



**British Heart
Foundation**

**INVITATION TO TENDER
FOR
AN IMPACT EVALUATION OF BHF'S PRINTED HEALTH RESOURCES
TO
THE BRITISH HEART FOUNDATION**

This document is confidential. The contents must not be revealed to third parties except where it is necessary in respect of alliances or third-party products to be included in the tender response. The document cannot be passed to another supplier for prime contractor response without prior permission.

Beat heartbreak forever.

1. Introduction

- a) The purpose of this Invitation to Tender (ITT) document is to obtain competitive quotes for the supply of evaluation services to support the Health Content Team, within the British Heart Foundation, understand the impact of their printed health resource portfolio provided to healthcare professionals, patients, public & organisations across the UK.

Your organisation has been identified as a potential vendor capable of meeting the British Heart Foundation's requirements in this area. To be considered for final selection, suppliers must complete the minimum documents required in section 6 in the format we request. Any additional, relevant information to support your response is encouraged and we welcome suggestions or ideas that you feel may benefit the BHF.

- b) Your completed response is required by **30th July 2021** in the form of both an electronic and a printed copy. Contact information is in section 7.
- c) The envisaged timetable of events is :-

This ITT sent to suppliers	- 21 st June, 2021
Completed responses to BHF	- 30 th July, 2021
Supplier discussions	- Commencing 9 th August, 2021
Selection of preferred supplier	- 16 th August, 2021

2. The BHF

Heart and circulatory diseases are the world's biggest killers. They cause heartbreak on every street. We raise money to fund research to keep hearts beating and blood flowing.

In 1961 the UK was facing an epidemic where heart and circulatory diseases were the cause of 51% of deaths.

Concerned doctors joined forces with philanthropists to form the BHF and since 1964 we've awarded a total of £1.6 billion in grants to fund lifesaving research to find new ways to prevent, treat and cure heart and circulatory diseases.

Heart transplants. Pacemakers. Stents. Portable defibrillators. Valve replacements. All breakthroughs we have helped fund. Since we were formed the annual number of deaths from heart and circulatory diseases in the UK has fallen by more than half.

Whilst we have made great progress, there is more work to do. Every three minutes, someone in the UK, a parent, friend or child, dies from heart and circulatory diseases.

That's tying your shoe laces. That's waiting for the kettle to boil. That's sitting through an ad break.

Despite heart and circulatory diseases killing one in four people in the UK, research to beat them is still hugely underfunded. Together, with support from the public we have big ambitions to beat heartbreak from heart and circulatory diseases forever.

The website www.bhf.org.uk gives more background information.

Beat heartbreak forever.

3. Context

3.1 Problem we're trying to address

The BHF currently produces a wide range of information and support resources to help people affected by heart and circulatory diseases understand their conditions and take control of their health. In addition to being freely available online, we provide printed versions of these resources to healthcare professionals (HCPs), organisations and individuals for free (c. 6m individuals items were distributed in 2019; 87% in England, 5% in Scotland, 4% in Wales & 3% in Northern Ireland). In doing so, we hope to help individuals who can't or don't want to access information and support digitally, as well as supporting the health system to provide a physical prompt for trusted ongoing support at key moments within the patient journey.

Our printed resources include content on risk factors & behaviour change, cardiovascular disease (CVD), CPR and also include congenital resources for children, young people and adults.

The need for our printed resources is higher than ever before. Evidence suggests people only remember around half of what is discussed in consultations with HCPs, so follow-up information and support is crucial¹. We know that by reaching people at a significant moment of need, when they are more open to change, we are more likely to encourage them take part in supported self-management. In addition, the issue of digital exclusion has been exacerbated by the pandemic with the accelerated supply and use of health care through digital means. This is particularly the case in older age groups, which is concerning as CVD is most common in people over 50 and the risk of developing CVD increases with age. This means, in the short-term at least, the BHF has a vital role to play in continuing to provide printed resources to support this audience.

However, these printed resources, on average, cost the BHF ~£2m per year (inc. design, print, storage & distribution). With significant reductions in BHF income as a result of the pandemic, there is an increasing need to make savings wherever possible and to attract additional funding so we can continue to provide vital services for those that need us the most.

To do this, we need to **better understand the impact of our printed health resource portfolio**. Ad hoc feedback and frequent requests for our resources from HCPs and patients suggest our printed resources are a valuable method of providing information and support. However, historically we have been unable to articulate the impact and value of these resources owing to a combination of limited in-house resource and the absence of a sustainable measurement model. **Conducting this impact evaluation will be the primary focus for the appointed supplier.**

In the long-term, the BHF acknowledges the need for a more sustainable model, and an increase in digital delivery will need to be explored. We plan to conduct a strategic review and explore ways in which we could adapt our approach to develop a sustainable high-impact, low-cost model of sharing health content with those who need it. We hope that the outputs from this impact evaluation will also help to inform this longer-term strategic review.

