Specification for a programme of public dialogue on 'How can we all best use evidence to judge the potential benefits and harms of medicines?'

Summary

Dialogue working title:	Evidence for all: how do we weigh up the benefits and harms of medicines?
Commissioned by:	Academy of Medical Sciences
Aim:	To engage members of the public, patients and health professionals in dialogue on *'How can we all best use evidence to judge the potential benefits and harms of medicines?'* to inform the recommendations made by the Academy for public policy and research needs.
Timescale and key dates:	7 months; Feb – Aug 2016 (commissioning, delivery and reporting) Closing date for applications: **10.00 Monday 29 February 2016** Interview date: **week of 7 March 2016** Contractor confirmed: **week of 14 March 2016** Initial findings reported: **Tuesday 12 July 2016**. Final written report: **Friday 29 July 2016**.
Cost:	Tenders invited up to £80,000 (+ VAT)

Contents

01 February 2016

Introduction

These instructions are designed to ensure that all tenders are given equal and fair consideration. Please read the information provided carefully and ensure your response includes all the information requested as your company will be evaluated solely on the evidence supplied in response to this tender document.

Please note that the Academy of Medical Sciences reserves the right to amend any of the dates stated in this document at anytime.

Potential suppliers can submit questions to Nick Hillier by email at nick.hillier@acmedsci.ac.uk. The deadline for the submission of questions is 15 February 2016. All questions and answers will be made available on the Academy website by 22 February 2016.

Updates on the project and any additional information on the commissioning of this dialogue programme will be made available at www.acmedsci.ac.uk/evidence-dialogue

The Academy of Medical Sciences

1. Founded in 1998, the Academy of Medical Sciences is the independent body in the UK representing the diversity of medical science.

2. Our elected Fellows – approximately 1100 – are central to our success. They are drawn from the fundamental biological sciences, clinical academic medicine, public and population health, health technology implementation, veterinary science, dentistry, medical and nursing care and other professions allied to medical science as well as the essential underpinning disciplines including mathematics, chemistry, physics, engineering, ethics, social science and the law. It is their knowledge, influence and networks that are the Academy's most powerful assets. We are one of the UK's five National Academies and work closely with them and our sister Academies overseas. We are also an integral part of the UK's strong biomedical research community, working closely with funders, medical research charities, the NHS and the private sector.

3. At its core the Academy is:
    - A champion for excellent research and researchers.
    - Independent, evidence-based and authoritative in its approach.
    - Proactive in identifying and responding to developments in health, society, science and policy.
    - Expert and accessible in the information we provide.
    - Committed to partnership and interdisciplinary engagement

4. The Academy has six key objectives:
    - Promoting excellence
    - Influencing policy to improve health and wealth
    - Nurturing the next generation of medical researchers
    - Linking academia, industry and the NHS
    - Seizing international opportunities
    - Encouraging dialogue about medical science

5. The Academy is committed to ensuring that the hopes and concerns of the wider society as well as the medical research community shape our advice. Wherever possible our policy projects include public dialogue activities to inform our advice and recommendations. Previous projects include *'Brain science, addiction and drugs*'(2008),[1] *Animals containing human material* (2011),[2] and *Health of the Public 2040* (due to report in 2016).[3]

[1] Academy of Medical Sciences (2008). *Brain science, addiction and drugs.* http://www.acmedsci.ac.uk/policy/policy/brain-science-addiction-and-drugs/
[2] Academy of Medical Sciences (2011). *Animals containing human material* http://www.acmedsci.ac.uk/p48prid47.htmlhttp://www.acmedsci.ac.uk/policy/policy-projects/animals-containing-human-material/
[3] For further information see http://www.acmedsci.ac.uk/policy/policy-projects/health-of-the-public-in-2040/

The work stream: 'How can we all best use evidence to judge the potential benefits and harms of medicines?'

Background

6. In recent years, questions have been raised in the general and scientific media about the evidence underlying decisions about treatment options (for example the use of statins and Tamiflu). The ways in which evidence has been collected and analysed has been a big part of this debate. But a wider discussion of issues such as over-medication and conflicts of interest in the way that evidence collection is funded and/or analysed has also arisen. This has led to wider questions surrounding the trustworthiness of, and trust in academic researchers, clinicians, the media and the pharmaceutical industry.

