Multiple Sclerosis Society

Invitation to tender

Models of excellence literature reviews

1. Invitation to tender
   The Multiple Sclerosis (MS) Society invites tenders to review four key areas of literature. These reviews provide an important platform for a new programme of work, Models of Excellence, which is pivotal to our new approach to improving treatment, care and support for people with MS within the new five year MS Society Strategy. http://www.mssociety.org.uk/sites/default/files/Documents/Governance%20docs/Together%20to%20beat%20MS%20-%20Our%20strategy%202015%20to%202019.pdf

   Proposals are invited to respond to either individual or multiple literature review topics.

2. Multiple Sclerosis Society
   Established in 1953, the MS Society has 38,000 members and branches in every part of the UK with thousands of volunteers, supporters and staff members working to make a difference to the lives people affected by MS.

   Our vision is a world free from the effects of multiple sclerosis.

   Our ultimate goal is to find a cure. Until then, we will do all that we can to enable people with MS to live life, knowing that they do not have to face MS alone. More than 100,000 people in the UK have MS.

   We aim to build a future for people affected by MS where:
   • quality of life is improved for all people with MS, with effective treatments to stop relapses, slow progression and restore lost function.
   • fewer people are diagnosed with MS because of progress in the area of prevention.
   • where we greatly reduce the uncertainty around diagnosis and what the future holds.
   • where people affected by MS have the information they need, along with the understanding and awareness of others.
   • where people with MS live life, strengthened by an MS community that ensures no one has to face MS alone.

   Our mission is to enable everyone affected by MS to live life to their full potential and secure the care and support they need, until we ultimately find a cure.
Our work is backed by evidence and led by people affected by MS

3. Models of Excellence

Overview

In January 2015 we launched our new 5 year strategy Together to Beat MS. To achieve our 7 goals our strategic response highlighted a number of areas where we want to work differently, which includes the development of a new approach to improving services for people affected by MS.

Our new approach will be:

• Driven by the outcomes that are most important to people affected by MS.
• Based on, and will seek to build, the evidence of the most effective way in which outcomes can be achieved.
• Collaborative, bringing together staff and volunteers from across the MS Society, and from partner organisations, to develop new ways of working.

One of our most significant pieces of work over the next year aims to support our understanding of need and to define models of excellence. The framework is designed to be applied to any area of need.

There are a number of questions we seek to answer which include:

• Can you describe what that excellence might look like – based on our current understanding of the evidence
• What services are being provided?
• What models already exist for meeting this need?
• What represents value for money and is there a sustainable funding model?.

From what we already know about the needs and aspirations of people with MS, there are a number of areas where we would want to prioritise this work to develop and test models of excellence and innovation. The following areas have been identified as priorities for development:

• coordination of treatment, care and support; with integration being key – and including the principles of personalisation, shared decision making and holistic care and support.
• emotional and psychological support, to address high levels of unmet need.
• support to remain physically active, addressing unmet need and being very important to maintaining both high quality of life and physiological health.
• Information, advice and advocacy, again addressing unmet need and responding to changes in the social care and welfare systems.

In defining excellence we will use evidence relating to MS, but also broader evidence to ensure that our definitions reflect appropriate innovations, wherever they occur.
4. Background to this proposal

We are now commissioning desk-based research to help answer some of these questions. This will inform the focus and scope of our work to identify and promote excellence in MS Treatment, Care and Support through expert based guidance and with the potential to demonstrate that these models of excellence work in practice.

