

# Invitation to Tender: Evaluation of the National Transforming Wound Care (TWC) programme



# Introduction

This is an invitation to tender for evaluation services to evaluate the first phase of the Transforming Wound Care (TWC) programme. The TWC programme aims to ensure all patients with lower limb wounds receive evidence-based care, in line with the [Recommendations for Lower Limb Ulcers](#) published by the [National Wound Care Strategy Programme \(NWCSP\)](#). Six Test and Evaluation Sites (TES) have been onboarded to implement the lower limb recommendations, each site based within one of six AHSN geographical areas with a plan to onboard an additional two sites in April, 2023. The evaluation of the first phase of the programme will aim to understand how the Test and Evaluation Sites have implemented the recommendations, including how the pathways have been implemented and the impact on clinical outcomes and to explore the implementation in each of the test sites. The evaluation in this first phase of the programme will aim to address the following evaluation questions:

1. How has the TWC pathway been implemented in different sites, including feasibility; level of fidelity; critical success factors; facilitators and barriers?
2. How has the TWC pathway impacted on key outcomes including wound healing rates and numbers of patients with lower limb wounds?

Eastern AHSN is the lead for the national AHSN Transforming Wound Care programme. 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   |
|--|---|
| Friday 10 <sup>th</sup> March, 2023        | ITT published and issued to known suppliers   |
| Noon Wednesday 22 <sup>nd</sup> March 2023 | Deadline for questions  |
| Friday 24 <sup>th</sup> March, 2023        | 12pm deadline for applications to be received   |
| Wednesday, 29 <sup>th</sup> March, 2023    | Scoring of applications conclude, applicants notified by email, preferred supplier/s notified, and due diligence begins |
| w/c 3 <sup>rd</sup> April 2023             | Due diligence concludes, preferred supplier identified, progression towards signing contract                            |

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. **A budget of £90,000 (exc VAT) is available to evaluate the programme.**

# TWC Programme Background

The Transforming Wound Care (TWC) programme aims to ensure all patients with lower limb wounds receive evidence-based care which leads to:

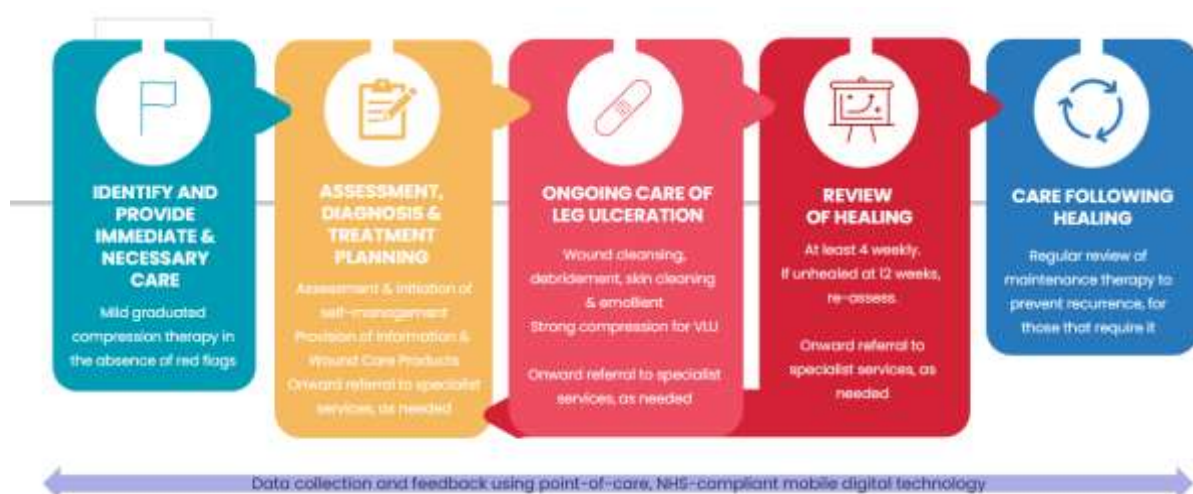
- faster healing of wounds
- improved quality of life for patients
- reduced likelihood of wound recurrence
- more effective use of health and care resources

The programme is based on the scale-up of the work of the [National Wound Care Strategy Programme \(NWCSP\)](#). In November 2020, the NWCSP published their [Recommendations for Lower Limb Ulcers](#) document, which is an evidence-informed set of recommendations to support excellence in treating people with leg and foot wounds to optimise healing and prevent recurrence. The NWCSP has 7 first tranche early implementation sites (FImpS) and PA Consulting has been commissioned to evaluate them (detailed evaluation due following the end of the project, April 24). The [interim evaluation highlight report](#) is available on the NWCSP website. The TWC programme will support up to 8 additional early adopter sites (Test and Evaluation Sites) onboarded over two phases, to implement the Recommendations for Lower Limb Ulcers.

