# Request for Information (RFI)

## Purpose and status of this RFI

As part of a wider review of its user-facing services, Avma – the UK's patient safety charity - is seeking to understand how technology could help it use finite staff and volunteer capacity to support more people while improving access and service quality. This RFI is intended to provide Avma with a broad and current view of relevant solutions, delivery models, indicative costs, implementation requirements and supplier experience.

Avma is not prescribing a single type of solution. Suppliers may propose improvements to the existing environment, specialist tools that integrate with it, a broader contact-centre or case-management approach, or a phased combination of these. Responses should focus on the problems and outcomes described below and should state clearly which service areas and capabilities they address.

This RFI is a market-engagement exercise only. It is not an invitation to tender, an offer or a commitment to purchase. Avma may decide not to proceed, may change its requirements, or may use the information received to inform a later procurement or further market engagement. Participation will not give a supplier an advantage in any future procurement, and suppliers are responsible for their own costs of responding.

## About Avma

Avma is a charity that supports people affected by avoidable medical harm. Further contextual information is available in **Annex A.**

The primary focus of this RFI is the Helpline and Written Services, including their interfaces with the website, online forms, Inquest Support and wider onward routes. Suppliers may identify opportunities that span more than one service, but should explain the scope, value and dependencies of each proposed component.

Any solutions must take into account the existing department constraints on capacity and identify if potential solutions will require additional personnel.

## Service context and the problem to solve

Avma believes many more people could benefit from its services if additional effective capacity were available. Recent analysis indicates two related pressures: telephone demand substantially exceeds the Helpline's ability to answer calls, while Written services, especially the Advice and Information service (A&I) are absorbing rapidly growing volumes of enquiries and material.

The challenge is not simply to process more contacts, it is to expand the range of communities Avma serves, to enable more people experiencing avoidable medical harm

to access services that meet their needs. The primary aims are to help people reach the right support safely, reduce avoidable effort and delay, and protect specialist time for work where it adds the greatest value.

### The Helpline

The Helpline operates Monday to Friday, 10:00 to 15:30. It is managed by the Helpline Manager and staffed mainly by trained volunteers. Up to three volunteers may be available in any one helpline session. Calls are sensitive and often complex: the current average call length is approximately 26 minutes, and advisers typically support one or two callers per hour.

Avma's call handling provider provides Avma with a virtual call centre (VCC) using cloud contact software with Avma currently using the voice module. This is used to receive incoming calls, make outgoing calls and live training, call recording and online call data. The VCC is able to integrate with any CRM, webchat, e-mail and SMS base on Avma's needs.

Indicative analysis covering twelve and a half months to July 2026 identified 14,311 Helpline call attempts from 4,740 individual callers. Of these callers, 2,331 (49%) never reached an adviser. Overall, 23.5% of call attempts reached an adviser; the largest sources of unsuccessful contact were the busy message and diversion to a voicemail announcement. The data distinguishes call attempts from individual callers, and suppliers should preserve this distinction in any proposed reporting. Current capacity is approximately 13 answered calls per operating day.

If all the Helpline Volunteers are engaged the service user may hear a busy tone. If they hold for long enough they will hear a recorded message, at which point they may make repeat attempts to call back or exercise their option to leave a message so a member of Avma staff can call them back.

The existing callback route is not prominent or consistently reliable. Avma wishes to understand how alternative routing, virtual waiting, scheduled or web-enabled callbacks, channel choice and better information at the point of contact could improve access without creating an inappropriate or distressing experience.

The Helpline provides listening, practical advice and information on potential avenues for redress and general advice on the potential options open to the caller. Where appropriate, it provides orientation and signposting. Avma does not run litigation, and it does not provide formal legal advice, clinical opinion or representation. Neither does it provide counselling or individual advocacy. Technology must reinforce these boundaries and must not present automated content as personalised legal or clinical advice.