7. These high profile debates caused concern among the Academy's Fellowship and were also the subject of a letter from the Chief Medical Officer to the Academy's President. To explore these issues further, the Academy launched a major work stream called 'How can we all best use evidence to judge the potential benefits and harms of medicines?' in Summer 2015. This work stream is being overseen by a group chaired by, Professor Sir John Tooke FMedSci.[4]

Oversight group membership:

- **Professor Sir John Tooke FMedSci (Chair)**, Past President, Academy of Medical Sciences
- **Professor Dorothy Bishop FRS FBA FMedSci**, Professor of Developmental Neuropsychology, University of Oxford, and Chair of the Academy's steering group for the project on the '*Reproducibility and reliability of biomedical research*'
  Expertise: Research reproducibility and reliability / communication
- **Mr Michael Blastland**, Journalist, BBC
  Expertise: Media, communication, risk
- **Professor Sarah Cunningham-Burley**, Professor of Medical and Family Sociology, University of Edinburgh
  Expertise: Sociological perspective on health, medicine and healthcare
- **Professor Jane Dacre**, President, Royal College of Physicians
  Expertise: Medical Royal Colleges / clinical practice
- **Simon Denegri**, Chair, INVOLVE; National Director for Public Participation and Engagement in Research, National Institute for Health Research
  Expertise: Patient engagement
- **Sir Gordon Duff FRSE FMedSci**, Principal, St Hilda's College, University of Oxford and former Chair, Medicines and Healthcare products Regulatory Agency
  Expertise: Regulatory sector
- **Professor Rob Horne**, Professor of Behavioural Medicine, University College London
  Expertise: Behavioural medicine
- **Professor Peter Johnson FMedSci**, Chief Clinician, Cancer Research UK
  Expertise: Clinical practice / medical research charities / clinical trials
- **Professor Martin Marshall CBE**, General Practitioner and Professor of Healthcare Improvement, University College London
  Expertise: General practice

[4] For further information see http://www.acmedsci.ac.uk/policy/policy-projects/how-does-society-use-evidence-to-judge-the-risks-and-benefits-of-medicines/

- **Professor Theresa Marteau FMedSci**, Director of Behaviour and Health Research, University of Cambridge; Member of the working group on '*Health of the Public in 2040*'; and Chair of the '*Communicating evidence*' workshop
  Expertise: Behaviour and health research
- **Professor Jonathan Montgomery**, Chair, Health Research Authority; Chair, Nuffield Council on Bioethics; and Professor of Health Care Law, University College London
  Expertise: Regulation of research / bioethics
- **Baroness Onora O'Neill CH CBE HonFRS FBA FMedSci**, Emeritus Professor of Philosophy, University of Cambridge; and Chair of the workshop on the '*Conflicts of interest*'
  Expertise: Philosophy of science
- **Dr Imran Rafi**, General Practitioner Principal; Senior Lecturer in Primary Care Education, St George's, University of London; and Chair of the Royal College of General Practitioners' Clinical Innovation and Research Centre
  Expertise: General practice
- **Professor Sir Michael Rutter CBE FRS FBA FMedSci**, Professor of Developmental Psychopathology, King's College London; and Chair of the '*Methods of evaluating evidence*' working group study
  Expertise: Epidemiology / long-term longitudinal studies
- **Ms Suzie Shepherd**, Member of the Patient Carer Network, Royal College of Physicians
  Expertise: Patient advocacy
- **Professor Sir David Spiegelhalter OBE FRS**, Winton Professor of the Public Understanding of Risk, University of Cambridge
  Expertise: Risk / communication
- **Dr Julian Treadwell**, General Practitioner and Vice-Chair of the Royal College of General Practitioners Standing Group on Overdiagnosis
  Expertise: General practice
- **Professor Patrick Vallance FMedSci**, President, Pharmaceuticals R&D, GlaxoSmithKline
  Expertise: Research in academia and pharmaceutical industry

Draft terms of reference

8. This work stream will examine the evaluation of scientific evidence for medicinal products and how this evidence is interpreted and assimilated by societies (broadly defined and including patients, citizens, clinicians, researchers and communicators). In doing so, the work stream will explore:
    - How the different perspectives, perceptions and interrelationship of key stakeholders impact on the evaluation of evidence. This will form the basis of dialogue activities throughout the project.
    - The strengths and limitations of results and conclusions that originate from different study types or data sources to evaluate the risks and benefits of medicinal products. This will be examined by a sub-group study launched in summer 2015.
    - How interests (including, but not limited to, different models/sources of funding for the collection and analysis of data on risks and benefits) impact on the validity, and perception of the validity, of evidence. This will be informed by a workshop in November 2015.
    - The implications of the study's findings for the communication, trustworthiness and utility of evidence, including the availability of the evidence around the risks and benefits of medicines. This will be informed by a workshop in spring 2016.

9. The combined report will aim to develop a list of broadly impactful recommendations relating to the interpretation, weighting, and communication of evidence to enable a wide range of

stakeholders (including patients, the public, healthcare professionals, and the media) to better consider the risks and benefits of medicinal products. It will do this by drawing on examples of dilemmas in current therapeutic practice, but will not seek to address all such areas of contention, nor to replicate the work performed by the Medicines and Healthcare products Regulatory Agency and the National Institute of Health and Care Excellence. The remit of this project requires expertise from outside of the Academy, and we will therefore engage widely via a call for evidence, workshops, and further dialogue with a broad range of stakeholders including patients, citizens and healthcare professionals.

