

## **Procurement Guidance**

**The provision of nutrition supply services including feeds, pumps, consumables, home delivery and associated support services.**

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## **Introduction**

The National Enteral Feeds Advisory Group was convened in 2000 by the NHS Purchasing and Supply Agency to support its role in providing appropriate and effective guidance and strategic advice to the NHS in England on all matters relating to the purchasing and supply of enteral tube feeds, oral nutritional supplements and associated products and services. The Group is facilitated and chaired by the Commercial Medicines Unit (formerly the Pharmaceutical Directorate of the NHS Purchasing and Supply Agency), Department of Health.

The British Specialist Nutrition Association (BSNA) Ltd is the trade association representing the manufacturers of products designed to meet the nutritional needs of individuals at different life stages or with specific health requirements. The UK Medical Nutrition Executive (MNE) is a specific member group of the BSNA. The member companies of the MNE are Abbott Nutrition, Fresenius Kabi, Nestle Health Science and Nutricia Advanced Medical Nutrition.

This guidance document has been developed and approved by the National Enteral Feeds Advisory Group and is supported by the Medical Nutrition Executive.

Tendering for nutrition supply services can be considered a complex and significant undertaking, involving collaboration from a wide range and diversity of stakeholders. This guidance is intended to support procurement groups / clinicians throughout the process.

The aim of this document is to define best practice with regard to the procurement of nutrition supply services across the whole health economy and outlines the twelve key steps to be followed in order to drive forward a best practice agenda for successful procurement - Figure 1.

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The NHS in England currently has approximately 38,000 patients being supported on enteral feeding across primary and secondary care. The market is worth approximately £240 million per annum with approximately £89 million spent on tube feeds and £151 million spent on oral nutritional supplements (ONS) – (data produced by NHS Prescription Services 2012/13).

The market is considered discrete and specialist with only a limited number of suppliers. Although all companies providing products and services in England have offices, distribution and storage in the UK, the majority of feeds are made in the EU, including some in the UK. Certain suppliers source a small volume of feed from China and the USA. It is therefore essential that supply chain issues are addressed in the tender documents to ensure contingency plans are appropriate for the volume of contracted business.

## UK Suppliers

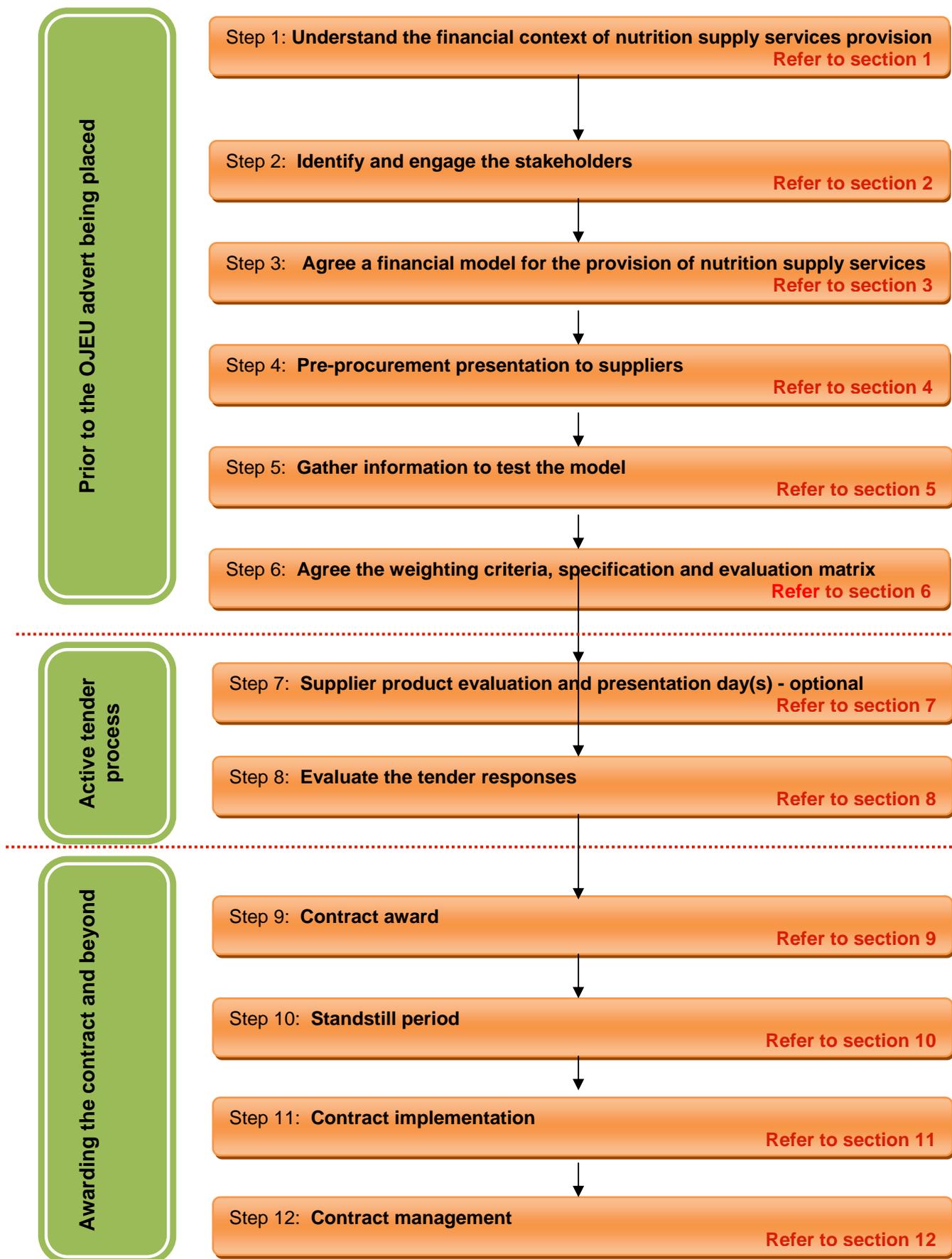
Company	Products and services provided
Abbott Laboratories Ltd <a href="http://www.abbottnutrition.co.uk">www.abbottnutrition.co.uk</a>	Adult and paediatric nutrition products (enteral feeds, oral nutritional supplements), enteral feeding pumps and consumables, home delivery and associated support services.
Fresenius Kabi Ltd <a href="http://www.fresenius-kabi.co.uk">www.fresenius-kabi.co.uk</a>	
Nutricia Advanced Medical Nutrition * <a href="http://www.nutricia.co.uk">www.nutricia.co.uk</a>	
Nestle Health Science <a href="http://www.nestlehealthscience.co.uk">www.nestlehealthscience.co.uk</a>	Adult and paediatric oral nutritional supplements and specialist feeds
AYMES International Ltd <a href="http://www.amyes.com">www.amyes.com</a>	Adult oral nutritional supplements
Nualtra Ltd <a href="http://www.nualtra.co.uk">www.nualtra.co.uk</a>	
Foodlink <a href="http://www.foodlinkltd.co.uk">www.foodlinkltd.co.uk</a>	
Nutricia Metabolics * <a href="http://www.nutricia.com/products">www.nutricia.com/products</a>	
Vitaflo <a href="http://www.vitaflo.co.uk">www.vitaflo.co.uk</a>	Adult and paediatric specialised nutrition products
SMA Nutrition <a href="http://www.smanutrition.co.uk">www.smanutrition.co.uk</a>	Specialised infant formulas
Mead Johnson <a href="http://www.meadjohnson.co.uk">www.meadjohnson.co.uk</a>	
Aptamil * <a href="http://www.aptamil.co.uk">www.aptamil.co.uk</a>	
Cow and Gate * <a href="http://www.cowandgate.co.uk">www.cowandgate.co.uk</a>	
Covidien <a href="http://www.covidien.com">www.covidien.com</a>	Feeding pumps, consumables and a home delivery service

N.B. \* Companies within the Danone Group.

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**Figure 1: 12 Best practice steps for the successful procurement of nutrition supply services**



## Section 1: Understand the financial context of nutrition supply services provision.

### Golden Rules

- Ensure that all relevant stakeholders fully understand the financial context of the contract that must be applied to the proposed tender exercise
- Agree and ensure a whole health economy approach

1.1 The following products and services may be covered by the contract:

- Secondary care: Feeds (which may include tube feeds, specialist feeds and oral nutritional supplements), enteral feeding pumps and associated consumables (e.g. plastics and possibly ancillaries).
- Primary care: Enteral feeding pumps, associated consumables (e.g. plastics and possibly ancillaries) home delivery and associated support services.

**Feeds (which may include tube feeds, specialist feeds and oral nutritional supplements) in primary care do not form part of the contract if prescribed via the FP10 route. The feed only becomes part of the contract if the tender requires the feed to be procured via the non FP10 route – see Section 3.**

**Note: The inclusion, within the tender documents, of requests to procure the feed in primary care via the non FP10 route are subject to legal review and may be vulnerable to legal challenge. This is not a subject on which the Department of Health is currently in a position to give guidance.**

1.2 Currently the service requirements of the tender are usually provided at no cost (however the cost has to be absorbed by the companies) to provider services and commissioning organisations and may include:

- A homecare delivery service which delivers to patient's homes and alternative venues e.g. special schools, on a once or twice monthly basis
- Holiday delivery service for home patients – UK and International
- Company patient co-ordinators to manage stock control
- Company nursing services
- Help lines for patients and health care professionals which may include cover outside normal office hours
- Ongoing staff and patient training
- Feeding pumps for secondary and primary care. Some home patients may request more than one pump
- Maintenance of feeding pumps
- Literature associated with the service provision
- Multi-lingual literature and support
- Electronic patient registration systems required to transfer patient information between the trusts and the supplier to permit the supply of items within the community

1.3 Outside the core specification there are increasing requests by provider services and commissioning organisations for additional services, for example:

- IT / monitoring systems
- Salaried posts including travel allowance and on-costs

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- Funding for HCP education and sponsorship of training and development
- Rebates on the value of the FP 10 spend

**Note: The inclusion, within the tender documents, of requests for rebates on the FP10 value of enteral tube feed and / or oral nutritional supplements are subject to legal review and may be vulnerable to legal challenge. This is not a subject on which the Department of Health is currently in a position to give guidance.**

1.4 Over the last few years, the usage in secondary care in terms of financial value has become relatively small as, currently, feeds and plastics are supplied for a nominal amount. In primary care, whilst plastics are also supplied for a nominal amount, the FP10 value of the feed has continued to grow.

