Market Consultation

Screening Programme upcoming procurements FY 2024/25

Project: Various procurements

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# Introduction

* 1. This information notes and accompanying questionnaire is being made publicly available to any organisations which are interested in delivering projects under the Screening Programme.
	2. The market consultation is optional. The purpose is to advise suppliers of the forthcoming Department of Health and Social Care (DHSC) procurement exercises in the next 2 months and seek feedback from potential bidders and existing providers that may inform the final approach to the procurement.
	3. This builds on a commitment to engage with the market, by sharing information and seeking input from the market to enable us to develop the final procurement approach. At this point we are not sharing any specifications for the services to be procured, we may do a further market engagement in the future for the purpose of seeking feedback on the requirements.
	4. It is essential to understand that this market engagement process is separate from the formal procurement process. When the formal procurement process begins through the publication of a contract notice, any supplier interested in the contractual opportunity must submit a tender, and all supplier bids will be evaluated on an equal basis and in accordance with the set criteria.

# Background and requirements

## The UK National Screening Committee (UK NSC) advises Ministers and the NHS in the 4 UK countries on all aspects of screening. In England there is a commitment in the NHS constitution to introduce screening programmes as recommended by the UK NSC. The committee’s remit and processes have recently undergone significant change. In 2022, the committee’s remit has expanded to include targeted screening and stratified screening in addition to whole population screening.

## The UK NSC makes recommendations on whether or not to introduce screening programmes for over 100 conditions. The recommendations divide into 2 broad types:

## Conditions for which population screening programmes are not recommended.

## Conditions for which population screening programmes are recommended.

## The evidence informing these recommendations should be updated on a regular basis. The UK NSC has a publicly stated commitment to update each recommendation every 3 years. However, if significant evidence is published in between regular reviews, stakeholders can submit a suggestion to the UK NSC for an early topic update. The committee also reviews evidence for suggested changes to existing screening programmes (major modifications) and suggestions for new topics that it has not previously considered (See [UK NSC annual call: submitting a screening proposal](https://www.gov.uk/government/publications/uk-nsc-annual-call-submitting-a-screening-proposal)).

## The UK NSC assesses the evidence for screening against its criteria for appraising the viability, effectiveness, and appropriateness of a screening programme ([Evidence review criteria: national screening programmes - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/evidence-review-criteria-national-screening-programmes).These cover key issues relating to the condition, the test, the treatment, and the effectiveness of a screening programme. The criteria provide the framework for reviewing the evidence for screening for a broad range of conditions.

## The evidence team, part of the UK NSC Secretariat, hosted by the Department of Health and Social Care, is responsible for managing the evidence review process to ensure UK NSC recommendations remain up to date. The evidence team working along with the commercial team commissions evidence reviews on behalf of the UK NSC. Experts in review methods and modelling are commissioned to undertake each piece of work, as appropriate.

## The reviews procured can take the form of evidence summaries; evidence maps; systematic reviews, cost effectiveness studies, disease modelling exercises among others, and will serve as the base for the evidence review process. More information about the different reviews/products can be found in here: <https://www.gov.uk/government/publications/uk-nsc-evidence-review-process/uk-nsc-evidence-review-process#products>

# Procurement approach

## The evidence team has developed a pipeline of projects that need to be completed within the current financial year (24-25), as well as a pipeline for the subsequent three financial years. In order to gather valuable insights and input from the market, we are seeking your views on the procurement approach, so we can finalise the procurement strategy for this area.

##  **Financial year 24/25**

* 1. In the current financial year, we have a number of products that need to be procured.. To ensure their successful execution, we intend to launch several procurement exercises within the next two months. These exercises will include all the products we need to address. For a detailed list of these products, please refer to Table 1.

