

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 20 June 2018

**Reporting Member / Officer of Single Commissioning Board** Jessica Williams, Interim Director of Commissioning

**Subject:** PRIMARY CARE ACCESS SERVICE – PROCUREMENT EVALUATION STRATEGY

**Report Summary:** The purpose of this report is to inform NHS Tameside and Glossop Clinical Commissioning Group (CCG) Senior Leadership Team and Strategic Commissioning Board of the proposed Procurement and Evaluation Strategy (PES) to be used in the procurement of the Primary Care Access Service.

**Recommendations:** To RECOMMEND TO THE CCG that:

1. approval is given to the proposed procurement and evaluation strategy, procurement timetable, financial envelope, contract term, evaluation questions, evaluation methodology, Official Journal of the European Union (OJEU) advert and to note any risks identified.
2. approval is given for the use of electronic tendering systems and approval for an authorised representative from North of England Commissioning Support (NECS) to open the bids on behalf of the CCG.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

<b>ICF Funding Stream</b>	Section 75: £2.004 million recurrent CCG Aligned: £0.807 million recurrent
<b>Decision Required By</b>	Strategic Commissioning Board & CCG GB
<b>Organisation and Directorate</b>	CCG – Primary Care Commissioning
<b>Budget - £'000</b>	<b>£2.811 million</b> is the current recurrent budget but the value reported for procurement is being set inclusive of 15% efficiency to go towards economy gap (ie. savings of £0.413 million).
<b>Comments</b>  This paper has been reviewed from a finance perspective and further clarity sought as there are areas where it would have been helpful to seek finance comments earlier in the process.  It is important to highlight that the affordability limit must be inclusive of a 15% efficiency as an <u>absolute</u> minimum. When the tender is issued, VAT and inflation considerations must also be incorporated and not present any financial pressures.	

Finance colleagues question whether a five year contract term with a potential for an extension/ break clause subject to contract performance or change in circumstances would be more appropriate for a completely new type of service provision. Ten years without the above measures could potentially expose the Strategic Commission to a higher level of risk should the service not deliver in line with expectations.

It is felt the presentation of the information could be improved particularly regarding the financial values. Table 3 is a particular case in point and it is important to highlight that the total contract value being reported is for the full contract term comprising several years.

**Legal Implications:  
(Authorised by the  
Borough Solicitor)**

The procurement must be undertaken in accordance with the constitutional requirements of commissioning body and comply with national and international procurement legislation. Clarity will be required at the meeting as to what budget this fall in in order to determine the decision making body.

**How do proposals align with  
Health & Wellbeing Strategy?**

Improved model of delivery for patients accessing care out of hospital.

**How do proposals align with  
Locality Plan?**

An integrated approach to delivery of care is key to the service model in line with Care Together ethos.

**How do proposals align with  
the Commissioning  
Strategy?**

The service will provide improved access to services, simplifying the pathway to access care for patients. Consolidation of existing provision into a single contract will offer financial efficiencies.

**Public and Patient  
Implications:**

Full 12 week consultation and engagement has been carried out in advance of this procurement taking place. Issues and mitigations have been identified.

**Quality Implications:**

Equality Impact Assessment carried out as part of the consultation exercise prior to procurement. Access and patient experience considerations integral to the service model.

**How do the proposals help  
to reduce health  
inequalities?**

Provision across five neighbourhood based hubs to provide equity of access to the whole population.

**What are the Equality  
and Diversity  
implications?**

Full EIA completed as part of the consultation process identified transport and travel as a key factor affecting access. Mitigating actions identified to address concerns.

**What are the  
safeguarding  
implications?**

None

**What are the Information  
Governance implications?  
Has a privacy impact  
assessment been  
conducted?**

None

**Risk Management:**

Procurement risks register in place.

**Access to Information :**

The background papers relating to this report can be inspected by contacting, Janna Rigby, Head of Primary Care;



Telephone: 07342 056001



e-mail: [janna.rigby@nhs.net](mailto:janna.rigby@nhs.net)

# Procurement and Evaluation Strategy

*NECS305*

*Primary Care Access Service  
For and on behalf of: NHS Tameside and  
Glossop Clinical Commissioning Group*

*Stephanie Cox  
Procurement Officer*

Document	Initials	Date
Developed:	SC	29/05/2018
Quality checked:	MR	31/05/2018



## **1. Purpose**

The purpose of this paper is to:

- 1.1. Inform NHS Tameside and Glossop Clinical Commissioning Group (CCG) Senior Leadership Team and Strategic Commissioning Board of the proposed Procurement and Evaluation Strategy (PES) to be used in the procurement of the Primary Care Access Service.
- 1.2. Request approval of the proposed procurement and evaluation strategy, procurement timetable, financial envelope, contract term, evaluation questions, evaluation methodology, Official Journal of the European Union (OJEU) advert and to note any risks identified.
- 1.3. Request approval for the use of electronic tendering systems and approval for an authorised representative from North of England Commissioning Support (NECS) to open the bids on behalf of the CCG.
- 1.4. Request that the date of the Recommended Bidder Report (RBR) is noted and this item is added to the agenda for the Strategic Commissioning Board on the 29<sup>th</sup> August 2018.
- 1.5. Request that the minutes of this meeting for this agenda item are forwarded to: [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net) for audit purposes.

## **2. Background**

- 2.1 The current Out of Hours Service including the Alternative to Transfer Service was commissioned approximately 7 years ago and has been extended 3 times. The current Out of Hours Service including Alternative to Transfer Service is delivered by GotoDoc.
- 2.2 The CCG did not undertake a competitive process when awarding the extended access contract. The Extended Access Service is delivered by Orbit (GP Federation).
- 2.3 Both contracts expire on 30<sup>th</sup> September 2018 and notice has been given.
- 2.4 A review of the service has identified through public consultation that an integrated out of hours and extended access service including alternative to transfer would benefit service users.
- 2.5 The aim of the service is to deliver a comprehensive Primary Care Access Service for patients. The Primary Care Access Service will ensure a 24/7 access offer is available to patients within primary care for both routine and same day/urgent demand. Key to the delivery of the service is the simplification of access to urgent care whilst improving the level of service available. Multiple access points will be replaced by telephone access through a patient's own GP practice to book appointments as well as a single location for urgent walk-in services. This will reduce the need for people to 'self-triage' i.e. decide if it is A&E or another service they need, and maximise opportunities for people to receive the right care in the right place at the first appointment. In addition, neighbourhood support will be strengthened through increased evening and weekend appointments alongside advice and treatment available through local opticians and pharmacists.
- 2.6 In order to develop the specification and establish the best method for securing

services a project group was established made up of the relevant subject matter experts which included:

