



Department  
of Health

# INFECTED BLOOD SCHEME ADMINISTRATOR SUPPLIER DAY WORKSHOP

# WELCOME

26 September 2016 FINAL



Department  
of Health

# AILS A WIGHT

Deputy Director  
Emergency Preparedness  
and Health Protection Policy Directorate

# Introduction and Aims for Today

- Welcome and Introductions
- Domestics (fire alarms/toilets/other)
- Rules for the Day:
  - No question is a bad question!
  - Full participation please – your opportunity to help us help you
  - All materials used today and produced today will be made available to all suppliers to ensure transparency
  - ‘Car Park’ for any issues that cannot be resolved today
  - We will attempt to capture Q&A throughout the day

# Introduction and Aims for Today

- Aims for Today:
  - To share with you some key facts about the current scheme
  - To share with you an outline of the procurement process
  - To ‘walk through’ the current draft requirement and capture feedback/comments
  - To offer time for discussion and questions

# Introduction and Aims for Today

## Timetable

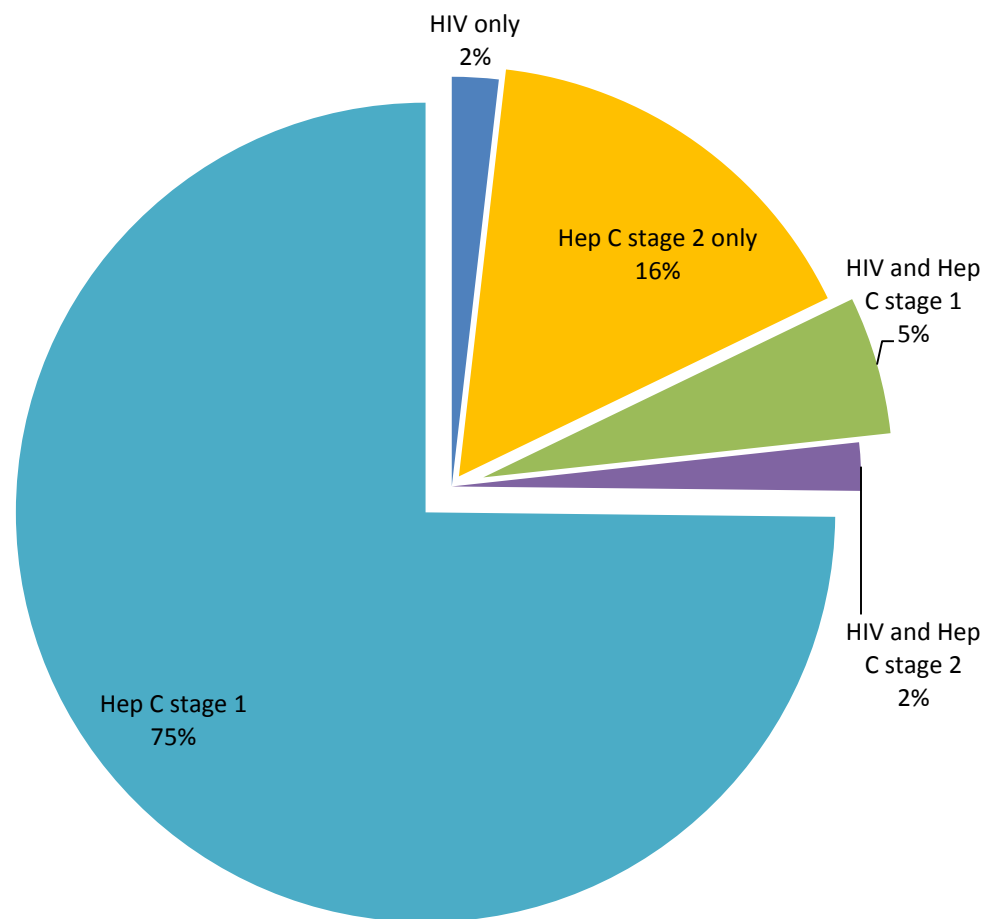
Supplier Day - Infected Blood Scheme Administrator					
Item No	Start	End	Duration	Agenda Item	Who
1	13:00:00	13:30:00	00:30:00	Arrival and Networking	All
2	13:30:00	13:50:00	00:20:00	Introduction / Aims for Today	Ailsa Wight
3	13:50:00	14:05:00	00:15:00	The Tendering Process	David Parker
4	14:05:00	14:50:00	00:45:00	New Scheme Requirements / Feedback	Donna McInnes
5	14:50:00	15:00:00	00:10:00	Wrap up plus any Q&A	Ailsa Wight
6	15:00:00	15:30:00	00:30:00	Supplier departure (including supplier 121 if desired)	David/Donna