The objectives of the AHSN programme are to:

- Use the AHSN network expertise in implementation, spread of innovation, quality improvement and patient safety to work with Integrated Care Systems (ICS) to develop models of implementation based on the NWCSP recommendations that reduce variation in lower limb wound care
- Support ICSs to test models of implementation that aim to reduce variation in lower limb wound care, raising the overall standards of care
- Support training and development of staff to ensure they have the capabilities to provide required care
- Support effective data collection and evaluation activities that enable learning capture and better understanding of how to effectively implement the NWCSP recommendations

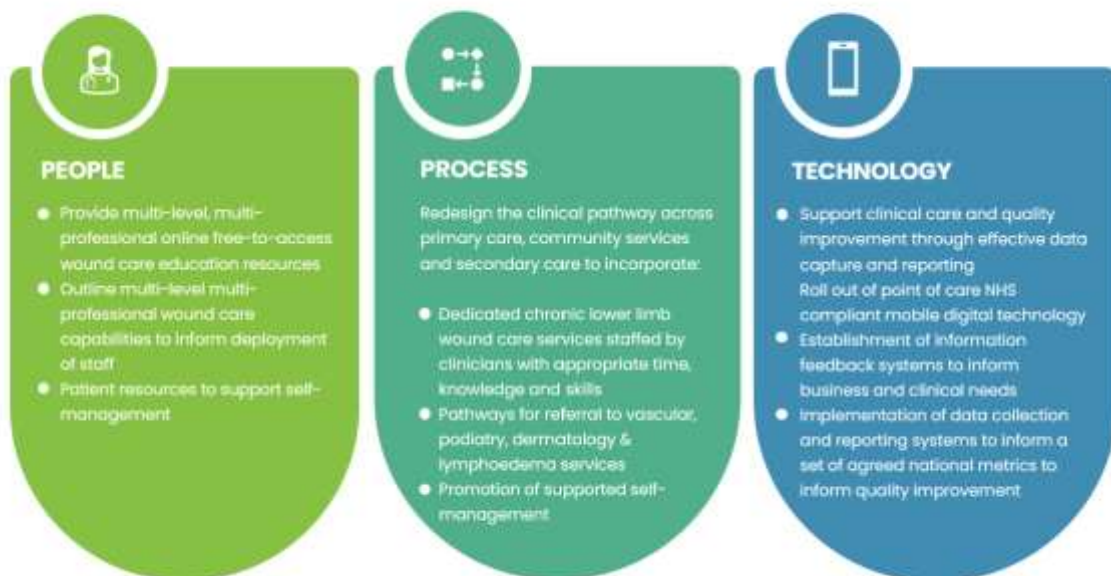
The clinical pathway is depicted below:



To enable the implementation of the clinical pathway, three key enablers are considered; People, Process and Technology.

- **People:** to provide multi-level professional online free-to-access wound care education resources. Outline multi-level multi-professional wound care capabilities to inform deployment of staff and patient resources to support self-management.
- **Processes:** Redesign the clinical pathway across primary care, community services and secondary care to incorporate: dedicated chronic lower limb wound care services staffed by clinicians with appropriate time, knowledge and skills; pathways for referral to vascular, podiatry, dermatology and lymphoedema service; promotion of supported self-management.
- **Technology & design:** support clinical care and quality improvement through effective data capture and reporting, establishing information feedback systems to inform business and clinical needs. Implementing data collection and reporting systems to inform a set of agreed national metrics to inform quality improvement. Roll out point of care NHS compliant mobile digital technology.

## Fundamentals for Improving Lower Limb Care:



Work has been completed to develop a standard set of metrics that participating sites will report and will be pooled as part of the national monitoring and evaluation for the programme.