### Written Services

People access Written A&I through an online New Client Form, either directly or following contact with the Helpline or another referral route. The form creates a case in

Microsoft Dynamics 365. A staff member checks completeness and prepares the case for allocation to a specialist caseworker[1], who reviews the information and documents, develops tailored written advice, explains available options and records the work undertaken. Some cases close following a single response; others continue for further information or advice.

Written casework grew by 57.3% between July 2024-June 2025 and July 2025-June 2026, compared with 5.6% growth in Helpline calls answered. Online form abandonment was 29.2% over the 24 months to July 2026. Staff also report larger submissions, including lengthy or AI-assisted material, which increase the time needed to identify relevant facts, check completeness, assess urgency and provide a safe response.

Avma wishes to explore how technology might reduce avoidable administration, support proportionate intake and triage, make forms easier to complete, help staff navigate large submissions, manage workload and service standards, and reuse approved information appropriately. Specialist decisions and advice must remain subject to suitably qualified human review. Any solution should help Avma sustain a value, trusted and independent service while adapting to growing demand and enabling more people to benefit from it.

### Cross-service information and outcomes

Avma already captures useful information across telephony, online forms and its CRM, but systems and datasets are not fully connected and reporting is incomplete. In particular, current data does not provide a consistent end-to-end view of a person's journey from website or call attempt through advice, onward referral and outcome. No service currently has a complete measure of whether the person achieved what they were seeking. Avma therefore wants solutions that improve operational insight while collecting only information that is necessary, proportionate and lawful.

## Current technology and operating environment

Suppliers should base their response on the following high-level environment and state any assumptions. More detailed technical, contractual and information-governance information may be provided if Avma proceeds to a later stage.

- **Microsoft Dynamics 365:** Avma's CRM and primary case-record system. Helpline and online-form data are recorded in Dynamics, with portal access used for form submission.
- **Call handling:** the Helpline uses a cloud-based call-handling service. The call-handling system is not currently integrated with Dynamics. Calls are recorded and transcripts can be downloaded, while call details are entered manually into

[1] Specialist caseworkers undertake a range of functions not limited to providing written advice and inquest support to service users, further reducing and constraining capacity.

Dynamics through a portal form. Suppliers should explain whether their proposal would retain, integrate with or replace any component and identify the information required to confirm the current architecture.

- **Website and portal:** a refreshed WordPress website launched on 20 July 2026 and uses a Dynamics Portal subdomain for online forms. This is a recent investment. Proposals should explain how they would work with, extend or require changes to this environment.
- **Productivity and document environment:** Microsoft 365, including Outlook, Teams, SharePoint and OneDrive, is used across the organisation. Azure supports remote-server and endpoint management.
- **Generative AI:** Avma does not routinely use any form of AI to review New Client Forms, and/or the attachments which may accompany them. All Avma staff have undergone training on the use of AI, and are encouraged to use it where appropriate, Avma does have a policy on use of AI to provide guidance. The current policy says that no identifiable service user information may be input into AI tools.
- **Users and access:** staff use centrally managed Avma laptops and multi-factor authentication. Helpline volunteers normally use browser-based services on their own devices Their access is deliberately limited: they can submit Helpline forms through the CRM portal but generally cannot access the data after submission or other Avma systems.
- **Sensitive data:** the environment holds personal, special-category health and potentially legally sensitive information. Existing records of processing, retention schedules, privacy notices, access arrangements and supplier contracts will need to be considered during any implementation.

## Outcomes Avma is seeking

Avma is interested in solutions that can demonstrably contribute to one or more of the following prioritised outcomes:

1. **Scale and reach:**

- Create a scalable and supportable approach that Avma can implement and operate within its financial, workforce and technical capacity.
- Increase the proportion of people who successfully reach Avma having come from under serviced communities and who may need appropriate support, including people who cannot use or reliably access the telephone channel.

