

Invitation to Tender: Evaluating the impact of the CDRC Precision tool for lipid management in primary care



About the Eastern Academic Health Science Network

Our purpose is to turn great ideas into positive health impact.

We were established by the NHS to convene all partners in the health sector, to develop and deliver innovative solutions in health and care. Our focus is the East of England, but we are part of a national network which enables us to deliver at scale.

We believe citizens, academia, health services and industry will achieve more working together than they will in isolation. Our job is to make this happen. We do this by helping innovators to navigate complex systems, generate value propositions and connect stakeholders to overcome challenges together.

Introduction

This is an invitation to tender for evaluation services to understand the impact of the CDRC Precision case finding tool in primary care, in supporting quality improvement focused upon optimising care for patients with hypercholesterolaemia.

Eastern AHSN is seeking a suitably qualified supplier to provide evaluation services for this project.

The following table sets out the intended timetable for the submission of bids, their assessment and the conclusion of the contractual arrangements.

Deadline	Milestone
15 th November 2021	ITT published and issued to known suppliers
6 th December 2021	12pm deadline for applications to be received
10 th December 2021	Scoring of applications conclude, applicants notified by email, preferred supplier/s notified and due diligence begins
23 rd December 2021	Due diligence concludes, preferred supplier identified and Eastern AHSN sign MoU

This document sets out the lot available, the expected criteria suppliers should address in their bids, along with the timescale, methodology and process for submission, scoring and award.

Questions regarding this lot can be directed to jessica.garner@eahsn.org.

Background

The [NHS Long Term Plan](#) states that the biggest area where the NHS can save lives over the next ten years is in reducing the incidence of Cardiovascular Disease (CVD). All Academic Health Science Networks (AHSNs) in England are supporting a national programme to improve patient care and outcomes by effectively treating patients with hypercholesterolaemia. Case finding tools are used in primary care to identify: (a) patients at high risk of cardiovascular events whose treatment for high cholesterol could be improved; and (b) patients at high risk of the inherited condition familial hypercholesterolaemia (FH).

The aim of piloting the CDRC Precision case finding tool in an East of England primary care setting is to identify patients who are at high risk of a cardiovascular event, and whose lipids are not being optimised. This should in turn lead to increased prescribing of High Intensity Statins, Ezetimibe, and Bempedoic Acid as described by the NICE-endorsed [lipid management pathway](#), as well as detection of patients at risk of FH.

CDRC Precision

The Clinical Decision Resource Collaborative (CDRC) Precision tool is an NHS owned digital resource with dynamic templates that help guide and prompt clinical management in line with current best practice. Lipid management searches identify groups of patients who may benefit from a change in clinical management. Standardised referral information and letters are included, to improve communication, patient care and referral pathways. **The CDRC Precision tool will be piloted in one Primary Care Network (PCN) covering four GP practices in Suffolk.** More information about the tool is available here: <https://cdrc.nhs.uk/what-is-cdrc/cdrc-overview-page/>.

The expected benefits of using the CDRC Precision tool in primary care include:

- Patients at high risk of heart attack & stroke and who require lipid optimisation will be identified and treated.
- Patients receive information about their condition and how to manage it.
- Healthcare professionals have a more accurate list of high risk patients and save time as a result of using the tools.
- Healthcare professionals have a greater understanding of risk stratification tools, the lipid management pathway and criteria for referral to secondary care.
- The risk stratification tools identify patients affected by health inequalities.

Deliverables

It is expected that the evaluation team will produce a final report setting out:

- The experience and perceived impact on key stakeholders who are involved in using the tool;
- The impact of the tool on:
 - Identifying and managing patients with FH, compared to business as usual approaches
 - Identifying and managing patients requiring lipid optimisation, compared to business as usual approaches
 - Enabling healthcare professionals to implement the NICE-endorsed lipid management pathway; and
- Any future recommendations for wider system roll-out.

Proposed methodology

The appointed supplier should develop a methodology that they deem appropriate, but it is anticipated that a qualitative evaluation methodology would be used primarily, to understand business as usual approaches compared with using the CDRC Precision tool. Some qualitative analysis of the impact on patient appointments, staff time and prescribing data may also be included.

It is anticipated that the supplier will work closely with Eastern AHSN and the key stakeholders involved in testing the tool to understand local challenges, identify key enablers and barriers to adoption in the longer term and make any recommendations for future successful adoption in other PCN/CCG areas. A PCN in Suffolk with four GP practices has been identified to take part in the pilot. Eastern AHSN and the PCN lead for the project will facilitate introductions to the GP practices for the purposes of the evaluation.

This should be considered service evaluation rather than research, and does not require approval by the Health Research Authority.