10. By medical products we mean 'any substance or combination of substances presented as having properties for treating or preventing disease in human beings' or 'any substance or combination of substances which may be used in, or administered to, human beings, either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis'. Please see the Medicines and Healthcare Products Regularity Authority (MHRA) Guidance Note No. 8 for further information[5].

Work stream components

11. The work stream will include 4 key sub projects:
    - **Methods for evaluating evidence' working group** - An exploration of the strengths and limitations of the different sources of evidence used to evaluate the benefits and harms of mediciness.
    - **Conflicts of interest' workshop -** An exploration of the ways in which conflicts of interest impact on the validity (or perception of validity) of evidence.
    - **Communicating evidence workshop** - An exploration of the ways the communication of evidence informs decision-making.
    - **Programme of public dialogue** - An exploration of the perceptions and perspectives of society on scientific evidence (including in the context of shared decision making between patients and their clinicians).

'Methods for evaluating evidence' working group[6]

12. Chair: Sir Michael Rutter CBE FRS FBA FMedSci (Summer 2015-Spring 2016)
    This study will aim to explore the strengths and limitations of different sources of evidence used to evaluate the benefits and harms of mediciness, and will start to consider issues around the communication of such evidence. The working group will focus on medicines, drawing on specific case studies, such as the cholesterol-lowering drugs statins, to inform its recommendations. A list of broadly applicable principles will be developed to enable a range of stakeholders to better consider the benefits and harms of medicines.

'Conflicts of interest' workshop[7]

13. Chair: Baroness Onora O'Neill CH CBE HonFRS FBA FMedSci (November 2015)
    The role of industry and the academics that are funded by them is increasingly coming under scrutiny. This workshop aims to explore these issues further by considering: what the different sources of conflicts of interests are (including those other than the source or model of funding);

[5] For further information see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398998/A_guide_to_what_is_a_medicinal_product.pdf

[6] For further information and working group membership see http://www.acmedsci.ac.uk/policy/policy-projects/methods-of-evaluating-evidence/

how different interests might impact on the validity (or perception of the validity) of evidence; and how to effectively manage conflicts of interest.

'Communicating evidence' workshop[8]

14. Chair: Professor Theresa Marteau FMedSci (Spring/Summer 2016)
This workshop will explore issues surrounding the communication of evidence about the benefits and harms of medicines, including the availability and access to such evidence. The workshop will explore communication of evidence via the media, online and through interaction with health professionals.

Programme of public dialogue

15. A programme of public and stakeholder engagement will take place as part of the work stream to ensure the Oversight Group's discussions and conclusions are informed by the views of wider society. It will include a programme of activities (the work in this tender) that engage the public, patients and healthcare professionals in a deliberative dialogue to explore how individuals perceive and interpret medical scientific evidence and how it is used to make decisions. The dialogue, will aim to identify how evidence should be communicated, what the role of professionals are in this process, how individuals' views of evidence are influenced by health beliefs, and what forms of evidence influence health decision-making.

16. The work stream Oversight Group will take overall ownership of the programme of public dialogue to ensure it shapes their thinking on all aspects of the project. A subsection of this group will be involved in commissioning the dialogue.

17. The Oversight group will report its recommendations and conclusions in Autumn 2016. Outputs from the work stream sub-projects will be published as they progress

[7] For further information see http://www.acmedsci.ac.uk/policy/policy-projects/conflicts-of-interest-workshop/
[8] For further information see http://www.acmedsci.ac.uk/policy/policy-projects/communicating-evidence-workshop/

Aims and objectives of the dialogue

Aims

18. The overall aim of the dialogue is to engage members of the pubic, patients, researchers and healthcare professionals to explore how they access, interpret and use evidence to judge the benefits and harms of medicines.

19. To identify how evidence can best be communicated and used by different publics, the role of professionals in this process, individuals' views of evidence, such as health beliefs and experience, and what forms of evidence influence the decision to take or use medicines.

Objectives

20. The objectives for the dialogue are to:
    - Provide opportunities for members of the public, patients, researchers and healthcare professionals to come together to discuss and explore their aspirations and concerns about the use of evidence to judge the benefits and harms of medicines
    - Identify areas of consensus, disagreement and uncertainty.
    - Where possible, explore public views on ideas emerging from the methods for evaluating evidence working group, conflicts of interest workshop and the communicating evidence workshop.
    - To inform the development of the final report and any recommendations made by the oversight group
    - To enable the Academy to build on previous experience in public dialogue to inform policy advice and recommendations.

21. The dialogue will be commissioned by the Academy of Medical Sciences. The Academy will appoint the preferred applicant ('the Contractor') to undertake the dialogue set out in this specification. The work stream Oversight Group will formally oversee the dialogue.