5. Requirement

The MS Society invites tenders for the completion of four literature reviews in the following topic areas:

- Physical Activity in people with MS
- Emotional and psychological wellbeing in people with MS
- Coordination of treatment, care and support in people with MS
- Information, advice and advocacy for people with MS

**Literature Review Specifications:**

- A traditional narrative literature review
- Providing a comprehensive background for understanding current knowledge
- Identifying and summarising research gaps
- Identifying the inconsistencies in the body of knowledge
- Comprising a well defined approach and methodology to reviewing the literature
- Detailing a timeframe in which literature is collected (e.g. last 10 years) that will allow sufficient time to meet all requirements of the invitation to tender
- Be inclusive of grey literature, including evaluation reports, and have a well defined search strategy contain a grading system defining the quality and strength of the evidence
- Selecting and accessing the literature according to inclusion and exclusion criteria
- Explores evidence around the effectiveness of the intervention, where applicable, for all four topics
- Explores evidence around the behavioural change needed for some individuals to fully engage and benefit from the intervention
- Focuses on the economic value and cost effectiveness of interventions and service evaluations available for each topic. Reporting specifically on service models that are effective, relevant and have the potential for replication
- Analysing, synthesizing and reporting on the findings
- Highlighting the significance of new research
- Summarizing data about applicability, economic and other effects, and barriers to implementation
- Developing an analytic framework depicting interrelationships between interventions, populations, and outcomes
- Present a broad and unbiased review
- Translating evidence of effectiveness and cost effectiveness into recommendations

**Service Provision Research**

The focus on service provision and the cost effectiveness of services is of particular importance in all four topics. It is known that published research on service evaluation and service provision may be limited and therefore there may need to be a broader scope in this area of the review. If there is limited literature available this part of the review will seek to include:

- international examples identifying best practice globally for Multiple Sclerosis in different health systems and communities
- identification of literature based in the UK health systems and communities that examine long term conditions with a similar prevalence to multiple sclerosis (up to 150,000 individuals)

**Outputs and management**

The overall objective of this review is to

- Produce a comprehensive summary of the available evidence in the 4 defined topic areas
- Review evaluations of models that already exist for meeting this need
- Identify economic value and cost effectiveness of existing service models

Based on the findings from the literature review we would also like the successful organisation to highlight knowledge gaps and suggest areas/research questions future plans for demonstrating models of excellence.

**Activity / Deliverables expected from review:**

1. Final Report

A report will be produced highlighting the parameters specified inclusive of a summary/abstract of the review, an introduction detailing the boundaries including the breadth and depth of the literature, the main body of the text detailing distinct
themes in the literature and critical appraisal of the studies, and a conclusion which should include a concise summary describing current knowledge, where the gaps lie in the evidence base and examples of models of excellence where they are found within each review.

2. Presentation and feedback: The lead reviewer will be expected to present key findings and provide feedback on the review to a topic specific key stakeholder workshop held at the MS Society Head Quarters in Greater London, Cricklewood. Specific arrangements are to be confirmed however we expect these to take place in May / June 2015.

3. Library: An electronic library of all references used within the review (for discussion between client and MS Society)

The MS Society is looking for the literature reviews to inform an ongoing programme of work by the Society. The timeline therefore is dictated to by this activity. The programme schedule is outlined in Table A below.

### Table A: Timeline / Delivery schedule

<table>
<thead>
<tr>
<th>Activity / deliverable</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open call</td>
<td>Wednesday 11th Feb</td>
</tr>
<tr>
<td>Deadline for proposal received</td>
<td>2nd March at midday</td>
</tr>
<tr>
<td>Date for potential teleconferences</td>
<td>5th March</td>
</tr>
<tr>
<td>Notification of successful tender/s</td>
<td>6th March</td>
</tr>
<tr>
<td>Commencement of reviews</td>
<td>Mid March</td>
</tr>
<tr>
<td>MS Society to receive completed reviews / endnote libraries / e-copies of the literature</td>
<td>Mid May</td>
</tr>
<tr>
<td>Reporting results through key stakeholder workshop</td>
<td>May / June</td>
</tr>
</tbody>
</table>

Up to twelve weeks has been allowed for the activity to be completed. Details of the timeline specifying activities through this period will need to be provided with the tender.

The maximum amount available for undertaking the contracted activity is £10,000 for each review. A full breakdown of costs relating to a bid is required as part of the tender process.