# Background to the Current Schemes: The 5 support schemes

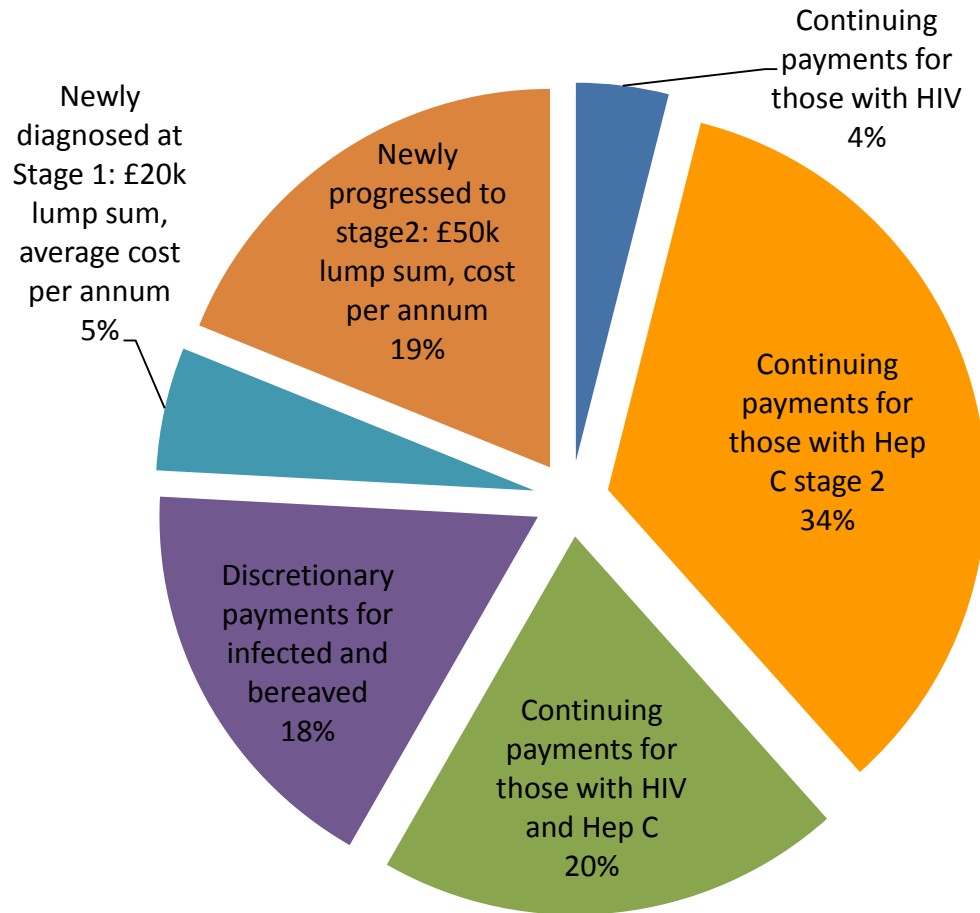
Organisation	Year set up	Status of organisation	Who it supports	Types of support available
<b>Macfarlane Trust</b>	1988	Discretionary charity	Individuals with bleeding disorders infected with HIV (including those co-infected with hepatitis C) and their families, including bereaved family members and dependents	<ul style="list-style-type: none"> <li>• Means-tested regular income top-ups</li> <li>• Means-tested winter payment</li> <li>• Individual grants</li> <li>• Benefits advice</li> </ul>
<b>Eileen Trust</b>	1993	Discretionary charity	Individuals infected with HIV (including those co-infected with hepatitis C) through blood transfusion and their families, including bereaved family members and dependents	<ul style="list-style-type: none"> <li>• Means-tested regular payments</li> <li>• One-off discretionary grants</li> <li>• Fixed rate winter payment</li> <li>• Annual beneficiary event</li> <li>• Other support including benefits advice</li> </ul>
<b>MFET Ltd</b>	2010	Non-discretionary company limited by guarantee	Individuals infected with HIV	<ul style="list-style-type: none"> <li>• Variable lump sum on entry</li> <li>• Annual payments</li> <li>• Reimbursement for Prescription Pre-payment Certificate.</li> </ul>
<b>Skipton Fund Ltd</b>	2004	Non-discretionary company limited by guarantee	Individuals infected with hepatitis C	<ul style="list-style-type: none"> <li>• Lump sums</li> <li>• Annual payments</li> <li>• Reimbursement for Prescription Pre-payment Certificate</li> </ul>
<b>Caxton Foundation</b>	2011	Discretionary charity	Individuals infected with only hepatitis C (and not HIV) and their families, including bereaved family members and dependents	<ul style="list-style-type: none"> <li>• Means-tested income top-ups</li> <li>• Means-tested grants</li> <li>• Winter payments</li> <li>• Other support including benefits advice</li> </ul>