22. The Academy supports the guiding principles for public dialogue on science and technology-related issues identified by the Sciencewise-ERC programme. As such any applicants should accord with these principles in their tender proposals. [9]

9 Sciencewise Expert Resource Centre. *The Government's approach to public dialogue on science and technology.* http://www.sciencewise-erc.org.uk/cms/assets/Uploads/Publications/Guiding-PrinciplesSciencewise-ERC-Guiding-Principles.pdf

Suggested dialogue content

23. This section sets out themes which may be explored during the dialogue to complement the work stream. The topics included below are intended as a preliminary illustration of subjects which might be covered - it is anticipated that the Contractor, and participants, will develop an agenda within and beyond these suggestions. **The final scope of the dialogue, and the questions involved, are to be refined by the Contractor in close consultation with the Oversight Group during the development stage.**

Information to be shared and explored

24. To enable an informed dialogue, the Contractor will need to provide participants with appropriate background information. This is likely to include:
    - Information on different types of evidence and their strengths and weaknesses including case reports; observational or large databases; randomised controlled clinical trials; systematic reviews; meta-analyses; evolving and novel trial designs; patient reported outcomes and citizen science.
    - Information on the ways in which medicines are licensed for use and the different organisations who make the decisions.
    - Information on patient experiences and how they can be used as a source of evidence.

25. The Oversight Group will provide guidance on the development of material for use with participants.

26. The Contractor is expected to explore and test information with a range of stakeholders beyond the Academy before agreeing its use with participants.

27. The following outputs from the three components of the work stream and general evidence gathering process will be made available to the chosen contactor to help shape resources and questions for the dialogue:
    - Summary of the written evidence submitted to the work stream and links to individual submissions
    - Report of a workshop on ‘Evaluating evidence in health’
    - Report of a workshop on ‘Conflicts of interest’
    - Background paper to the ‘Communicating evidence’ workshop
    - Summary of the elements explored in the ‘Methods of evaluating evidence’ sub-project

28. Current case studies and examples being explored throughout the work stream are: Statins, hormone replacement therapy and vaccination. We expect the Contractor to include these case studies where possible.

Areas to be explored

29. It is anticipated that participants in the dialogue will approach the subject from a range of perspectives and levels of prior knowledge. As participants engage with the subject, areas of interest and/or concern as well as further questions will emerge. The dialogue should identify

areas of consensus, disagreement or uncertainty on the issues, and report both initial views and changes in participants' opinions.

30. There may be passionate support from patients seeking therapies for illness, excitement and curiosity regarding the possibilities of research, a desire to share an individual perspective or personal experience of healthcare, concern regarding unethical approaches to research, or inequalities in access to medicinal products. An exploration of his should be considered as part of the recruitment process for example with attitudinal or knowledge screening questions.

31. The analysis of the dialogue will need to consider the following:

Generating evidence

- What constitutes a trusted source of evidence? What do individuals expect of those generating or analysing evidence?
- What is the general level of awareness of the different types of evidence used to make decisions about medicines?
- What type of evidence and information do participants deem to be most important in decision making about medicines?
- What is the level of approval for current systems used to judge the benefits and harms of medicines? Are new ones proposed?

Interpreting evidence

- What do people understand by the term 'evidence'? Does it mean different things to different participants?
- How do individuals balance different types of evidence gathered alongside advice from friends and family, the internet or charities/support groups?
- How do the perspectives or perceptions of others impact on an individual's evaluation of evidence?
- What do participants consider to be reliable evidence and how can it be used to make decisions about medicines for the individual and the wider population?

Communicating evidence

- Are there different ways of identifying, assessing and communicating evidence that participants would like to see?
- How do broader communications e.g. media debates, about evidence impact on the trust in that evidence?
- What is the best way to present information on the benefits and harms of medical products for the individual and the population?

Using evidence for individual decision making

- How do people make decisions about medicines and where does evidence come into that? How does cultural, psychological or anecdotal information influence the decision?
- What are the most important sources of information about the benefits and harms of medicine?
- What are the aspirations on how evidence is used to assess the benefits and harms of medicines? Are there shared concerns?
- What questions do people want to know answers to in order to assess benefits and harms of medicines products?
- How do individuals use evidence to balance harms and benefits of medicines? Does this change in different contexts e.g. in good health or if suffering from a

preventable, life threatening or terminal disease? Does it change during the individual life course?

- What concerns, if any, do people have about over-medication?

Trust and conflicts

- How do individuals deal with conflicting evidence reports?
- What do participants view as a conflict of interest, how do they wish these to be recorded and reported?
- What/who is considered a trusted source of evidence on medicines and why?
- To what extent do pre-existing beliefs influence what individuals consider to be a trusted source of evidence?

32. This specification does not provide a detailed methodology - applicants must propose an appropriate programme to meet the objectives within the given timeframe. The following should be considered, however the guidance is not intended to limit creativity in designing dialogue that delivers a high quality of process and product.