### 5. Scope

#### 5.1 Physical activity /wellbeing in people with Multiple Sclerosis

Focus topics:
- The general approach to conceptualising physical activity / well being in the literature for people with Multiple Sclerosis
- Identified domains and components of physical activity / wellbeing
- The health impact of physical inactivity in people with Multiple Sclerosis
- The health impact of physical activity in people with Multiple Sclerosis
- The health impact of exercise in people with Multiple Sclerosis
- The economic impact of physical inactivity in people with Multiple Sclerosis
- The economic impact of physical activity in people with Multiple Sclerosis
- The economic benefit of exercise in people with Multiple Sclerosis
- The models of service delivery for physical activity and exercise in individuals with Multiple Sclerosis, including community based interventions.
- The economic and clinical effectiveness of these models
- Approaches that encourage behavioural change in relation to physical activity and exercise

Definitions:

**Exercise** is a form of physical activity that is planned, structured and done to improve at least one aspect of physical fitness that is, strength, flexibility or aerobic endurance.

**Physical activity** includes activity that is part of your daily life. Household, workplace and lifestyle physical activity are three of the most common types of physical activity

5.2 Emotional and psychological wellbeing / support, to address high levels of unmet need

Focus topics:

- The general approach to conceptualising emotional and psychological well being in the literature
- Trends in psychological and emotional wellbeing support in people with Multiple Sclerosis
- Recommended guidelines for psychological and emotional support in people with Multiple Sclerosis
- The impact of psychological and emotional support services in people with Multiple Sclerosis
- The impact of lack of psychological and emotional support services in people with Multiple Sclerosis
• The health impact of psychological and emotional support in people with Multiple Sclerosis
• The health impact of lack of psychological and emotional support in people with Multiple Sclerosis
• The economic impact of psychological and emotional support in people with Multiple Sclerosis
• The economic impact of lack of psychological and emotional support in people with Multiple Sclerosis
• The models of service delivery for psychological and emotional support in individuals with Multiple Sclerosis, including community based interventions.
• The economic and clinical effectiveness of these models
• Approaches that encourage behavioural change in relation to psychological and emotional support

Definitions:

Emotional and psychological well-being: excludes ‘cognitive well-being’ as this may encourage the identification of beneficiaries by a specific diagnosis (in a clinical context) which narrows the meaning of ‘well-being’. This definition encompasses a broad range of emotional health.

Well-being refers broadly to the state of being comfortable, healthy and happy.

5.3 Coordination of treatment, care and support

Focus topics:

• The general approach to conceptualising care co-ordination in the literature
• Trends in care co-ordination for people with Multiple Sclerosis
• The health impact of care co-ordination in people with Multiple Sclerosis
• The health impact of lack of care co-ordination in people with Multiple Sclerosis
• The economic impact of care co-ordination in people with Multiple Sclerosis
• The economic impact of lack of care co-ordination in people with Multiple Sclerosis
• The models of service delivery for care co-ordination in individuals with Multiple Sclerosis, including community based interventions.
• The economic and clinical effectiveness of these models
• Approaches that encourage behavioural change in relation to care co-ordination
• Models of best practice in care coordination for people with multiple sclerosis
• Examples of person centred care planning with patients as true partners in planning their care
• Examples of integrated care models that promote person centred care co-ordination
• Examples of effective health and social care services navigation support
• Examples of best practice in supporting people to access and manage health and social care personal budgets

5.4 Information, advice and advocacy, again addressing unmet need and responding to changes in the social care and welfare systems.

Focus topics:
• The general approach to conceptualising advice and advocacy in the literature
• Trends in advice and advocacy approaches for people with Multiple Sclerosis
• Examples of good advocacy practice in relation to people with multiple sclerosis
• Examples of advocacy models and approaches most suited to people with multiple sclerosis
• Success/effectiveness of non specialist agencies providing specialist services such as advocacy and welfare benefits
• Models of best practice in information giving/sharing including innovative use of new technology
• Examples of effective advice services such as welfare benefits, personal budget management, employment issues
• Health and well being impact of lack of these services
• Health and wellbeing benefits of access to these services
• Economic benefits of these services

6. Tender content and format

Submitted tenders should fulfil the content and format requirements set out in Appendix 1

7. Closing date

The closing date for submitting complete tenders is 2\textsuperscript{nd} March 2015 at midday.

