b. Development of mobile ECMO including information on:
   - Interim arrangements
   - Equipment
   - Staff
   - Transport arrangements including links to ambulance trusts / air ambulance

Maximum 1500 (the use of bullet points is acceptable)

Question G1b Response

G2 Repatriation

Repatriation is not part of the NSCT commissioned pathway but providers must work collaboratively with other trusts in their critical care network to facilitate safe and timely repatriation of post-ECMO patients. Please describe how this will be achieved.

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

- Details of current arrangements for repatriation of patients
- Patient flow
- Work with critical care network to facilitate the process
- Transport including links to ambulance trusts

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

Question G2 Response

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

Transport and retrieval of patients

Patients accepted by the ECMO service must be transferred from the referring hospital in a safe and timely manner by a specialist retrieval team who are deemed competent in transporting critically sick patients.

Standard	Description	Met Yes / No	Evidence to submit
G1	Providers must have the capacity to retrieve patients safely from referring hospitals to the receiving ECMO centre. Except in exceptional circumstances, the ECMO centre will retrieve all patients who are accepted for treatment / consideration of ECMO.		None Information should form part of the response to Question G1a
G2	The transport team will include a consultant and nurse specialist who have been deemed competent in the transport of critically ill patient.		None Information should form part of the response to Question G1a
G3	Centres will demonstrate links with local ambulance providers who will be partners in the service.		Letter from local ambulance trust and/or ambulance company confirming links in place
G4	Retrieval teams will document informed assent.		None Information should form part of the response to Question G1a
G5	There will be documentation of the entire procedure.		None Information should form part of the response to Question G1a
G6	Centres will be able to provide safe mobile ECMO for patients who are clinically eligible, within 12 months of commencing the service.		None Information should form part of the response to Question G1b
G7	Transport and transfer of patients will be a standing agenda item at the annual all-centre meeting.		Letter from Chief Executive to confirm that provider will attend the Annual Meeting
G8	Centres will make arrangements for the safe repatriation of patients from the ECMO centre to an appropriate hospital near their home.		None Information should form part of the response to Question G2

SECTION H – Collaborative Practice

Section H: Questions 1-3

H1 Clinical Collaboration

The Bidder must demonstrate the benefits of clinical collaboration and sharing best practice to improve patient/carer outcomes and how this would be applied to the respiratory ECMO Service.

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

a. Working with other intensive care units in the networks which the ECMO service covers to:
   - establish referral pathways
   - facilitate communication
   - assess satisfaction of health professionals referring to the service

Maximum 1500 words(the use of bullet points is acceptable)

Question H1a Response

b. Working with other ECMO centres in the national service to:
   - develop best practice
   - benchmark outcomes
   - manage the national caseload

Maximum 1500 words(the use of bullet points is acceptable)

Question **H1b Response**

H2 Wider networks

Adult respiratory ECMO is one of a range of specialist interventions for the management of patients with severe but potentially reversible respiratory failure. The centre will be capable of supporting all aspects of respiratory failure and, as a centre of expertise, must provide support to the intensive care units in their network. This must take account of professional guidance from the Faculty of Intensive Care Medicine and the Intensive Care Society.

Please describe how this will be achieved including arrangement for developing a network approach.

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

- Use of best practice guidance
- Provision of expert advice
- Collaborative education and training on the management of patients with severe respiratory failure

Maximum 1500 words (the use of bullet points is acceptable)

Question H2 Response

H3 Co-ordination during surge

ECMO centres will be required to respond on a national basis to unanticipated surges in demand, over and above the seasonal demands. This will be on a UK wide basis, working with the devolved administrations.

Bidders must describe how they will collaborate with other providers to co-ordinate ECMO provision during surge.

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

- Escalation plans
- Co-ordination of national service across the UK
- Provision of national ECMO service
- Long distance transport.

Maximum 1500 words (the use of bullet points is acceptable)

Question H3 Response

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

Collaborative Practice

The provision of care for this group of patients will be improved by locating ECMO services in a tertiary intensive care unit, which has expertise in the specialist management of acute respiratory failure and is part of the wider critical care network.

