

Cancer Alliance local evaluation: commissioning an external evaluation partner

NHS England and NHS Improvement



Guidance to support commissioning an external evaluation partner

2019/20 CADEAS resource to support Cancer Alliance led local evaluation

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.cadeas@nhs.net

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1 Purpose

The Cancer Alliance, Data, Evidence, and Analysis Service (CADEAS) has developed this resource to support Cancer Alliances who are looking to externally commission expertise to evaluate and monitor transformation funded activity.

This guide provides:

- An introduction to the procurement process
- Hints and tips to support Cancer Alliances throughout the process
- Example tender specification

This resource should be used in conjunction with the wider CADEAS suite of resources, available on the Cancer Alliance Workspace, [here](#).

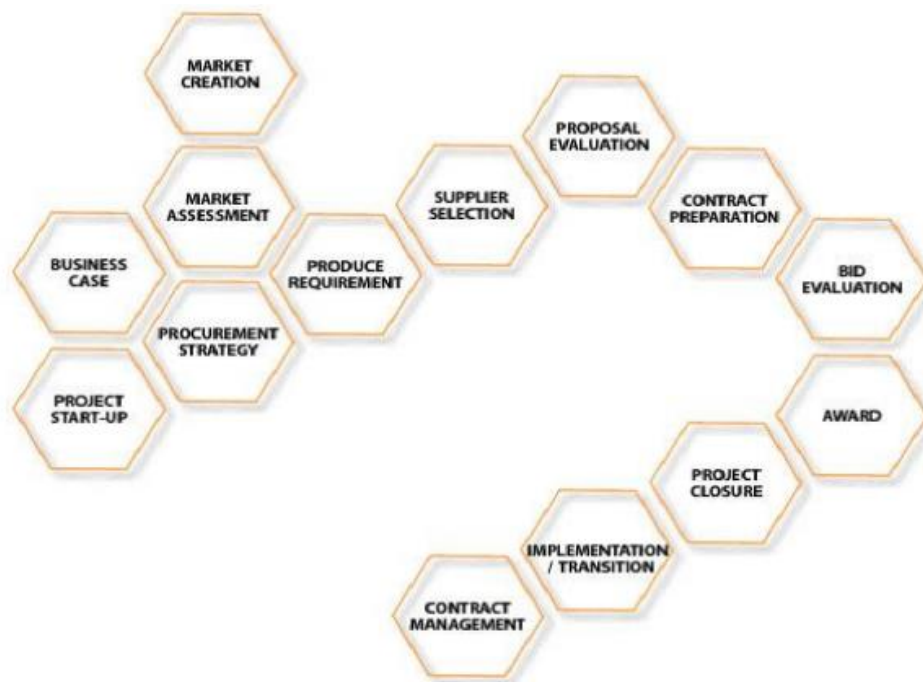
This guide is intended as an introductory resource only. For further information and detailed advice, please contact your local Procurement Team.

2 Insights to procuring a local evaluation

This note has been prepared by the CADEAS Team. It aims to provide an introduction to some of the questions Cancer Alliances may have as they procure evaluation partners. Additional support can be provided to Cancer Alliances, as required. Please contact the team at england.cadeas@nhs.net.

1.1 What is procurement?

Procurement is defined as 'the process of acquiring goods, works and services'. Under this definition procurement covers both acquisition from third parties and from in-house providers, with the process spanning the whole cycle from identification of needs, implementing and managing the contract through to the end of a services contract or the end of the useful life of an asset. Below is the standard approach, used throughout the public sector. This isn't followed rigorously for each and every requirement, but it is used as a guide to help ensure key steps within the process are either considered or followed.



Every organisation has a way of undertaking this process. The first thing you need to do before beginning any procurement is to find out who is responsible for procurement in your organisation. You also need to know what sign offs or approvals are required, what templates are used and what your organisations approach to sourcing and evaluating is. In the text below, we have prepared guidance designed to supplement your existing process and provide additional support as required.