1.5 The main feature of a nutrition supply services contract is the service specification. Historically, the service element of the contract and the 'loss leading' on the product has been financed by the value of the FP10 tube feed in primary care. However, due to increasing demands for and / or offers of higher service levels it is now increasingly necessary for the value of the oral nutritional supplements in primary care to subsidise these demands.

1.6 If a company is awarded the tube feed business in secondary care, the patient will usually be discharged on that feed, especially when the same company has been awarded the pumps and home delivery service. Once the patient is at home however, the duty of care passes from the Trust to the GP, the feed is prescribed via the FP10 route and, whilst the feed prescribed is usually the same product that was prescribed in the hospital, that feed is not part of the contract.

1.7 Patients who are discharged from hospital with a supply of oral nutritional supplements may request further supplies from their GP. Oral nutritional supplements prescribed on FP10 are not part of the contract and there is no commitment for the GP to prescribe the same product.

1.8 However, there has been an 'assumption' that there would be a 'follow through' of feed products and this 'assumption' has been used to forecast the 'budget' when bidding for the contract. **This assumption cannot be made.** Contracts awarded for feed products to be used in secondary care cannot influence prescribing in primary care.

1.9 Increasingly, commissioning organisations and provider services are looking to improve malnutrition management whilst realising cost savings or cost avoidance. This may mean managing the demand for ONS through appropriate prescribing policies. An organisation's position on these issues should be made known to the suppliers prior to the issue of the tender – see Section 4.

1.10 It is important to note that due to rises in food and fuel prices, as well as the increase in ONS demand management initiatives, which have the potential to lead to a decrease in the use of ONS, suppliers are unlikely to maintain the nominal charges currently being made. Provider services and commissioning organisations will need to be prepared to either increase budgets or further control the use of these products and services.

1.11 This complex procurement model has led to inequality in the distribution of cost across primary and secondary care. It is essential that the relevant stakeholders from both sectors are involved with the procurement process and have a clear understanding of the costs and benefits of the contract. A whole health economy approach must be considered.

1.12 Care must be taken to ensure all potential costs to the NHS (i.e. equipment, maintenance and staffing) are included in calculations as these represent substantial investment by suppliers. It is essential that a fair and transparent contract is implemented to ensure one sector is not benefiting significantly more than another.

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## Section 2: Identify and engage the stakeholders

### Golden Rules

- Identify all participating provider services and commissioning organisations – written confirmation of involvement must be obtained prior to publication of the tender in OJEU
- Identify the awarding authority from provider or commissioning services – written agreement must be obtained from all participants
- Framework (no commitment) agreements are unsuitable for the provision of nutrition supply services
- The optimum number of home tube fed patients used to determine the level of contracting should not exceed 700

2.1 The procurement of essential products and services must be an integrated process across all local NHS stakeholders to ensure the best possible quality and productivity outcomes (aligned to QIPP). Prior to the onset of the tender process an initial scoping meeting should be held for all relevant stakeholders to agree all aspects of the proposed procurement process – as outlined in sections 2.2 to 2.16.

2.2 Identify all participating provider services and commissioning organisations. Written confirmation of each organisation's commitment to the tender process must be obtained prior to the commencement of the procurement with the publication of the Official Journal of the European Union (OJEU) notice. It is essential that all beneficiaries of the contract are clearly identified at the OJEU stage. Additional contracting authorities cannot be added at a later date.

2.3 The 'lead' authority in managing the procurement and who will be designated as the awarding authority in the OJEU adverts should be identified. Written acceptance of the 'awarding authority' should be obtained from all participating organisations.

2.4 Each participating organisation should follow internal financial instructions in seeking written agreement to be part of the tender process.

2.5 It is strongly recommended that home tube fed patient numbers should be used to determine the level of contracting and that the ideal home patient number should not exceed 700. If the tender is to be issued by a consortia and the number of home patients exceeds the recommended number, the consortia should consider tendering on behalf of 'clusters' of organisations within the group.

2.6 To ensure patient safety and appropriate clinical controls where services in addition to the actual provision of the feed itself are requested, framework (no commitment) agreements are not considered suitable for the procurement process. Suppliers will need realistic /identifiable volumes of business to support the whole supply chain and patient care process. Frameworks are liable to produce artificially higher prices to insure against lack of commitment by organisations.

2.7 Establish the current contract timescales and service provision. Identify future service provision (in general terms).

2.8 Agree the award option(s) to be included within the tender documentation in multi-organisation projects - for example: exclusive contract award only; facility to award by groups of participating organisations but not necessarily all participating organisations; facility to award by individual organisations; facility to split the award i.e. product ranges, service, etc by its different elements. Offer documents must make clear what is expected of the bidder and price schedules must reflect, with appropriate, accurate data, the award option(s) included within the tender documentation. Each award option must include clearly defined criteria / sub criteria and weighting relevant and specific to that award.

2.9 Models which involve splitting the products and service provision between different suppliers, for example across different feed categories or different patient groups, require detailed specification. Extra consideration needs to be given to areas of product and / or service overlap to ensure clarity is provided regarding supplier expectations.

2.10 The geographical area to be covered, including any cross-boundary issues.

2.11 The period of the contract – a period of three years with the option to extend for a further period of up to two years is recommended: the legal maximum period is seven years in total.

2.12 Agree the timescales to be incorporated into the project. At least 18 months should be allowed from the start of the process to the start of the new contract (and at least 24 months if organisations are considering changing their procurement model). This period may need to be extended depending upon:

- The number of organisations and stakeholders involved and their availability for attending meetings
- The complexity of the service provision and the time required to gain agreement on the specification and evaluation criteria
- The authorisation procedures required by each of the participating organisations at the various stages of the process and the timescales involved
- The lead time for the organisations post-adjudication authorisation period to be completed (which will include a minimum of 10 calendar days for the stand-still period to allow for a possible challenge)
- A period of at least three months (for the possible change over to a new supplier) should be allowed after the contract award. Contracting authorities must ensure that timetables take this issue into account
- Where the number of home tube fed patients exceeds 700 patients, consideration should be given to allowing additional time for change-over. Extra care should be taken to ensure that all key stakeholders are sufficiently engaged in the process due to the added complexities involved
- Sufficient key staff from the participating organisations must be available to support the change-over as required
- Suppliers are not obligated to extend contracts under their current terms beyond the original term of the contract (with extensions). It is important to note that if organisations are not ready to implement the new service by the contract start date, suppliers may revert to list price until the situation is resolved

2.13 Identify any specific clinical stakeholders required to proceed with the contract (e.g. adult / paediatric / mental health).

2.14 Identify and agree the financial and budgetary criteria that are to be applied to the contract for its full duration. This will be particularly relevant if consideration is to be given to taking the supply of products off the FP10 prescription route.

**Note: The inclusion, within the tender documents, of requests to procure the feed in primary care via the non FP10 route are subject to legal review and may be vulnerable to legal challenge. This is not a subject on which the Department of Health is currently in a position to give guidance.**

2.15 Identify the budget holders for each element of the contract – within all participating provider services and commissioning organisations. Identify the budget holders if there are any non-NHS elements included within the contract e.g. care homes, private hospitals.

2.16 Agree the project team / sub-group structure, membership and task allocation to be set up for each stage of the process under the direction of Nutrition and Dietetics facilitated by the procurement department. Consideration will need to be given to the representation of the various stakeholders and this may depend upon local circumstances – Table 1.

2.17 Patient participation and involvement in the process is considered important and every attempt should be made to consult with users and define 'expert patients' and / or a public governor of a Foundation Trust, who can be involved throughout the tender exercise.

Recommendations for patient involvement can be found on the PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy) website [www.pinnt.co.uk](http://www.pinnt.co.uk).

**Table 1: Suggested representation of the tender sub-group**

The sub-group will be responsible for allocating tasks and timescales for each stage of the tender process. It is suggested that 2-3 representatives from each participating organisation be nominated to the tender sub-group.

Trust name: _____	
Representative from:	Name & contact details
Adult and paediatric dietetics	
Adult and paediatric nursing	
Adult and paediatric medical i.e. GP or consultant	
Adult and paediatric patients / carers	
Trust Caldicott Guardians / Information Governance	
Infection control	
Medicines management Pharmacy	
Community bedded services	
Medical engineering department	
Finance department	
Budget holders	
Procurement department	
Catering department	

## Section 3: Agree a financial model for the provision of nutrition supply services

### Golden Rules

- Ensure robust financial modelling and a feasibility study has been carried out when considering different procurement models
- Ensure all key stakeholders are clear about the financial and clinical risks of all models and written agreement is obtained from all key stakeholders

### The On FP10 Model

The following products are covered by the contract:

- Secondary care: Feeds (which may include tube feeds, specialist feeds and oral nutritional supplements), enteral feeding pumps and associated consumables (e.g. plastics and possibly ancillaries)
- Primary care: Enteral feeding pumps, associated consumables (e.g. plastics and possibly ancillaries) home delivery and associated support services.
- **Feeds: (which may include tube feeds, specialist feeds and oral nutritional supplements) in primary care do not form part of the contract if prescribed via the FP10 route.**

3.1 Although tube feeds and / or ONS for patients in the community cannot be deemed to be inherently part of the contract (if dispensed using an FP10), it has to be recognised that the bulk of the spend will be incurred by primary care. It is essential that relevant stakeholders from both provider services and commissioning organisations are part of the procurement process and involved in all aspects of prescription and financial management.

