NHS Confederation

Invitation to Tender

Understanding Patient Data: How do the experiences, knowledge, and perspectives of people seeking asylum and refuge affect their attitudes and information needs around the use of their health data?

October 2025
Tender Ref: TEN1045

Contents

1. About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland, and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services, and our values of voice, openness, integrity, challenge, empowerment.

We represent the NHS as a whole and also have a number of networks to support our members in areas of specific concern to their part of the healthcare system.

We work closely with the Government, Parliament, and national stakeholders.

We provide an independent and robust critique of policy and act as an important conduit between policy makers and NHS leaders – helping to test proposals and assess their impact on front line services.

2. About Understanding Patient Data

Understanding Patient Data (UPD) is a hosted organisation of the NHS Confederation in London, UK. It is funded by Wellcome, the Medical Research Council, the National Institute for Health and Care Research, Office for Life Sciences and NHS England. Our remit is across the UK, and we collaborate internationally too.

Understanding Patient Data (UPD) aims to make the use of patient data in the UK more visible, understandable and trustworthy. We focus on data routinely collected by health and care services as part of providing healthcare, that can be used for research and planning. This data is used for patient benefit by NHS or health and care bodies, academics and sometimes commercial organisations, but its use can be controversial.

We provide objective information about how patient data is used and bring the views of patients and the public to policymakers and data holders to ensure data is being managed and used in ways that are worthy of public trust.

UPD's broad strategic objectives are to:

- Amplify the voices of underrepresented groups – the aim is that people should have access to freely available, independent information about health data, understand and exercise their rights and responsibilities, and are able to meaningfully support or oppose initiatives and be (and feel) heard.

- Improve clarity and transparency for health data users to develop and demonstrate trustworthy practices – the aim is that they collect, access and use health data

accurately, fairly and safely from an evidence-based position informed by public attitudes

- Influence policy, strategy, and legislation – the aim is to work with policymakers and influencers across the sector to influence decision-making and steer health data policy towards the responsible use of patient data with integrity to improve health outcomes, underpinned by an informed and engaged public.

3. Legal Overview

The charity is a company limited by guarantee and was incorporated on 23 January 2002 (Charity number 1090329, Company Number 04358614).

The charity has a subsidiary called The NHS Confederation (Services) Company Limited incorporated as a company limited by guarantee (Company Number: 05252407).

4. Background

People seeking asylum and refuge in the UK face unique complexities when it comes to accessing healthcare, including the ways in which their personal health data is collected, used, and shared. In particular, the connections between migration enforcement and the NHS have created deep-seated concerns, affecting health-seeking behaviour and experiences.

There are a host of barriers to these communities' understanding of and confidence in health data practices, such as language and cultural differences making administrative processes such as GP registration difficult, or fear of discrimination or even deportment if they share particular information about their residence, ethnicity, or health conditions. In particular, historical policies which have sought to link these individuals' health and immigration data have significantly eroded trust in how their health data is being used, and likely further deter vulnerable people from seeking the care they need.

These issues - and how to address them - can only be meaningfully explored through public engagement, led by people with strong connections within communities of those seeking asylum and refuge. UPD is commissioning an engagement project to learn from these groups about their understanding and perception of health data collection, use, and sharing, with the intention of generating impactful change which builds trust, improves transparency of communication, and ultimately improves access to and experience of care.

Relevant links:

2018 news story about the Home Office tracking scheme using NHS data to track migrants scrapped after challenge from Migrants Rights Network

Migrants Rights Network article on data sharing and immigration enforcement

InfoMigrants article on the impact of adding an immigration reference number to health records

'Patient data-sharing for immigration enforcement: a qualitative study of healthcare providers'

'The extent of collection of information on migrant and asylum seeker status in routine health and social care data sources in England'

'Integration of migrant and refugee data in health information systems in Europe: advancing evidence, policy and practice'

'Digital solutions for migrant and refugee health: a framework for analysis and action'

ONS report on a pilot project linking data on refugee integration outcomes, including Home Office and NHS Personal Demographics Service data

BMA refugee and asylum seeker patient health toolkit, including their specific health needs and barriers

'Improving lives through linked data: views from groups with complex needs' - an example of community engagement around the topic of data linkage