1.2 Approaches to the Market

Different organisations have different requirements in terms of how they ensure competition when buying goods and services. Please ensure you comply with these requirements. Different organisations have different requirements in terms of how they ensure competition when buying goods and services. Please ensure you comply with these requirements. As part of the wider public sector group of

organisations we are required to comply with public procurement rules. That means for procurement of services in excess of OJEU requirements (for NHS England, this is £181,302) we are required to either undertake an open competition or use an existing framework. Whatever your approach you should ensure compliance with your organisation's standing orders and compliance with the public procurement regulations.

Frameworks available include:

- Eastern Shires Purchasing Organisation
<https://www.espo.org/Frameworks/Professionalservices/Consultancy-Services>
- Lead Provider Framework
<https://www.england.nhs.uk/lpf/>

There may be other frameworks available, so please check other local trust and buying consortiums for framework availability.

If the anticipated value is under £150,000 it is recommended you run a process that invites at least five suppliers to bid for the work, but this should be in line with your organisation standing orders and meet its governance approvals. In this instance, in line with initiatives for the development of Small Medium Enterprises (SMEs) it is recommended you identify what local suppliers have capability and ability to bid for this requirement. This may include other organisations included within the health family, such as Academic Health Science Networks (AHSNs) and Commissioning Support Units (CSUs).

If you have a supplier that you are already engaged with, perhaps have an existing relationship with and wish to continue work with them, please check your organisation's approvals to determine how best to proceed.

1.3 What do I need to remember before I send out a tender?

The below questions provide a useful checklist before you begin your tendering approach.

1. What is required?

This is the business need. There should be clear description of what is required, which considers the strategy or vision it supports.

2. Is what we want clearly detailed?

Is there a specification for what we want? Does it include how we will use it, what it will interlink with, impact on, and work with? Is this specification something that suppliers will easily relate to?

3. What are the budget and the expected cost?

You will have a budget, but it is always sensible to undertake some market research, checking that the budgeted cost is still reflective of what it costs now, if there are any on costs, or indeed any hidden costs, such as expenses.

4. *How do we want this delivered?*

This is both the sourcing strategy, that is, are we looking for one supplier, more than one or even a partnership. It is also about considering how we want the provider to engage with us. Do we want them to be hands on, with an account manager, provide regular contact, or limited contact? How is progress to be monitored and reported?

You may want to procure more than one supplier where the requirements for evaluation are complex and multidimensional, and not feasibly delivered by a single provider. It is important to note that procuring, and managing, more than one provider may be more resource intensive than for a single provider. You may, therefore, wish to consider establishing a consortium with a lead provider, who will be responsible for managing other providers, thereby attenuating the resourcing requirements for Cancer Alliances.

5. *What are the risks with this requirement?*

Consider what could go wrong. You should identify what the impact and consequence may be as well as what you can do to manage or mitigate the risk. This may be things linked to the timing, the budget or potential suppliers in the market.

6. *Who else needs to be involved? How should they be communicated with?*

Everything we do within the business has an impact or interaction with some other part of the business. All of these people or individuals are the stakeholders. Some stakeholders will need to be involved in the process, some kept up to date with progress and some provided high level updates at key stages. Stakeholders should be identified early as well as the level of detail and information required and the communication plan to keep them all informed and involved. To manage these interactions, we also need a lead for each requirement. This is the person who owns the project and will be ultimately responsible for delivery.

7. *When does this have to be delivered by?*

Every requirement will have a timeframe by which it needs to be delivered. Early planning is important, although sometimes this is not possible. Be clear about what timeframe you have, the key steps which need to be followed and how long this will take. Allow yourself some extra time in case key steps take longer than expected. Don't forget about approvals, it is important that these are included to ensure compliance.

8. *Who needs to approve this?*

Before progressing, approvals for either authorisation to spend, or authorisation to award should be identified and included within the project timeframe. Approval requirements will be specific to your organisation.

1.4 Hints and Tips throughout the process

Producing the Specification

Don't over specify, allow enough opportunity for a supplier to respond and suggest innovation, different comparative products or different ways of producing the end result. This is a great opportunity to evaluate alternatives.

