Formative evaluation of the Improvement Analytics Unit

Invitation to tender

24 August 2017

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Deadline date:
28 September 2017 at 12.00

Attached documents include
- Tender proposal form
- Sample commissioning contract
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1.0 Summary

1.1 The Health Foundation is seeking a provider to undertake a formative, independent evaluation of the Improvement Analytics Unit. The unit is an innovative partnership between NHS England and the Health Foundation that provides rapid and robust quantitative evidence on the effects of local health care initiatives on quality and efficiency. By 2019, the unit aims to be evaluating up to 20 local initiatives every year, informing learning and improvement at local and national level.

1.2 The purpose of commissioning this evaluation is to help NHS England and the Health Foundation understand the impact of the current approach to delivering the Improvement Analytics Unit and where improvements can be made to support its ongoing design and development. This includes consideration of the wider context in which the unit is operating, and how its work might synergise with other initiatives, such as the new models of care programme and sustainability and transformation partnerships (STPs), to improve the quality and efficiency of care. We would also like the formative evaluation to consider how the offer from the Improvement Analytics Unit could be strengthened, for example by offering more than quantitative data or by changing the way in which the team works.

1.3 The evaluation will be commissioned via an open tendering process. The successful team will be required to start in November 2017 and complete the evaluation over six months, presenting emerging findings to senior leaders in NHS England and the Health Foundation in March 2018 and reporting all findings by the end of May 2018.

1.4 The Health Foundation will contract the work and the successful provider will be expected to work with the Improvement Analytics Programme Group and the Senior Leadership Team, which includes representatives from NHS England and the Health Foundation. We will expect our provider to attend relevant meetings with key stakeholders as necessary to provide data gathering opportunities, and to inform the ongoing design and delivery of the Improvement Analytics Unit. The evaluation team will also need to work with other relevant organisations, such as local NHS organisations.

1.5 We anticipate bids up to a maximum of £70,000 (inclusive of VAT and expenses) for this evaluation.

1.6 Your tender should be completed using the tender response form that accompanies this invitation to tender. An electronic copy should be sent to Amanda.Watt@health.org.uk by 12.00 on 28 September 2017.

2.0 About the Health Foundation

2.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

2.2 Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people’s lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

2.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
2.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people’s skills and knowledge, we aim to make a difference and contribute to a healthier population.

3.0 Background to the Improvement Analytics Unit

3.1 The NHS has seen a succession of change initiatives. Most significantly in recent years, the Five Year Forward View for the NHS in England set out the need to transform the delivery of health care and to focus on the acceleration of the design and implementation of new models of care in the NHS. The report also acknowledged the need for this activity to be underpinned by rigorous ways of answering important questions in health services redesign. Next Steps on the NHS Five Year Forward View, published in March 2017, reviews the progress made since the launch of the first document in 2014 and sets out proposals to help the NHS to deliver a better, more joined up and more responsive service in England.

3.2 To be effective, improvement efforts require access to robust and timely information on the differences that changes are making to the quality of care provided to patients. However, local teams often lack access to the analytical skills and data needed to judge whether improvements are being made. The Health Foundation has worked in partnership with NHS England to establish the Improvement Analytics Unit to help meet this need. The unit aims to provide rapid and regular quantitative feedback on the progress being made by local health care projects in England to improve patient care and efficiency, and improve decision making at local and national level (see Box 1).

3.3 The Improvement Analytics Unit’s aim is not to judge the success of national programmes or local initiatives. It is to inform ongoing learning and development by providing robust evidence about the extent to which there has been a discernible improvement in health outcomes following the implementation of a new initiative.

Box 1: Characteristics of the Improvement Analytics Unit

- Primary audience: Local teams who are developing new approaches to delivering care as part of national transformation programmes.

The service:
- is delivered by a multi-organisational team including analysts from the Health Foundation and NHS England.
- accountable to a programme board that is jointly chaired by senior representatives from both partners.
- provides rapid and robust quantitative data regarding the effects of local interventions that are delivered as part of national programmes.
- informs local and national learning improvement to drive local and national programme and effectiveness.
- compares the health outcomes of patients receiving care as part of new initiatives against the outcomes experienced by patients elsewhere in England.
- analyses are conducted in line with statistical analysis plans, which are agreed before the analysis begins and reviewed by external experts. The analysis is signed off by the Health Foundation to provide assurance regarding the independence of the work.
- publishes the findings from its analyses as part of a commitment to transparency and to inform the development of health care services in England.
- uses robust, cutting-edge analytics applied to national, person-level data available to NHS England for commissioning purposes, making comparisons against control groups.
- aims to encourage capability-building for best practice in quantitative evaluation methods within the NHS.

