Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 October 2018
Reporting Member / Officer of Single Commissioning Board	Jessica Williams
Subject:	**PRIMARY CARE ACCESS SERVICE – RECOMMENDED BIDDER REPORT**
Report Summary:	Advise Strategic Commissioning Board of the outcome of the tender evaluations for the Primary Care Access Service.
Recommendations:	1. Approve the outcome to award a contract with effect from 1 April 2019 to Bidder 1 for the Primary Care Access Service as the submission was the most economically advantageous tender received. The contract value of the successful bidder's submission is £22,910,498 (Net Present Value) over a maximum duration of 10 years (i.e. 5 years plus a 60 month (5 years) optional year extension). 2. Approve the publication of the contract award notice following the 10 day standstill period without challenge to allow contract award on 6 November 2018. 3. Approve the mitigations highlighted in Section 8 with consideration of associated risks. 4. Approve contract performance management process to include formal annual review alongside regular performance management in acknowledgement of the contract value and potential duration of the contract.
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 deliver financial efficiencies which are detailed within this paper.
Public and Patient Implications:	A full 12 week consultation and engagement was carried out in advance of this procurement taking place. Issues and mitigations were identified and subsequently built into the service specification.
Quality Implications:	The Primary Care Access Service specification includes a range of quality indicators and outcomes that the provider must deliver and which the commissioner will performance monitor. In addition to this, 75% of the evaluation weighting

for the procurement was related to quality.

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	2,291	-	0	2,291
Total	**2291**	**-**	**0**	**2,291**

Section 75 - £'000

Strategic Commissioning Board

The successful bid of £2,291k is significantly lower than the recurrent budgets we have in place to fund legacy services. Historic budgets of £2,811k are all included in the Section 75 pool:

- Primary Out of Hours (£1,744k)
- Extended access (£807k)
- Alternatives to Transfer (£260k)

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

On the assumption that the recommendations of this paper are approved £520k of recurrent savings will be realised.

Because the successful bid was for less than the maximum published funding envelope, ongoing savings will be £98k higher than forecast within the TEP model.

In the TEP model for 2018/19 we took a cautious approach and only forecast savings from Q4. Assuming that mobilisation runs smoothly and the service commences 1 October, in year savings will be £260k. This is £190k higher than post optimism bias expected savings in the model.

This is an outcomes based contract so cost will not fluctuate as a result of changes in activity

Within the Financial Modeling Tool completed by the successful bidder there were several lines which were questioned by the evaluators (e.g. set up costs included recurrently and back office costs). As such it is recommended that a condition is attached to the award of this contract to allow these issues to be resolved.

Legal Implications:
(Authorised by the Borough Solicitor)

The report indicates that procurement has been carried out with due process and with assistance of external evaluation in order to mitigate the risk challenge on the basis of impartiality. The process has been set out in the report and the financial provision is available.

If there is satisfaction as to these matters and to the letting

	of a contract for the services to be put in place, then the award as recommended in this report should be approved.
How do the proposals help to reduce health inequalities?	Provision across five neighbourhood based hubs to provide equity of access to the whole population. A single service model will simplify access to primary care outside of core hours provision.
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 and included within the service specification to ensure these are addressed.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been conducted?	No.
Risk Management:	Procurement risk 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

1. PURPOSE

1.1 Advise Strategic Commissioning Board of the outcome of the tender evaluations for the Primary Care Access Service.

1.2 Request approval of the Recommended Bidder in order to award the contract for the Primary Care Access Service with effect from 1 April 2019.

1.3 Request approval, on completion of the 10 day standstill period without challenge, to publish a contract award notice.

1.4 Request that the minutes of this meeting for this agenda item are forwarded to NECS for audit purposes via email necsu.neprocurement@nhs.net

2. BACKGROUND

2.1 Two of the national service improvement priorities for the NHS that relate to urgent care are:-

- Improving A&E performance - requires upgrading the wider urgent and emergency care system to manage demand growth and improve patient flow in partnership with local authority social care services.
- Strengthening access to high quality GP services and Primary Care.