Review of material in the public domain

33. Applicants should review, and take into account, publically available material on the subject including: public engagement and dialogue activities, opinion polls, traditional and digital media coverage.

34. To help inform the programme of public dialogue the Academy commissioned a literature review on how evidence is used by the public to judge the benefits and harms of medicines. It includes:
    - An analysis of current literature relating to public attitudes to sources of medical advice
    - An analysis of reports of relevant public dialogue events to understand how the public discuss and view evidence
    - An analysis of any other relevant discussions or grey literature sources that shed light on this question

    Contractors should consider this in their proposal. A copy of the literature review is available from nick.hillier@acmedsci.ac.uk

Process, methodology and recruitment

Process / methodology

35. The dialogue processes should enable members of the public and patients to talk directly with stakeholders such as researchers, healthcare professionals (i.e. GPs, nurses, community and other primary care service providers) - both as valuable resources and as partners in the dialogue. Your response should set out how you plan to involve these stakeholders and other specialists as an integral part of the process.

36. The process must involve more than just asking people questions and noting the answers. It should discover not only what participants think, but why they think it, and how they arrive at their conclusions. This means engaging with people in a way that builds trust and confidence, and consequently a willingness to discuss sometimes deeply personal issues. The eventual process needs to engage, inform and encourage people who may have no previous knowledge of health research to explore their personal and collective futures in a way previously unfamiliar to them.

37. Potential dialogue Contractors must therefore have serious expertise in and experience of designing and managing dialogue processes, and the materials used during them. They will need to be able to think creatively and laterally about different ways to engage members of the public on a complex subject, and about how to involve health researchers and professionals and other specialists in a way that enhances the process without intimidating the participants. So we invite potential Contractors to put forward their best suggested methodologies for engaging with the public on this topic and meeting the aims and objectives of the project.

38. Participants will have a range of prior knowledge and understanding about how evidence for medicines is generated, analysed, communicated and used to make decisions. Therefore we suggest a two stage approach is used where participants have the opportunity to get and reflect on the information they need to fully participate in the dialogue. Participants should be allowed time to consider the information provided, to discuss with family and friends between sessions.

39. Experience shows that researchers/healthcare professionals prefer not wish to attend workshops on a weekend, however only holding activities on a week day can make it harder to recruit a good sample. Applications should give clear rational regarding the timing of activities and detail any impact this might have on recruiting participants.

40. The Academy will work with the Oversight Group and the Contractor to agree the broad content of the materials to be used in the public dialogue. However the Academy will look to the supplier to lead on the production of materials and present them in an accessible and engaging way.

41. In planning the facilitation of the public dialogue events, it will be essential to ensure consistency in the use of facilitators so they can consolidate their experience over the events. In particular, where the same members of the public are attending two different events, the same facilitators should also attend both events to ensure consistency of approach and help identify how views may have changed over time. The supplier will need to ensure that adequate numbers of experienced facilitators are made available over the course of the events. Facilitators should be involved in the project development at an early stage to ensure that they are adequately briefed.

42. The analysis and reporting of the dialogue process requires people who can analyse the richness and detail of qualitative data, including consideration of the way in which people discuss issues and what knowledge and experience they draw on as they deliberate, and then through, coherent and incisive writing, report their conclusions in a way that brings to life what has been learned without over-simplifying or distorting it.

Recruitment

43. We assume that you will need the assistance of the Academy in identifying and contacting appropriate patients and healthcare providers to join the dialogue events, but expect that the Contractor will have some experience of recruiting these individuals plus an appropriate network of organisations to draw on.

44. The dialogue will also involve recruiting people who are broadly representative of the local population in terms of gender, lifestage, social grade/household income, geography, religion and ethnicity. **Applicants should specifically consider how participants will be recruited and screened**, and detail how the recruitment process would manage those with polarised views, or conflicted interests.

45. Contractors are encouraged to consider the need for diversity in the voices we hear and are asked to consider ways in which under represented voices can be included in the programme.

46. Contractors are asked to consider the health literacy level of public participants and to include approaches that would enable participants with low levels of health literacy to engage in the programme.

47. Previous public dialogue work suggests that on some issues experienced patients have very different views to the general public. We think it would be beneficial to consider combining the

general public and patients in the workshop sessions so that they can hear and understand each other's perspectives.

48. The Contractor will need to recruit patients that represent a range of experiences. For example:
    - Members of the public who have had occasional patient experiences
    - Patients living with long term conditions or those with multiple morbidities who regularly provide a patient voice
    - Patients who consider they to have significant experience of offering a patient voice either as an advocate, research participant or participant in organisational or professional level discussions.

49. No set number of participants is stipulated, Contractors are free to identify the mix of participants, but should detail reasoning behind any decisions.

Evaluation

50. An independent evaluation of the dialogue will be commissioned to assess the dialogue's credibility, effectiveness and success against the deliverables and objectives, throughout the project and at the conclusion.