3.4 Robust statistical methods are used to benchmark new local projects and interventions in health care, being delivered as part of major national programmes, such as the new care models, against a control group. The unit compares the health outcomes of patients receiving care as part of these new initiatives against the outcomes experienced by patients elsewhere in England. The unit aims to provide rapid feedback to local services by providing reports on key metrics related to the quality and efficiency of health care to a select number of sites. The unit only uses existing data systems that are available to NHS England. The ‘real-time’ nature of such information, combined with robust counterfactuals, could help decision makers adapt their approaches to ensure most impact.

3.5 This three year innovative partnership between the Health Foundation and NHS England is currently run by a team of analysts from the two organisations. The ambition is to establish the Improvement Analytics Unit as a resource within the NHS from April 2019. This allows the Improvement Analytics Unit to be developed in a structured and sustainable way.

3.6 In 2016/17, the unit established the technical feasibility of the approach to linking data and selecting control groups. This involved putting in place the information governance arrangements, building the team, establishing ways of working, and obtaining access to the required national data sets. The unit trialled the approach at two pilot sites (see Box 2 and Box 3), which are both vanguards in the new care models programme. The unit initially chose to track the progress of vanguards in
England given the significance and high profile of this programme to develop integrated care across many sites which is at the heart of the *Five Year Forward View*.

**Box 2: Principia Partners in Health vanguard (MCP)**

Principia Partners in Health is a local partnership of GPs, patients and community services that aims to develop a better way to improve the care and health of the population of Rushcliffe in Nottinghamshire. The Improvement Analytics Unit is working with Principia to feedback on the progress made from the introduction of the enhanced support in April 2014 in all care homes caring for frail older residents in Rushcliffe and in two care homes in neighbouring areas. This includes enhanced GP specification, community nurse support and falls therapist, advocacy and independent support (delivered by Age UK Nottinghamshire) and engaged care home managers.

The study is looking at whether there is an impact on secondary care outcomes for residents aged 65 or over living in care homes that cater to elderly people. In addition to the number of potentially avoidable emergency admissions, we are examining the total number of hospital bed days, number of emergency admissions per resident, number A&E attendances per resident, amongst others.

In the study, the unit compared residents in the 23 care homes catering to elderly residents in Rushcliffe with 55 care homes in six similar parts of England. Since care home residents in Rushcliffe might differ from those in other parts of the country, we adjusted for individual characteristics such as age, frailty, hospital admissions history, as well as the characteristics of care homes. The report from this evaluation is available to download here:


**Box 3: Northumberland vanguard (PACS)**

Northumbria NHS Foundation Trust, Northumberland Clinical Commissioning Group (CCG) and local partners† are delivering a ‘Primary and Acute Care System’ (PACS) that would provide NHS list-based general practitioner and hospital services, together with mental health and community care services for the Northumberland population. The Improvement Analytics Unit is working with Northumberland PACS to feedback on patient outcomes following the opening of a specialist emergency care hospital (NESCH) and three urgent care centres in local district general hospitals in June 2015.

The study aims to estimate the effects of the opening of the NSECH and the refocussing of the general hospitals on planned care by examining whether there is an impact on secondary care utilization outcomes and mortality for the population for whom Northumberland CCG is responsible. It is examining the rate of A&E visits and hospital admissions, along with the average duration of A&E visits and the length of stay of admitted patients.

The Improvement Analytics Unit is comparing the outcomes amongst the Northumberland population to the outcomes of people resident in other CCGs in England. The analysis is using a ‘synthetic control’ method, which weights the contribution of English CCGs to produce a ‘synthetic’ version of Northumberland. These two areas will be similar in terms of patients’ characteristics (e.g. in age, gender, long-term conditions) and trends in health care utilisation over time. We are planning to publish the results from this evaluation in a report on the Health Foundation’s website.