Equality and Human Rights Commission research report on 'Access to healthcare for people seeking and refused asylum in Great Britain: a review of evidence'

Doctors of the World research and reports

5. Objectives

In line with UPD's broader strategic objectives above, the objectives of this research project, its approach, and outputs are:

- To explore these communities' understanding and perception of health data collection and use, particularly around relevant historical issues such as sharing and linkage.
- To understand their perceptions of benefits or risks when it comes to being included or not in health data collection and use, both for their direct care and beyond (to plan and improve services or deliver research).
- To gain insight into the particular questions, concerns and sensitivities that these communities have and that matter to them in relation to the collection and use of data in their health records.
- To explore preferences and opportunities for how trust & communication around this topic could be improved for these groups, for example through dedicated explainer resources or through influencing & advocacy work, etc.

6. Supplier requirements

It is very important that the supplier has long-standing and deep connections with the range of communities that we want to engage. This is to ensure an appropriate design and delivery of research with these topics and groups, which prioritises the safeguarding and wellbeing of an already vulnerable and marginalised community. Participants should feel comfortable to take part in the conversation and express their honest views, and should feel reassured that their insights will be valued and contribute to shaping practical outcomes to address health inequalities.

It is important that suppliers strike a balance between research and community expertise. We are therefore open to receiving collaborative bids, in which more than one organisation partners together to effectively deliver the work.

7. Scope of the work

We would like to avoid being too prescriptive at this stage as to what the methodology and outputs would specifically look like, as we would like to see suggestions from prospective suppliers which demonstrate their experience and expertise in conducting appropriate research with these communities. We will co-develop an approach with the chosen supplier, who will have the support of an expert steering group throughout the project who can support with development of ideas and offer feedback and direction throughout.

Generally, though, we envision a qualitative piece of community engagement research which addresses the objectives above. Given that it will be crucial not to stoke fear, suspicion or confusion, non-traditional methods which do not involve bluntly asking participants about the technicalities or legalities of health data would likely be most appropriate.

8. Contract period & budget

Previous similar projects have typically taken approximately 6 to 9 months to complete. However, we understand that this is a complex project that needs to be developed around community need, so we are open to recommendations as to the appropriate timeline for your suggested methodology. Suppliers should provide a timeline of their proposed approach to the project with justification.

Your tender should provide a detailed breakdown of the budget needed for the deliverables in your proposal, exclusive of VAT, including at least the number and seniority of staff, the number of hours they expect to work, and any outsourced costs. However, to assist with planning and scoping, we expect to receive bids in the region of £50-60,000 excluding VAT.

9. Proposal document

Interested parties are asked to submit a proposal document. The deadline for submission is **5pm on 14th November 2025.**

The Proposal document should, as a minimum cover the following areas:

- Demonstrate your understanding of the topic, and outline your proposed methodology and timeline for the project, with justification demonstrating why and how it will be appropriate for approaching this topic with these communities, including ethical considerations (*useful links:* (1) (2) (3) (4) (5))
- Detail your relevant experience of community engagement and expertise, particularly in working with vulnerable or underrepresented groups
- Provide a detailed breakdown of the budget needed for the deliverables in your proposal, exclusive of VAT, including at least the number and seniority of staff, the number of hours they expect to work, and any outsourced costs
- Examples of similar tenders you have won and delivered
- Briefly outline your values, structure, size and capabilities in general
- List two clients that we can contact for reference purposes (references may be taken up for those who are shortlisted)
- Complete the equalities questionnaire - see Appendix 1
- Address how your organisation is aligned with the values of the NHS Confederation – see Appendix 2

10. Proposal scoring

The Proposal documents will be scored based on the criteria and weighting below:

Criteria	% Weighting

Fit to requirements of the brief	30%
Quality and experience of the team	30%
Value for money	25%
Alignment with our values and ethical principles (see Appendix 2 & 3)	10%
Quality of engagement with management and the tender process	5%
Total	100%

11. Access to Management

In order to assist in the preparation of the Proposal document, applicants are welcome to ask clarifying questions.

