



Department  
of Health

# INFECTED BLOOD SCHEME ADMINISTRATOR SUPPLIER DAY WORKSHOP

## WELCOME

26 September 2016 FINAL



Department  
of Health

**AILSA 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

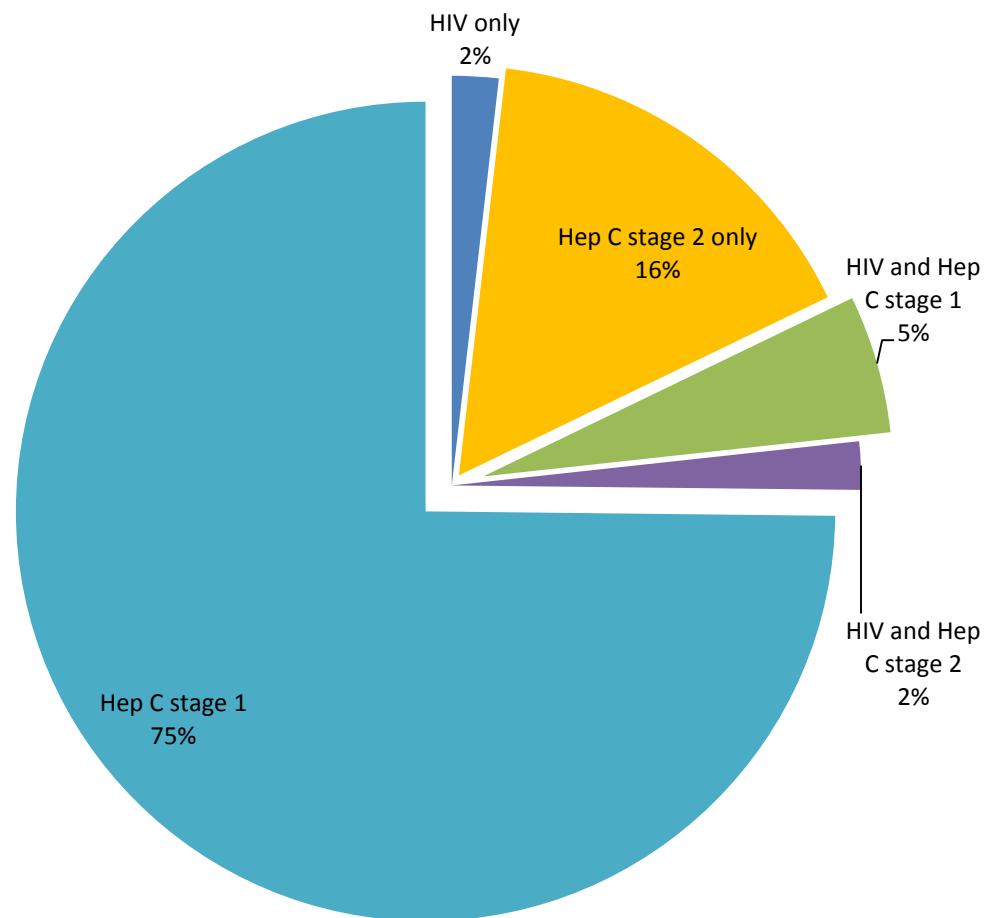
Supplier Day - Infected Blood Scheme Administrator					
Item No	Start	End	Duration	Agenda Item	Who
1	13:00:00	13:30:00	00:30:00	Arrival and Networking	All
2	13:30:00	13:50:00	00:20:00	Introduction / Aims for Today	Ailsa Wight
3	13:50:00	14:05:00	00:15:00	The Tendering Process	David Parker
4	14:05:00	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

