance of the CKS Service that is measurable against agreed levels of service. |
| **“NICE Digital Channels”** | Means any form of NICE digital publishing (e.g. web, mobile device, email, SMS) delivered via the internet, intranet or extranet. |
| **“Primary Care Practitioner”** | Means a person in a Primary Care profession or discipline. |
| **“Primary Care Presentation Topic”** | Means a written evidence based synopsis of a specific Primary Care Presentation. |
| **“Primary Care Presentation”** | Means a health condition, disease or clinical symptom(s) presenting in Primary Care and relevant to Clinicians working in General Practice. |
| **“Primary Care”** | Means the setting in which management of new presentations of undifferentiated symptoms is often but not always accompanied by continuity of care for on-going physical, mental health and social problems, prevention as well as treatment is provided, and where care provision for a population as well as individuals is a consideration. |
| **“Semantic Mark-up”** | Mark-up to reinforce the semantics, or meaning, of the information in webpages and web applications rather than merely to define its presentation or look. |
| **“Service Credit”** | Means a credit applicable to the quarterly service charge that results from the failure of the CKS Service to meet threshold service levels. |

1. Introduction
   1. The National Institute for Health and Care Excellence, (“NICE”), established under the Health and Social Care Act 2012, is the executive Non Departmental Public Body responsible for providing guidance and advice to support health and social care commissioners, providers and others to make sure that the care and preventative services provided are of the best possible quality and offers the best value for money. NICE has a statutory role that encompasses the development of quality standards, advice, information and recommendations about NHS, public health and social care services. NICE provides independent, evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health and reduce health inequalities, and operates an independent accreditation programme to validate the guidance production of external organisations. Documents describing the methods and process employed by NICE are available from NICE’s website (available at [www.nice.org.uk](http://www.nice.org.uk) ).
   2. The National Institute for Health and Care Excellence is seeking to procure a Clinical Knowledge Summaries (“CKS”) Service. The CKS Service will research topics and provide summaries of the best available evidence and practical guidance on best practice in an accessible, easy to use format aimed at Clinicians working in General Practice in the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies) (hereafter referred to as ‘the UK’), covering a full range of Primary Care Presentations.
   3. The CKS Service will support the strategic aims of NICE through the provision of a high quality, evidence based resource covering a full range of common and/or significant Primary Care Presentations from the start of the service.
   4. It will be aimed at Clinicians working in General Practice in the UK and will be accessible through a range of NICE Digital Channels, managed and hosted by NICE, and presented in such a way as to allow easy use of the evidence based resource to support patient consultations.
   5. The purpose of this document is to provide a service specification for the CKS Service.
2. Budget and Contract Length
   1. The total budget is £441,000 (excluding VAT) per annum. Submissions exceeding this value will not be accepted. The contract is until 31/03/2020 with 3 options to extend for additional 12 month periods.
3. Aims and Objectives
   1. The overall aims of the CKS Service is that it must provide evidence based Primary Care Presentation Topics covering a full range of common and/or significant Primary Care Presentations in the format of succinct summaries that can be easily accessed and read by clinicians working in General Practice in their working environment and by clinicians in training. The content and delivery of the CKS Service must give consideration to the limitations that clinicians working in General Practice can face in terms of the time available preparing for, conducting and following up on patient consultations.
   2. The CKS Service must be a resource of demonstrable high quality (see section 5.1 below on Quality Assurance of Content).
4. Service Scope

