

**REQUEST FOR PROPOSAL**

**FOR**

**Future Connectivity Community Health Wireless  
Connectivity**

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## 1. GLOSSARY

1.1 In this Request For Proposal the following words and phrases have the following meanings:

“**Authorised Contact**” means the single point of contact within NHS England authorised to send and receive communications related to this Procurement;

“**Authority**” means NHS England, 7&8 Wellington Place, Leeds, LS1 4AP;

“**Bidder**” means a company that submits a Tender in response to the RFP;

“**Customer**” means NHS England;

“**Marking Scheme**” means the range of marks that may be given to a Bidder depending on the quality of its response to a question;

“**Procurement**” means the process used to establish a contract that facilitates the provision of the Connectivity Hub Wi-Fi and Location Services RFP;

“**Request For Proposal**” or “**RFP**” means this document and all related documents published by the Authority in relation to this Procurement;

“**Tender Questionnaire**” means the questionnaire set out in Annex 1 of Appendix C of this RFP;

“**Tender Questionnaire Response**” means the Bidder’s response to the Tender Questionnaire;

“**Regulations**” the Public Contract Regulations 2015;

“**Services**” means the services set out in Appendix B of this RFP;

“**Supplier**” means the Bidder with whom the Authority has concluded the Contract;

“**Tender**” means the Bidder’s formal offer in response to the RFP;

“**Tender Clarifications Deadline**” means the time and date set out in paragraph 4 for the latest submission of clarification questions;

“**Tender Submission Deadline**” means the time and date set out in paragraph 4 for the latest uploading of Tenders.

## 2. INTRODUCTION

2.1 This Procurement relates to the award of a Future Connectivity Community Health Wireless Connectivity contract to a sole Supplier.

2.2 This RFP contains the information and instructions the Bidder needs to participate in this Procurement.

2.3 The Authorised Contact for this Procurement is Simon Gurrey who can be contacted at [simon.gurrey1@nhs.net](mailto:simon.gurrey1@nhs.net).

## 3. OVERVIEW OF RFP

3.1 The following appendices accompany this RFP:

Appendix A – Terms of Participation

Sets out the terms of participation which apply to the Bidder and the Authority during this Procurement.

Appendix B – Specification

A detailed description of the Services that the Supplier will be required to supply to the Customer.

## Appendix C – Procurement Questionnaire

The questionnaire created by the Authority, is used to test the suitability of the Bidders to meet necessary criteria in order to provide the required Services.

### 4. PROCUREMENT TIMETABLE

- 4.1 The timetable for this Procurement is set out in the table below.
- 4.2 The Authority may change this timetable at any time. Bidders will be informed if changes to this timetable are necessary.
- 4.3 The Authority must receive all Tenders before the Tender Submission Deadline.

Tenders received on or after the Tender Submission Deadline may be rejected by the Authority to ensure that all Bidders are treated fairly. The decision whether to reject a Tender received after the Tender Submission Deadline is made entirely at the Authority's discretion.

ACTIVITY	DATE & TIME
Publication of the RFP	3 June 2024
Tender Clarifications Deadline	7 June 2024 17:00
Deadline for the publication of responses to Tender Clarifications questions	13 June 2024 17:00
Tender Submission Deadline	3 July 2024 12:00
Evaluations	4 July 2024
Final decision	12 July 2024

### 5. QUESTIONS AND CLARIFICATIONS

- 5.1 Bidders may raise questions or seek clarification regarding any aspect of this Procurement at any time prior to the Tender Clarifications Deadline.
- 5.2 Bidders must submit any clarifications to the Authorised Contact only.
- 5.3 Other than the process described in this section 5, the Authority will not enter into discussions regarding the Requirements of the RFP with Bidders.
- 5.4 To ensure that all Bidders have equal access to information regarding this Procurement, the Authority will publish all its responses to questions raised by Bidders on an anonymous basis.
- 5.5 Bidders should indicate if a query is of a commercially sensitive nature – where disclosure of such query and the answer would or would be likely to prejudice its commercial interests. However, if the Authority at its sole discretion does not either; consider the query to be of a commercially confidential nature or one which all Bidders would potentially benefit from seeing both the query and the Authority's response, The Authority will:

Invite the Bidder submitting the query to either declassify the query and allow the query along with the Authority's response to be circulated to all Bidders; or

request the Bidder, if it still considers the query to be of a commercially confidential nature, to withdraw the query prior to the end of the closing date and time for Bidder clarifications.