- Head of Primary Care, Tameside and Glossop CCG
- Procurement Officer, NECS
- Head of Primary Care Finance, Tameside and Glossop CCG
- Deputy Director of Commissioning, Tameside and Glossop CCG
- Interim Director of Commissioning, Tameside and Glossop CCG
- Governing Body GP, Tameside and Glossop CCG
- Health and Social Care Estates Business Manager, Tameside and Glossop CCG
- GP IM&T Project Manager, Tameside and Glossop CCG
- Lead Designated Nurse Safeguarding, Tameside and Glossop CCG
- Quality and Patient Safety Lead, Tameside and Glossop CCG
- Head of Business Intelligence and Performance, Tameside and Glossop CCG
- Assistant Chief Operating Officer and Company Secretary, Tameside and Glossop CCG

- 2.7 A market engagement tool was completed and the recommendations from the tool were that Market Engagement was advisable.
- 2.8 Due to time restrictions to ensure the new service is in place by 1<sup>st</sup> October 2018 the lead of the project group agreed that Market Engagement would not be carried out.
- 2.9 The market engagement tool can be found at Appendix 1 to this report for information purposes.

### **3. Procurement Objectives**

- 3.1 The procurement strategy is in place to ensure, in line with the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 that the following objectives will be met:

3.1.1 Regulation 2 (a): securing the needs of the people who use the services;

- The service will provide primary care access services for the population of Tameside and Glossop;
- The integrated service will ensure that patients will be seen by the right professional for their care needs at the right time and place; and
- Extends patient choice by allowing patients to access any of the five hubs.

### 3.1.2 Regulation 2 (b): improving the quality of the services;

- The integrated service will ensure that patients will be seen by the right professional for their care needs at the right time and place;
- Improvement of information sharing between services resulting in better quality treatment;
- The service will improve the wider communities' understanding of primary care services pathways by providing a clear single point of access for patients; and
- Patient management will be improved as a result of additional access to primary care.

### 3.1.3 Regulation 2 (c): improving efficiency in the provision of the services;

- The service will be part of an integrated pathway which will facilitate a faster referral of patients into the relevant services, e.g. there will be a reduction in time taken to receive assessment by the most appropriately trained professional;
- The service will direct patients to the right professional to deliver their care therefore avoiding inappropriate referrals therefore saving time and money whilst improving patient experience; and
- The provider will work to a key set of national and local performance indicators in line with up-to-date policies, guidance and frameworks.

## 4. Compliance with the Public Services (Social Value) Act 2012

4.1 Under the Public Services (Social Value) Act 2012 the Contracting Authority must consider;

- How the proposed service to be procured may improve the economic, social and environmental well-being of Tameside and Glossop and
- How in conducting the process of procurement, it might act with a view to securing the improvement.

4.2 The service will offer people the opportunity to access primary care services across Tameside and Glossop. Delivery of the Primary Care Access Service across five hubs located within each of the neighbourhood areas of Tameside and Glossop will improve access for patients across the locality, acknowledging transport and travel as well as service operating times to access the service. This will then be evaluated in the technical evaluation as per the evaluation criteria detailed in this report.

4.3 Improvements will be achieved in the following ways:

- The service will ensure the population has 24/7 access to primary urgent care provision;
- The service will have quality outcomes aligned to the wider urgent care system and through commissioning a system service, consistency of quality delivery will be a given;

- The Primary Care Access Service contract will incorporate access to activity which is currently provided through 3 separate services. The procurement will remove the layering of services and contracts, with single premise, workforce and IT costs; and
- Simplification of access for patients will ensure they are provided with the appropriate care for the need that they present with. The service will be delivered from 5 hubs, one in each of the integrated neighbourhood areas within the locality.

## **5. Procurement Methodology**

- 5.1 As a public body the CCG is required to comply with Public Contract Regulations 2015 (with effect from 18 April 2016) in respect of Health Care Services under the Light Touch Regime, Regulations 74 – 76 and the National Health Service (Procurement, Patient Choice & Competition) (No. 2) Regulations 2013.
- 5.2 A Prior Information Notice (PIN) was published on 23<sup>rd</sup> May 2018 to raise awareness within the market of the upcoming procurement. A bidder event will also be held to explain the procurement process to potential bidders.
- 5.3 Due to the value of the contract and in line with the Contracting Authority Detailed Financial Policies (DFPs), the project group have appraised the risks and benefits of each option and have concluded that a procedure which follows the basic principles of an Open Procedure is the most appropriate due to the amount of interest within the market to deliver the services required as part of the specification.
- 5.4 Bidders will be tested on the capacity, capability, and technical competence of the submission in accordance with the Light Touch Regime within The Public Contracts Regulations 2015<sup>1</sup>.
- 5.5 The procurement will be advertised in the Official Journal of the European Union (OJEU) and on Contracts Finder, the United Kingdom Government's single platform for providing free access to public procurement related information and documentation, as governed by the Public Contracts Regulations 2015, the NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, the Public Services (Social Value) Act 2012, and the Contracting Authority DFPs.
- 5.6 NECS provides assurance that the procurement process is compliant with Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017) and that all required standards are complied with for those parts of the procurement process which are undertaken on behalf of the CCG.

## **6. ETendering**

- 6.1 The Invitation to Tender and supporting documents will be available to download via a dedicated NECS eTendering portal.

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<sup>1</sup> [http://www.legislation.gov.uk/ukxi/2015/102/pdfs/ukxi\\_20150102\\_en.pdf](http://www.legislation.gov.uk/ukxi/2015/102/pdfs/ukxi_20150102_en.pdf)



- 6.2 NECS utilise a secure electronic tendering system. Online tenders are published and received into a secure online eTendering portal. The bids can only be accessed by specified representatives on the pre-determined tender closing date. NECS is proposing that an authorised representative is given approval to open bids on behalf of the CCG for this procurement. This will ensure that bids are opened in the agreed timeframe.