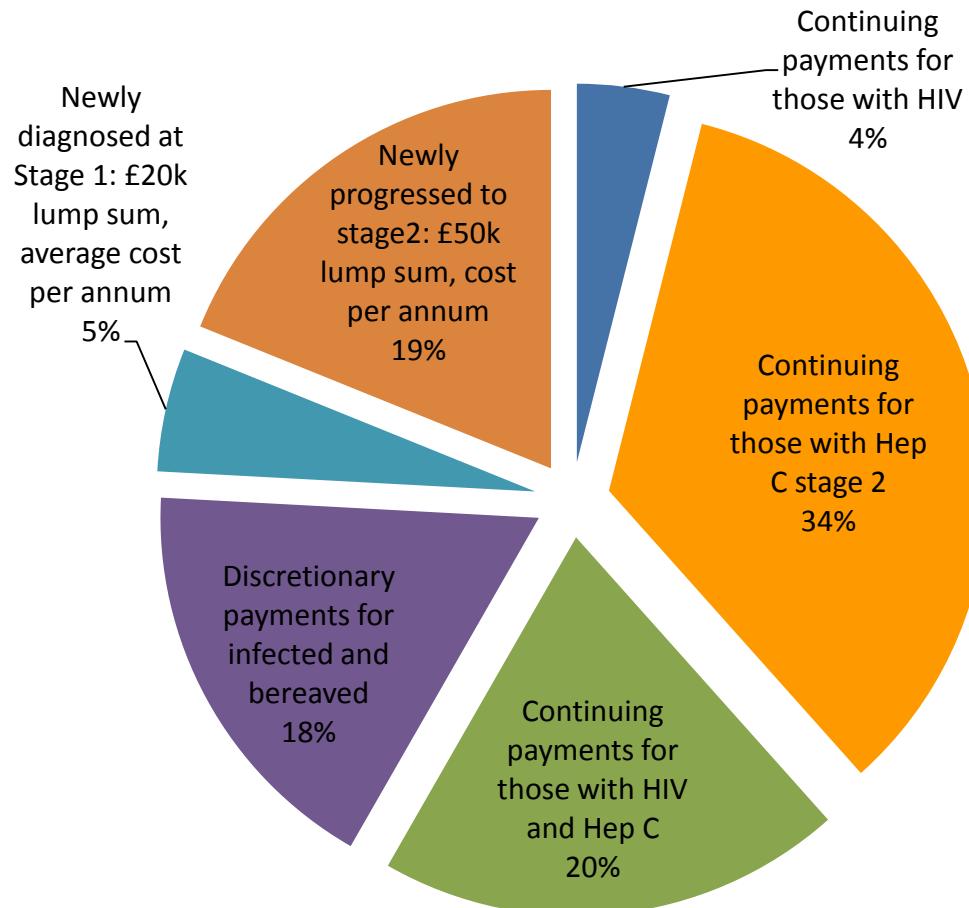
Organisation	Year set up	Status of organisation	Who it supports	Types of support available
Macfarlane Trust	1988	Discretionary charity	Individuals with bleeding disorders infected with HIV (including those co-infected with hepatitis C) and their families, including bereaved family members and dependents	<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>
Eileen Trust	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>
MFET Ltd	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>
Skipton Fund Ltd	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>
Caxton Foundation	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



