Market Engagement – Transparency Disclosure

**Invitation to offer for:** NHS National Framework Agreement Home Delivery Service Pulmonary Hypertension

**Offer reference number:** CM/MSR/17/5539

**Period of framework agreement:** 1 June 2020 to 31 May 2022 with option(s) to extend for up to a total period of 24 months.

To inform NHS England’s approach to this tender exercise framework feedback/review meetings were held on 25th March 2019 with the incumbent suppliers.

A further market engagement session was held with incumbent suppliers on 8th October 2019. (Please note an invitation was sent out via the industry trade body (National Clinical Homecare Association) opening up the invite to all members, but no other companies requested to attend.)

The following organisations attended this meeting:

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| **NHS Organisations:** | **Suppliers:** |
| Imperial College Healthcare NHS Trust | Lloyds Pharmacy Clinical Homecare |
| Royal Brompton & Harefield NHS Foundation Trust | Polar Speed |
| The Newcastle Upon Tyne Hospitals NHS Trust | Healthcare at Home |
| Great Ormond Street Hospital for Children NHS Foundation Trust | Pharmaxo |
| Royal Papworth Hospital NHS Foundation Trust | HealthNet |
| Royal Free London NHS Foundation Trust |  |
| Sheffield Teaching Hospitals NHS Foundation Trust |  |
| NHS England (Commissioning) |  |
| CMU (NHS England) |  |

To ensure no supplier has an undue advantage the key points and information conveyed have been summarised in the meeting notes below.

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|  | | **Arrival - Suppliers** |
| **1** | | **Welcome and Introductions**  CMU welcomed everyone to the meeting, explaining that suppliers will have the opportunity to ask the stakeholders any general questions about the framework, therapies, service etc. Each supplier will be offered an up to 20-minute individual time slots to ask any more commercially sensitive questions to the group. Ammonised Q&A will be shared will all the suppliers present, and any future interested suppliers via the e-tendering portal. |
| **2** | | **Overview - CMU advised of**   * Structure of the Day (Open forum/one to one sessions / looking for all to contribute) * Rules of engagement – not expecting actual pricing to be discussed or company sensitive information * The Specification and other documents are still all draft and are subject to slight changes with feedback considered.   Any suggestions/changes there is only a short window to express and potentially change before the OJEU goes out.   * Purpose (what we want to achieve)   To minimise issues whilst tender is out. A smooth transition to the new framework. |
| **3** | | **Procurement Time-table**   |  |  | | --- | --- | | Pre Tender Supplier Engagement Meeting | 8 October 2019 (Today) | | Dead-line for further comments on draft documents | Noon 10th October 2019 | | OJEU to be issued (provisional) | 17 October 2019 | | ITO Close Date  (provisional) | 21 November 2019 | | Adjudication Day | 11th December 2019 | | Award Recommendation Report Senior Approval | February 2020 | | Award notification | Early March 2020 | | Alcatel standstill period | March 2020 | | Framework Conclusion | Early April 2020 | | Framework Start date | 1 June 2020 | |
| **4** | | **Tender process:**  CMU advised that we will be using the Bravo e-tendering system.  One supplier advised that there has been some new information released today around Public procurement information after Brexit.  **Action** **CMU** to keep up to date with any additional requirements. It may be that the BRAVO system will redirect to any new UK advertising platform that will replace TED in this situation, but we cannot assume this is the case.  CMU advised of the following information  Terms and conditions (T&C’s) – The Standard Homecare T&C’s will be used for this Framework.  CMU also advised that the new Data Protection Protocol will be issued with the tender but has not yet published in the public domain. The new Protocol recognises that both contractor and purchasing authority are data controllers in the Homecare setting. |
| 5 | | **Draft Specification**   * **Instructions for Contractors**   CMU Alerted to the file naming conventions and highlighted that it is useful to highlight the text, page numbers with in policies where required.   * **Definitions** * **Introduction** * **5a\_General points discussed**   CMU advised that if stating No you are unable to comply with any of the Compliance/Specification questions and there is a valid reason to not comply or acceptable equivalent alternative, then please give your reason or your alternative within the grey box marked (N/A).  CMU reminded suppliers of the following:  Sub-contractors – if changed throughout the life time of the contract will be subject to CMU Change control, and originally supplied information updated accordingly.  Normal working hours/delivery hours – if suppliers can’t meet those stipulated then advise what you can do in your return.  Stock levels – the importance of having a 14 day stock at home for IV patients to ensure patient are not anxious. Ensure not over stocking either.  Waste Management - same day/visit as their delivery.  Travel Plans – CMU advised that it is useful to know what travel service/advice companies provide.  There was a discussion about having ‘Emergency kits’ supplied to hospitals, i.e. 2 pumps and standard list of ancillaries. However, CMU made it clear that this is not a requirement of the specification and not homecare, so did not need to be factored in.   * **5b\_Prescribing & Dispensing points discussed**   KB advised the framework is for service only. The drugs are procured separately via generic or branded medicine procurement and recharged back to relevant Trusts at the NHS price (where available.)   * **5c\_Delivery points discussed**   NHS to try and support notice for care away from home.  However, as delivery patterns for the majority of patients will be 4 weekly, it is usual that ‘tweaks’ can be made to allow patients to take holidays in-between deliveries.  One supplier raised Good Delivery Practice and if there is anywhere in the Specification that this is mentioned. **Action CMU** – to investigate and see if this should be incorporated in the wider homecare specification review.   * **5d\_Equipment and Ancillaries discussed** * **5e\_Home Access discussed** * **5f\_Governance points discussed**   Compliance with Appendix 19  Defected devices and medicines apply as part of appendix 19   * **5g\_Finance points discussed**   Std – 1st line 2nd line products, it’s is up to the clinician to advise if there is an issue with the 1st line product. The communication needs to be open between Trusts and supplier for this to run smoothly. Being aware of necessary alternatives before the invoice stage is required.   * **5h\_Eqipment List points discussed**   **Action PH Centres** – to check and update if required |
| 6 | | **Draft Ancillaries Lists**  A PH Centre Nurse advised that there might be items still on the master list that might not being used.  **Action**  – that individual to check over the master lists to double check and let CMU know if any items need removing (This exercise has been completed.)  Blue Robust Carry Case – purchase over and above. Needs to be added to the Pricing Schedule as a one off item (SIB item). |
| 7 | **Award Criteria**  Award criteria explained by CMU in terms of % split. No questions on this raised by the supplier base.  Price weighting increased to highlight the importance of restraints on the NHS budget. | |
| 8 | **Draft Tender Pricing Schedule**  **Pricing schedule**  CMU shared and talked through document 6 structure  Smith’s medical pumps – CADD Legacy discontinued Homecare Providers advised that they did not know about this until a few weeks ago.  Blood testing kit raised by a supplier – don’t need monthly blood kits anymore. Use via homecare. Only pay for when required. Currently supplied a box per month.  Ilse of Man – do terms apply to them in terms of turnaround time etc. One provider advised that there were some challenges around time slots, but fundamentally committing to the specification requirement. All suppliers were advised to submit realistic timeline for this rather than just stating ‘yes’.  Solis VIP pump use same cassette as CADD. And largely same ancillaries. Smiths have advised that servicing will be available for another 5 years.  Action: CMU to gain further clarification from Smiths about this timeline.  12-16 weeks from now for all patients if there was a change now.  An estimated 360 pumps in total would be required.  Due to other issues, all T60 patients will need to change pump – this is likely to need to be to the new Cadd Solis pump and is likely to be required under the remaining lifespan of the existing framework.  ACTION: CMU to pick up and address to ensure continuity of treatment.  **Action CMU –** To ensure fairness within the scoring mechanisms of the pricing schedule regarding the fact that not all suppliers will wish to submit a price for all the pumps i.e. It is understood that suppliers new to supplying IV services will not wish to invest in a pump that is being discontinued/ phased out. This evidently applies to the Crono pump (very few still in circulation), the Cadd Legacy and the T60.  CADD legacy pump being discontinued in March 2020 and is included in the specification and pricing schedule. New Patients will move to the new Solis pump. The PH NHS Stakeholder group will need to work on a phased transition, with T60 patients being treated as urgent to transfer.  **Action PH Stakeholder Pharmacy Member**- CADD Solaris VIP pump – model number required as there are 3 different pumps.  key - quantity and specification  rechargeable battery packs - quantity and specification  bag quantity and specification  Will these be included in the initial set up and/or individual consumables?  Smiths need to communicate the Pump spec and requirements.  ACTION: CMU/Stakeholders to agree and incorporate into final specification and pricing schedule.  CMU requested that when completing the master ancillary list please pay attention to each/box/pack. The expectation is that suppliers will split packs if required.  SIB listing some ancillaries have been removed. | |