2.2 Tameside and Glossop have developed an Integrated Urgent Care Service, which is comprised of two component parts, which will work together and with General Medical Practices, to ensure people can access same day care when necessary. These are:-

- The Urgent Treatment Centre; based alongside the A&E Department at Tameside Hospital; and
- The Primary Care Access Service (PCAS).

2.3 The proposed PCAS, which has been subject to a full public consultation, takes into account the challenges facing health and social care now and in the future. Implementation of PCAS will ensure a patient centred, responsive, safe, resilient, and fit for purpose service to support our population to receive the right care, in the right place, at the right time.

2.4 PCAS will simplify access to urgent care and improve the level of service available. The current arrangement of multiple access points to urgent care will be replaced by telephone access through a patient's own GP practices. Each GP will be able to book appointments directly into the PCAS. There will also be 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, local neighbourhood support will be strengthened through the development of two additional locations for evening appointments.

2.5 The successful provider will deliver a single urgent care service, 24 hours a day. This single service includes the current Extended Access Service, the General Practice Out of Hours Service and the Alternative to Transfer services (care closer to home, care in the community).

3. PRIMARY CARE ACCESS SERVICE

3.1 The Primary Care Access Service has been developed to meet the requirements of new national guidance for both Primary and Urgent Care. This includes:-

- Improving access to General Practice.
- Providing extra capacity to ensure everyone has access to GP services (routine and same day) at evenings and weekends.
- Commissioning weekday provision of access to pre-bookable and same day appointments to general practice services 6.30-9pm.
- Commissioning weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays.
- Ensuring services are advertised to patients.

3.2 The service specification details a further set of local outcomes at **Appendix A.**

4. PROCUREMENT PROCESS

4.1 The Procurement and Evaluation Strategy was approved by the Strategic Commissioning Board on 20 June 2018 subject to the following amendments:-

- CSD02 – Equity of Service and Equality (5%) to be moved from the Clinical and Service Delivery section to become QTY06 Equity of Service and Equality (5%) detailed within the Quality section
- GOV01 – Clinical Governance to be a red flag question.

4.2 The procurement process was completed in accordance with the timescale and objectives set out within this approved strategy. The evaluation of bids as part of the procurement process, was designed carefully to ensure that it achieved the correct outcome.

4.3 A Recommended Bidder Report was brought to the Strategic Commissioning Board on 29 August 2018. the Strategic Commissioning Board deferred their decision in order to receive a more detailed report and ensure rigor in the approval process. This paper demonstrates how the agreed evaluation process was applied, the relative consensus scores for each of the bidders and states the outcome including the recommended bidder.

5. PROJECT AND GOVERNANCE TIMESCALES TO DATE

5.1 The table below summarises the project timetable to date.

Urgent Care Consultation carried out	October 2017 to January 2018
Consultation outcome approved by SCB	20 March 2018
SCB approval to carry out procurement for the Primary Care Access Service	20 March 2018 (Item 6(b))
Primary Care Access Service Procurement Initiation Notice presented to SCB for information	23 May 2018 (Item 5(g))
Procurement Evaluation Strategy presented to SCB for approval	June 2018 (Item 6 (e))
Tender submissions	23 July 2018
Tender opening (by NECS on our behalf)	24 July 2018
Evaluation	24 – 27 July 2018
Financial evaluation	26 July 2018
Consensus meetings	30 July – 1 August 2018
Bidder presentations and final consensus	6 August 2018
Recommended Bidder Report brought to SCB	29 August 2018

5.2 Further to the Strategic Commissioning Board decision to defer, contract extensions have been agreed with existing providers to ensure continuation of service. The extensions have been agreed for a period of six months (1/10/18 – 31/3/19) to maintain stability over winter. The recommended bidder will be expected to be fully operational from 1 April 2019.