8. Amendments to tender documents

Should any notification need to be made of amendments, corrections or additions to this tender document, these will be provided to potential tenderers no later than three days before the deadline for the receipt of tenders.

9. Submission arrangements
Complete tenders should be submitted by the closing date to the following: research@mssociety.org.uk

The MS Society may contact those who submit a tender to seek clarification on any elements of a bid that are unclear.

10. Tender evaluation model

The MS Society will ensure a confidential, fair and equitable evaluation of tender submissions, in line with the tender requirements set out in section 4 and the tender content and format set out in section 6.

11. Schedule for considering tenders

The MS Society will consider tenders between Wednesday 11th February and Monday 2nd March. Notifications of the outcome of this review will occur on and after 6th March 2015. The MS Society may request a telephone meeting to enable a decision to be reached. If this was necessary then this would occur on the 5th March.

12. Award of contract

The contract, if awarded, will be awarded to the tenderer that, in the opinion of the MS Society, best demonstrates fulfilment of the criteria set out in Appendix 2. The MS Society intends to be in a position to award the tender and to finalise the contract with the successful tenderer between 6th March and mid March.

However, the following applies:
- The MS Society reserves the right not to award a contract as a result of this invitation to tender process
- The MS Society is not committed to accepting the lowest tender received
- The MS Society is not liable to pay any compensation in connection with an unsuccessful tender submission, or in any way to reimburse the costs attached to submitting a tender (successful or unsuccessful).

A draft contract, outlining key areas for contract of a finalised contract with the successful bidder, is attached as Appendix 3.

13. Enquiries

Informal enquiries about the tender process and the submission of tenders should be made to the following email address:

research@mssociety.org.uk
Appendix 1

Requirements for tender format and content

All those wishing to tender should provide documentation that conforms to the format and content requirements outlined below. The word limit below refers to one literature review for one topic.

Tender format requirements

1. The tender document should be clearly presented, and should contain the following:
   - The name(s) of the individuals submitting the tender
   - An indication of the individual with whom all communication should be made, and the supply of his/her contact details
2. Tender documents should be no more than 3500 words in length, with each element adhering to the set word limit.
3. Additional information can be provided as appendices and should be labelled and referenced in the main text.
4. Specific appendices providing summary curriculum vitae for all undertaking activity should be provided
5. Tender documents should be provided in an electronic format

Tender content requirements (4500 words for one literature review)

Tender documents should answer the specific questions below:

Topic (1500 words)

6. What approach would you take to undertaking the literature review?
   6.1 How would you develop and design the search strategy and what resources would you draw on?
   6.2 How would you ensure that the service provision element of the literature review was fully covered?
   6.3 How would you ensure that the behavioural change element of the review is fully covered?
   6.4 How would you develop a grading system to assess the quality of the literature?
   6.5 How would you tailor the literature review to the needs of the MS Society and models of excellence activity?
6.6 How would you ensure that the working group is enabled to effectively work with and apply the knowledge provided by each review.

Expertise (1000 words)

7. What particular expertise would you bring to the project?

7.1 What experience do you have of completing a similar piece of work successfully?

7.2 What insights would you bring to the ongoing subject matter of the models of excellence work?

Capacity (1000 words)

8. How would you plan to complete the project activity in the defined timescale?

8.1 What support (administrative, technical, access to library and knowledge etc.) would you need to draw on to complete the project effectively within the timescale?

