

ADDENDUM NO. 2

May 29, 2018

REQUEST FOR PROPOSALS - RFP No. RP313-2018-02

FOR Consultation and Engagement Activities for the Refresh of the Canadian Strategy for Cancer Control (CSCC)

ISSUE DATE:	Tuesday May 8, 2018
DEADLINE FOR Letter of Intent	Friday May 18, 2018 no later than 5:00 p.m. local Toronto time
VENDOR INFORMATION SESSION	Tuesday May 22, 2018, 12:30 p.m.-2:00 p.m. local Toronto time*
DEADLINE FOR PROPONENT ENQUIRIES	Thursday May 24, 2018 no later than 5:00 p.m. local Toronto time
DEADLINE FOR ISSUING ADDENDA & RESPONSES TO PROPONENT ENQUIRIES	Tuesday May 29, 2018
PROPOSAL SUBMISSION DEADLINE	Wednesday June 6, 2018 no later than 3:00 p.m. local Toronto time
INTERVIEWS	Monday June 18, 2018

CLARIFICATION - QUESTIONS & ANSWERS

Please see the answers below regarding any questions raised in relation to this RFP.

1. Question:

It is our understanding that the successful Proponent will develop a consultation and engagement report, which will serve as an input to refreshing the CSCC. Will the report need to reflect feedback from stakeholder and partner consultations in addition to that of the public and patient engagement? If so, could summaries of feedback from the stakeholder and partner consultation activities be provided to the successful Proponent by CPAC?

Answer:

Yes, the consultation and engagement report will need to synthesize and reflect all the feedback received through various activities, including feedback from partners and stakeholders, as well as from public and patient engagement efforts. Working documents or discussion summaries arising from these activities would be shared with the successful Proponent. The successful Proponent would work with Partnership staff to co-develop the synthesis report.

2. Question:

Regarding the text on page 23: "The Partnership may consult the successful Proponent to inform plans to ratify the draft refreshed cancer strategy and to

launch the final refreshed strategy" - Is the strategy ratified by the federal Ministry of Health or other? This information may influence the consultation and engagement plan design?

Answer:

We will need to report back to those who were engaged and consulted to get feedback and confirm the draft refreshed Strategy satisfactorily reflects their priorities. Advice and support from the successful Proponent may be required to assist staff-led planning and execution of this process.

3. Question:

What level of support will be provided by Partnership staff for public/patient in-person engagement sessions? For example, will Partnership staff travel around the country and help facilitate discussions?

Answer:

The Proponent is expected to lead the design and execution of the public and patient engagement. This may involve, but is not limited to recruiting a representative sample of Canadians and priority populations; coordinating all aspects of the engagement, including planning, venue booking, agenda and supporting materials development, facilitation, note keeping and reporting; and preparing messaging to support promotional and communications activities. We assume Partnership staff will be part of many of the engagement activities; specifics will be determined in collaboration with the successful Proponent

4. Question:

In the bidder's teleconference, it was mentioned that other stakeholder groups may need to be involved in the engagements that were not listed in the RFP. In order to ensure we have the appropriate expertise on our team, do you have any examples of other such groups?

Answer:

Examples of other stakeholder groups include patient advocacy organizations, health technology leaders, health system planning leaders beyond oncology (e.g., primary care, home care) and specialized patient groups (e.g., pediatric oncology, LGBTQ health).

5. Question:

Would it be possible to make the discussion [paper] available to Proponents before the submission deadline?

Answer:

The discussion paper is currently in draft form and will not be available to Proponents.

6. **Question:**

In the RFP you highlight the desire to engage the public, and patients with cancer as part of this engagement process. Can you expand on your intentions around engaging the public beyond those with cancer and those impacted by cancer?

Answer:

The [Canadian Strategy for Cancer Control](#) belongs to Canadians. The Canadian public is a key group to consult to ensure the Strategy reflects the diversity in experiences, perspectives and needs across the country. We aim to reach hundreds of Canadians, including partners and stakeholders, in-person, and thousands more via virtual methods.

7. **Question:**

Would it be possible to obtain Schedules B through E in Microsoft Word format, or a PDF that can be filled out digitally?

Answer:

Yes.

8. **Question:**

On page 8, part h) - please advise if references are required for each individual proposed for the project team. That is, for each core team member, as well as any support team members.

Answer:

References are only required for the core project team.