Topic Content

* + 1. The Contractor shall research topics, write summaries and provide content for each Primary Care Presentation Topic, which includes but is not limited to the following types of information:
* Topic introduction or overview;
* Definition and basic epidemiology such as prevalence, risk factors and co-morbidities;
* Symptoms and clinical signs;
* Differential diagnosis;
* Specific assessment activities including relevant diagnostic tests and when they should be requested;
* Information on the full range of appropriate management options including, for example, self-care, follow-up, pharmacotherapy, psychosocial interventions, referral to other professionals in primary or secondary care or referral to other agencies. Comment on the effectiveness or cost-effectiveness of various options should be made where relevant;
* Prescribing Information, such as licensed indications; and
* Common pitfalls and uncertainties.
  + 1. The Primary Care Presentation Topic content must be written, structured and formatted in such a way to provide the following:
* A readily accessible summary of the current evidence base and practical guidance on best practice in respect of a full range of common and/or significant Primary Care Presentations;
* Content that is suitable for use by clinicians working in General Practice who are preparing for, delivering or reviewing patient consultations;
* Content that is suitable to enable shared decision-making with patients;
* Full and clear citations describing the sources of evidence used to formulate each sub-section of each Primary Care Presentation Topic and links to online versions of underpinning documentations wherever possible;
* Cross referencing between Primary Care Presentation Topics;
* A description of how each Primary Care Presentation Topic has been developed;
* Content that is suitable to meet the training and education needs of clinicians in training;
* A topic structure that is quick and easy to navigate and that allows the right content to be found quickly; and
* A topic structure that is easy to index for search purposes.
  + 1. The Contractor shall ensure that any recommendations made in Primary Care Presentation Topics are consistent with NICE guidance. Details of guidance in development at NICE and anticipated guidance publication dates can be found in the ‘In Development’ section at <https://www.nice.org.uk/guidance/indevelopment>. NICE will also communicate changes to anticipated guidance publication dates to the Contractor.
    2. The content delivered through the CKS Service must be written in clear, concise and grammatically correct English and be relevant to the UK health system.
    3. Each Primary Care Presentation Topic must include a short summary of the topic (approximately 150 characters) which will be used to describe the topic in search results and that will support search engine optimization.

Topic Coverage

* + 1. The Contractor shall ensure that the CKS service Primary Care Presentation Topics cover a full range of common and/or significant Primary Care Presentations from the service start date. At the very least, the CKS service will be representative of all current NICE guidelines relevant to Primary Care, available at <https://www.nice.org.uk/guidance>.The Contractor shall also take account of the General Practitioner Curriculum (<http://www.rcgp.org.uk/GP-training-and-exams/GP-curriculum-overview.aspx>)in the definition of the range of Primary Care Presentation Topics.
    2. The Contractor shall review and update Primary Care Presentation Topic content in order to ensure it remains current. The Contractor shall ensure that any changes that are of a high significance in respect of patient treatment are identified and changes implemented urgently, including but not limited to:
* The withdrawal of drugs or treatments for safety reasons; and
* Any other matter that would have a significant and immediate impact on patient care.
  + 1. The Contractor shall provide and maintain details of the scope and number of Primary Care Presentation Topics covered by the CKS Service.
    2. The Contractor must ensure each Primary Care Presentation Topic is kept up to date and accurate in a timely manner. In addition, the Contractor shall define and agree with NICE their methods and process for the selection of existing Primary Care Presentation Topics requiring review and update. Such methods and processes must take account of, as a minimum:
* Updates to NICE Guidance relevant to Primary Care; and
* Changes in the evidence base.
  + 1. The Contractor shall agree the annual schedule of Primary Care Presentation Topic updates that are to be carried out in each year. The Contractor shall agree this schedule with NICE on or before 1 April each year.
    2. The Contractor may be asked to develop new Primary Care Presentation Topics that are not covered by a Contractors initial proposed CKS solution, but which are part of the current and future collection of NICE guidelines or which NICE deems to be a significant Primary Care Presentation Topic that needs to be covered.
    3. The Contractor shall identify and prioritise potential new Primary Care Presentation Topics in response to changing needs within Primary Care or the changing prevalence of common and significant presentations in Primary Care, using a process agreed with NICE.
    4. NICE shall agree with the Contractor the schedule of new Primary Care Presentation Topics, should any be needed, on or before 1 April each year.

Evidence Sourcing Responsibilities

* + 1. The Contractor shall be solely responsible for the sourcing of all evidence based clinical knowledge and information necessary for the provision of the services to be provided under any contract arising out of the CKS procurement.

Audiences

* + 1. The primary audiences for the CKS Service are clinicians working in General Practice and clinicians in training.

Geographic boundaries and access limitations

* + 1. The CKS Service shall be freely and openly accessible and available to anyone geographically located in the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies) via the NICE CKS microsite (<https://cks.nice.org.uk/>) without restriction as to the number of pages a user can view. NICE will ensure access to the NICE CKS microsite is geographically restricted. The service must not require user registration and login in order to access content within the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies).
    2. Metadata about content in the CKS Service such as topic titles, topic publication or last updated date and topic level descriptions (150 words) will be openly accessible and available to anyone worldwide through NICE Evidence Search (<https://www.evidence.nhs.uk/>). The topic content itself is not accessible outside of the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies).