Creating the Document

Your organisation may have standard templates required to be used when tendering. Review these, identify what standard terms and conditions and key information is important to communicate to the Suppliers. Also include key information about the project and the key stakeholders involved in the project. Try and provide as much detail as possible about the larger context of the project.

Evaluating Bids

All tenders will require key criteria. This is the basis on which bids are evaluated. There should be a mix of different criteria specified such as expertise, experience, capability, financial stability, reliability and past performance. You may also wish to include the requirement to interview suppliers.

Communication during the Tendering Process

Once the procurement process has started, you should not talk to any suppliers informally. This can jeopardise the tendering or request for information process. There are ways to engage with suppliers and the tender documents should include the communication process.

Submission of Bids

To ensure probity of the bids, this should be either to a generic inbox, or via a portal. The time frame for submission should be made clear, for example by [time] on [day] [month] [year].

Tender Return

All bids should be firstly checked to ensure they contain all information required and are compliant. Quality elements should be distributed to the evaluation panel and someone should separately evaluate pricing.

Evaluation Panel

It is important to undertake the quality review with a panel made up of at least three people, as a shared view; different opinions can provide varied insights to the responses.

A different person should review the pricing information, to ensure it relates to what is required and is sustainable. Any questions around any part of the bid should be raised with the supplier before a decision is made.

The evaluation process will reflect the detail provided in the documentation, and will be based on the agreed scoring mechanism contained within the document.

Review of evaluation

When the quality evaluation is combined with the pricing evaluation, you should sit down as a team and discuss the outcome of the evaluation process, as well as the pros and cons of each submission reviewed. This is important as it can be used as feedback to those bidding should they ask. It should be recorded, to help justify the decision.

Award Approval

Check your internal governance requirements, if approval is required before a contract can be awarded, ensure you complete this.

Notification

Accompanying notification to the successful supplier should be the request that the supplier complete the new supplier form so as to be added to the finance system and confirmation of acceptance of terms of conditions. They should also be asked to sign a contract. Standard terms and conditions should be available within your organisation.

Suppliers who were not successful should also be notified, with a supporting statement as to why they may not have been successful and what part of their bid may have been improved, and sometimes the offer of further feedback.

Lessons Learnt

We don't expect that every project, or contract, or supplier will be perfect, but the only way we can look to improve what we do and make sure we don't make the same mistakes or have the same issues in the future is to review objectively what we did.

And finally, please get in touch with the CADEAS Team if you have any questions throughout this process.

3 Information to support development of a tender specification for an evaluation of a Cancer Alliance

Note for Cancer Alliances:

This document provides information that may be required as part of a tender specification. Cancer Alliances are encouraged to work with local procurement staff to ensure the specification meets local governance arrangements. Cancer Alliances are also encouraged to tailor this specification to your own requirements.

Background: The National Cancer Programme

In 2015, the independent Cancer Taskforce published their strategy setting out how England could achieve the very best cancer outcomes by 2020. The strategy is comprehensive in showing how NHS can achieve:

- Fewer people getting preventable cancers
- More people surviving for longer after a diagnosis, with 57% of patients surviving ten years or more
- More people having a positive experience of care and support, and
- More people having a better long-term quality of life.

The NHS has committed to delivering the Taskforce's strategy by 2020 and its recommendations, which are structured around six key themes:

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience on par with clinical effectiveness and safety
- Transform our approach to support people living with and beyond cancer
- Make the necessary investments required to deliver a modern, high quality service
- Ensure commissioning, provision and accountability processes are fit for purpose.

A key recommendation was to establish Cancer Alliances across the country to bring together key partners at a sub-regional level, including commissioners, Providers, and patients. Established in 2016, Cancer Alliances are the conduit for delivery and implementation of the national cancer strategy. Cancer Alliances have been supported with centrally-provided funding and an ongoing package of support to enable and maximise successful local delivery.