¹ *Factors associated with patient recall of key information in ambulatory speciality care visits; Laws B et al. February 2018*

4. Future Requirements

4.1 Summary of requirements

The BHF is seeking an evaluation service to support the Health Content team understand the impact of their printed health resources. We are looking to conduct a comprehensive impact evaluation over the course of 16 weeks (August – December).

By the end of December 2021, the successful bidder should have helped the Health Content team to address the following key evaluation questions (KEQs):

The need:

1. What is the demographic & geographical distribution of reach for our printed health resources?
 - a. What proportion of individuals affected by heart & circulatory diseases are we reaching?
 - b. What proportion of at-risk population groups are we reaching?
 - c. What proportion of digitally excluded population groups are we reaching?
2. What needs do our printed health resources service?
 - a. Why do HCPs order/not order our printed resources?
 - i. What impact do they have on the quality of the consultation experience and the onward patient journey?
 - b. When in their patient journeys do people receive the printed information & through what channel?
 - c. Why do patients read/not read our printed resources?
 - i. Does receiving it from an HCP have a positive impact/negative impact?
 - ii. Does the way patients receive the resources change their likelihood to read them?
 - iii. How do BHF resources compare to those from other organisations (e.g. NHS, health charities)?

Impact on patients:

3. Do patients find our printed health resources helpful? In terms of:
 - a. Gaining knowledge & raising awareness?
 - b. Ability to find the information they were looking for?
 - c. Improvement in patient activation²?
 - d. Improvement in self-management?
 - e. Reduction in anxiety?

Impact on BHF reputation:

4. Do our printed health resources affect brand awareness & engagement with the BHF (from those who order them and for patients and their families)?
 - a. Do those who engage with our printed resources then go on to engage with the BHF's wider information and support ecosystem?

² A measure of a person's knowledge, skills, and confidence to manage their own health and wellbeing:
<https://www.england.nhs.uk/wp-content/uploads/2018/04/patient-activation-measure-quick-guide.pdf>

- b. Do those who engage with our printed resources then go on to become a BHF supporter? (i.e. recommend us to others, volunteer for us, make a donation, sign up for a fundraising event, buy from our online shop, consider us for a legacy etc).

Sustainability of impact

5. Has the pandemic changed the way patients/HCPs would expect to receive/provide information & support resources in the future? (i.e. preference towards digital or print)
 - a. For HCPs with digital preference/expectation, would they be able and willing to facilitate the sharing of digital BHF resources (e.g. leaflets/booklets/Heart Matters email newsletter)?

4.2 Analytical inputs

It is anticipated that a combination of qualitative and quantitative data from both primary and secondary sources will enable us to explore the KEQs outlined above. We believe using representative samples of patients and HCPs, combined with **in-depth research** and **observation with smaller groups**, will provide a comprehensive understanding of impact; to achieve this, we suggest adopting a hybrid approach – drawing on a combination of in-house quantitative and, **primarily qualitative, externally commissioned analysis**. We expect the use of an externally commissioned supplier will enable us to reach many more individuals, particularly cold audiences, access specialist expertise and conduct qualitative analysis which internal BHF teams would not otherwise have the resource to do.

The table below proposes our present thoughts on the analyses we believe are required and indicates where the BHF could conduct analyses and where we would value the support of an external agency. That said, **it is for the successful bidder to view the methodology holistically, to suggest alternative approaches and evaluative techniques where deemed appropriate, and to provide more detailed methodology**. We're also keen to understand how the successful bidder will ensure data collection methods and outputs are, wherever possible, representative of a diverse range of backgrounds (e.g. health, socio-economic, ethnicity), including consideration of reaching digitally excluded cohorts.