These will provide quantitative data on:

- Clinical outcomes (for example: number of patients healed by 12 weeks and number of patients healed by 24 weeks)
- Process measures (for example: number of patients receiving assessment and care in line with the NWCSP recommendations for lower limb care, and timescales to receive referral and assessment, uptake of digital wound management systems, uptake of Health Education England training modules)

Appendix 1 provides details of the standard metrics for the TWC programme. The standard metrics are reported monthly by each of the AHSN's Test and Evaluation Sites to Unity Insights Ltd who have been commissioned to collect and collate metrics for the national programme. These will be made available to the commissioned evaluators through SharePoint where data can be downloaded to the file hosting solution of the evaluator.

Six Test and Evaluation Sites, each within an AHSN geography, were onboarded within Q3 (September – December 2022) to the first phase of the programme. A second phase will commence in April 2023, where an additional 2 sites will be onboarded.

# Tender Deliverables

The evaluation will assess how the Test and Evaluation Sites implementing the NWCSP Recommendations for Lower Limb Ulcers has impacted outcomes, including cost effectiveness, and how the recommendations have been implemented in different sites.

## ***Proposed methodology***

To facilitate understanding at local level whilst being able to pool findings to evaluate at national level, it is critical that the evaluation adopts an approach that will generate data related to process measures and contextual factors. As implementation has occurred at a number of sites, this will allow the evaluation to explore the contextual influences on adopting the NWCSP Recommendations for Lower Limb Ulcers in different settings.

The evaluation must focus on the following three evaluation questions:

### **1. How has the TWC pathway been implemented in different sites, including feasibility; level of fidelity; critical success factors; facilitators and barriers?**

To understand how the NWCSP Recommendations for Lower Limb Ulcers has been implemented in different sites, including feasibility, level of fidelity, critical success factors, facilitators and barriers, qualitative methods will be needed to ascertain how the pathway is working; how it is staffed; technology in use; whether the pathway is working as planned; and if changes have been made to the original plans and if so, why. This will require interviews and/or focus groups with key staff involved in delivering the pathway. The numbers and roles of staff interviews will depend on the staffing model in different sites, but the sample will need to be sufficient to provide a range of perspectives from different stakeholders. The TWC programme is built on the premise/recommendation of 1.7 whole-time-equivalent (WTE) staffing required to implement, combining implementation leadership (0.5WTE), clinical leadership (0.5WTE), education leadership (0.2WTE) and programme management (0.5WTE) and each site can allocate resource based on local decisions.

The qualitative evaluation of implementation will require the evaluation team to develop and agree with local staff, a logic model and/or pathway map to set out the local implementation of the NWCSP recommendations in each of the TESSs. This will facilitate identification and visualisation of the details of implementation – such as the technology adopted, local populations targeted and reached, and other inputs and activities specific to each site to understand how these may have influenced uptake of the TWC pathway. This should focus on the three enablers of the programme (people, process and technology). We expect logic model and pathway maps to be used in focus groups with stakeholders to reach a common understanding of the pathway in each TES, to support evaluation and help ensure that information is reported in a consistent format. The visualisation of the NWCSP recommendations into a Clinical Pathway is depicted above.

The framework for the qualitative data collection and analysis should be informed by an appropriate implementation evaluation framework – we recommend that a named framework is identified by the evaluators in their application.

As well as examining the experiences and views of professionals implementing the recommendations, we would also like the evaluation to examine feedback and experiences from users of the pathway. Given the variability in how each of the TES may implement the pathway, we will work with the evaluators to agree the best approach for this following appointment.

## **2. How has the TWC pathway impacted on key outcomes, including wound healing rates and cost effectiveness?**

To address how the implementation of the lower limb recommendations has impacted on outcomes including wound healing rates, the national metrics will be made available to the evaluators. This will enable them to build a picture of how each of the sites has adopted the programme's elements and will enable analysis and comparison of outcomes. For example:

- Pre- and post-analysis of percentage of patients healed by 12 weeks and percentage healed by 24 weeks in the Test and Evaluation Sites (TESs).
- There may be different options to evaluate change in healing rates such as:
  - Comparison of pre and post implementation data for patients in each site
  - Comparison with national averages/existing data sets

It is anticipated that baseline measures will be available for several of the standard reporting metrics to allow for some pre- and post-analysis. Alternatively, using baseline figures from [Guest \(2017\)](#) and [Guest \(2020\)](#) as has been done in the [NWCSP Implementation Case](#) is recommended.

