

## Tendering - Six Steps to Successful Bidding

### Step One - Build relationships

- Key relationships:-
  - ⇒ Internal sexual health team, internal management team, communications team and Chief Executive Officer (CEO) of your current provider.
  - ⇒ Director of Public Health and Public Health (PH) team, Local Government Authorities (LGA) and Clinical Commissioning Group (CCG) sexual health leads.
  - ⇒ Surrounding providers, HealthWatch, patient groups and the voluntary sector.
- Watch for important news - British Association for Sexual Health and HIV (BASHH), Faculty of Sexual and Reproductive Healthcare (FSRH), Department of Health (DH), Public Health England (PHE), HIV Clinical Reference Groups (CRG), CCGs, Medical Foundation for HIV & Sexual Health (MEDFASH) e-bulletin.
- Look at information and ideas from other areas in England, Scotland, Wales and Northern Ireland.
- Be aware of key documents - BASHH/MEDFASH Standards for the Management of Sexually Transmitted Infections (STIs), BASHH/RCP letter to LGA CEOs and paper on key threats from tendering of sexual health services, Department of Health (DH) and Public Health England (PHE) commissioning documents and toolkits. See Appendix 1.
- Establish regular meetings with Public Health and commissioning teams so that good practice points can be raised over time to increase mutual understanding.
- Raise the profile of your service with local GPs and with the CEO and Board of your current provider.
- Local media - increase the profile of your service by active participation in national and local sexual health initiatives and work with your provider's communications team to give positive stories to local media.
- Make sure your service is visible, particularly by websites and social media such as Facebook and Twitter.

### Step Two - Reduce the risk of your sexual health service being put out to tender and position your service in case this happens

- Local authorities see tendering as automatic for all public spending and they may be under local mandate to do so. Therefore, this should not be regarded as a hostile action. The best allies to present the case against tendering are likely to be your PH colleagues, especially the DPH.

- Highlight essential pathways that are crucial to sexual health services with PH, LGA and CCGs. These include:-
  - ⇒ **HIV and STIs** - to avoid the risk of fragmentation.
  - ⇒ **MSM** - at high risk of infection including HIV and STIs. Demonstrate the use of pathways, guidelines and patient experience in your service.
  - ⇒ **Young people** - essential to have young people friendly services that they will attend and that can also identify and respond to child sexual exploitation (CSE) and have appropriate safeguarding arrangements in place.
  - ⇒ **Education and training** - to ensure appropriate levels of knowledge and competency and train the next generation of clinicians.
- Demonstrate that you are an effective service and are willing and able to work with the commissioners to provide cost-effective first class quality services. Be willing to introduce sensible initiatives suggested by the commissioners.
- Talk to the local CCG sexual health leads about what sexual health services they wish to see and where. Although they do not commission sexual health services there are PH representatives on CCG teams/boards and the CCG sexual health lead will sit on the Health and Wellbeing Board at the LGA.
- Be aware of issues that are important to your LGA locally, such as CSE and safeguarding, and work proactively to 'be safe' and 'be seen to be safe' so, for example, all staff have level 3 safeguarding training and effective safeguarding pathways are in place.
- Ensure you are aware of all your outcome targets for the sexual health service, measure them regularly and have ongoing dialogue with PH to highlight achievements and any problems. This will stand you in good stead in the event of a tender as you will already have outcome data collected and a track record of delivery is important as is added value.
- Check out the PHE sexual and reproductive health profiles tool as this is helpful in identifying trends in your area compared to the national picture. Your service data can then be compared against this.
- Look at the national tendering specification and critically evaluate your service against it. This will help you to identify any areas for improvement as well as your particular strengths.
- Ensure up to date patient satisfaction surveys/patient views of your service are undertaken and that the results are analysed. Patient satisfaction/views should also be sought in respect of any service developments that have taken place or which are proposed. A powerful patient voice may influence tendering decisions and evidence of patient involvement in your service will be available if it is put out to tender.

- Highlight to your current provider the hidden benefits to them of the sexual health service. These may include, reduced laboratory costs to the rest of the organisation due to high volume, low cost STI tests reducing prices for other tests using the same platforms, or highly mechanised tests freeing up staff to do more labour intensive tests for other specialties.
- Explain why open access is important and why there are particular costs with complex problems. This is a prime example of 'invest to save' on future health care costs.
- Consider approaching your Local Area Team (LAT) from NHS England who commission HIV treatment and care services, your DPH and your LGA to ask them to consider co-commissioning the HIV treatment and care service with STI/Sexual and Reproductive Health (SRH) services (See Appendix 1 - National Health Service Act 2006, Section 75).
- Highlight the costs in terms of finance and resources associated with tendering, which could be better spent on developing clinical services and delivering patient care.