Standard	Description	Met Yes / No	Evidence to submit
H1	Referring physicians must receive adequate feedback for patients not accepted by the ECMO centres with clear reasons for declining the referral.		None Information should form part of the response to Question H1a
H2	Hospital doctors and other health care professionals at the repatriating hospital, with questions about any aspect of post-ECMO care will be able to contact the ECMO team for advice. A member of the ECMO team (the ECMO Director, the duty ECMO consultant, or co-ordinator) needs to be available 24 hours, 7 days a week to receive calls about patients.		None Information should form part of the response to Question H1a
H3	Centres will identify themselves as part of the local critical care network and with other relevant networks in the future; for example the Faculty of Intensive Care Medicine proposed acute respiratory failure network. Centres will be expected to provide expert advice management of patients with severe but potentially reversible respiratory failure to intensive care units for which they provide an ECMO service		None No answer required (answered in PQQ) Information should form part of the response to Question H1a
H4	Centres will collaborate with other national providers of adult respiratory ECMO to minimise potential delays in patients accessing respiratory ECMO care and to share best practice.		Information should form part of the response to Question H1b and H3 Letter from Medical Director to confirm that the provider will attend the Annual Meeting

SECTION I – Research and Innovation

Section I: Questions 1-2

I1 Research

The bidder must demonstrate a culture of research and enquiry into the management of critical adults with severe respiratory failure.

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

- List of publications in peer reviewed journals over the last 3 years on management of patients with advanced respiratory failure including ECMO
- Current research projects
- Future projects

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

Question I1 Response

I2 Application of research

The bidder must demonstrate how they apply research findings to improve clinical outcomes.

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

- Specific examples from intensive care or ECMO service
- How this has improved, or will be expected to improve, outcomes (please give examples)

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

Question I2 Response

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

Research & Innovation

Research and development is necessary:

- To ensure practice is based on reliable evidence of needs and of what works best to meet those needs
- To improve the quality, access and efficiency of the service and enable service development

Standard	Description	Met Yes / No	Evidence to submit
I1	**Research Strategy** Each centre to have and regularly update an ECMO Research Strategy and Programme which documents the current and planned activity, the resources needed to support activity in terms of staffing and objectives for development.		Research Strategy
I2	**Research Governance** Evidence of compliance with research governance requirements: • systems are in place to ensure that an appropriate member of staff is notified of, and has approved, all research in the organisation • systems are in place to ensure all ongoing research has ethics committee approval • arrangements are in place to ensure that an identified individual is responsible for making sure that informed consent and procedures in the protocol approved by the ethics committee are being adhered to.		Letter from Medical Director to confirm that NHS Trust Research Governance Policy and Procedures are in place. This must include evidence of Trust and REC approval of all research activity
I3	Evidence of compliance with the Mental Capacity Act 2005 which provides safeguards for a person who lacks capacity to consent to research.		Trust Policy
I4	**Research Outputs and Outcomes** Regular participation in national and international ECMO conferences.		Letter from Medical Director to confirm the provider will include a summary of research activity in the Annual Report
I5	ECMO-related peer-reviewed publications will be reported annually to the National Specialised Commissioning Team or its successor.		Letter from the Chief Executive to confirm that publications will be listed in the Annual Report
I6	Clinical practice is informed by regular review of research evidence derived from local, national or international research activity.		Letter from Medical Director to confirm that the provider will document examples in the Annual Report.

PART 3 – PRICING & COSTING STRUCTURE

Service Provision

Bidders are requested to submit costs for providing an Adult Respiratory ECMO service that is consistent with, and reflects the service model and volumes of activity proposed that fits with a care pathway that encompasses:

- Referral and acceptance of patients who fulfil the eligibility criteria for the service
- Specialist retrieval
- Assessment (up to a maximum of 48 hours)
- Treatment; provision of extracorporeal life support using a standard protocolised pathway of care
- Post treatment support (post decannulation up to a maximum of 48 hours)
- End of life care

The National Specialised Commissioning Team (NSCT) does not commission:

- Conventional care (including critical care) once a patient is discharged from the adult respiratory ECMO care pathway. This is funded by the patient's Primary Care Trust.
- Repatriation transport.

Patients discharged from the specialist ECMO service following the period of post ECMO support should be transferred back to the critical care team.

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. This may impact on the Trust's capacity to provide elective services.