3.2 It is essential that all relevant stakeholders are aware of the potential clinical and financial implications of the proposed model and written consent is obtained from **all** budget holders (see Section 2).

3.3 Prescription management must be taken into consideration. The patient **must** be discharged with sufficient supply of feed on TTO's (to take out) in accordance with local policy / recommendation (7 - 14 days supply of product) to ensure that the initial delivery is only made on receipt of the FP10.

3.4 There is no legal requirement for a GP to issue an FP10 retrospectively for products that have already been supplied. The Invitation to Tender (ITT) should state that products will only be supplied on receipt of the relevant FP10.

3.5 It is essential to have processes in place within provider services and commissioning organisations to monitor the issue of FP10's, feed delivery, ePACT /supplier data information:

- Link discharge and supply of TTOs
- Clarify who generates the first prescription
- Wherever possible avoid requesting repeat prescriptions

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- Prescriptions submitted to the home delivery company must be used in sequence
- Improve accountability back to GPs for prescriptions issued
- Ensure that prescriptions for cancelled / failed deliveries are not presented to NHS Prescription Services

3.6 Services need to have a clear understanding of the tube feed and supplement usage across the locality. Partnership working with medicines management will enable provider services to identify usage by GP practice. Levels of ONS and home enteral tube feeds and associated costs need to be determined.

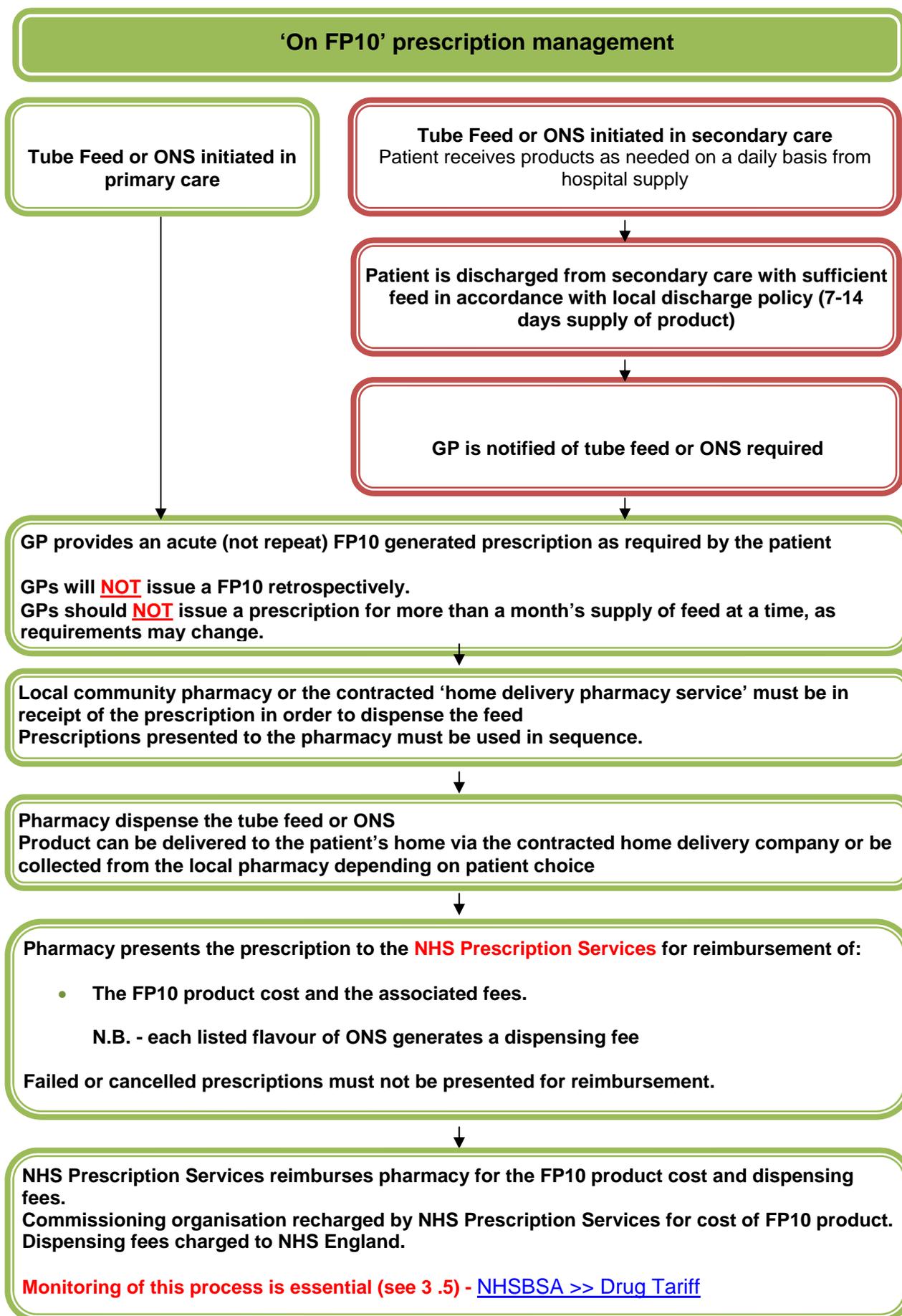
3.7 Usage of products must be audited to determine prescribing trends and profiles.

3.8 Robust nutrition support guidelines/protocols must be developed with medicine management and other key stakeholders. This must include care pathways for the use of ONS locally and criteria for the success of the project.

3.9 Local training programmes should be established and uptake monitored.

3.10 Clinical staff must be available to review patients receiving both tube feeds and ONS. This includes both dietetic and nursing review. However, clinical provision varies widely across the country and also between patients depending on their age and location.

Figure 2: 'On FP 10' prescription management



## **The Off FP10 Model**

**Note: The inclusion, within the tender documents, of requests to procure the feed in primary care via the non FP10 route are subject to legal review and may be vulnerable to legal challenge. This is not a subject on which the Department of Health is currently in a position to give guidance.**

The following products are covered by the contract:

- Secondary care: Feeds (which may include tube feeds, specialist feeds and oral nutritional supplements), enteral feeding pumps and associated consumables (e.g. plastics and possibly ancillaries).
- Primary care: Feeds (which may include tube feeds, specialist feeds and oral nutritional supplements), enteral feeding pumps, associated consumables (e.g. plastics and possibly ancillaries) home delivery and associated support services.

3.12 The Off FP10 model transfers the budgetary responsibility for tube feeds and ONS (if appropriate) to a unified budget which can be managed by either provider services and/or commissioning organisations.

3.13 The removal of feed from the FP10 model is a complex process and requires a significant amount of additional consideration and work prior to implementation. A robust model can reduce expenditure and improve patient care however, the system is not without financial risk and poor implementation could result in increased costs to the NHS. Accurate financial planning and robust record keeping are essential to mitigate risk.

3.14 The following points must be recognised and taken into consideration in order for a safe, efficient and robust system to be put into place:

- Written commitment is needed from Chief Executives/Directors of Finance of all provider services and commissioning organisations involved in the tendering exercise prior to publication of the OJEU notice
- Written agreement for any savings made to be re-invested in the service must be obtained: predicted growth in the existing service must also be taken into account
- GPs, other prescribers, community pharmacists must be in agreement
- All current budgets/budget holders must be identified and agreement reached as to how the unified budget will be managed
- Usage data for feeds, plastics, ancillaries must be accurate. Accurate community data (broken down to pack size) must be available. ePACT data is not always sufficiently accurate for this purpose
- There must be sufficient staff (dietetic and administration) to manage the extra workload i.e. replacing the mechanics of the FP10 route
- The commissioner of the service will need to produce a voucher/order (to replace the actual FP10 form) and agreement must be sought to ensure that community pharmacies in the locality will honour its' use
- A system for processing the returned vouchers/orders and for reimbursing community pharmacists/wholesaler/supplier must be established locally by the commissioner

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- Protocols must be agreed to ensure that the 'prescribing' of feeds is within a legally binding framework in order to assure patient safety
- A robust database and IT support is essential to replace and maintain the mechanism of the FP10 route. A system must be in place to record the spend on products as ePACT delivery data will be lost
- Hidden costs e.g. stationery, postage, dispensing fees must be considered

3.15 Agreement must have been reached on these issues and a formal signing up process undertaken by all provider services and commissioning organisations before the procurement exercise can commence. It should be noted that due to the complexity of the new service this can take up to two years.

3.16 Services need to have a clear understanding of the tube feed and supplement usage across the locality. Partnership working with medicines management will enable provider services to identify usage by GP practice. Levels of ONS and home enteral tube feeds and associated costs need to be determined.