## 7. Procurement Timetable

- 7.1 Table 1 shows the key milestones and timescales for the proposed procurement process.

**Table 1**

Milestone	Description	Date
Procurement and evaluation strategy approval	PES approved by Tameside and Glossop CCG Strategic Commissioning Board	20 <sup>th</sup> June 2018
Publish advert	Advert published via OJEU and on Contract Finder	25 <sup>th</sup> June 2018
Invitation to Tender issued	Tender published live on PROACTIS website	25 <sup>th</sup> June 2018
Bidder event	Event to explain procurement process and documentation	w/c 2 <sup>nd</sup> July 2018
Tender deadline	Date by which bids need to be submitted	23 <sup>rd</sup> July 2018
Consensus scoring	Evaluator panel meeting to agree scores for bidders	1 <sup>st</sup> August 2018 – 3 <sup>rd</sup> August 2018
Presentation	Presentation from Bidders – Stage 4	7 <sup>th</sup> August 2018
Recommended bidder report	Report to CCG Strategic Commissioning Board to approve successful bidder	29 <sup>th</sup> August 2018
Standstill period	Notification to bidders of outcome, allowing 10 days for any challenges to be raised	31 <sup>st</sup> August 2018 – 10 <sup>th</sup> September 2018
Contract award	Official offer of contract sent to successful bidder	11 <sup>th</sup> September 2018
Contract signature and mobilisation	Mobilisation of contract	12 <sup>th</sup> September 2018 - 1 <sup>st</sup> October 2018
Service commencement	Service start date	1 <sup>st</sup> October 2018

## 8. Evaluation Strategy

- 8.1 The evaluation model proposed seeks to identify the Most Economically Advantageous Tender (MEAT), which is interpreted as the highest combined quality and price score, the evaluation criteria are outlined in Table 2, the full set of evaluation questions are attached within Appendix 3.

**Table 2**

Section		Question Ref.	Question Topic	Red Flag Question	Micro Weighting %	Macro Weighting %
Quality	Section 1 Clinical & Service Delivery	<b>CSD01</b>	Accessibility	Red Flag	6	25
		<b>CSD02</b>	Equity of Service & Equality		5	
		<b>CSD03</b>	Partnership working		6	
		<b>CSD04</b>	Referrals		3	
		<b>CSD05</b>	Estates	Red Flag	PASS/ FAIL	
		<b>CSD06</b>	Mobilisation	Red Flag	5	
	Section 2 Quality	<b>QTY01</b>	Performance		6	20
		<b>QTY02</b>	Continuous Improvement		3	
		<b>QTY03</b>	Patient Involvement		4	
		<b>QTY04</b>	Patient Experience		4	
		<b>QTY05</b>	Medicines Management		3	
	Section 3 IM&T	<b>IMT01</b>	IT Systems		5	10
		<b>IMT02</b>	Information Governance		5	
	Section 4 Workforce	<b>WF01</b>	Organisational Structure and Workforce	Red Flag	5	10
		<b>WF02</b>	Recruitment & Retention		3	
		<b>WF03</b>	Workforce Supervision & Training		2	
	Section 5	<b>GOV01</b>	Clinical Governance		6	10

	Governance					
		<b>GOV02</b>	Business Continuity		4	
	Presentation	<b>PR01</b>	Mobilisation Presentation		5	5
<b>Finance</b>	Finance	<b>FMT01</b>	Bid Price and Affordability		20	20
	Sub-total for Quality					75
	Presentation					5
	Finance					20
	<b>Total</b>					<b>100</b>

8.2 The evaluation process is made up of four stages as detailed below.

### 8.2.1 Stage 1 – Compliance

The information supplied in the bid response by each bidder will be checked for completeness and compliance with the requirements of the ITT before responses are evaluated. The preliminary compliance review will check that submissions:

- have answered all questions (or explained satisfactorily if considered not applicable);
- have included all documents as requested and those documents are presented in the format and named as requested; and
- have submitted a bid within the affordability limit of £2,389,000 per annum and £23,890,000 for the contract term.

Bids received in excess of the affordability envelope for any one year and/or for the contract duration will fail and the bidders submission will not be evaluated any further and the bidder will not be awarded a contract by the Contracting Authority.

### 8.2.2 Stage 2 – Capability and Capacity

To assess whether the potential bidder and its relevant organisations:

- are eligible to be awarded a public contract, as detailed in Regulation 57 of the Public Contracts Regulation 2015;
- are in a sound economic and financial position to participate in the procurement;
- have the necessary resources and core competencies available to them; and
- Evaluation of the Financial Model Template (FMT).

Bidders who fail any part of stage 2 will take no further part in the procurement process and will not be awarded a contract by the Contracting Authority.

### 8.2.3 Stage 3 – Technical Evaluation

This stage of the evaluation is to assess the detailed bidder solutions to the service-specific questions and must:

- achieve a minimum score of 50% or more on all Red Flag questions\*;
- achieve a minimum of 50% from the 75% available for all non-finance related criteria (quality). This does not include the presentation element of the evaluation process.

\* Red Flag questions are those that have been identified as crucial for all bidders to achieve a minimum score. If a bidder does not achieve a minimum score of 50% for the red flag questions further evaluation of the ITT will not be undertaken and the bidder will not be taken any further in the procurement of the service.

Bidders who fail stage 3 will take no further part in the procurement process and will not be awarded a contract by the contracting authority.

Following the evaluation process of stages 1, 2 and 3 which will be carried out by a team of subject matter experts, a consensus score will be agreed.

### 8.2.4 Stage 4 – Presentation

Bidders that have progressed to this stage of the process will be asked to give a presentation as an element of the evaluation. This element of the process will require bidders to present their mobilisation plans in further detail. This stage of the process has a maximum score of 5% available.

Following the evaluation of stage 4, which will be carried out by a team of subject matter experts, a consensus score will be agreed.

### 8.2.5 Finance - Threshold and Financial Evaluation

Bidders will be advised that the CCG has an affordability limit of £23,890,000 over the 10 year contract (5 year initial contract period + 5 years extension period). Bidders will also be informed that there is a maximum affordability limit per contract year which has been set at £2,389,000.

