

General Specification

The provision of enteral feeds, feeding pumps and consumables and related support services.

1. Introduction

Tenders are invited, on behalf of the Leicestershire Partnership NHS Trust, Leicester City Primary Care Trust, Leicestershire County & Rutland Primary Care Trust, University Hospitals of Leicester NHS Trust and Leicestershire Organisation For The Relief of Suffering (LOROS) to undertake Provision Of Enteral Feeds, Feeding Pumps and Consumables and Related Support Services; and the Home Delivery Service (Documents 3a, 3b, 3c, 3d, 3e, 3f and 3g).

The Contract will be managed by the Leicestershire Nutrition and Dietetic Service, which is hosted by the Leicestershire County & Rutland Primary Care Trust. The LNDS is responsible for providing Enteral Feeding and Related Support Services to the Leicestershire health community.

This Tender and the Contract thus formed, comprises of the three 'Lots' (pumps/sets, feeds, and home delivery service), which together provide a complete service for the provision of Enteral Nutrition Services.

Each Tender Lot, although related to the other two, must be considered by Offerors as an independent Contract. This does not prevent Offerors submitting bids for more than one lot, or all three Lots, but each bid may be considered on its own merits by the evaluation team.

Whilst the Consortium would prefer the same Contractor for feeds and the related equipment, it is possible that more than one Contractor may be awarded the Contract for one or more of the lots described above.

The Consortium would welcome innovative tenders, which offer additional benefits for PCTs and the wider healthcare environment.

The expectation of this contract is for all Acute and Community Hospitals in Leicestershire and Rutland to receive Enteral Feeds and Consumables to each of its Hospital Sites, and for Patients at home or in respite care/nursing homes to receive enteral feeds and consumables. See Appendix 1 for list of locations.

If patients are discharged outside the boundaries of Leicester, Leicestershire and Rutland, the Homecare Delivery Service may be required to provide a service to those patients (if the receiving Trusts are in agreement). It is understood that the prices given for this Contract will not apply to these patients, as the contract is only applicable to patients under the care of Leicestershire and Rutland GPs.

2 Service Required

2.1 The successful Contractor(s) will be able to provide a complete and comprehensive service.

Full Details of the service required are specified at Documents 3b, 3c, 3d, 3e, 3f and 3g the Technical Specification.

3 Materials and Workmanship

3.1 Materials and workmanship shall be of a high quality and shall comply in all respects with the requirements detailed in Documents 3b, 3c, 3d, 3e, 3f and 3g.

4 Nominated Officers

- 4.1 The successful Contractor(s) will be expected to appoint a Contract or Account Manager(s), who will be primarily responsible for the day to day running of the contract, and will be the contact point for issues arising out of the operation of the contract.
- 4.2 The LNDS will appoint a Nominated Officer for this contract and provide a list of responsible person(s). Relevant details will be provided to the successful Contractor(s).

5 Rendering of Accounts

- 5.1 The successful Contractor(s) shall submit, in accordance with the instructions agreed, a monthly-itemised invoice in respect of each site/premise. The appropriate records and technical reports, where relevant, for work undertaken during that period must accompany each invoice.
- 5.2 Additional charges for repairs, overtimes, and materials outside the scope of the specification must be invoiced separately.
- 5.3 Payment will be on presentation of invoice, and will comply with the Trusts 30 day payment policy.
- 5.4 The invoice shall clearly show the establishments to which it refers, the Trust's official order numbers, and/or other information specified by the Trust.

6 Prices

- 6.1 Prices shall be submitted as required at Documents 5, Offer Schedules.
- 6.2 Offerors must submit a price for both full award and part award of the Contract on a line by line basis – where various Trusts (Acute and Primary Care) are combining to work on this Tender exercise, 'part award' still means line by line and NOT Trust by Trust.

7 Health and Safety

- 7.1 Contractors who are employed by the Trust on works connected with the Trust shall comply with the Trust's Health & Safety Policy, a copy of which will be provided on request.
- 7.2 Any equipment, including personal protective equipment supplied and used by the Contractor(s), must comply with the current legislation and all relevant British Standards.
- 7.3 Any accidents or near misses by the Contractor(s) must be reported in accordance with the current legislation and the Trust's recognised procedure for reporting such incidents a copy of which will be provided to the successful Contractor(s).
- 7.4 The Trust acknowledges its responsibility towards contractors and will therefore treat the Contractors' Staff as a direct employee if any conditions of the policy are breached.
- 7.5 All work shall be executed in a manner so as to comply with the requirements of the Health and Safety at Work Act; all relevant Codes of Practice; and relevant Trust Policies, which will be given to the Successful Contractor(s).
- 7.6 Tenderers are required to submit with their offer a copy of their Health and Safety Policy, including outline method statements based upon a safe system of work.