3.17 Usage of products must be audited to determine prescribing trends and profiles.

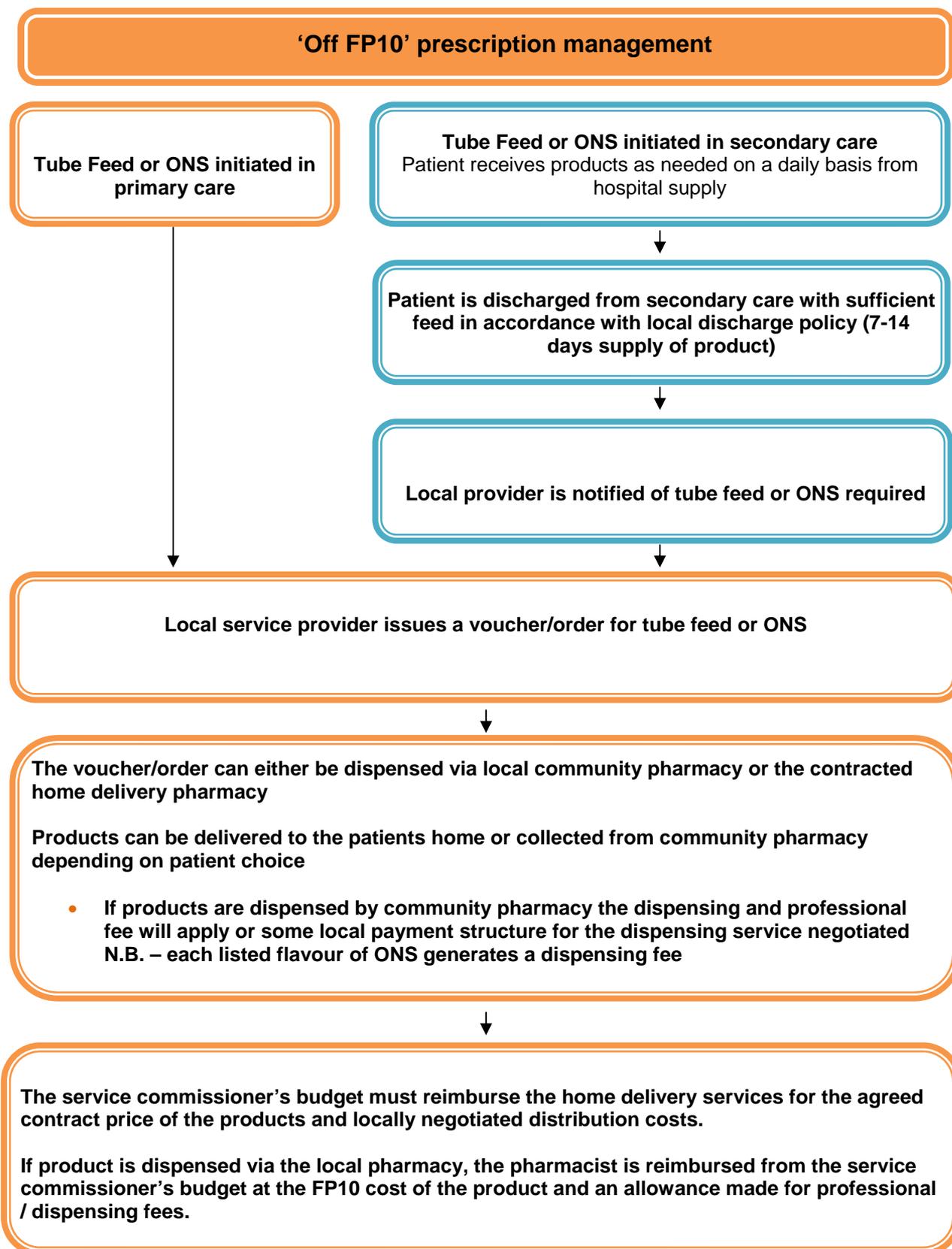
3.18 Robust nutrition support guidelines/protocols must be developed with medicine management and other key stakeholders. These guidelines / protocols must include care pathways for the use of ONS locally and criteria for the success of the project.

3.19 Local training programmes should be established and uptake monitored.

3.20 Services must work in partnership with medicines management, audit and information, communication and technology teams to identify all patients on oral nutritional supplements and to track patient pathways for effective use of resources. Responsibilities for monitoring patients on ONS and agreeing when product usage should be stopped need to be determined.

3.21 Clinical staff should be available to review patients receiving both enteral feeds and ONS. This includes both dietetic and nursing review (company or local staff). However, clinical provision varies widely across the country and also between patients depending on their age and location. Failure to provide adequate clinical and administration staff to support the Off FP10 model, results not only in poor quality care (and associated costs to the whole health economy), but also results in an inability to adequately monitor the changing need for products. This may result in increasing expenditure that accompanies inappropriate use of products. Delays in reviewing patients may also give rise to a dual system with GPs continuing to initiate ONS prescription prior to assessment by the local service. As provider services and/or commissioning organisations are responsible for their own 'prescribing budgets' in the 'Off FP10' model, there could be a danger of unmanaged overspends and the home service having to be closed to new patients until the issues are resolved.

Figure 3: 'Off FP10' prescription management



## Considerations of both the 'On FP10' and 'Off FP10' models

3.22 Historically, most of the services highlighted in plain red boxes in Figure 4, page 21, have been provided for a nominal charge. However, provider services and commissioning organisations should be very aware that these services are not low cost for the suppliers to deliver and therefore the cost must be recouped elsewhere in the contract.

3.23 Although these services have historically been provided as part of a nutrition supply services contract, it is not always necessary for this to continue. Many of these services are not essential for enteral feeding or could be provided in different ways.

3.24 Holiday delivery service – UK and International: Provider services and commissioning organisations may wish to consider whether holiday delivery services (i.e. where the supplier delivers the enteral feeds / plastics to the patient's holiday destinations) should be paid for as part of a NHS contract. Conversely, as most patients will require at least 1 litre of enteral feed per day (weighing over 1 kilogram), it would be troublesome for patients to transport their own enteral feeds. It should be noted that the extent of service that a company will be able to provide in the patient's holiday destination will not be comparable to that provided within their area of residence, for example, the provision of nursing service will not extend to the holiday destination.

3.25 Enteral feeding ancillaries: provider services and commissioning organisations should be aware that the third party prices offered by the enteral feed suppliers reflect the fact that companies have to purchase and distribute these products. Procuring organisations may choose to purchase their ancillaries elsewhere but will then require a mechanism for delivering them to the patient's home. From a patient perspective, it may be more convenient to receive their ancillaries as part of their monthly enteral feeding delivery. Ancillaries used in the acute setting would not normally be expected to fall within the scope of contract provision by the appointed home care supplier.

3.26 Staff: Historically, provider services and commissioning organisations have requested certain numbers of whole time equivalent (WTE) supplier-employed nurses as part of contracts. In addition, many provider services have requested sums of money to fund salaried posts. Procuring organisations need to consider local commissioning and skills gaps to define the level of service required to support the contract. Any services requested must compliment local skills and services. Nursing support provided by Industry must work in partnership with local nursing services to deliver locally agreed protocols with clear lines of accountability.

3.27 Expressing staff needs in terms of number of WTE nurses or in terms of sums of money is not considered good practice and is **strongly discouraged**. Where nursing support is required it is advisable to state the level of service required in relation to patient outcomes. Provider services and commissioning organisations should consider the feasibility of re-skilling their local acute and community nurses to provide the nursing functions which company nurses have been increasingly providing.

3.28 It is important to understand that although staff and funding for staff is provided to the contract at a nominal charge, these services are not low cost for the suppliers to deliver and therefore the cost must be recouped elsewhere in the contract.

3.29 Where company staffing support is requested as part of the contract, it should be for patient-focused tasks only and expressed by the clinical outcomes needed. Company staffing support must be directly involved in delivering the contract. Requests for salaried posts (which may also include travel allowance and on-costs) are **strongly discouraged**.

3.30 Incorporating Industry in the design or delivery of local services i.e. delivering training or screening programmes must be carefully considered due to the potential for conflict of interest

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and impact on local prescribing practice. If this approach is implemented, strict criteria and local policy must be adhered to.

### **Understanding ONS demand management initiatives and appropriate prescribing**

3.31 It is essential that a whole health economy approach is taken into account when considering strategies to reduce expenditure on ONS.

3.32 Adult ONS does have beneficial effects in terms of clinical outcome in patients who are malnourished or are at risk of malnutrition however data from audits carried out nationally have highlighted between 30-75% of adult prescriptions for ONS are deemed inappropriate based of Advisory Committee for Borderline Substances (ACBS) prescribing indications and dietetic judgement, resulting in significant waste and unnecessary healthcare costs.

3.33 Due to increasing awareness of the financial and clinical impact of malnutrition, many provider services and commissioning organisations have begun to focus on improving the malnutrition management of adult patients. Central to improving care is ensuring that patients are systematically assessed prior to receiving ONS. ONS should only be used when they are deemed to be clinically indicated. A food first approach should be considered as first line intervention when it is deemed to be clinically appropriate. In some areas, this has led to a decrease in the expenditure of ONS.

3.34 A variety of strategies can be implemented to improve prescribing practice with regard to ONS. These include:

- Dietetic review
- Implementing a local formulary for ONS
- Selecting a more cost effective first line ONS product
- GP / QIPP incentive schemes
- Education and training programmes.

A consistent integrated approach to local ONS prescribing is required to ensure patients receive quality, cost effective care. It should be noted that solely focusing on reducing ONS expenditure can result in malnutrition not always being addressed in its entirety, sometimes leading to false economy.

3.35 Malnutrition management strategies which have been shown to facilitate improvements in both the quality of the management of malnutrition and ONS prescribing practice should be implemented. These include:

- Change in culture and practice by all professionals involved in malnutrition management across all health and social care sectors including dietitians, General Practitioners (GPs), medical staff, nursing staff, carers and allied health professionals
- Appropriate ONS prescribing initiatives implemented in secondary care, especially relating to the discharge process
- Malnutrition management pathways between primary and secondary care to ensure effective and efficient patient care throughout the whole patient journey
- GP audit, education & training in the prevention of malnutrition
- Training and education in managing malnutrition embedded in acute, community and social services, as specified by local policy
- Medicines management led multi-professional prescribing strategies including GP/ QIPP incentive schemes, education programmes and formularies
- Strategies in place to assess, review and support patients receiving ONS
- Education, training and intervention in day care centres, nursing and care homes
- Local demand management initiatives that are underpinned by robust clinical, economic, patient reported experience and patient reported outcome measures.