## Table 1

## Procurement 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Area** | **Product** | **Total Cost (£) Excluding VAT** | **Delivery Time** |
| Chagas disease | Evidence Map | 19,500 | 6 months |
| Chlamydia (pregnancy) | Evidence Map | 19,500 | 6 months |
| Breast (AI)  | Evidence Map | 19,500 | 6 months |
| Chronic obstructive pulmonary disease (COPD) | Evidence Map | 19,500 | 6 months |
|  Partner violence in pregnancy and adults | Evidence Map | 19,500 | 6 months |
| Diabetes Type 2  | Evidence Map | 19,500 | 6 months |
| Depression in Adults  | Evidence Map | 19,500 | 6 months |
| Lynch Syndrome | Evidence Map | 19,500 | 6 months |
| Dental disease  | Evidence Map | 19,500 | 6 months |
| Mental health in pregnancy and post-natal | Evidence Map | 19,500 | 6 months |
| Heart valve disease | Evidence Map | 19,500 | 6 months |
| Total | 214,500 |   |
| **Total with VAT** | **257,400** |   |

## Procurement 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Area** | **Product** | **Total Cost (£) Excluding VAT** | **Delivery Time** |
| Biliary atresia   | Evidence Summary | 62,000 | 9 months |
| MLD | Evidence Summary | 62,000 | 9 months |
| Group B strep | Evidence Summary | 62,000 | 9 months |
| Breast Risk Stratification | Evidence Summary | 62,000 | 9 months |
| Targeted Screening | Evidence Summary | 62,000 | 9 months |
| Total | 310,000 |   |
| **Total with VAT** | **372,000** |  |

## Procurement 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Area** | **Product** | **Total Cost (£) Excluding VAT** | **Delivery Time** |
| HTLV - Threshold Analysis (Model) | New model: development and threshold analysis  | 103,000 | 12 months |
| Lung modelling  | Existing model: Testing of additional scenarios  | 62,000 | 12 months |
| Total | 165,000 |   |
| **Total with VAT** | **198,000** |   |

* 1. It is our intention to proceed to procure undertaking 3 separate procurement exercises:
* Procurement 1 for cost models – 2 lots one for each model. One with a value of 103,000 (excluding VAT) and £62,000 (excluding VAT). Total value: £214,500 (excluding VAT), £257,400 (inclusive of VAT)
* Procurement 2 for evidence summaries – 5 lots (one per product) 62,000 (excluding VAT) each lot. Total value: £310,000 (excluding VAT), £372,000 (inclusive of VAT)
* Procurement 3 for evidence maps with 11 lots (one per product) 19,500 (excluding VAT) each lot. Total Value: £165,000 (excluding VAT), £198,000 (inclusive of VAT)
	1. Estimated timetable for the procurements:

## Procurement 1 – Models

|  |  |
| --- | --- |
| Event | Completed by |
| ITT issued  | 15/07/2024 |
| Deadline for submission of a Tender via the e-Sourcing portal (“Tender Submission Deadline”)   | 16/08/2024 |
| Evaluation and internal governance completed | 30/08/2024 |
| Contract Award  | 06/09/2024 |
| Stand Still period completed | 17/09/2024 |
| Contract Signature | 30/09/2024 |
| Contract commencement  | 01/10/2024 |

## Procurement 2 - Evidence Summaries

|  |  |
| --- | --- |
| Event | Completed by |
| ITT issued  | 05/08/2024 |
| Deadline for submission of a Tender via the e-Sourcing portal (“Tender Submission Deadline”)   | 09/09/2024 (36 days) |
| Evaluation and internal governance completed | 30/09/2024 |
| Contract Award  | 01/10/2024 |
| Stand Still period completed | 14/10/2024 |
| Contract Signature | 21/10/2024 |
| Contract commencement  | 28/10/2024 |

## Procurement 3 – Evidence Maps

|  |  |
| --- | --- |
| Event | Completed by |
| ITT issued  | 22/07/2024 |
| Deadline for submission of a Tender via the e-Sourcing portal (“Tender Submission Deadline”)   | 30/08/2024 (40 days) |
| Evaluation and internal governance completed | 20/09/2024 |
| Contract Award  | 23/09/2024 |
| Stand Still period completed | 04/10/2024 |
| Contract Signature | 14/10/2024 |
| Contract commencement  | 15/10/2024 |

# market consultation-questionnaire return

## Participation in this Market Consultation is voluntary. It is not required to provide an answer to every question if particular questions are not relevant.

## The Department wishes to encourage participation at this stage in order to ensure a wide number of responses. The market engagement processes described above do not form part of the formal procurement process. When the formal procurement process commences any supplier may join the competition and all supplier bids will be evaluated on the same basis.