Success measures: increase in number of people accessing Avma's services; diversity of user data

2. **Quality and compassionate services**

- Reduce the number of times a service user has to repeat their story and concerns

- Provide a compassionate, accessible and consistent experience across telephone and digital channels, with clear service boundaries and safe onward routes.
- Improve the completeness and quality of records while avoiding unnecessary or repeated disclosure by service users.

Success measures: Positive service user feedback and continued; Trust Pilot ratings; social media feedback

3. **Efficiency**

- Use volunteer and staff capacity more effectively, thereby enabling employed staff to protect specialist time for people and work with the greatest need, urgency, complexity or potential benefit.
- Reduce repeat contact, waiting time and avoidable administration for service users, volunteers and staff.
- Improve proportionate intake, triage and routing across self-help, the Helpline, Written A&I, Inquest Support and external services.
- Provide reliable operational, equality, quality and outcome information that supports day-to-day management, governance, service improvement and impact reporting.

Success measures: Cost of serving users remains stable or decreases over time.

## Capabilities Avma wishes to explore

The following list is illustrative rather than a fixed specification. Suppliers are encouraged to identify the smallest coherent set of capabilities that would deliver measurable value and to propose alternatives where these would better meet Avma's outcomes whilst taking into consideration current constraints.

- Call distribution and routing; clearer recorded messages; virtual waiting or call-back options; scheduled calls; overflow arrangements; and appropriate alternatives to real-time telephone contact.
- Volunteer availability, rota or workforce management, secure browser-based access and simple interfaces suitable for users with different levels of digital confidence.
- Integration between telephony, Dynamics and relevant Microsoft 365 services, including automatic creation or updating of records and reduction of duplicate data entry.
- Transcription, structured note creation, call summarisation, follow-up drafting and quality review, with appropriate consent, accuracy controls and human approval.
- Digital intake, form usability, save-and-return, document upload, completeness checks, urgency indicators and assisted routes for people who need reasonable adjustments.

- Support for reviewing and navigating large volumes of submitted information, including where AI generated, identifying missing or potentially relevant content and using approved templates or knowledge, without making automated legal or clinical decisions.
- Knowledge management and guided signposting that helps advisers and staff give consistent, current information while preserving professional judgement.
- Workflow, task, triage, caseload and service-standard management, including exceptions, escalation, safeguarding alerts and audit trails.
- Enable Avma to lawfully capture communication preferences and, at appropriate points in the journey, offer service users the opportunity to stay in touch with Avma, while improving evidence of reach, demand and impact.
- Dashboards and analysis that distinguish calls, callers, cases and outcomes; show demand, capacity, access, waiting, abandonment and callback performance; and support proportionate equality and impact monitoring.
- Modular, pilot or phased approaches that allow Avma to test user experience, benefits, risks and operating impact before wider implementation.

## Indicative scenarios

Suppliers should use relevant scenarios to explain how their solution would work in practice. These may include:

- A distressed first-time caller contacts Avma when all advisers are occupied and needs a clear, safe and accessible route to support without repeated unsuccessful calls.
- A returning caller or existing service user needs to be routed appropriately without repeating information that Avma already holds, while respecting identity, consent and access controls.
- A Helpline volunteer working through a browser needs a simple way to receive a call, access only the information necessary for that interaction and create an accurate record for staff follow-up.
- A person with a disability, communication need, limited digital confidence or a preference for written contact needs a reasonable alternative to the standard telephone or online-form journey.
- A member of staff receives a lengthy New Client Form and multiple documents and needs to assess completeness, urgency and the correct route efficiently, with specialist judgement and safeguarding controls retained.
- A manager needs to understand demand, unsuccessful contact, workload, service standards, quality, equality and outcomes across channels without manually reconciling several datasets.