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3.36 In line with the NHS Quality Innovation Productivity and Prevention (QIPP) Agenda implementing robust service delivery models across all sectors improve the identification and treatment of those at risk of malnutrition and will reduce inappropriate ONS expenditure thus improving cost and quality simultaneously. Data shows a sustained multidisciplinary approach is required for success.

### **References**

*London Procurement Programme Clinical Oral Nutrition Support Project Report* Hobday R.A. et al. (2010). Accessed online at [www.lpp.nhs.uk](http://www.lpp.nhs.uk).

*Toolkit for Commissioners and Providers in England*. British Association Parenteral and Enteral Nutrition (BAPEN). (2010). Accessed online: [www.bapen.org.uk](http://www.bapen.org.uk).

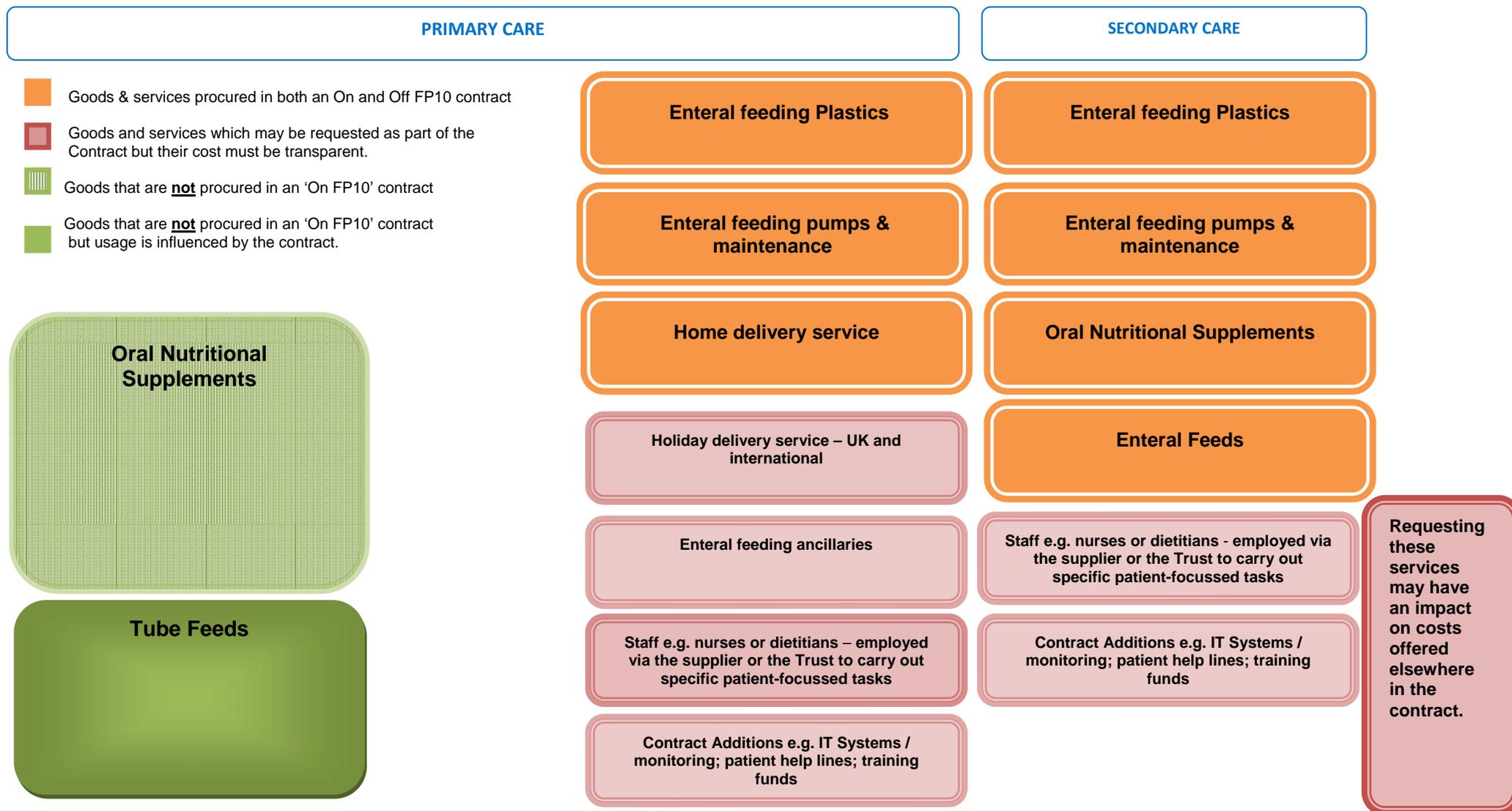
*London Procurement Programme Clinical Oral Nutritional Support Project*. Forrest C, Wilkie L. (2009). Accessed online [www.lpp.nhs.uk](http://www.lpp.nhs.uk).

*Nutrition Support in Adults; oral nutrition support, enteral tube feeding and parenteral nutrition. Guideline32*. (2006).

NICE (2012) *Quality standards for nutrition support in adults*.  
<http://publications.nice.org.uk/quality-standard-for-ntritionsupport->

Figure 4 – Suggested nutrition supply services procurement model for either ‘On FP10’ or ‘Off FP10’ contracts

Transparent pricing structure across all sectors



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## Section 4: Pre-procurement presentation to suppliers

### Golden Rules

- **Prior to the issue of the OJEU advert meet with suppliers to present the proposed financial and service model of the future contract**

4.1 Prior to the issue of the OJEU advertisement, it is recommended that all the suppliers who may respond to the ITT be invited to meet with representatives of the tender sub-group group in order that Industry may be made aware of the proposed financial and service model of the future contract.

4.2 There is no requirement for provider services and commissioning organisations to be specific about patient numbers or finances at this meeting.

4.3 An agenda should be issued before the meeting detailing the key stakeholders, which parts of the meetings will be open to all suppliers, which will be confidential and the issues to be discussed. A suggested format for the meeting would be:

#### 4.3.1 Group session

- Provider services and commissioning organisations to give an overview of the planned model and seek supplier feedback before the tender documents are issued
- Provider services and commissioning organisations to issue the procurement programme (with timelines) to the suppliers
- Open questions and answer session

#### 4.3.2 Individual sessions

- An opportunity for each company to meet individually with the tender sub-group (allocate 15 to 20 minutes for each supplier). Care must be exercised to ensure that all suppliers are treated equally and that any one supplier is not inadvertently given more information than others
- Provider services and commissioning organisations to learn of planned/recent innovations in products and/or services

4.4 Following this meeting and having reviewed the feedback from suppliers, the tender sub-group are able, should they wish, to amend their procurement plans.

## Section 5: Gather Information to test the model

### Golden Rules

- Identify the budget holders within all participating organisations for each element of the contract
- All tendered volumes must be supported by the previous 12 months historical actual data at pack level
- Company health care professional services should be defined by patient focussed responsibilities and specified outcomes

5.1 Obtaining accurate current data in the pre-tender process is vital as volume data may guide the choice of procurement model and prevent later financial risk to provider services, commissioning organisations and to suppliers – see Section 3. It is essential that volume data is not estimated and that out of date volume data should not be used. It is important to note failure to provide accurate data can have a significant impact on the tender timescale. Volume data must be included within the ITT on issue of the document. Data provided 3 or 4 weeks post issue of the tender may necessitate extending the period to allow sufficient time for suppliers to compile a bid.

5.2 All tendered volumes must be supported by the previous 12 months historical actual usage data at pack level e.g. 500ml, 1000ml, and 1500ml etc, supplied by each budget holder. Without quality usage data, broken down to pack size per group of feed, the correct number of giving sets/reservoirs used by primary and secondary care, financial analysis cannot take place and true benefits cannot be assessed in terms of savings.

5.3 A decision should be made on the range of feeds to be included in the tender. Inclusion of highly specialised categories / products, not generally supplied by all the bidders, will limit competition and may lead to problems with evaluation of the bids.

For guidance on list of available enteral tube feeds and nutritional supplements please contact: [lesley.taylor@cmu.nhs.uk](mailto:lesley.taylor@cmu.nhs.uk)

5.4 Volume data can be provided by the suppliers but provider services and commissioning organisations need to ensure that all suppliers are contacted in order to capture any products purchased (locally) in addition to existing contract items. It is recommended that data obtained from all sources should be verified with the internal ordering systems of the provider services and commissioning organisations involved in the tender exercise.

For schedule of feed groupings, pack sizes etc. to aid data collection please contact: [lesley.taylor@cmu.nhs.uk](mailto:lesley.taylor@cmu.nhs.uk)

5.5 Suppliers invest great resource in calculating their tender offering based on the volume data provided in the service specification and cannot accurately bid for the business if they are given incorrect or incomplete information. If volume data released in the service specification is incorrect then the lead organisation (provider or commissioning) may be responsible for ensuring the stated volume of business to any new supplier. Suppliers may reserve the right to modify their prices if data is inaccurate at the time of the tender submission.

5.6 In addition to current usage data, provider services and commissioning organisations will need to consider any planned service or policy changes or developments that are scheduled to occur at any stage over the life of the contract (e.g. hospitals bed numbers increasing or

decreasing; potential organisational mergers; opening or closing of specialist units – particularly those with a high need for artificial nutrition; infection control policies demanding single use of syringes etc). An attempt should be made to quantify the effect of these changes on volume data.

5.7 Establish existing current contract timescales: existing contracts cannot be terminated early for expediency. However, subject to any procurement or contractual issues, existing contracts may be extended to allow the procurement process to take place and guidance from individual organisation procurement departments should be sought.

5.8 Establish current contract service provision and identify proposed changes.

5.9 Where company health care professional services are requested, suppliers should not be asked to provide a specified number of posts. It must be explicit what patient focused responsibilities will be undertaken by company staff and to whom they will be accountable. These responsibilities should focus on supporting patients and achieving specific patient outcomes.

