

Evaluation of the Integrated Mersey Palliative Care Team (IMPACT) model

Request for Proposals (RfP)

Date RfP issued: 5 February 2021

Submission Deadline: Proposals to be emailed to evaluation@mariecurie.org.uk by
12 noon, 25 March 2021

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1. About the Integrated Mersey Palliative Care Team model

It is imperative that palliative and end of life care across Merseyside keeps pace with the changing needs and wishes of the population, and the increased demands placed upon health and social care providers.

Currently there is fragmentation and duplication of services, with multiple hand-offs between organisations. The whole system is complicated to navigate for patients and clinicians alike. There are many examples of excellent practice across Liverpool; however, IMPaCT offers a unique opportunity to redesign the entire system and provide consistent, high-quality integrated care.

Integrated Mersey Palliative Care Team (IMPaCT) is the new consultant-led, integrated, multi-professional palliative care service for people with a life-limiting, progressive condition.

IMPaCT is comprised of teams from different care settings: community, hospices, hospital/outpatients linking with other multi-agency services as patient need dictates. This service aims to provide a single point of contact for patients, families and professionals to access appropriate care, information or advice in a timely way.

Who is it for?

The IMPaCT service is open to anyone registered with a GP in Liverpool or South Sefton Clinical Commissioning Groups (CCG) who is:

- aged 18 or over with a diagnosis of a life-limiting, progressive disease
- in need of palliative care assessment
- on Gold Standards Framework/Supportive Care Register or already known to a hospice, community or hospital palliative care team.

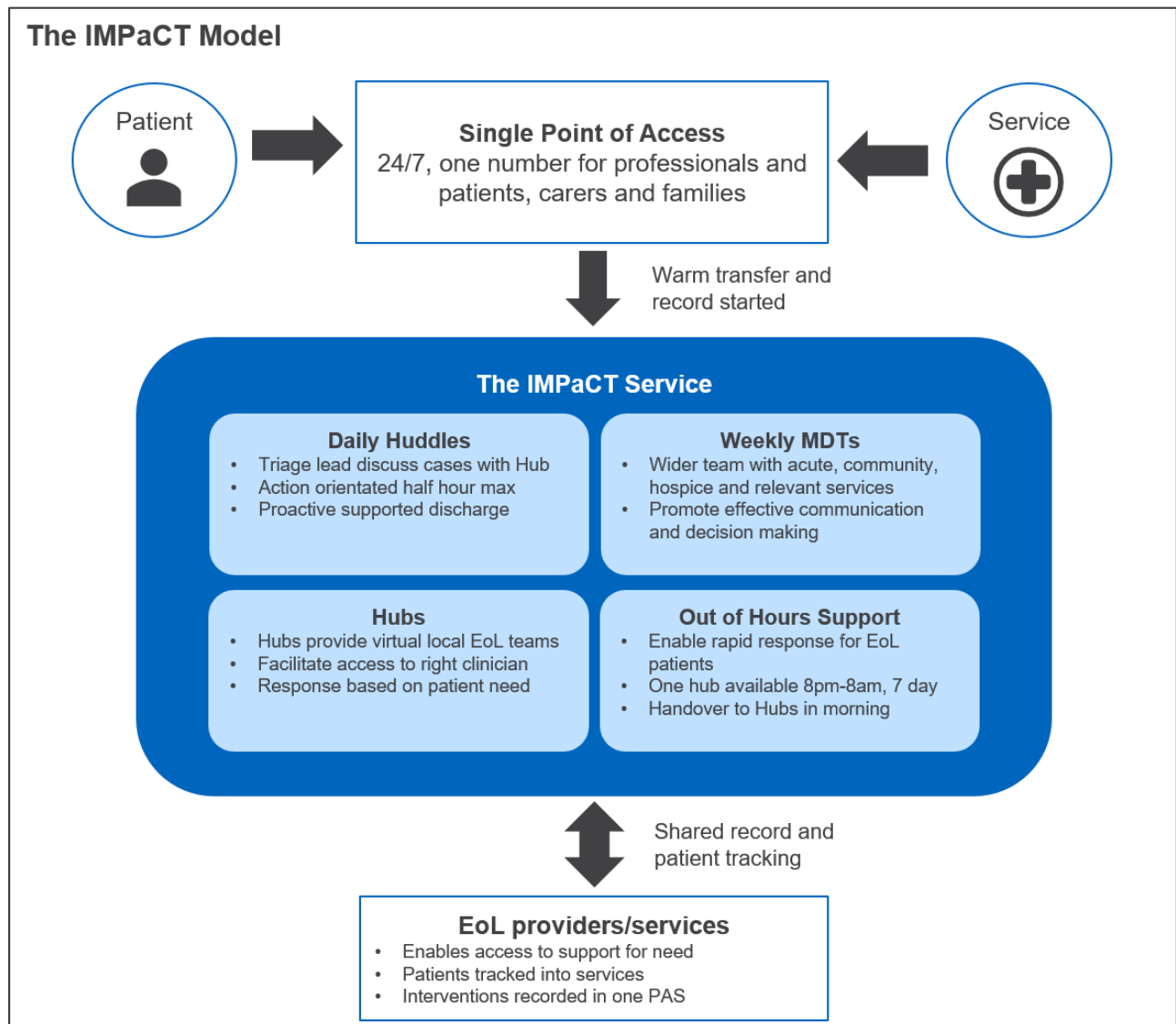
How does it work?