## Essential principles and requirements

### Service users, accessibility and safeguarding

- The design must be compassionate, trauma-aware and suitable for people who may be distressed, bereaved, disabled, digitally excluded or have communication, language, literacy or cognitive needs.
- Telephone and non-digital routes must not be removed without an accessible and evidence-based alternative. Suppliers should state relevant accessibility standards supported and how accessibility will be tested with users.
- Safeguarding and urgent-risk indicators must be visible, auditable and capable of timely human escalation. Technology must not create a false expectation of crisis, counselling, advice and information, legal representation or emergency services.

### Human judgement and use of AI

- Any AI-assisted functionality must support rather than replace specialist human judgement, it should be time saving and reliable. Avma will not use automated tools to provide unreviewed personalised legal information or clinical advice and information, make safeguarding decisions or determine eligibility for support.
- Suppliers must explain the purpose and limits of each AI component; the data and prompts used; accuracy and quality controls; human-review workflow; auditability; management of bias and harmful output; and how users will be informed when AI is used.
- Suppliers must state whether Avma data is used to train or improve any model, what opt-out or isolation controls apply, which third parties or sub-processors are involved and how data is deleted at contract end.

### Data protection, confidentiality and security

- Solutions must be fully compliant with UK GDPR, the Data Protection Act 2018, Avma's confidentiality and safeguarding obligations, and any requirements arising from call recording and monitoring.
- Responses should describe hosting and data residency; encryption; identity and multi-factor authentication; role-based and least-privilege access; audit logging; retention and deletion; backup and recovery; incident management; vulnerability and patch management; independent assurance or certifications; and sub-processor management.
- Suppliers should identify where a data protection impact assessment, consent change, privacy-notice change or additional information governance decision would be needed.

### Integration, implementation and operation

- Proposals must explain dependencies on Dynamics 365, the website and portal, telephony/voice services, Microsoft 365, identity, devices and connectivity, including available integration methods and any constraints.
- The solution must be proportionate to a small charity's resources. Suppliers should identify the staff, volunteer, technical and governance input required from Avma during implementation and ongoing operation.
- Responses should address configuration, data migration where relevant, testing, training, change support, service management, support hours, service levels, business continuity, disaster recovery, upgrades, exit arrangements and data portability.

## Information requested from suppliers

A separate response template contains the questions and word limits. Suppliers will be asked to provide concise, evidence-based information covering:

- An overview of the supplier, relevant delivery partners and experience with comparable charities, advice services, contact centres or services handling sensitive and distressed users.
- The proposed solution and service model, the problems and outcomes it addresses, what is included and excluded, and any alternative approach Avma should consider.
- The user experience for callers, service users, volunteers, staff, managers and administrators, including accessibility and reasonable-adjustment options.
- Functionality, architecture, hosting, integration, data flows, technical dependencies and compatibility with Avma's current environment.
- Data protection, confidentiality, cybersecurity, safeguarding and AI-assurance arrangements.
- Implementation approach and indicative timetable, including discovery, configuration, integration, migration, testing, pilot or phased deployment, training and change support.
- The people and capacity Avma would need to provide during implementation and ongoing operation.
- Service management, support, service levels, maintenance, roadmap, scalability, resilience, exit and data-portability arrangements.
- Evidence of benefits and performance achieved in comparable settings, how benefits would be measured at Avma, and customer references that may be contacted.
- Indicative whole-life costs, separating one-off implementation, integration and migration costs from recurring licences, usage, support, upgrades and optional

modules. Assumptions about users, volumes, contract duration and inflation should be explicit.

- Principal assumptions, dependencies, risks, limitations and exclusions, including any matters Avma would need to resolve before the proposal could be implemented.
- Options for demonstration, proof of concept or pilot and the success measures that would determine whether to proceed.

## Indicative timeline and budget

This RFI is being undertaken alongside a wider service review. Findings from both exercises will inform recommendations to Avma's Senior Leadership Team and Trustees by the end of October 2026. Subject to those decisions, further market engagement or a procurement exercise may begin from January 2027. These dates are indicative and do not constitute a commitment to proceed.