5.10 It is strongly recommended that home tube fed patient numbers should be used to determine the level of contracting and that the ideal home patient number should not exceed 700. If the tender is to be issued by a consortia and the number of home patients exceeds the recommended number, the consortia should consider tendering on behalf of 'clusters' of organisations within the group.

5.11 Cost of change – a realistic assessment needs to be evaluated financially and considered by the tender sub- group. Costs incurred cannot be a deterrent as all suppliers must be treated equally but it is a factor to be considered as a potential write off against the first year savings achieved.

5.12 Training of staff will generally be covered by the company where it is offered in response to a transparent tender process but processes, systems and guidance documentation will need to be altered to take into account the new clinical systems. Companies would be expected to deliver training of staff under the supervision of the provider services and commissioning organisations' staff.

5.13 Risk analysis at national level shows considerable concern over specialist feeds and vulnerable patients. The percentage number of patients that cannot adapt to regimen changes for clinical, social or valid personal reasons and need to therefore stay on existing systems must be considered at this stage and built into the specification document. The provider service and commissioning organisations will need to identify and work with these patients and suppliers to develop a transition process wherever possible.

5.14 Not all of the home tube fed patients will transfer to the new supplier for clinical, social or valid personal reasons. The percentage of home patients who are unlikely to transfer must be stated. Some home patients may also wish to use the local community pharmacy for their feed, using the company home delivery service for plastics and/or ancillaries only. This number of patients should also be identified in the specification.

5.15 An OJEU advert should not be published until as much information as possible has been gathered. Details cannot be added later if they were not included within the scope of the OJEU advert.

**Table 2: Data required for the specification**

**Each organisation involved in the tendering process should collate the data below: the volumes must be supported by the previous 12 months historical usage data**

Feeding pumps	<ul style="list-style-type: none"> <li>• Current pumps: free on loan, purchased, rented</li> <li>• Name(s) of current pump supplier</li> <li>• Responsibility for maintenance and repair of pumps - medical engineering department, supplier, third party</li> <li>• Number of standard pumps required</li> <li>• Number of portable pumps required</li> </ul>
Plastics	<ul style="list-style-type: none"> <li>• Number, type and current cost of standard giving sets</li> <li>• Number, type and current cost of gravity feeding sets</li> <li>• Number, type and current cost of extension giving sets</li> <li>• Number, type and current cost of portable giving sets</li> <li>• Number, type and current cost of reservoirs</li> <li>• Number, type and current cost of ancillaries (i.e. syringes; PEG ends; connectors etc) *</li> <li>• Number and type of feeding tubes*</li> <li>• Ensure all stakeholder groups are using the same language to refer to plastics, as different suppliers and organisations may use differing terminology</li> </ul>
Enteral feeds and ONS	<ul style="list-style-type: none"> <li>• Number, type, current cost and pack size of all adult tube feeds</li> <li>• Number, type, current cost and pack size of all paediatric tube feeds</li> <li>• Number, type, current cost and pack size of all adult ONS</li> <li>• Number, type, current cost and pack size of all paediatric ONS</li> <li>• Number, type, current cost of other products – thickeners, modular feeds*</li> </ul>
Patients	<ul style="list-style-type: none"> <li>• Number of adult community patients, ideally providing information on distribution by care setting</li> <li>• Number of paediatric home patients</li> <li>• Number of home patients who are likely to remain with the current contractor (as a percentage)</li> <li>• Number of home patients who are bolus fed</li> <li>• Delivery arrangements – are home patients registered with the home delivery company or are the community pharmacists providing the feeds</li> <li>• Holiday delivery service (discussed at local level)</li> </ul>
Professional services	<ul style="list-style-type: none"> <li>• Training patients and carers on pump use in agreed settings</li> <li>• Nursing support to meet patient outcomes</li> <li>• Enteral feeding training programme for staff</li> <li>• Patient helpline</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• Requirements for the new contract – being aware of any planned services or policy changes that may affect future needs</li> <li>• Financial information for all products used, prices currently paid, budget holders, budgetary arrangements</li> <li>• Delivery arrangements within hospitals – direct from company or using local wholesaler</li> </ul>

**\* May or may not be part of the contract**

**NB:** At this stage:

- “Type” refers to the brand name of the product. It is for Trust use only to help in the internal identification of products currently being used. Generic descriptions only must be given in the offer schedules.
- “Current” cost is for the use of the tendering organisation only.

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## Section 6: Agree the weighting criteria, specification and evaluation matrix

### Golden Rules

- The OJEU notice should make it clear when the awarding authority is acting as a central purchasing body on behalf of other public sector organisations
- All evaluation criteria, including sub-criteria, must be clear. The awarding authority must use criteria linked to the subject matter of the contract
- The pricing element of the tender should represent no more than 20% of the evaluation weighting

6.1 When developing the specification, consideration must be given to a wide range of factors. Decisions must then be taken on the relative importance of each factor.

6.2 An evaluation table must be developed to reflect the specification and scoring criteria / weighting for each section /sub section / 'lot' agreed. Provider services and commissioning organisations should note that it is not possible to introduce revised scoring criteria / weighting once these have been advertised in OJEU or included within the ITT.

6.3 It is strongly recommended that the pricing element should be no more than 20% of the evaluation weighting.

6.4 When adapting the standard specification for local use, the following areas will need to be included:

- The participating provider services, commissioning organisations
- Period of the contract
- An outline of the way the service is provided
- Data to support what is required as part of the contract.

6.5 Development of performance measures for post-contract monitoring should be considered alongside the specification, addressing such issues as:

- Accuracy and timelines of delivery
- Notification of any problems to provider services and commissioning organisations
- Provision of identified support services
- Prescription and financial management
- Patient experience.

6.6 The relevant terms and conditions that need to be included are:

- NHS Conditions of Contract for the Purchase of Goods
- NHS Conditions of Contract for the Supply of Services
- <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
- NHS Conditions of Contract for the Supply and Installation of Equipment
- NHS Conditions of Contract for the Maintenance of Equipment.
- <http://webarchive.nationalarchives.gov.uk/20091106150013/http://www.pasa.nhs.uk/PAS/AWeb/Guidance/Termsandconditionsofcontract/Maintersandconditionsofcontract.htm>

6.7 Consideration must be given as to whether the tender process is subject to public procurement law. The areas to be addressed are:

- Ensure use of the restricted tender procedure (if at EU level)
- Timescales
- Details to be provided for the OJEU advert including evaluation criteria/sub criteria
- Supplier responses and pre-selection
- Invitation to tender / specification requirements
- Award evaluation criteria / sub criteria and scoring matrix
- Offer evaluation processes
- Publishing the results of the process and the award notice (at EU level)

6.8 The OJEU notice should make it clear when the awarding authority is acting as a central purchasing body on behalf of other public sector organisations. A generic description of these organisations can be used but classes of contracting authority must be defined so as to enable immediate identification of the contracting authorities concerned. If further Trusts wish to participate in the contract at a later date, these Trusts must be named on the OJEU notice and the relevant information / data included within the documentation.

6.9 A comprehensive set of tender documents must be prepared. Each set of tender documents should include:

- Date for issue of tenders;
- Closing date for receipt of tenders
- Covering invitation to offer letter
- Terms of the offer
- Terms and conditions of contract
- Specification
- Offer schedule for completion by the bidders
- Form of offer.

6.10 Tender submissions must be returned to the awarding authority in accordance with the terms and conditions of the ITT.

## Section 7: Supplier product evaluation and presentation day(s) - optional

### Golden Rules

- Agree the format, timing and content of the day(s)
- Use the opportunity for fact finding and supplementing company information
- Do not use as a decision tool in the evaluation process

7.1 Provider services and commissioning organisations may wish to set up a supplier product evaluation and presentation day(s) as part of the tendering process – pre-offer or at the adjudication stage.

7.2 A presentation and product evaluation day(s) should be built into the tender timetable at the very start of the process.

7.3 Companies should be given details of the proposed presentations and product evaluation day(s) at least 28 days prior to the event(s).

7.4 Presentations are not intended to be prescriptive but should form the basis of the service available to meet local needs.

7.5 Presentations can be very subjective and should be used only as an opportunity for fact finding and supplementing the written information submitted in the company's offer. Presentations should not be used as a decision tool, i.e. be 'scored' as part of the evaluation process.

7.6 The event(s) should be formally recorded.

7.7 For those provider services and commissioning organisations wishing to hold a presentation and product evaluation day(s), the factors in Table 3 should be considered.