## The completed questionnaire should be returned via email ccsinbox@dhsc.gov.uk quoting **“Screening Programme”** no later than **26th June 2024 at 5pm**

## The Freedom of Information Act 2000 (FOIA) applies to the Department. You should be aware of the Department's obligations and responsibilities under the FOIA to disclose, on written request, recorded information held. Information provided by you in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, may therefore have to be disclosed in response to such a request, unless the Department decides that one of the statutory exemptions under the FOIA applies. The Department may also include certain information in the publication scheme which it maintains under the FOIA.

## In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, the Department may consider it appropriate to ask you for your views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the Department must comply with a strict timetable and the Department would, therefore, expect a timely response to any consultation within two working days.

## You may provide information which is confidential in nature and which you may wish to be held in confidence. You must give a clear indication which type of material is to be considered confidential and why it is considered to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as "commercial in confidence" will no longer be appropriate. In addition, marking any material as confidential or equivalent should not be taken to mean that the Department accepts any duty of confidentiality by virtue of such marking. Please note that even where you have indicated that information is confidential the Department may be required to disclose it under the FOIA if a request is received.

## The Department cannot accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.

## In certain circumstances where information has not been provided in confidence, the Department may still wish to consult with you about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.

## The decision as to which information will be disclosed is reserved to the Department notwithstanding any consultation with you.

## Whilst the Department expects to proceed to procurement in due course, there is no obligation to do so as a consequence of this early market engagement activity.

## The publication of this questionnaire and the information within it is intended to provide potential bidders with the opportunity to view and comment on the proposed strategic procurement approach. The Department does not intend to be bound by any information at this stage. The Department makes no commitment to accept recommendations or suggestions.

Regards,

**Corporate and Clinical Services, Commercial Lifecycle**

**Commercial Directorate, Department of Health & Social Care**

**39 Victoria Street, London, SW1H 0EU**

# market consultation QUESTIONNAIRE

**Name of Supplier:**

**are you a SME?** [ ]  **Yes** [ ]  **No**

**are you registered in Atamis?** [Welcome (site.com)](https://atamis-1928.my.site.com/s/Welcome)[ ]  **Yes** [ ]  **No**

Name of authorised representative submitting the questionnaire:

Position:

Email address:

For and on behalf of:

Date:

Additional contact names in case follow up questions are required:

|  |  |  |
| --- | --- | --- |
| Name | Title/position | Email |
|  |  |  |
|  |  |  |
|  |  |  |

**(This should be completed by the Supplier or a partner or an authorised representative in his / her own name and on behalf of the company / organisation completing this questionnaire)**

# QUESTIONNAIRE FINANCIAL YEAR 24/25 PROJECTS

## Have you ever produced evidence products the same or similar to THE ONEs required by the UK NSC ([UK NSC: evidence review process - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/uk-nsc-evidence-review-process/uk-nsc-evidence-review-process#products))?

## Will you be interested in bidding for any of these products?, if yes which one.

## If you are not interested, please provide a reason.

## Would you have capacity to submit tenders for the specific products (lots) you are interested in at the time the procurements are planned?

## Do you think that the proposed lotting, i.e., one lot per product is the correct approach? If not, how do you suggest we lot the procurements. And what are the reasons for proposing that structure?

## Do you think that restricting the number of lots a supplier can be awarded for within a particular procurement would increase your interest in tendering for the services? E.g., a supplier cannot be awarded more than 3 lots in procurement 3, unless there is a lack of suppliers applying in others.

## Would you deliver the services yourselves or would need to use subcontractors? If you are using subcontractors, how many suppliers will be in your supply chain?

## For procurement 3, if you win multiple lots would you be able to complete delivery within this financial year? How many if the maximum lots you would be able to deliver this financial year if you are awarded multiple lots?

## If you win multiple lots from procurement 1, 2, 3, will you have capacity to deliver them concurrently?

## Is the proposed staggering of the tenders sufficient to give you the time needed to submit bids for the lots that interest you? Note that we aim to have the evidence maps deliver before the end of this FY.

## Are you a supplier listed in the Crown Commercial Service RM6126 DPS Research and Insight [Research & Insights - CCS (crowncommercial.gov.uk)](https://www.crowncommercial.gov.uk/agreements/RM6126)? If not, would you consider registering?

## We are planning to do an open tender for these procurements however we would like to know whether you think using the DPS to award these contracts would be a suitable approach?

## If you have answer not above, give reasons:

## If you have any other comment or questions to raise in regard to these procurements, please list them below. Q&A raised during this event will be issued at tender stage.

**thank you for taking the time to complete this questionnaire**