Due to capacity, we will not be holding individual meetings with applicants to answer questions, but we will be hosting an overview Q&A session on Microsoft Teams on 5th November 12-1pm. This will also be recorded and shared for those who can't make it. You can register for this session here: https://tinyurl.com/mt643wdu

For anything else, please email:

Emma Morgan (Research & Evidence Manager) - emma.morgan@understandingpatientdata.org.uk

Charlie Wilkinson (Community & Partnerships Manager) - charlie.wilkinson@understandingpatientdata.org.uk

12. Tender interview Panel

Shortlisted applicants will be invited to present for an interview panel - further details will be given to those shortlisted for interview.

13. Timetable

If this timetable requires adjusting, we will notify applicants.

Action	Date
Invitation to Tender (ITT) sent out	28th October 2025
Q&A session	12-1pm 5th November 2025
Deadline for tender response documents to be submitted	**5pm 14th November 2025**
Shortlist finalised and applicants notified of outcomes	21st November 2025
Formal tender interviews	w/c 1st December 2025
Preferred Supplier notified	5th December 2025
Contract negotiation	-19th December 2025
Work commences	5th January 2025

14. Instructions for the return of tender submissions

Tenders should be submitted by email to **hello@understandingpatientdata.org.uk,** cc to contracting@nhsconfed.org

Tender ref: TEN1045

Tenders received after the deadline outlined above will not be considered. Tenders must include the completed Equalities questionnaire found in Appendix 1.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

Appendix 1 - Equalities Questionnaire for completion

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The NHS Confederation wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

• In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

• In relation to delivering services?

Yes No

3. Do you have a written equality policy?

Yes No

4. Does your equality policy cover:

• Recruitment, selection, training, promotion, discipline and dismissal

Yes No

• Victimisation, discrimination and harassment making it clear that these are disciplinary offences

Yes No

• Identify the senior position for responsibility for the policy and its effective implementation

Yes No

1. Is your policy on equality set out:

   • In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

   Yes No

   • In recruitment advertisements or other literature?

   Yes No

   • In materials promoting your services?

   Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, has any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes No

In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

• Legislation prohibiting discrimination; or

Yes No

• Contract conditions relating to equality in the provision of services

Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e., notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature. You will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g., in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information will details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.

Appendix 2 – NHS Confederation Values and their definitions for reference

Respect

We treat people with respect.

We recognise the diversity of views, and we listen to understand.

We believe in fairness and support one another to achieve our goals.

We demonstrate trust, respect and fairness at all levels of the organisation.

We have fair and respectful employment practices that provide individual support and nurture talent.

Inclusivity

We continuously strive to be a diverse organisation - we encourage different ideas, strengths, interests and experiences.

We have a genuine commitment to being an inclusive and welcoming employer and organisation.

Our staff should represent the NHS and wider population in terms of diversity.

All our staff feel they have a voice, are listened to and valued. We value everyone's contribution.

We respect different views and show this by listening and being authentic. We respectfully challenge back when needed.

Bold

We are innovative and creative, always striving to be our best.

We are courageous and confident when we need to respectfully challenge.

We are ambitious, aspiring to be the best in our work and encouraging it in others.

We are leading, influencing and represent our stakeholders and the NHS.

We speak for members and lead on their behalf.

Integrity

We are open in everything we do, say and role model.

We are honest with ourselves about where we need to improve.

We have pride in the work that we do, and we are proud to represent the NHS.

We are all accountable for our work and learn from our mistakes.

We have an honest and open culture.

Collaboration

We are all part of one organisation and work collaboratively with other teams.