**Table 3: Suggested plan for supplier product evaluation & presentation day(s)**

Events	Requirements
<p><b>Session 1: approximate duration - 3 hours</b></p>	
<p><b>Product evaluations</b>            Consider running in part over lunch break to allow clinicians to attend to review products.</p> <p>Suppliers are usually asked to exhibit the following:</p> <ul style="list-style-type: none"> <li>• Full range of adult, paediatric and specialist tube feeds with supporting literature</li> <li>• Sip feeds and puddings with supporting literature</li> <li>• Range of sip feeds and puddings available for tasting. (together with the wherewithal to taste and an appropriate means of disposal after tasting)</li> <li>• Most commonly used feeding pump and / or a portable pump with instruction and patient manuals</li> <li>• The facility to set-up and operate the feeding pumps</li> <li>• A range of giving sets with supporting information.</li> <li>• Literature, DVD, etc.</li> </ul>	<p><b>Attendees</b></p> <ul style="list-style-type: none"> <li>• Patients</li> <li>• Clinicians</li> <li>• Tender sub-group.</li> </ul> <p><b>Venue</b></p> <ul style="list-style-type: none"> <li>• Room large enough for all suppliers, their products and all attendees.</li> </ul> <p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• Tables for product displays and space for posters.</li> <li>• Suppliers should have sufficient room to conduct discussions with HPCs discreetly from other suppliers. Information shared may be commercially sensitive.</li> </ul>
<p><b>Session 2: can be held on the same or an alternative day to session 1</b></p>	
<p><b>Supplier Presentations</b>            Allow approximately 1 hour per company. Time should be allowed for changeover and set up time:</p> <ul style="list-style-type: none"> <li>• Set up / take down - 10minutes</li> <li>• Presentation - 25 to 30 minutes</li> <li>• Questions - 15 to 20 minutes.</li> </ul> <p>Not all companies will tender for 'the full service' but should be given the opportunity to present on the topics that are relevant to their offer</p> <p>Specialist companies who may not wish to make a presentation could be invited to attend the product day (see Session 1)</p> <p>Suppliers should be asked to present on specific topics dependant on the specification of each particular tender.</p> <p>Suggestions for presentation topics can be found on page 30.</p> <p>N.B. This is not an exhaustive list.</p>	<p><b>Attendees</b>            Up to five representatives from each supplier.</p> <p>Tender sub-group identified in Table 1. This group should consist of the same membership for all presentations to ensure consistency.</p> <p><b>Venue</b></p> <ul style="list-style-type: none"> <li>• One room large enough for attendees and equipment and one smaller waiting room for suppliers</li> </ul> <p><b>Equipment</b>            Screen, and the facility for PowerPoint presentations</p>

## Suggested presentation topics

### Secondary care

- Delivery timescales, systems and charges
- Stock control and re-credit arrangements
- Liaison with staff
- Emergency deliveries (speed/charges)
- Invoicing and reporting
- Monitoring procedures
- Advice and timing regarding hazard notices
- Advice regarding unavailability of product
- Key company contacts
- Confidentiality procedures
- Clinical trials
- Off-contract purchasing
- Electronic communication capability
- Complaints procedures
- DBS checks

### Primary Care

- Named co-ordinator, training and workload
- Registration system, paperwork, flexibility
- Prescription management
- Deliveries – times, frequency, flexibility – am/pm, deliveries, ancillaries, competitor feeds
- Financial management – failed/cancelled deliveries
- DBS checked named drivers with appropriate training and compliant with HR policy
- Stock levels, stock control procedures, handling unused stock – stock control procedures/physical stock checks
- Invoicing and reporting – at individual primary care level
- Liaison with dietitian/notification of change in supply
- Patient liaison, holidays
- Emergency delivery requests of feed/pump – response times
- Monitoring procedures – guidance/training
- Advice and timing regarding hazard notices
- Advice regarding unavailability of product
- Key company contacts
- Confidentiality procedures
- Clinical trials
- Off-contract purchasing
- Electronic communication capability
- Complaints procedures
- Liaison with community pharmacists

### Support to patients

- Pump training – speed of response, where trained, by whom, liaison with dietitian
- Training package offered, including at company change over
- Helpline details
- Service satisfaction
- Holiday service
- Emergency arrangements
- Supporting literature: adults/paediatric
- Availability of interpreters.

### Support for hospital and community staff

- Training offered, including at company change over
- Other e.g., literature searches etc
- Complaint procedure.

### Support from company nurses

- Details of their training programme including updates, indemnity, insurance cover
- Compliance with recognised guidelines
- Notification of absence cover
- Management of clinical risk/governance
- Out of hour's service.

### Support from industry representatives

- Details of training programme provided
- Arrangements for training updates
- Compliance with recognised guidelines
- Notification of absence cover for industry representatives
- Number of representatives dedicated to contract and geographical areas covered
- Out of hour's service.

### Case study

- A case study devised by the tender sub-group (preferably taken from 'real' experience) and given to the companies on the day – e.g. half an hour before their presentation time.

### Company Developments

- New products (available within the next six months)
- Service developments.

### Implementation / exit plan for new contract

## Section 8: Evaluate the tender responses

### Golden Rules

- The evaluation weightings published in the initial OJEU papers must be adhered to throughout the award process
- All evaluation criteria must be clear and related to the subject matter of the contract
- Award criteria must contain both qualitative and quantitative criteria

8.1 Whilst the specification is the most important part of a public contract once it has been awarded, evaluation is the most important part of the procurement process and often forms the basis of a challenge. The manner in which UK public sector bodies are able to procure goods, services or works is determined by EU directives, which have been implemented in the UK via the Public Contract Regulations 2006, and case law. The following key principles of the EU procurement regime apply to all aspects of the procurement process, including selection of bidders and evaluation of tenders including those which fall below the relevant thresholds in the 2006 Regulations:

- **Transparency:** this is not simply about disclosure and openness but also the removal of discretion and subjectivity. Evaluation must be based on objective criteria that are known to bidders in advance
- **Fairness:** evaluation criteria and the evidence required from bidders must be actual and demonstrably related to the subject matter of the contract and applied proportionately to the stated objectives
- **Equal treatment (or non-discrimination):** all bidders and potential bidders must be given the same opportunity, based on the same information and criteria, and evaluated in a non-discriminatory manner

8.2 As the evaluation process is a key component that is potentially open to challenge, provider services and commissioning organisations must be able to demonstrate that all tender responses are handled with fairness and equity.

8.3 The evaluation panel should be made up of the tender sub-group/relevant key stakeholders from within the participating provider services and commissioning organisations. Where using a panel to evaluate bids, each member of the panel should be fully briefed about the evaluation methodology that is being used and ideally consider the tenders separately before coming together to moderate their scores. This approach ensures that the risk of potential bias is reduced as far as possible. As with all public sector decision-making, due process must be followed.

8.4 The evaluation panel must use scoring matrix tender award criteria and this must relate back to the OJEU advertisement – see Section 6.

8.5 Provider services and commissioning organisations should note that it is not possible to introduce revised scoring criteria / weighting once these have been advertised in OJEU and /or included within the ITT. Ideally the evaluation process should have been previously tested to identify any potential problems. Once the evaluation criteria are set, they must be adhered to. No adjustment of the criteria or their weightings is permitted unless the procurement is rolled back to the stage at which the evaluation criteria should have been set in the first place and the procurement process re-started which in itself potentially carries legal and reputational risk.

8.6 The authority should treat all bidder responses in a confidential manner during and after the procurement process. This is subject to any obligation that the authority has under the Freedom of Information Act 2000.

8.7 Evaluation is an area that is seeing an increasing number of challenges in the courts. Bidders can potentially claim not only their wasted tender costs but also potential loss of profit for the contract. As a result of this increased risk to the public body, it is vital that a clear audit trail of the entire decision-making process throughout the evaluation process is maintained together with copies of all tenders submitted.

## Section 9: Contract award

### Golden Rules

- The award recommendation must be “signed off” by all participating organisations
- All stakeholders who have been involved in the tender process must be advised of the outcome

9.1 The award recommendation must be made in accordance with public procurement law, standing orders and/or standing financial instructions of the participating provider services and commissioning organisations and, in addition, comply with the authorities corporate governance procedures.

9.2 The outcome of the evaluation must be communicated to all bidders in the form of an acceptance letter to the preferred supplier and rejection letters to unsuccessful suppliers. Under the 2009 Regulations, contracting authorities must issue an award decision notice (a standstill letter) to tenderers as soon as possible after the decision has been made. Tenderers are defined as those companies which submitted an offer and have not been "definitively excluded". Tenderers which have been definitively excluded need not therefore be sent an award decision notice. Similar notice must also be sent to candidates (that is, operators which applied to be included among the operators to be selected to tender but were rejected) unless they have been previously informed of their rejection and the reasons for it. The notice to candidates will not include the relative advantages of the successful tender, as the candidate will not have submitted an offer. The award decision notice to tenderers must include:

- The award criteria
- The reasons for the decision, including the characteristics and relative advantages of the successful tender (subject to commercial confidentiality and intellectual property)
- The scores obtained by the recipient and the operator to be awarded the contract
- Previous Office of Government and Commerce Guidance (OGC Guidance) indicates that a full breakdown of scores against each criterion and sub-criterion, supported with a narrative of why the winning tender was better than the unsuccessful tender, is required
- The successful operator's name
- A precise statement of when the standstill period is expected to end

9.3 The relevant procedures must be met by each participating organisation to adopt the award recommendation. The awarding authority must receive written acceptance of the award recommendation from each participating organisation.

9.4 All stakeholders who have been involved in the tender process must be advised of the outcome.

9.5 Key stakeholders must be made aware of and trained to carry out their individual roles and responsibilities in all aspects of contract management.

## Section 10: Standstill period

### Golden Rule

- Contracting authorities must not enter into a contract before the end of the standstill period
- All suppliers must be treated equally and not be discriminated against

10.1 In order to enable unsuccessful bidders to consider whether they have a potential claim before the contract is signed, the Public Contracts Regulations 2006 (as amended by the 2009 Regulations) provide for a standstill after the contracting authority announces its intention to award the contract to the successful bidder. Contracting authorities must not enter into the contract before the end of the standstill period. The provision upfront of the appropriate feedback within the standstill period is designed to allow those suppliers sufficient time for them to judge whether to legally challenge the procurement process.

10.2 The standstill period ends at midnight at the end of the tenth day after the date on which the contracting authority sends a compliant award decision notice to all the relevant operators (by fax or e-mail). Where the standstill letter is sent by means other than fax or e-mail, the period ends at the latest by midnight at the end of the 15th day after the sending date (or earlier, if more than ten days after the date on which the last economic operator received the notice have elapsed).

10.3 Previously it should be noted that under the 2006 Regulations unsuccessful bidders were given limited information in the award notice and could request a detailed debrief within the ten-day standstill period. Contracting authorities are no longer legally obliged to provide a detailed debrief if they have met the requirements of the 2006 Regulations (as amended by the 2009 Regulations) in relation to the standstill letter (sufficient information to allow the supplier to determine whether or not to challenge the decision should have been already provided). There is therefore no legal obligation on the authority to conduct a formal face to face meeting with the rejected supplier. If a contracting authority wishes to provide further feedback than this should be ideally provided in writing and care exercised not to reopen any limitation periods.

