



"Appendix Survey - Single Tender Justification"

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"Noel Gill"

<Noel.Gill@GRO-C>

20/03/2009 17:36

ToMark Noterman/CQEG/DOH/GB@GRO-C

cc"David Conway" <David.Conway@GRO-C> "Jonathan

Clewley" <Jonathan.Clewley@GRO-C> "Kelly Vogliqi"

<kelly.vogliqi@GRO-C>

bcc

SubjectAppendix Survey - Single Tender Justification

Dear Mark,

Jon Clewley has come up with the attached in relation to justifying the sole supplier argument. What we need is you and your colleagues advice on what Jon has written, and what I wrote in the first email - plus any enhancements you suggest.

Then you suggest to us how our application should be worded so that you give us 'permission' to deal with a sole supplier - perhaps with Jon's document reworded and attached as an annex.

Awaiting your guidance,

Noel

From: Jonathan Clewley

Sent: 20 March 2009 15:33

To: David Conway; Noel Gill
Subject: RE: DH Funding for Abnormal Prion Prevalence Survey Work

David & Noel

Is this the sort of thing that's needed?

Jon

<<IHC-IoNandVLA-sole-suppliers.doc>>

From: David Conway
Sent: 20 March 2009 14:15
To: Noel Gill; Ann Grant; Jonathan Clewley; Mike Catchpole; David Brown; Nicky Connor; Kelly Vogliqi; Helen Janecek
Subject: RE: DH Funding for Abnormal Prion Prevalence Survey Work

Dear Noel,

Re the 'suitable wording to avoid the HPA needing to go to tender'

I will consider the words for this when I have seen the contract variation. You (one of your scientific colleagues) will need to provide a robust scientific justification for avoiding the tender process in the variation, I will be happy to 'tweak' this. Such justification may include the need to ensure comparability of results between samples which would not be guaranteed if sub contractors are switched. Of course this argument can only be used if true.

Happy to discuss other reason prior to seeing a draft.

David

From: Noel Gill
Sent: 20 March 2009 12:22
To: Ann Grant; Jonathan Clewley; Mike Catchpole; David Brown; Nicky Connor; David Conway; Kelly Vogliqi; Helen Janecek
Subject: FYI: DH Funding for Abnormal Prion Prevalence Survey Work

From: Noel Gill
Sent: 20 March 2009 12:22
To: 'Ailsa.Wight' [GRO-C]
Cc: Mark.Noterman [GRO-C]; 'Elaine.Gadd' [GRO-C]; John R. Stephenson; Maria Zambon
Subject: DH Funding for Abnormal Prion Prevalence Survey Work

Dear Ailsa,

DH Funding for Abnormal Prion Prevalence Survey Work

I have been briefing Maria Zambon, the new Director of CfI, about the range of abnormal prion surveys we at CfI

have been undertaking/co-ordinating on behalf of the DH etc.

I summarised the activities and actions as follows:

- a) Progressing an IHC survey involving 40,000 appendix wax blocks (30,000 to be tested) - sub-contracting the IHC work to the IoN and the VLA. We have obtained the MREC approval for this and HPA/CfI organise specimen selection, collection, anonymisation, and return,
- b) Continuing to support the effort to mount a large-scale autopsy survey following the Recommendations of the Montgomery Group (convened by the HPA in 2006-2007 on behalf of the DH). We will co-ordinate various alternative small-scale 'pilot' approaches (since the Coroners told the CMO/DH that they were unwilling to collaborate). With fresh uncertainties over levels of PrPSc detectable in spleen, we are submitting a variation to the MREC approval we have received already for this survey.
- c) In collaboration with NBS, we are 'refreshing' the costed proposal and protocol for a national anonymous survey of blood donors, that we held a tendering competition for two years ago.
- d) We are in the process of re-designing the Tonsil survey, because of the pace at which specimens are accruing and the decision to concentrate on tonsils from older patients only.

The actions that currently fall to CfI include:

- 1) Submitting a variation to contract application to DH for the Appendix survey. This requires CfI and the DH to conclude on suitable wording to avoid the HPA needing to go to tender - so empowering Holborn Gate to sign-off the contract variation - CfI contracts are in contact with DH already on this matter).
- 2) Submitting to DH an contract variation for the next phase of the Tonsil survey to cover the next 36 months beginning April 1st 2009.
- 3) Submitting a proposal to undertake the Post-Mortem pilot which will involve sub-contracts with the NBS and with the National Bereavement Service - the DH would like this work to begin in April 2009.

At present from Maria's point of view she is concerned that we are continuing the Tonsil work in the short-term without a formal agreement in place for the necessary funding to continue. You will appreciate that she has not had the benefit that I have had of regular meetings with your team, nor the direct knowledge of the persistent pressure the DH is under from SEAC to pursue the prevalence work.

Would it be possible for you to provide Maria with a short note confirming the DH's intention to support the work described above, and especially your willingness to fund the continuing tonsil survey work from April 1st this year?

Thanks,

Noel

Professor Noel Gill

*Consultant Epidemiologist ,
Head STI, HIV & STBRL Department,
Lead CJD & TSE Activities,
Health Protection Agency - Centre for Infections*

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