

## QUESTIONS AND ANSWERS

### Request for Proposal (RFP): A Living Evidence Synthesis Platform for Common Metrics in Mental Health

#	Supplier question	Wellcome response
<b>1.</b>	<b>Budget:</b>	
<b>1a.</b>	<p>What is the budget/ contract value for this work?</p> <p>Could you confirm whether we have the flexibility to propose our own budget and determine the format in which it is presented?</p>	<p>Recognising that this complex specification may be delivered through a variety of approaches, that there is significant scope for creativity and ambition, and to support this as a competitive procurement process, we are not specifying a budget or contract value. Please budget for the full cost required to complete the activity on time and comprehensively.</p> <p>Interested suppliers are encouraged to propose – and will be evaluated against – an ambitious package of activities that will be meaningful and impactful in line with the goals of this project. As a charity, we will also consider value for money as part of our evaluation criteria. Please note, Wellcome is liable to pay VAT at 20% for this commission. Suppliers should therefore account for this in their overall costs where this is applicable.</p> <p>There is a budget template on the Wellcome contracts webpage, and the budget must be submitted in this format.</p>
<b>1b.</b>	Once developed, will there be funds for maintaining the Platform beyond the two-year proposal period?	Additional funds for maintaining the platform may be available at the end of the two-year proposal period. This will be subject to the project progress and impacts, Wellcome's discretion and the proposed maintenance and development plan which at that stage, may consider other options for sustainability.
<b>1c.</b>	Should launch and dissemination costs should be included in the proposal application?	Yes. Your application should detail a fully costed budget, which must include all costs required for launch and

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		dissemination activities. Budget should match the scale and ambition of the proposal.
<b>2.</b>	<b>Contracting eligibility:</b>	
<b>2a.</b>	Can organisations and individuals in countries outside of the UK apply? For example, Europe and USA.	Yes, we accept applications from organisations and individuals working globally. The only exception is UK Government sanctioned countries.
<b>2b.</b>	Does Wellcome have preference for contracting with an independent research laboratory or university laboratory?	We do not have a preference. We seek a Supplier who will be able to deliver an ambitious package of work to meet the goals of the project, and that can meet the contractual requirements.
<b>3.</b>	<b>Timeframe:</b>	
<b>3a.</b>	What is the proposed contract length/ duration?	We expect the contract to run for 24 months. Please see page 4 of the RfP document for more details on timelines.
<b>3b.</b>	Is Wellcome willing to consider extending the set-up time (and phase 2) timelines by 1-2 months?	Yes, we are open to discussing modifications to the proposed timelines. In your application, please detail where these modifications are suggested, their justification, and how this will impact on the wider project timelines. Where there is a discrepancy in the proposal against the specification, please indicate the specific additional budget proposed for the modification.
<b>3c.</b>	Given the lengthy lag between completion of field-based studies and their publication is Wellcome willing to accept any proposed extension to the timeline (up to 36/42 months)?	We are open to discussing modifications to the proposed timelines. In your application, please detail where these modifications are suggested, their justification, and how this will impact on the wider project timelines. Where there is a discrepancy in the proposal against the specification, please indicate the specific additional budget proposed for the modification.
<b>4.</b>	<b>Scope:</b>	

