

Trafford CCG

Trafford Homecare Services Approved
Provider List

Document 1: Guidance to Applicants

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1. Trafford Homecare Services Approved Provider List Overview

1.1 What is the Approved Provider List?

The Approved Provider List is a list of providers which have demonstrated – via the application process described below – that they are able to offer services meeting the requirements of Trafford Clinical Commissioning Group (Trafford CCG) in relation to the delivery of Homecare Services. Such services will be delivered to Trafford adults and/or children and young people with complex health needs who qualify for NHS Continuing Healthcare (CHC) or children’s continuing care funding.

Homecare service providers will be unable to deliver services to Trafford registered patients eligible for CHC or children’s continuing care funding where they have not been accepted onto the Approved Provider List in accordance with the application process. Only those providers on the list will be offered the opportunity to apply to deliver packages of care to eligible patients.

Acceptance onto the Approved Provider List does not guarantee a Homecare Provider a level of activity under this contract; and the suitability of a provider to deliver homecare to a patient will be determined on an individual patient basis, by Trafford CHC Team, as described within the service specification.

The Approved Provider List is set up, monitored and updated at the sole discretion of Trafford CCG, and allows the CCG to ensure that all providers are able to deliver a high standard of clinical care at a price which reflects good value for money for the Trafford population.

1.2 Key Dates

The following table sets out a summary of this application process and provides an indicative timetable.

Key Events	Dates
Invitation to express an interest sent to Homecare Providers	5 th May 2016
Homecare Provider event held	3 rd June 2016
Deadline for return of expressions of interest	5pm on 10 th June 2016
Application Form published to Applicants	17 th June 2016
Period for clarification questions closed	5pm 27 th June 2016
Application Form Submission by	5pm on 1 st July 2016
Notification of outcome of Application	11 th July 2016

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2. Documentation

All applicants to the Trafford Homecare Approved Provider list will receive the following documents:

- Document 1 – Guidance to Applicants (this document)
- Document 2 – Application Form
- Document 3 – Trafford Homecare Services Specification

You should carefully read all of these documents prior to beginning the completion of the Application Form.

3. How to complete an application

3.1 Overview

The following information provides a guide to completing and submitting an application to be part of Trafford's Homecare Services Approved Provider List.

You should read the guidance notes contained in within this document, and should then insert your responses to each of the questions contained within Document 2 – Application Form.

All questions must be answered directly. These questions require either:

- Short text answers e.g. Contact Name; or
- Confirmation of agreement by inputting **X** where requested; or
- Detailed response

You **must answer all** questions.

3.2 The Application Form

The Application Form consists of the following 3 sections:

- Part 1 – Service Requirements
- Part 2 – Detailed Response
- Part 3 - Declarations

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3.3 Answering the Questions

3.3.1 Part 1 – Service Requirements: For Information Only

Part 1 of the Application Form focuses on obtaining information about the Applicant's service offer and confirming the Applicant's ability to meet the CCG's mandatory requirements for inclusion on the Approved Provider List.

Part 1 includes three **For Information Only** questions:

- Question 1 - Basic Organisation Details
- Question 2 – Who do you cater for?
- Question 5 – Level of Care provided

These questions will not be evaluated and therefore will not determine whether an Applicant will be accepted onto the Approved Provider List.

However, the information provided in response to these questions will be utilised to determine the most appropriate providers to approach when seeking homecare services for a patient. You should therefore ensure that an '**X**' is inputted in all areas which apply to your service offer.

Each 'For Information Only' question will be clearly labelled and presented in the following format:

Input ' X ' below, where appropriate	Question/Subject matter
X	

3.3.2 Part 1 – Service Requirements: Pass/Fail questions

Part 1 of the Application Form also includes a number of **Pass/Fail** questions which describe the mandatory requirements to be met for acceptance of the Approved Provider List.

You must consider the question carefully and confirm your agreement by inputting '**X**' in the left-hand side column. Each question will be clearly labelled and presented in the following format:

To confirm agreement input ' X ' below	Question/Subject matter
X	

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For avoidance of doubt the following questions are **Pass/Fail**:

- Question 3 – Your Service: Locality Provision
- Question 4- Your Service: Service Delivery
- Question 6 – Agreement of Rates
- Question 7- Qualifications and Registration
- Question 8 – Quality Standards held by the organisation
- Question 9 – Policies
- Question 10 -Insurance
- Question 11- Testimonial

Please ensure that you complete all questions. **Any questions left blank will be considered as non-agreement and will constitute a Fail.** Should an Applicant fail any of the questions within Part 1 of the Application Form the CCG will be unable to consider the application any further and that Applicant will not be accepted onto the Approved Provider List.