Evaluation of Cancer Alliance activity

Evaluation of interventions implemented by Cancer Alliances is a core part of the programme. NHS England's expectations for, and approach to, evaluation reflects the complexity and national scale of the programme; evaluating multiple interventions and programmes of work across 19 discrete Cancer Alliances, where other changes

are also taking place. As the conduit for local delivery of the cancer strategy, Cancer Alliances are well positioned to coordinate evaluations locally. Taking this approach will allow the variety of activity and local nuances implicit in a national programme of this type to be comprehensively captured. These evaluations will produce findings likely to be of relevance locally, as well as evidence that, taken together with the findings from other Cancer Alliances can answer key national questions. To enable and support this, the National Cancer Programme has committed to supporting evaluation in two key ways:

- The provision of centralised evaluation expertise, via the CADEAS Team, to provide leadership and co-ordination.
- Regular production of data grids and visualisations, using nationally-available data to understand Cancer Alliance performance against a set of metrics from across the cancer pathway.

Alongside this, the National Cancer Programme will commission a discrete number of independent national evaluations to answer key national questions and inform the future direction of policy.

Introduction to the [insert name of Cancer Alliance] programme

Note for Cancer Alliances: Cancer Alliances are encouraged to provide bidders with a summary of their programme(s) of work with links to any key documents or further useful information in annexes (e.g. logic models, project plans). The aim of this section is to provide bidders with a bit more context about the scale and scope of the programme and the types of interventions/activities that it includes and that will be covered by the evaluation.

Evaluation aims & questions

The overall aim of this study is to undertake a detailed process and impact evaluation of the [insert name of Cancer Alliance] to understand how transformation funded interventions are implemented, what effects they have, for whom, how, and why. The study should be both formative and summative in its design. As such, it should be used to shape the delivery of the programme as it is delivered, as well as provide summative findings on the impact the programme is having.

A number of overarching evaluation questions should be considered:

- What is the context (e.g. history, culture, relationships, health inequalities, local and national policies, national legislation) in the Cancer Alliance where transformation funded activity is underway?
- What key changes has the Cancer Alliance made and who is being affected by them? How have these changes been implemented? What barriers and enablers have Cancer Alliances encountered during implementation?
- What is the change in resource use and cost for the specific interventions that encompass transformation funded programme locally? How is the Cancer Alliance performing against their expectations?
- What impact is transformation funded activity having on patient outcomes

and experience, the health of the local population and the way in which resources are used in the local health system? This should be compared against a counterfactual, where possible, in which the Cancer Alliance interventions have not been delivered.

- Which components of the transformation funded activity are really making a difference?
- What are the 'active ingredients' for interventions? Which aspects, if replicated elsewhere, can be expected to give similar results and what contextual factors are prerequisites for success?
- What are the unintended costs and consequences (positive or negative) associated with tested interventions on the local health economy and beyond?

Note for Cancer Alliances: Cancer Alliances are encouraged to add their own tailored evaluation questions to this list, as per local priorities.

As well as providing value to the [insert name of Cancer Alliance] and its wider local health economy, the evaluation should generate an evidence base that will enable the NHS Cancer Programme to answer key policy questions about the spread and replicability of tested interventions.

Methodology

The method should build on any evaluation work that [insert name of Cancer Alliance] has already undertaken. In addition to this, the CADEAS Team:

- Is developing a suite of resources to support Cancer Alliance led evaluation activity, which will also be available to evaluators;
- Has developed a series of generic logic models for our programme (N.B. these should be included in the terms of reference where available). These will have several purposes in the context of a programme evaluation. These are to:
 - i. Articulate anticipated links between programme inputs, activities, and outcomes
 - ii. Attach specific measures to each component of the logic model, and a suggested method for collecting data against these measures
 - iii. Demonstrate the hypothesised mechanisms that will deliver the impacts that the programme desires.

Bidders should also note that a range of useful resources are under development by the central CADEAS Team and will be available to support Cancer Alliances. These include:

- Quarterly production of data grids, using nationally-available data to track Cancer Alliance performance against a set of metrics from across the cancer pathway
- Periodic thematic reviews into topics of relevance to the wider National Cancer Programme, conducted by the CADEAS Team, with findings

shared across all Cancer Alliances

- Sharing evidence of best practice across Cancer Alliances. The CADEAS Team will synthesise and share emerging evidence from across all Cancer Alliance led evaluations to inform local decision-making and answer key policy questions about the spread and replicability of tested interventions.