# Background to the Current Schemes: Breakdown by disease and stage of illness

Category	No. of individuals	Annual Payments
Hepatitis C stage 1	2488	n/a
Hepatitis C stage 2	532	£15k
HIV	61	£15k
HIV and hepatitis C stage 1	181	£15k
HIV and hepatitis C stage 2	63	£30k



# Background to the Current Schemes: Split of Financial Support

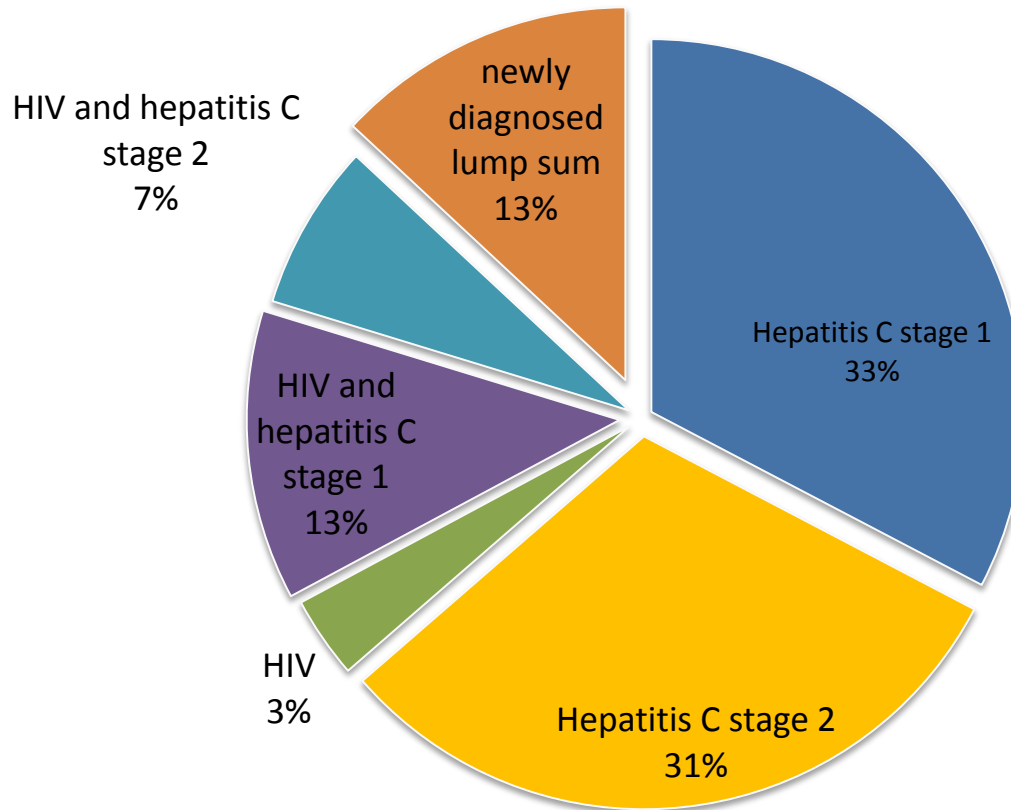




# New payments announced in consultation response

Category	Annual Payments in 16/17 and 17/18	Annual payments from 18/19,
Hepatitis C stage 1	£3.5k	£4.5k
Hepatitis C stage 2	£15.5k	£18.5k
HIV	£15.5k	£18.5k
HIV and hepatitis C stage 1	£18.5k	£22.5k
HIV and hepatitis C stage 2	£30.5k	£36.5k