- 5.6 Responses will be published in a Questions and Answers document to all Bidders.

5.7 All clarifications and questions relating to the subject matter of this RFP must be submitted via the Health Family eCommercial portal message board only, using the 'Clarification Question Template' document provided. Please ensure that messages within the portal are checked on a regular basis.

**6. PRICE**

6.1 The format of the pricing information required and how that information is taken into account in the evaluation are provided in Appendix C.

**7. SUBMITTING A TENDER**

7.1 Bidders are requested to submit their Tender electronically via **the Health Family eCommercial portal by the Tender Submission Deadline outlined in the 'Timetable' section above.**

7.2 A Tender must remain valid and capable of acceptance by the Authority for a period of 90 calendar days following the Tender Submission Deadline. A Tender with a shorter validity period may be rejected by the Authority at its sole discretion.

**8. TENDER EVALUATION**

8.1 The contract will be awarded on the basis of most economically advantageous tender ("MEAT").

8.2 Tenders will be evaluated in line with the Marking Scheme set out in Appendix C.

8.3 The total score available for each question set out in Appendix C is as follows:

QUESTION	TOTAL SCORE AVAILABLE
Company information	Information Only
Bidder Contact	Information Only
Mandatory Questions	Pass / Fail
Quality Questions	70
Price	30
<b>TOTAL</b>	<b>100</b>

8.4 As part of the evaluation process and at the discretion of the Authority, Bidders may be required to present their Tender to the Authority evaluation team and to address any queries that team may raise. The details of the presentation will be clearly defined by the Authority and notified to the Bidders.

8.5 Clarification questions may be raised by either party during any presentation and/or on the working day immediately following the presentation, the responses to which may be used by the Authority to inform the scoring of the evaluation process. Where clarification questions are raised, the parties will seek to close the same within 24 hours of receipt.

8.6 The Bidders will be evaluated against the following criteria:

All quality criteria

Price

## **9. CONTRACT AWARD**

- 9.1 The Bidder that achieves the highest total score will, subject to the terms set out in Appendix A, be awarded the Contract.
- 9.2 If two or more Bidders obtain the highest total score, the Bidder with the highest score for the Quality element of the Tender evaluation will be deemed the winner and awarded the Contract.
- 9.3 If the Authority receives only one Tender in relation to this Procurement, the Bidder may be awarded the contract at the Authority's sole discretion.
- 9.4 The Authority reserves the right not to select a Supplier or award a contract to any Bidder.

## **10. SUPPLIER OUTCOME**

- 10.1 Upon contract award, Bidders will be notified of the outcome of the RFP.
- 10.2 The Authority will sign a contract with the Supplier that will govern the activities to be performed involved in the production of the deliverables defined in this RFP.
- 10.3 The contract will be based on NHS England's standard terms & conditions which are provided separately.

## **APPENDIX A – TERMS OF PARTICIPATION**

### **1. INTRODUCTION**

- 1.1 The Terms of the Procurement regulate the conduct of the Bidder and the Authority throughout the Procurement. These terms also grant the Authority specific rights and limit its liability.
- 1.2 In these Terms of the Procurement any reference to 'person' includes, but is not limited to, any person, firm, body or association, corporate or incorporate.

### **2. CONDUCT**

The Bidder agrees to abide by these Procurement terms and any instructions given in the RFP and agrees to ensure that any of its staff, contractors, subcontractors, consortium members and advisers involved or connected with the Procurement abide by the same.

#### **2.1 Contact and Canvassing During the Procurement**

The Bidder must not directly or indirectly canvass any Minister, public sector employee or agent regarding this Procurement or attempt to procure any information from the same regarding the Procurement (except where permitted by the RFP). Any attempt to do so may result in the Bidder's disqualification from this Procurement.

