The Health Foundation

Invitation to tender (ITT): Trends in health and care supply

Frequently asked questions

Updated 24 April 2023

Application process

The application portal suggests that teams can only have up to three members. Is this correct?
The portal will only allow you to enter a maximum of three members, but you can have more than three people on your team. Please list additional team members on a Word document or spreadsheet and attach this as a supporting document.

Is it possible to have an outline sense of what would be assessed at the interview stage, and the format?
The interview will be approximately an hour long and will include approximately five or six colleagues and collaborators. Usually, we invite shortlisted candidates to give a short presentation on their approach and methods, to bring their applications to life, followed by a standard Q&A.

Will interviews be in person?
Interviews will be held virtually. The Health Foundation is operating with hybrid working and we would expect most/all our work with the research partner to be virtual.

Is there a template to complete our response?
Applications should be submitted via our online portal. You can find the tender response form on the portal.

How many teams do you expect to shortlist for interview?
We expect to shortlist four to six teams to interview.

Are you open to partnership or consortium bids?
We are open to organisations working with partners to bring in additional expertise, but there needs to be a lead applicant who will receive the funding (as we will not be funding multiple organisations), be our main point of contact and be accountable and responsible for the work of any partners if successful.

Project design

Does the Health Foundation have academic partners in place?
We have spoken to several academics in the run-up to the launch of this project as part of our wider scoping work. We do not have a preferred academic partner in place. We are open to academic teams partnering with non-academic teams (see above on partnership bids). If you are open to working with an academic partner or non-academic partner, and want us to match you to one, please let us know.

Is the creation of the conceptual framework and the research separate from the creation of the database? Is additional funding available for the creation of the database?
No, they are part of the same project. The project is split into two stages with one overall budget. What's most important for us is that we have really clear indications of how the supplier will spend their time on the conceptual framework stage. What happens in the following stage will very much depend on what the chosen supplier's conceptual framework looks like. At that point, we may review the budget and the process for the remainder of the project.

When are you expecting the conceptual framework to be ready, and when are you expecting the database to be ready?
We have set 2 years for the project as a whole, but we do not have any preconceptions about how long each stage may take. We plan to use the outputs for our long-term work so we would be willing to consider applications with a project duration greater than 2 years to balance the trade-off between time and quality. Before we move on to the second stage, however, satisfactory delivery of the conceptual framework is essential.

When talking about social care, are you just thinking of the regulated care sector or the broader sector?
We would like to include as much as is feasible, as the interaction of social and health care sectors is of particular interest. We are aware that there will be limitations based on the datasets that applicants have access to. We would encourage suppliers to include as many types of social care as possible and to flag anything that isn't realistic in the proposal or as the work is undertaken.

There's a reference in the ITT around the possible incluson of Scotland and Wales as part of this piece of work. What value would you place on this as part of the proposal response?
The Health Foundation's remit is the whole of the UK. We recognise that it would be difficult to get data for all four nations, but we would welcome proposals that include other nations in the scope. Additional budget would be made available for this.

How are you defining 'volume' and 'mix'?
We are considering volume in terms of the services that exist, their availability, the number of people that use them (eg supply of services) and how this may differ from utilisation (eg activity data). We consider mix to be the composition of the supply of different types of health and care services. But you should be clear about your working definition of these terms in your proposal.

Data

Are there any existing datasets that you have or are aware of which you expect to be leveraged for this project?
The table below, which is in the ITT, highlights some of the datasets that we deem to be relevant for this project, but it is not exhaustive and we do not necessarily expect the supplier to use all of these datasets.

Theme	Example data sets
Health and care services: infrastructure	Estates Return Information Collection (ERIC), Care Quality Commission (CQC) care directory
Health and care services: access	Journey Time Statistics (JTS)
Local conditions and outcomes: health and care	Hospital Episode Statistics (HES), GP data, Clinical Practice Research Datalink (CPRD)
Local conditions and outcomes: social and economic	Index of Multiple Deprivation (IMD), Labour Force Survey (LFS)
Local conditions and outcomes: demographic	ONS population estimates

Are you able to facilitate access to any datasets?
We anticipate that a lot of the data needed for the project can be accessed openly (eg the CQC care directory and ERIC). We also hope that this resource will be maintained in the future, and ideally made publicly available, so the emphasis should be on using publicly available datasets.

We may be able to facilitate access to some datasets, but this would need to be considered on a case-by-case basis and should not be assumed. Instead, you may want to consider bidding with a partner who already has access to specific datasets or linked datasets.

What do you envisage happening to the database beyond the end of contract?
We want this resource to be updated and made publicly available at some point. We would encourage applicants to indicate if they would want to be involved in the ongoing maintenance of the database and what that might look like in practice.

In terms of historical analysis, a lot of the data does not go back very far. How important is it to have historical datasets or is this just hopeful?
Ultimately, the composition of the database will depend on the datasets chosen by the supplier. We would expect the database to be made up of a mix of time series of differing length. For example, it would be helpful to know how health and care supply has been reconfigured over a longer period of time, even if other datasets do not go back that far.