Bidders will be required to submit a bid within or at the affordability envelope for each year of the contract including the 5 year extension period (years 1 – 10). Bids received in excess of the affordability envelope will be deemed not viable and will fail, in this instance the bidder's submission will not be taken any further in the evaluation process.

The affordability envelope per annum for this procurement is outlined in table 3.

**Table  
3**

Contract Year	Affordability Limit (AL)
Year 1	£2,389,000
Year 2	£2,389,000
Year 3	£2,389,000
Year 4	£2,389,000
Year 5	£2,389,000
Year 6	£2,389,000
Year 7	£2,389,000
Year 8	£2,389,000
Year 9	£2,389,000
Year 10	£2,389,000
Total Contract Value	£23,890,000

The financial evaluation will test value for money. Bidders that meet the affordability limit will be measured by distance from the affordability limit and scored on a sliding scale. The sliding scale will be determined by the distance of the bid price from the affordability limit. The sliding scale will be calculated using the scale within table 4.

**Table  
4**

Classification	Sliding Scale
AL	Affordability Limit (AL) - £2,389,000
AL1	Within 2% of AL
AL2	Within 3% of AL
AL3	Within 4% of AL
AL4	Within 5% of AL

Bids will be scored as detailed table 5 below:

**Table  
5**

Total Bid Price	Score
Greater than AL	Fail
Equal to AL	0%
< than AL but $\geq$ to AL1	5%
< AL1 but $\geq$ AL2	10%
< AL2 but $\geq$ AL3	15%
< AL3 but $\geq$ AL4	20%

- 8.3 Following the evaluation process, which is carried out by a team of clinical and subject matter experts, a consensus score is agreed and the bidder who has passed each stage of the process and scored the highest combined score for quality and finance will be reported to the Contracting Authority as the recommended bidder.

## **9. Recommended Bidder**

- 9.1 The recommended bidder will be the bidder who has met the requirements of the evaluation criteria and has submitted the Most Economically Advantageous Tender (MEAT) by scoring the highest combined score. This will have been evaluated against the published evaluation criteria. The MEAT will include capacity and capability evaluation as well as consideration of how bidders have calculated their costings.
- 9.2 In the event that two or more bidders achieve the same score, the bidder with the highest overall score in the clinical and service delivery section of the quality evaluation will be awarded the contract. In the event that two or more bidders still score the same marks the rule will be applied in the following order:
- Quality
  - Finance
  - Governance
  - Workforce
  - IM&T
  - Presentation

## **10. Financial Threshold**

- 10.1 The financial threshold for this procurement is £23,890,000. The contract is for an initial contract period of 5 years with the option to extend for an additional 5 year period at the discretion of the CCG.
- 10.2 The maximum agreed budget per annum is £2,389,000.
- 10.3 The financial threshold has been determined from existing contract values with a QIPP Programme (Quality, Innovation, Productivity and Prevention) saving applied.

## **11. Potential Procurement Risks and Mitigation**

- 11.1 Bids submitted exceed the affordability thresholds:
- Bidders will be notified of affordability thresholds within the ITT documentation;
  - Bidders will be notified of the implications if they do exceed the affordability threshold (bid will not be evaluated further).
- 11.2 Limited interest from potential bidders:
- A Prior Information Notice (PIN) was advertised via OJEU and on Contracts Finder on the 23<sup>rd</sup> May to raise awareness of the forthcoming procurement opportunity.
- 11.3 Submissions received do not meet the minimum quality thresholds outlined in the evaluation criteria:
- The ITT documentation contains instructions on how to ensure bids are compliant with the quality thresholds; and

- A bidder event will be held to explain the tender documentation, systems and processes to those who have expressed an interest in the procurement opportunity.

#### 11.4 Conflicts of Interest;

- NECS provides assurance that the procurement process is compliant with Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017) and that all required standards are complied with for those parts of the procurement process which are undertaken on behalf of the CCGs/NHS; and
- All members of the project group and any subsequent evaluators will be required to complete and sign a Conflict of Interest declaration.

#### 11.5 Mobilisation period is insufficient;

- Due to the extremely tight timescales within this procurement process the mobilisation period is only 2.5 weeks however it has been agreed by the Head of Primary Care that a staggered mobilisation period will be appropriate. 3 out of 5 sites are to be accessible from the contract start date with the other 2 sites are to be accessible by 1<sup>st</sup> November 2018;
- The service specification and ITT documents will ensure that bidders are aware of the extremely short mobilisation period.

#### 11.6 No market engagement activity undertaken to assist the capability and capacity of the market to deliver against the specification;

- Consultation undertaken to develop the service model

#### 11.7 Challenge received from bidders or non-bidders

- Ensure procurement documentation is accurate and thorough;
- Ensure that the procurement documentation reflects the reports approved by the appropriate committee; and
- Ensure that the procurement is carried out to reflect the procurement treaty principles and is transparent, proportionate, give equality of treatment and gives mutual recognition to reduce the risk of challenge.

#### 11.8 Red Flag questions and justification for each;

- Accessibility – Bidders must demonstrate that they have understood the key accessibility themes within the procurement, for example the delivery sites are to be within the 5 neighbourhoods within Tameside and Glossop CCG;
- Estates – Bidders must agree to undertake the Service from the sites identified by the CCG;
- Mobilisation – Bidders must understand and work with the CCG to ensure service commencement within 2.5 weeks from final contract award.
- Organisational Structure and Workforce – It is key that bidders understand and demonstrate how they will overcome any possible TUPE implications and



demonstrate that are able to undertake the service with the correct skill mix of staff within the affordability envelope.

## **12. Contract Term**

- 12.1 The initial contract term for this service is from 1<sup>st</sup> October 2018 until 30<sup>th</sup> September 2023 (5 years) with the option to extend for a further 5 year period subject to satisfactory performance and at the discretion of the contracting authority.

## **13. Recommendations**

The Strategic Commissioning Board are asked to:

- 13.1 Give the approvals sought for the procurement and evaluation strategy, procurement timetable, financial envelope, contract term, evaluation questions, evaluation methodology, Official Journal of the European Union (OJEU) advert and to note any risks identified.
- 13.2 Approve the opening of the tenders by the authorised representative of NECS.
- 13.3 Note the date for the recommended bidder report and this item is added to the meeting agenda on the 29<sup>th</sup> August 2018.
- 13.4 Note the request for minute references for the approvals requested, and that these minutes are sent to the following email address: [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net).