- 7.7 Any works carried out must not prejudice the Health and Safety of patients or staff. This requirement is paramount.

8 Maintaining Fire Security

The Contractor(s) shall take all reasonable precautions to prevent the outbreak of fire.

- 8.1 The Contractor(s) must draw to the attention of all his staff to the special vulnerability of hospital patients in the event of fire.
- 8.2 All premises, and their perimeter areas, covered by this contract are strictly **NO SMOKING** areas.
- 8.3 Fire Exits and Escape Routes must be kept unobstructed and available for use at all times.
- 8.4 Contracting staff must make themselves aware of fire fighting equipment and escape routes when entering Trust premises. If help is required, the Premises Manager will provide additional guidance.
- 8.5 All Trusts included within the Tender are required to comply with Fire Practice Note 11 (FPN11), which identifies strict targets for the reduction in unwanted fire signals.
It is essential that Contractors consider at all stages whether their work activity will potentially lead to a fire alarm activation. For any activity, which is likely to lead to a false alarm activation, an alternative method of carrying out the work must be found. Where this is not practical, guidance should be sought from the Nominated Officer.

9 Sustainability Policies

9.1 Transport Policy

As part of the 'Greening the NHS' Agenda, the Trusts must be assured that Contractors are addressing transportation issues, for example in reducing the environmental impacts of travel. Tenderers are required to submit with their offer a copy of their Transport Policy.

9.2 Environmental Policy

Trusts must be assured that Contractors are addressing environmental issues. The Trusts are committed to working with designated key suppliers to improve their environmental performance. Tenderers are required to submit with their offer a copy of their Environmental Policy.

10 Location of Work

- 10.1 The location of work covers various premises within the Trust. Certain premises will require particular attention, due to the client base of the unit. Contractors must always report to the Local Site Officer on arrival on site prior to commencing, and on completion of work, completing any necessary documentation.

- 10.2 Contractors' staff shall confine themselves to the locality of their work.

The Cafeterias and Dining Rooms are for the use of Trust Staff only, unless otherwise specified by the Site or Premises Manager.

- 10.2 Contractors' staff shall pay particular attention to security, ensuring that doors are properly closed and secured after passing through them; and adequate barriers and/or warning lights erected, with the prior agreement of the Site or Premises Manager.

- 10.3 In areas may require the presence of 2 members of staff working

together to ensure security at all times. It is essential that the Contractor(s) takes note of entry, exit, and security procedures when reporting for work in these areas. Details will be provided to the successful Contractor(s).

- 10.4 The Contractor(s) shall ensure that all reasonable means of pedestrian and vehicular access are maintained for staff, patients, and emergency vehicles whilst the service is carried out. The whole of the service shall be carried out so as to cause the minimum inconvenience.
- 10.6 The Contractor(s) shall note that his responsibility includes safeguarding the works with particular consideration to patients and members of the public, including children, the elderly, physically ill and disabled, and mentally ill or disabled people.

11 Restitution of Damage

- 11.1 Any damage caused to the Site property, arising out of execution of the Works, shall be made good at the Contractor's own expense provided that the same is due to neglect, omission, or default of the Contractor or his workmen.

12 Keys

- 12.1 Any Site keys, which may be loaned to the Contractor(s), shall be kept in the care of the person-in-charge of the Works who shall be responsible for their safekeeping. Such keys shall be collected from and returned to the relevant key office on arrival and departure from the premises. The greatest care shall be taken to ensure that the keys are not made accessible to unauthorised persons, mislaid or lost. Any loss shall be reported to the Premises Manager or the Contract Administrator and the loss made good, including any consequential loss for items such as replacement suited lock systems.

13 Subcontractors

- 13.1 Services provided by the Contractor(s) may not be subcontracted.

14 Variation of Contract

- 14.1 The Trust may, from time to time, by giving notice in writing to the Contractor(s), vary the contract by adding or deleting services or sites. There will be no penalty for services or sites removed. Charges for services or sites added to the schedule will be based on the tendered price for the same or similar services or sites, or agreed separately between the Trust and the Contractor(s).
- 14.2 It is expected that costs submitted for properly authorised Variations to the Contract will reflect the Pricing Mechanism of the agreed contract. The successful Contractor(s) will be advised of the variations procedure applicable to the contract.
- 14.3 The Trust will endeavour to provide a minimum of one month's written notice for such variations.