6. EVALUATION

6.1 A recommended bidder must have:-

- submitted a compliant bid;
- passed all elements of the Capability and Capacity Assessment;
- achieved a score of at least 50% for all Red Flag questions;
- achieved a minimum of 50% from the 75% (37.5%) available for all non-finance related criteria excluding the bidder presentations (quality);
- achieved a Pass on Presentation question CSD04 – Premises and Estates; and
- offered the most economically advantageous tender, i.e. achieve the highest combined percentage score for both quality (including presentation) and finance in line with the evaluation criteria.

6.2 Bidder 1 submitted a compliant bid, submitted a bid within the affordability envelope, passed all elements of the Capability and Capacity Assessment and passed all Red Flag questions. In respect of Quality, Bidder 1 scored 59.75% of the available marks (80%) and passed the Premises and Estates question (CSD04). Bidder 1 achieved an overall combined score of 79.75%, which includes quality, presentation and finance. Bidder 1 offered the most economically advantageous tender i.e. achieved the highest combined score for Quality, including presentation and Finance in line with the published evaluation criteria.

6.3 Bidder 2 submitted a compliant bid, submitted a bid within the affordability envelope, passed all elements of the Capability and Capacity Assessment and passed all Red Flag questions. In respect of Quality, Bidder 2 scored 44.25% of the available marks (80%) and passed the Premises and Estates question (CSD04). Bidder 2 achieved an overall combined score of 64.25% which includes quality, presentation and finance. Bidder 2 did not offer the most economically advantageous tender.

6.4 The evaluation panel and the question allocation is shown at **Appendix B.**

6.5 Each evaluator determined their scores and justification in line with the Evaluation Criteria at **Appendix C.**

6.6 The PCAS procurement has delivered the stated procurement objectives in line with Regulation 2(a) (Securing the needs of the people who use the services), Regulation 2(b) (Improving the quality of the services) and Regulation 2(c) (Improving efficiency in the provision of the services) of the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013, in providing a single provider for the contract who submitted a bid that proposes to:-

- Provide a high quality, consistent and convenient service offering for patients who are entitled to access Primary Care, in line with patient requirements (in line with Regulation 2(a));
- Ensure that patients are supported in resolving general queries, cancellations and re-booking of patient transport (in line with Regulation 2(a));
- Deliver a Primary Care Access Service across the Tameside and Glossop geography, reducing diversity and variation in service quality (in line with Regulation 2(b);
- Ensure compliance with both the milestones and the standards articulated within national policy and guidance (in line with Regulation 2(b));

- Improve value for money through (i) enhanced resource and capacity management and (ii) strengthened contract management (in line with Regulation 2(c));
- Ensure compliance with the Department of Health's Eligibility Criteria for Primary Care (in line with Regulation 2(c)).

6.7 Final evaluation consensus scores are shown at **Appendix D**.

7. UPDATED PROCUREMENT TIMELINES

7.1 Following the August 2018 Strategic Commissioning Board meeting, at which the decision was to defer the Recommended Bidder report, the following revised timetable has been set.

Obtain approval of Recommended Bidder Report	24/10/2018
Send Successful/Unsuccessful Bidder Letters	25/10/2018
10-Day Standstill Period	26/10/2018 - 05/11/2018
Send Contract Award Letters to Bidders	06/11/2018
Finalise Contract Signature(s)	12/11/2018
Mobilisation/Transition Phase - 20 weeks	12/11/2018 - 31/03/2019
Contract Commencement	01/04/2019

8. RISKS – MANAGEMENT AND MITIGATION

8.1 As a consequence of the requirement to extend current contracts, the mobilisation period has increased from 2.5 weeks to 20 weeks. It is therefore expected that all 5 hubs will be operational from the 1 April 2019.