Stephanie Cox  
NECS Procurement Officer

## **Procurement and Evaluation Strategy Appendices**

### **Appendix 1 – Market Engagement Tool Outcome**

## Project Market Engagement Decision Scorecard - Final Report

### EXECUTIVE SUMMARY

**Project:** Primary Care Access Service

**Final Project Score:** 51 out of 100

#### 1. Innovation / Improvement Factor

If time allows, it would be worthwhile to learn more about potential innovation within the market

#### 2. Complexity Factor

If time allows, it would be worthwhile to engage and inform the market

#### 3. Political Factor

High political influence may be a risk factor if no market engagement is undertaken as part of this project

#### 4. Value Factor

As this is a high value contract with identified barriers to the market, it is important to ensure market engagement is undertaken as part of this project

#### 5. Demographic Factor

Better understanding of the market would be an advantage and if time allows, it would be worthwhile to engage and inform the market

#### 6. Contractual Performance Factor

There have been no historic issues around current or previous contracts which ensures a good understanding and relationship around this service requirement

#### 7. QIPP Savings Factor

If time allows, it would be worthwhile to engage and inform the market

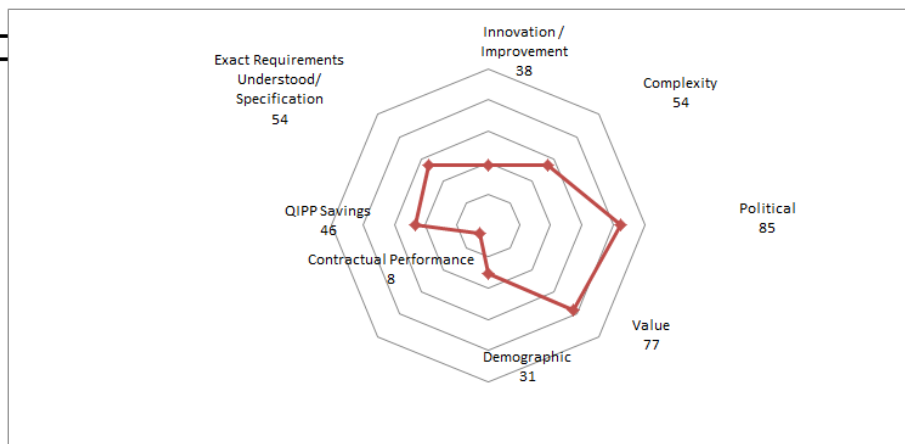
#### 8. Exact Requirements Understood / Specification Factor

If time allows, it would be worthwhile to engage and inform the market

### PROJECT FACTOR ANALYSIS

Project Factors	Score
Innovation / Improvement	5 out of 13
Complexity	7 out of 13
Political	11 out of 13
Value	10 out of 13
Demographic	4 out of 13
Contractual Performance	1 out of 13
QIPP Savings	6 out of 13
Exact Requirements Understood/ Specification	7 out of 13

**The Relative Strengths & Weaknesses of the Project Factors** (scale = 100 - lower % score is good. High peaks / high % score indicates factors of concern)



**SUMMARY OF FINAL RECOMMENDATIONS**

There is a fair to average understanding of the market and would recommend some market engagement such as request for information or a market engagement event.

Would be useful to utilise some category management market engagement tools to evidence understanding of market.

**Appendix 2 – OJEU / Contracts Finder Advert Wording**

North of England Commissioning Support (NECS) working, for and on behalf of NHS Tameside and Glossop Clinical Commissioning Group, wish to commission a Primary Care Access Service within Tameside and Glossop

The contract is for 5 years with the option to extend for a further 5 years. The initial contract term will commence on 1<sup>st</sup> October 2018, ending on 30<sup>th</sup> September 2023. The extension period, which will be awarded at the discretion of Tameside and Glossop CCG will commence on 1<sup>st</sup> October 2023 ending on 30<sup>th</sup> October 2028.

It is anticipated that the Tender documents will be made available to view on the Proactis portal on Monday 25<sup>th</sup> June 2018.

NECS is utilising an electronic tendering tool to manage this procurement and communicate with potential providers. There will be no hard copy documents issued to potential providers and all communications with NECS, including your submission, will be conducted via the portal:

<https://www.proactisplaza.com/SupplierPortal/?CID=NECS>

The portal is hosted by Proactis. It is free to register on the portal but if you have any problems registering on the portal, you should contact PROACTIS via either

Email: [Suppliersupport@proactis.com](mailto:Suppliersupport@proactis.com) or

Website: <http://proactis.kayako.com/suppliernetwork/Core/Default/Index> (Monday to Friday, 8:30 to 17:00).

The deadline for submission of all bids is 12 Noon on 23<sup>rd</sup> July 2018

Potential Bidders are to note: It is anticipated that the Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE) will apply for this contract. Potential Bidders are advised to form their own view on whether TUPE applies, obtaining their own legal advice and carrying out due diligence.

**Appendix 3 – Evaluation Questions**

Section: Clinical & Service Delivery		Macro Weighting 25%
Question No: CSD01	Question: Accessibility	
<p><b>Please describe how you will deliver the service to ensure it is accessible and equitable to patients</b></p> <p>With reference to tender documentation, Bidders must describe how they will deliver the service to ensure it is accessible to patients as identified in the service specification.</p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"><li>• Description of booking appointment system, including; face to face, telephone, e-mail, fax, text and options for on-line booking facilities</li><li>• Consultation methods offered to patients including telephone triage</li><li>• How will the service balance demand for urgent and routine appointments; including capacity for booking via NHS 111 and other providers including general practice</li><li>• Compliance with service access requirements</li><li>• Shared use of patient records and administration relating to patient appointments</li><li>• How the provider will ensure effective engagement with relevant stakeholders including pharmacies and care homes</li><li>• Processes for advising patients on services available to them; including the Urgent Treatment Centre (when available)</li><li>• Description of how the service will offer home visiting and End of Life Care</li><li>• Should reflect an appreciation of the diversity of T&amp;G CCG communities and recognition that differentiated approaches are required to ensure equity of access and outcomes, including people powered change.</li><li>• Actions to increase the use of digital technology to improve how people access care, including opportunities to improve access to advice, consultation and treatment through use of digital technology and how records are shared with the ambition of becoming paper free at the point of care.</li></ul> <p>The answer will contain specific, appropriate proposals - e.g. translation, building access, arrangements for sensory disabilities etc.</p>		
Micro Weighting: 6%		Character Limit: 11,400

