INVITATION TO TENDER FOR THE PROVISION OF:
IMPROVING ACCESS to PSYCHOLOGICAL THERAPIES (IAPT)
LONG TERM CONDITIONS AND MEDICALLY UNEXPLAINED
SYMPTOMS PROJECT PHASE 1 COMPETENCY FRAMEWORK;
SCOPING EXERCISE

Deadline: 14.00, Thursday 31 January 2013
ITT Reference: ITT 58786

PART B – Tender Schedules
(To be returned by Tenderers)
1. **BACKGROUND**

1.1. In February 2011, the Government published No health without mental health: A cross Government mental health outcomes strategy for people of all ages, which sets out the strategy for improving the mental health and well-being of the nation. Talking Therapies: A Four-Year Plan of Action accompanied the mental health strategy and sets out the policy priorities. One of these priorities is the expansion of the IAPT programme to include people with Long Term Conditions (LTC) and/or Medically Unexplained Symptoms (MUS).

1.2. There are many conditions subsumed under the headings of LTC and MUS; the latter, in particular is variously understood. The terminology of MUS is disputed and this is subject to work currently in the IAPT programme. The corollary to this is that the evidence base, associated with the conditions, is open to interpretation in terms of what is in and out of scope. Furthermore, the level of evidence is inconsistent and not all conditions have NICE guidance to support specific therapeutic approaches. Priority needs to be given to promulgating evidence based interventions in LTC/MUS, it is important that the research trials and levels of evidence are scrutinised and prioritised in terms of recommended implementation in services.

1.3. The IAPT LTC/MUS project as part of the IAPT programme is the only project within IAPT that does not or is not in the process of developing relevant competency frameworks. In order to develop a competency framework for LTC & MUS the scoping and prioritisation of the evidence in LTC/MUS needs to be carried out and is an important next step for the IAPT LTC/MUS project.

2. **THE REQUIREMENT**

2.1. The project’s expectation is that the supplying organisation can offer the following:

(a) Collate and review evidence based interventions in LTC/MUS. This should include:

   • looking at definitions of conditions subsumed under LTC and MUS,
   • types and levels of evidence that is available and associated with each condition,
   • looking at existing competence frameworks to see if they can be adapted for any of the LTC and MUS conditions.

2.2. Keys skills required to carry out this work are as follows:

(a) Clinical skills in use of evidence based psychological therapies
(b) Academic and research skills in reviewing evidence from research trials
(c) Experience and expertise in delivering competency frameworks
(d) Clear understanding of how NICE operates in prioritising what constitutes evidence based interventions
(e) Capacity to mobilise resources in short timescale
2.3. Quality Standards - and/or Technical Standards
   Any research must be performed using international recognised methods and to internationally recognised quality standards.

2.4. Deliverables
   (a) Produce an independent report on the key findings and outcomes with recommendation for next steps by 22 March 2013.
   (b) Payment should be released on the delivery of the independent report.

2.5. The supplier will provide a project plan detailing the end-to-end arrangements for delivering to the specification.

2.6. The total level of resource should include discounts and not exceed the estimated budget of circa £8,000 - £10,000

3. CONTRACT MANAGEMENT AND MONITORING
   3.1. The contract will be managed by the LTC/MUS Expert Advisory Group, via the MUS Task and Finish Group under the direction of the Project Manager.

   3.2. The appointed organisation will provide regular progress updates to the Project Manager in the first instance, which will ensure the contract is being delivered on time and within budget, to the required specification.

   3.3. Teleconferences may also be required to discuss issues and risk management, as well as exception reporting.

4. TIMETABLE
   4.1. It is envisaged that the contract will be awarded in February 2013.

      (a) The IAPT LTC/MUS Project Phase 1(Identification and Evaluation of LTC/MUS Pilot Sites) will be completed by 30 March 2013 and Phase 2 will be completed by March 2014 (TBC)

5. SKILLS AND KNOWLEDGE TRANSFER
   5.1. The appointed organisation will work with the IAPT LTC/MUS Project Manager to ensure that the skills, learnt or benefits realised from this project can be transferred to the central IAPT team and LTC/MUS Expert advisory group to inform the development of LTC/MUS Competency Framework in Phase 2 of the project.