Risk 1- Leases

8.2 The recommended bidder has confirmed at question CSD04 that they will utilise the premises identified by the CCG and that time has been built into their mobilisation plan to agree and finalise terms with existing landlords. However, no formal lease agreements were agreed or submitted as part of the tender process. Therefore, there is a low risk that premises cost maybe increased by NHS Property Services. This could impact on the sustainability of the provider to deliver the service throughout the whole lifetime of the contract.

8.3 Mitigation - Bidders were required to provide details of the premises costs as part of the FMT within their tender submissions. This element of the mobilisation phase will be supported by Strategic Commission Estates and Primary Care Officers.

8.4 Existing provision within 3 of the 5 identified locations are already utilised for current service provision of Extended Access and Out of Hours care. Premise costs at the two new sites will therefore be negotiated to comparable levels, in line with the bidder's financial modelling.

Risk 2 – Challenge to the model

8.5 Risk of potential challenge to embedding new ways of working as a fully integrated delivery of access to urgent care for patients. It is a specified requirement that they will approach their delivery model with a view to collaboration and integration; this is a requirement within the service specification. The degree to which this risk may be an issue will become apparent during the standstill period.

8.6 Mitigation - the successful provider's approach to delivery of the service within the locality will be critical to ensuring a fully integrated delivery of access to urgent care for patients is achieved. PACS model was developed to ensure a fully integrated service for urgent primary care is delivered, in line with the Care Together Locality Plans and the GP Forward

View. The Strategic Commission will therefore support and facilitate all providers within the system to enable this to happen.

Risk 3 – Challenge to the process

8.7 Risk of challenge to the procurement process by an unsuccessful bidder. Any challenge made must relate to the procurement process and not the outcome. NECS expertise was commissioned to ensure a lawful and robust process throughout. However, further to the decision to defer the following risks have been identified:-

- As a result of the mobilisation period extending, the potential for the tender process to be viewed as no longer transparent and therefore open to challenge.
- Increased risk of challenge from a provider who may have bid for services if they were aware that the mobilisation period was 20 weeks rather than 2 weeks. The two week mobilisation could have been seen as a barrier to entry NECS are aware of a 6 providers who expressed an interest in the procurement but did not bid and it is possible this was due to the originally published mobilisation period.
- Increased risk of challenge from unsuccessful bidder as the winning bidder being treated differently to the advertised procurement process.

8.8 The consequences of receiving a challenge are as follows:-

- Requirement to extend the current contract further which would not deliver the financial savings required in 19/20.
- Potential for a suspension notice issued by the Court during standstill which could result in the Strategic Commission being unable to undertake contract signature.
- Time and resource to respond to the challenge.
- Potential claim for damages from an unsuccessful bidder / non bidder following contract award.
- Complaint raised to NHS Improvement who have the ability to set aside a contract.
- Reputational risk.

8.9 Mitigation - It is the recommendation of NECS that the Strategic Commission adheres to the original procurement timetable for the mobilisation period and that the CCG continues with 3 hubs being mobilised on the new contract start date with the other 2 hubs following two months later as stipulated in the tender.

8.10 An alternative approach would be to halt the current tender process and re-run the procurement with a 20 week mobilisation period.

9. OUTCOMES OF THE PROCUREMENT PROCESS

Detail any financial efficiencies / savings achieved *(per annum)*	Total financial envelope available £2,389,000 Bidder 1 financial submission £2,291,049.81 £2,389,000 – £2,291,049.81 = £97,950.19 On the assumption that the recommendations of this paper are approved, £520k of recurrent savings will be realized. Because the successful bid was for less than the maximum published funding envelope, ongoing savings will be £98k higher than forecast within the TEP model.
Detail the main expected quality outcomes from the specification / service	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.
Detail the quality outcomes from the procurement process	The procurement process enabled the delivery of the outcomes as detailed in the Procurement and Evaluation Strategy. This solution delivers a simpler, single integrated primary care access service which is available to all patients 24 hours a day, 7 days a week. The delivery of 5 hubs across the area of Tameside and Glossop also improvise accessibility for patients.
Detail the expected social value outcomes	Improvements will be achieved in the following ways:- • The service will ensure the population has 24/7 access to primary urgent care provision within the Tameside and Glossop footprint; • 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.