### **Step Three - How to influence local service specifications**

- Drip feed information into key influencers and shapers from relationship building.
- Use key documents and template specifications from PHE and DH and supporting information to ensure high quality services according to the BASHH/MEDFASH Standards for the Management of STIs.
- If your service has teaching responsibilities - check that Local Education and Training Boards (LETBs) and medical schools/universities with medical and/or nursing placements in your unit have been engaged in discussions with the LGA. Local commissioners need to be aware of your input in this area and the benefits this brings so that these activities are included in service specifications.
- Include all aspects of your service in service descriptions - make sure your commissioners are aware of all your specialist activities in 'routine' genitourinary medicine (GUM) clinics. This is in addition to STI testing, management and complex work, and includes provider-led partner notification, brief interventions for behavioural change, hepatitis B vaccination, safeguarding and CSE work. The same level of detail should be included for SRH activity if this has been integrated into your sexual health service. This will provide clear information for inclusion in any local service specification.
- If you provide specialist services beyond general GUM/SRH then check how this will be contracted. Your provider may need to develop a separate contract for services such as genital dermatology with local CCGs.
- Raise key pathways for inclusion (already set in place in step 2) and any other local elements e.g. transport in rural areas, accessibility issues and suitable premises.

- Highlight with the commissioners that the service specification needs to include all elements of sexual health provision from level 1 to level 3 and that open access is essential.
- Many LGAs start with a stakeholder engagement day or soft market testing and often publish their commissioning intentions in advance of the formal tender process so look out for this and contribute fully.
- Engage with your local HealthWatch and brief them on the developments. They may get agenda time on the Health and Wellbeing Board for the topic and can organise research/attitude panels.
- Be aware that BASHH have a list of individuals who are willing to provide independent advice in commissioning and this information is available on the BASHH website. The FSRH have a similar arrangement. Ensure your commissioners are aware that this is available, as if they are intending to put the service out to tender then you may no longer be able to advise them due to a conflict of interest, but it is really important they access knowledgeable and appropriate advice.

#### **Step Four - How to approach a tender if one comes**

- You will already have set the ground work in Steps 1-3, now you need to build on this and actively engage in the process. Availability of clinician time will be essential.
- Do not delay as the time-frames can be challenging and the submissions will take time to prepare.
- Ensure that your current provider is aware that the sexual health service is being put out to tender and that they will lead a bid for the services that they are currently hosting. Consider whether to submit a joint bid with other providers, for example an Acute Trust providing STI/HIV services submitting a joint bid with a Community Trust providing SRH services, and including sexual health voluntary organisations in the bidding team.
- Ask your provider to consider funding an individual from the BASHH or FSRH list (see details in step 3) or an external advisor to provide advice, as they have knowledge and experience of what makes a successful sexual health bid.
- Hold a departmental meeting to invite staff to brainstorm a new service according to the specifications and commercial constraints. This ensures that they feel involved and can contribute new ideas to the process. Keep your staff informed as far as possible as this will be a stressful time for them.
- Set up a designated project team from people within your current organisation with experience in putting together tender bids, including all team leaders and managers from your service, as well as contracting, finance and human resource members. Rapid

financial modelling will be critical to determining service viability and a quality tender that is competitive.

- Read the details of the specifications carefully and identify the key deadlines for the submission of documents and the type of submission/presentation that is required.
- Involve your communications and graphics/medical illustration teams early on in the process to develop/refresh brand/strap lines, which can then be used in the tender document and the presentation.
- Look to include a marketing plan that incorporates a vision for seamless sexual health services in the locality, innovation particularly if there are novel access plans, community engagement and communication with the general public, and a social media strategy are all important.
- Plan for the project team to meet weekly with email circulation of documents between meetings.
- Task members of the project team with different parts of the specification to respond to and use your current organisation's quality and clinical governance teams to help with relevant sections.
- Only one or two members of the council team will read the whole document, most will have only a section to review/score so it is better to repeat information rather omit it. This is particularly important for quality measures and safeguarding.
- Give final editorial control to one person so that the submission reads as a cohesive document. As chapters are finalised ask a member of the executive team to review it to make sure it makes sense to non-specialist readers.
- It is usual to have an interview, after the bid has been submitted, as part of the tender process. The format for this is usually detailed in the Invitation to Tender (ITT) documentation. Start to prepare for the tender interview as soon as you have submitted your tender bid.
- Decide who to take to the tender interview:-
  - ⇒ **Someone who can describe the proposed service and outcomes** - this needs to be referenced against the service specification and cover all aspects of the service including outreach and health promotion. (*Suggested options: primed clinician - medical or lead nurse*).
  - ⇒ **Someone who can describe a whole system governance approach** - this needs to include governance up to your organisation's Board level, not just within the service, and how you will ensure governance and quality across any sub-contracted organisations. (*Suggested options: primed clinician or manager*).