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4a.	Can you confirm that the scope for common metrics is strictly limited to PHQ-9 for depression, GAD-7 for anxiety, RCADS-25 for youth depression/anxiety, and WHODAS-2.0 for disability? Although the RFP doesn't exclude psychosis or behavioural substance addictions, it appears that the core focus is on these areas.	<p>The common metrics Wellcome supports are based on those agreed as part of the 'Common Measures in Mental Health Science Initiative'. Common metrics aim to improve approaches to data harmonisation and evidence synthesis through more consistent, comparable approaches to measurement. A key aim of the proposed platform is to support the engagement with this initiative and enable people to be able to use these measures appropriately. Therefore, at this foundational stage, the scope is limited to the existing common metrics (PHQ-9; GAD-7; RCADS-25; WHODAS-2.0).</p> <p>We do not currently have an agreed common measure for psychosis (although our wider mental health strategy includes psychosis), and behavioural substance addictions are out of scope for our mental health strategy.</p> <p>We hope that the progress this project makes will be applicable to others looking to appraise measures, as well as to information synthesis approaches more broadly. It is possible the scope of the platform changes once the foundational stage is completed, however, this depends on how the common metrics initiative iterates over time, how measurement science progresses, and how this might best serve Wellcome's mental health mission and the research community.</p>
4b.	Can other measures of mental distress be included in the Living Synthesis beyond the Common Measures that are identified as relevant by members of the learning collaborative?	At this stage, the scope is limited to the mentioned common metrics (PHQ-9; GAD-7; RCADS-25; WHODAS-2.0). Please see the answer to (a) for more detail.
4c.	In addition, is it possible to consider associated measures of functional impairment or mental well-being?	At this stage, the scope is limited to the mentioned common metrics (PHQ-9; GAD-7; RCADS-25; WHODAS-2.0). Please see the answer to (a) for more detail.

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4d.	Should part of the project involve developing training materials for potential users of the platform?	<p>We hope that any platform developed prioritises accessibility and user experience. As much as platform functionality as far as possible should be useable without training, we welcome suppliers to include provision for developing materials where this might be appropriate, for example, if there are more complex analytical capacities embedded into the platform.</p> <p>Elements of more targeted capacity-building, for example, training or guidance on particular types of psychometric evidence, would best fit under approaches to creative development.</p>
4e.	Would Wellcome be open to expanding beyond common metrics set in future iterations of the platform?	Please see the answer to (a).
5.	<b>Lived experience:</b>	
5a.	Please clarify your expectations regarding the involvement of people with lived experience (LE) in this project? Should LE perspectives be predominantly integrated at all phases, ranging from synthesis of evidence to interpretation of the evidence?	<p>People with lived experience should be meaningfully embedded throughout the project, not just as participants but as active contributors in shaping its direction. This should be at multiple stages and multiple levels of involvement. As examples, their insights should be clearly represented in co-developing the platform, guiding data collection, synthesizing and interpreting evidence, and helping to add missing critical context, identifying nuances, gaps, or patterns that might otherwise be overlooked.</p> <p>While we are willing to work with the supplier on specific ways they hope to embed LE experts as partners in this project, your application should include clear plans for meaningful involvement. For guidance, please refer to our <a href="#">lived experience guidelines</a>.</p>

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6.	<b>Support and resources:</b>	
6a.	<p>The RFP mentions that suppliers must collaborate with external partners, such as the International Alliance of Mental Health Research Funders, the World Health Organisation, and other key multilateral bodies. Will Wellcome facilitate introductions or provide access to the relevant contacts within these organisations?</p>	<p>Yes, where appropriate Wellcome will facilitate introductions to external partners relevant for this work.</p> <p>In particular:</p> <ul style="list-style-type: none"> <li>• The <b>International Alliance of Mental Health Research Funders</b> currently co-ordinates the '<b>Common Measures in Mental Health Science</b>' initiative, co-chaired by Wellcome and the National Institute of Mental Health. This initiative has both a governance board, comprised of other mental health research funders and journal editors, as well as an advisory body. It is anticipated the supplier will engage regularly with this forum, who will be able to provide relevant expertise to help shape the work.</li> <li>• <b>Orygen Digital</b> are currently completing a commissioned piece of work to scope more open access models for hosting and collectively adapting self-report questionnaires in mental health. One possible output of this work may be a way to more systematically and comprehensively cite individual versions of questionnaires. Should this work progress, there is a critical opportunity to bridge these two projects together and we would also anticipate that the Supplier would engage closely with the outputs of this scoping piece and/or any further commissioned work to develop a feasible model.</li> </ul> <p>Where the supplier needs to engage broad stakeholder groups, for example, researchers who use measures, instrument developers, or lived experience experts, we would expect the chosen Supplier to develop and engage</p>