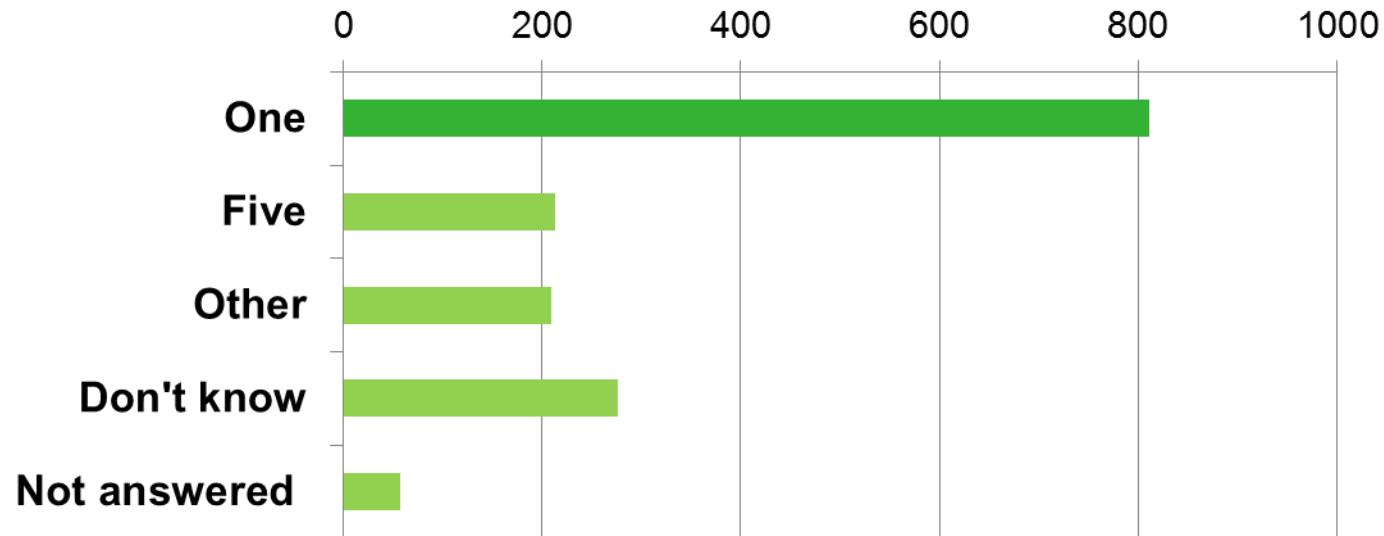
# Split of financial support in new scheme



# Why are we moving to one scheme?

- The five schemes were established on an infection-specific basis and operate according to their own individual criteria.
- Moving to one scheme will make it easier for beneficiaries as they only have to contact one scheme for all support
- We wish to streamline systems and maximise support going to beneficiaries

# Consultation Question “Would you prefer five separate schemes (as now) or one scheme ?”



Option	Total	Percent of All
One	811	52.12%
Five	213	13.69%
Other (please specify below)	209	13.43%
Don't know / unsure	277	17.80%
Not Answered	58	3.728%

# Why did respondents want one scheme?

The most common reasons given were:

- One scheme body would be more efficient than five
- One scheme body would be less confusing to navigate than five

# Questions





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# DAVID PARKER

Procurement Lead  
DH Procurement Services

# The Tendering Process

- Use of the 'Open Procedure' under the Public Contract Regulations 2015.
- Award based on Most Economically Advantageous Tender – 'MEAT' Criteria (a mixture of quality and price assessment)
- Notices calling for bids will be placed in the Official Journal of the European Union (OJEU) and on 'Contracts Finder'.
  - ✓ <http://ted.europa.eu/TED/main/HomePage.do>
  - ✓ <https://www.contractsfinder.service.gov.uk/Search>
- DH will utilise where possible 'standard' DH documentation and processes (tailored for this procurement) following best practice guidance from Cabinet Office.