10.4 If effective competition for tendering is to be maintained, suppliers that are unsuccessful in the tender process must be treated with equal consideration as the successful suppliers. It must be appreciated that tenders require a significant resource investment from the suppliers.

10.5 In addition, new rules applicable in England from 1<sup>st</sup> of October 2011 mean that an unsuccessful supplier is required to bring any legal proceedings in relation to a procurement within 30 days of the date of knowledge of the issue giving rise to a suspected breach of procurement regulations. The date of knowledge is the date that the challenger first knew or ought to have known about the breach. However the Court may extend the time limit where it considers that there is a good reason for doing so but the Court must not exercise its power to extend the 30 day time limit so as to permit proceedings to be started more than three months after the date when the economic operator first knew or ought to have known that grounds for starting the proceedings had arisen.

10.6 A follow up letter should be made to the preferred supplier at the end of the standstill period to update them of the outcome of the standstill period.

## Section 11: Contract implementation

### Golden Rules

- Meetings must be held with key stakeholders and the successful supplier as soon as possible after the contract award
- A fully comprehensive and realistic implementation plan must be agreed by all stakeholders
- Good communication between all stakeholders is essential

11.1 Implementing a new nutrition supply and services contract, especially where there is a change of supplier, is complex and time consuming. Adequate time must be given to planning the implementation for both bedded services and for patients in their own homes – see Checklists 1 and 2.

11.2 A period of at least three months should be allowed after the contract award for the implementation of the new contract. Suppliers are not obligated to extend contracts under their current terms beyond the original term of the contract (with extensions). It is important to note that if organisations are not ready to implement the new service by the contract start date, suppliers may revert to list prices until the situation is resolved.

11.3 Training of staff will generally be covered by the supplier where it is offered in response to a transparent tender process but processes, systems and guidance documentation will need to be altered to take into account the new clinical systems. Companies would be expected to deliver training of staff under the supervision of the provider services and commissioning organisations' staff.

11.4 Good communication with the outgoing and incoming providers and with relevant staff from provider services and commissioning organisations is essential to ensure the changeover takes place as smoothly as possible.

11.5 Meetings should be scheduled with key stakeholders and the successful supplier as soon as possible after the contract award to formulate and agree:

- The logistical plan for implementation
- The communications strategy, which is vital to ensure all staff and patients are aware of the planned change
- The service level specification – memorandum of understanding
- The responsibilities of both the outgoing and incoming suppliers (if appropriate)
- The responsibilities / resource required from Trust staff
- Timescales that are realistic and appropriate to allow for the return of all patient data from the current supplier and for the transfer of that data to the new supplier
- Key Performance Indicators (KPIs)

11.6 Ensure that key stakeholders are aware of their individual roles and responsibilities in all aspects of contract management. Confirm and implement training where necessary.

11.7 Agree the frequency of service level review meetings and complaints procedures.

11.8 Ensure that all meetings are recorded and that any issues are actioned and monitored.

### Checklist 1: Checklist for changing supplier – provider services

Task	Lead person and timescale
Liaise with outgoing supplier regarding process / timing of equipment uplift.	
Liaise with incoming supplier to plan changeover process and training schedule.	
Communicate changes to key stakeholders - Table 1.	
Liaison between all provider services, commissioning organisations and suppliers to confirm communication pathways.	
Identify training needs for all relevant staff. Clinical governance and/or the training department are likely to want copies of the records of staff trained.	
Liaise with procurement department regarding ordering / purchase of new stock.	
A risk assessment of the changeover process must be carried out.	
Revise documentation – ordering systems, feeding regimen charts, enteral feeding guidance documents.	
Confirm feed / pumps / consumables and ancillary requirements.	
Confirm systems for maintenance / service of pumps, emergency out of hour's replacement.	
Confirm funding / invoicing arrangements.	

## Checklist 2: Checklist for changing supplier – patients in their own homes

Task	Lead person and timescale
Liaise with outgoing supplier regarding the transfer of patient data. Trusts should obtain the patient data from the current contractor. The data should include name, address, GP details, feeding and equipment requirements and delivery details. Once checked and confirmed, this data can then be passed to the new contractor to facilitate change over.	
Identify key personnel from commissioning organisations to the homecare provider.	
Confirm key contact / supplier details, e.g. homecare nurse, patient services.	
Confirm communication pathways between provider services, commissioning organisations, current home patients / carers and the homecare provider.	
Confirm existing supplier responsibilities (if applicable) and the responsibilities of the new homecare provider.	
Ensure that the homecare provider's patient management system meets the needs of the contract and agree the details and frequency of the reports that the trust will require.	
Confirm appropriate documentation for all elements of the homecare provision.	
Confirm nursing protocols, referral and on going care pathways and a plan of all training requirements.	
Confirm patient information, current prescriptions, current delivery schedule, (if applicable) special delivery requirements/ venues /arrangements.	
Confirm tube feed / ONS for bolus if appropriate/ pumps / consumables and ancillary requirements.	
Confirm systems for maintenance / service of pumps, emergency out of hour's replacement.	
Confirm funding / invoicing arrangements.	

## Section 12: Contract management

### Golden Rules

- All relevant stakeholders should be represented at the contract management meetings
- Contract management should occur on an agreed basis to ensure local key performance indicators ( KPI's) are met
- All KPI's should be monitored in accordance with the contract
- Where KPI's are not met a written corrective action plan should be agreed by all stake holders in accordance with the terms of the contract

12.1 Following the award of the contract, it is essential that the supplier's performance of the contract is continually assessed against the terms and conditions of the contract in order to ensure that risk and delivery is properly managed.

12.2 Ensure that all the relevant stakeholders in the provider services and commissioning organisations are aware of the new contractual and monitoring arrangements – Table 1.

12.3 KPIs must be identified which reflect the contract specification as well as monitoring aspects of service providers both in acute and community settings. Care should be taken to ensure that KPIs are relevant to the service requirement and that the expectations are realistically achievable within the parameters available. Extensive lists of KPIs may be unnecessarily burdensome adding to the costs of servicing without enhancing contract performance.

12.4 The frequency, format and content of the contract review meetings should be agreed by the relevant stakeholders and the supplier.

12.5 All relevant stakeholders must be advised of the contractual and management arrangements and key stakeholders must be made aware of and trained to carry out their roles and responsibilities.

12.6 Ensure that key stakeholders are aware of and trained to carry out their individual roles and responsibilities in all aspects of contract management:

- If provider services are ordering products (feeds and / or plastics) via a local wholesaler, ensure that contract prices are been set up for items from the main supplier and likewise for any items being supplied by secondary contracts.
- Ensure that commissioning organisations staff are made aware that patient endorsed delivery notes have been requested (if detailed within the specification) and are trained in procedures to 'recover' missing notes.
- Ensure that provider services and commissioning organisation staff responsible for invoices are fully aware of the prices/procedures in order to confidently 'sign off' the invoice.

12.7 Reports must be provided covering agreed key performance indicators including financial, qualitative and quantitative issues and should be relevant across all health sectors included in the contract.

12.8 Over the contract period continual evidence must be provided by the supplier detailing full compliance (trusts need to utilise this performance measurement process to determine the need for fallback/contingency measures).

12.9 Formal meetings must be minuted.

12.10 A decision to possibly take up existing extension options should be discussed and mutually agreed at least nine months prior to the end of the initial contract period.

## Glossary

<b>Term</b>	<b>Description</b>
<b>Ancillaries</b>	One of the groups of products which are used to deliver enteral feeds to tube fed patients, including: syringes, gastrostomies, naso-gastric tubes; extension sets for balloon gastrostomies.
<b>Bolus feeding</b>	<p>Bolus feeding is intended to mimic mealtimes and / or snacks to allow patients to optimise a physiological response, allowing the patient to feel that they have had a 'meal'.</p> <p>A bolus is a specific amount of tube feed or ONS which is administered via the feeding tube at set times during the day. Bolus feeds can be delivered via gravity: either via a syringe attached to the feeding tube or via gravity giving sets. Pumps may also be used.</p>
<b>Clinical Commissioning Group (CCG)</b>	A membership organisation, made up of group of GP practices, which is responsible for commissioning most health and care services for patients in their locality. They do not commission primary care for specialised services.
<b>CCG and prescribing costs</b>	A CCG holds a budget on behalf of its members (practices) for all medicines, appliances and products prescribed on FP10 prescriptions by its members. This will include nutritional products. CCGs actively manage prescribing quality and costs using formularies, guidelines pathways, product substitution and waste management programmes.
<b>Consumables</b>	The umbrella term for both ancillaries and plastics. This term does not include the tube feeds or ONS which may be used during tube feeding.
<b>Enteral feeding</b>	In this document, the term enteral feeding is used to describe the process of providing full or partial nutrition (using enteral feeds) to a person via their feeding tube.
<b>OJEU</b>	"OJEU" stands for the Official Journal of the European Union. This is the publication in which all tenders from the public sector the total value of which are above a certain financial threshold must be published according to EU legislation. The initial advertisement can be responded to by any legitimate provider operating within the geography of the EU.
<b>ONS (Oral nutritional supplements)</b>	Powdered or liquid products that contain energy, protein, vitamins, minerals and trace elements. The products are intended to be taken orally, however ready to drink liquid ONS can be given via an enteral feeding tube. The products are designed for people who cannot meet their full nutritional requirements from food.

**Plastics**

One of the groups of products which are used to deliver enteral feeds to tube fed patients, including giving sets and reservoirs into which enteral feeds are decanted.

**Tube feeds**

The products are not designed to be taken orally, but instead should be given via a feeding tube. The products are designed for people who cannot meet their full nutritional requirements orally. For some patients, these products are the only nutrition they will receive.