3.7 In 2017/18, the Improvement Analytics Unit is working collaboratively with a larger number of teams to further develop their approach, with the aim of more closely meeting the needs of decision makers at both local and national levels. The unit is further systemising its approach to data management and analytics to shorten the evaluation timeframe, aiming to be providing regular, rapid feedback to up to 10 local initiatives by March 2018. By the end of 2018/19, the Improvement Analytics Unit aims to provide regular rapid feedback to approximately 20 local initiatives to inform ongoing learning and development at local and national levels (see Table 1 and Table 2).

3.8 The Improvement Analytics Unit provides reports to local teams. The reports contain the evaluation results and can help inform decision-making processes, alongside their other local evaluations. The findings are currently delivered to local teams in the form of presentation slides (there are plans to improve this approach). After consideration, the evaluation results are shared more widely to help support and influence improvement, policy implementation and sharing of best practice across all health and social care (for example through the Health Foundation briefing papers†). The principles regarding the wider publication and dissemination of the outputs from the Improvement Analytics Unit are agreed through a memorandum of understanding between the Health Foundation and NHS England, and reflect the collaborative approach to working with local partners and the need for transparency.

Table 1: Overview of Improvement Analytics Unit milestones, activities and staffing commitments

<table>
<thead>
<tr>
<th>Milestone and timing</th>
<th>Activities</th>
<th>Staffing commitment</th>
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</thead>
<tbody>
<tr>
<td><strong>Set up</strong> (January 2016 – March 2016)</td>
<td>• Memorandum of understanding in place</td>
<td>• Lead Statistician (THF)</td>
</tr>
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<td></td>
<td>• Governance structure in place</td>
<td>• Project Director for NHSE (part time, NHSE)</td>
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<td></td>
<td>• Data processing agreement in place</td>
<td>• Project Manager (NHSE)</td>
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<td></td>
<td>• Recruiting process for analysts begun</td>
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<td></td>
<td>• Data flow mapping</td>
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<td></td>
<td>• Stress tests for the Health Foundation and National Commissioning Data Repository (NCDR)</td>
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<td></td>
<td>• Lead Statistician (THF)</td>
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<tr>
<td></td>
<td>• Project Director for NHSE (part time, NHSE)</td>
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<td></td>
<td>• Project Manager (NHSE)</td>
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<tr>
<td><strong>Feasibility testing (pilot) phase readiness</strong> (April 2016)</td>
<td>• Develop analytical process</td>
<td>• Project Manager (THF)</td>
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<td></td>
<td>• QA process documents produced</td>
<td>• Lead statistician (THF)</td>
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<td></td>
<td>• Project Manager (THF)</td>
<td>• Analyst (THF)</td>
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<tr>
<td></td>
<td>• 3 x Analyst (THF / NHSE)</td>
<td>• Senior Data Manager (part time, THF)</td>
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<tr>
<td></td>
<td>• Senior Data Manager (part time, THF)</td>
<td>• Project Director for NHSE (part time, NHSE)</td>
</tr>
<tr>
<td><strong>Feasibility testing (pilot) phase execution</strong> (May 2016 – November 2016)</td>
<td>• Analysis of two sites</td>
<td>• Project Manager (NHSE)</td>
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<tr>
<td></td>
<td>• Establish formative evaluation process</td>
<td>• 3 x Analyst (THF / NHSE)</td>
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<td></td>
<td>• Stakeholder launch of the Improvement Analytics Unit</td>
<td>• Senior Data Manager (part time, THF)</td>
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<td></td>
<td>• Project Director for NHSE (part time, NHSE)</td>
<td>• Data Manager (part time, THF)</td>
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<tr>
<td><strong>Check point</strong> (December 2016)</td>
<td>• Reflection</td>
<td>• 3 x Statistician (THF / NHSE)</td>
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<td></td>
<td>• Planning scale up</td>
<td>• Project Director for NHSE (part time, NHSE)</td>
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<tr>
<td><strong>User testing phase preparation</strong> (January 2017 - April 2017)</td>
<td>• Continued analysis of pilot sites</td>
<td>• NCDR Data Analyst (NHSE)</td>
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<td></td>
<td>• Publication of first pilot study</td>
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<td></td>
<td>• Recruitment of three or four new sites</td>
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<tr>
<td><strong>User testing phase execution</strong> (April 2017 – November 2017)</td>
<td>• Analysis of three or four new sites</td>
<td>Over this period, the following changes to the staff complement made:</td>
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<tr>
<td></td>
<td>• Publication second pilot study</td>
<td>• Programme Director role replacing Project Director (full time)</td>
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<td></td>
<td>• User testing in parallel</td>
<td>• Programme Manager role replacing Project Manager</td>
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<tr>