Question No: CSD02	Question: Equity of Service and Equality
<p><b>How will you ensure equity of service and equality in delivery?</b></p> <p>The answer will reflect an appreciation of the diversity of T&amp;G CCG communities and recognition that differentiated approaches are required to ensure equity in access and outcomes. The answer will make it clear how the provider will monitor access to ensure equity.</p> <p>Bidders must describe how they will deliver the service which will address the needs of the local population in respect of the individual practices taking into consideration the local varying demographics to ensure provision of a locally sensitive service.</p> <p>Response should make reference but not be limited to the following key areas:</p> <ul style="list-style-type: none"> <li>• A consideration of the Equity of Access requirements as outlined in Part 1 of the Contract;</li> <li>• Compliance with the Public Sector Equality Duty Act 2010, describing your experience of working with a population of patients with diverse needs.</li> <li>• Elimination of unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;</li> <li>• Advancing equality of opportunity between people who share a protected characteristic and those who do not;</li> <li>• Fostering good relations between people who share a protected characteristic and those who do not;</li> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics;</li> <li>• Steps that should be taken to meet the needs of people with certain protected characteristics where these are different from the needs of other people; and</li> <li>• Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.</li> </ul> <p>The following links provide additional information on the Public Sector Equality Duty Act 2010:  <a href="http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/">http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/</a>  <a href="http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_update.doc">http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_update.doc</a></p>	
Micro Weighting: 5%	Character Limit: 10,000

Question No: CSD03	Question: Partnership Working
<p><b>Please describe how you will ensure effective and relevant partnership working with all stakeholders.</b></p> <p>Response should include the following groups:</p> <ul style="list-style-type: none"> <li>• Patients/service users;</li> <li>• CCG and Local authority; recognising the establishment of the T&amp;G Single Commissioning Function;</li> <li>• Local Practices at a neighbourhood and locality level</li> <li>• Integrated Neighbourhoods</li> <li>• NHS England Local Team;</li> <li>• LMC;</li> <li>• Orbit Healthcare, local GP Federation</li> <li>• CQC;</li> <li>• Third Sector Organisations;</li> <li>• Other primary care providers; and</li> <li>• Local hospitals and community health service providers, with particular reference to the newly established Tameside and Glossop Integrated Care NHS Foundation Trust</li> </ul>	
Micro Weighting: 6%	Character Limit: 11,400

<b>Question No: CSD04</b>	<b>Question: Referrals</b>
<p><b>Please describe the systems and processes you will have in place to ensure effective management of referrals.</b></p> <ul style="list-style-type: none"> <li>• Monitor referrals in respect of clinical appropriateness;</li> <li>• Identify and manage referrer training and development needs;</li> <li>• Monitor and manage attendances at local emergency and urgent care services; and</li> <li>• Work in partnership with relevant stakeholders to reduce unnecessary admissions for patients with long-term conditions.</li> <li>• Review referral and activity data through practice visits and neighbourhood meetings, understanding of position in relation to peer practices, neighbourhood and locality.</li> </ul>	
<b>Micro Weighting: 3%</b>	<b>Character Limit: 6,500</b>

<b>Question No: CSD05</b>	<b>Question: Premises and estates</b>
<p><b>Please confirm that you will utilise the identified premises Y/N</b></p>	
<b>Micro Weighting: PASS/ FAIL</b>	<b>Word Limit: N/A</b>

<b>Question No: CSD06</b>	<b>Question: Mobilisation</b>
<p>With reference to tender documentation, Bidders are to provide a suitable and appropriate mobilisation/implementation plan. The plan should detail the key tasks and milestones on a week-by-week basis the bidder will complete pre, during and post mobilisation period to deliver the services in accordance with the contract.</p> <p>The plan should set out tasks, deadlines and implementation responsibilities and be segmented into the work-streams, including:</p> <ul style="list-style-type: none"> <li>• Planning /implementation and Governance arrangements across pathway;</li> <li>• Workforce and capacity/demand planning;</li> <li>• Finance;</li> <li>• IM&amp;T;</li> <li>• Facilities management arrangement for premises;</li> <li>• Equipment;</li> <li>• Communications and relationships; including how they will work with the current provider to ensure a smooth transition of services;</li> <li>• Stakeholder engagement;</li> <li>• Patient and Public communication and engagement;</li> <li>• Risk management and contingencies;</li> <li>• Identification of potential strengths and weaknesses of workforce to deliver service and proposed solution if required;</li> <li>• Process and service readiness tests; and</li> <li>• Outputs/outcomes monitoring</li> </ul> <p><b>ATTACHMENTS ALLOWED</b></p>	
<b>Micro Weighting: 5%</b>	<b>Character Limit: 10,000 plus attachments</b>

Section: Quality		Macro Weighting 20%
Question No: QTY01	Question: Performance	
<p><b>Please describe your approach to monitoring performance</b></p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"><li>• Key performance indicators (Including but not limited to referrals, access, prescribing and patient experience);</li><li>• Delivery against quality and clinical outcomes as set out in the specification</li><li>• Approach taken to determine and understand issues and indicated performance failure.</li></ul> <p>Bidders must outline how they will prepare for quarterly and annual monitoring requirements.</p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"><li>• The mechanisms by which they will internally analyse performance to outline areas for improvement in order to meet the deadlines for submission of data to Commissioners;</li><li>• How they will gather information i.e. incidents, complaints and concerns, for discussion at contract meetings; and</li><li>• How they will feed back to Commissioners on lessons learned from incidents, complaints and concerns through the use of thematic analysis.</li></ul>		
Micro Weighting: 6%		Character Limit: 11,400

Question No: QTY02	Question: Continuous Improvement	
<p><b>Please describe the mechanisms that you will use to ensure continuous service improvement.</b></p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"><li>• Clinical audit plans;</li><li>• How you will evidence compliance with evidence-based guidelines (i.e. NICE);</li><li>• How you will improve access to services</li></ul>		
Micro Weighting: 3%		Character Limit: 6,500