Content Delivery Mechanisms and Formats

* + 1. The Contractor shall deliver CKS Service content to NICE using mechanisms and formats in accordance with a Standard Operating Procedure that is agreed by the Contractor and NICE.
    2. The CKS Service content must be delivered to NICE in a consistently structured data format, for example JSON (preferred) or XML, that uses detailed semantic mark-up.
    3. The chosen structured data format should:
* fragment Primary Care Presentation Topic content into meaningful sections, sub-sections and content elements that meet the service requirements described in sections 4.1 and 4.6,
* be consistently formatted, ordered, and well-formed,
* support the easy construction of web page structure, metadata, content and navigation devices such as alphabetical topic browse pages, topic section navigation menus, crumb trails, filters, pagination options and topic to topic links,
* be formatted in a way that enables granular indexing and discovery via search engines at the topic, section, and sub-section level,
* use uniquely referenceable semantic mark-up for all meaningful sections,
* be described by a schema that is shared with NICE, that defines and describes each meaningful section within the data format,
* include all essential metadata described in 4.6.4,
* include any desirable metadata described in 4.6.5, and
* use unique identifiers for each topic, named section and sub-section.
  + 1. Each CKS Primary Care Presentation Topic should include the following essential metadata elements:
* Topic title,
* Browse topic title,
* Section titles,
* Clinical Specialty/Specialties,
* Date published or date last revised, and
* Topic level description; a short (approx.150 characters) meta-description for each topic to support external search engine optimisation and search result presentation
  + 1. Each CKS Primary Care Presentation Topic could include the following desirable metadata elements:
* Date of next planned topic review/update,
* CKS Primary Care Presentation Topic level subject metadata, described using a consistent subject vocabulary, such as SNOMED CT preferred terms,
* CKS Primary Care Presentation Topic level drug names using a consistent drug mechanism, ideally the DM+D VTM IDs (Dictionary of Medicines and Devices Virtual Therapeutic Moiety IDs), and
* Topic section description: a short (approx.150 characters) meta-description for each major topic section to support external search engine optimisation and search result presentation.
  + 1. Links to external BNF references, for example BNF record <https://www.medicinescomplete.com/mc/bnf/current/>, on the CKS site hosted by NICE must be directed to NICE Evidence hosted BNF content versions where available. This can be done by NICE through the pre-processing of the data feed without altering the meaning or integrity of the content.
    2. CKS Service content will be delivered to NICE using a delivery mechanism agreed with NICE, for example a RESTful web service, an API or delivery of content to GitHub.
    3. The Contractor must provide NICE with 3 months’ notice before any change or amendment to the schema used to describe the data format can be brought into effect. The notice period will begin on receipt of the updated schema and of example content and metadata created using the updated schema. Any change to the schema should be applied consistently to all the content delivered to NICE.
    4. The Contractor shall provide metadata that can be used for Search Engine Optimisation to support the promotion of and increase the usage of the CKS service in all Search Engines.

Publication via NICE Digital Channels

* + 1. The CKS Service Primary Care Presentation Topic content (including metadata) will be published via the NICE website CKS microsite (<http://cks.nice.org.uk/>) for use within the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies) only. NICE will develop, manage and host the NICE website CKS microsite.
    2. The Contractor may publish the CKS Service Primary Care Presentation Topics on their own website or via other digital channels including apps, but this website or these other digital channels must not be accessible within the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies). Where the content is made available in the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies), this must be by written agreement with NICE, and, subject to that, indicate that the content is already freely available on the NICE website.
    3. CKS Service Primary Care Presentation Topic content published on the NICE website CKS microsite will be indexed, made searchable and presented on NICE Evidence Search ([www.evidence.nhs.uk](http://www.evidence.nhs.uk)). CKS Service Topic titles, date metadata and topic level description (150 words) will be openly accessible and available to anyone worldwide through NICE Evidence Search.
    4. NICE may also make CKS Primary Care Presentation Topics accessible via other NICE Digital Channels in the future to support Clinicians working in General Practice in making evidence based decisions. This may include reference to the content to create new NICE intellectual property for commercial exploitation outside of the UK.

Advertising

* + 1. CKS Service content provided to NICE directly or published via a Contractor provided site or digital channel accessible in the UK must not contain, or be presented adjacent to, any advertising or promotional material unless specifically agreed in writing by NICE in advance.