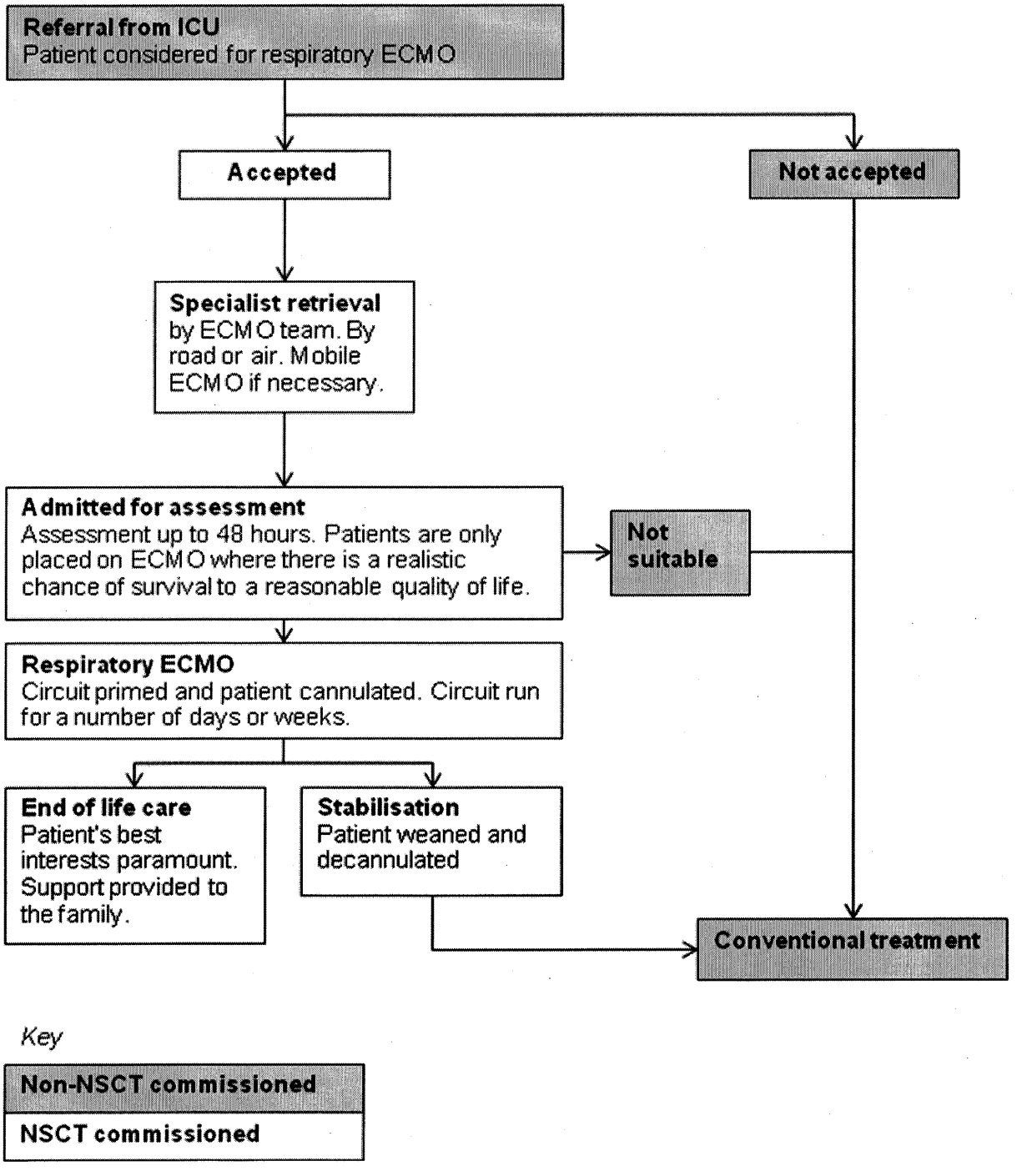
Diagram 1 outlines the pathway that is to be commissioned by the National Specialised Commissioning Team.

All costs should be the on-going revenue costs only. Start up costs should not be included in the cost provided. It should be noted that the NSCT does not hold a capital allocation and therefore cannot consider costs of a capital nature. Any capital requirements should be met via the normal capital funding routes. All costs should be at 2011/12 prices. Adjustments will be made annually in line with guidance within the NHS Operating Framework and any other guidance.

Bidders will be invited to supply their cost for an occupied bed day in year 1. NSCT reserve the right to move to a common price for the service in the future. It is envisaged that a common price for the service will be established in the future.

Diagram 1

Pathway for adult respiratory ECMO



The currency for contracting for activity for the service will be per occupied bed day with the same price being applied to each element of the care pathway described in the service specification. Costing for the service should indicate the range of activity that the occupied bed day rates hold true for as well as the proposed activity that the service is expecting to provide.

The indicative contract activity and value will be set at the estimated number of occupied bed days within the care pathway plus the number of expected retrieval journeys for each of the currencies above. Frequent contract monitoring will take place throughout the year to assess the contract performance against the indicative contracted activity and value. Adjustments will be made following confirmation of the final year end outturn activity and journeys to reflect the actual activity that has taken place.