<td><strong>Decision point</strong> (December 2017)</td>
<td>• New memorandum of understanding</td>
<td>• 3 x Statistician (THF / NHSE)</td>
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<td></td>
<td>• Planning for transition and business as usual operation</td>
<td>• Communications Manager (part time, THF)</td>
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<tr>
<td>Objectives</td>
<td>Measures of Success</td>
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| Systematise the Improvement Analysis Unit processes involved in conducting evaluative analysis with the end-to-end analysis production process reduced to three months or less by the end of the user testing phase, to allow rapid, ongoing feedback with minimal turnaround time. | • Deliver at least one evaluative analysis within three months or less (measured from the point at which local area and intervention is agreed through to the production of the report) during the user testing phase.  
• Establish process, documentation and libraries to allow maximum reuse of data, code, scripts and data sets for new Improvement Analysis Unit evaluative analysis.  
• Reduce end-to-end process for creation of the data set for analysis to one week for at least one evaluative analysis (measured from receipt of the final statistical analysis plan to the release of the final data set to statistician) by the end of the user testing phase. |
| Deliver at least six (stretch target of 10) new evaluative analysis reports from learning and impact studies conducted with local health systems by the end of the user testing phase. | • Run end-to-end evaluative analysis on at least five (including repeats) NCM vanguard local health systems.  
• Run end-to-end analysis on at least one local health system in non-NCM national transformation programme.  
• Deliver at least one learning study that provides ongoing information that informs local decision making.  
• Deliver at least one study with local health system representative acting a responsible owner for the outputs and embedding learning. |
| Confirm suitability of the capacity, capability and performance of the National Commissioning Data Repository in meeting Improvement Analytics Unit’s analytical requirements from 2018. | • Successful completion of replication of Northumberland and Principia analysis on temporary National Commissioning Data Repository by Data Services for Commissioning and NHS England staff, and comparison with results from the Health Foundation Secure Data Environment.  
• Timely data transfers and completion of bespoke data analysis projects to support Improvement Analytics Unit evaluative analysis.  
• Additional data sets made available to NHS England for commissioning, including but not limited to Mental Health data sets and prescribing data set, prepared for use in Improvement Analytics Unit analysis. |
| Build awareness and credibility for the Improvement Analytics Unit among target audiences as an entity that provides objective, independent and transparent analysis of improvement interventions, so enabling the NHS and its partners to better understand the impact of such interventions and transform services. | • Successful publication Principia analysis in peer reviewed journals.  
• Positive endorsement of at least one Improvement Analytics Unit evaluative analysis from NCM Programme senior team and NHS England Leadership.  
• Secure extension of the memorandum of understanding and resources required from the Health Foundation and NHS England beyond the end of 2017.  
• Secure Health Foundation and NHS England positive / neutral commentary on objectivity, independence and quality of Improvement Analytics Unit analysis in public arena in response to publications of study findings. |
| Develop service model and secure future of the unit as an ongoing capability available to NHS England after completion of the project. | • Secure NHS England approval of the unit’s resource requirement to continue operation of unit for the lifetime of the project.  
• Identify and assess different commercial options for establishing the unit as an ongoing capability available to NHS England and agree preferred model.  
• Secure approval of business case justifying investment to establish unit as ongoing capability available to NHS England.  
• Engage with senior leaders in the Health Foundation and NHS England to secure support for establishing the unit as an ongoing concern. |
3.9 The Improvement Analytics Unit is building on international examples of best practice, in particular the approach to ‘rapid-cycle evaluation.’ The most advanced model of rapid-cycle evaluation has been developed by the Center for Medicare and Medicaid Innovation (CMMI) in the United States. CMMI is a government entity established under the Affordable Care Act to test ‘innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care’ within publicly-funded health care systems. CMMI has been developing a range of models, including the pioneer accountable care organisations, bundled payments and multidisciplinary approaches to improving service delivery. Many of these parallel experiments currently underway in the NHS, such as those outlined in the Five Year Forward View. CMMI includes a research and rapid-cycle evaluation group, which produces ongoing analysis regarding the effectiveness of these payment and service delivery models. The information produced by the CMMI is both qualitative (regarding implementation) and quantitative (progress against both quality and cost metrics assessed against counterfactuals). This information is produced annually and used to:

- Inform the development of policies and frameworks regarding the main elements of the care models and how they should be developed and facilitated.
- Inform a practical and structured package to support the teams with quality improvement.