#### **2.2 Behaviour**

The Bidder must not (and shall ensure that your subcontractors, consortium members, advisors or companies within its Group do not):

- 2.2.1.1 fix or adjust any element of the Tender by agreement or arrangement with any other person;
- 2.2.1.2 communicate with any person other than the NHS England Authorised Contact about the value, price or rates set out in the Tender; or information which would enable the precise or approximate value, price or rates to be calculated by any other person;
- 2.2.1.3 enter into any agreement or arrangement with any other person, so that person refrains from submitting a Tender;
- 2.2.1.4 share, permit or disclose to another person access to any information relating to the Tender (or another Tender to which it is party) with any other person; or
- 2.2.1.5 offer or agree to pay, give or does pay, give any sum or sums of money, inducement or valuable consideration directly or indirectly to any other person, for doing or having done or causing or having caused to be done in relation to the Tender any other Tender or proposed Tender, any act or omission, except where such prohibited acts are undertaken with persons who are also participants in the Bidder's Tender, such as subcontractors, consortium members, advisors or companies within its group, or where disclosure to such person is made in confidence in order to obtain quotations necessary for the preparation of the Tender or obtain any necessary security.

If the Bidder breaches paragraph 2.2.1, the Authority may (without prejudice to any other criminal or civil remedies available to it) disqualify the Bidder from further participation in the Procurement.

The Authority may require the Bidder to put in place any procedures or undertake any such action(s) that the Authority in its sole discretion considers necessary to prevent or curtail any collusive behaviour.

### **3. COMPLIANCE**

The Bidder agrees that in cases where their Tender is deemed non-compliant when compared with the Requirements set out within the Procurement (e.g. budget, terms and conditions) you shall be excluded from the Procurement.

### **4. RIGHT TO CANCEL OR VARY THE PROCUREMENT**

4.1 The Authority reserves the right:

to amend, clarify, add or withdraw all or any part of the RFP at any time during the Procurement;

to vary the timetable or deadlines set out in the RFP;

not to conclude a contract for some or all of the services for which Tenders are invited;

to cancel all or part of the Procurement at any stage at any time.

4.2 The Bidder accepts and acknowledges that by issuing the RFP, the Authority is not bound to accept a Tender or obliged to conclude a contract with any Bidder at all.

### **5. COSTS**

5.1 The Authority will not reimburse any costs incurred by a Bidder (including the costs or expenses of any subcontractors, consortium members or advisors) in connection with preparation and/or submission of a Tender, including (without limit) where:

This Procurement is cancelled, shortened or delayed for any reason (including where such action is necessary due to non-compliance or potential non-compliance with procurement rules and regulations);

all or any part of the RFP is at any time amended, clarified, added to, or withdrawn for any reason;

a contract for the Services for which Tenders are invited is not concluded; or

a Bidder and/or its Tender is disqualified from participation in the Procurement for any reason.



## APPENDIX B – SPECIFICATION

### 6. BACKGROUND TO REQUIREMENT

The purpose of NHS England is to lead the NHS in England to deliver high-quality services for all. [NHS England » What we do](#). The [Future Connectivity Programme](#) in NHS England facilitates gigabit capable connectivity in health sites and wireless connectivity advice and guidance to primary and secondary care settings to ensure they are getting the best out of current and emerging wireless technologies.

This RFP is conducted by the Future Connectivity Programme on behalf of **all** NHS organisations in England, see [NHS England » Structure of the NHS](#) for further detail.

NHS England are developing a set of resources centrally to help the health system overcome technology and connectivity challenges by delivering guidance and resources to the health system to enable them to better adopt and use wireless technologies to improve health outcomes and take advantage of system efficiencies.

The strategic direction across the NHS is to deliver care closer to where patients live, outside of the traditional primary and secondary care sites which rely on NHS managed Wi-Fi connectivity. This means that community clinical staff are increasingly working remotely and reliant on public mobile phone networks.

Through surveys, direct engagement and reporting NHS England are aware that:

- a) connectivity availability is regularly self-reported as a challenge by NHS staff;
- b) various devices, solutions, and mechanisms for making best use of available coverage have been investigated and are in use across the NHS estate;
- c) there is no current health NHS specific guidance or recommendations on which solution, or combination of solutions, provides the best connectivity for remote health workers.

Connectivity, in this context, means enabling a peripatetic (remote) health care worker, either travelling between fixed sites and visiting patients at home or in non-acute settings to access, through their mobile devices (whether mobile phone, laptop or tablet) the systems and data they require via mobile network coverage.

