



Specialised Services

**ITT Volume 2
Service Specification & Standards for
Adults with Potentially Reversible Severe
Respiratory Failure**

25 July 2011

(Version 15.00 hrs)

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INTRODUCTION

Service Specification Requirements -The Specification section below sets out the requirements for Bidders in respect of:

- The Service Specification - the care pathway to be commissioned
- The National Standards - setting out the quality and standards for the service the successful provider will be required to meet

Bidder Response

Bidders should complete this Section according to the instructions and guidance as set out in Volume 1 of this ITT

Service Specification and Standards

NSCT are tendering for providers who are able to provide a safe, effective, patient-centred and high quality adult respiratory ECMO service for patients with potentially reversible severe respiratory failure, in whom ECMO support is clinically appropriate and who fulfil the eligibility criteria for the service. It is expected that the service will be delivered through a number of providers, in order to ensure that patients have equity of access and receive parity of service.

The adult respiratory ECMO service care pathway encompasses:

- Acceptance of patients referred to the service who fulfil the eligibility criteria for entry to the service
- Specialist retrieval
- Assessment (up to a maximum of 48 hours)
- Treatment: provision of extracorporeal life support through a pathway of care using standard clinical protocols.
- Post treatment support (post decannulation up to a maximum of 48 hours)
- End of life care

ECMO centres will be expected to:

- Anticipate, plan for and manage seasonal variation
- Respond on a national basis to unanticipated surges in demand, over and above the seasonal demands.

EVALUATION OF BIDS

NSCT are seeking Bids that offer a safe high quality service and best value for patients and taxpayers. The key workstreams, evaluation criteria and weightings are included in the table below:

PART	Part weighting	Evaluation Criteria	Section weighting
Part 1 Legal and Regulatory requirements	Pass/Fail	Legal / performance / information	-
Part 2 Service Specification	65%	A Geographical coverage	2.5%
		B Provision of ECMO service	20.0%
		C Governance	10.0%
		D Workforce	12.5%
		E Facilities	7.5%
		F Quality of Care	10.0%
		G Transport and retrieval	12.5%
		H Collaborative practice	15.0%
		I Research and Innovation	5.0%
		J Panel presentation	5.0%
			100.0%
Part 3 Pricing & Costing Structure	35%	Overheads	10.0%
		Overall bed day rate	80.0%
		Retrieval	10.0%
			100.0%
Total	100%		



**PART 1 – LEGAL AND REGULATORY
REQUIREMENTS**



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Legal Question – Pass/Fail

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Part 1 : Question 1

The Bidder will be required to accept the terms of the NHS Standard Contract without amendment.

Maximum 500 words

Response



PART 2 – SERVICE SPECIFICATION



SECTION A - Geographical coverage

Section A: Questions 1-4

A1 Critical care networks

The national ECMO service will require a number of centres across England, with each centre providing the ECMO service for a defined geographical referral area. It is the primary objective that geographical coverage of all critical care networks is achieved. Bidders must be aware that where they are looking to provide in the same or similar networks, the ranking scheme will be used as the methodology for final selection, to ensure full geographical coverage.

An expression of interest to provide an ECMO service to one or more critical care networks is only an indication of interest and will not guarantee that, if a potential bidder is successful, this will be the geographical area they will be allocated to cover.

The evaluation panel will make the final decision on geographical coverage to ensure national coverage and equity of access for all patients in England. This may result in a bidder providing an ECMO service to either a smaller or larger number of critical care networks than covered by the original expressions of interest.

Potential bidders are required to re-affirm the geographical referral areas, previously identified in the Pre-Qualification Questionnaire, in the table below. The referral areas will need to have a sufficient population to support a **minimum activity of 20 ECMO cases a year** and, where possible, be linked to a number of local critical care networks. Reference should be made in the presentation at the Briefing Day presentation on estimated referral numbers

	Previously identified in PQQ	Confirmation of preferred Critical Care Networks for ITT	Estimated cases per year
Critical Care Network	Yes / No	Yes / No	Number
Avon & Gloucester			
Birmingham and Black Country			
Central England			
Cheshire & Mersey			
Essex			
Greater Manchester			
Hertfordshire and Bedfordshire			
Kent & Medway			
Lancashire & South Cumbria			
London - North Central			
London - North West			
London -North East			
London -South East			
London -South West			
Mid Trent			
Norfolk, Suffolk & Cambridge			
North of England			
North Trent			
North West Midlands			
North Yorkshire and Humberside			
South Central			
South West Peninsula			
Surrey Wide			
Sussex			
Thames Valley			
Wessex			
West Yorkshire			

	Yes	No
Confirm the proposed coverage will ensure minimum of 20 cases annually		

A2 Minimum volumes

The Bidder must demonstrate how the proposed ECMO service configuration will ensure sufficient minimum activity, to achieve high quality outcomes for patients and recruitment and retention of staff.

