Attachment 17

**North East Lincolnshire CCG**

**Report to:** NEL CCG Joint Co-Commissioning Committee

**Presented by:** Chris Clarke –Assistant Head of Primary Care - NHS England

**Date of Meeting:** 16 February 2016

**Subject: Ashwood Procurement**

**Status:** OPEN CLOSED

Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why:

**OBJECT OF REPORT:**

This report is to update the committee on matters pertaining to the Procurement and Evaluation

Strategy for the practice vacancy within Weelsby View Health Centre(former Ashwood Surgery)

**STRATEGY:**

N/A

**IMPLICATIONS:**

None to report

**RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:**

To receive and agree procurement and strategy document

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes/ No** | **Comments** |
|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Yes |  |
| ii) | CCG Equality Impact Assessment | Yes |  |
| iii) | Human Rights Act 1998 | Yes |  |
| iv) | Health and Safety at Work Act 1974 | Yes |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Yes |  |
| iv) | Does the report have regard of the principles and values of theNHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publica tionsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Yes |  |





Procurement and

Evaluation Strategy

*Practice Vacancy - Weelsby View Health Centre Grimsby – APMS Contract*

Author: Chris Clarke

1. **Purpose**

The purpose of this paper is to:

* 1. Inform the Senior Management Team of NHS England: North Yorkshire and Humber (NY&H) of the proposed procurement and evaluation strategy to be used in the procurement of a new service provider to in place of the former Ashwood Surgery.
	2. Request approval of the proposed procurement and evaluation strategy, financial thresholds and contract terms and to note any risks identified.
	3. Request approval for use of the North of England Commissioning Support (NECS) e-tendering portal and approval for an authorised representative from North of England Commissioning Support to open the bids on behalf of the NHS England NY&H and NHS NE Lincolnshire CCG.
	4. Request that a Recommended Bidder Report is brought to a future meeting of the Primary Care Joint Co-Commissioning Committee for approval.
	5. Request that the minutes of this meeting for this agenda item are forwarded to NECS for audit purposes to the following email address: necsu.[neprocurement@nhs.net](file:///C%3A%5CUsers%5Crsingyar%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CRDOR76MR%5Cneprocurement%40nhs.net).
1. **Background**
	1. A PMS contract was terminated on 7 August 2015. An interim service was commissioned to maintain services to patients and to enable a full procurement to be progressed over the next year. The interim service is provided through an APMS contract. The contract is in place for twelve months from 10 August 2015 to 9th August 2016.
	2. There are currently 4,477 registered patients for primary medical care with the practice. The objective of the procurement is to secure a replacement provider for the provision of primary medical care services from the premises of the former practice at Weelsby View Health Centre. The Weelsby View Health Centre is a purpose built multi-service and practice building. The premises are a third party developer owned site. There are currently five other practices within the centre. The practices currently hold the head lease for the building and effectively coordinate the facility management arrangements.
	3. The communication plan will ensure patients are informed of the procurement and progress towards an appointment over the next year.
	4. Procurement of this service has been approved by both NHS England and the NEL CCG under the relevant Joint Commissioning arrangements.
	5. In order to develop the specification and establish the best method for securing services a project group has been established made up of the following representatives:
* Assistant Head of Primary Care NHS England Y&H
* Senior Commissioning Manager, NHS NE Lincolnshire Clinical Commissioning Group
* Procurement Project Lead, NECS
* Project Officer, NHS England Y&H
* Senior Finance Manager, NHS England Y&H
* Patient representative – Healthwatch
* Clinical lead
1. **Procurement Objectives**
	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:
		1. Regulation 2 (a): securing the needs of the people who use the services;
* NHS England and NHS NE Lincolnshire CCG will continue to deliver services to those patients currently registered with the services therefore securing a main stream medical service for those patients and providing a choice of provider for other patients to access.
	+ 1. Regulation 2 (b): improving the quality of the services;
* Provision of a sustainable service which will offer choice of medical services for patients in NE Lincolnshire.
	+ 1. Regulation 2 (c): improving efficiency in the provision of the services;
* The service specification for the practice will require the provider to develop services which will encourage skill mix and working with other services to provide medical services to the patients registered with the practice in an effective and efficient way.
1. **Compliance with the Public Services (Social Value) Act 2012**
	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 NE Lincolnshire; and
* How, in conducting the process of procurement, it might act with a view to securing the improvement.
	1. Maintaining and improving services in the NE Lincolnshire area will improve the local economic growth by ensuring that the practices will continue to operate ensuring social well-being and continuity of core medical services.