3.3.3 **Part 2 – Detailed Response**

Part 2 of the application form contains four **Pass/Pass with Reservations/Fail questions** which require more detailed responses regarding the Applicant's approach to the following:

- Question 1 – Operational Management
- Question 2 – Continuity of Care
- Question 3 – Staff Training and Qualifications
- Question 4 - Safeguarding and Deprivation of Liberty (DOLs)

The format of these questions is as follows:

Q Number and Title
Question
Applicant response to be inputted here.

Please ensure all elements of the question are addressed within your response and within the **maximum word count of 400 words per question**. The CCG reserves the right to discount additional content of a response that is in excess of the 400 word limit.

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3.4 Prior Knowledge of Provider

In completing the Application Form you should assume that the evaluation panel has no prior knowledge of your organisation, its practice or reputation or its involvement in existing services, projects or procurements.

4. Evaluation of Applications

Your application will be evaluated by a panel of Trafford CCG experts against the following criteria:

4.1 Part 1 – Service Requirements Pass/Fail criteria

The following criteria will be applied to Q3; 4; 6; 7; 8; 9; 10; 11.

PASS	Confirmation of agreement to the mandatory requirement has been provided by the Applicant.
FAIL	No confirmation of agreement to the mandatory requirement has been provided by the Applicant.

4.2 Part 2 – Detailed Response Pass/Fail Criteria

The following criteria will be applied to Q1; 2; 3 and 4.

PASS	All aspects of the question have been comprehensively addressed and there is strong evidence that the Applicant can satisfactorily meet all requirements in this area. No concerns identified, providing commissioners with good confidence of the Applicant's ability to deliver quality services in line with the Homecare Service Specification.
PASS WITH RESERVATIONS	Overall, the question has been adequately addressed and there is some evidence that the Applicant can satisfactorily meet all requirements in this area. Minor concerns are identified, requiring commissioners to seek further assurance of the Applicant's ability to provide quality services in line with the Homecare Service Specification.
FAIL	Not all aspects of the questions have been addressed or have not been addressed to a sufficient degree to provide evidence that the Applicant can meet the requirements in this particular area. Major concerns have been identified providing commissioners with no assurance of the Applicant's ability to deliver quality services in line with the service specification.

If your organisation receives any Pass with Reservations in relation to your responses provided in Part 2 of the application form, further assurances must be provided to the CCG ahead of contract signature and participation on the Approved Provider List.

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5. Clarification Questions

If you have any queries in relation to any of the questions, or any aspect of the application process, please submit a clarification question via email to the address trafford.homecare@nhs.net, prior to **5pm on 27th June**.

This will allow Trafford CCG to provide a response to your question prior to the deadline for submission of Application Forms.

6. Submitting Your Response

Bidders should download the Application Form and save it as a word document in accordance with the following format:

- “[insert Applicant’s name] – Trafford Homecare Application form”

An example of this would be:

- ABC Limited – Trafford Homecare Application form

The entire completed document must then be attached to an email and submitted directly to Trafford CCG, along with any requested attachments (using the email address trafford.homecare@nhs.net) prior to the deadline of 5pm on Friday 1st July 2016.

Applicants should use “Trafford Homecare Services Approved Provider List Submission” as the subject line within the email.

Trafford CCG reserves the right to disqualify a provider from this process for failure to submit their application by the due date and/or in the correct format.

7. Successful Applications

If your application is successful the CCG will write to you confirming your acceptance onto the Trafford Homecare Approved Provider List.

You will then be asked to sign a copy of the NHS shorter-form Contract 2016/17 that will confirm that you will deliver services in line with requirements of the Trafford Homecare Service Specification and in line with the standard terms and conditions of this contract. If you remain on the Approved Provider List you will be approached to sign these terms and conditions again in 12 months’ time.

The short form contract can be accessed via the following link:

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www.england.nhs.uk/nhs-standard-contract/16-17/

Please note that successful Applicants may be required to participate in a further application and assessment process prior to the expiry of any contract awarded as a result of this process.

Please be reminded that should your organisation receive any Pass with Reservations in relation to your responses provided in Part 2 of the application form, further assurances must be provided to the CCG ahead of contract signature and participation on the Approved Provider List.

8. Unsuccessful Applications

If your application is unsuccessful the CCG will be unable to accept your organisation onto the Approved Provider List and therefore will be unable to refer any CHC funded patients requiring Homecare Services to your service.

The CCG will write to you and provide you with a clear explanation of why your application was unsuccessful. You may be allowed to reapply if your organisation is able to demonstrate that the issues raised by the CCG have been adequately resolved.

The opportunity to reapply for inclusion on the Approved Provider List will remain open throughout the duration of the contract. Unsuccessful applicants and any new applicants will be able to reapply by completing the same application form, demonstrating their ability to meet the same requirements and will be assessed against the same criteria as detailed in this document.

The application form will be available on Trafford CCG's website
www.traffordccg@nhs.uk