The response should make reference, but not be limited, to:

- How the minimum activity required will be achieved
- How will the centre raise awareness of the service

Maximum 500 words (the use of bullet points is acceptable)

Section A2 Response

A3 Geographical coverage

All ECMO centres **will be expected** to:

- Provide an ECMO service for the geographical areas allocated by the National Specialised Commissioning Team
- Accept referrals from an ICU in any area of England and the Devolved Administrations, if the closest ECMO centre is unable to accept the patient
- Provide surge capacity when requested, which potentially will mean taking patients from any of the geographical areas in England and the Devolved Administrations .

Potential bidders should confirm they agree to:

- Cover the critical care networks as allocated
- Provide a service to any area of England, as necessary, to support the delivery of the national ECMO service
- Provide surge capacity as required for both England and the Devolved Administrations

	Yes	No
Confirm will cover critical care networks as allocated		
Confirm will accept referrals from ICU in any area of England		
Confirm will provide surge capacity		

In the event that full national coverage is not achieved by the tendering process, NSCT reserves the right to introduce a further competitive stage in the procurement, in which Bidders, who have met the required evaluation standards of the Invitation to Tender, will be engaged to participate. The requirement of this additional stage will be undertaken at the sole discretion of the NSCT.

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SECTION B - Provision of Adult Respiratory ECMO

(Including care pathway, model of care and patient centred care)

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When completing your responses to the questions in section B please refer to the standards schedule and ensure you have provided the additional evidence to meet the standards, where specified.

Section B: Questions 1-2

B1 Model of Care

Bidders are required to describe the proposed model of care that will deliver the requirements of the Service Specification (see Appendix 1) and the National Standards (see Appendix 2) and provide evidence to demonstrate how this model of care will achieve the objectives outlined in the Service Specification. Bidders must demonstrate that the proposed ECMO Service configuration is resilient and flexible to changes in local and national demand. Please describe the proposed care pathway in accordance with the Service Specification and standards.

Points will be awarded for this section for responses which demonstrate innovative improvements that deliver improved quality, productivity and value for money.

Please note:

Detailed workforce information will be requested in Section D

Detailed facilities and equipment information will be requested in Section E

Detailed information on retrieval will be requested in Section G

The response should make reference, but not be limited, to:

a. Referral; process; guidelines; prioritisation and management

Maximum 500 words (the use of bullet points is acceptable)

One A4 attachment of a chart / algorithm of care pathway may be submitted as part of the response

Question B1a Response

b. Assessment; protocol and process

Maximum 1000 words (the use of bullet points is acceptable)

One A4 attachment of a chart / algorithm of care pathway may be submitted as part of the response

Question B1b Response

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c. ECMO support; protocol and process, duration of support

Maximum 1000 words (the use of bullet points is acceptable)

One A4 attachment of a chart / algorithm of care pathway may be submitted as part of the response

Question B1c Response

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d. Post-support:

- pathway for patients weaned from ECMO, current Trust process for discharge summary
- End of life care; dignity of care, decisions on withdrawal of treatment, process

Maximum 1000 words (the use of bullet points is acceptable)

One A4 attachment of a chart / algorithm of care pathway may be submitted as part of the response

Question B1d Response

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e. Patient centred care to include:

- How feedback from patient /family / carers will be monitored
- Process for responding to feedback
- Psychological and social support for patients and carers

Maximum 1000 words (the use of bullet points is acceptable)

Question B1e Response

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B2 Implementation

The adult respiratory ECMO service will be newly designated from 1 December 2011. NSCT will review the state of readiness to provide the ECMO service and may not appoint some contracts until April 2012. The decision of NSCT will be final. Bidders should provide details of the anticipated date of commencement of the ECMO service

Date of commencement

Bidders should provide details of the implementation plan including the key milestones. This should include the development of links with the critical care networks for which they will be providing an ECMO service.