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		<p>these networks independently.</p> <p>Suppliers should account sufficient flexibility and resource to be able to support ad-hoc engagement opportunities.</p>
6b.	<p>Wellcome is a leader in a group of funders that have agreed upon the set of common metrics to be included in the platform. Will Wellcome facilitate engagement with other funder partners for input on research protocols and the platform?</p>	<p>Where appropriate, Wellcome will facilitate introductions to external partners relevant for this work. Please see the answer to (a) for more detail.</p>
6c.	<p>What will be the role of Wellcome and the role of the supplier team in publication and updating of evidence syntheses?</p>	<p>We expect the chosen Supplier to be responsible for any manuscript publications and all updates to the underlying living evidence synthesis components. Any manuscripts published will need to follow <a href="#">Wellcome Open Access requirements</a> and any web content will need to be WCAG compliant.</p>
6d.	<p>What level of co-ordination is expected with this activity and other relevant Wellcome Trust activities? Are regular co-ordination meetings anticipated?</p>	<p>This work sits alongside a number of other activities on common metrics in mental health. For example, work coordinated by the International Alliance of Mental Health Research Funders, and an ongoing commission on open access models in common metrics. We anticipate this project will liaise closely with some of these other activities, to mutual benefit. This may take the form of co-ordination meetings, to be agreed between Wellcome and the relevant Suppliers, and/or wider convenings. Wellcome will facilitate introductions where appropriate. Please see the answer to (a) for more detail.</p>
6e.	<p>How does Wellcome envision its role in partnering with the supplier to ensure that protocols and products best meet Wellcome's needs</p>	<p>As per the application details and assessment criteria, the Supplier should include details on their proposed approach to working with Wellcome. We are open to the most appropriate approach that will facilitate clear, regular</p>

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		<p>communication, and alignment with Wellcome's needs.</p> <p>Proposals should account for time needed for Wellcome to review key deliverables, with normal turnaround times being 10 working days for major pieces of work.</p>
6f.	Will an Institutional Review Board application will be required (this is secondary data analysis, so we do not anticipate it but are willing to comply if required)?	We do not anticipate this being a requirement.
6g.	Are there any additional details on the vision for the systemic review pilots?	We are open to potential Suppliers proposing methods for piloting. Details will be agreed between the Supplier team and Wellcome.
7.	<b>Platform:</b>	
7a.	Are you able to share a sample DST platform for PROs or examples of similar platforms that Wellcome has developed?	<p>We do not consider that any available platforms or websites have the depth or flexibility of evidence synthesis we are looking for in this commission.</p> <p>Please note, we do not intend for this platform to help people decide which PRO to use, but to help them understand the existing evidence underlying the selected common metrics.</p>
7b.	Is there a preferred platform or existing infrastructure that the new evidence synthesis interface should integrate with?	<p>We do not have a preference on the nature of the infrastructure used to develop the platform. Suppliers may choose to do this as an extension of an existing infrastructure, or to develop novel infrastructure, depending on what will best serve the project needs. We anticipate that Suppliers may appraise options as part of their proposed project process, and that the decision will be an active discussion and agreement with Wellcome.</p> <p>In terms of how people access the platform, which we anticipate will be web-hosted, we will discuss with the</p>