1. IMPaCT operates from two hubs: Woodlands Hospice (North Liverpool and South Sefton) and Marie Curie Hospice, Liverpool (Central and South Liverpool).
2. It supports health professionals to identify their patient's specialist palliative care needs and facilitate assessment by the most appropriate healthcare professionals.

Referrals are accepted from any health or social care professional, relative or carer, or the patient themselves.

The model is outlined in Figure 1. The Multidisciplinary Teams (MDTs), Daily Huddles and Hubs elements have been implemented, with the Out of Hours Support component expected to be implemented later this year.

Figure 1. The IMPaCT Model



Key principles of service delivery

- Patients and those important to them are at the centre of the IMPaCT Model
- 'One team approach' as a multi-professional service, working collaboratively
- A single point of access (SPA) to the service available to health care professionals, patients, relatives and carers, supported by referral criteria
- A referral would be to the whole service, removing the need for further referrals for patients to access services in different settings
- The needs of the patient will be assessed at referral by a specialist palliative care professional to ensure timely intervention by the appropriate services
- Care will be coordinated via hubs
- An integrated service across all care settings, with a 'no wrong door' ethos

- The service will be Consultant-led
- Equitable service for patients in Liverpool and South Sefton

The aims of the service

Through improved care coordination, the primary aims of the service are:

- to increase the number of people identified as having a palliative care need
- for patients and those close to them to have a streamlined, person centred care experience that addresses their holistic needs
- to see a reduction in emergency hospital admissions

2. What organisations are involved in the delivery of the IMPaCT model?

The following organisations are involved with the delivery of the IMPaCT model (listed A to Z):

- Marie Curie
- NHS Liverpool University Hospitals
- NHS Mersey Care
- Woodlands Hospice

3. Our evaluation questions

Marie Curie is seeking to appoint an external evaluator to conduct a mixed methods evaluation to address the following questions:

1. To what extent does the IMPaCT model make a positive difference to the experience of care for patients and those important to them?
2. To what extent does the IMPaCT model improve the effectiveness of how health and social care professionals work together?
3. How sustainable is the IMPaCT model, particularly in the medium to long term?
4. What lessons are there from the implementation of the service and for improving it in the future?

While this evaluation is not specifically about integrated care related to the COVID-19 pandemic, we would expect the evaluation to pay appropriate attention to this important contextual factor.

4. Proposed measures

Delivering palliative and end of life care is a complex intervention and no single measure proves success.¹ The published evidence base from peer reviewed publications, including meta-analyses as well as independent evaluation of the Midhurst and North Manchester models, demonstrates that coordinated care delivered by appropriately skilled and specialist staff improves outcomes.²

We have followed the MORECare principles to define proposed outcome and process measures that:

- have established validity and reliability in relevant population
- are responsive to change over time
- capture clinically important data
- are easy to administer and interpret (for example, short and with low level of complexity)
- are applicable across care settings to capture change in outcomes by location (for example, patients' home, hospital, hospice)
- are able to be integrated into clinical care.

As outlined in Section 4.1, prior to COVID-19 the IMPaCT team agreed on focusing on three key outcome areas:

- Pre and post increase in the percentage of people on GP caseloads supported by the Supportive Care Register
- Pre and post decrease in emergency admissions in last three months of life
- Against a national baseline, perceptions from users that services were well coordinated

These outcomes remain relevant; however, we are cognisant that COVID-19 may have affected the extent to which we can make pre and post comparisons in a reliable and valid way. For example, we know the pattern of emergency hospital admissions has fluctuated at a national level since the start of the pandemic, potentially affecting the ability to make comparisons at different time points.

We would like submissions in response to the RfP to consider the feasibility of the proposed measures and, if relevant, propose alternative ways to assess the intended outcome through a different methodology or applying a different technique.

¹ Higginson IJ, Evans CJ, Grande G, Preston N, Morgan M, McCrone P, Lewis P, Fayers P, Harding R, Hotopf M, Murray SA. Evaluating complex interventions in end of life care: the MORECare statement on good practice generated by a synthesis of transparent expert consultations and systematic reviews. *BMC medicine*. 2013 Dec 1;11(1):111.