1. Quality Assurance

Quality Assurance of Content Creation

* + 1. The Contractor shall have responsibility for demonstrating and assuring the quality of all content provided to NICE.
    2. The Contractor shall employ guidance development processes that are consistent with the subset of NICE Accreditation criteria set out in the guidance development process assessment form available within the tender pack.
    3. All bidders, whether accredited by NICE or not, shall submit a completed guidance development process assessment form indicating the extent to which their content development process meets each of the NICE accreditation criterion shown in the assessment form, along with the details of existing protocols, processes and methods relevant to each criterion and examples of each criterion in use.
    4. The Contractor shall share its guidance development process documents, policy, guides, templates or protocols with NICE at any point in the contract when requested by NICE.

Quality Assurance of Content Delivery and Presentation

* + 1. The Contractor shall ensure that CKS service content and metadata delivered to NICE is well-formed, accurate and meets the definitions within the agreed schema by using effective quality assurance and continuous improvement processes.
    2. The Contractor will run validation tests on content and metadata before sending the content and metadata to NICE to ensure it is correctly structured and formed. NICE may run additional validation tests on the content and metadata received from the Contractor and will report any validation errors to the Contractor for remedy.
    3. The Contractor shall review all new and updated CKS Primary Care Presentation Topic content for accuracy on a beta version of the CKS microsite prior to the release of the content to the live CKS microsite.
    4. The Contractor shall rectify any errors reported by any validation tests, amend any inaccuracies found during the review of the beta site and re-submit revised CKS service content using the agreed deliver mechanism as required.

User feedback and Enquiry Handling

* + 1. The Contractor shall have processes in place to receive, evaluate, respond to and record user feedback and enquiries by email and telephone in a way that continuously improves and develops the CKS Service, amending content where necessary and ensuring that it accurately reflects NICE guidance where appropriate.
    2. NICE’s enquiries handling team will forward enquiries relating to the CKS service that cannot be resolved by NICE to the Contractor for resolution.
    3. The Contractor shall record the time taken to respond to enquiries and the outcome of all enquiries and shall provide NICE with a report of all enquiry handling in a format agreed with NICE.

1. Implementation

Implementation Plans and Milestones

* + 1. The Contractor shall do and provide all that is necessary to deliver the service implementation to go-live within the timescales for the service commencement date.
    2. The Contractor shall work with NICE to agree a final implementation plan relating to the implementation of the CKS service, within 3 weeks of the award of contract. The plan will detail key stages and milestones involved with the set-up, development and implementation of the CKS service. The Contractor shall work with NICE to agree acceptance criteria for all products and services required to fully implement the CKS Service.
    3. The Contractor shall describe the steps required to agree with NICE the data format, delivery mechanism, validation and testing of CKS topic content and metadata.
    4. The Contractor shall agree the CKS content data format with NICE and send schema and example versions of CKS content and metadata to NICE for CKS microsite development, test and revision purposes in good time. The Contractor shall send a finalized set of CKS content and metadata to NICE in good time for the service commencement date.
    5. The Contractor shall create a Standard Operating Procedure that describes the delivery of content and metadata to NICE and the quality assurance activities to be completed on the content by the Contractor and NICE for all future releases of updated or new topic content.
    6. The Contractor shall describe how all necessary service management arrangements will be established prior to the service commencement date.

Project Management

* + 1. The Contractor shall adhere to defined project management methodologies.
    2. The Contractor shall project manage the delivery of the products and services required to fully implement the CKS Service to the requirements and in accordance with the plan to which paragraph 6.2.3 refers.
    3. The Contractor shall provide and maintain project plans that identify as a minimum, the following:
* All dependencies on NICE and other parties in order to deliver to the project plan;
* Significant milestones and associated products, activities and dates and also a resource profile identifying how and when resources will be deployed over the lifecycle of the project;
* A description of each of the key products, assurance points and milestones within the plan;
* The quality assurance processes required to verify the integrity of the outcome of each task; and
* Any activities required to finalise any details of the plan through further iterations of the plan.
  + 1. The Contractor shall participate and comply with any project reporting procedures and controls requested by NICE which may include:
* general administration;
* risk management;
* change control; and
* progress reporting.

1. Quality and Performance Requirements

Key Performance Indicators

* + 1. The Contractor shall do and provide all that is necessary to satisfy the Key Performance Indicators set out in Table 1 below.