15 Access to Sites

- 15.1 The works of servicing and maintenance must not disrupt the smooth running of the organisations clinical services to the public, and water provision to sites. Where any disruption is envisaged, work shall only proceed by agreement with the Clinical Service Manager following the appropriate risk assessment.

- 15.2 Access to certain rooms and areas may be limited due to privacy of consultation needs. Therefore, the Contractor must arrange his visits in consultation with the stated contact person, or the LNDS Nominated Officer should that contact person be not available.
- 15.3 Normally, unless mutually agreed otherwise, the Contractor shall be allowed on sites between the hours of 0800 & 1800 hours, Monday to Friday.
- 15.4 Contractors' Vehicles must at all times keep to the access roads within sites, and not overrun or park on verges or roadsides.
The site speed limits must be observed at all times. Where no speed limit is notified, vehicles shall not exceed 10 m.p.h.

Drivers of vehicles should note that pedestrians may have physical or mental impairments, and therefore extra care is required on site access roads.

16 Monitoring the Contract Standard

- 16.1 Contract Review Meetings between the Trust and the Contractor(s) will take place to allow the mutual exchange of information regarding contract performance.
- Contract Review meetings may be held initially monthly and then six monthly throughout the duration of the contract. Contract review meetings will be held separately for the Home Enteral Nutrition Service.
- 16.2 The Trust will nominate a Contract Manager responsible for the overall provision of the contract, and will also nominate a number of responsible persons with authority to manage the day to day running of the contract.
- The Contractor(s) will be expected to appoint or nominate a Manager for the provision of the service, and a day-to-day contact for routine service issues.
- Tenderers are required to submit with their offer the cv's/experience of the manager(s) who will be directly involved in providing the service, together with a statement of contract management detailing how the service levels required will be achieved, monitored and ensured.
- 16.3 Key Performance Indicators, by which performance of the contract will be measured, will be agreed on implementation.
- Tenderers are required to submit with their offer their own list of KPIs, and a statement of application to the contract.

17 Control of Maintenance and Construction Activities Policy

- 17.1 Contractors who are employed by the Trust on works connected with the Trust shall be subject to the Trust's Control of Maintenance and Construction Activities Policy, a copy of which will be provided to the successful Contractor(s).

18 Referees

- 18.1 Tenderers must provide a full list of customers currently using their products and service (Document 5i). Tenderers should identify Contracts recently awarded specifying whether for hospital and/or home patients.

This list will be used by the Trusts to obtain references.

19 Financial Statements

- 19.1 Tenderers are required to submit with their offer the last three years audited Financial Statements for the company.

20 Risk Assessment

- 20.1 Tenderers are required to submit with their offer a Risk Assessment Statement detailing the means by which they intend to control the exposure to hazards; and full method statements for carrying out the service.
- 20.2 In accordance with the Management of Health & Safety at Work Regulations 1999, the Contractor is required to assess the risk to workers and any others who may be affected by his operation. The significant findings of that assessment must be recorded and the Trusts Contract Manager informed in writing.

21 Contract Handover Co-operation

On expiry of the Contract:-

The Contractor(s) shall provide within 21 days of being requested, all information the Trust considers necessary to enable the Trust to issue tender documents for the Services.

- 21.1 The Contractor(s) shall co-operate fully with the Trust during the handover leading to termination of Agreement. This co-operation shall extend to full access to all documents, reports, summaries and any other information required to achieve an effective transition without disruption to routine operation requirements.
- 21.2 Any equipment purchased for use under this Agreement, which has been paid for by the Trust, shall remain the property of the Trust and shall be handed over to the incoming provider or the Trust.
- 21.3 The Contractor(s) shall ensure that any computerised filing, recording, documenting, planning and drawing software systems utilised by the Contractor(s) is transferred free of any charges to the Trust or persons designated by the Trust to facilitate a smooth handover of services at expiration or termination of the Agreement.

22 Implementation of New Contract

- 22.1 Tenderers are requested to submit a plan detailing the implementation of the new Contract. This must include timescales, number of company resource available and a training programme.

23 Contractor(s) Representative Provision

Any Contractor(s) representatives entering the Trusts premises must abide by the procedure for Pharmaceutical Representatives in Respect of Enteral Feeds Products:

- 23.1 The Contractor(s) representative must be appropriately trained in the provision of care and techniques and equipment used for patients receiving tube feeding such that the patient/carers is confident in his/her ability.