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		<p>chosen Supplier how best to ensure that the platform is easily findable by its intended users. This may involve sign-posting across other websites and initiatives, co-locating links and resources together, or greater integration with other, existing platforms. In a complex space, we appreciate Supplier's flexibility in working with other stakeholders to agree this.</p> <p>Wellcome do not intend to act as the host of the website.</p>
7c.	Does Wellcome envision that the dissemination platform will be hosted on Wellcome's website or linked? If hosted, will setup be handled by Wellcome personnel with instructions or by supplier personnel?	We envision the platform being hosted independently from Wellcome's website. This may be an extension of an existing platform, a link from an existing website, or a new, bespoke platform. Your team should include the necessary expertise to deliver this work. Please see the answer to (b.) for more information.
7d.	Is the intention that the platform will use publicly available data and data obtained from researchers directly? Or just publicly available data?	The core purpose of the platform as currently specified is to synthesise existing psychometric evidence supporting the use of the outlined common metrics. At the outset, we expect the chosen Supplier to use published, peer-reviewed literature in order to ensure robust evidence synthesis. We hope that the use of the platform encourages more researchers to publish their validation findings.
7e.	Does the scope for building the platform include applying digital marketing strategies, such as search engine optimisation, to boost traffic, or is the focus solely on developing the evidence synthesis interface? Are A/B testing, monitoring traffic sources and user behaviour required for platform analytics?	<p>The primary focus is to develop an interface which is used by the community. In line with that, our chosen Supplier should focus on delivering impact and we are open to any methods that will maximise on that. We are not mandating any particular strategies, provided that Suppliers can demonstrate the platform is used by and useful to the intended user groups.</p> <p>Suppliers may also propose methods of tracking</p>



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		engagement and impact. Again, we are not mandating how Suppliers monitor the impact but ask that you detail your proposed approach in your application.
7f.	Could the platform also be used to solicit feedback and experimental learnings from users of these measures, on challenges in their implementation that may not be captured in psychometric analyses (e.g. difficulties in translation, items with poor comprehension, items with very high or low relevance in a population, use of pictorial aids in response selection), and may vary by population or context?	The purpose of the platform is to help people understand how far a particular measure is appropriate for their particular use case, population, and context. There are certainly other forms of evidence that speak to the validity or appropriateness of a measure beyond more traditional psychometric analyses and we would welcome Supplier proposals that address this. The priority for the evidence synthesis is that the information collated is robust and reliable, so we would ask Suppliers to consider where questions may be answered through synthesising research, including, for example, qualitative research, and where community engagement or forums are most helpful, including how to ensure that users are able to easily navigate and interpret the information provided through different sources.
7g.	Will this programme allow for the inclusion of findings and lived experiences from real-world applications related to the measures of interest? For example, considerations related to usability and burden.	Please see the answer to (e).
8	<b>Success criteria and sustainability of the platform:</b>	
8a.	Considering funding for maintaining the platform beyond the two-year proposal period, to what extent will proposed sustainability plans be part of the overall evaluation of the proposal?	Evaluation criteria are outlined on pages 11 and 12 of the RFP document. While we do not expect a fully developed maintenance plan at the application stage, we would like to see demonstrable evidence that the Supplier team is considering how the platform could be maintained, different options for the ongoing leadership, governance, and resourcing might be explored, and initial ideas of how it could develop meaningfully over time.

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8b.	What is the extent of engagement that Wellcome envisions for the supplier for facilitating the implementation of the two-year maintenance plan under Phase 4: Sustainability?	We expect sustainability plans to consider where leadership, management, and governance of any continuation of the platform will sit, recognizing that both the team and field may evolve over the project duration. Given that the chosen Supplier will have built considerable momentum and expertise within the platform development, we anticipate that it is likely that the Supplier team will have some role in the further maintenance or handover of the platform.
8c.	Are there any specific expectations or requirements for providing ongoing technical support maintenance of the platform beyond the initial two-year project period?	In order for the platform to be sustainable, we expect the Supplier to provide both feasible and appropriate options for its continuation over the two-year maintenance period. However, this would only need to be identified as part of sustainability plans and there are no specific expectations or requirements on the exact technical support the chosen Supplier would need to provide in order for this to be the case.
8d.	What mechanisms could be explored to ensure long-term sustainability of the living evidence platform beyond the initial two-year funding window?	We are open to Suppliers proposing a variety of mechanisms that would enable the long-term sustainability of the platform. We hope the platform developed will prove useful for and used by the mental health research community, such that it is ripe for long-term sustainability. As examples, this may be by continued funding from Wellcome, or from other bodies or relevant consortia; hosting of the platform by other academic or strategic bodies; or the development of the platform as a centre of excellence that hosts other revenue generating activities.