The current indicative budget for implementing recommendations arising from this RFI is £100,000 excluding VAT. Suppliers should not assume this is a guaranteed contract value. Responses should set out modular options, one-off and recurring costs, and the outcomes deliverable at different investment levels.

## Submission process

Suppliers should complete the separate Word response template and observe the stated word limits. Responses must be submitted no later than **2 October 2026** to Avma@whitetailconsulting.co.uk.

Avma is being supported by White Tail Consulting in this process. Clarification questions should be sent to the same email address by **25 September**. Any clarification information that materially affects the RFI will be made available consistently to participating suppliers. No extension to the submission deadline should be assumed.

Suppliers should identify any information in their response that they consider commercially confidential and explain the basis for that designation. Avma will handle responses appropriately but cannot accept blanket confidentiality markings that prevent the information from being used for the purpose of this RFI.

By responding, suppliers acknowledge the non-binding status of this RFI and consent to Avma and White Tail Consulting reviewing and analysing the response for the purposes described above.

## Annex A – About Avma

### Who We Are

We are the UK's leading patient safety charity supporting people and families affected by avoidable medical harm. Established in 1982, we are the only UK charity dedicated solely to helping those who have experienced harm as a result of healthcare treatment and to improving patient safety for everyone.

For more than 40 years, we have provided free, independent, specialist and compassionate support to people affected by avoidable medical harm. We stand alongside individuals and families at some of the most difficult times in their lives, helping them understand what has happened, what their rights are, and what options are available to them.

### Our Story

We were founded following growing public concern about the impact that medical accidents can have on patients and families, and the difficulties people face in obtaining answers, accountability and support. One of the driving influences behind our creation was the work of founder Peter Ransley, whose award-winning television drama *Minor Complications* helped raise awareness of avoidable medical harm and the need for specialist support for affected patients.

Since then, we have developed a unique position between patients, healthcare providers and the medico-legal system. We combine frontline experience, specialist medico-legal expertise and patient safety knowledge to support individuals directly while also working to improve healthcare systems and practices.

### Our Vision

People who suffer avoidable medical harm get the support and outcomes they need.

### Our strategy

Our five-year strategy for 2024 to 2029 can be found here:
https://www.avma.org.uk/about/our-strategy/

### What We Do

Our work has two main purposes:

1. **Supporting people affected by avoidable medical harm**
2. **Using what we learn from those experiences to improve patient safety, access to justice and healthcare practice**

### Our Services

We provide a range of specialist services including:

### National Helpline

Our specialist Helpline offers information, guidance and support to people affected by avoidable medical harm, helping them understand complaints procedures, patient rights and available options. We are the only UK charity providing a specialist medico-legal helpline of this kind.

### Written Advice and Information

For more complex cases, we provide tailored written advice and information to help individuals understand the issues they face and the routes available to them.

### Inquest Support

We support bereaved families involved in medical inquests, helping them engage more effectively with the process and access specialist assistance where required.

## Legal Accreditation

We help people access appropriately experienced specialist clinical negligence lawyers and operate an accreditation scheme and professional support services that promote high standards in this specialist field for claimant clinical negligence lawyers.

## Information Resources

Through our website – www.avma.org.uk - we provide guides, factsheets and online resources to help people understand healthcare complaints, investigations, patient safety issues and legal options.

## Patient Safety and Policy Work

We use the experiences of harmed patients and families to influence healthcare policy, improve patient safety and promote more compassionate and transparent responses when healthcare goes wrong.

## Our People

Avma is led by a Board of Trustees with a range of backgrounds, skills and lived experience of avoidable medical harm. There are 25 staff within Avma of which eight provide our specialist services.

## Key Facts

- During 2025/26 we supported **more than 3,400 people**, including:
  - **2,700+** people advised through the Helpline
  - **670+** people receiving bespoke written advice and information
  - **Over 100 families** supported through the inquest process
  - Almost **8,000 self-help guide downloads**