Table 1: Key Performance Indicators to be included in the terms of contract

| Key Performance Indicator | Indicator | Threshold | Method of Measurement | Consequence of Breach |
| --- | --- | --- | --- | --- |
| KPI1 New Topic Development | Number of agreed new topics developed and delivered | 0 | A count of the number of agreed new topics researched, developed and delivered to NICE for release to the CKS site against schedule during the reporting period. | Service Credits Applicable  Failure: 5% of the quarterly service charge for each agreed new Topic not delivered unless good reason exists for the lack of delivery (for example delay to the publication of key guidance upon which the topic is based), in which case failure may be treated as an exception.  Persistent Failure: Contract terms relating to termination for performance apply. |
| KPI2 Topic Update | Percentage of topics reviewed and updated to schedule. | 90% | The number of topics reviewed, updated where necessary and delivered to NICE for release to the CKS site during the reporting period expressed as a percentage of the total number of topics that were scheduled to be reviewed and updated during the reporting period. | Service Credits Applicable  Level 1 Failure: > or = 85% and <90% monitor, remedy and report only.  Level 2 Failure: > or = 75% and <85% service credits are 2% of service charge.  Level 3 Failure: <75%, 3% of service charge and contract terms relating to termination for performance apply.  Persistent Failure: Contract terms relating to termination for performance apply. |
| KPI3 Topic Update (Urgent) | Changes of high significance, for example patient safety issues requiring an urgent update, completed within threshold time period. | Content delivered to NICE within three (3) working days of being informed by NICE or another party of the need for an urgent update. | The elapsed time between being informed of the need for each urgent update and the time the update is delivered to NICE for release to the CKS site during the reporting period. | Service Credits Applicable  Level 1 Failure: 1 urgent update fails to meet the threshold, monitor, remedy and report only.  Level 2 Failure: 2 urgent updates fail to meet the threshold, 2% of service charge.  Level 3 Failure: more than 2 urgent updates failing to meet the threshold: 3% of service charges and contract terms relating to termination for performance apply.  Persistent Failure: Contract terms relating to termination for performance apply. |
| KPI4 Quality of structured data delivered to NICE | Percentage of structured data for updated or new topics delivered to NICE that are well formed, correctly structure and meet the schema definition. | 90% of all structured data for updated or new topics delivered using the agreed mechanism is well formed, correctly structured and meets the schema definition. | The number of times structured date for updated and new topics is delivered to NICE that is well formed, correctly structured and meets the schema definition during the reporting period expressed as a percentage of the total number of times structured data for updated and new topics is delivered to NICE during the reporting period. | Service Credits Applicable  Level 1 Failure: > or = 80% and <90% Monitor, remedy and report only.  Level 2 Failure: > or = 70% and <80% service credits are 2% of service charge.  Level 3 Failure: <70%, 3% of service charge and contract terms relating to termination for performance apply.  Persistent Failure: Contract terms relating to termination for performance apply. |
| KPI5 Resolution of General Enquiries reported | Percentage of enquiries reported to the Contractor by users or NICE resolved within threshold time period. | At least 70% of reported enquiries are resolved within twenty (20) working days; the remaining enquiries are to be resolved within forty (40) days. | The number of enquiries resolved within twenty working (20) days during the reporting period expressed as a percentage of the total number of enquiries during the reporting period. | Service Credits Applicable:  Level 1 Failure: > or = 65% and <70% Monitor, remedy and report only.  Level 2 Failure: > or = 55% and <65% service credits are 2% of service charges.  Level 3 Failure: < 55%, 3% of service charge and contract terms relating to termination for performance apply.  Persistent Failure: Contract terms relating to termination for performance apply. |
| KPI6 Attendance at quarterly and annual service meetings | Attendance at quarterly and annual service meetings and the provision of required information within threshold time period. | 0 | A count of the Contractor’s attendance at all quarterly and annual service review meetings at which required information was provided by the Contractor. | Persistent Failure: Contract terms relating to termination for performance ap  ply. |
| KPI7 Availability of the CKS structured data from Contractors System  [where relevant to the delivery mechanism] | Percentage of time the CKS structured data is available to NICE. | 99.9% | The total time the structured data is available to NICE via the agreed delivery mechanism during the reporting period expressed as a percentage of the total time of the reporting period. | Service Credits Applicable:  Level 1 Failure: < 99.9% but = or > 99.5%  2% of service charge.  Level 2 Failure: < 99.5% but = or > 99.0% 3% of service charge.  Level 3 Failure: < 99.0% but = or > 98.0% 4% of service charge.  Level 4 Failure: < 98%, 5% of service charges and contract terms relating to termination for performance.  Persistent Failure: Contract terms relating to termination for performance apply. |

* + 1. A Service Credit is a credit applicable to the quarterly service charge that results from the failure of the CKS Service to meet Key Performance Indicators. The credit being calculated as a percentage of the quarterly service charge.
    2. The Contractor agrees to pay Service credits to NICE in respect of any failure to achieve the Service Levels. Service credits will be calculated in accordance with the provisions of Table 1 and will be issued as a credit note to NICE in the next due invoice of the Contractor for the Services or, where no such invoice remains to be issued, shall be paid to NICE following the date of termination or expiry of the Contract.
    3. Service Credits shall be capped at 15% of quarterly service charges aggregated across all Key Performance Indicators.