- 23.2 The Contractor(s) must have a training programme with aims and objectives and standards of care. Information and procedures should be regularly updated in order to reflect developments and innovations in tube feeding, access, nutrients and delivery systems.
- 23.3 The Contractor(s) representative must be aware of the potential problems/needs of the patient and how to deal with them. These should include any discomfort and anxiety associated with the procedures involved, gastrointestinal complications, any malfunctioning of equipment and mechanical complications, e.g. occlusion, misplacement and malfunctioning of the tube.
- 23.4 Tenderers are requested to provide details of the number of Contractor(s) sales representatives responsible for this Contract and the geographical area covered by these sales representatives.
- 23.5 Representatives will be seen at the discretion of the Dietitian and then only by prior appointment.
- 23.6 **ALL** product samples must be left with the Nutrition and Dietetic department in the hospital.
- 23.7 Promotional or product literature can be left with the Dietetic administrative staff in the department and this will be given to the appropriate Dietitian. It is helpful if a business card can also be left.
- 23.8 If a Dietitian has agreed a product for use, supplies must be delivered to the appropriate Pharmacy department to allow documentation and despatch to wards.
- 23.9 A procedure for the trialling of products during the contract will be agreed with the successful Contractor(s).
- 23.10 Access to patient care areas is not allowed without prior agreement with the Dietetic Manager, Ward Manager/Sister, Clinic Co-ordinator or Modern Matron.
- 23.11 Education sessions for nursing staff and other health professionals should be organised through the Dietetic Manager, Ward Manager and Nutrition Nurse of the appropriate Trust. Tenderers must submit a statement detailing the training of Trust staff, the training programme, how this will be monitored and how training will be identified.

24 Information Governance

- 24.1 As part of the provision of Services, the successful Contractor(s) may be required to hold a database of service user details, which includes patient identifiable information. Where this is the case, the successful Contractor(s) will be expected to comply with all relevant Trust Policies and Procedures.

25 Quality Assurance

- 25.1 Tenderers are required to submit with their offer evidence of Quality Accreditation where held; together with a statement detailing the Quality Assurance procedures relating to the service to be provided.

Technical Specification

The provision of enteral feeds, feeding pumps and consumables and related support services.

This Technical Specification outlines the requirements for ensuring that the system provided by the successful Contractor(s) meets specific criteria for delivery, maintenance, and after sales support, and provides appropriate support to all services and healthcare staff which directly use the system.

The specification describes the minimum requirement. Pricing must be submitted as at Documents 5. Additional benefits and services offered will be considered as free of charge and must be clearly identified in the Tenderer's submission.

Scope

The purpose of the Technical Specification is to describe the products and services required for the majority of Enteral Feeding carried out in all Acute and Community Hospitals in Leicestershire and Rutland and for patients at home or in nursing/respite care.

The technical specification comprises the following documents:

1. Introduction to Technical Specification (Doc 3b)
2. Quality and Service Specification for Lot 1 & 2 (Doc 3c)
3. Pumps and Consumables Lot 1 (Doc 3d)
4. Maintenance, After sales Training, and Support Lot 1 (Doc 3e)
5. Enteral Feeds and Supplements Lot 2 (Doc 3f)
6. Home Delivery Service Lot 3 (Doc 3g)

Contents

The Technical Specification describes the Trusts general requirements for all successful Contractor(s) involved in providing products and services to all Acute and Community Hospitals and Patients in their place of residence in Leicester, Leicestershire and Rutland. References to the 'Contractor(s)' in this Specification refer to all Tenderers, such as the Feed Contractor; Pump Contractor and any other Contractors of products and services covered by the Contract/s. Each Offeror must therefore interpret the requirements of the Specification as they relate to the products and/or services they are offering.

Quality and Service Specification for Lots 1 and 2

1. Enteral Feeds

- 1.1 All Enteral Feeds and supplements will be pre-packaged, sterile and ready to use.
- 1.2 Feeds will be supplied in 100ml, 200ml, 500ml, 1000ml or 1500ml Ready to Feed (RTF) as indicated containers and allow for direct feeding avoiding decanting, where possible.
- 1.3 The feeds required are outlined in the Specification for Enteral Feeds (Document 3f), (Oral nutritional supplements and thickeners)
- 1.4 Product information, changes in composition or recommended clinical usage and availability will be communicated by the successful Contractor(s) in writing one month prior to the proposed modifications, or of the change(s) to be introduced.
- 1.5 All enquiries to the successful Contractor(s) to be responded to within the period outline agreed at Implementation stage. Telephone enquiries and e-mail will be acknowledged within ONE working day, and a full written (posted or e-mail) response provided within seven working days.
- 1.6 Requests for meetings with Dietitians will be by prior appointment only.
- 1.7 Leicestershire Nutrition and Dietetic Service is able to support Manufacturers with a research and development orientated strategy aimed at improving the quality and efficiency of products and services provided to the Clinical Nutrition market. The means for achieving this will be agreed at implementation.