9. **Question:**

It is indicated that "youth" are a group of interest for this activity. Could you please specify the age range that is of interest to the Partnership for this activity?

Answer:

Youth include those who are 15-34 years of age.

10. **Question:**

What specifically, from your perspective, has changed in the landscape and broader healthcare sector (as mentioned on page 18)?

Answer:

The aim of the engagements and consultations is to uncover and reflect the changes in the landscape and broader healthcare sector. Some examples of key changes include advancements in research and better coordination of research; advances in care through medicine and technology, and balancing innovation and sustainability; changes in the demographics of the Canadian population and the burden of cancer; addressing growing disparities in access to care and cancer outcomes; increased emphasis on meeting the needs of patients; ensuring we are advancing a high quality cancer

system; and increasing emphasis on optimizing the availability and use cancer data to drive system improvement.

11. Question:

Any there any particular areas of the past strategic plan that will require additional focus? Were there gaps in the past plan?

Answer:

The consultation and engagement effort is focused on the [Canadian Strategy for Cancer Control](#), not the Partnership's past and current strategic plans, which outline the work the organization is undertaking to implement the Strategy with partners for a specific period of time. The intent of the consultation and engagement process is to identify where there might be gaps and/or opportunities in the [Canadian Strategy for Cancer Control](#) that could guide the work of all organizations and people dedicated to advancing cancer control in Canada.

12. Question:

Can you describe the topics that the discussion paper will be focused upon?

Answer:

The discussion paper will set a common understanding of the cancer control landscape, the challenges and opportunities related to cancer control in Canada, emerging priorities for modernizing Canada's cancer strategy, and frame essential questions to guide consultations with the public, patients, partners and stakeholders.

13. Question:

For the specific groups mentioned on pages 20-21 (groups a to g), is it important that there be cancer patients represented from each of those groups?

Answer:

Yes, patients with cancer, including caregivers, friends and family of those with cancer should be represented among intended audiences for public and patient engagement.

14. Question:

On page 21, "Population groups who have and have not benefitted equally from Canada's cancer strategy" is listed as a separate group from the six groups before it. How does the final group differ from those before it?

Answer:

There is a recognition that a number of population groups that include but are not limited to lower-income and rural and remote populations, immigrants and youth, may not have benefitted equally from the implementation of Canada's cancer strategy. As such, there continues to be equity issues related to access to care and cancer outcomes. This category is listed separately to bring emphasis to the equity lens critical to the Strategy refresh, as well as acknowledge that this group will be important to target as they may be hard to identify and reach.

Questions from the Vendor Information session

15. Question:

There is currently a 2017-22 strategic plan online. Is this consultation intended to support the next iteration of that document?

Answer:

As noted in the response to question 11, this consultation and engagement effort is focused on refreshing the [Canadian Strategy for Cancer Control](#), not the Partnership's past and current strategic plans, which outline the work the organization is undertaking to implement the Strategy with partners for a specific period of time.

16. Question:

For the budget/expenses; for miscellaneous budget items ("additional expenses"), do we need to provide a binding figure or just ballpark amount that's flexible?

Answer:

It may be difficult for Proponents to provide a binding amount for the noted expenses. Proponents are expected to provide their best estimate for the related cost, as this will help to determine the amount for the final Agreement between the Partnership and the successful Proponent. A ballpark amount is acceptable to give a sense of what executing the proposed plan will entail.

17. Question:

Proponent experience: Does every team member need to have minimum 5 years of experience in health consulting? Is there flexibility around that? Will it hurt the Proponent score?

Answer:

Members of the core team responsible for advice and decision-making should meet that criterion; however, the Partnership recognizes that for the implementation, other (e.g., admin or logistics) people from within the business, who would not necessarily need to have health consulting experience, might need to be brought on board.

18. Question:

Should additional auxiliary staff with other expertise be listed on the bid?

Answer:

Yes, as it shows the breadth of the business and expertise beyond the core team.

19. Question:

Does CPAC have a ready-to-go online engagement platform?

Answer:

No, the Partnership does not have a ready-to-go online engagement platform. However, we do have a digital team and digital platforms that will be leveraged. For

example, there will be dedicated space for communication and engagement on our website. We also have a platform that provides 'collaborative spaces' for staff and partners that could be used to engage partners.

20. Question:

Do you have any specifics around what ratio of in-person vs. virtual engagement is desired by CPAC?