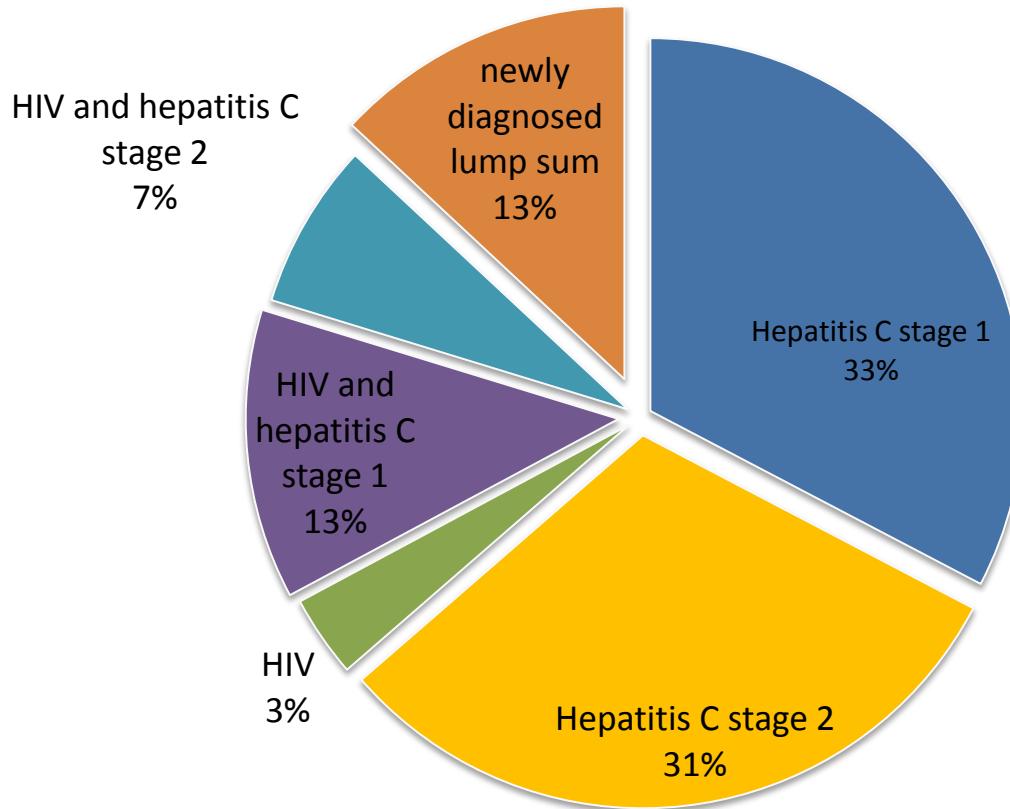
# Background to the Current Schemes: Split of Financial Support



# 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

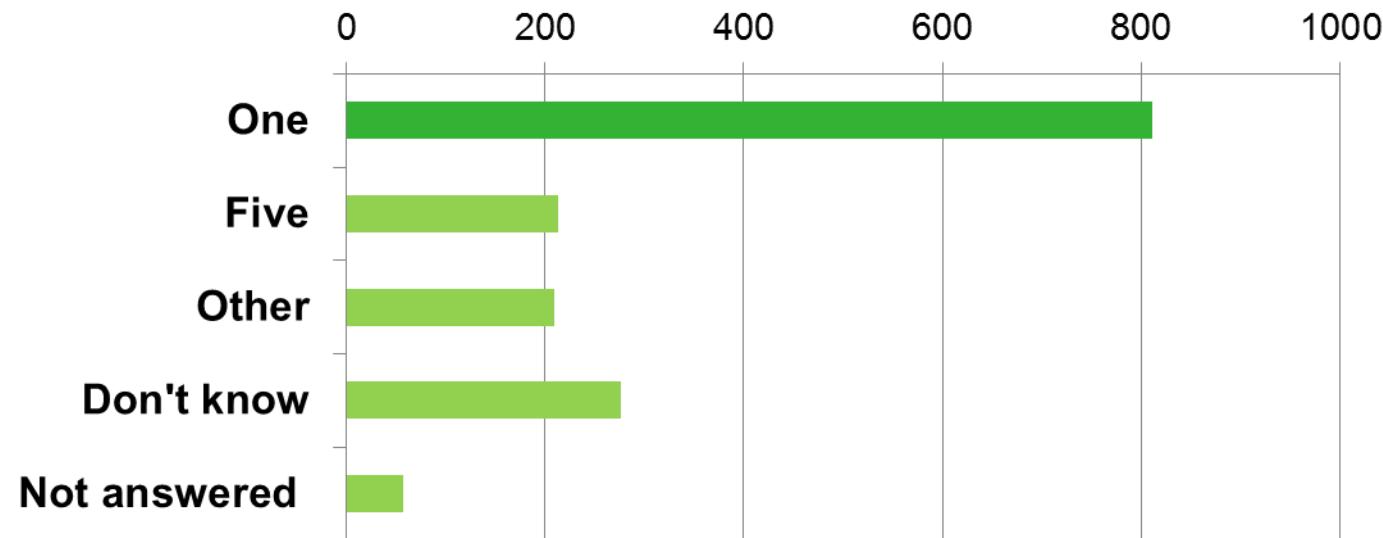
# Split of financial support in new scheme