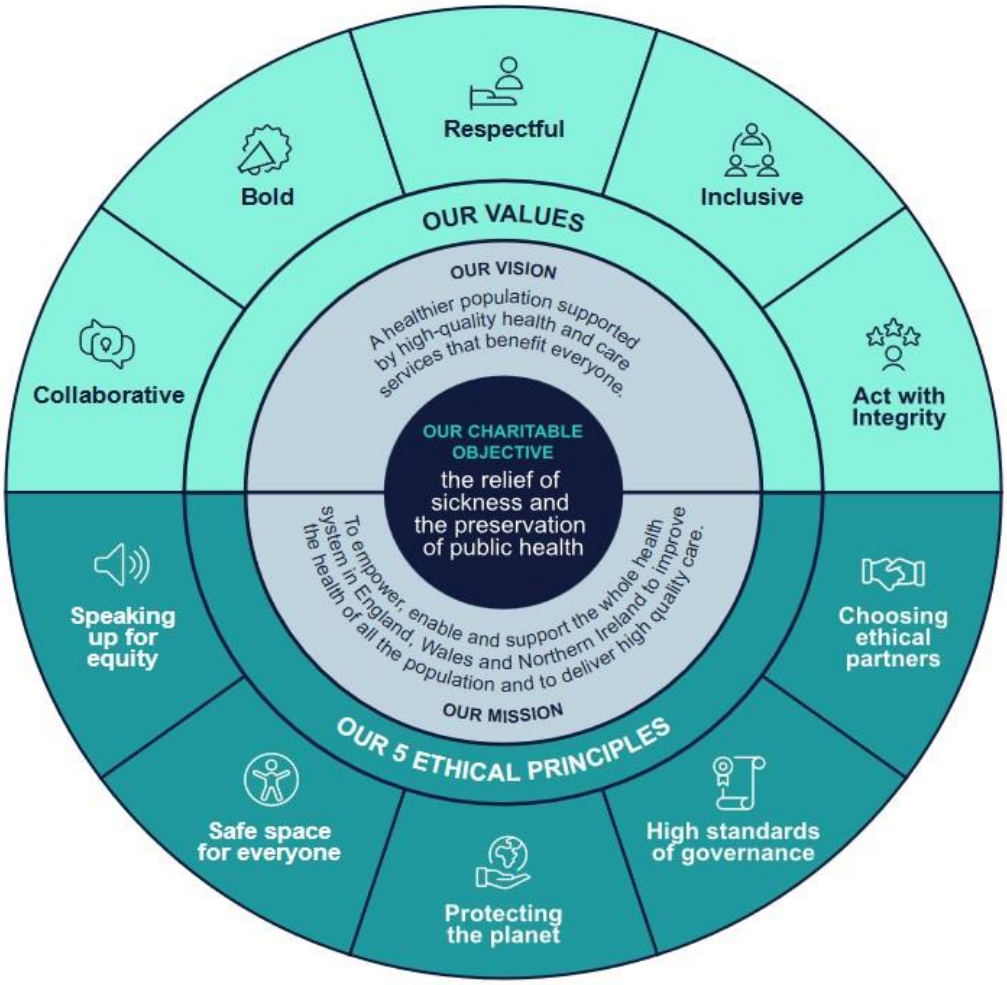
We are a diverse organisation with a diverse membership and recognise and value each other's strengths.

We encourage internal collaboration to share ideas across teams and external collaboration to have impact across the wider NHS and our stakeholders.

We communicate respectfully and listen to the needs of our members and stakeholders.

We work together with our members and stakeholders to improve patient care.

Appendix 3 Our Ethical Principles



As an organisation we often face certain ethical questions in our day-to-day work – from the types of organisations we want to partner with, to the broader impact our decision-making and activity has on the environment and wider society. In making those decisions, we need to have a consistent and logical approach that is directly linked to our organisational purpose.

As a charitable organisation, our purpose is to make a positive impact. Our vision is of a healthier population supported by high-quality health and care services that benefit everyone. To achieve that we need a more equitable and inclusive society and a good quality environment where we are halting the impacts of climate change.

As an organisation we have our own operational impact. Through this ethical framework we proactively champion ethical behaviour in all we do, including how we work with others, how we champion our cause and how we make decisions.

This framework empowers staff to look to achieve a greater positive impact in their work, making decisions that are inclusive, have greater social value and that take us towards our commitment to be carbon neutral. It helps us to be true to our values and charitable objective in everything we do. Our ethical principles are:

Speaking up for equity - We speak up about wider determinants of health and call for an improved and more equitable population health and healthcare for the whole population.

Safe space for everyone – we constantly strive to be an organisation that is always supportive, inclusive, equitable, safe, respectful, and fair for everyone.

Protecting the planet – we are committed to reducing our own impact on the environment, not least our carbon footprint, with our actions and of those we interact with.

Choosing ethical partners – we seek to only work with other individuals and organisations who can demonstrate active and strong alignment with our principles.

High standard of governance - We will hardwire our ethical principles into our decision making, ensure our organisation is run to highest standards of governance, with transparency and accountability.