10. RECOMMENDATIONS

10.1 As stated at the front of the report.

APPENDIX A

Overarching outcomes of the service are:

- People are supported to navigate the system so they receive effective care first time and do not represent to other services for the same issue.
- People are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams.
- People whose need can be met within a Neighbourhood do not attend A&E.
- People are equipped to reduce the risk of the same need arising in the future.

NHS Tameside and Glossop CCG has set out that the Service must deliver the following:

- Be sustainable in terms of workforce. For the avoidance of doubt, adequate staffing to the standard set out in these specifications (including but not limited to including ratios and skill mix) are an absolute requirement and any failure in this regard will be treated as a material breach;
- Foster local clinical engagement;
- Be clinically safe and manage complaints effectively;
- Provide 'value for money';
- Make best use of and develop the skills of all professional groups;
- Meet and wherever possible exceed the National GP OOH Quality Requirements;
- Have appropriate access to patient records and systems to facilitate the sharing of information ;
- Reduce unnecessary attendances to acute providers of emergency care;
- Reduce unnecessary hospital admissions;
- Take a whole systems approach;
- Work collaboratively with partner organisations;
- Support the reduction in pressure on in-hours GP services;
- Support the reduction in pressure on 999 ambulance service;
- Support the reduction in pressure on A&E;
- Involve patients in planning;
- Provide an excellent patient experience and ensure that patients from particular protected characteristic groups do not have a poor experience in comparison to the general population;
- Equitable and accessible services;
- Innovative use of IM&T; and

- Promote and protect the welfare of vulnerable residents.

Performance Outcomes and Standards

Services at all sites will be expected to meet standards set out nationally and deliver effective high quality and safe care.

1.	Direct Booking must be available through GP practices, NHS 111 or the Primary Care Access Service.
2.	Patients should be linked to Neighbourhood based support for self-care and social prescribing to reduce the risk of the same need arising in the future.
3.	Patients whose needs could have been met by other Neighbourhood based services (including minor ailments, minor eye conditions services and other services with self-referral mechanisms) should be encouraged to utilise these in the future.
4.	Utilisation of pre-bookable appointments should be managed to a minimum of 98%.
5.	For patients who require an appointment in the Primary Care Access Service, this should be booked by a single phone call
6.	Patients who have a pre-booked appointment should be seen and treated within 30 minutes of their appointment time.
7.	The service will be solely or jointly led by a GP across each of the five hubs as per the specification.
8.	The multidisciplinary teams should ensure people are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams.
9.	The integrated nature of the service will enable people to receive a range of physical and mental health support promptly both in and out of hospital.
10.	The Primary Care Access Service should be able to issue prescriptions, including repeat prescriptions and e-prescriptions (e-prescribing should be in place in all sites by June 2019).
11.	The Primary Care Access Service should issue patients with prescriptions and sick notes as appropriate to avoid the need for representation at the practice for the same episode of care.
12.	The Primary Care Access Service should be able to provide emergency contraception, where requested and appropriate.
13.	The Primary Care Access Service must have direct access to local mental health advice and services, or links to community-based crisis services.
14.	The Primary Care Access Service clinicians will have access to the up-to-date electronic patient care record for a T&G registered patient following consent.
15.	There must be the ability for services other than the patients registered GP practice (such as NHS 111) to electronically book appointments at the Primary Care Access Service directly, and relevant flags or crisis data should be made available for patients
16.	A patient's registered GP should always be notified about the clinical outcome of a patient’s encounter with the Primary Care Access Service via a real-time update of the electronic patient care record locally. For children the episode of care should also be communicated to their health visitor or school nurse, where known, within two working days
17.	Where available, systems interoperability should make use of nationally-defined interoperability and data standards; clinical information recorded within local patient care records should make use of clinical terminology (SNOMED-CT) and nationally-defined record structures.
18.	Primary Care Access Service hubs should make capacity and waiting time data available to the local health economy in as close to real-time as is possible for the purposes of system-wide capacity management; relevant real-time capacity information should also be made available for use across Integrated Urgent Care nationally.