It is imagined that cost efficiencies can be evaluated through improved healing rates and number of patients receiving supported self-management (metrics TWC 011A, 011B, 012), which will indicate both a cost-saving and carbon-saving, aligning to the [NHS England Greener NHS agenda](#) of aiming to be the world's first net zero national health service.

In making the national metrics available to the evaluators, we aim to remove the need for further primary data collection of outcome measures whilst enabling mixed methods approaches to be applied. The qualitative evaluation to understand implementation should be developed in such a way as to help explain and explore findings from the outcome measures.

## **3. How has the TWC programme impacted on health inequalities.**

AHSNs embed a consideration of Health Inequalities in all our work, including access to care, access to treatment and health outcomes), and the evaluators need to provide a paragraph to explain how they will explore Health Inequality in the evaluation.

### **Reporting requirements**

A final evaluation report in Word is the primary requirement. The final report should be copy-edited and ready for publication. In addition, an executive summary slide deck is required that summarises the methodology and key findings and can be used to share the key learning from the evaluation with stakeholders. The evaluation report will be used to influence decision makers and policy makers as to the benefits of ongoing funding support to more broadly spread the programme and influence future commissioning guidance, based on the anticipated outcomes and impact for patients, staff and services.

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, and,
- Progress reporting against anticipated milestones and key deliverables including via regular project meetings.

## Risks, assumptions and dependencies

### Project risks in relation to evaluation

| Risk description  | Mitigation strategy   |
|---|---|
| All sites have had difficulty consistently accessing data for all metrics | A metrics meeting is held for all test and evaluation sites monthly to support sharing of best practice and improved flow of data is occurring month on month |
| Engagement of site staff with the qualitative evaluation                  | All sites have been well engaged with the programme to date, and have agreed to engage with the evaluation as part of the onboarding process and MOU          |

### Project assumptions

- Each of the test sites will submit the metrics in a standardised format, including base line data and this will be made available to the evaluators.
- Each of the test sites will engage and support the evaluators to identify key staff and they will be willing to participate in the qualitative interviews or focus groups.

## Value

A budget of **£90,000** (excluding VAT) is available for this work. 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                                 | 01 May 2023      |
| Evaluation framework and protocol agreed      | 01 June 2023     |
| Analysis completed and draft report submitted | 01 February 2024 |
| Final report submitted                        | 04 March 2024    |

# Reporting Assessment Criteria

You are required to respond to all of the quality criteria below. 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                          |

| <b>Quality – weighted at 80% of total score</b> |  |
|---|--|
| 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.  |
| <b>Price – Weighted at 20% of total score</b>   |  |
| Price   | Scores for price are based on the following method: Normalised price score = (lowest tender price x 10 tender price)/tender price<br>(Note that the lower the price, the higher the score) |

### Checklist for bidders

- Price for the bid has been provided, is net of VAT and is not subject to any proposed discounting.
- 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.

### 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 [rebecca.whitting@eahsn.org](mailto:rebecca.whitting@eahsn.org) by noon on Friday 24<sup>th</sup> March 2023.**

If you have any questions on the invitation document or the deliverables, please contact [rebecca.whitting@eahsn.org](mailto:rebecca.whitting@eahsn.org) by noon Wednesday 22<sup>nd</sup> March 2023.

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. Questions are being added as Appendix 2 and will be circulated by email with a link to the updated document.

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. 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.

### Appendix 1: Metrics

| <b>Metric Index Number</b> | <b>Metric description</b>   |
|----------------------------|---|
| TWC 001A/B                 | Number of patients currently on the caseload in primary care/ community services  |
| TWC 002A/B                 | Number of patients referred for new assessment of foot/ lower leg wound   |
| TWC 003A/B                 | Number of patients with a lower leg/foot wound receiving full assessment in line with NWCSP lower limb recommendations  |
| TWC 004A/B                 | Number of patients with lower leg/foot wound receiving full care in line with NWCSP lower limb recommendations  |
| TWC 005/6 (AMB/ )          | Average number of days between date foot/ lower leg wound was identified and referral date for initial assessment   |
| TWC 007/8 AMB              | Average number of days between referral for assessment and initial full assessment for patients with foot/ lower leg wound  |
| TWC 009                    | Proportion of adult patients with a lower leg wound without NWCSP 'Red Flag Symptoms' being treated with first line mild graduated compression at first contact                                     |
| TWC 010                    | Proportion of adult patients with a lower leg wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected, being treated in strong compressions (40mmHg) |
| TWC 011A                   | Number of patients healed at 12 weeks   |
| TWC 011B                   | Number of patients healed at 24 weeks   |
| TWC 012                    | Number of patients receiving supported self-management  |
| TWC 013A/B                 | Number of staff who have completed HEE training modules (tier 1/2)  |
| TWC 014                    | Number of active patients within the wound management digital system  |
| TWC 015                    | Number of active staff within the wound management digital system   |