The methodology may include:

- Semi-structured interviews with healthcare professionals at four GP practices to:
 - map the current clinical pathway for lipid management and detection of FH; and
 - understand the impact of the CDRC Precision tool on identifying and managing patients with FH and those who require lipid optimisation.,
 - understand the acceptability of the tool to healthcare professionals, including any concerns or barriers to use.
- Quantitative data analysis to:
 - compare numbers of patients identified for lipid optimisation and/or FH testing before and after implementation of the tool; and
 - compare prescribing rates for lipid management before and after implementation of the tool.
- A workshop to bring all key stakeholders using the tool together, along with PCN/CCG representatives and Eastern AHSN, to present summary findings and consider key issues identified.

This should result in a final report and a slide deck summarising methodology and key findings delivered at the end of July 2022. Both outputs should be copy-edited and ready for publication.

Value

A budget of **£20,000** (excluding VAT) is available for this work. Precise funding agreements will be determined based on evaluation of the initial bid, and agreement of outcomes and deliverables.

Timetable

Below is an approximate outline timetable for this programme.

Milestone	Month
Project start	January 2022
Data collection complete	April 2022
Stakeholder workshop	June 2022
Final report delivered	July 2022

Reporting

During the project, the bidder will be required to report on the following areas:

- Early results as and when they arise
- Spend to date against projected spend
- Risk reporting,
- Progress reporting against anticipated milestones and key deliverables including via regular project meetings.

Assessment Criteria

You are required to respond to all of the quality criteria below using the response to tender form. 80% of the marks will be assigned against the quality criteria with the remaining 20% allocated against the financial proposal.

Scoring Methodology

0	The Provider is unable to fulfil the requirement or no response is received
1	The Provider is only able to partly fulfil the requirement
2	The Provider is able to fulfil the requirement
3	The Provider exceeds fulfilment of the requirement

Quality – weighted at 80% of total score	
The Provider has demonstrated that:	
Review Deliverables	1. All the objectives and products contained within the specification will be delivered.
	2. Comprehensive and suitable methodologies are proposed for all aspects of the work, with the rationale for each.
Capability	3. Project challenges have been identified and suitable mitigations proposed.
	4. Experience of undertaking a similar piece of work, delivered to timescale
	5. The availability of suitably competent staff who have relevant experience, evidenced by CVs
	6. An understanding and application of, data confidentiality and information governance issues.
	7. Able to deliver the report within the project deadline with a realistic timetable.
Price – Weighted at 20% of total score	
Price	<p>Price will be evaluated by the bid with the lowest price scoring 100 and all other bidder prices being expressed as an inverse proportion.</p> <p><i>For example, where maximum value for an opportunity is £60,000</i></p> <p><i>Bid A – Price £30,000 = scores 100</i></p> <p><i>Bid B – Price £40,000 = scores 90</i></p> <p><i>Bid C – Price £50,000 = scores 80</i></p> <p><i>Bid D – Price £60,000 = scores 70</i></p>

Checklist for bidders

This check list may be helpful in developing your bid but may not be exhaustive:

- Each bid states 'Evaluating the impact of the CDRC Precision case finding tool for lipid management in primary care + [bidder name]' as a foot note on each page

- Each bid is page numbered
- Price for the bid has been provided, is net of VAT and is not subject to any proposed discounting.
- Each bid excludes the cost of making a presentation to key stakeholders and Eastern AHSN on the findings.
- Each bid states the daily rate for the author and any associates and the number of days consumed in each element of the task.
- Each bid includes an overall timeline, broken down by task and milestone.
- Each bid includes CVs for the project team, outlining similar work previously undertaken.
- Each bid comes from the same organisation as the organisation which will submit the invoice for the report once complete, and the name of the invoicing organisation is clearly given
- Each bid states that the report will be delivered in Word.

Responses

We invite interested bidders to submit their response describing how they would deliver the described requirements within the timeframe and cost envelope.

Completed responses should be sent by email to jessica.garner@eahsn.org by noon on 6th December 2021.

If you have any questions on the invitation document or the deliverables, please contact jessica.garner@eahsn.org by 5th December 2021.

We will circulate all questions raised (without disclosing the source of the enquiry) and all responses to those contacted about this opportunity unless they are considered commercially sensitive. Our view on whether a question is commercially sensitive or not shall be final.

We reserve the right to carry out clarifications if necessary; these may be carried out via email or by inviting bidders to attend a clarification meeting. In order to ensure that both the Eastern AHSN and bidders' resources are used appropriately, we will only invite up to three (the ultimate number will depend on the closeness of scores) highest scoring bidders to attend a clarification meeting, should a clarification meeting be required.

Scores will be moderated based on any clarifications provided during this meeting. You are responsible for all your expenses when attending such meetings. Eastern AHSN reserves the right to vary all dates in this Invitation to quote, to terminate this procurement process and/or decide not to award a contract.