Question No: QTY03	Question: Patient Involvement and Engagement	
<p><b>Please describe the process of how you will engage and involve patients and carers in the development and delivery of this service.</b></p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"><li>• Identify key patient groups;</li><li>• Engagement with the local community to identify needs (including hard to reach groups);</li><li>• Undertaking continuous service user engagement;</li><li>• Utilisation of PPG to support delivery of effective patient involvement and engagement;</li><li>• Implementing service development resulting from engagement and consultation exercises;</li><li>• Sharing information and decisions;</li><li>• Ensuring practice strategies dovetail with NHS England’s strategy for patient engagement<sup>2</sup>.</li></ul>		
Micro Weighting: 4%		Character Limit: 8,100



2 <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Question No: QTY04	Question: Patient Experience
<p><b>How will you ensure a positive patient experience?</b></p> <p>Responses should include but not be limited to the following aspects:</p> <ul style="list-style-type: none"> <li>• Promotion of dignity, privacy, and independence of patients. Bidders should reflect developments in this area and show that they 'get' why this matters. The response should have concrete proposals for promoting dignity and make it clear how this will be measured and assured.</li> <li>• Promotion of shared decision making including the involvement of carers where appropriate. Bidder's responses should demonstrate enthusiasm for enabling patients and their families / carers to make informed decisions about their care. It will contain specific proposals for ensuring this happens consistently (training, decision making tools, patient education, assurance etc.) It will show a n understanding of the distinct needs and concerns of carers while ensuring cared-for patients are able to express their own views and preferences.</li> <li>• Communicating effectively with patients. The bidder should show an appreciation of the different types of communication required (appointment letters, patient education, self-care advice etc.) and contain proposals for recognising and responding to the needs of individuals with specific needs (e.g. Braille letters, languages other than English etc).</li> <li>• Ensuring patients are made comfortable, both physically and emotionally. Bidders will show recognition of the importance of physical and mental wellbeing in treatment, and the likely concerns of patients which may give rise to anxiety etc. The answer will contain specific proposals for promoting, measuring, and assuring wellbeing.</li> <li>• Measurement and reporting of the patient experience and acting on insights gained. Bidders will show an understanding of the importance of measurement and transparency and welcome the potential for feedback driving improved quality. The answer will contain specific, credible proposals for measuring experience in a systematic manner. The answer will make it clear how they will share data, and actions taken in response with both patients and the commissioner.</li> <li>• Recognition of the mandate in the 2017-2019 NHS Operational Planning Guidance to maintain and increase the number of people recommending services in the Friends and Family Test and ensure its effectiveness, alongside other sources of feedback to improve services.</li> <li>• Understanding of the practice's scores around patient experience in the GP Survey and actions taken to act on and drive improvements.</li> </ul>	
<b>Micro Weighting: 4%</b>	<b>Character Limit: 8,100</b>

<b>Question No:</b> <b>QTY05</b>	<b>Question: Medicines Management</b>
<p><b>Please describe the systems and processes that you will have in place to ensure safe and effective prescribing and medicines management.</b></p> <p>Response should include but not be limited to an explanation of:</p> <ul style="list-style-type: none"> <li>• Monitoring of prescribing, including; accuracy, output and prescriber development needs;</li> <li>• Review of repeat prescriptions;</li> <li>• How the bidder will ensure systems and processes are compliant with legislation and national and local guidelines and best practice including reporting mechanisms for medication errors, safe and secure handling of medicines, controlled drugs legislative requirements; and</li> <li>• Approach to electronic prescribing</li> </ul>	
<b>Micro Weighting: 3%</b>	<b>Character Limit: 6,500</b>

Section: IM&T		Macro Weighting 10%
Question No: IMT01	Question: IT Systems and booking	
<p><b>Please identify the IT systems you will use to deliver and manage the service (clinical and administrative). You should also describe how these systems will support management of Primary Care as detailed in the Service Specification.</b></p> <p>The response should include but not be limited to the details of:</p> <ul style="list-style-type: none"><li>• Identify Clinical and Administration IT systems and software you propose to use to deliver and manage the service and particularly how you will integrate with GP practice and 111 direct booking capability.</li></ul> <p>General</p> <ul style="list-style-type: none"><li>• System security;</li><li>• System backups;</li><li>• Disaster recovery and business continuity plans;</li><li>• Expected system availability;</li><li>• Service level agreements to meet availability; and</li><li>• Desktop and laptop data loss prevention.</li></ul> <p>Clinical</p> <ul style="list-style-type: none"><li>• Use of the NHS Number as the key identifier for patients;</li><li>• Appointment bookings/scheduling etc.;</li><li>• Clinical coding;</li><li>• System integration with SCR, PDS and Directory of Services;</li><li>• Access to clinical records;</li><li>• Onward and processing of referrals; and</li><li>• Activity reports.</li><li>• Care planning</li></ul> <p>Increasing the use of technology as described in the 2017-2019 NHS Operational Planning Guidance.</p>		
Micro Weighting: 5%		Character Limit: 10,000 plus attachments

<b>Question No: IMT02</b>	<b>Question: Information Governance</b>
<p><b>Please describe your approach to Information Governance, confidentiality and data protection assurance.</b></p> <p>Response should include (but not be limited to) the details of:  IG Toolkit score or level expected to achieve with plans and timescales to achieve:</p> <ul style="list-style-type: none"> <li>• Policies and procedures;</li> <li>• Strategic development;</li> <li>• Operational management;</li> <li>• Standards and good practice;</li> <li>• Statutory obligations;</li> <li>• Confidentiality and Data Protection Assurance;</li> <li>• Information Security;</li> <li>• Information Risk Management;</li> <li>• Records Management; and</li> <li>• Information Incident Management.</li> <li>• Information Governance specific roles and responsibilities</li> </ul> <p>Please provide evidence of at least IG Toolkit Level 2 status  Please refer to <a href="https://nww.igt.hscic.gov.uk/">https://nww.igt.hscic.gov.uk/</a> for more information regarding IG Toolkit. Please provide evidence of the following:</p> <ul style="list-style-type: none"> <li>• Confirmation and evidence of IG Toolkit Level 2 status; or</li> <li>• An action plan which clearly describes how your organisation will attain IG Toolkit Level 2 prior to the service commencement date to include any gaps against requirements which do not meet level 2 and how these gaps will be addressed.</li> </ul> <p>Please refer to <a href="https://nww.igt.hscic.gov.uk/">https://nww.igt.hscic.gov.uk/</a> for more information regarding IG Toolkit  Character Count: 4500  ATTACHMENTS ALLOWED: Evidence of IG Toolkit Level 2 or Action Plan only</p>	
<b>Micro Weighting: 5%</b>	<b>Character Limit: 10,000 plus attachments</b>