3.10 Unlike CMMI, the Improvement Analytics Unit is currently restricted to the provision of quantitative data. Yet, the greatest value will come from combining the quantitative evidence from the Improvement Analytics Unit with other evidence, such as from qualitative evaluation, to guide the progress of new models of care or other projects as they evolve (see Figure 1). Thus, in the longer term, initiatives like the Improvement Analytics Unit might form one part of a wider approach to ‘rapid-cycle evaluation,’ in which qualitative and quantitative information is combined with quality improvement skills to enable ‘course correction’ in a timelier manner than has been possible before now.

3.11 Although the Improvement Analytics Unit is not expected to deliver on all the elements of rapid-cycle evaluation shown in Figure 1, ideally it would synergise with other initiatives (such as the wider work of the NHS England Operational Research and Evaluation Team) to allow the unit to maximise its impact. It might also be possible to expand the offer from the unit, though this needs to be done in a structured and sustainable way, and we expect that quantitative analysis will remain the core offer.

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4.0 Rationale for the evaluation

4.1 The primary purpose of commissioning this evaluation is to help both partners understand the impact of the current approach to delivering the Improvement Analytics Unit and to inform the future design and development of the unit. This includes consideration of the wider context in which the unit is operating, and how it might synergise with other initiatives to improve the quality and efficiency of care. We expect this will enable:

- development of the Improvement Analytics Unit approach in improving care and efficiency as part of major national programmes such as new models of care and STPs.
- development of the Improvement Analytics Unit approach in generating learning and improvement at both local and national levels in the NHS.
- an improvement in engagement and communication between key stakeholders (as listed in 5.3) and better outreach.
- a richer recognition of interdependencies with other initiatives, programmes and stakeholders working in this area.
- development of the Improvement Analytics Unit approach in spreading best practice in the use of data analytics to drive improvements in the NHS and making changes to the health and social care system.

5.0 Aims, scope and requirements

5.1 The aim of the evaluation is to answer the overarching evaluation question:

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How might the Improvement Analytics Unit improve its approach to informing learning and improving care and efficiency at local and national level?
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5.2 We want to understand how the Improvement Analytics Unit has been doing so far in achieving its original aims and objectives, and where we can make improvements. The evaluation will focus on the Improvement Analytics Unit as an intervention to facilitate and achieve change, rather than specifically measure the impact of local health care projects within the Improvement Analytics Unit.

5.3 The evaluation will answer at least the following sub-questions:

<table>
<thead>
<tr>
<th>Evaluation sub-questions</th>
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<tbody>
<tr>
<td>1. a. How well is the Improvement Analytics Unit meeting its original aims and objectives?</td>
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<tr>
<td>b. Are there aspects of the Improvement Analytics Unit approach that can be improved, for example by strengthening the offer from the unit, or by working in a different way?</td>
</tr>
<tr>
<td>c. How successful is the Improvement Analytics Unit in developing its strategy to scale up its approach and have a long term impact?</td>
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<tr>
<td>d. How successful is the Improvement Analytics Unit in developing mechanisms to ensure continuous learning and improvement?</td>
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<tr>
<td>2. What resources, conditions, and infrastructure are required to deliver the Improvement Analytics Unit effectively?</td>
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<tr>
<td>3. How valuable and relevant is the Improvement Analytics Unit to its stakeholders in supporting patient care and improving efficiency?</td>
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<tr>
<td>Key stakeholder groups include:</td>
</tr>
<tr>
<td>a. The Health Foundation</td>
</tr>
<tr>
<td>b. NHS England</td>
</tr>
<tr>
<td>c. Local NHS organisations (local teams within the vanguard sites eg Principia Partners in Health and Northumberland Accountable Care Organisation; and possible new local sites that have come on board in 2017).</td>
</tr>
<tr>
<td>d. National Commissioning Data Repository (NCDR) programme.</td>
</tr>
<tr>
<td>4. a. How does the Improvement Analytics Unit advance the Health Foundation’s strategic mission to improve health and health care in the UK?</td>
</tr>
<tr>
<td>b. How does the Improvement Analytics Unit fit within the landscape of NHS England and the broader health and care system?</td>
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<tr>
<td>5. a. What contribution does the Improvement Analytics Unit make to informing decision making to drive efficiency and improving care?</td>
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<tr>
<td>b. What contribution might it make in the future?</td>
</tr>
<tr>
<td>6. What contribution does the Improvement Analytics Unit make to spreading best practice in:</td>
</tr>
<tr>
<td>a. changes to the health and social care system (transformation)?</td>
</tr>
<tr>
<td>b. the use of data analytics and data capabilities to drive improvements in the NHS?</td>
</tr>
</tbody>
</table>