- ⇒ **Someone who can discuss the financial model in detail** - this needs to include local/integrated tariffs and how any cost-savings will be enacted. (*Suggested options: primed manager, finance manager or contracts manager*).
- ⇒ **Someone who can discuss 'social value'** - this often gets forgotten but it is an essential aspect of LGA tender processes. They need to be well versed in what the bidding organisation does for the community such as using local suppliers, work experience, modern apprenticeships and training, as well as local health improvement. (*Suggested person: experienced human resource (HR) manager*).
- ⇒ **Someone to discuss implementation and transitional arrangements of the new service** - this includes details of service delivery and staffing arrangements. (*Suggested options: primed clinician, manager, experienced HR manager*).
- Prepare your interview presentation, if one is required, and check what the format is for the presentation. Remember that the panel will be mostly lay members so do not use jargon. Ask your graphics/medical illustration department to help so that your slide deck is professional, polished and jazzy. Present the 'patient voice' by including patient survey headlines or short video clips and ensure that you include key pathways.

#### **Step Five - What to do if you win the tender**

- Check that this has been confirmed in writing and then arrange to meet with the DPH and the lead commissioners.
- Check the contract details, the contract duration, the reporting details and the onward arrangements.
- Inform your team and begin to work on the first 90 days of action in your new contract.

#### **Step Six - What to do if you lose the tender**

- Maintain staff morale and do not despair.
- Ensure your current host provider is aware of the position and check to see if there are any grounds for appeal.
- Check to see what arrangements will be in place for each aspect of your service - STI, SRH, HIV, MSM, young people, safeguarding, outreach, Sexual Assault Referral Centres (SARC) etc.
- If the service specifications have been produced to ensure a quality service then your patients should still receive a good service.
- If service fragmentation will occur then seek to ensure an alternative option is made available so that clinical risks are reduced as far as possible.

- ⇒ **This is most critical for HIV care** - if your current provider holds the contract for local HIV treatment and care services, and it has not been co-commissioned with the sexual health service, urgent discussions with your current provider will be needed to determine if they will seek to retain the HIV treatment and care service.
- ⇒ **If your current provider wishes to retain the HIV treatment and care service** - they will need to agree a contract with your new provider to retain a proportion of the sexual health team to undertake the HIV work. The STI/SRH work will still move to your new provider.
- ⇒ **If your current provider does not wish to continue to provide the HIV treatment and care service** - a separate set of negotiations needs to take place with the current provider, the LAT and the HIV network lead to make arrangements for HIV patients to receive care. You should be engaged in these discussions and local patient groups or individual patient views, particularly those in the public domain, may be effective in this situation.
- Check to see what plans the new provider has in respect of:
  - ⇒ **Premises for the new service** - the current provider is under no obligation to allow the current premises to be used if they are part of their estate and if this is allowed it may be at a premium charge.
  - ⇒ **IT and data protection arrangements** - for confidential patient data and for the availability of patient records from the current provider to the new provider. Current experience suggests that this is a difficult area and lengthy discussions about this are likely.
  - ⇒ **Notification to patients** - for any areas where there will be changes, particularly where there are service changes affecting clinical provision, clinic locations and times.
  - ⇒ **Staffing arrangements** - for the current sexual health staff and the enactment of any TUPE arrangements. TUPE refers to the 'Transfer of Undertakings (Protection of Employment) Regulations 2006' and the amendment legislation in 2014. It relates to employment rules about the transfer of staff to a new employer where the service provider has changed.
- Make the transfer arrangements and maintain staff morale.

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## Appendix 1 - Links to key documents

BASHH/MEDFASH - Standards for the management of sexually transmitted infections (January 2014)

<http://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf>



BASHH/RCP paper on key threats from tendering of sexual health services (November 2013)

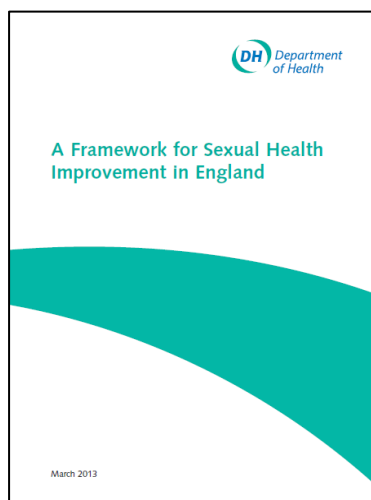
<http://www.bashh.org/documents/BASHH%20RCP%20paper%20on%20threats%20from%20tendering%202013.pdf>

BASHH/RCP letter to Local Authorities (December 2013)

<http://www.bashh.org/documents/bashh%20rcp%20letter%20to%20local%20authorities%202013.pdf>