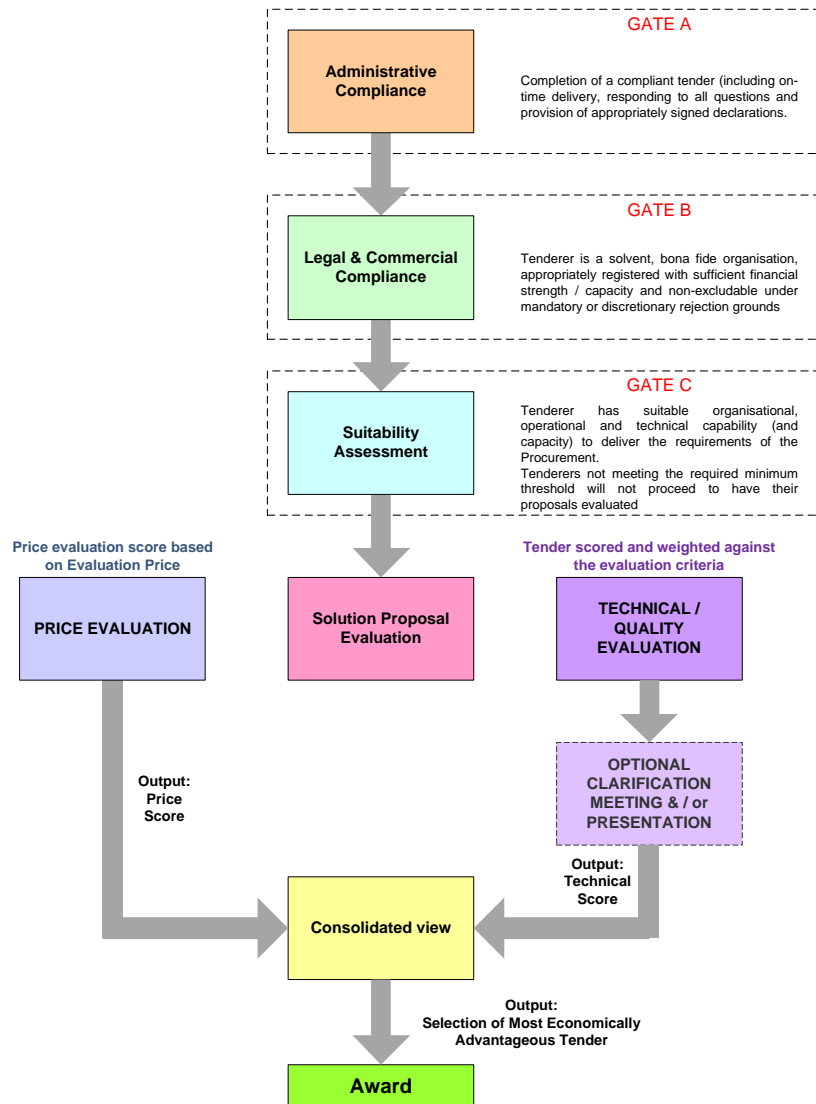


# The Tendering Process

## Draft Timetable

KEY ACTIONS	DATES
Issue of the Invitation to Tender (ITT)	01/11/2016
Return of Tenders	09/12/2016
Evaluation Period	10/12/2016 – 30/01/2017
Notification of Intention to Award (With Standstill Period)	31/01/2017 – 10/02/2016
Award of Contract	13/02/2016
Mobilisation Period	14/02/2017 – 18/05/2017 (TBC)
New Service - Go Live	19/05/2017 (TBC)

# The Tendering Process



## Hints and Tips

- Plan effectively for the tender – get the right people/resources lined up and ready to help
- Read all the ITT questions thoroughly and respond appropriately to each one
- Use the time between issue of the ITT and return date to seek ‘clarification’ where you think this is needed (clarification is helpful and does not count against you)
- Do not assume that DH understand your business and approach – set this out clearly
- Make sure you respond on time and include all the attachments requested in the format requested



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**DONNA McINNES**

Infectious Diseases and Blood Policy  
Emergency Preparedness  
and Health Protection Policy Directorate

# New scheme requirements

## Payments

- Annual
- Lump sum
- Discretionary

## Support to claimants and intimates

- Available to answer queries
- Signpost to other relevant support

# Feedback

- Do you have any questions/comments on the specification?
- What additional information would you like to see?



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# AILSA WIGHT

Deputy Director  
Emergency Preparedness  
and Health Protection Policy Directorate

# FINAL OBSERVATIONS AND Q&A

# THANK YOU FOR YOUR TIME TODAY

FURTHER QUESTION CAN BE SENT TO:  
[newscheme@dh.gsi.gov.uk](mailto:newscheme@dh.gsi.gov.uk)