51. An independent evaluator ('the Evaluator') will be appointed by the Academy. The Evaluator will be involved from the outset of the project, until at least 6 months after the dialogue project has finished, and will produce an independent report on the dialogue, and its impact.

52. Appropriate success criteria and metrics will be agreed in consultation with the Evaluator. Success will be measured against criteria, such as that:
    - Input into the dialogue is considered to be robust.
    - Evidence gathered feeds into the work stream, and ultimately into policy advice.
    - The dialogue assists in developing future communications which are as effective as possible.
    - The information gathered is used to good effect.
    - Participants are clear that their views have been heard and are advocates of the public dialogue process, irrespective of ultimate policy outcomes.
    - Participants were able to develop an understanding of the subject, seek more information, discuss issues with experts and have the time and space to come to considered conclusions.

53. Examples of possible metrics:
    - Participants are able to trace their input into the final Study report.
    - The reports published from the projects are considered to be informative and high quality, and reflect the views of the participants.
    - Input into policy is transparent and fed back to the participants.
    - Changes in policy on the part of Government, research funders and regulatory and professional bodies as a result of the project findings.

54. **It is a prerequisite that the Contractor will work with the Evaluator throughout the course of the project** - and provide them with all reasonable assistance, including access to participants.

Services required

55. The design and delivery of the programme of activities must be consistent with the Government's Guiding Principles for Public Dialogue on Science and Technology.[10]

56. To deliver the dialogue, the Contractor will undertake three phases of work:
    - Development
    - Delivery
    - Reporting of dialogue findings

57. Throughout all phases, the Contractor will be required to:
    - Provide oversight
    - Maintain financial control
    - Recruit and manage sub-Contractors/partners to deliver parts of the dialogue where necessary

58. The Academy Office is providing the secretariat to the work stream and will act as the first point of contact for the Contractor.

Development

59. The Contractor will:
    - Designate a Project Manager.
    - Establish a planning group to direct the detailed management of the process.
    - Develop the programme delivery plan.
    - Agree processes for evaluation of the dialogue with the Evaluator.
    - Take onboard the findings of the Literature Review and any additional material on the subject identified in the public domain.
    - Collaborate with the Oversight group to refine the design of the dialogue events.
    - Make use of the emerging reports and information as detailed in paragraph 27 of this document.
    - Through the Academy Office, liaise closely with the Oversight Group to refine the questions and subjects that will be included in the dialogue.

60. The 'delivery plan' for the dialogue should include:
    - A programme of events, and timetable of milestones and deliverables.
    - Plans for programme management and the integration of the public dialogue with that of the Oversight Group.
    - Deployment of resources.
    - Procedures for on-going monitoring and oversight of the dialogue (and consortium partners and/or sub-contractors as appropriate).
    - Arrangements for risk management and ability to deal with changing circumstances.
    - Provision for the support of the Evaluation.
    - The scope of the issues to be covered.
    - A rationale for participant recruitment.

10 Sciencewise Expert Resource Centre. *The Government's approach to public dialogue on science and technology.* http://www.sciencewise-erc.org.uk/cms/assets/Uploads/TrackedDocuments/Guiding-Principles/Sciencewise-ERC-Guiding-Principles.pdf

Delivery

61. The Contractor will:
    - Recruit participants
    - Run and co-ordinate dialogue activities, and support them by collecting, collating and analysing the views that emerge.
    - Review and revise the dialogue where required by changing circumstances.
    - Build and maintain relations with wider stakeholders.

Reporting of dialogue findings

62. Programme completion will include:
    - An oral report to the Oversight Group on **Tuesday 12 July 2015.** This should be based on a pre-final draft report, involving a detailed analysis of the findings of the dialogue including the views of the participants, methodology, lessons learnt, and the materials and people used to inform the dialogue.
    - Production of a final report, involving a detailed analysis of the findings of the dialogue including the views of the participants, methodology, lessons learnt, and the materials and people used to inform the dialogue, in a form that can be published by the Academy. This report should be delivered by **Friday 29 July 2016**
    - Contact details of all participants who wish to be contacted in the future in order to be given feedback on the findings of this work.

63. We expect applicants to include elements in their final report that are accessible to a variety of individuals across a range of media. The use of icons, infographics, pictures and video are encouraged.

Nature of Contractor

64. The dialogue may be delivered by a single organisation, by single organisations working with specified sub-contractors, or by a consortium of organisations. However, the programme must be directed by a lead organisation, responsible for the management of any consortium partners or sub-contractors. The Academy will issue the lead organisation with a single contract for the work. The lead organisation will provide the Academy with details of oversight procedures.

Monitoring

65. The contactor will grant access to the Academy and the Oversight Group, to allow inspection of the work at any time, and will provide further information as requested.

Consent for use of project materials

66. The Contractor will ensure that dialogue events are recorded (in an appropriate format, ideally to include some good quality photos and video footage), and that signed consent is sought from participants and other recorded stakeholders to enable material to be used by the Academy.