### 7. PURPOSE OF THIS RFP

The purpose of conducting this RFP is for an expert supplier to create meaningful, evidence based technical guidance that can be used and applied across the NHS in a consistent way. The intention is not to create mandatory policy or standards.

The supplier must produce a report for the Future Connectivity programme that provides evidence-based recommendations on which connectivity solutions provide the best connectivity for remote health care workers.

The target audience of the report is Integrated Care System (ICS) or NHS Trust Chief Information Officers (CIO) and their Network Managers & Service Managers, as they will be responsible for defining, supporting, and delivering ICS IT strategies across the NHS Trusts and ICS Partner organisations. The target audience also includes any other NHS roles responsible for:

- Connectivity technology selection decision making;
- Business case definition for connectivity investment;
- Budget allocation;
- Service commissioning.

We are primarily interested in solutions that can improve connectivity available in poor coverage and indoor settings, and which devices can support these, so that remote health care workers can access and update records and data in support of their work to deliver efficient and appropriate care to patients and service users.

The report must provide tested, evidenced, and comparative outputs to investigate if there is a best available solution, or combination of solutions, for different coverage scenarios. These outputs should support a reader to understand how each performs against the others in different coverage scenarios and determine if there are discernibly better connectivity option for their needs than others.

## **8. OVERVIEW OF REQUIREMENTS**

The output of this RFP will deliver a better understanding of the state of connectivity available to community staff, the factors that impact staff having the right connectivity to work and if there is any discernibly best combination of device and connectivity solution for the most common environment.

In setting out these Requirements it has been assumed that some technical testing of solutions will be necessary to address them. Should a supplier be able to address the Requirements via an alternate approach or use of existing data we are happy to take their proposal into consideration.

The report must consider different NHS environments and potential benefits in each. Outputs should include evidenced comparison of:

- a. different connectivity solutions\*
- b. across different devices and
- c. in different coverage scenarios\*\*

\*by “connectivity solution” we mean those devices, solutions, and combinations of each detailed in the statement of Requirements.

\*\*by "coverage scenarios" we mean static and/or dynamic levels of mobile coverage or quality from one or multiple public networks that would reflect real-world conditions in different locations. For example, indoor / outdoor and good / poor quality coverage. These scenarios should seek to test the benefits and issues with the different device / connectivity solution types. The exact scenarios are to be defined by the bidder.

The final scope of solutions for inclusion will be informed by discussion and agreed by the Supplier and Authority during M1 delivery.

NHS England are aware:

- a) in the future 5G connectivity via satellite is a potential solution for outdoor connectivity. As a future development we do not expect this to be considered in the scope of testing although may form part of the guidance.
- b) that different health applications will require different connectivity characteristics. To provide clarity for this work, we have proposed a benchmark of 'sufficient connectivity' of "500kbps bandwidth upload/download". We are happy to consider an alternative equivalent benchmark for 'sufficient connectivity' recommended by the supplier.

Based on analysis of testing outputs and other factors specified in the Requirements and agreed during M1 the Supplier must present recommendations for health organisations looking to improve or replace their existing mobile connectivity for staff in a report. Recommendations should balance the potential connectivity benefits of solutions with cost, implementation, and maintenance considerations.

NHS England Commercial and Technical SME resource will be made available for workshops to discuss these Requirements in detail and agree shared understanding and definitions between NHS England and the Supplier. Additionally, NHS England can support the Supplier to engage with other NHS organisations staff to support understanding of user needs and connectivity solutions in place.

Time and resource required by the Supplier for engagement activity should be considered as part of the M1 delivery period.

The testing and report should include, but not be limited to:

## Testing Requirements

- The Supplier must carry out technical testing of a range of mobile connectivity solutions against the benchmark of "sufficient network connectivity" and conduct a detailed comparison of results.
  - The scope of technical testing should consist of whatever tests the supplier deems relevant to measure solutions against the benchmark of 'sufficient connectivity'.
  - A detailed breakdown of testing is to be defined by the Supplier in the Outline Test Report for approval by the Authority.
- The Supplier must test solutions and devices capability to meet the benchmark defined in different coverage scenarios, to allow data to be analysed against common use cases for remote health workers. Coverage scenarios should test the connectivity benefits and issues with different device and connectivity solution types.
  - The number and details of exact scenarios are to be defined by the Supplier in the Outline Test Report for approval by the Authority.
- An Outline Test Plan must be produced for review and approval by the Authority prior to commencement of solution and device testing. The test plan should cover:
  - Devices;
  - Connectivity solutions and;
  - Coverage Scenarios
- Testing of connectivity against the benchmark should include, but not be limited to, a range of devices currently deployed and in use by health workers:
  - SIM enabled laptop.