2. Spoilage/Faulty Products

- 2.1 Products within the expiry date which have spoiled as a consequence of the manufacturing process, or poor packaging will be withdrawn. All products of the same batch will be withdrawn and the Contractor(s) will provide replacement products at no cost to the Trusts within 48 hours.
- 2.2 All product complaints must be responded to within 24 hours.
- 2.3 Any spoiled products will be uplifted by the Contractor(s) within 48 hours at no cost to the Trusts.
- 2.4 A written (posted or e-mailed) reason for any faulty or spoiled product to be provided by the Contractor within two weeks of the complaint.

3. Ordering and Delivery

- 3.1 An agreed schedule for ordering and delivery will be agreed with the successful Contractor(s) prior to the start of the Contract. Delivery will be within two working days of ordering. The Contractor(s) will deliver to all Acute and Community Hospital sites in Leicestershire and Rutland. The Trusts will require at least two deliveries per week.
[All current delivery points are listed in Appendix 1].
- 3.2 A system for ordering through the local wholesaler(s) at Contract price will be agreed on implementation. Trusts are keen to develop an e-ordering facility. Tenderers must submit a statement detailing their ordering system.
- 3.3 Any requests by the Contractor(s) to reschedule the ordering and delivery days must be in writing with a minimum of four weeks notice of any request. Any changes must be in agreement with the LNDS.

- 3.4 Failure to deliver an item due to immediate lack of stock or delivery problems on the scheduled delivery day must be made good by overnight courier at no cost to the Trusts.
- 3.5 All delivered feeds must have a minimum of 3 months shelf life. Feeds delivered with a shorter shelf life will be rejected and the Contractor must uplift and replace the products within 48 hours at their own expense.
- 3.6 Specialised feeds and supplements with a low volume usage that are likely to go out of date before use will be uplifted and replaced or credited as agreed with the Trusts on implementation.
- 3.7 Scheduled deliveries will be made free of charge.
- 3.8 The Contractor(s) will provide the name, location and telephone number of a nominated liaison contact that will deal with any queries from the Trusts regarding this Contract.
- 3.9 The Contractor(s) will provide details of the Customer Services and the proposed ordering and delivery system. Tenderers are required to submit a statement detailing their Customer Services and proposed ordering and delivery system.
- 3.10 The nature of the service provided to Patients by the Trusts is such that on occasion, goods are required at very short notice. The Contractor will therefore be required to provide an urgent service where delivery will be guaranteed within 24 hours of receipt of an order. The cost of such a service would be built into the overall contract cost. This service will only be requested by the Trusts in exceptional circumstances and will therefore be used infrequently. The Trusts do not envisage this service being used more than twelve times a year. If this is exceeded then an ad-hoc price will be requested from the successful Contractor(s).

4. Support Services

The successful Contractor(s) is expected to provide the following as minimum support services:

- 4.1 Staff training; the successful Contractor(s) prior to any new system or product being introduced will provide comprehensive training. Training to include the use of plastics, pumps, setting up feed, trouble shooting. Training will be provided to both day and night shifts on all wards, and patients in their place of residence, when requested.
- 4.2 Any modifications to the feeding equipment, which affect the operation, will be covered by additional company training as requested by the Trusts at no extra cost. Modifications are also to be supported by a Pre Purchase Questionnaire.
- 4.3 A telephone Help Line will be available at all times 24/7, for both Dietetic and Nursing staff for information on their products and services. The help line must allow access to sales support staff, Contractors' representatives, and clinical expertise. Tenderers are required to submit a statement detailing the availability of the Help Line.
- 4.4 Education Materials and a literature search facility must be available, (e.g. Medline). A response to a request for information must be received within 3 working days.
- 4.5 Successful Contractor(s) will provide educational materials, which support the current use of their products and services. These would include product data (which is regularly updated), computer generated slides, CD - Roms, PowerPoint and interactive learning tools. These should be available free or on loan. Tenderers are required to submit evidence of educational materials supporting the current use of products and services

5 Quality Audit

The LNDS and the successful Contractor(s) will jointly draft a continuous quality audit Protocol at Implementation stage. This quality specification will include measurement criteria, against which the contact will be evaluated. The quality specification will include patient satisfaction activity, monitoring reports, complaints mechanism, incidents and near misses, training standards and review procedures.

