**Appendix A**

**Request for Information - Response Document**

**NHS Diabetic Eye Screening Programme Test and Train Service**

**Ref:** **Project Ref C264090**

**Note: Please note that this document must be completed and returned via the e-Tendering portal by noon 03/05/2024 portal:** <https://atamis.cloudforce.com/>

**All responses will remain confidential; however, an anonymous summary of responses may be published on the e-Tendering portal.**

**The Contracting Authorities are committed to open government and meeting legal responsibilities under the Freedom of Information Act 2000 (FOIA) and the General Data Protection Regulation (EU) 2016/679 (GDPR). Accordingly, any information created by or submitted to the Contracting Authorities (including but not limited to the information contained in this RFI, clarification questions, responses, and feedback) may need to be disclosed by the Contracting Authorities in response to a request for information. Please be aware before proceeding that you may be adding personal data in response to this RFI which may be subject to privacy regulations.**

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| **A Organisational Information** | | | |
| Organisation name. | | Please give details: | |
| Please state the type of organisation e.g., Public limited Company, Limited Company, Charity, Social Enterprise, NHS organisation, other. | | Please give details: | |
| Number of employees in the organisation. | | Please give details: | |
| Name of respondent and contact details. | | Please give details: | |
| **B Market Capability and Capacity**  **Test and training (TAT)**  The TAT system supports programmes to quality assure graders, measure performance against national peers and provide training sets for new staff.  The system is recognised to be a valid indicator of grader ability alongside other internal quality assurance measures. The testing system is used as an ability monitoring tool and part of reassurance to all stakeholders that grading is being performed to a high standard.  The main purpose of the TAT is to assist in assuring high quality grading in DES. The test is part of a holistic approach to quality assurance of grading and needs to be supported by good feedback and training.  This is achieved by:  • providing regular tests  • providing results on sensitivity and specificity to detect referable diabetic retinopathy  • providing regular feedback of grading disagreements in the tests  • providing regular reports positioning individual graders’ test results within the context of national results  • providing training image sets for new staff and to educate graders and programmes about changes in the NDESP grading criteria or to clarify problematic grading topics  • providing training support for all level graders • providing graders with the resource for individual reflective practice  Participation in TAT should be reported to the programme board and reviewed during QA visits. Supportive action plans should be in place where graders are flagged as below acceptable sensitivity and specificity levels. These should be shared with programme board as part of assurance processes. The clinical lead or designated grading lead is responsible for monitoring participation, feedback, oversight of results, recovery action plans and interpreting the grading management reports. The clinical lead has overarching responsible for assurance that guidance is followed and graders as meeting requirements.  **Please provide the following information:** | | | | |
| **Subject/Question** | | | **Response** | |
| 1 | Do you currently provide a similar system/service ? | | Yes/No:  If yes, please give details: | |
| 1a | If yes, please provide details of the system/service and organisations involved | | Please give details: | |

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| 1b | Please detail the number of similar contracts you currently hold and organisations, locations, including annual activity levels. | Please give details: |
| 2 | How do you think the proposed system achieves the best outcomes for users/ clinicians and the Diabetic eye screening programme, taking in to account possible future developments such as artificial intelligence?  Is there an alternative way of delivering the outcomes required? If so, please describe. | Please give details: |
| 3 | Please give your views on how the system/ service could :  Support programmes to quality assure graders, measure performance against national peers and provide training sets for new staff.  • providing regular tests  • providing suitable (not borderline) image sets  • providing image sets that have been agreed following strict criteria, and peer reviewed  • providing results on sensitivity and specificity to detect referable diabetic retinopathy  • providing regular feedback of grading disagreements in the tests  • providing regular reports positioning individual graders’ test results within the context of national results  • providing training image sets for new staff and to educate graders and programmes about changes in the NDESP grading criteria or to clarify problematic grading topics  • providing training support for all level graders  • providing graders with the resource for individual reflective practice |  |
| 4 | Describe how the system will deliver value for money and quality? | Please give details: |
| 5 | If you were awarded a contract, what do you see as the key foundations for this type of system to be successful? Please include approach to project delivery, service management and support, and governance. | Please give details: |
| 6 | Do you have any suggestions about how a solution would benefit the users and the providers? | Please give details: |

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| **C** | **User Experiences** | |
| 7 | Please detail your reasoning on how the solution would/could improve user experience and other benefits and/or risks resulting from the solution. | Please give details: |

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| **D** | **Contract Model**  **Please note: The type of contract awarded for providers of the new service will be the NHS Terms and Conditions** | |
| 8 | Service /system model:  Please indicate if you would be intended in providing the solution and maintenance as a single organisation or in partnership with one or more other organisations. | Please give details: |
| 9 | Contract length:  Considering the solution development, testing, implementation support and maintenance as a whole, including the levels of investment, workforce, service levels and upgrades; what would you consider to be a viable and appropriate duration for this contract and please explain why? | Please give details: |
| 10 | Please share your reasoning for a preferred contract term so that we may better understand. | Please give details: |
| 11 | Contractual Risks  What contractual risks, if any, have you identified in relation to the development, testing, implementation and maintenance? |  |
| 12 | How could we mitigate against any contractual risks you have identified? | Please give details: |

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| **E** | **Finance** | |
| 13 | What do you foresee the financial structure, pricing model, investment and components of service to be? e.g.   * Development * Testing * Maintenance and Support   How could we use the payment model to incentivise performance? | Please give details: |
| 14 | Are there any other comments or anything else we should be considering in relation to the pricing model? |  |
| 15 | What financial risks, if any, have you identified in relation to the solution development, implementation, testing and maintenance and any of the pricing models suggested? | Please give details: |
| 15a | How could we mitigate against any financial risks you have identified? | Please give details: |
| **F** | **Development and Implementation** | |
| 16 | What technologies do you believe could provide the required service? Commercially Off-the-shelf (COTS), bespoke or a combination? |  |
| 17 | How many weeks do you think will be required for the:   1. Development phase 2. Testing 3. Implementation of a solution | Please give details: |

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| 18 | In terms of implementation, please describe the areas and reasons where you would require support from the Commissioners. | Please give details: |
| **G** | **Storage and Premises** | |
| 19 | In this scenario NHS England are Data Controllers and Suppliers are the Data Processors. We are interested in Suppliers’ views on:  What information they would store and why  What length of period they would hold onto the various data identified and why  Where would the data be held, including premises  approaches to data security and integrity | Please give details: |
| **H** | **Barriers to bidding:** | |
| 20 | Are there any barriers that might prevent suppliers from bidding, noting that all barriers are not within the control of the contracting authorities? If so, please outline. | Please give details: |

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| **I** | **Whole Service Risk** | |
| 21 | Please summarise the high-level material risks associated with the solution development, implementation, hosting and maintenance, other than those identified already, including brief details of potential impact and provide details of how these might be mitigated | Please give details: |
| **J** | **Any other comments:** | |
| 22 | Are there any other elements that commissioners should be deliberating in addition to the questions above? Please use this as an opportunity to highlight anything else which should be considered in relation to this early market engagement process. |  |
| **K** | **Supplier Meetings** |  |
| 23 | If required, would you be interested in attending a supplier meeting to further explore your response to this RFI? | Yes/No |