Media activity

67. Applicants should be mindful of ongoing media activity around the work stream, and should suggest opportunities through which the dialogue can contribute to the Academy's media strategy. However, the Academy will retain, and be responsible for, the management of all media activities. The Contractor must work closely with the Academy to ensure that any activities appropriately coordinated.

Confidentiality and intellectual property

68. The Contractor will be required to make all reasonable enquiries concerning copyright, design, patent and other intellectual property rights and shall ensure that to the best of their respective beliefs there are no such rights which are required in connection with the carrying out of the dialogue or the exploitation of the dialogue's results. If the Company is or becomes aware of any third party patent or patent application relevant to the exploitation of the result of the dialogue, the Company shall immediately inform the Academy. Information relating to the progress and findings of the dialogue shall be disclosed only with the prior written agreement of the Academy.

Data security

69. The successful Contractor must comply with the Data Protection Act (DPA) 1998 and any information collected, processed and transferred on behalf of the Academy of Medical Sciences, in particular personal information, must be held and transferred securely. Contractors must provide assurances of compliance with the DPA.

70. Successful Contractors will need to ensure that individual views of participants are not reported/published in any way that links them with personal details such as names and addresses of the participants. The Contractor will, on behalf of the Academy, gain permission from public participants and stakeholders attending dialogue sessions to contact them again in the future, and those tendering should include in their proposal the arrangements for gaining this consent. The Academy require full details of names and contact details of all stakeholders, as well as public participants, so they can be updated about project progress in future. Those tendering should include in their proposal the arrangements to be made for secure transfer of participant details (names, addresses, etc) to the Academy and the independent evaluator.

Cessation of work

71. The Contractor will be required to inform the Academy promptly, in writing, of any cessation of work on the dialogue and of any event or circumstance likely to affect significantly the satisfactory completion of the dialogue.

Timeline

72. The Academy's work stream is expected to run from Summer 2015 – Autumn 2016.

73. The Contractor will be expected to begin work immediately on appointment in March 2016.

74. Deadlines for each phase of the dialogue (design, delivery and reporting) will be negotiated with the Contractor at the start of the contract.

75. Although it is for applicants to propose a schedule of activities, the following meetings must be incorporated in the project plan. These are:
    - **Thursday 28 April 2016**: To attend the Oversight Group meeting in London to present on-going plans with regards to programme design enabling interaction with the Oversight Group input during the programme development stage.
    - **Tuesday 12 July 2016**: To give a verbal presentation to the Oversight Group on the emerging findings of the public dialogue work.

76. The Academy will inform the Contractor of any other events during the course of the public dialogue programme. A workshop with journalists and press officers which forms part of the communicating evidence work stream will take place at the Science Media Centre, in London on Friday 8 April. It is anticipated that the Communicating evidence workshop will take place in London towards the end of June.

Financial arrangements

77. Tenders for the dialogue are invited up to £80,000 + VAT.

78. An initial payment of 10% will be made on appointment. Other payments will be linked to the three phases in the workplan; development (30%), delivery (30%) and reporting (30%). Payments will be made on submission of a VAT invoice by the Contractor, verified by the Academy against progress.

79. Invoices must be accompanied by a progress report including the following information:
    - The amount being invoiced.
    - The amount invoiced to date.
    - Progress since the last invoice submitted.
    - Any anticipated problems or delays.
    - Any change in the nature or scale of the Project.
    - An up-to-date estimate of total Project costs indicating significant variations in the amount or timing of payment in these costs.

80. Invoices and progress reports should be addressed to Nick Hillier at the Academy and can be made electronically. Invoices, verified by the Academy, will be paid within 30 days of receipt.

Application format

81. Your response should outline how you propose to meet the requirements of the Academy as detailed above. Please ensure you have answered, and supplied, all questions and information requested.

82. Applications should not exceed 40 pages and the following should be included:

Your company profile and, if applicable, any sub-Contractor(s) company profile(s), including:

- Company name, address, telephone and website.
- Ownership of the business, its parent, related or subsidiary companies.
- Number of years trading
- Recognised quality standards currently in force by the company, and any company accreditations.
- Overview of Company financial performance for the last three years.
- Overview of similar contracts carried out including public sector references where possible.

Resources

- The resources you expect to use to undertake the service. Include number of staff you expect to use in providing the service, and also include an organisational chart indicating responsibilities and reporting lines.
- The qualifications and experience of staff expected to undertake the service. Please provide short CVs for such individuals. CVs should be of named individuals who would be undertaking the work associated with the project and not of generic role types. The staff proposed should have extensive experience of public dialogue and related fields of study and practice.
- The likely type and level of input that will be required from the Academy of Medical Sciences staff and Oversight Group.