Resource Requirements (1000)

9. Please supply a full breakdown of costs that the individual / team anticipates will be incurred in delivering the reviews, taking into account that the maximum amount available for each literature review is £10,000

9.1 What is the full itemisation of your costs?

9.2 What mechanisms do you have in place for managing the budget?

Declarations of Interest

10. Any declarations of potential conflict of interest in tendering should be provided including:
    - Links with the MS Society
    - Activity undertaken for another organisation, including that which would potentially be undertaken concurrently with the reviews outlined here

Referees

11. Provision of two referees and contact details for the lead applicant
Appendix 2

Criteria and scoring for received tenders:

Submitted tenders will be evaluated against the below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th></th>
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<tbody>
<tr>
<td><strong>Format requirements</strong></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>Meets tender format requirements</td>
</tr>
<tr>
<td><strong>Topics Requirements</strong></td>
<td></td>
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<tr>
<td>6.</td>
<td>Succinctly outlines the approach /methodology proposed to undertake the review /s</td>
</tr>
<tr>
<td>6.1</td>
<td>Succinctly outlines the methods for developing the search strategy and resources drawn on</td>
</tr>
<tr>
<td>6.2 /3</td>
<td>Demonstrates how service delivery and behavioural change will be incorporated within the review</td>
</tr>
<tr>
<td>6.4</td>
<td>Demonstrates a considered, robust approach to adopting a system for grading the literature according to quality</td>
</tr>
<tr>
<td>6.5</td>
<td>Demonstrates an understanding of the models of excellence activity and programme and how the outcome of literature review will shape work going forwards</td>
</tr>
<tr>
<td>6.6</td>
<td>Demonstrates how the learning from the review will be translated to a workshop including key stakeholders in the topic area to realise maximum affect</td>
</tr>
<tr>
<td><strong>Expertise requirements</strong></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates the technical expertise relevant to the scope of the project</td>
</tr>
<tr>
<td>7.1</td>
<td>Describes experience of successfully completing comparable reviews</td>
</tr>
<tr>
<td><strong>Capacity and Planning</strong></td>
<td></td>
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<tr>
<td>8.</td>
<td>Demonstrates a considered, structured approach to planning activity to complete all elements within the defined timeline</td>
</tr>
<tr>
<td><strong>Resource Requirements</strong></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates reasonable and realistic itemisation of costs relating to delivering the reviews to schedule</td>
</tr>
<tr>
<td>9.1</td>
<td>Demonstrates an appropriate way to manage the budget</td>
</tr>
<tr>
<td><strong>Management of potential conflicts of interest</strong></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Indicates where there are potential conflicts</td>
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</tbody>
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AGREEMENT

PARTIES

(1) “The Society” The Multiple Sclerosis Society, a charity whose registered office is situated at MS National Centre, 372, Edgware Road, London, NW2 6ND.

(2) “The Consultant” name and address

1. CONSULTANCY SERVICES

1.1 The Society engages the Consultant to provide the consultancy services as required by the Society from time to time (“the Services”) at MS Society National Centre, London on the terms set out below.

1.2 The list of consultant services to be listed as appendix 1.

2. DURATION

2.1 This Agreement shall commence on DATE and will end on DATE or until terminated by either party by giving the other not less than one month’s notice at any time.
3. CONSULTANT’S OBLIGATIONS

3.1 During the period of this Agreement the Consultant shall deliver the consultancy services within the timeframe set out therein working up to DURATION (this may vary with agreement from the two parties).

3.2 The Consultant shall perform their obligations with reasonable care and skill to the best standards faithfully and diligently.

3.3 Nothing in this agreement shall prevent the Consultant from providing services to third parties provided the provision of such services does not conflict with the provision of Services under this agreement.

4. FEE

4.1 The Society shall pay the Consultant a fee per month for satisfactory completion of the work to be exclusive of Value Added Tax if applicable such monthly fee to be invoiced by the Consultant monthly in arrears. The Society’s standard terms of business for payments is 30 days from date of invoice. The invoice shall specify services rendered and times spent.