5.4 The unit has now entered its second phase and is aiming to further develop its approach and meet more closely the needs of decision makers, informing learning and improvement at local and national level. Furthermore, the intention is to establish the unit as an ongoing resource for the NHS following the end of the partnership (anticipated to be March 2019). The primary purpose of this evaluation is to assess
what the unit has done so far and is doing, and how it can be improved. However, where evidence allows, the evaluation team should also inform the debate and decisions over what the future role and focus of the unit should be. The current proposal is for the unit to be run on an ongoing basis by NHS England from April 2019, but detailed transition planning has not yet begun and there may be other options to consider (for example whether there is a modified approach (e.g. not in partnership; wholly NHS England; stand-alone unit) that could be used to deliver the service over the longer term). A new memorandum of understanding made between the Health Foundation and NHS England will need to be agreed by 31 December 2017 (see Tables 1 and 2).

To answer the evaluation questions outlined above, we anticipate that the most suitable methodological approach for this research will be a qualitative approach, including document review and semi-structured interviews with key stakeholders such as the Health Foundation, NHS England, local NHS organisations and the National Commissioning Data Repository (NCDR) programme. We expect the evaluation team to interview teams that have already worked with the Improvement Analytics Unit such as local teams within the vanguard sites (eg Principia Partners in Health and Northumberland CCG and Foundation Trust) and new local teams that have begun to work with the Improvement Analytics Unit during 2017. The national new care model programme ends in April 2018 and the responsibility for delivering and spreading new care models will sit withSTPs. In light of this, the evaluation may wish to consider how the Improvement Analytics Unit might benefit those working within the STPs who will be responsible for new care model development and delivery.

We would also expect the evaluators to work collaboratively with the Improvement Analytics Unit team to co-develop a theory of change or logic models which will help provide a narrative account of the evolution and activities of the Improvement Analytics Unit. For example the Evidence Based Practice Unit logic model†† suggests considering the target (who is the intervention for?); the intervention (what is the intervention?); change mechanisms (how and why does the intervention work?); the outcomes (what difference will it make?); and moderators (what factors will influence the change process?). We would also welcome suggestions of other evaluation tools or frameworks that could be co-developed to provide a helpful narrative account of the unit, including inputs, barriers and enablers of progress, engagement of stakeholders, and intended and unintended outcomes, and how it links to the wider health and care system.

Other methods may include literature review to compare the rapid-cycle evaluation approach of the Improvement Analytics Unit to other international examples. We would also welcome other innovative approaches to answering the evaluation questions.

The successful evaluation team will be required to work with the Improvement Analytics Programme Group / Senior Leadership Team which includes representatives from the Health Foundation and NHS England. Joint working and

feedback between the evaluators and the Improvement Analytics programme team will be critical, and an embedded evaluation approach is preferred.

5.9 The provider will be responsible for designing, managing and conducting the evaluation; analysing the findings; and producing a coherent report that synthesises key findings into a core set of lessons.

5.10 The Health Foundation will work with the successful provider to refine the evaluation questions and approach before they submit a final evaluation protocol. We will also work with the provider to identify which stakeholders should be contacted to undertake primary research with and agree on a final report structure and areas of content.

6.0 Deliverables

6.1 We intend to commence work in November 2017 with the negotiation and agreement of the protocol. Evaluative work will begin by December 2017.

6.2 Over the course of the evaluation the following deliverables should be provided:

- evaluation protocol (28 November 2017)
- present emerging findings (March 2018)
- final report (May 2018).