## Appendix 2

Questions raised on or before 16 March, 2023, regarding the ITT.

**1. Clarification on date submission (due to conflicting dates in original ITT document).**

- a. Dates have been updated within the document and submission deadline is Friday, 24<sup>th</sup> March at noon, as per table below.

|  |   |
|--|---|
| Noon Wednesday 22 <sup>nd</sup> March 2023 | Deadline for questions                        |
| Friday 24 <sup>th</sup> March, 2023        | 12pm deadline for applications to be received |

**2. Page 6 of the ITT states, 'You are required to respond to all of the quality criteria below using the response to tender form.' There isn't a form available to download on the ITT webpage or embedded in the document.**

- a. This wording has been removed; all evaluators can submit their bid using a format of their preference.

**3. Is the scope of the evaluation 6 Test and Evaluation Sites (TES) or 8 sites (including the 2 news sites expected to come on board in April 2023)?**

- a. The scope of the evaluation is for all 8 sites, which will include the 2 sites to be onboarded in April 2023.

**4. Are these TES new sites or the same sites as the first tranche implementation sites (i.e. the FImps)?**

- a. These are new Test and Evaluation Sites; part of the Transforming Wound Care programme. They are entirely separate from the First Tranche Implementation Sites (FImpS), although they shared the same purpose of testing implementation of the NWCSP recommendations for lower limb ulcers.

**5. Is it possible to share the locations of the early adopter sites that this evaluation will cover?**

- a. The locations of the early adopter sites, and their supporting AHSNs are below.

| <b><u>Test and Evaluation Site</u></b> | <b><u>Supporting AHSN</u></b>  |
|--|--------------------------------|
| Bromley Healthcare                     | Health Innovation Network AHSN |
| Norfolk and Waveney ICB                | Eastern AHSN                   |
| Frimley ICB                            | Oxford AHSN                    |
| Cornwall and Isles of Scilly ICB       | South West AHSN                |
| Lincolnshire ICB                       | East Midlands AHSN             |
| Sussex ICB                             | KSS AHSN                       |

**6. On page 4, you mention that you “would also like the evaluation to examine feedback and experiences from users of the pathway”. By “users” do you mean patients or frontline clinical staff?**

a. Users could include both patients and staff.

**7. In what format will the metric data be available? You say it will be “standardised”? Is there a formal, agreed tool for collecting this data?**

a. The metric data is collected using an Excel spreadsheet template and submitted each month to Unity Insights.

**8. How often is this metric data reported in? is there a regular reporting cadence?**

a. Data is reported monthly. The current timetable for sites to submit is detailed below, and includes the dates for the metrics meetings which run each month to discuss the data submissions between sites.

| <b>Submission Date</b> | <b>Data period completed</b> | <b>TES Metrics Meeting</b> |
|------------------------|------------------------------|----------------------------|
| -                      | -                            | #1 17/11/22                |
| 25/11/2022             | 01/10/2022 - 31/10/2022      | #2 08/12/22                |
| 16/12/2022             | 01/11/2022 - 30/11/2022      | #3 05/01/23                |
| 20/01/2023             | 01/12/2022 - 31/12/2022      | #4 02/02/23                |
| 24/02/2023             | 01/01/2023 - 31/01/2022      | #5 02/03/23                |
| 24/03/2023             | 01/02/2023 - 28/02/2023      | #6 06/04/23                |
| 21/04/2023             | 01/03/2023 - 31/03/2023      | #7 04/05/23                |

**9. We note that your ITT timetable extends from 1 May 2023 to 4 March 2024. Would you be open to an alternative approach, with a shorter timescale?**

a. Each supplier should provide details of their approach and timetable.