This preparatory work forms a robust base upon which an evaluation methodology can be built. We do not wish to be overly-prescriptive about the methods to be used. We are keen to hear ideas from potential providers and encourage innovative approaches to be considered. However, we would expect the following stages and methodological approaches to be included:

- A theory-driven approach, using the logic models developed by the CADEAS Team as a foundation for this.
- A mixed methods approach which includes a range of quantitative and qualitative methodologies. Bidders may wish to consider:
 - I. Reviewing existing programme documentation and the wider literature as appropriate (noting the need to avoid replicating work already being undertaken centrally)
 - II. Analysis of existing datasets
 - III. Surveys of patients, carers, staff and citizens
 - IV. Interviews / focus groups with patients, carers, staff and wider stakeholders
 - V. Observational methods.

Outputs/reporting

The successful evaluator will be expected to provide regular progress reports to [insert Cancer Alliance], within specified governance structures. As a result, bidders should prepare a rolling programme of data gathering and analysis so as to provide formative findings to the Cancer Alliance within each of these reports.

Project management

[Insert name of Cancer Alliance] will identify a project lead to act as the day-to-day contact for the work. The project lead from the successful bidder is expected to have regular contact with the Cancer Alliance lead and to work collaboratively with them to develop and deliver the evaluation.

The successful bidder will be invited to join any local evaluation steering, or similar, groups which characteristically meet monthly or bimonthly. This group will oversee the study, steer the methodology as the Cancer Alliance itself evolves, and support the evaluator in undertaking the evaluation (for example, by supporting the set-up of data gathering tasks and supporting access to particular datasets). The steering group will also be the first recipient of all findings, and carry out the first review of all reports.

To facilitate the formative function of the evaluation, the evaluator should attend the Cancer Alliance programme board (or other governance arrangements in

place to oversees Cancer Alliance activities) which typically meets [enter frequency here].

Timetable

Cancer Alliances are encouraged to provide bidders with a proposed timetable for delivery of the evaluation. See example table to be adapted below.

DATE	MILESTONES
[month, year]	<ul style="list-style-type: none">Contract awarded
[month, year]	<ul style="list-style-type: none">Agree evaluation approach
[month, year]	<ul style="list-style-type: none">Initial phase of fieldwork begins
[month, year]	<ul style="list-style-type: none">Interim progress report
.....	<ul style="list-style-type: none">.....
.....	<ul style="list-style-type: none">
[month, year]	<ul style="list-style-type: none">Final annual report delivered

Budget

There is a budget of £[enter total here] per annum for this evaluation *[Note for Cancer Alliances: including the budget in the tender specification is not mandatory]*. We would like to emphasise that value for money should be a key part of the overall assessment.

Bidders should provide clear costings for each aspect of the project including a breakdown of activities to be delivered and any assumptions underpinning the costs. *[Note for Cancer Alliances: ensure that VAT is accounted for in any budget]*.

Tender evaluation criteria

Bidders should cover the following information as part of their bid:

- How the work will be conducted and how the listed evaluation questions will be addressed
- A timetable of the stages of work
- Details of the project team that will be involved in working on the project, outlining their number of days on the project, skills, experience, and nature of their involvement in the evaluation
- What project management techniques and reporting will be used
- Details of the quality assurance procedures in place
- Details of any ethical issues, data protection relevant to the proposal and how these will be addressed
- A risk register identifying risks associated with the completion of the evaluation and how Bidders plan to mitigate them
- Clear separate costings for each aspect of the project.

Bidders' responses will be assessed against the following criteria:

- Expertise and experience in the following areas:
 - i. Evaluating healthcare service transformation initiatives
 - ii. Undertaking mixed methods evaluations
 - iii. Carrying out impact evaluations
 - iv. Delivering high quality reports suitable for local and national audiences.
- Suitability and practicality of the proposed methods and delivery approach to address the aims of the evaluation
- Value for money.

Note for Cancer Alliances: please tailor these criteria to your own local needs. Ensuring a clear set of criteria are available for assessment is crucial.