19.	Patients are able to book routine and urgent appointments at the agreed Neighbourhood Care Hub sites
20.	Receive definitive treatment, which may include self-care advice, prescription issue or treatment of the presenting condition appropriate to primary care and people are equipped to reduce the risk of the same need arising in the future
21.	To provide the necessary range of services to enable people with communication challenges to access British Sign Language, interpretation and translation services.
22.	Where appropriate, patients attending a the Primary Care Access Service should be provided with health and wellbeing advice and sign-posting to local community and social care services where they can self-refer (for example, smoking cessation services and sexual health, alcohol and drug services).
23.	Patients should be linked to Neighbourhood and Tameside and Glossop-wide based support.
24.	Patients are supported to navigate the system so they receive effective care first time and do not represent to other services for the same issue
25.	Patients can expect, following consent, that the treating clinician has access to their up-to-date electronic patient care record
26.	Primary Care Access Service Hubs to ensure that Child Protection Information Sharing system is in use to identify vulnerable children on a child protection plan (CPP), Looked After Child (LAC) or in utero. This will ensure that information is shared with social care and other NHS colleagues to enable appropriate action to safeguard the child.
27.	The Primary Care Access Service should ensure that any adult safeguarding concerns are raised promptly through the appropriate process.
28.	Patients requiring urgent investigations/diagnostics are referred as appropriate via their GP practice or receive these through the Urgent Treatment Centre where appropriate (when this service is available).
29.	National Quality Requirements in the Delivery of Out-of-hours Services Department of Health July 2006 Gateway no. 6893 are met.
30.	Delivery of 33 minutes per 1000 population per week. This equates to 7650 minutes per week for a 250,000 patient population.
31.	Same day home visit out of hours will either be attended by a GP or another appropriate service
32.	Access to urgent care support provided 24/7 by the most appropriate person fully utilising the skills of the wider Primary Care teams.
33.	Ensure people whose need can be met by Primary Care do not need to access A&E

APPENDIX B

Section	Question Ref.	Question Topic	Red Flag Question	Evaluator 1	Evaluator 2	Evaluator 3
Section 1 Clinical & Service Delivery	**CSD01**	Accessibility	Red Flag	Clinical Director, Bury CCG	Head of Primary Care	Commissioning Programme Lead, Manchester
	CSD02	Partnership working		Head of Primary Care	Commissioning Programme Lead, Manchester	
	CSD03	Referrals		Head of Assurance and Delivery	Head of Primary Care	Clinical Lead, GMHSCP
	CSD04	Estates		Health & Social Care Estates Business Manager	Head of Primary Care	
	CSD05	Mobilisation	Red Flag	Head of Primary Care	Head of Primary Care Finance	Primary Care IT Operations Manager
	QTY01	Performance		Head of Business Intelligence	Head of Primary Care	Head of Assurance and Delivery

Section 2 Quality	**QTY02**	Continuous Improvement		Lead Designated Nurse Safeguarding	Quality Lead Manager	Performance and Quality Improvement Manager, Manchester
	QTY03	Patient Involvement		Lay Member for Patient and Public Participation, T&G SC	Head of Primary Care	Commissioning Programme Lead, Manchester
	QTY04	Patient Experience		Lay Member for Patient and Public Participation, T&G SC	Head of Primary Care	
	QTY05	Medicines Management		Head of Medicines Management, T&G SC	Clinical Director, Bury CCG	
	QTY06	Equity of Service & Equality		Jody Smith	Quality Lead Manager	Head of Primary Care
Section 3 IM&T	**IMT01**	IT Systems		Primary Care IT Operations Manager	GP IM&T Project Manager	
	IMT02	Information Governance		GP IM&T Project Manager	Primary Care IT Operations Manager	
Section 4 Workforce	**WF01**	Organisational Structure and Workforce	Red Flag	Clinical Lead, GMHSCP	Head of Primary Care	Clinical Director, Bury CCG
	WF02	Recruitment & Retention		Head of Primary Care Finance	Head of Primary Care	
	WF03	Workforce Supervision & Training		Lead Designated Nurse	Clinical Lead, GMHSCP	Clinical Lead, Busy CCG