² https://www.mhcc.nhs.uk/wp-content/uploads/2018/08/NMMPCCSS-Qualitative_report_FINAL.pdf

4.1. Proposed Quantitative Measures

1. **Increase the percentage of people registered with a Liverpool, South Sefton and Kirkby in Knowsley GP who are supported by the Supportive Care Register from 0.4% to 0.6% by 31st March 2023.**

Rationale: the first step to improving outcomes is to identify people. We know that when this is recognised, we are more able to drive coordinated, high quality and cost-effective care.

2. **A 10% reduction, from 2018 baseline, in the percentage of deaths of all adult ages with three or more emergency admissions in the last three months of life. Specifically, from 7.6% [95% CI of 6.9 to 8.4%] (2018 data) to 6.9%.**

Rationale: A high number of emergency admissions during the last 3 months of life could indicate that care is not being coordinated, that care planning conversations are not taking place or the appropriate level of support to deliver a care plan and manage potential crises is not in place. Achieving 6.9% would take us under the Cheshire and Merseyside average, below our peers and significantly below the NHS England average benchmark.

An analysis of costs at the Royal Liverpool University Hospital showed that the costs of care for 355 patients with 3 or more admissions in the last year of life in 2018-19 was £9,704,751. The numbers are in line with the nationally sourced data. Reducing this by 10% equates to a £970,000 cost saving. Evidence from the first patients of IMPaCT in January 2020 versus baseline data from October 2019 showed a reduction in length of stay for the most complex patients by an average of 10 days in a cohort of 70 before and after patients.

3. **90% of bereaved relatives report that services worked well together in the last three months of life.** National baseline – 83.6%³

Rationale: From a patient and carer perspective, lack of coordination is a significant cause of worry and distress. The coordination of services mean that people are more likely to get personalised and effective care

The IMPaCT team will work directly with the agreed evaluation partner in terms of sharing available service level data, in an appropriate, secure and GDPR compliant way.

Proposed Qualitative measures

To address both our process and outcomes based evaluation questions, we'd like proposals to outline an appropriate qualitative methodology that includes involvement from the following groups of people:

- strategic stakeholders from each of the partner organisations
- professionals who work in the service
- referrers
- patients
- people close to the patient

³<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/england2015#coordination-of-care-in-the-last-3-months-of-life>

5. Evaluation timings, management, budget and deliverables

Timings

Table 1 shows the high-level timelines for the evaluation:

Table 1. Timeline

Request for Proposals reissued	5 February 2021
Deadline for any questions about the RfP to be submitted to evaluation@mariecurie.org.uk	12 noon, 4 March 2021
Marie Curie to issue response to RfP questions	5pm, 8 March 2021
Deadline for receipt of submissions	12 noon, 25 March 2021
Completion of application review by Marie Curie team	12 noon, 7 April 2021
Online interview	14 and 15 April 2021
Application outcome communicated	19 April 2021
Contract agreement, due diligence and information governance complete	14 May 2021
Evaluation start date	26 May 2021
Delivery of interim report	8 months after evaluation start date
Delivery of final report and presentation to IMPaCT model stakeholders	24 months after evaluation start date

Management arrangements

The evaluation contract will be held between the successful applicants and Marie Curie. However, the successful applicants will be expected to work collaboratively with all IMPaCT team organisations.

Marie Curie's evaluation team will be responsible for managing the evaluation. In terms of governance, Marie Curie's Change Committee will oversee the evaluation, with regular updates sent to the Clinical Governance Committee.

The successful applicants will be expected to provide regular monthly status updates to the evaluation team, as well as to attend evaluation meetings every two months with the IMPaCT team.

A data sharing agreement will be required within the award contract.

Budget

We have allocated a provisional budget of £40,000 (including VAT and expenses) to undertake this work. As outlined at 6.1, cost will be factored into the scoring criteria of the applications.

Deliverables

- Monthly evaluation project updates
- Interim report
- Final report
- In person (virtual or otherwise) presentation to key IMPaCT stakeholders

6. Your proposal

6.1. Proposal requirements

We are undertaking an open tender process by inviting suppliers to submit an evaluation proposal. Potential suppliers are required to submit a written proposal, providing the following information, against which the application will be assessed by:

1. A brief overview of your organisation and evaluation team, including any information about track records of conducting evaluations in similar areas and any relevant qualifications (max 500 words).
2. Curriculum vitae (no more than 3 pages of A4 for each CV) for the management and staff that will undertake the evaluation.
3. Your proposed approach to this evaluation, including a detailed statement of work (max 3500 words).
4. Your proposed timeline and key milestones for the assignment, including an indication of the days allocated to the assignment for both management and staff members. Set-up time and any ethical approval/governance processes should also be factored in.
5. Proposed budget, including VAT and travel expenses.
6. With your submission, please include a link to your organisation's or institution's latest Data Protection Policy. Additionally, please include a short overview summary of any relevant information in relation to each of the following elements related to data governance and management:
 - a. methods for secure data transfer and secure data storage
 - b. protocols for any pseudonymisation or anonymisation techniques
 - c. any relevant safeguards and regulations that will be followed in the course of processing any personal or sensitive data

- d. any additional and pertinent information or documentation relating to information governance.

