

## Contract Change Note

<b>Contract Change Note Number</b>	CCN003
<b>Contract Reference Number &amp; Title</b>	CQC AM 102 – Tell us about Your care Partnership
<b>Variation Title</b>	Extension
<b>Number of Pages</b>	Two

WHEREAS the Contractor 'MIND' and the Authority 'Care Quality Commission' entered into a Contract for the supply of 'Tell us about Your Care Partnership' dated 18/12/2016 (the "Original Contract") and now wish to amend the Original Contract

IT IS AGREED as follows

1. The Original Contract shall be amended as set out in this Change Control Notice:

<b>Change Requestor / Originator</b>	[REDACTED]	
<b>Summary of Change</b>	Extension of 'Tell us about Your care Partnership' contract for a further 12 months.	
<b>Reason for Change</b>	The Contracting Authority wishes to extend the Contract for a further period of 12 months (in line with the provisions of the Contract). The further 12-month period will commence on 19 <sup>th</sup> December 2018 and will conclude on 18 <sup>th</sup> December 2019.	
<b>Revised Contract Price</b>	<b>Original Contract Value</b>	[REDACTED]
	<b>Previous Contract Changes CCN 001</b>	[REDACTED]
	<b>CCN 002 - GDPR</b>	[REDACTED]
	<b>Contract Change Note CCN 003</b>	[REDACTED]
	<b>New Contract Value</b>	£ 60,979.00
<b>Revised Payment Schedule</b>	Revised payment schedule attached	
<b>Revised Specification</b>	N/A	
<b>Revised Contract Period</b>	19/12/2018 to 18/12/2019 (Inclusive of these dates).	
<b>Change in Contract Manager(s)</b>	The contract will continue to be managed by the Public Engagement Team	
<b>Other Changes</b>	N/A	

2. Save as herein amended all other terms of the Original Contract shall remain effective.
3. This Change Control Notice shall take effect from the date on which both the Authority and the Contractor have communicated acceptance of its terms.

SIGNED ON BEHALF OF THE CUSTOMER: Care Quality Commission	SIGNED ON BEHALF OF THE CONTRACTOR: MIND
Signature:	
Name:	
Position:	
Date:	

**Mind (the National Association for Mental Health)  
REVISED PRICING SCHEDULE – LOT 1 – Year 3**

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- **Costs for the direct supply of SYE Forms over the course of one year**

The cost of supplying [REDACTED] SYE Forms over the course of one year will be £ [REDACTED]

We estimate that it takes approximately 8 minutes on average to complete a SYE Form while on a call. Our current helpline costs equate to around [REDACTED] per call minute on a full-cost recovery basis (the total helpline contract price divided by the total number of Advisor minutes available to us in year). We therefore estimate the full cost to Mind of each completed SYE form to be £ [REDACTED]

The cost of providing monthly briefings for each advisor (to ensure the programme is embedded for the duration of the contract) we estimate to cost [REDACTED] per 10-minute brief per advisor, per month. This is calculated from the cost of employment of one advisor for a year, and dividing that into 10-minute working slots. We currently employ [REDACTED] advisors on the service.

[REDACTED]

12 monthly briefing sessions for helpline team (10 mins per month, per advisor) [REDACTED]

Mind management overheads for infrastructure team support (finance, compliance, HR); governance and oversight ([REDACTED])

- **Volume of SYE Forms that can be supplied over the course of one year**

We aim to supply [REDACTED] completed forms per quarter, equating to an annual total of [REDACTED]

- **Costs for all promotional & supporting elements (as detailed in the requirement for Lot 1) over the course of one year**

All additional costs will be absorbed by Mind from our core funding, including the time dedicated to this programme by staff involved in promotional activities and supporting elements of the Tell Us About Your Care partnership.

- **A breakdown by number and percentage of what feedback can be supplied as per the requirement for Lot 1, namely:**
  - (i) **SYE Forms about adult social care**
  - (ii) **SYE forms about the experiences of people with a learning disability**
  - (iii) **SYE forms about all other regulated services (NHS, GPs, independent healthcare, dentists etc.)**

We estimate that we will supply:

- i) Circa [REDACTED] SYE Forms about adult social care [REDACTED]
- ii) 0 SYE Forms about the experiences of people with a learning disability [REDACTED]
- iii) Circa [REDACTED] SYE forms about all other regulated services [REDACTED]. From our previous experience of delivering the Tell Us About Your Care programme, we expect this will predominantly be hospitals and primary medical care services.

