



## Introduction

### **Overall aims:**

The Pharmacy Needle Exchange Programme is undertaking an external evaluation of the 3 year pilot phase of the programme . The overall strategic objective for the pilot was to roll out a community pharmacy needle exchange programme to promote safer injecting behaviour and safer sexual behaviour amongst the intravenous drug using population outside of Dublin and the former Eastern Regional Health Authority. As part of this work, the HSE wish to engage an external consultant(s) to evaluate the pilot phase. .

### **Scope of the Evaluation**

The Scope of the Evaluation will particularly focus on the following aspects of the pilot:

- Assessment of progress pertaining to key objectives
- Outcome measures informed by the international literature on this topic
- A consideration of relevant national and international approaches and responses to similar programmes
- A description and analysis of existing data on Pharmacy Needle Exchange programmes
- The perspective of all relevant stakeholders
- A description and analysis of relevant research reports and grey literature

### **Requirements**

Tenders are required to describe in detail a project plan that clearly outlines how they propose to design and conduct the evaluation, and how they propose to gather, manage and analyse the data so as to meet the aims and objectives of this project ( see key objectives). A mixed methods approach that will incorporate desk research and field research is expected.

### **Process**

An initial call for applications for the tender will be issued on 30<sup>th</sup> January 2014. Applicants will be selected from this application process and successful applicants invited to present their proposals.



## **Evaluation of Tenders**

Evaluation of the submissions will be based on the following criteria and on the basis of the following scores:

### **Research methodology (40)**

Understanding of the issues involved;  
Understanding of the work involved;  
Feasibility of the approach suggested;  
Methods to ensure confidentiality and address ethical issues.

### **Project management (40)**

Ability to deliver key outputs on time;  
Clarity in description of milestones;  
Track record in this field;  
Qualifications and capacity of personnel.

### **Value for Money (20)**

A full and detailed breakdown of fees and costs (excluding VAT) is required. Tenderers should indicate the estimated number of person/days for completing the work. The HSE reserves the right to reject any or all of the proposals submitted and will not be obliged to accept the lowest or any tender

## **Timescale:**

Initial call for applications for the tender will be issued in 30th January 2014  
Closing date for tender applications **Wednesday 12<sup>th</sup> February 2014**  
Interviews **Wednesday 19<sup>th</sup> February 2014**  
Meeting with steering group will take place within 2 weeks of **24<sup>th</sup> February 2014**



### **Consultant Profile:**

Consultants should furnish the following in their submissions to:

- Their approach and detailed methodology in undertaking this commission;
- The number, details of roles and input, and expertise of all staff to be involved in the evaluation, and their specific relevant experience.
- Curriculum Vitae (including the names of organisations for whom consultancy work has been completed);
- Relevant samples of previous work with referees and relevant contact details

### **Management and Expectations**

The following terms and conditions regarding the management of the evaluation and the expertise expected from the consultant(s) also apply:

- The chosen consultant(s) will be responsible for ensuring compliance with the code of ethics. Special attention needs to be paid to issues of confidentiality and compliance with the Data Protection Act.
- The successful bidder will be expected to demonstrate steps they will take to protect and store the data from corruption, infiltration and technical damage. A contract will be agreed with the HSE once the tender has been awarded.
- The management of the evaluation and the consultant(s) will be vested in a Steering Group of the Project to whom the consultant(s) will submit all evaluation outputs. A member of the steering group will be allocated to successful applicant(s) if problems arise
- Ownership of all evaluation material and output rests with the contracting and funding agencies – HSE - along with decisions on all aspects of publication.
- The consultant will be required to submit at **least two drafts** of the final Evaluation reports, the second of which will be informed by comments and suggestions by the Project's Steering Group.



### **Expected Outputs:**

- Production of an evaluation design;
- Research tools such as questionnaires, topic guides and interview schedules;
- Regular progress updates to be provided to the Evaluation Steering Group;
- Production of draft and final interim process evaluation reports;
- Production and presentation of a final report, including references, to a publishable standard.
- Key points of relevance to improve/enhance to practice and service development and/or policy should be outlined at the end of the report; and a publishable stand alone summary report should also be produced.

The HSE would remind potential bidders to consider the general economic climate in preparing costs. Tenders should clearly and individually cost each element of the work outlined in the proposal and the sum should include staff costs (and where relevant, third party expenses), travel, subsistence, word and data processing, printing, and all other overhead expenses and VAT. Payment will be phased and linked to progress.

The budget for this work will be in an approximate range of € 8000 - €11,000 (inc VAT)

A contract will be agreed with the HSE once the tender has been awarded.

**Consultants are required to return their submissions by Wednesday 12<sup>th</sup> February to**

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HSE Mid-West,  
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Corporate House,  
Mungret Street,  
Limerick

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## Key Objectives

To reduce the incidence of blood borne viruses HIV, Hep C & Hep B

- To promote safer injecting practises
- To promote safer sexual behaviour
- To reduce onward sexual transmission of blood borne viruses (BBVs)
- To reduce perinatal transmission of BBV
- To promote healthier lifestyles for intravenous drug users (IDUs)
- To develop information networks in relation to target group specific public health messages such as botulism in IDUs
- To minimise the risks associated with needle stick injuries where syringes are inappropriately disposed
- To promote the safe and appropriate disposal of by not only illicit drug users, but also from other patient cohorts
- To challenge the stigma associated with IDUs through developing and delivering the programme with in main stream primary care services
- To promote the dignity and autonomy of drug users
- To promote referrals into tier 3 and tier 4 treatment services (specialist non-residential and residential treatment services)