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| **Appendix A**  **Specification**  **CPH081**  **Lot 2 Inpatient Management of Withdrawal from Drug and Alcohol Dependence**  **Company/Organisation:**  Enter Tenderer's Name |

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| **Scoring** |
| |  | | --- | | **Evaluation Approach** | | In assessing the answers to the following questions, the Council will be seeking evidence of the Potential Provider’s suitability to deliver the requirements of the framework contracts.   * Responses to the specification will be evaluated in accordance with the Evaluation Approach detailed below. In the event that none of the responses are deemed satisfactory, the Council reserves the right to consider alternative procurement options. * The provision of false information will disqualify organisations from further consideration.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Specification** | | | | | | **Parts 11-20** | **Lot 2** | | **Inpatient Management of Withdrawal from Drug and Alcohol Dependence** | | | **Scoring Principles for Lot 1 and Lot 2** | | | | | | **Required Data** | | | | | | **Required Data** | | * The data provided is for information only and will not be scored / assessed but if the information requested is not provided the bid will be judged to be non-compliant unless there is an acceptable reason for its omission. | | | | **Pass / Fail** | | | | | | **Pass** | | * The information / evidence has been assessed and judged to be acceptable. | | | | **Fail** | | * No information / evidence has been provided * The standard of the information / evidence provided is unacceptable. * The information / evidence has been assessed and does not comply with the minimum acceptable standard. | | | | **Scored (0 / 1 / 2 / 3 / 4 /5)** | | | | | | **0** | | **Unacceptable** | | **Fails the meet the standard required - Response significantly deficient or no response.** | | **1** | | **Poor** | | **Significantly fails to meet the standard required - Inadequate details provided and/or requirement/question not addressed or answered and/or proposals not directly relevant to stated requirement/question.** | | **2** | | **Limited** | | **Fails to meet the standard required in most aspects - Limited or inadequate information provided in most areas only partially addressing the stated requirement/question.** | | **3** | | **Satisfactory** | | **Meets the standard required in most aspects - Limited information provided in some areas only partially addressing the stated requirement/question.** | | **4** | | **Good** | | **Meets the standard required - Information provided addresses the stated requirement/question.** | | **5** | | **Excellent** | | **Meets the standard required - Comprehensive response provided in terms of the details and relevance to the stated requirement/question. Detailed evidence/ information provided to support the proposal/answer.** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Lot 2 - Inpatient Management of Withdrawal from Drug and Alcohol Dependence - Scoring** | | | | | | **Section** | | **Scoring** | **Weighting** | **Requirements** | | **Part 10** | Aims | Not applicable | n/a | This section is for information only. | | **Part 11** | Outputs | Not applicable | n/a | This section is for information only. | | **Part 12** | Delivery | Not applicable | n/a | This section is for information only. | | **Part 13** | KPI’s & Output Measures | Not applicable | n/a | This section is for information only. | | **Part 14** | Budget | Not applicable | n/a | This section is for information only. | | **Part 15** | Reports and Contract Management | Not applicable | n/a | This section will not be scored; submission of a bid will confirm agreement to the stated reporting & contract management requirements | | **Part 16** | Required Information | Required Information | n/a | The data provided is for information only and will not be scored / assessed but if the information requested is not provided the bid will be judged to be non-compliant unless there is an acceptable reason for its omission. | | **Part 17** | Supplementary Information | Not Scored | n/a | This section will not be scored. | | **Part 18** | Proposal Requirements | | | | | **18.1** | Locality of treatment centre | Pass/Fail | n/a | Locality of treatment centre to be within 50 miles of the Derbyshire boarder. | | **18.2** | Overview of Service Environment | 0/1/2/3/4/5 | 15% | Brief overview facilities, accommodation, type of setting and location etc. | | **18.3** | Overview of inpatient treatment programme | 0/1/2/3/4/5 | 30% | Brief overview of the treatment programme provided. | | **18.4** | Clinical governance structure and quality | 0/1/2/3/4/5 | 20% | Describe the clinical governance structures and how the organisation ensures continuity of delivering a high quality service. | | **18.5** | Staffing Structure | 0/1/2/3/4/5 | 20% | Explain how your organisation ensures the service is sufficiently staffed with appropriate levels of qualified, medical, well trained and supported workforce. | | **18.6** | Continuity of care | 0/1/2/3/4/5 | 15% | Explain how your organisation ensures clients receive continuity of care at admission and discharge. |   **Additional Information**  The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this PQQ. The Council may seek independent financial and market advice to validate information declared, or to assist in the evaluation.  Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the timescale given, may mean that your organisation will not be considered further.  Bids will be deemed to be non-compliant where they receive a fail for any questions and bids will not be assessed further.  Bids will be deemed to be non-compliant where they fail to achieve a minimum score of 2 for the answer provided to any question and bids will not be assessed further. | |
| **Instructions for Completion** |
| * Responses and comments should be provided in English and should be as accurate and concise as possible. * Proposal documents should be self-contained and supply all information, which are consider necessary for the accurate evaluation of their proposal. * Technical and sales literature may be included as part of the proposal document but only as supporting evidence. Replies to questions must be, therefore, complete and not consist of references to such literature. * The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this document. Failure to provide the required information within the timescale given may mean that your organisation will not be considered further. * Failure to provide the required information, fully address the requirements of the specification, or supply documentation referred to in responses within the specified timescale may lead to your tender being judged to be non-compliant. * If you have any queries regarding how to complete this document please address them through the questions and answers stage of the Tender. |

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| Parts 10-18 **Lot 2 - Inpatient Management of Withdrawal from Drug and Alcohol Dependence**  **Specification** |
| **Introduction** |
| Derbyshire County Council wishes to invite providers to tender for the provision of Inpatient Treatment for the Management of Withdrawal from Drug and Alcohol Dependence Framework. The Council is procuring the services under the Light Touch Regime (LTR) using a bespoke procedure for Any Qualified Provider. Qualified providers treatment centre must be within 50 miles of the Derbyshire Border.  The contract will commence on 1 May 2023 for an initial 3 years until 30 April 2026, with the option to extend for a further 12 months.  While most drug or alcohol dependent patients can successfully complete drug or alcohol withdrawal in the community, there are some patients for whom inpatient treatment is more appropriate. These may include:   * Patients who present with significant comorbid physical or mental health problems * Patients with a history of severe withdrawal symptoms, including seizure activity * Patients with complex poly-drug and alcohol use * Patients who have failed previous community-based attempts at withdrawal * Patients with little or no social support in the community   The interventions offered should include:   * Assisted withdrawal from alcohol * Assisted withdrawal from opioids or other dependence forming drugs * Assisted withdrawal from combined drug & alcohol use * Stabilisation on opiate substitution therapy   Between April 2021 and March 2022, 38 Derbyshire residents spent a total of 368 nights accessing inpatient detoxification services. This is an indicative volume only and should not be assumed that placements will be maintained at this level going forward. There is potential in for this number to increase in future years in light of the ambitions in the current governmental drug strategy (From Harm to Hope) to increase the number of eligible people in treatment accessing residential rehabilitation. |
| **Part 10 – Aims** |
| The aim of the service is to assist withdrawal from alcohol or drug dependence, or stabilise opiate substitution therapy, in a supportive and safe environment.  The objectives of the service are:   * To provide a comprehensive assessment of the patient’s need with regard to severity of dependence, physical and mental health co-morbidity, and social situation, in order to determine suitability for inpatient treatment. * To comprehensively assess risks associated with withdrawal and to manage those risks * To provide supervised medication to prevent or ease withdrawal symptoms * To deliver psycho-social interventions to compliment pharmacological treatment and support sustainable recovery * To liaise with the referral agency to facilitate admission and to ensure robust aftercare following discharge * To reduce associated harms, including overdose and blood-borne virus infection. |