7.0 Audiences and presentation

7.1 The objective of presenting the emerging findings and final report will be mainly to support knowledge capture for the Health Foundation and NHS England, to help inform the Improvement Analytics Unit as it progresses, and inform subsequent evaluation work. The Health Foundation and NHS England may choose to publish and disseminate data and findings generated from this evaluation.

7.2 The primary audiences for this work include:

- Improvement Analytics Unit Programme Group, senior leadership team and wider team
- Improvement Analytics Unit Programme Board
- The Health Foundation directors team and Board
- NHS England senior management and sponsors.

We also intend to make the report available to the local NHS organisations that have participated in the evaluation.

8.0 Intellectual property

8.1 In commissioning this research, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in the sample contract).

8.2 Any data gathered or generated in the first phase of the evaluation will be subject to the memorandum of understanding made between the Health Foundation and NHS England.

9.0 Working with us

9.1 Where at all possible, the Health Foundation takes a partnership approach to its work. The work will be managed by the Research Manager at the Health Foundation,
with strategic and content input provided by the Programme Manager for the Improvement Analytics Unit at NHS England.

9.2 We will work with the successful provider to refine the proposed approach before they submit a final evaluation protocol. The formative model of this evaluation will mean that the provider will need to meet or speak regularly with member of the Improvement Analytics programme group and attend relevant meetings at the Health Foundation. Costs incurred for meetings should be factored into the budget.

10.0 Budget

10.1 Based on similar work commissioned by the Health Foundation, we anticipate bids up to a maximum of £70,000 (inclusive of VAT and expenses).

10.2 We will commission this research by issuing a contract for services and as such we expect VAT is likely to be payable on all aspects of the work. Please consult your contracting team and / or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.

10.3 The Health Foundation shall not be responsible for any costs incurred by you in responding to this tender and shall not be under any obligation to you whatsoever with regard to the subject matter of this tender.

10.4 The Health Foundation is committed to ensuring value for money in all work. As a non-profit organisation, we have a responsibility to ensure that our funds are used to the maximum benefit of the public. As such, we also expect applicants to explain how their proposed budget and activities provide the Health Foundation with value for money.

11.0 Assessment and selection criteria

11.1 We intend to interview shortlisted bidders on 23 or 24 October 2017 to explore proposals in more depth. Please ensure you are available for interview on these dates. We expect to inform applicants of our final decision by 27 October 2017.

11.2 Proposals will be assessed using the following criteria:

- knowledge of the topic
- experience, expertise and connection to the relevant community of practice
- skills and expertise in evaluation techniques
- appropriateness of proposed methodology that fits with the pace and emerging iterative nature of the Improvement Analytics Unit
- appropriate project management, risk management and quality assurance
- capacity to deliver the evaluation on time, on budget and to the required standard
- value for money
- experience in partnership working with effective communication skills.
12.0 Timetable

12.1 The table below lists the key dates for this evaluation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 August 2017</td>
<td>Invitation to tender published</td>
</tr>
<tr>
<td>28 September 2017</td>
<td>Closing date for applications</td>
</tr>
<tr>
<td>October 2017</td>
<td>Internal review of applications and assessment meeting</td>
</tr>
<tr>
<td>23 or 24 October 2017</td>
<td>Interviews</td>
</tr>
<tr>
<td>27 October 2017</td>
<td>Successful provider notified</td>
</tr>
<tr>
<td>13 November 2017</td>
<td>Inception meeting</td>
</tr>
<tr>
<td>28 November 2017</td>
<td>Evaluation protocol finalised</td>
</tr>
<tr>
<td>March 2018</td>
<td>Presentation of emerging findings</td>
</tr>
<tr>
<td>May 2018</td>
<td>Final evaluation report</td>
</tr>
</tbody>
</table>

13.0 Instruction on the tender process

13.1 Your entire proposal including all supporting documentation should be emailed, as a single document, to Amanda.Watt@health.org.uk by no later than 12.00 on 28 September 2017.

14.0 Questions

14.1 If you have any queries relating to the tendering process or the nature of the service required, please email Amanda.Watt@health.org.uk.

15.0 Contract arrangements

15.1 The Health Foundation’s standard contract for delivery of services is embedded within the attached tender response form at Annex 2. Please ensure that you have read our sample contract and agree to the terms. Any queries about the contract terms should be detailed in your application.