6. Servicing of Pumps

The successful Contractor(s) will provide all servicing and maintenance for pumps.

7. Formal Complaints Procedure

- 7.1 Any complaints regarding the delivery or service will be put in writing and will be forwarded to the Contractor(s) for a written response within two weeks.
- 7.2 Any incidents as a result of the Contractor(s) causing and/or contributing to clinical risk will be subject to full Trust review procedures. The successful Contractor(s) will be expected to comply with any recommendations made.

8. General

- 8.1 The Contractor(s) must demonstrate that adequate resources, expertise and personnel are available to perform the requirements contained in this service specification. Tenderers are required to submit a statement detailing resources available and how they will perform to the specification.
- 8.2 The Tenderer(s) is required to provide a detailed cost breakdown of the Service described in the enclosed Quality and Service specification. This constitutes the provision of details of resource and cost inputs (including staff time; audio visual material; printed literature; clinical input etc.) for elements of the Service.

TECHNICAL SPECIFICATION: Lot 1

ENTERAL FEEDING PUMPS AND PUMP CONSUMABLES – GENERAL

1 General

- 1.1 The successful Contractor(s) will possess current CE accreditation for products.
- 1.2 All feed pumps must meet the essential requirements of the Medical Devices Regulations (2002) and be CE marked as medical devices. Before any new model of pump is supplied to the trust(s) the supplier must provide a completed PPQ for approval.
- 1.3 Equipment maintained by the Contractor(s) must conform to BS6314, the standard for Enteral nutrition equipment. Enteral Feeding Sets must comply with BS6314, the 'specification for sterile, single use, naso-enteric feeding tubes and ancillary equipment'. This covers Enteral feeding system compatibility including giving sets; feeds; feed containers (primary and secondary); connectors; adaptors and feeding tubes. The standard requires that all feeding equipment is non-I.V. compatible, and complies with the NPSA alert.

2 Pumps

- 2.1 As medical electrical equipment, pumps must be manufactured to BS EN 60601-1 (2006) or equivalent recognised standard. A Pre-Purchasing Questionnaire form (Document 5k) must be completed by Tenderers for each model of pump offered.
- 2.2 All equipment must run from mains power at 240 volts.
- 2.3 Servicing, repair, maintenance and disinfection of these pumps will be conducted by the successful Contractor(s), and must meet HC (91) 33 procedures. Pumps must conform to the DB9801 Management of Medical Equipment Standards and an NHS Indemnity Agreement Certificate will be required from the successful Contractor(s). The successful Contractor(s) will coordinate servicing of pumps at the appropriate time interval and provide a block exchange programme for all Enteral feeding pumps with indemnity cover in place. The Contractor(s) will provide the LNDs with a database of Enteral Feeding Pumps. Between service periods any faulty Enteral Feeding Pump will be collected by the Contractor(s) and replaced by a new pump with delivery note and indemnity paperwork.
- 2.4 The following design features are required for the pumps (both portable and standard):
- runs to time (within $\pm 10\%$)
 - variety of alarms will be audible and visible and will indicate low battery power, air in line, occlusion of the delivery line, no flow, incorrect setting of feed
 - alarms have variable sound settings
 - not possible to disable alarm easily
 - the time delay before the alarm becomes operative will not exceed three minutes
 - digital display of feed volume to be infused and feed volume actually delivered
 - the drip chambers will not be over-sensitive
 - ability to operate from mains and battery
 - facility to enable the pump to run on battery power for at least six hours under normal use
 - not possible to fit the silastic pump insert incorrectly
 - clamp to attach pump to drip stand
 - ambulatory must be light weight with carrying case – to allow feeding on the move.
 - free flow prevention
 - keypad tamper proof
 - pre-set dose volume facility

- spare leads for pumps made available free of charge

3. Stands

Mobile infusion stands must comply with BS 3619 (1976).

4. Giving Sets

4.1 Giving sets should comply with BS EN 1615 (2000) 'Enteral feeding catheters and enteral giving sets for single use and their connectors – design and testing'.