| **Part 11 – Outputs** |
| The principle expected outcomes of the service will be:   * Successful completion of treatment, being drug / alcohol free * Maintenance of drug or alcohol free state * Stabilisation on opiate substitution therapy as appropriate * Improvement in physical and mental wellbeing.   The service will contribute to a number of indicators in the Public Health Outcome Framework, including:   |  | | --- | | * C19a - Successful completion of drug treatment - opiate users | | * C19b - Successful completion of drug treatment - non-opiate users | | * C19c - Successful completion of alcohol treatment | | * C19d - Deaths from drug misuse | |
| **Part 12 - Delivery** |
| **Location of service**  The service will be delivered within a specialist facility, exclusively for the treatment of alcohol or drug dependence. i.e. not on an acute mental health ward.  The facility will be easily accessible from the patient’s resident location in Derbyshire and therefore will be no further than 50 miles from the Derbyshire border.  **Activities to be delivered:**   * Provision of information regarding the inpatient facility and programme to the referring agency and service user prior to admission * Pre-admission comprehensive assessment to determine suitability of inpatient detox and appropriate programme of treatment * Preparation for admission, including liaison with referring agency * Development and regular review of a recovery-focussed care plan in conjunction with patient * Involvement of families and carers in care plan as appropriate * Provision of medical support at a level agreed with the referring agency prior to admission * Provision of medication to assist drug or alcohol withdrawal process in line with national guidance * Initiation of medically managed alcohol withdrawal to be completed by the community-based treatment service, if requested by referring agency * Provision of vitamin prophylaxis as appropriate * Re-assessment of physical and psychological health to establish any complications previously masked by substance use and provision of treatment or onward referral as appropriate * Liaison with and referral to physical or mental health services as appropriate * Stabilisation on opiate substitution therapy as appropriate * Initiation of medication to assist maintenance of alcohol or drug-free state as agreed, pre-admission, with referring agency * Delivery of psycho-social interventions, including motivational and relapse prevention interventions on an individual and/or group basis * Provision of activities which allow constructive use of time or diversion * Offer testing for blood-borne viruses as appropriate * Preparation of patient for a planned discharge, with development of a service user led / co-produced follow-up and aftercare plan developed in partnership with community drug and alcohol treatment services where applicable * Liaison with referring agency and any involved residential rehabilitation project in preparation for discharge * Delivery of overdose awareness intervention to patients undergoing assisted withdrawal from opioids.   **The care pathway consists of:**   * Assessment of need and referral by the Derbyshire Adult Integrated Substance Treatment Service * Pre-admission assessment by provider service. * Preparation for admission by referral agency * Admission * Assessment, development, and delivery of recovery-focussed care plan * Medically assisted withdrawal from drugs or alcohol * Regular review of care plan * Discharge and aftercare planning * Liaison with community treatment and/or residential rehabilitation services. * Discharge * Follow-up   **Referral and waiting times**  The provider will inform the Derbyshire adult substance treatment service and the Derby drug and alcohol recovery service of referral process.  The provider will ensure that the referrer is kept up to date with the current waiting times to access an inpatient care, to ensure realistic expectations are maintained for the service user.  The provider will ensure that the assessment date and the admission date are no further than 21 days apart to ensure up to date information on a client’s current situation is available.  An expected admission date will be agreed between the inpatient service, the referring agency and the patient, dependent on clinical need and risk.  It is the responsibility of the referring agency to inform the inpatient service of any circumstance which may delay admission.  **Discharge**  Discharge from the service will either be:   * Planned, following successful completion of treatment * Unplanned, due to patient taking their own discharge, against medical advice, prior to completion of treatment * Unplanned, with the patient discharged from service due to non-compliance with terms of treatment or for reasons of safety * Transfer to a hospital or mental health unit   Whether the discharge is planned or unplanned the provider must facilitate onward transfer of care in liaison with the referring agency and any other involved service provider.  **Planned discharge**  The provider will ensure that the referring agency is given adequate notice of a planned discharge.  The provider will ensure that the discharge will dovetail with any planned admission to residential rehabilitation and liaise with the rehabilitation service as required.  Unless agreed in advance with the referring agency, service users will not be discharged at the weekend.  The provider will ensure the patient understands arrangements for continued care including appointments with community-based services or arrangements for transfer to residential care.  If medication is supplied, the provider must ensure jointly agreed arrangements are in place for continuity of prescribing (including duration of discharge prescription), in conjunction with the referring agency.  The referring agency (and community prescriber if different) will be informed in advance of any change to the agreed discharge plan in relation to prescribing.  Patients being discharged following opioid withdrawal must be warned in respect of the loss of tolerance and the risk of overdose.  **Self-discharge against medical advice**  If a patient decides to take their own discharge, the provider will carry out an assessment to determine whether they are fit to be discharged. A mental health assessment may be required.  The referring agency and the patient’s GP should be informed immediately (on same day as minimum) if patient self-discharges or absconds from the unit.  Where possible, an appointment will be arranged for the patient to attend their community treatment agency.  Patients undergoing opioid withdrawal must be warned in respect of the loss of tolerance and the risk of overdose.  **Discharge for non-compliance with terms of treatment**  The provider will fully explain to the patient the reasons for their discharge.  The referring agency will be informed immediately (on same day as minimum) and informed of the reasons for discharge.  Where possible, an appointment must be arranged for the patient to attend their community treatment agency.  Patients undergoing opioid withdrawal must be warned in respect of the loss of tolerance and the risk of overdose.  **Acceptance criteria**  The service will be available to patients who are resident within the geographical boundary of Derbyshire, including Derby city.  Patients who are 18 years of age or over at time of admission.  Patients who are physically or psychologically dependent on one or more psychoactive substance.  Patients with complex needs, for whom community-based withdrawal is assessed as inappropriate or unsafe. This might include patients with:   * A history of alcohol withdrawal complications such as seizures, Delirium Tremens, Wernicke’s Encephalopathy or Korsakoffs’s Syndrome * Significant mental or physical health co-morbidity where continued drug or alcohol use exacerbates the illness or undermines its clinical management * Complex multi-substance dependency * Pregnancy   Patients who have demonstrated an inability to complete community-based withdrawal.  Patients whose home environment is not conducive to withdrawal or who lack appropriate social support.  Admissions to the facility will be on a voluntary basis  **Exclusion criteria**  Patients with acute mental or physical health conditions which would preclude proper assessment or engagement with the inpatient programme.  Patients who require medium or high secure conditions of treatment.  Patients who are homeless, unless a robust exit plan with regard to accommodation is in place prior to admission.  **Interdependencies**  The provider will liaise with the Derbyshire adult substance treatment service (Derbyshire Recovery Partnership) and the Derby Drug and Alcohol Recovery Service to ensure smooth care pathways.  The provider will also be expected to liaise with a variety of commissioned residential rehabilitation services as required.  **Care Quality Commission (CQC)**  The provider will be registered with the Care Quality Commission (CQC) and will provide the Council with their most recent inspection report, including the rating. The provider will have a ‘Good’ or ‘Outstanding’ rating in order to be accepted onto the framework.  The provider will notify the Council of any inspections, their outcomes and any requirements throughout the lifetime of this contract. If an organisation receives a CQC rating of ‘Requires Improvement’ or ‘Inadequate’, the Council will suspend them from this framework contract. This suspension can be lifted if the rating returns to ‘Good or ‘Outstanding’ following re-inspection.  **Clinical Governance**  The provider will have established clinical governance structures in place, with clear lines of responsibility and accountability. A clinical lead will be identified.  The provider must ensure that staff have the relevant experience, qualifications and competencies to deliver the required interventions.  Staff will be registered with professional bodies, such as the General Medical Council and the Nursing Midwifery Council, as required.  The provider will ensure staff receive regular clinical supervision, annual appraisal and participate in continued professional development.  All interventions will be delivered in accordance with national standards and guidelines.  The provider will have in place a mechanism for reporting, managing and reporting Serious Incidents, which aligns to the Council’s policy.  **Applicable Standards**  The service will be expected to deliver clinical services in line with national guidance, including:  Drug misuse and dependence: UK guidelines on clinical management. Dept. of Health (2017).  Drug misuse: Opioid detoxification. NICE clinical guideline 52 (2007).  Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115 (2011).  Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (2010). |
| **Part 13 – KPI’s and Output Measures** |
| Successful outcome of placement as planned:   * Completion of treatment drug or alcohol free * Stabilisation on opiate substitution therapy   Unplanned discharges:   * Self-discharge before planned discharge date * Discharge for non-compliance   Compliance with national data reporting requirements, including submission deadlines and data quality.  The Council will monitor service user feedback in relation to individual placements. |
| **Part 14 – Budget and Contract Term** |
| **Budget**  Funding for each individual placement will be agreed by the Council upon application by the referring agency.  **Methods of Payment**  The provider will invoice the Council on a monthly or quarterly basis in arrears, clearly indicating the patient(s) for whom the charges refer; their admission and discharge dates; and the number of bed nights charged.  **Price Increase**  The Council is committed to ensuring service users have access to the right treatment at the right time, however there is a finite budget and an increase in placement price may impact on the number of clients who can access treatment services, or the length of time in placement.  Providers may propose a price increase after the first 12 month of the contract in extreme circumstances for in weekly Inpatient Detox costs, cost will be capped at CPI to the month the price request was made (In some instances may be temporary increase due to abnormal volatility and will reduce when markets rates fall back to normal).  Price proposals will be subject to negotiation and agreement by the Council, the Council reserves the right to reject any price increases.  A cost breakdown based on service specific management accounts must be provided to the Council to demonstrate the need for the proposed price increase, in order for the Council to understand how proposed cost increases relate directly to sustained or improved service user experience and in turn assess and ensure best value for the Council.  **Additional Funding**  The Council may throughout the duration of the contract choose to block book beds to expand capacity within the recovery system, with any of the providers on the framework at the Councils own discretion subject to availability. Where block bookings are undertaken the provider must ensure all block booked beds are reserved solely for Derbyshire County Council.  The Council may throughout the duration of the contract add additional funding to increase resources, expand capacity, pilot projects to support the treatment and recovery system and improve outcomes.  **Contract Term**  The framework contract will commence on 01 May 2023 for a period of 3 years to 30 April 2026 with an option to extend for one further 12 month period up to a total maximum contract period of 4 years. |
| **Part 15 – Reports and Contract Management** |
| Spot contracts will be issued in respect of the framework agreement.  For each placement the provider will report:   * Admission date * Discharge date * Outcome of placement: detailing whether it was a successful completion or unplanned discharge, the treatment gains derived from the period of support and details of any ongoing support needs and subsequent onward referrals to ensure that the service user is able to make continued progress * Reasons for any unplanned discharge   All providers must comply with NDTMS reporting requirements.  **CQC Reports**  All organisations must provide the Council with their most recent CQC inspection report and actions in response to all recommendations within 2 weeks of receipt throughout the lifetime of this contract. |