# 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

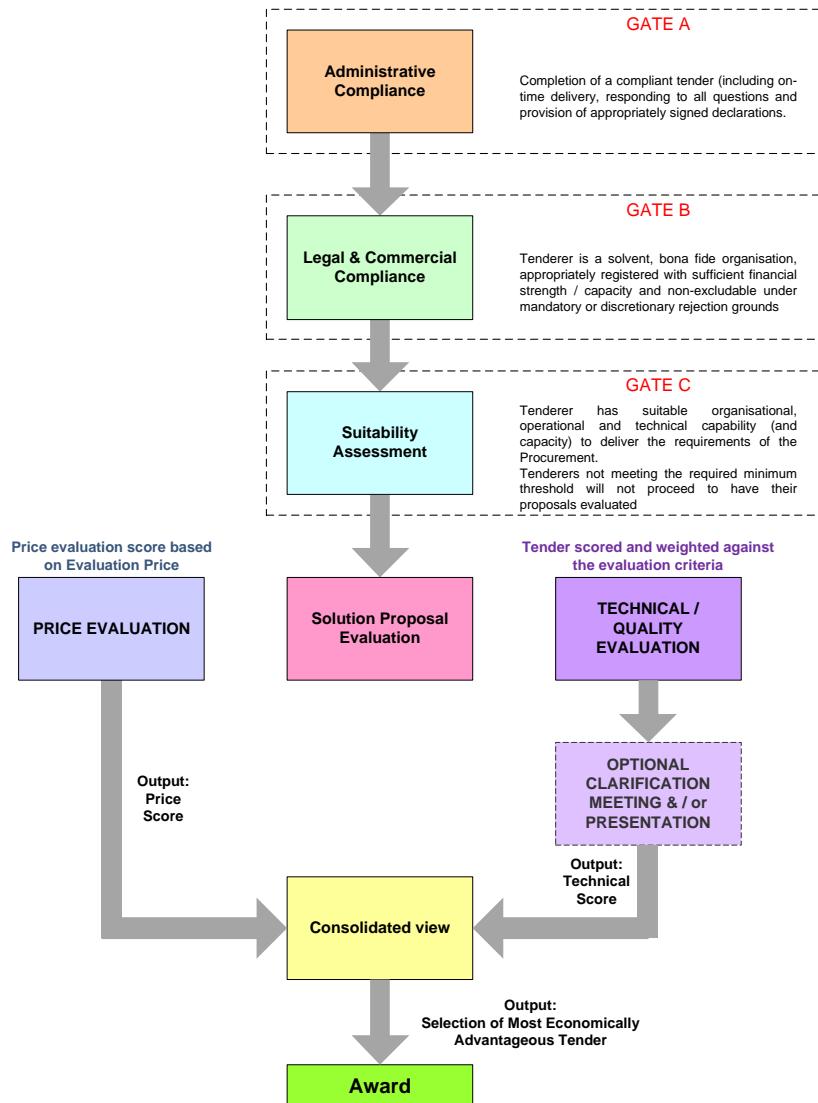
- Use of the ‘Open Procedure’ under the Public Contract Regulations 2015.
- Award based on Most Economically Advantageous Tender – ‘MEAT’ Criteria (a mixture of quality and price assessment)
- Notices calling for bids will be placed in the Official Journal of the European Union (OJEU) and on ‘Contracts 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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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)**