<b>Section: Workforce</b>	<b>Macro Weighting 10%</b>
<b>Question No: WF01</b>	<b>Question: Organisational Structure and workforce</b>
<p><b>Please outline your proposed full organisational structure for delivery of this service.</b></p> <p>Considering the five measures reportable to the CQC (safe, effective, caring, responsive, well-led), Bidders must describe their experience of developing an organisational structure for the delivery of a safe service for each centre.</p> <p>Weighting: 10%</p> <p>Response should include as a minimum but not be limited to:</p> <ul style="list-style-type: none"> <li>• Organisation chart with clear lines of accountability and leadership;</li> <li>• Skill set profile and how this will be maintained / reviewed;</li> <li>• Planned working patterns to ensure full staff complement during contract hours and to support a system wide partnership approach to service provision;</li> <li>• Staff ratio to manage demand how this will be reviewed / adapted;</li> <li>• Use of agency staff if applicable;</li> <li>• Consideration of skills and competencies of the entire workforce / succession planning / talent management;</li> <li>• Clear rationale for the selected skill mix to be used for the service; and professional indemnity</li> <li>• Evidence of linking service delivery with the service requirements and staffing allocation.</li> </ul> <p>Responses in this section will be cross referenced with the staffing model submitted in the FMT to ensure consistency.</p>	
<b>Micro Weighting: 5%</b>	<b>Character Limit: 10,000 plus attachments</b>

<b>Question No: WF02</b>	<b>Question: Recruitment and Retention</b>
<p><b>Please outline your approach to recruitment and retention and sustainability of the workforce requirements for this service.</b></p> <p>Response should include as a minimum but not be limited to:</p> <ul style="list-style-type: none"> <li>• Recruitment strategy / workforce plan;</li> <li>• Induction process;</li> <li>• Locums and agency staffing utilisation plans;</li> <li>• Development of leadership capability/attributes;</li> <li>• Monitoring of professional credibility / clinical skills development of individuals and the service; and</li> <li>• Compliance with current legislation / DBS checks / HR support mechanisms / staff management policy</li> <li>• Consideration of ways, building of the 10 high impact actions to release capacity outlined in the GP Forward View, to be innovative and progressive in the use of a varied skill mix to get the most from what different health and care professionals can bring.</li> <li>• Workforce development plans</li> </ul>	
<b>Micro Weighting: 3%</b>	<b>Character Limit: 6,500</b>

<b>Question No: WF03</b>	<b>Question: Workforce Supervision and Training</b>
<p><b>Please outline your approach to clinical and non-clinical supervision and training for delivery of this service.</b></p> <p>Response should include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Demonstration of clear appropriate professional leadership and supervision</li> <li>• Checks in place for professional registration / revalidation</li> <li>• Mechanisms and checks for mandatory training;</li> <li>• Continuous development/training and support requirements for the primary care team;</li> <li>• Supervision training;</li> <li>• Staff appraisal; and personal development planning – performance management</li> <li>• Supervision of locum/agency staffing.</li> </ul>	
<b>Micro Weighting: 2%</b>	<b>Character Limit: 5,000</b>

Section: Governance		Macro Weighting 10%
Question No: GOV01	Question: Clinical Governance	
<p><b>Please provide your description of Clinical Governance at the core of service delivery.</b></p> <p>Response should include but not be limited to an explanation and evidence* of:</p> <ul style="list-style-type: none"><li>• Management of clinical risk including treating patients at home and medical emergencies;</li><li>• Patient safety and staff safety (e.g. incident reporting, significant event reporting etc.);</li><li>• Reporting of adverse incidents;</li><li>• Management of patient complaints;</li><li>• System that facilitates learning from experience and action planning, including improvement of quality of care to patients;</li><li>• Safeguarding Adults/Children procedures;</li><li>• Implementation of evidence based guidelines; and</li><li>• Implementation of patient safety alerts.</li></ul> <p>*Evidence should be in the form of policies and protocols available listed as an appendix. <u>Note:</u> NOT the policy / protocol documents.</p>		
Micro Weighting: 6%		Character Limit: 11,400

<b>Question No: GOV02</b>	<b>Question: Business Continuity</b>
<p><b>Please describe your approach to disaster recovery and business continuity as a provider and part of the whole pathway.</b></p> <p>Bidders may evidence some of this with business continuity plans. A copy of the business continuity plan should be submitted as evidence; however policies should <b>not</b> be submitted as supporting documents for this question.</p> <p>Response should include as a minimum but not be limited to:</p> <ul style="list-style-type: none"> <li>• Fire or theft;</li> <li>• Severe weather;</li> <li>• Staff shortage (including each staff group);</li> <li>• Peaks in demand of service;</li> <li>• Surge preparedness (peaks in service);</li> <li>• Major Incidents; and</li> <li>• Power failure.</li> <li>• Recognition of need to response and support the overall health economy in periods of escalation/enacting of business continuity plans.</li> </ul>	
<b>Micro Weighting: 4%</b>	<b>Character Limit: 8,100</b>

<b>Section: Presentation</b>	<b>Macro Weighting 5%</b>
<b>Presentation – 5%</b>	
<p>Presentation to be delivered to enhance a bidders response to CSD06 regarding the mobilisation of the service.</p> <p>The presentation to be delivered should verify the response submitted at stage 3 referring to but not being limited to how key priorities and milestones will be deliver within the timescales. For example</p> <ul style="list-style-type: none"> <li>• Mitigation factors to reduce risks during the mobilisation period</li> <li>• Service readiness as at 1<sup>st</sup> October 2018.</li> </ul>	

<b>Section: Financial Model Template</b>	<b>Macro Weighting 20%</b>
<b>Evaluation of Financial Model Template (FMT) – 20%</b>	
<p><b><u>Please note that your response to question WF01 will be cross referenced against the staffing costs submitted in the FMT and clarification will be sought for any discrepancies.</u></b></p>	