      This will be done through the following:
      • Lessons learned session
      • End of project report
      • End of project meeting with the LTC/MUS team

6. FURTHER INFORMATION
   It is likely that the IAPT Programme will continue from April 2013 but will be delivered by the newly formed NHS Commissioning Board.
Schedule One (a): Tenderer Response

SECTION A  Organisation details

A.1  Tenderer name

Please confirm the name of the Tenderer*:

| Tenderer Name: | The School of Health and Related Research (ScHARR), University of Sheffield |

- Full name of organisation tendering (or of organisation acting as the lead contact where a consortium bid is being submitted)

A.2  Contact details*

Tenderers must provide contact details for this tender.

| Contact Name* | PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT |
| Telephone number | PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT |
| Email address: | PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT |
| Address: | PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT |

- Contact is the person responsible for any queries relating to this proposal

A.3  Organisational status

Please confirm whether (or not) the Tenderer is a Small & Medium Enterprise¹ (SME).

| The Tenderer is an SME | No |

¹ To be considered an SME, an organisation must have a headcount less than 250 Annual Work Units (anyone that has worked full-time within the enterprise, or on its behalf, during the reference year counts as one unit. Part-time staff, seasonal workers and those who did not work the full year are treated as fractions of one unit) AND a turnover less than €50 million OR annual balance sheet of €48 million.
SECTION B  Solution Proposal

B.1  Overview (Not scored)

Tenderers must provide a concise summary highlighting the key aspects of the proposal.
(This response is not evaluated and should be used to contextualise the Tenderer’s response.)

Response (maximum 250 words)

Talking Therapies: A Four Year Action Plan (DoH 2011) set out a series of priorities for improving mental health and well-being. One of these priorities is the expansion of the IAPT programme to include people with Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS). Increased costs to the NHS are associated with LTC/MUS: people with LTC are seven times more likely to suffer from depression (DoH 2011), whilst between 20 and 30% of consultations in primary care are with people with MUS. The current proposal aims to inform the development of competency frameworks relevant to the application of IAPT to LTC/MUS, by scoping and prioritising the current evidence in LTC/MUS needs.

The current proposal aims to scope this evidence by conducting a mapping review/systematic map (EPPI-Centre 2006) of the evidence surrounding the use of talking therapies to improve physical and psychological symptoms/well-being in people with LTC/MUS. A systematic search of the literature will identify relevant studies. Data will be characterised and synthesised, and the literature will be mapped out according to definitions of conditions, quantity and quality.

Results of the mapping exercise will be used to explore how existing competency frameworks may be adapted for these conditions. Generic, basic, specific and meta competencies will be stated that are related to the adaptation of psychological methods concerned with increased patient management of LTC/MUS.

B.2  Leadership and Resource Plan (20%)

Provide details of the qualifications and experience of the individual whose responsibility will be to ensure that the requirement is delivered to time, within budget and to the required standards.

Response

PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT is a Research Fellow in psychological therapies and also works as a clinician in an NHS department of Psychological Medicine. In the latter role he is project lead for one of the 12 LTC/MUS pathfinder projects within IAPT. He was co-author of the NIHR-funded independent evaluation of the two original IAPT demonstration sites. He was project manager for that study and also for an MoD-funded evaluation of mental health services for Armed Forces veterans. He is co-author of an HTA-funded systematic review into psychological therapies for personality disorder.
Provide a comprehensive resource plan and project plan that identifies the key milestones for the requirement delivery. These should include details of the team involved, what these individuals will be doing and why these individuals are suitable for this requirement.

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<th>Response</th>
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<tr>
<td>PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT is a systematic reviewer with extensive experience of health technology appraisals and systematic reviews, including reviews of psychological interventions (e.g. Compassion-Focused Therapy, Group Cognitive Behavioural Therapy). PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT will develop the inclusion/exclusion criteria and data extraction form, screen titles and abstracts at sifting stage, extract the data, and characterise and synthesise the data.</td>
</tr>
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PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT is an Information Specialist with experience of literature searching for health technology appraisals and systematic reviews. PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT will develop search strategies and conduct the literature search.

PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT is a Research Associate in Mental Health who recently led a Systematic Review of Group Psychotherapy, funded by the Institute of Group Analysis and the Group Analytic Society. PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT will participate in screening titles and abstracts, and undertake data extraction and checking of colleagues’ data extraction as required.

PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT is a Consultant Clinical Psychologist and is the IAPT Programme Director at the University of Sheffield. This role entails training both low and high intensity practitioners with indicated generic and problem-specific clinical competencies.

The timescale is short and does not permit complex milestones. The first week will be spent designing the search strategy, inclusion/exclusion criteria and data extraction form. The next four weeks will be spent on literature searching, data extraction and rough drafting. The implications for competences will be examined in the final two weeks, once the findings of the literature search are available. An outline of preliminary findings could be made available by 15th March if required. The final week will be spent preparing the final findings, .pdf report and draft webpage of key points. After the contract period the team will redraft the findings into an article for submission to a peer-reviewed journal.
### B.3 Method statement (40%)
Describe (with specific reference to the elements of the requirements and the outcomes expected) proposed solution to deliver the requirements. This should include how your organisation intends to obtain, deliver and sustain the service, as well as any innovative offers.

**Response**

<table>
<thead>
<tr>
<th>Collate and review evidence-based interventions in LTC/MUS:</th>
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<tr>
<td>The review question will be addressed by a mapping review/systematic map. The systematic mapping exercise will employ methods based on those developed and refined by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), Institute of Education, London (2006). The existing literature will be mapped out and characterised according to definitions of conditions, quantity and quality. An Information Specialist will systematically search the literature for studies exploring the effectiveness of psychological interventions for LTCs and MUS.</td>
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**Inclusion criteria**
- **Population:** Patients with Long Term Conditions or Medically Unexplained Symptoms.
- **Intervention:** Any psychosocial intervention.
- **Comparator:** None specified: any, none.
- **Outcomes:** Stress-reduction, increased psychological well-being, reduction in physical symptoms, quality of life, social outcomes e.g. return to work.
- **Study type:** Clinical studies to include RCTs, non-RCTS, pseudo-experimental and observational studies.

**Exclusion criteria**
- Medical interventions i.e. without a psychosocial component.

**Search strategy**
The search will include the Cochrane Library including the Cochrane Register of Controlled Trials, Cochrane Depression, Anxiety and Neurosis Group Register, EMBASE, MEDLINE, PsychINFO, Web of Science.

**Data extraction strategy**
It is beyond the timescale and scope of the project to retrieve full papers for all included studies. Data will be extracted from abstracts where possible. Full papers will only be retrieved where the relevant data is not available from abstract alone. Data will be extracted by one reviewer using a standardised data extraction form and a sample (10%) checked by another reviewer. Discrepancies will be resolved by discussion.

**Quality assessment strategy**
Whilst it is beyond the timescale and scope of the project to conduct full quality assessments for individual studies, quality of studies will be inferred by ranking of study design: RCTs, non RCTS, pseudo-experimental and observational studies.
Response

Methods of data synthesis
Studies will be classified according to criteria such as definitions of conditions, context and study design. A data extraction form will be developed to identify key information from each study. A brief summary of the evidence i.e. direction of any effects will be extracted. Data from included studies will be tabulated.

Discussion of competency frameworks:
The LTC/MUS competency framework will draw on three strands; (a) the structure of extant IAPT compliant competency frameworks (b) interviews already conducted with staff in the Sheffield and Hull MUS/LTC Pathfinder sites and (c) the evidence base for the psychological treatment of LTC/MUS. The competencies developed will be suitable for both low and high intensity psychological interventions. Generic, basic, specific and meta competencies will be stated that are related to the adaptation of psychological methods concerned with increased patient management of LTC/MUS.

B.4 Exit Strategy & Skills Transfer (10%)
Describe the processes and deliverables of the exit phase of the service and how skills will be retained within the Authority.