				Safeguarding		
Section 5	**GOV01**	Clinical Governance	Red Flag	Lead Designated Nurse Safeguarding	Performance and Quality Improvement Manager, Manchester	
	GOV02	Business Continuity		Head of Primary Care	Health & Social Care Estates Business Manager	Primary Care IT Operations Manager
		Presentation		Panel to include: NECS Procurement Officer Head of Primary Care Interim Director of Commissioning Primary Care IT Operations Manager Health & Social Care Estates Business Manager Head of Primary Care Finance		
		Finance		Head of Primary Care Finance	Senior Finance Business Partner	

APPENDIX C

Evaluation Criteria

On-line Questionnaire 2 Tender Response Evaluation Criteria

Grade Label	Value	Definition of Grade
Excellent	100% = 4	Excellent, addresses all issues raised and/or a thorough understanding of the requirements. The response is very detailed and well evidenced and is of a quality and level of understanding that provides certainty of delivery and permits full contractual reliance (where applicable). Fully identifies any system/stakeholder benefits with strong evidence /rationale.
High Degree of Confidence	75% = 3	High degree of confidence in the bidder's ability to do what is stated through a thorough and detailed understanding of what is being requested. Responses demonstrate that the bidder can do what they say they will; translates well into contractual terms (where applicable). Responses are detailed and supported by evidence as appropriate. Potential system/stakeholder benefits described with evidence/rationale.
Meets Requirements	50%= 2	The bidder understands the issues and requirements and addresses them appropriately with sufficient information, but lacking reliable substance so as to suggest more of a "model answer" than a true commitment, and so only some confidence that the bidder will be able to deliver in line with expectations. Potential system/stakeholder benefits may be described but with limited evidence or rationale.
Low Degree of Confidence	25%= 1	Some misunderstandings by the bidder and limited on relevant information, detail, and evidence. Does not provide sufficient confidence that bidder can fulfil or meet the requirements in line with expectations.
No Relevant Information	0% = 0	No or minimal relevant information and/or refusal to deliver requirements.

APPENDIX D

Question	Weighting (%)	Bidder 1 Score	Bidder 1 % Score	Bidder 2 Score	Bidder 2 % Score
CSD01 – Red Flag	6	3	4.5	2	3.00
CSD02	6	3	4.5	2	3.00
CSD03	3	3	2.25	3	2.25
CSD04	Pass/ Fail	Pass	N/A	Pass	N/A
CSD05 – Red Flag	5	3	3.75	2	2.50
QTY01	6	3	4.5	3	4.50
QTY02	3	3	2.25	2	1.50
QTY03	4	4	4.00	3	3.00
QTY04	4	3	3.00	2	2.00
QTY05	3	3	2.25	2	1.50
QTY06	5	3	3.75	2	2.50
IMT01	5	2	2.50	3	3.75
IMT02	5	3	3.75	3	3.75
WF01 – Red Flag	5	2	2.50	2	2.50
WF02	3	4	3.00	1	0.75
WF03	2	4	2.00	1	0.50
GOV01 – Red Flag	6	3	4.50	2	3.00
GOV02	4	3	3.00	3	3.00
Quality Total	**75**	**56%**		**43%**	
Presentation PR01	**5**	3.75%		1.25%	
Finance	**20**	20%		20%	
Total Score	**100**	**79.75%**		**64.25**	