The response should make reference, but not be limited, to:

- a. Implementation plan to address four scenarios: set up; maintenance; seasonal variation; surge – including:
 - development of activity plans
 - development of appropriate care pathway
 - communications strategy
 - development of links with critical care networks

Maximum 2000 words (the use of bullet points is acceptable)

Question B2a Response

- b. Mitigation of risks: Bidders must identify the risks they believe exist during the implementation period. Bidders must make an assessment of impact of these risks to the Trust and give details of how these will be mitigated:
- financial risks including set up costs
 - strategic risks; (impact on other services)
 - operational risks (including escalation plans)
 - clinical risks;
 - deliverability risks and clinical sustainability

Maximum 2000 words (the use of bullet points is acceptable)

Question B2b Response

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Section B: Standards to be met and evidence to be provided

Patients are entitled to high quality, safe and expert care at all stages of the care pathway.

Please confirm that you meet the standards listed below. The required supporting evidence must be submitted as detailed.

ECMO care pathway

Standard	Description	Met Yes / No	Evidence to submit
B1	There will be written guidelines for referral to the ECMO Centre by referring centres agreed with the local critical care network and covering entry criteria, contact details and communication between clinicians and patients.		None Information should form part of the response to Question B1a
B2	Decisions on referrals will be made within one hour and patients seen and investigated within a period of time consistent with clinical urgency.		None Information should form part of the response to Question B1a
B3	Patients with potentially reversible severe respiratory failure referred for ECMO will be assessed by a specialist ECMO clinician.		None Information should form part of the response to Question B1b
B4	Assessment will be based on the set of agreed objective referral criteria for the service. The referral criteria are based on the CESAR physiological eligibility criteria. Providers who wish to accept a referral outside the agreed criteria are expected to discuss the case with a minimum of one other centre. These cases will be discussed at annual meeting where all centres are expected to be represented. Referral data will be clearly recorded in a proforma which will be available at the multidisciplinary assessment meeting and filed in the patient's notes.		Information should form part of the response to Question B1a and B1b Letter of confirmation from Medical Director that provider will attend the Annual Meeting and present outcome data for the service
B5	The ECMO clinician will work as part of a multidisciplinary team including critical care specialists. The ECMO clinician must have training and experience obtained at an ECMO centre in which he/she had personal experience of caring for		List of clinical specialities within the MDT Job plan for ECMO Programme Director

Standard	Description	Met Yes / No	Evidence to submit
	<p>patients receiving ECMO support.</p> <p>Other participating physicians, surgeons and non-physician staff will have knowledge in and experience of, the care of ECMO patients.</p>		<p>CV for ECMO Programme Director</p> <p>Training and experience of the ECMO clinicians: information should form part of the response to Question D2</p>
B6	Cardiothoracic surgery must be co-located and the service available 24 hours a day, seven days a week.		Copy of consultant cardiothoracic surgery rota with named individuals from January -March 2011
B7	Follow up discharge summary and recommendations will be sent to general practitioners and to referring physicians.		<p>None</p> <p>Information should form part of the response to Question B1d</p>
B8	Follow up by physicians with expertise in ECMO (with support available from members of the MDT) will be provided to patients when requested by local clinicians.		<p>None</p> <p>Information should form part of the response to Question B1d</p>
B9	The ECMO centre will participate with other centres in a national network to cope with fluctuating demand and to ensure that referred patients have access to ECMO.		Letter of confirmation from the Chief Executive

Patient Centred Care

Care for patients will be respectful of and responsive to individual patient preferences, needs and values and ensure that patient values guide all clinical decisions.

Patients, families and carers will have the best possible experience of hospital. Measuring patients' and carers' experience is an integral part of health care regulation and improvement.

Standard	Description	Met Yes / No	Evidence to submit
B10	Patients and carers will be provided with comprehensive information, and appropriate time and support in order that they may make informed decisions about their treatment choices.		Submit examples of information leaflets that will be provided to patients and carers.
B11	Information will be made available. It will be clear, understandable, culturally sensitive and evidence based – when given verbally, information given will be documented in the patient's medical notes.		None - as for Standard B10 Details of Trust interpreting services
B12	A range of psychological and social support services will be offered to meet the needs of patients and carers. These will be made available at the specialist centre and, when necessary, referral made to local services.		None Information should form part of the response to Question B1e
B13	The views of patients, carers and staff will be regularly and formally sought and the results openly available.		None Information should form part of the response to Question B1e
B14	There will be formal arrangements for addressing complaints and other comments made by patients, carers and staff at other times.		Copy of Trust Complaints Procedure
B15	Staff in the multi-disciplinary ECMO team will have training and be supported in using communication skills. There will be a policy for breaking bad news.		None Information should form part of the response to Question B1e