Contract and Service Management

* + 1. The Contractor shall appoint a single, named point of contact with NICE for the purposes of contract and service management.
    2. The Contractor shall provide contract, financial and service management reports for each Key Performance Indicator sufficient to demonstrate the level of service performance against each indicator set out in Table1 above on a quarterly basis.
    3. The Contractor shall attend quarterly and annual review meetings at which all provided reports will be reviewed and discussed. The date, time and venue of review meeting will be agreed between NICE and the Contractor, both parties acting reasonably. NICE will take minutes of each meeting and use all reasonable endeavours to circulate the same within seven (7) days of the meeting.
    4. The Contractor shall provide a quarterly service report no later than ten (10) working days before each scheduled quarterly review meeting, to summarise its performance against the key performance indicators. The quarterly service report shall also include, but not be limited to:
* Details of changes to, or removal of, any CKS content;
* Details of general enquiries received and how resolved; and
* Future work planned
  + 1. The Contractor shall also provide an annual service report no later than ten (10) working days before the scheduled annual review meeting.
    2. The Contractor shall participate and comply with all of the industry standard IT Service Management procedures and controls, including:
* Incident Management;
* Service Level Management;
* Change Management;
* Release and Deployment Management;
* Service Desk; and
* Service Reporting.

Activity Metrics

* + 1. NICE will share by email monthly activity, access and usage reports on CKS service content published via the CKS microsite by email.
    2. The Contractor will provide by email monthly activity, access and usage reports on CKS service content published via a Contractor provided site or digital channel that is accessible within the UK.

1. Your submission
   1. Your submission shall take into account the brief as detailed above.
   2. Please give details of how you will deliver the requirements listed applying the numbering convention and ordering of the headings and paragraphs below.
   3. This must include details of the following:

Topic Content

* + 1. Please demonstrate, using examples, how the proposed solution will provide topic content that is of direct relevance to the target audience and includes, but is not limited to, the types of information described in section 4.1.1 of the specification.
    2. Please describe, using examples, how the proposed solution will be written, structured and formatted in a manner that meets the needs described in section 4.1.2 of the specification.
    3. Please describe how recommendations featured in the proposed solution will be consistent with NICE guidance recommendations.
    4. Please describe your experience and expertise in providing evidence based resources and guidance to primary care audiences working in the UK. Your response should highlight the range of professionals and the experience of key individuals involved in providing the evidence based resources and guidance.

Topic Coverage

* + 1. Please demonstrate how the proposed solution covers a full range of common and/or significant Primary Care Presentations and is representative of all current NICE guidelines relevant to Primary Care. The response should state how many initial topics will be provided for use on the NICE CKS microsite from the start of the service and provide a list of these topics.
    2. Please describe the methods and process that will be used to select the topics that will be reviewed and updated and describe how these methods and processes will ensure that all topics are kept up to date in a timely manner. The response should include how the proposed solution will respond in a timely manner to new or updated NICE guidance and changes to the evidence base.
    3. Please state how many topics will be reviewed and updated per year and the average time that will elapse before a topic is reviewed and potentially updated.
    4. Please describe how changes that are of a high significance in respect of patient treatment will be identified and lead to urgent content updates.
    5. Please describe the process that will be used to identify and recommend potential new topics and list any potential new topics that may be needed in the first years of the contract.
    6. Please describe how any new topics to be developed, either identified by NICE or the Contractor, would be accommodated within the contract and annual work plan.

Content Delivery Mechanisms and Formats

* + 1. Please describe, including examples and schema, the consistently structured, semantic data format that will be used in the solution and how this format meets the requirements described in section 4.6 of the specification.
    2. Please describe how the data format will support the easy construction of topic web page structure, content and navigation devices on the NICE CKS microsite.
    3. Please describe, and provide examples, of how the essential metadata items described in section 4.6.4 of the specification will be delivered for each topic.
    4. Please describe, and provide examples, of how the desirable metadata items described in section 4.6.5 of the specification will be delivered for each topic.
    5. Please describe the delivery mechanism that will be used to send content and metadata to NICE.