- Mobile phones
  - Tablet
  - Other devices (e.g. MiFi, 4G router).
- Testing of connectivity against the benchmark should include, but not be limited to, a range of solutions currently deployed and in use by health workers:
    - Single SIM
    - Dual SIM
    - Multi SIM
    - Roaming SIM
  - A summary of the selection criteria and justification for solutions, devices and coverage scenarios selected for testing and comparison must be included in the Test Approach document and summarised in the final report.
    - This summary should outline how the metrics tested impact user experience of connectivity.
  - Connectivity solutions and devices included for consideration should only be those that are currently commercially available and deployable in the UK.
  - An overview of the Suppliers technical testing approach and methods and any assumptions made must be included in the Outline Test Plan document and Test Report.
  - The performance of single network SIM in a range of coverage scenarios should be completed and used as a baseline reference.
  - A view of the test data output, associated analysis and methodology must be made available to the Authority in the Test Report. Format and how test data is to be presented will be agreed during M1 delivery for inclusion in the Outline Test Report.

## Report Requirements

- A thorough and evidenced comparison of connectivity solutions in scope including recommendations on which connectivity solutions, or combination of solutions, provide the “best” connectivity for each device type within the agreed parameters.
- An outline of the important cost drivers for NHS Trusts and ICS partner organisations (including implementation, maintenance etc.) and typical cost comparison of solutions and devices tested, assuming an organisation has 100 users. Costs should be presented as comparative to the reference baseline.
  - Supplier should also outline any additional commercial, service and support considerations.
- Consideration should be given to how a combination of solutions could be used in a complementary way to deliver the best connectivity.
- Whilst the focus of testing must be on current commercially available solutions and technologies, should the Supplier foresee any relevant and impactful developments in this market in the near future (3-5 years) these should be summarised in the report.

To comply with NHS England’s internal governance processes please note the following:

- The maximum budget for this Requirement is £50,000 exclusive of VAT.

- The deliverables need to be submitted to NHS England in sufficient time to be finalised **15 weeks** (75 working days) after contract signature.

## 9. DELIVERABLES

There are two key deliverables for M1 and two key deliverables for M2:

### M1

- Delivery plan
  - The Supplier must submit a delivery plan showing target dates for activities required for M1 and M2 submission, checkpoint meetings and workshops.
- Outline Test Plan
  - The Supplier must produce and submit an Outline Test Plan in MS Word format. The Outline Test Plan should include:
    - Test approach;
    - Objectives and Hypotheses;
    - Scope of testing (Connectivity Solutions, Devices, Coverage Scenarios);
    - Test deliverables (Metrics).

### M2

- Report
  - The Supplier must produce and submit a written report in Microsoft Word format addressing the Requirements.
  - The Supplier must produce and submit a set of supporting slides in Microsoft PowerPoint slides that present an executive summary and key recommendations of the report.
- Test Report
  - The Supplier must produce and submit a Test Report in MS Word format. The Test Report must contain a summary of all test activities and final test results of the scope of activities of the Outline Test Report.

## 10. DELIVERY APPROACH

The process to present these deliverables will be as follows:

- The Supplier must agree to attend fortnightly delivery checkpoint calls with NHS England. The delivery plan must be reviewed at each checkpoint call.
- Any changes resulting in delay to Milestone submission dates must be notified to and agreed with NHS England.
- For submissions requiring NHS England review a reasonable amount of time for review must be agreed between The Supplier and NHS England.