Response
A final report will be produced in .pdf form to be mounted on the IAPT website and/or the University webpages once it has been reviewed and accepted. An executive summary will also be produced which could be drafted as a webpage to allow quick communication of the headline results. If required, PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT could present the findings of the scoping review at one of the LTC/MUS meetings, as he already attends these in his capacity as lead for one of the pathfinders. The results of the scoping review will be written up and submitted to a peer-reviewed journal for publication.
Schedule Two: Pricing Schedule

1. **General Instructions**

1.1 The rates contained within the Pricing Schedule are, unless otherwise expressly agreed between the parties, firm.

1.2 The rates entered shall be deemed to include complete provision for full compliance with the requirements of the Contract.

1.3 The rates exclude VAT.

1.4 Tenderers must include in the pricing schedules any discounts or any reduced pricing they are proposing to offer to the Authority in delivery of this requirement.

COMMERCIAL INFORMATION REDACTED UNDER SECTION 43 OF THE FREEDOM OF INFORMATION ACT
Schedule Three: Contract Monitoring

1. **GENERAL INSTRUCTIONS**
   1.1. Tenderers must provide all the information requested in the following section as part of their tender proposal.

2. **REPRESENTATIVES**
   2.1. Name of Authority's Representative(s): [To be advised]
   2.2. Name of Contractor's Representative(s): PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT

3. **DELIVERABLES**
   3.1. List of deliverables, outputs and reports Contractor is to supply: [As defined in the specification]
   3.2. Period(s) over which each deliverable, output and report is to be supplied: [As defined in the specification]
   3.3. Information requirements: [As defined in the specification]
   3.4. Milestones: [As defined in the specification]

4. **MEETINGS**
   4.1. Frequency of contract management meetings: [To be agreed on contract award]
   4.2. Location of contract management meetings: [To be agreed on contract award]
   4.3. Checking performance against anticipated plan: [To be agreed on contract award]

5. **REMEDIES**
   5.1. Remedies for below par performance: [As defined in the contract]
### Schedule Four: Confidential & Commercially Sensitive Information

1. **GENERAL**
   1.1. All the information that the Authority supplies as part of this Contract may be regarded as Confidential Information as defined in Condition 1 (Definitions) of Section Three – Conditions of Contract.
   1.2. The Contractor considers that the type of information listed in paragraph 2.1 below is Confidential Information.
   1.3. The Contractor considers that the type of information listed in paragraph 2.2 below is Commercially Sensitive Information.

2. **TYPES OF INFORMATION THAT THE CONTRACTOR CONSIDERS TO BE CONFIDENTIAL**

   2.1. Type 1: Confidential information:

<table>
<thead>
<tr>
<th>INFORMATION CONSIDERED CONFIDENTIAL</th>
<th>REASON FOR FOIA EXEMPTION (INCLUDE PARAGRAPH REFERENCE)</th>
<th>PERIOD EXEMPTION IS SOUGHT (MONTHS)</th>
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<tbody>
<tr>
<td>None</td>
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   2.2. Type 2: Commercially sensitive information:

<table>
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<tr>
<th>INFORMATION CONSIDERED COMMERCIAL SENSITIVE</th>
<th>REASON FOR FOIA EXEMPTION (INCLUDE PARAGRAPH REFERENCE)</th>
<th>PERIOD EXEMPTION IS SOUGHT (MONTHS)</th>
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<tr>
<td>None</td>
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Schedule Five: Administrative Instructions

1. **AUTHORISATION**

1.1. The person shown below shall act as the Authority's Representative on all matters relating to the Contract:

<table>
<thead>
<tr>
<th>NAME</th>
<th>To be confirmed at Contract Award</th>
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<tr>
<td>CONTACT DETAILS</td>
<td>To be confirmed at Contract Award</td>
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1.2. The Department's Representative may authorise other officers to act on their behalf.

2. **NOTICES**

2.1. Any notice the Contractor wishes to send the Authority shall be sent in writing to the Authority's Representative at the address shown in paragraph 1.1 above.