Publication via NICE digital channels

* + 1. Please confirm that the NICE CKS microsite will be the sole website by which the content is accessible without the need for registration within the UK, [British Overseas Territories](https://en.wikipedia.org/wiki/British_Overseas_Territories) and [Crown dependencies](https://en.wikipedia.org/wiki/Crown_dependencies).
    2. Please describe whether any additional digital channels will be used to publish CKS service content.

Quality Assurance of Topic Content Creation

* + 1. Please use the guidance development process assessment form (available in the tender pack) to demonstrate that the proposed solution will employ effective processes for ensuring rigor of development which relates to the process used to gather and synthesize information and the methods used to formulate recommendations and update them. (NICE accreditation Domain 3)
    2. Please use the guidance development process assessment form (available in the tender pack) to demonstrate that the proposed solution will employ effective processes for ensuring editorial independence which is concerned with the independence of the recommendations, acknowledgement of possible conflicts of interest, the credibility of the guidance topic content in general and the recommendations in particular. (NICE accreditation Domain 6)

Quality Assurance of Topic Content Delivery and Presentation

* + 1. Please describe how the solution's quality assurance and continuous improvement process will ensure all delivered content and metadata is accurate, well formed, well-structured and meets the agreed schema definitions.
    2. Please describe the process that will be used to validate content and metadata and rectify errors prior to delivery to NICE.
    3. Please describe the process that will be used to review new and updated Topic content on the NICE beta microsite prior to release.

User feedback and Enquiry Handling

* + 1. Please describe how the solution will receive, evaluate, respond to and record user feedback and enquiries by telephone and email in a way that continuously improves and develops the CKS Service

Implementation and Project Management

* + 1. Please provide detailed plans with key stages milestones that describe how all products and services required to fully implement the CKS Service will be delivered. The response should include, but not be limited to, the content in section 6.1.
    2. Please describe the proposed approach to Project Management that will be used to implement the service. The response should include, but not be limited to, the content in section 6.2.

Key Performance Indicators and Contract and Service Management

* + 1. Please describe how the solution will ensure the Key Performance Indicators threshold levels are met.
    2. Please describe the contract and service management arrangements that will be used and how these arrangements will ensure compliance with the Key Performance Indicators in section 7.

Cost

* + 1. A detailed cost breakdown for this work as follows:
       1. Please provide cost breakdown in GBP sterling, exclusive of Value Added Tax (VAT), of the budget necessary to deliver the service (including costs of attending all meetings). This must show the estimated time commitment of core team members.
       2. Please complete the costing tables in the format provided below as failure to do so may result in your offer being rejected. All travel and subsistence costs are to be included in the day rates listed in the table.
       3. Separate costs for implementation and service delivery should be provided.
    2. **Resource costs**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff/contractor/ resource description | No. of days per staff/ contractor/ resource | Day rate per staff/ contractor/ resource (£) | Total cost (£) |
|  |  |  |  |
|  |  |  |  |

* + 1. **Non-pay costs**

|  |  |
| --- | --- |
| Non-pay costs description (e.g. evidence sourcing and IT systems maintenance) | Total cost (£) |
|  |  |

* + 1. **Total specification costs**

|  |  |
| --- | --- |
| Total specification cost (£) | GBP sterling, excel VAT |
|  |  |

* + 1. Costs are to be provided in the above format in your response. All costs are to be submitted in GBP and be exclusive of VAT. Failure to provide costs as above may result in your whole tender being rejected.
  1. **Additional information to be supplied**
     1. Provide general information about your organisation and details of two organisations that NICE can contact for references where examples of similar work have been carried out.
     2. Provide one copy each of your organisation’s Health and Safety, Environmental, Equal Opportunities and Diversity in the Work Place Policies together with the last three years of audited accounts for your organisation and a current balance sheet.
     3. NICE recognises that some SMEs (Small, Medium Enterprises) (less than 50 people for a Small Enterprise and less than 250 for a Medium Enterprise) may not have formal policies available but still operate their businesses in a manner that is conducive to the above. If you are an SME and do not have formal policies in place, please submit with your response, a written statement on how your company operates in light of the above three areas of legislation and best practice.
     4. In addition please provide the following:
        1. The last three years’ audited accounts for your organisation. If your organisation is an SME and you do not have full audited accounts, please provide three years of balance sheets.
        2. A declaration (if applicable) of all current projects with clients or partners that your department/group/organisation is currently working with which could be seen as being detrimental or ethically opposed to the health aims promoted by NICE.
        3. If your organisation (whole organisation including parent, group or subsidiary) has a turnover of £36 million pounds or greater then please provide a Modern Slavery Act Transparency Statement: this should set out the steps you have taken to ensure there is no modern slavery in your own organisation/business and that of your supply chain. If your organisation has taken no steps to ensure there is no modern slavery in your own organisation, then your statement should say so. [Please note: a parent org/ group statement is acceptable, this is compliance with the Modern Slavery Act 2015.]