Stage	% complete	Process	Format
M1 Deliverable Workshop	20% - complete	Supplier to produce and present M1 deliverables.	Word

M2 Draft Report Workshop	60% complete	Supplier to produce and present draft M2 deliverables at 60% completion draft Authority to provide review feedback.	Word
M2 Final Report Workshop	100% complete	Supplier to produce and present final M2 deliverables.	Word PowerPoint

The workshops referred to above will be held remotely using Microsoft Teams. Any Requirements for in person meetings must be discussed and agreed jointly by NHS England and the Supplier.

## 11. PAYMENT SCHEDULE

The total payable will be split across two milestones, as per the below table. Milestone achievement will be determined by acceptance of deliverables by the Authority.

Stage	Deliverables	Payment due
Milestone 1	Delivery Plan. Outline Test Plan. Workshop 1 held.	25% of total contract value
Milestone 2	Report. Test Report. Workshop 2 held. Workshop 3 held.	75% of total contract value

## APPENDIX C – PROCUREMENT QUESTIONNAIRE

### 1. INTRODUCTION

- 1.1 This Appendix C sets out the questions that will be evaluated as part of this Procurement.
- 1.2 The following information has been provided in relation to each question (where applicable):
- Weighting – highlights the relative importance of the question;
  - Guidance – sets out information for the Bidder to consider when preparing a response; and
  - Marking Scheme – details the marks available to evaluators during evaluation.
- 1.3 This Appendix C sets out the evaluation methodology applicable to this Procurement and Potential Suppliers are advised to read this appendix before completing their Tender.

### ANNEX 1 – TENDER Questionnaire

The file “Future Connectivity Community Health Wireless Connectivity Tender Questionnaire” sets out the Tender Questionnaire and is provided separately.

### 2. CRITERIA AND WEIGHTINGS

- 2.1 Any award decision will be made based on the most economically advantageous bid using the following weightings:
- Quality questions – 70% of overall weighting
  - Price –30% of overall weighting
- 2.2 The following weightings have been assigned to the quality questions.

Question	Title	Weighting
4.1	Key dates	10%
4.2	Previous experience	10%
4.3	Future solutions	10%
4.4	Test Approach	50%
4.5	Report approach	10%
4.6	Challenges	10%

2.3 Quality scoring will be based on the following Marking Scheme

Score	Scoring explanation
0	Unsuitable: Failed to provide confidence that requirements within the question will be met and/or limited evidence of understanding of how the question relates to what is being asked. There has been a failure to cover many of the specific points. An unacceptable response with serious reservations.
25	Poor Response: A Poor response with reservations. The response lacks convincing detail with risks that the response will not be successful in meeting all the requirements. Whilst some of the individual points have been covered, others have not. The response is not clear on how the points interrelate and/or how they apply to the overall context.
50	Adequate: An Adequate response is one which just meets the requirements and/or is not particularly strong with respect to the quality of the supporting evidence. Either that and/or the response, whilst adequate, is not strong in terms of demonstrating a relevant understanding within the broader context of the overall requirement. Whilst the points highlighted in the guidance notes have been addressed to an extent, this is either weakly or not in a manner which clearly articulates how the key individual points interrelate.
75	Good: A Good response that meets the requirements with good supporting evidence. Demonstrates good understanding within the broader context of the overall requirement. The majority, but not all, of the points highlighted in the guidance notes have been covered well in a manner which demonstrates how the key individual points interrelate.
100	Excellent: An Excellent comprehensive response that meets the specific requirements very well. All the points highlighted in the guidance notes have been covered extremely well in a cohesive manner. It is considered an excellent response with detailed supporting evidence and no weaknesses, resulting in a high level of confidence.

2.4 The price will be evaluated using the following criteria:

<p>The calculation that will be used to determine marks is as follows:  The maximum score available for price is 100  This maximum score will be awarded to the tender with the lowest price</p> <p>The remaining tender responses will receive a mark based on the amount by which their price deviates from the lowest price, and which will be calculated as follows:</p> $\text{Cost Score} = n\% * \frac{(\text{lowest price} * \text{Scaler}) - \text{price}}{(\text{Scaler}-1) * \text{lowest price}}$ <p>Where:  Scaler = 2  A negative calculation attracts a score of zero (0%)</p> <p>NHS England reserves its right to seek clarification where it believes the price is abnormally low, and to reject tenders where the evidence supplied does not satisfactorily account for the low level of the price proposed.</p>
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