Information provided at individual meetings:

* Many questions will be answered in full on reading of the full tender pack once available

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| **Q&A Summary:**   |  |  | | --- | --- | | **Question:** | **Response:** | | Can we have more information on the new Solis pump? | Further information is available form the manufacturer Smiths Medical. Please find attached links to leaflets produced by them. (There may be other information available in addition to these.) | | There are 3 versions of the new pump, which will the NHS use? NHS will be looking at 1 version only based on cost and simplicity. | The NHS is looking at using the Standard Pump – 21-2127-0105-50.  This will be clearly specified in the final tender documents. | | How can we get an idea of the numbers that might need to transfer on to the Solis pump? | The specification contained a link to the PH Audit report and included a brief summary. The Audit report does give therapy numbers, which can be used as a guide. Patients on the T60 pump are likely to be first to be moved, and the group will look at using for new patients and phasing in the transfer of those on Legacy pumps. Any transition will be done in collaboration with the stakeholder group.  As with any pump, stock levels held by a homecare provider must include enough for spares to cover being sent out when both urgent replacements are required and when standard servicing and maintenance is being carried out. | | Changing to a new pump is a big outlay for homecare providers, it may be worth raising with the industry body NCHA. | The discontinuation of the Legacy pump is unfortunately beyond NHS control. Happy for this t be raised with the NCHA. | | What is meant by ‘installations’ in the ‘Home Access’ tab? | In the context of the PH framework, this is the delivery of pumps or other equipment into a patient’s home. | | Are pump stands required? | No. The patient wears the pump in a carry pouch 24 hour a day. | | Notice periods on change of drug | The NHS should give 28 days’ notice when a drug price changes (or a larger scale switch of drug is being made i.e. not just case of clinical change for specific patient) to allow homecare companies to manage their stocks accordingly. | | The pumps being discontinued will not be available for purchase, will the adjudication of the pricing schedule allow for this to ensure fair comparisons? | Yes, this will be taken into account. | | Is it possible to offer delivery to other venues? | The specification states that ‘the service is to deliver at a place convenient to the patient. This may be their home or other suitable community setting e.g. workplace, friend or relative’s address, day care centre.’  We would not expect delivery to ever be made to a GP or a hospital due to the V.A.T. implications.  Although we are aware that some companies are looking to offer a service where collection can be made from pharmacies, until the National Homecare Medicines Committee are completely happy with the Governance issues surrounding this, then it is not a service we would wish to include in the specification. |   **Question to All Suppliers -** to be followed up after the meeting and replies back to KB as ASAP.  **How many CADD legacy Pumps are in stock and out in circulation? – feedback to KB**  Post meeting note: replies received from incumbent suppliers – thank you. |