The Adult ECMO Bed Day Price workbook should be used to collect the costs associated with providing an ECMO service. The costs provided will be divided by the expected number of occupied bed days to arrive at an occupied bed day rate for the contract.

	Yes	No
The costs submitted are consistent with and reflect the service model and volumes of activity proposed.		

Microsoft Office
Excel 97-2003 Works

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

Additional currencies will be in place for the specialist retrieval of patients. Specialist retrieval costs should be the additional cost incurred in retrieving a patient i.e. should not include the costs already included in the service and should be indicated under three methods:

a) **Road** - Clinical team attend patient, stabilise and then retrieve to the specialised centre by road only.
b) **Air/Road** - Clinical team attend patient by air, stabilise and then retrieve to the specialised centre by road.
c) **Air/Air** - Clinical team attend patient air, stabilise and then retrieve to the specialised centre by air.

The cost per retrieval should be identified by banding of the distance from the Trust for each method of retrieval and should be considered in reference to the answer given in question A4 in Section A - Geographical Coverage.

The costs and rates submitted will be analysed and evaluated on the following basis.

Category	Aim	Measures	Score	Evaluation Benchmark
Overall Bed Day Rate	Value for Money	Ranking of overall bed day rate (reduced by MFF)	80%	Relative to other bids
Overheads (including Capital Charges)	Within a reasonable absorption rate	<20% threshold	10%	Deviation from 20% threshold
Retrieval	Adequately reflects the ability to deliver the service specification	Ranking	 4 3 3	Relative to other bids for each distance band Road/Road Air/Road Air/Air
Total Score			100%	

Performance Review and Improvement

Activity data should be submitted to the National Specialised Commissioning Team's Informatics Team by the fifth working day of the month following the activity taking place. The following activity measures will be required to be reported to the NSCT on a monthly basis via a standardised monitoring template:

- Referrals
- Patients accepted
- Retrieved by Air/Road
- Retrieved by Air/Air
- Retrieved by Road
- Retrieved on mobile ECMO
- Patients Assessed
- Occupied bed days in assessment
- Patients receiving Assessment Only
- Patients starting ECMO
- Occupied bed days on ECMO
- Patients successfully transferred to conventional care
- Patients dies before being transferred to conventional care

In addition, quality indicators as described in section F1 will be required to be reported and submitted on a quarterly basis. Copies of the Extracorporeal Life Support Organization (ELSO) Annual Report and the information reported to the multi-centre meeting should be reported annually to the NSCT.

The NSCT reserve the right to review the above information requirements.

	Yes	No
The Trust will be able to meet the information reporting requirements set out in the Performance Review section of this document.		

SECTION A

Details of the Potential Bidder and its business structure

A copy of this Section must be completed by the Potential Bidder Please provide the name and other required contact details of the Potential Bidder itself (i.e. not a Parent or affiliate company).

Potential Bidder Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Website address:	

A.1 Potential Bidder Nominated Representative (person for contact purposes).

Name:	
Address:	
Telephone:	
Fax:	
Email:	

A.2 Please state the legal status of the Potential Bidder

Private Limited Company		Public Limited Company	
Partnership		UK registered branch of overseas company	
Trust		Foundation Trust	

Social Enterprise		Other (please specify)	

A.3 Please put a cross (X) in the appropriate box(es) to state the Potential Bidder's type of organisation:

NHS		**Independent Sector**		**Other (please specify)**	

A.4 Please confirm that the Potential Bidder has the necessary consents, powers and authority to bid for, and provide, the Services.

Yes		**No**	

Declaration of Consent

A.5 Where the Potential Bidder is not incorporated, please describe the (proposed) business structure.

Response

A.6 Please identify the structure of the Potential Bidder and the component elements / entities that make up any Relevant Organisations including the names of any partners and/or partner organisations in the procurement process.

It may be useful to demonstrate graphically the structure of the Potential Bidder; this should be attached as Annex A.6.

Response

A.7 Please provide full contact details for three referees whom NSCT may approach to comment on the professional competence, capacity and performance of the Potential Bidder. The position and employing organisation of each referee should be clearly stated.

NSCT reserves the right to contact these referees without further recourse to the potential Bidder.

Response	
Referee 1:	
Referee 2:	
Referee 3:	

A.8 Please provide a current, or proposed, organisational chart for the Potential Bidder his should include the clinical and governance leadership positions within the Potential Bidder.

Please show the formal lines of clinical and organisational accountability, within and between the governance structure of the Potential Bidder.

This should be attached as **Annex A.8**.

Response