4.2 Giving Sets will be sterile, disposable, non IV compatible, for single use only and compatible with feeding tubes e.g. NG, PEG and the Enteral feeding solution Ready To Feed containers (100ml, 200ml, 500ml, 1000ml, 1500ml) or reservoir.

A minimum of manipulation will be required during assembly and administration of feed.

4.3 Giving Sets will possess the following features:

- (i) Non IV Compatible
- (ii) Luer lock ends
- (iii) Male/female ends
- (iv) Medication port with cover
- (v) Cover-over ends
- (vi) Compatibility for attachment to a range of adult and paediatric feeding tubes (e.g. NG, PEG's)
- (vii) Giving set facilitating both gravity and pump assisted feeding will be required
- (viii) Ease of use and ease of maintenance especially cleaning and design features to minimize infection risk

4.4 All Pump Consumables must have the maximum shelf life possible. A shelf life of less than 12 months must be agreed by the LNDS before supply.

5. Enteral Feeding Equipment & Feeding Pumps

5.1 There will be an agreed ordering system for giving sets and ancillary products to enable stock maintenance and control for wards and in the patient's place of residence. This will be agreed with the successful Contractor(s) during Implementation.

5.2 Each pump must be provided by the successful Contractor(s) with a complete set of data sheets with clear instructions for use.

5.3 Replacement pumps will be available from the Contractor(s) for any that are not working. Replacement pumps will be provided to the trusts within 24 hours.

TECHNICAL SPECIFICATION lot 1

Maintenance, After Sales Training and Support Services

1. At the Trusts

- 1.1 Trusts will require a total servicing package to be provided by the successful Contractor(s).
- 1.2 The Contractor(s) will put into place a protocol to ensure that Pumps are serviced annually or block exchange system will be available. A temporary loan pump replacement will be supplied for equipment removed from Trusts for repair, testing, or periodic servicing. Tenderers are required to submit with their tender return an example of a protocol.
- 1.3 A comprehensive 24-hour emergency call-out service will be provided and repairs will be performed or a replacement pump provided within 24 hours of a fault being reported to the Contractors. Such loan shall be deemed to be a contract for the hire of goods as defined by section 6 of the Supply of Goods and Service Act 1982.

2. At the patient's home - if applicable (See Quality and Service Specification)

- 2.1 The Contractors will put into place a protocol to ensure that Pumps are service exchanged at no less than annual intervals. A temporary loan pump replacement will be supplied for equipment removed from the patient's home for repair, testing, or periodic servicing.
- 2.2 The Contractor's cost submission for Document 5g will refer to both the service costs of hospital and home patients unless otherwise stated by the Contractor.

3. Maintenance requirements

- 3.1 Fully comprehensive

The offer schedule for those units requiring full maintenance cover to be provided by the Contractor is found in Document 5d. All contractors should complete this section.

- 3.2 The successful Contractor will co-ordinate and ensure 2 yearly block exchange programme for all Enteral feeding pumps with indemnity cover in place. The successful Contractor will provide Trusts via the Nutrition and Dietetic Service with Enteral feeding pump databases and identify any pumps that still need to be found and removed from clinical areas. During the 2-year period and between services any faulty Enteral pumps will be collected by the successful Contractor and replaced by a new pump with delivery note and indemnity paperwork.

4. After Sales Training (use of equipment)

- 4.1 The Contractor will be required to provide training of Trust staff in use of pumps and related equipment; and education on the use and properties of any new products as and when they are introduced. This will include meetings, demonstrations and audiovisual education material at departments and wards and occasionally at Respite Care, Nursing or Residential Homes as required by the Dietetic Managers or Senior Dietitians. This will require the Contractor to liaise with local shift systems of the staff requiring the training, including night shifts. Liaison with the Dietetic Managers or Senior Dietitians will be required in order to organise the training.

5. Support Services

5.1 Professional Clinical Service Support

This will include a Nutritional help line (manning hours will be agreed at Implementation stage) with expert advice available. This is in addition to the 24/7 helpline as described in Document 3c (Paragraph 4.3)

5.2 Patient Advisory literature

Appropriately presented literature, as agreed at Implementation stage with LNDS, must be made available providing advice and information to patients in the hospital, respite care and at home on the use of the pumps system they are using and products they are consuming.

TECHNICAL SPECIFICATION Lot 2

ENTERAL FEEDS AND SUPPLEMENTS

All feeds and supplements will be ACBS approved wherever appropriate and practical.