5. TERMINATION

5.1 Without limitation the Society may by notice in writing immediately terminate this Agreement if the Consultant shall:
5.1.1 be in breach of any of the terms of this Agreement which in the case of a breach which is not serious or repeated and is capable of remedy is not remedied by the Consultant within twenty one days of receipt by the Consultant of a notice from the Society specifying the breach and requiring its remedy;

5.1.2 provide a poor standard of work or be unable to meet expectations

5.1.3 be incompetent, guilty of gross misconduct or any serious or persistent negligence in respect of her obligations hereunder;

5.1.4. fail or refuse after warning to carry out the duties reasonably and properly required of her hereunder

6. **LIABILITY**

6.1 The Society will rely upon the Consultant’s skill and expertise and experience and the Consultant hereby agrees to indemnify the Society against all losses, damage, costs, legal costs, professional and other expenses of any nature whatsoever incurred or suffered by the Society or by a third party whether direct or consequential (including but without limitation) any economic loss or other loss of turnover profit business or goodwill as a result of any negligence or errors and omissions by the Consultant.

6.2 The Consultant undertakes and agrees to take out adequate insurance cover in a form approved by the Society with an insurance office of repute to cover the liability arising under this Agreement and at the Society’s request agrees to produce a copy of the insurance policy and relevant renewal receipts for inspection by the Society.
6.3 The provisions of this Clause shall survive the termination of this Agreement for whatever reason.

7. COVENANT

7.1 The Consultant agrees not during the term of this Agreement or for a period of one year afterwards whether themselves or through their servants agents or otherwise and whether as consultant, principal, partner, director, employee, or otherwise directly or indirectly to offer or enter into a relationship of employer partnership consultancy or agency with any person who was during the term of this Agreement an employee of the Society.

8. CONFIDENTIAL INFORMATION

8.1 The Consultant agrees to treat as secret and confidential and not at any time for any reason without the Society’s prior written consent to disclose or permit to be disclosed to any person or otherwise make use of or permit to be made use of any information relating to the Society’s beneficiaries technology, technical processes, business affairs, sensitive data, for example personal information, or finances or any such information relating to a subsidiary, supplier, customer or client of the Society where knowledge or details of the information was received during the period of this Agreement and upon termination of this Agreement for whatever reason the Consultant will deliver up to the Society all working papers or other material and copies provided to them pursuant to this Agreement or prepared by them either in pursuance of this Agreement or previously except as agreed otherwise by the Society.
8.2 The Consultant agrees to keep strictly confidential all information relating to the identity, addresses or personal details of people using the services of the Society.

9. TAX LIABILITIES

9.1 The Consultant shall be responsible for all income tax liabilities and National Insurance or similar contributions in respect of their fees and hereby indemnifies the Society in respect of any claims that may be made by the relevant authorities against the Society in respect of income tax or National Insurance or similar contributions relating to the Consultant’s services hereunder.

10. NOTICES

10.1 Any Notices required by this Agreement to be given by either party to the other shall be in writing and shall be served by sending the same by registered post or recorded delivery to the last known address of the other party and any receipt issued by the postal authorities shall be conclusive evidence of the fact and date of posting of any such notice.

11. ASSIGNMENT

11.1 Neither party may assign the benefits or transfer the obligations of this Agreement without prior written consent of the other party.

12. COPYRIGHT
12.1 Every work, improvement, invention, writing or design or concept in which rights may subsist whether or not registered or registerable created by the Consultant during the Agreement shall be the property of the Society and together with the benefit of any such work shall belong to the Society exclusively and the Consultant shall forthwith communicate to the Society all particulars of all and any such work. The Consultant shall at the request and cost of the Society both during the Agreement and thereafter if required take all steps as may be necessary or desirable to substantiate the rights of the Society in respect of such work.

12.2

13 DATA PROTECTION ACT 1998

13.1 For the purposes of the Data Protection Act 1998 you give your consent to the holding and processing of personal data provided by you to the Society for all purposes relating to the proper performance of this Agreement.

14. ENTIRE AGREEMENT

This Agreement represents the entire agreement between the parties and supersedes all prior agreements and understandings whether written or oral.

15. LAW

15.1 This Agreement shall be governed by and shall be construed in accordance with English law

SIGNED by:
Patricia Mb asani
Head of HR

on behalf of The Multiple Sclerosis Society  Dated:
SIGNED by

The Consultant

Dated: