



CALL FOR PROPOSALS

Title: Real-world evaluation to support adoption at scale of the Right Decision Service: a case study approach

1 Purpose of project

This is an academic call for proposals to support the Digital Health and Care Innovation Centre (DHI) and Healthcare Improvement Scotland (HIS) in this real-world case study-based evaluation to support adoption at scale of the Right Decision Service.

This evaluation is funded and sponsored by DHI, working in partnership with the Right Decision Service, now based in HIS. The aim is to provide evidence for:

- DHI demonstrating successful national adoption and scale-up of a key digital innovation.
- HIS in demonstrating the value and impact of the Right Decision Service and in facilitating its further implementation and spread.

The successful supplier will collaborate and coordinate work with a researcher within DHI who will use the same methodology to produce case studies for five organisations using the Right Decision Service.

2 Context

2.1 The Right Decision Service

The Right Decision Service¹ is the national decision support service for Scotland's health and social care. Its mission is to provide a 'Once for Scotland' source of digital tools that enable health and care staff and citizens to make safe decisions quickly 'on the go,' based on validated evidence. These decision support tools put evidence into the hands of staff and citizens by working through day-to-day technology – web and mobile apps, and embedding in electronic care systems.

Delivery of the Right Decision Service is endorsed by Scottish Government Digital Health and Care as a key objective within [Scotland's Digital Health and Care Strategy](#) and the [Health and Social Care Data Strategy](#). The national [Vision for Value-Based Health and Care](#) underlines the role of the Right Decision Service as a key enabler of safe and timely care, improving consistency in practice and helping to maximise benefit from existing resource.

2.2 National roll-out and transition to Healthcare Improvement Scotland

The Right Decision Service was originally developed in its pilot form, and implemented with early adopters, by DHI. Scottish Government Digital Health and Care is now funding a three-year national

¹ Website: <https://rightdecisions.scot.nhs.uk>

Mobile app download: [Apple](#) [Android](#)

scale-up, from April 2022 to end of March 2025. A key element of this national roll-out is transitioning of ownership of the Right Decision Service to Healthcare Improvement Scotland. This will embed the Right Decision Service as a mainstream NHS resource and lay foundations for delivery as a long term core NHS service.

2.3 Supporting value-based health and care priorities

The Right Decision Service delivers a range of tools that support top priorities for value-based health and care priorities:

- **Urgent and unscheduled care** – including web-based decision support for patient flow in emergency care; a web and mobile app to support primary care practitioners in paediatric unscheduled care; and patient-specific alerting to prevent medicines-related harm and emergency admissions.
- **Integrated care** – including a web and mobile app to support assessment, management, timely escalation and reporting around deteriorating residents in care homes; access to adult support and protection guidance.
- **Improving routine care** – Translation of national and local guidelines and pathways from 11 territorial boards, 4 national Boards and 8 national programmes into decision-ready format and delivering them into the hands of practitioners through web and mobile apps.
- **Supported self-management and shared decision-making.** Tools delivered so far include shared decision-making web and mobile toolkits for long COVID – led by SIGN; dementia wellbeing and medicines management (led by SG Effective Prescribing).

2.4 Components of the Right Decision Service

The Right Decision Service comprises:

- **A national platform which delivers** web and mobile decision support tools via the Once for Scotland Right Decision Service app and website and decision support integrated with electronic care record systems.
- **A ‘no-code’ decision support builder toolset.** This enables trained editors in local and national teams to translate guidelines, research evidence and best practice and large datasets into computerised knowledge which is then delivered through web and mobile apps and electronic care systems.
- **Governance, implementation support and training** to facilitate embedding of decision support in day to day activities across health and social care.

Annex 1 provides information on uptake and impact of the Right Decision Service as measured at the end of year one of the national scale-up phase.

3 Objectives

1. Produce a series of studies demonstrating impact to date and anticipated future impact of the Right Decision Service across different user groups, organisations and settings.
2. Highlight enablers and barriers to adoption and national scale-up of the Right Decision Service.
3. Based on the case studies, outline the potential economic impact of the Right Decision Service in key areas such as saving clinician time, prescribing, reducing adverse events and emergency admissions, referral to secondary care, length of inpatient stay.

4 Methods and scope

4.1 Levels of impact

The case studies will be based on the evaluation framework developed for the Right Decision Service (see **Annex 2**) focus on the following types of impact:

- Reach – usage statistics (Right Decision Service team will provide) and evidence of spread within and beyond organisations.
- End-user perception of usability and usefulness.
- Change in end-users’ knowledge, skills and behaviours
- Improvement in clinical, social care or managerial practice – e.g. prescribing, ordering of diagnostic tests and treatment, application of validated evidence and guidance..
- Safer, higher quality, more person-centred care
- Improved health and wellbeing outcomes at individual, community and system levels – e.g. morbidity, mortality, reduced adverse events, emergency admissions, community wellbeing, delivering service transformation priorities.
- Economic impact.

4.2 Methods

The successful supplier will define an appropriate methodology. This is likely to include:

- Key informant interview and focus group analysis – suggested two key informants or one focus group per case study.
- Cost effectiveness analysis or other suitable health economics approach to assess anticipated health economic impact, where appropriate and feasible.

The supplier will collaborate and coordinate work with a DHI researcher who will use the same methodology to produce case studies for five organisations as outlined in **Section 4.3** below.

They will also collaborate with this researcher in writing up a combined final report.

4.3 Range of case studies

This project focuses solely on the web and mobile decision support toolkits delivered through the Right Decision Service. A separate project is focusing on the Right Decision Service decision support embedded in electronic health record systems.

The range of case studies will be confirmed with the Programme Lead for Knowledge and Decision Support. At this time the following areas of focus are under consideration as case studies:

Case study focus	Context of use	Aims	Primary users
1. NHS Forth Valley Flow Navigation Hub decision support toolkit	Management of emergency referrals.	Improve routing of referrals to reduce avoidable admissions and ensure right care at right time for patients	Call handlers and flow navigation hub nurses.
2. Care home and care at home decision support suite . To include a particular	Care homes and care at home services.	Improve safety and timely, appropriate care through consistent application of validated guidance	Care home and care at home workers

focus on the following toolkits: Infection prevention and control in social care settings. Assessment and management		in care home and care at home settings. Reduce avoidable hospital admissions.	
3. Adult support and protection decision support toolkit (NHS Lanarkshire/ South and North Lanarkshire HSCPs)	Led by social work but guidance is applicable across health and social care and wider public sector.	Safe and timely identification, referral and management of adult support cases.	Social work and social care staff
4. Paediatric unscheduled care decision support toolkit (NHS Grampian)	Primary care and minor injuries units.	More consistent application of evidence-based guidance to ensure safe and effective management, timely and appropriate referral and escalation.	Advanced nurse practitioners, GP trainees, less experienced general practice staff, minor injuries staff.
5. MyPsych and Paediatric decision support suites (NHS Greater Glasgow and Clyde) Both include toolkits for clinicians and for patients.	Mental health – secondary care. Child health – secondary care.	More consistent application of evidence-based guidance to ensure safe and effective management. Ease and speed of access to essential clinical guidance. Inform and empower patients to participate in shared decision-making and self-management.	Secondary care clinicians – all disciplines, all levels including junior doctors and training grades. Patients, families and carers.
6. Realistic Medicine suite for professionals and citizens (citizens toolkit under development).	Nationally, across all healthcare settings and wider community.	To engage healthcare professionals and citizens in delivery of care based on Realistic Medicine principles – centred on personalised care, shared decision-making and patient safety.	Healthcare professionals – all settings and disciplines. Citizens – including patients and carers.

In parallel with the successful supplier delivering the case studies listed above, a DHI researcher will be applying the same methodology to produce case studies for the following organisations' use of the Right Decision Service:

- [NHS Borders](#)
- [NHS Forth Valley](#)
- [NHS Greater Glasgow and Clyde](#)
- [NHS Lothian](#)
- [NHS Lanarkshire](#)

Each organisation is at a different stage of maturity in implementing the Right Decision Service. These exemplars will therefore potentially form the basis for defining an Right Decision Service implementation journey and maturity framework across NHS Boards. The aim of these toolkits is digital enablement to drive consistent implementation of evidence-based practice across the organisation to drive: safer, better quality, person-centred care, and efficiency and productivity – including saving of clinician time in finding and applying key clinical guidance. Key audiences include clinicians, patients and carers.

5 Key deliverables

A report comprising:

- A suite of case studies, focused on the areas above.
- Key findings and recommendations regarding addressing barriers and implementing facilitators to adoption and scale-up of the Right Decision Service.

6 Eligibility to apply

The following eligibility criteria apply to this grant award:

- DHI is funded by the Scottish Funding Council to award academic grants. As a result of this only Scottish Higher Education Institutes (HEIs) are eligible to receive funding for this call.
- Funds cannot be redistributed by the awarded party, except with express permission by the DHI.
- Bids must be costed in line with the HEI's bidding policies.
- DHI expects the HEI's research office to be involved in communication.
- DHI expects bids to be costed at 80% Full Economic Costing.

7 Key Timescales

The commission milestones will follow the timescales set out in Table 1:

Tender Process:	Date
Issue call for proposals	October 31 st 2023
Deadline for submissions	December 8 th 2023
Contract awarded	By December 15 th 2023
Inception meeting	W/c December 18 th 2023
Project milestones with deliverables:	Date
Delivery of first case study	31 st January 2024
Delivery of final report	19 April 2024

Table 1: Project Timetable

8 Governance

Day to day project management and reporting will be to the Programme Lead for Knowledge and Decision Support, based in HIS.

Overall governance of the project will sit with DHI.

The final report will be reviewed within HIS, and approved and signed off by the DHI Senior Management Team.

9 Copyright

The DHI will retain copyright of any outputs, partial or final, created as a result of the deliverables, including reports, evidence collection instruments created for this purpose, presentations, etc.

10 Intellectual Property

All Background Intellectual Property (IP) shall remain the sole and exclusive property of the Party to whom it belongs. No Party shall be deemed to have any right or licence to use or access any other Party's Background IP, except as expressly set out in this Agreement.

All Project Results and Foreground IP generated during the Project shall be owned by the DHI. Each Party hereby grants to each of the other Parties a non-exclusive royalty-free right and licence to use and access its Background IP and, in the case of the DHI any Foreground IP or Project Results, for the Period and for the sole purpose of conducting the Project.

DHI grants hereby grants to the Academic Partner a perpetual, non-exclusive, royalty-free licence to the Foreground IP and Project Results for the purposes of teaching and research.

11 Conflicts of interest

There will be a requirement to state no conflict of interest exists or declare any actual or potential conflicts of interest.

12 Budget

A maximum of £25,000 is available for this project.

Phasing of payment:

Milestone	Completion	Payment
Formal proposal acceptance	By December 15 th 2023	
Delivery of interim report	31 st January 2024	50%
Delivery of final report	15 th March 2024	50%

Table 2: Project Milestones

13 Response

We expect Academic Partners to provide us with a brief response document (maximum of 5 pages) clearly setting out their approach to this piece of work and details of associated costs.

You are invited to respond to this document with the following information:

1. Your proposal for delivering on the requirements, scope, and deliverables described above, detailing:
 - a. your understanding of the main issues to be addressed;
 - b. how you intend to deliver on the requirements; and
 - c. the methodology you propose to use, with your rationale for selecting this methodology.
2. The expertise and experience of the team undertaking the work. This should include CV[s] and statement of availability of the individual/s who will undertake the work.
3. Summaries of similar work undertaken, including contact information (name and telephone number or email address) for at least one reference.
4. Details of risks identified, and how these will be mitigated.
5. A realistic timetable of activities, including contingency management, to meet the timescales outlined above.
6. A breakdown of costs, including any expenses.

Response proposals are to be submitted to research@dhi-scotland.com by 5pm on Friday 8th December 2023. To assist with the completion of your response, you may contact jennifer.thomas@dhi-scotland.com for further information.

Additional information can be given in appendixes, but only the application will be assessed, unless otherwise mentioned.

14 Evaluation

Proposals will be evaluated against each other in an objective manner by a team consisting of representatives from the DHI and HIS. The Evaluation Panel will score each Bidder's response using the criteria shown in the following table.

The Bidder(s) selected will be chosen based on the best value for money. This means suitable quality, delivery, level of risk and response to customer needs at best price.

Criteria	Description	Weighting
Understanding the purpose of the work, context and background.	The proposal clearly demonstrates understanding of the context of this project, including the strategic and policy drivers.	5%
Proposes a methodology that meets all the requirements of the tender specification	Proposal demonstrates that all the requirements of the specification have been addressed and understood and that the proposed methodology is appropriate and capable of successfully delivering all the required outcomes.	30%
Relevant skills and expertise of team to be appointed to deliver the project	Proposal demonstrates availability of the required combination of expertise and experience among team members to be appointed to the project.	15%
Experience and reputation in undertaking similar work	Proposal demonstrates evidence of previous work undertaken in the past 5 years relevant to this project.	10%
Support of DHI Net-Zero Carbon Emission Targets	All work supported and funded by DHI should be fully committed to supporting the Scottish Government's ambitions to Net-Zero Carbon Emission Targets by 2045.	5%

Risk Management and Quality Assurance	The proposal provides evidence that the main risks involved with the project have been identified and adequately addressed. Details of the bidder's risk management and quality assurance methodology are also outlined.	5%
Timetable	The proposal provides a detailed timetable of events to ensure that deadlines can be met and explicitly identifies any contingency.	10%
Price	The proposal is competitively priced and represents good value in the context of the goods/services to be delivered over the life of the contract. Costs are clearly demonstrated and justified. Best value bids will demonstrate an appropriate combination of cost and quality.	20%

In the event of a number of proposals being received, short listed HEI's may be invited to provide a presentation to the Evaluation Panel or interview to demonstrate their understanding of the project. The following scoring convention will be used to assess each of the responses to the above quality questions.

Score	Descriptor
4	Excellent response - is excellent overall and will include a balance of completely relevant elements of the Contract as specified (but not limited to the specifications) The response is comprehensive, unambiguous and demonstrates a thorough understanding of the requirement and provides details of how the requirement will be met in full
3	Good response - is relevant and will include a balance of elements of the Contract as specified (but not limited to the specifications) The response is sufficiently detailed to demonstrate a good understanding and provides details on how the requirements will be fulfilled
2	Acceptable response - will include some elements of the Contract as specified (but not limited to the specifications) The response addresses a broad understanding of the requirement but lacks details on how the requirement will be fulfilled
1	Poor response - is partially relevant and will include few elements of the Contract as specified (but not limited to the specifications) The response addresses some elements of the requirement but contains insufficient/limited detail or explanation to demonstrate how the requirement will be fulfilled
0	Unacceptable - Nil or inadequate response Fails to demonstrate an ability to meet the requirement

The Evaluation Panel reserves the right to recommend that if the score for any one criterion is "0", that the Contractor not be recommended. That is, they reserve the right to veto a Contractor if it does not meet at all any one of the criteria.

15 Annexes

Annex 1: Impact of the Right Decision Service on value-based health and care - as evaluated April –December 2022	rds-annex-1.pdf (dhi-scotland.com)
Annex 2: Summary of Right Decision Service evaluation framework	rds-annex-2.pdf (dhi-scotland.com)