KEQs >>>	1	2	3	4	5
	What is the distribution of reach for our printed resources?	What needs do our printed health content resources service?	Do patients find our printed health resources helpful?	Do our printed health content resources affect brand awareness & engagement?	Has the pandemic changed the way patients/HCPs would expect to receive/provide info & support resources in the future?
Proposed methodology (internally commissioned vs. externally commissioned)	Portfolio analysis	Short web survey post-ordering (HCPs)	BHF Insight Panel surveys	Short web survey post-ordering (HCPs)	Short web survey post-ordering (HCPs)
	Downloads analysis (comparative)	BHF Insight Panel surveys	HealthUnlocked survey (TBC)	HealthUnlocked survey (TBC)	BHF Insight Panel surveys
	Deep dive into small cross-section sample of orgs	HealthUnlocked survey (TBC)	Observational study (sampling approach)	BHF Insight Panel surveys	HealthUnlocked survey (TBC)
		Mass survey to access broader audiences	Mass survey to access broader audiences	Cross sell and data capture	Mass survey to access broader audiences
		Ethnographic research (giving behaviours; impact on consultations)	Desk research (publicly available research)	Mass survey to access broader audiences	Focus groups
		Desk research (publicly available research)	Focus groups	Desk research (publicly available research)	
		Focus groups			

It is also worth noting that further collective consideration by the BHF and the successful bidder will be required to understand the relative importance of each piece of analysis. For example, whilst the BHF Insight Panel is accessible and responsive, it is not representative across all heart and circulatory diseases so we may choose to give its findings less weight relative to the mass survey. We would expect the successful bidder to take the agreed weightings into consideration when producing the final report.

4.3 Working with the BHF

An Evaluation Lead within BHF's Health Intelligence team will work directly with the successful bidder and support coordination of internal analyses and input from relevant BHF teams. The Head of Health Content will be able to provide direction to this piece of work as it starts progressing.

4.4 Timing and outputs

The final output should take the form of a comprehensive report, bringing all analytical inputs together, for which the successful supplier will be accountable. The report should outline key insights on current impact and recommendations for improving impact further, taking into consideration analysis conducted by the BHF and the external supplier.

5. Criteria for Choosing New Supplier

It is important that we can work in partnership with a supplier who understands our business. It is therefore beneficial if the supplier has experience of charity clients of a similar size and, as such, we will select a supplier based on the following principles:

- Your ability to meet our business requirements and maximum **budget of £50k**.
- Your corporate and cultural fit
- We would expect the supplier to actively manage the relationship with the British Heart Foundation and provide regular updates as to new developments and to discuss any issues.
- The BHF is not bound to appoint a supplier of the Services or to accept all or any part of any proposal received. The BHF may accept any proposal, any combination of proposals or all of the proposals.
- Any attempt to influence the outcome of this selection process by any means other than those described in these conditions may render the supplier's bid invalid.
- The decision to select suppliers will be based on the submissions received and other material sought or provided for consideration. No correspondence or discussion will be entered into in this regard.
- The BHF will not be responsible for the reimbursement of any costs or expenses which any supplier may incur as a direct or indirect consequence of preparing or submitting their proposal (whether successful or not) or in attending any meetings in connection with this proposal.
- The proposals will be considered on the basis of both the financial and qualitative proposals and if a proposal is selected, it shall be the bid which in the opinion of the BHF represents the most economically advantageous and/or operationally appropriate proposal for the provision of the Services. The BHF is not bound to accept the lowest priced proposal.

6. How to Respond

The minimum documentation required for a valid response is: -

- Company background.
- A method statement (including a timeline, resources, and project plan) to deliver the requirements set out in section 4.
- A price matrix detailing cost. The price should be disaggregated wherever possible including by analytical input, activity and time by each member of the team.
- CVs for the team members who would deliver the work and details of number of days that each team member would work on the project.
- Details of any assumptions made within the bid, and of what the bidder would require from British Heart Foundation to be able to deliver the work successfully.
- Details of how the successful bidder will ensure data collections methods and outputs are representative of a diverse range of backgrounds (e.g. health, socio-economic, ethnicity).
- Details of how the successful bidder will draw in expert input to help answer questions where they do not have in-house expertise.
- Their credentials in delivering similar outputs and/or projects for organisations similar to BHF.
- Confirmation that they could start work in August 2021.

Bidders may include more than one costed option if they wish. If so, bidders should make sure that they include references within the method statement, and within their pricing, so that it is clear exactly which method is linked to which price.

7. Responses and Contacts

- Responses must be sent electronically to: Deepa Pindoria (pindoriad@bhf.org.uk) & Colette Harris (harrisco@bhf.org.uk).
- The deadline for responses is **Friday 30th July 2021**.
- All enquiries about this document should be directed to Deepa Pindoria & Colette Harris by email.

8. Declaration

I declare that to the best of my knowledge the answers submitted in this ITT are correct. I understand that the information will be used in the evaluation process to assess my organisation's suitability to provide the goods/services required by the BHF.
Form Completed by
Name:
Position:
Company:
Date:
Telephone number:
Email Address:

The proposal needs to be signed by a person duly authorised to commit the supplier to the Contract.