Definitions:

Group 1 Standard polymeric feeds:

Whole protein feeds adequate for the provision of total nutrition to most patients at volumes of approximate 500ml/1000ml and 1500ml per day. All the feeds are liquid and are sterile; have a low viscosity and residue are gluten free and are of moderate osmolality. They can be prescribed and are covered in the ACBS listings. Feeds in this group provide 1Kcal/ml and a variable amount of protein and electrolytes. Basic micronutrient requirements should be met in at least 1500kcal.

Group 2 Polymeric feeds for increased metabolic requirements:

As described in group 1, but with either a higher calorific content providing 1.25-2Kcal/ml and/or a higher protein content (approximately 6g/100ml)

Group 3 Fibre Enriched Feeds:

Similar nutritional profile to group 1 and 2 with the addition of mixed fibre source (a range of energy/protein composition/ml should be provided).

Group 4 Medium chain triglycerides (MCT) based feeds:

Polymeric and peptide feeds containing a high proportion of MCT's

Group 5 Peptide feeds:

Nutritionally complete feeds providing approximate 1 kcal/ml, with nitrogenous compounds represented as peptides rather than whole proteins.

Group 6 Elemental feeds:

The nitrogen source for these feeds are free amino acids. They require minimal digestions but are hyperosmolar. Non-protein calories are derived mainly from simple carbohydrates and a small proportion of fat.

Group 7 Low Sodium/Mineral Feeds:

Nutritional profile similar to standard feeds where the mineral content is reduced particular sodium to <2mmol/100ml.

Group 8 Renal Feeds

Low volume, low electrolyte feed maintaining 2kcal/ml, 7.5g protein/100ml or greater, a maximum 4.5mmol/100ml potassium, 2.4mmol phosphate/ 100ml and 4.3mmol/100ml sodium.

Group 9 Infant and Paediatric Feeds:

High-energy infant formula designed to meet the needs of infants with disease related malnutrition, malabsorption and growth failure.

Formulated to meet the guidelines of the PEN/Paediatric Groups for infants and children birth to 1 year, 1-6 years or 8-20kg in weight and 7 – 12 years or 21 – 45 kg in weight. This should include a standard feed, high energy feed, high fibre feed, low energy and high-energy high fibre feed.

Any other specialist disease specific infant and paediatric feeds will be considered such as elemental based, peptide based, ketogenic Enteral feed.

Group 10 Non-Milk based Feeds

Nutritional profile similar to standard feeds, but with caseinates or whey proteins substituted by soy protein isolates.

Group 11 Disease Specific Feeds

Details must be provided of specific products designed for use in specific clinical states e.g. inflammatory bowel, critical care, which have a different composition to the above.

Group 12 Oral Nutritional Supplements:

- Nutritionally balanced, in a range of flavours providing 1.0kcal/ml and 1.5kcal/ml and 2.0 cal/ml
- Nutritionally balanced, in a range of flavours providing a mixed source of fibre
- Non-milk based supplement as an alternative to the 1.5kcal/ml sip feeds, or where there is milk intolerance
- Vegetarian nutritionally balanced oral nutritional product
- High-energy yoghurt type drink
- Products with a higher energy and/or protein composition and lower electrolyte content than standard sip feeds (including those suitable for renal disease)
- Products with a higher energy and protein composition and lower electrolyte content than standard sip feeds (including those suitable for liver disease)
- Supplements designed for specific disease states e.g. inflammatory bowel disease (whether amino acid, peptide or whole protein source)
- Semi solid dessert feed for swallowing difficulties
- Nutritionally balanced supplements designed for children aged 1 – 6 years or 8 to 20 kg either milk or juice based with or without fibre and energy content 1.0 - 1.5 kcal per ml.

Group 13 Energy Supplements:

- Glucose polymers (in liquid and powder form)
- LCT/MCT fat sources used to fortify additional energy into drinks and foods with or without protein source
- Supplement based on carbohydrate and fat together +/- vitamins and minerals is also required.

Group 14 Protein Supplements:

- Liquid or powder for the fortification of foods and drinks with additional protein.
- Modular feed ingredients, which could include whole protein, peptide or amino acid based.

Group 15 Thickening Agent Products for Adults and Paediatrics:

This specification is based on the Heimbürger Weinsier guidelines (Ref: Journal of Parenteral and Enteral Nutrition, Volume 9, Issue 1, 61-67) and Clinical advice for evaluating and categorizing enteral feeding formulas according to therapeutic equivalence.

Group 16 Specialised products

As listed in the offer Schedule.

Review of new products during the life time of the contract will be considered if based on evidence based research and are disease specific products tube feeds or oral nutritional supplements.