Answer:

There is no pre-determined ratio, and we will look to the successful Proponent to provide advice. However, we expect that digital engagement will be used and can be complemented with an in-person method where there is a need to probe further. There will be some areas and populations that require in-person engagement, such as remote, northern, or rural areas.

21. Question:

Do the high touch engagements need to be equally balanced across the country?

Answer:

In principle, yes as we leverage all our meetings across the country. We also want to ensure that if some provinces, territories or regions haven't progressed as quickly in cancer control, we spend extra time probing to understand that jurisdiction better. We are also looking for flexibility/nimbleness to switch between virtual and in-person engagement methods in different areas to maximize engagement.

22. Question:

Is there a robust stakeholder map or list of who should be engaged from the partner/stakeholder side or would that need to be developed or re-developed? How do advocacy groups (Patient Centered Care) and larger umbrella organizations (UHN) fit into this engagement process?

Answer:

We have very robust partner maps; however, we expect to identify and map additional stakeholders and potential new partners, including larger umbrella organizations. For example, traditionally we have not partnered with primary care organizations, but as care shifts to the community, we might need to consult primary care providers, home care providers etc. We would also need to ensure the perspectives of Canadians with a lived experience of cancer are embedded in the Strategy through the engagement of patient advocacy organizations. We are looking for the successful Proponent to provide value by bringing this expertise to the table.

23. Question:

Has there been an evaluation of the current strategy for cancer control?

Answer:

There have been a number of evaluations of The Partnership's specific efforts to

implement improvements across the country, and how we, working with our partners through specific investments, have made progress against the [Canadian Strategy for Cancer Control](#). Our most recent independent evaluation was conducted in 2015. It can be found directly on [Health Canada's website](#).

24. Question:

Would the focus of the strategic plan refresh and the consultation efforts be guided by the results of that evaluation?

Answer:

The 2015 evaluation would be important, but not the only input. The discussion paper will highlight where there has been more or less progress against the goals of the [Canadian Strategy for Cancer Control](#). Particularly relevant for those who are less familiar with the Strategy, the discussion paper outlines what the Strategy is, where it has had the most impact, where it hasn't had as much of an impact, and how the landscape has changed since the Strategy was written to help the refresh be the most relevant.

25. Question:

What kind of feedback from what you're seeking through the consultations will most influence the outcome? Where do you see the stakeholders and patients having an influence over outcomes of refresh strategy?

Answer:

Prioritization will be a key area in which patients and public will want have an input. The contents of the [Canadian Strategy for Cancer Control](#) is more academic and involves looking to national cancer strategies from other countries similar to Canada. Stakeholders and patients will have an influence over outcomes by weighing in on the balance of issues and priorities. As dialogues happen, priorities might emerge that are specific to a particular province or that differ from what's considered a priority on a pan-Canadian level and it will be important to balance jurisdictional and national priorities.

26. Question

Would the discussion paper include consequences of prioritizing certain things over others? (i.e. cost-benefit and trade-off analysis for the public to consider)

Answer:

No. The discussion paper is fairly short (around 10 pages) and written in plain language to be accessible to the widest audience. It is intended to set a common understanding of the cancer control landscape, the challenges and opportunities related to cancer control in Canada, emerging priorities for modernizing Canada's cancer strategy, and frame essential questions to guide consultations with the public, patients, partners and stakeholders.

It is not intended to outline the outcomes (i.e., the key points of the refreshed Strategy); however, it speaks to key principles, like the need for sustainability, innovation, and equity.

27. Question:

Is there any interest and ability to build into the budget consultation services in languages beyond English and French, to engage Indigenous populations, or immigrant populations in large urban centers like Toronto?

Answer:

Given that this is a pan-Canadian undertaking, we have committed to English and French. In some instances, for specific engagements (e.g., in Northern communities and in certain urban contexts) there may be the need for ad hoc translation efforts. However, facilitating full-scale engagement efforts in languages other than English and French is not in scope.

28. Question:

Is this an outward marketing campaign effort to inform the public that a strategy exists and a refresh is happening, or is this more of an engagement effort to get their feedback to inform the refresh of the strategy?

Answer:

This procurement is about the consultation and engagement itself. However, we are developing an external communications plan with an awareness component that leverages our existing partner channels to let constituents know about the refresh of the Strategy and how to get involved. The successful Proponent might be involved in helping ensure messaging is consistent across engagement and awareness efforts. Developing and executing the external communications efforts is beyond the scope of this procurement.

End of Addendum No. 2