

Invitation to Tender

Financial modelling person-centred care for people with long-term conditions and multi-morbidity

1 Introduction

The Coalition for Collaborative Care and NHS England are seeking submissions from organisations with the capability to develop and apply an approach to evaluate the financial case for person centred care (PCC) for people with specific, single long-term conditions (LTCs) and those with multi-morbidity.

The lack of a robust financial case is often cited as a barrier to changing commissioning and clinical practice to provide person-centred care for people with long-term conditions. This work will focus on financial modelling PCC for people with either a specific single long-term condition or multi-morbidity, estimate the opportunity for improving value through PCC, and develop practical and simple guidance and supporting resources for commissioners and providers.

This Invitation to Tender (ITT) was originally issued with a deadline of 21 December 2015; however no suitable applications were received. Based on feedback from potential suppliers, we recognise that this was due largely to Christmas holidays making it challenging to prepare bids within this time frame. This ITT is substantively the same as the previous ITT but has been updated to reflect new timings and strengthening the links with the Realising the Value programme, which is separate but closely aligned. For example, see the Realising the Value ITT for specialist economic support which closes on 11 January 2016.

The maximum value of the grant is £100k.

2 Background

People with long-term conditions use a significant proportion of health care services (50% of all GP appointments and 70% of days spent in hospital beds), and their care absorbs 70% of hospital and primary care budgets in England. There are 15.4 million people in England (over a quarter of the population) have a long-term condition, and an increasing number of these have multiple conditions (the number with three or more is expected to increase from

1.9 million in 2008 to 2.9 million in 2018). Recent research shows that 16% of the GP population with multi-morbidity account for 33% of all consultations. Therefore, the spend on LTCs is likely to increase significantly over time.

There is consensus across policy makers (including government, arms-length bodies, think tanks and voluntary sector organisations) that better long-term condition management, particularly for people with multiple long-term conditions, means moving from the current conditions-based approach to person-centred based approach which can more effectively and efficiently deliver the goals of patients and their families.

Whilst these approaches are gradually making traction and have delivered benefits in some local health economies, this policy consensus has not resulted in widespread changes in commissioning and clinical practice that might have been expected. Based on discussions with commissioners, this is largely due to the costs and benefits of introducing person-centred approaches being more complicated to evaluate than, for example, the conventional conditions based approach.

3 Why is this important and what benefits will it provide

The expected benefits include:

- Support commissioners to estimate the opportunity for improving value through PCC for specific cohorts and/or conditions
- Support commissioners to develop robust business case development for introducing PCC
- Support the implementation of PCC through development of practical and simple guidance and supporting resources for commissioners and providers.

4 Deliverables and expected approach

The project will complete on or prior to 31 March 2016.

Deliverables should feature as a minimum:

- Developing a model to estimate the costs and benefits of introducing person-centred care approaches to people with specific LTCs and multi-morbidity within a local health economy. (Applications should include the proposed cohorts or LTCs the work would

cover and the rationale – the final list will be agreed with The Coalition for Collaborative Care and NHS England prior to the work commencing)

- Developing a model or augmenting the model above to allow the impact from future changes to population characteristics to be estimated
- Developing practical and simple guidance and supporting resources for commissioners and providers, ideally including a small number of case studies
- A report, by end March 2016, providing an overview of the findings and identified priorities for future work.

5 Guidance for submissions

The Coalition for Collaborative Care and NHS England expects all submissions to address the issues highlighted below in sections 6, 7 and 8; this will form part of the scoring framework. Project plans, including engagement with stakeholders, and concurrent risk matrix and mitigation framework will be required.

There is no formal or set template for applications.

6 Interfaces and dependencies

Bidders must demonstrate how they will ensure draw on and not duplicate emerging and existing sources including in particular NHS England's Right Care and Realising the Value programmes.

It is expected that bidders will demonstrate understanding of the landscape of interdependencies for PCC including work with social care, local government, and the voluntary sector.

7 Resources

The successful bidder will work closely with the nominated project leads at The Coalition for Collaborative Care and NHS England to agree the specific LTCs that will be covered as well as a definition for the multi-morbidity group (e.g. number of LTCs).

8 Information for applicants

The deadline for applications is Monday 25 January 2016 and a decision on the successful bid will be made by the week commencing 1 February 2016

Applicants will be scored against the criteria below.

Category	Criteria	Weighting
Quality	<p>Essential Criteria:</p> <ul style="list-style-type: none"> The supplier will demonstrate a clear approach to how they will conduct the exercise providing clarity on their anticipated timescales and the resources they will be offering to complete this The supplier will demonstrate a track record of delivering high quality work within budget and tight timescales <p>Desirable Criteria:</p> <ul style="list-style-type: none"> The supplier will demonstrate previous experience of working within the healthcare industry and preferably with the NHS 	50%
Value	<ul style="list-style-type: none"> Consideration will be given to an innovative approach and value for money Total costs should not exceed £100,000 	50%

Other requirements:

Description	
Service delivery dates	The project will complete on or prior to 31 March 2016.
Delivery requirements	The supplier will deliver the project in one continuous period and it will not be phased
Project management	The supplier will be required to provide clear project management details including: key dates/times and key milestones
Assurance requirements	Bids should include contact details for references from other public sector grant awarded bodies and audited accounts for the last 3 financial years

9 Evaluation

The purpose of evaluation in the procurement process is to establish which supplier(s) have submitted the best quotation; ensuring that the assessment applied is dealt with in a transparent, fair and consistent manner so that an effective comparison can be made.

C4CC and NHS England reserve the right to accept or reject all or any part of the quotation if you have failed to provide the information requested in this quotation or you have submitted any modification or any qualification to the terms and conditions of contract. C4CC and NHS England are not bound to accept the lowest priced, or any quotation, or guarantee any value or volume and shall not be liable for any costs you have incurred in the production of your quotation. Quotes will be evaluated on the following high level evaluation criteria:

- **Quality** 50% of the overall score
- **Value** 50% of the overall score

Scoring system

Responses to the quality questions will be given according to a pre-agreed scoring system 0-5 (see table below). Value will be evaluated based on the supplier’s ability to meet the quality requirements in or below budget. The scores for the sections are then added together to give a total score for the quotation response.

Score	Classification
5	A comprehensive answer with excellent detail and strong supporting evidence provided
3	A good answer with excellent detail and an acceptable level of evidence provided
1	A weak answer with little detail and little evidence provided
0	Little or no answer provided with little detail and/or no evidence provided

Applications and queries should be submitted to: ENGLAND.longtermconditions@nhs.net