Method statement

- Describe how you would achieve the deliverables required in the specification and an outline programme for undertaking the work. Please include the strategy for recruiting individuals to participate, and details of the process for deciding and producing any supporting materials including your proposals for how you will involve any expert/specialist/scientist input in the process you are planning. Please also set out the approach to gaining informed consent from participants in terms which will allow identifiable data to be transferred securely and stored securely by the Academy for future research and/or dialogue purposes.
- The proposal should provide a detailed account of your approach for all phases including design and development, running the dialogue process, analysis and reporting.
- The proposal should also include a project plan, indication of the number of days by individual and analysis of risk mitigation.

Quality Plan

- Give details of how you will ensure a high quality service and your proposals for the monitoring and reporting on the quality of the service delivered, including the performance checks you will perform and who will perform them.

References

- The names and full contact details of at least two referees with whom you have recently undertaken similar work who may be approached by the Academy to comment on your capabilities in relation to the project. All such information received will be treated as confidential and only be conveyed to members of the tender evaluation panel.

Pricing

- The supplier shall provide a firm (i.e. unchangeable) lump sum price for the project which shall include any professional fees, travel and subsistence expenses, and all other company costs (e.g. provision of presentations/other materials).

Application return

83. Suppliers are responsible for ensuring that their application for tender is submitted by the time and date stated for return. All costs associated with this bid shall be borne by the supplier.

84. Tenders may be rejected if the complete information called for is not given at the time of the submission. Submissions received after the deadline or submitting (or copying) the response to an individual's e-mail address within the Academy other than the one given below may result in your response being regarded as non-compliant and not considered.

85. Electronic copies of the tender must be e-mailed to nick.hillier@acmedsci.ac.uk by the required date and time.

Tender validity

86. Your tender should be valid for acceptance for 90 days from the tender return date. The receipt of the enclosed tender documents shall be regarded as adequate consideration for maintaining the validity of your response for the period requested in this letter.

Experience

87. Applicants will be expected to demonstrate a sound understanding of the brief and experience of:
    - Needs analysis, design and evaluation of public dialogue processes.
    - Applying best practice techniques to participatory dialogue processes involving citizens, patients, researchers and health professionals.
    - Project management.
    - Sound budgetary and financial management.

Selection criteria

88. The evaluation of tenders will be subject to criteria including, but not limited to, the following areas:

Capability 60%

- Quality of the proposed methodology including:
    - Understanding of the project objectives including the purpose of the dialogue , the workstream, the role of the Oversight Group and their sub projects.
    - How the approach ensures that the purposes and objectives will be achieved including a method of production for supporting materials.
    - Degree of innovation in the process proposed.
    - A well reasoned recruitment strategy.
- Adequacy of the proposed project management arrangements and planning.
- Relevant experience and expertise including:
    - A proven track record of delivering similar projects to time and budget.
    - Skills of the proposed project team, including experience of carrying out public dialogue on topics that are complex and/or controversial – particularly those with technical, ethical or social issues associated with them.
    - Experience of working effectively with researchers, patients and healthcare professionals.
    - Demonstration of flexibility in approach which shows ability to respond to participants' needs.

Capacity 10%

- Sufficient resources for the requirements relating to time, cost and quality.
- Realistic timescales and appropriate milestones.
- Consistency of core team including facilitators.

Quality 10%

- Appropriate quality assurance processes.
- Awareness and understanding of risk and mitigation, demonstration of how these can be managed.

Price 20%

- Price of contract day rates proposed and days per named individual.
- Demonstration of value for money.

Selection process

89. A Commissioning team,including representatives from the Academy and the Oversight Group, has been formed for the purpose of selecting a Contractor. Membership is as follows.
    - **Professor Sarah Cunningham-Burley**, Professor of Medical and Family Sociology, University of Edinburgh
    - **Simon Denegri**, Chair, INVOLVE; National Director for Public Participation and Engagement in Research, National Institute for Health Research
    - **Nick Hillier**, Director of Communications, Academy of Medical Sciences
    - **Professor Rob Horne**, Professor of Behavioural Medicine, University College London
    - **Dr Rachel Quinn**, Director of Policy, Academy of Medical Sciences
    - **Suzie Shepherd**, Member of the Patient Carer Network, Royal College of Physicians

90. The applications will be issued to all of the Commissioning team who will complete a review sheet based on the selection criteria listed above.

91. Contractor interviews (if required) will be held in the week commencing **7 March 2016** at a Central London location. Further details will be provided in advance. It is anticipated that the contract will be awarded in the following week.

How to apply

92. The deadline for submission of full applications is **10.00 Monday 29 February 2016**. Applications should include all details and costing as outlined in this specification.

93. Electronic copies of the tender must be e-mailed to nick.hillier@acmedsci.ac.uk by the required date and time.

94. Receipt of your application will be confirmed by e-mail. If you do not receive confirmation within 24 hours of the deadline please telephone Nick Hillier on 020 3176 2154.