2.2. Any notice the Authority wishes to send the Contractor shall be sent in writing to the Contractor's Representative at the address shown in paragraph 4.2 below.

3. **ADDRESS FOR INVOICES**

3.1. All invoices shall be sent to the Department addressed to:

   Department of Health  
   Accounts Payable  
   6th Floor, Zone B  
   Skipton House  
   80 London Road  
   London  
   SE1 6LH

3.2. NB. Invoices must be sent to Accounts Payable at the above address. Invoices must not be sent to the Authority's Representative.

4. **CORRESPONDENCE**

4.1. All correspondence to the Authority except that for or relating to invoices shall be sent to the following address:

   [To be confirmed at Contract Award]

4.2. All correspondence to the Contractor shall be sent to the following address:

   Tenderer to provide Address

   PERSONAL INFORMATION REDACTED UNDER SECTION 40 OF THE FREEDOM OF INFORMATION ACT
Schedule Five: Appendix A: Variation to Contract

VARIATION TO CONTRACT FORM

CONTRACT TITLE:

FOR THE PROVISION OF:

CONTRACT REF:  VARIATION NO:  DATE:

BETWEEN:
The Secretary of State for Health (hereinafter called the Department) and [INSERT NAME OF CONTRACTOR] (hereinafter called the Contractor) having his main or registered office at [DN:INSERT ADDRESS]:

The Contract is varied as follows:
(DN:INSERT DETAILS OF VARIATION)

Words and expressions in this Variation shall have the meanings given to them in the Contract.

The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

SIGNED:

FOR: THE AUTHORITY                  FOR THE CONTRACTOR
By
Full name
GRADE / PAY BAND
DATE

By
FULL NAME
TITLE
DATE
Schedule Five: Appendix B: Novation Agreement

THIS DEED (THIS AGREEMENT) is made on the [dd] day of [month & year] BETWEEN

(1) THE SECRETARY OF STATE FOR HEALTH (the Secretary of State) whose principal place of business is at Richmond House, 79 Whitehall, London, SW1A 2NS,

(2) THE [CONTRACTOR] of [address]

(3) THE [NEW PARTY] of [address]

WHEREAS

(A) This Agreement is supplemental to an agreement dated [dd Month Year] between the Secretary of State and the Contractor (the Contract) under which the Contractor agreed to provide services to the Secretary of State.

(B) The Secretary of State has authorised the New Party to replace the Secretary of State as the contracting Department under the Contract on the terms of this Agreement and the Contractor is willing to accept the New Party in place of the Secretary of State on those terms.

IT IS HEREBY AGREED AS FOLLOWS:

1. Subject to the following Clauses of this Agreement –
   a) The Contract shall continue in full force and effect as if the New Party were named as a party to the Contract in place of the Secretary of State for Health.
   b) All rights, obligations and liabilities arising under the Contract from the date of this Agreement shall be rights, obligations and liabilities between the New Party and the Contractor.
   c) Any existing rights, obligations or liabilities of the Secretary of State relating to the performance of the Contract up to the date of this Agreement shall pass to the New Party and shall be enforceable between the Contractor and the New Party in place of the Secretary of State.

2. The rights, obligations and liabilities of the Contract shall be exercisable and enforceable as the rights of the New Party under this Agreement.

3. This Agreement shall be governed by and interpreted in accordance with English law and shall be subject to the jurisdiction of the courts of England.

Signed by ....................................for and on behalf of the Secretary of State for Health in the presence of:

Signed by ....................................for and on behalf of the Contractor in the presence of:

Signed by ....................................for and on behalf of the New Party in the presence of:
Schedule Five: Appendix C: Sub-Contractors

All suppliers to the Department of Health are asked to provide details of all sub-contractors that will be used to perform the contract.

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF SUB-CONTRACTOR</th>
<th>SERVICE PERFORMED FOR CONTRACTOR</th>
<th>PROVIDE DETAILS OF STAFF NUMBERS&lt;sup&gt;2&lt;/sup&gt;</th>
<th>PROVIDE LATEST YEAR’S TURNOVER</th>
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2 This is the average annual numbers of both staff and managerial staff employed over the last trading year