Selection criteria

* + 1. The selection criteria and weighting that will be applied to the bids for the tender evaluators are:

|  |  |
| --- | --- |
| **Criteria** | **Weighting** |
| Financial Stability & Policies and Procedures  *(A bidder will be excluded from further assessment if the required policies and procedures, including their financial statements are not provided)* | Pass/Fail |
| Topic Content | 12 |
| Topic Coverage | 16 |
| Content Delivery Mechanisms and Formats | 11 |
| Publication via NICE digital channels | 2 |
| Quality Assurance of Topic Content Creation | 16 |
| Quality Assurance of Topic Content Delivery and Presentation | 6 |
| User feedback and Enquiry Handling | 2 |
| Implementation and Project management | 12 |
| Key Performance Indicators and Contract and Service Management | 8 |
| Project Cost and value for money | 15 |

* + 1. In light of the government’s drive for transparency, NICE is providing the formula that will be used for the cost evaluation aspect and the scoring guide.

Cost Evaluation

* + 1. The cost will be evaluated using the following formula:

Lowest Bidder’s Price / Bidder’s Price X 15 (the weighting)

Criteria and Scoring Guide

* + 1. Each evaluator will independently evaluate each tender submitted using the following guide to score each criteria, the scores of all evaluators per criteria are then averaged and the criteria weighting is then applied to give an adjusted score.

|  |  |
| --- | --- |
| **Scoring Note** |  |
| -5 | The point is omitted |
| 0 | The point is not explained/ repeat of specification |
| 1 | The point is not acceptable |
| 2 | The point is possibly acceptable |
| 3 | The point is acceptable |
| 4 | The point is well made and acceptable |
| 5 | The point exceeds expectations/excellent |

Procurement Timetable

* + 1. The timetable for the tendering process is:

|  |  |
| --- | --- |
| Invitation to tender and expressions of interest invited | 15/05/2017 |
| Deadline for expressions of interest | 06/06/2017 |
| Deadline for tender questions | 06/06/2017 |
| Answers to tender questions sent out | 12/06/2017 |
| Closing date for tender proposals | 05/07/2017 |
| NICE team assessing tenders | 06/07/2017 to 18/07/2017 |
| NICE team notifying bidders if interview is required | 20/07/2017 |
| Interview date (if needed) | 27/07/2017 |
| Successful Contractor and unsuccessful bidders notified | 03/08/2017 |
| Alcatel period | 04/08/2017 - 13/08/2017 |
| Finalise contract and obtain signatures | 14/08/2017 - 25/09/2017 |
| Contract commences | 09/10/2017 |
| Implementation stage | 10/10/2017 - 07/04/2018 |
| Service commences | 08/04/2018 |

***\*Please be aware this timetable maybe subject to change***

Timelines

* + 1. The timescales are as follows:
    2. Closing date for expressions of interest 5pm on 6th June 2017, by email to [gillian.watson@nice.org.uk](mailto:gillian.watson@nice.org.uk)
    3. Questions on any aspect of the brief, by email to [gillian.watson@nice.org.uk](mailto:gillian.watson@nice.org.uk) by 5pm on 6th June 2017
    4. Responses to questions will be sent to all those who expressed interest by 5pm on 12th June 2017
    5. Closing date for the submission of tenders: 12 noon on 5th July 2017, by email to [contract.bids@nice.org.uk](mailto:contract.bids@nice.org.uk)
    6. Interviews will be held on 27th July 2017
    7. Bidders will be informed of award decision by 3rd August 2017.
    8. Contract to begin on mutually agreed date (preferably 9th October 2017). The service will begin on 8th April 2018.
    9. Contract will be awarded until 31st March 2020 with 3 x option to extend for 12 months.

NICE will endeavor to meet all the above timelines, however, all dates may be subject to change.