7. A declaration of any conflict of interests with:

- a. Marie Curie and/or the IMPaCT partners listed in Section 2
- b. the tobacco industry.

When writing your application, note that:

- your proposal should specifically address the evaluation questions outlined in Section 3
- your proposal should consider the measures that the IMPaCT team have identified as potential metrics. However, we will be looking for applicants to consider new metrics that could potentially demonstrate impact. We would also welcome challenge on any of the proposed metrics if the applicants feel that there are more valid and reliable alternatives
- we welcome approaches that include consideration of economic impact
- given the nature of the programme and the joint partnership approach, we would like proposals to consider how they can best work in an agile way to adapt to the complexities of the programme.

6.2. Proposal Clarification

Any requests for clarifications should be sent, by email, to: evaluation@mariecurie.org.uk . Please note that all requests for clarification should be submitted by **12 noon, 4 March 2021**.

Marie Curie will provide a response by 5pm, 8 March 2021 to any request for clarifications received. We will circulate responses to all questions to all organisations who either submit a question themselves or express interest in making a proposal submission. If you do not have a clarification question but would like to see the responses to questions from other organisations, please email evaluation@mariecurie.org.uk by 12 noon, 4 March 2021. The questions and responses will be presented anonymously.

6.3. Proposal assessment

There will be a two-stage assessment process. The applications will first be reviewed to ensure they include all the information specified in Section 6.1. If applications are deemed to meet the criteria specified at 6.1, the submission leads will be asked to attend a virtual Microsoft Teams interview with members of the Marie Curie and IMPaCT team.

Marie Curie will assess your response in accordance with the selection criteria and the weighting for each criterion as detailed in Table 2.

Table 2. Scoring criteria

Proposal Criteria	Weighting
Details of the relevant experience of your organisation in relation to this evaluation (This should be no more than 500 words in length)	15%
Curriculum vitae (no more than 3 pages of A4 for each CV) for the management and staff that will undertake the assignment.	15%
Your proposed approach and methodology to implement the assignment to ensure that all aspects of the evaluation questions are met. (This should be no more than 3,500 words in length)	50%
Your proposed timeline and key milestones for the assignment, including an indication of the days allocated to the assignment for both management and staff members.	10%
Cost	10%

Interview Panel

- Sabine Best, Head of Research at Marie Curie
- Kim Bonnar, Head of Impact and Evaluation at Marie Curie
- Laura Chapman, Medical Director, Marie Curie Hospice Liverpool
- IMPaCT partner representative

7. Proposal Submission Conditions

Your response to this RfP is provided on the basis that you consent to:

- Marie Curie carrying out all necessary actions to verify the information that you have provided; and
- Marie Curie requesting further information from you as part of this verification process or to clarify any element of your response that is not clear.

The information contained in this RfP and in any related written or oral communication is believed to be correct at the time of issue, but Marie Curie will not accept any liability for its accuracy, adequacy or completeness and no warranty is given as such. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of Marie Curie.

By issuing this RfP, Marie Curie is not bound in any way to enter into any contractual or other arrangement with you or any other party. You will not be entitled to claim from Marie Curie any cost or expenses that you may incur in preparing your response.

Marie Curie reserves the right to issue the response to any query raised by you to all tendering agencies unless you expressly require it to be kept confidential at the time the

query is raised. If Marie Curie considers the contents of the query not to be confidential, it will inform you and you will have the opportunity to withdraw the query.

By receiving this RfP, you agree to keep confidential information obtained in it or sent with it or made available in connection with any further enquiries about its subject matter. The RfP is being made available on the condition that the information contained within it is used solely in connection with the process to procure and establish a contract for the Evaluation of the Integrated Mersey Palliative Care Team (IMPACT) model.

8. About Marie Curie

Marie Curie is here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left. Our nurses work night and day, in people's homes across the UK, providing hands-on care and vital emotional support. Our hospices offer specialist round-the-clock care. And we support people throughout their illness by giving practical information, support from trained volunteers and being there when someone wants to talk. We also fund research and policy.

For more information contact:

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