DH: A Framework for Sexual Health Improvement in England (March 2013)

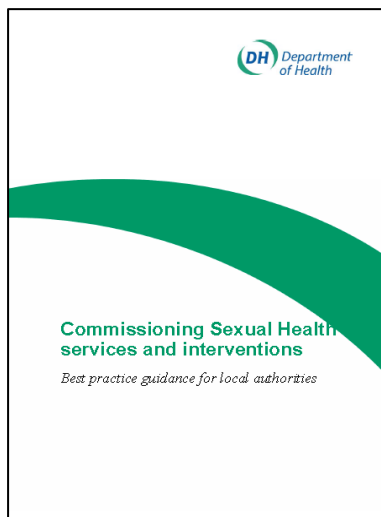
<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>





DH: Commissioning Sexual Health services and interventions: best practice guidance for local authorities (March 2013)

<https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>



DH: Integrated Sexual Health Services: National Service Specification: a suggested service specification for integrated sexual health services (June 2013)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/210726/Service Specification with covering note.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service Specification with covering note.pdf)



MEDFASH e-bulletin

<http://www.medfash.org.uk/medfash-ebulletin>

National Health Service Act 2006 (Section 75)

<http://www.legislation.gov.uk/ukpga/2006/41/section/75>

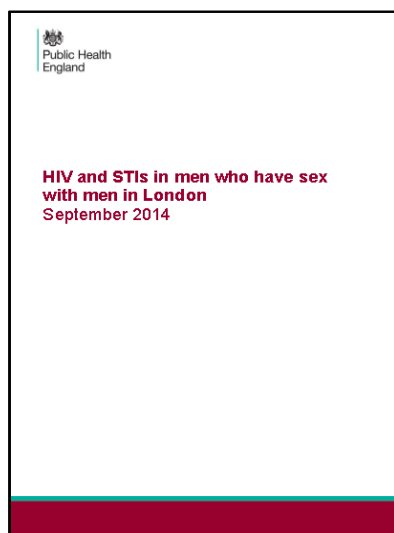
PHE: Everyone Counts: planning for patients 2014/15 TO 2018/19 (December 2013)

<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>



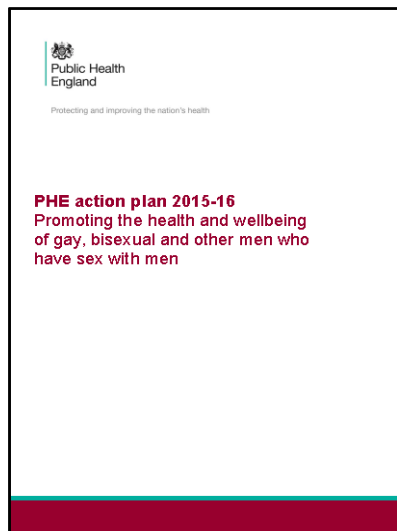
PHE: HIV and STIs in men who have sex with men in London (September 2014)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/357451/2014\\_09\\_17\\_STIs\\_HIV\\_in\\_MSM\\_in\\_London\\_v1\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357451/2014_09_17_STIs_HIV_in_MSM_in_London_v1_0.pdf)



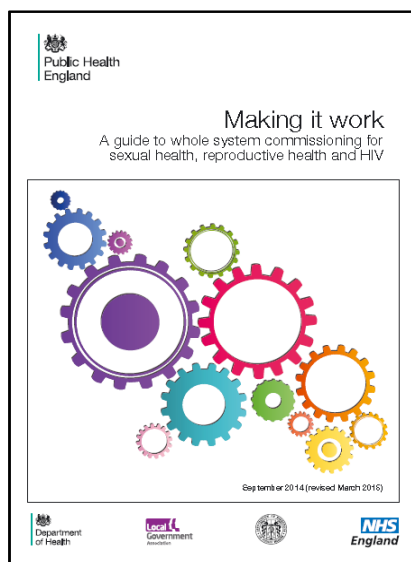
PHE: Action plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (January 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/401005/PH\\_EMSMActionPlan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401005/PH_EMSMActionPlan.pdf)



PHE: Making it working: a guide to whole system commissioning for sexual health, reproductive health and HIV (September 2014, revised March 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/408357/Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf)



PHE: Sexual and reproductive health profiles (tool)

<http://fingertips.phe.org.uk/profile/sexualhealth>

RCP: Consultant physicians working with patients (5<sup>th</sup> edition, 2013)

[https://www.rcplondon.ac.uk/sites/default/files/consultant\\_physicians\\_revised\\_5th\\_ed\\_full\\_text\\_final.pdf](https://www.rcplondon.ac.uk/sites/default/files/consultant_physicians_revised_5th_ed_full_text_final.pdf)