| **Part 16 – Order and Invoices** |
| * + 1. Orders   The Council requires the Contractor to agree to their inclusion in the Council’s Orderpoint system as soon as possible after the award of the Contract.   * + 1. Invoices   The Council requires the ability to raise electronic orders, receive electronic invoices and that:   * Invoices always quote the purchase order number and a contact name; * Invoices for equipment orders are sent to the email address(es) specified by the Council; * Orders are accepted by the Contractor via the Council’s electronic ordering system, regardless of who raised the order, as internal validation will have been carried out before the order is submitted;   Submission of a bid will be taken as confirmation that your organisation can comply with the stated ordering and invoicing requirements, any questions associated regarding this should be raised using the questions and answer process detailed in the Instructions for Bidders |
| Part 17 – Required Information |
| 1. Tenderers will detail the management and staff structures in relation to the following:  |  |  | | --- | --- | | 1. **Service Delivery** |  | | 1. **Project Management** |  | | 1. **Project Implementation** |  | | (Please provide: Name, job role, contact telephone number and email address). | |  1. Tenderers will provide the contact details for:  |  |  | | --- | --- | | 1. **Contract Management in regard to call offs against the contract** |  | | 1. **Serving of Notices** |  | | (Please provide: Name, job role and address). | |  1. Tenderers will identify the escalation route for:  |  |  | | --- | --- | | 1. **Service / Product Failure** |  | | 1. **Dealing with customer complaints/problems** |  | | (Please provide: Name, job role, contact telephone number and email address). | | |
| **Part 18 – Proposal Requirements** |
| |  | | --- | | *As part of your tender return, please ensure that the document providing your responses to the questions below is clearly identified as the* ***“Response to Appendix A Specification”.***  ***Please note:***   * *Your response should be in line with the words total identified. Any information given beyond the word limits may be disregarded for the purpose of marking and could affect your overall score;* |  * *Guidance on the scoring of the responses can be found in the scoring section of this document and in the Instructions to Tender.;* * *Questions should be answered in the order that they are presented and each response should clearly indicate to which questions they relate;* * *The score for the response to specification will be based on the narrative given in answer to each question. (References to corporate policies and procedures or other appendices may be disregarded).*   **In response to the specification tenderers should provide a proposal that is succinct and answers each question and bullet points fully.**   |  |  | | --- | --- | | * 1. **Please confirm that the proposed treatment centre is within 50 miles of the Derbyshire Border.** (Pass/Fail)   Please note: if you cannot provide the service within 50 miles of Derbyshire boarders your bid will be deemed non-compliant. | Yes  No |  |  | | --- | | * 1. **Give an Overview of your service environment. (Score 15%)**   To include:   * Location * Setting (stand-alone, hospital, residential rehabilitation project, etc.) * Accommodation (number of beds, male/female dedicated areas, etc.) * Facilities (catering, recreation, etc.) * Restrictions in respect of smoking   \*Maximum 300 words | | Response: |  |  | | --- | | * 1. **Give an Overview of your inpatient treatment programme you provide. (Score 30%)**   To include:   * Medical support * Psychiatric support * Psychosocial interventions * Harm reduction interventions * Flexibility of programme (e.g. minimum and maximum length of stay) * Any exclusion criteria   \*Maximum 500 words | | Response: |  |  | | --- | | * 1. **Describe your clinical governance structures and explain how you will ensure the delivery of a high quality service. (Score 20%)**   \*Maximum 400 words | | Response: |  |  | | --- | | * 1. **Describe your staffing structure and explain how you will ensure you have: (Score 20%)** * Sufficient numbers of staff of appropriate qualification and competencies to deliver the service during the day and night. * Levels of medical and nursing cover appropriate to the level of clinical need. * A well trained and supported workforce.   \*Maximum 500 words (diagrams and or / organisation charts can be added in addition to this 500 word narrative) | | Response: |  |  | | --- | | * 1. **How do you ensure continuity of care at admission and discharge? (Score 15%)**   \*Maximum 300 words | | Response: |  1. **Cost Breakdown of Service Delivery (Not Scored)**   Provide a full cost breakdown of the proposed areas of spend to deliver the service  (see Appendix D cost Breakdown template). |