1. **Procurement Options and Methodology**
	1. Due to the value of the contract and in line with NY&H’s Detailed Financial Policies (DFPs), it is recommended that a process that mirrors the open procurement route be followed to test the capacity, capability and technical competence of bidders in accordance with The Public Contracts Regulations 2006 (as amended). The new Public Contracts Regulations 2015 are now in force however there is a delay in application of the Light Touch Regime (LTR) to the commissioning of health services for the purposes of the NHS. Draft regulation 118 provides that the LTR will only apply to the procurement (“commissioning”) of health services for the purposes of the NHS from the 18th April 2016. The current Part B regime and NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 will continue to apply to the commissioning of those service until that date.
	2. Table 1 provides the procurement options available to Y&H and the justification for their use.

**Table 1 – Procurement Options**

| **Procurement Process Considered** | **Description** | **Suitability** |
| --- | --- | --- |
| Open Procedure(The basic principles of the Open Procedure will be followed to commission this service) | This allows an unlimited number of interested providers to tender against defined parameters. This procedure is straightforward and transparent but can attract an unwieldy number of potential bidders. Recommended procedure if low numbers of interested providers are known. Also benefits a reduced timescale process in comparison to the restricted process. | Recommended – it is expected that there will be a low number of bidders tendering for the service. |
| Restricted Procedure | This is a two-stage procedure. The first stage allows the contracting authority to set the minimum criteria relating to technical, economic and financial capabilities that the suppliers have to satisfy. Following evaluation and short-listing, a minimum of five suppliers (unless fewer qualify) are invited to tender in the second stage. A longer timescale is required for this process but important to use this process if there are a significant number of providers within the market likely to respond. | Not recommended – it is expected that there will be a low number of bidders tendering for the service. |
| Competitive Dialogue | This procedure is appropriate for complex contracts where contracting authorities are not objectively able to define the technical means capable of satisfying their needs or objectives, and/or are not objectively able to specify the legal and/or financial make-up of a project. A pre-qualification questionnaire should be completed to select the candidates to participate in the dialogue. The contracting authority enters into a dialogue with bidders to identify and define the means best suited to satisfying their needs. The dialogue may be conducted in successive stages with the remaining bidders being invited to tender. Must consider if there is any reason (artistic or technical expertise or the need to protect exclusive rights) that warrants the contract being carried out by a particular person or authority - If no: competitive dialogue, if yes: negotiated procedure may be considered. The disadvantages are the lengthy and unknown timescales to this process along with an element of risk from a challenge – hence the importance of legal support and advice throughout this process. | Not recommended – service requirements have already been fully identified |
| Single Tender Action | A single tender action is the process where a contract is awarded to a provider without competition. This allows a contracting authority to depart from the Regulations’ usual obligations on open competition and transparency and negotiate a contract directly with one or more providers. **Its use is limited to a few defined circumstances in which it is considered strictly necessary.** Evidence is critical for audit purposes and to overcome challenges that there are no other providers within the market with capability and capacity to provide the required service.  | Not recommended – more than one provider has been identified to deliver the service. |

1. **ETendering**
	1. The Invitation to Tender (ITT) and supporting documents will be available to download via a dedicated NECS eTendering portal.
	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 Y&H for this procurement. This will ensure that bids are opened in the agreed timeframe.
2. **Procurement Timetable**
	1. Table 2 shows the key milestones and timescales for the proposed procurement process.

**Table 2**

| **Milestone** | **Description** | **Date**  |
| --- | --- | --- |
| Procurement and Evaluation Strategy sign off | Strategy signed-off by Primary Care Joint Commissioning Committee | 1/2/2016 |
| Advert | Date advert published on Contract Finder | 8/2/2016 |
| OJEU Advert  | Date advert published on OJEU  | 8/2/2016 |
| Tender deadline | Date by which bids need to be submitted | 31/3/2016 |
| Consensus scoring | Evaluator panel meeting to agree scores | 6/4/2016-7/4/2016 |
| Bidder Presentations  | Bidders deliver a presentation to commissioner | 13/4/2016 |
| Recommended bidder report | Report to Primary Care Joint Commissioning to approve successful bidder | 27/4/2016 |
| Standstill period | Notification to bidders of outcome, allowing 10 days for any challenges to be raised | 11/5/2016 |
| Contract award | Official offer of contract sent to successful bidder | 18/5/2016 |
| Contract signature and mobilisation | Mobilisation of contract | 25/4/2016 |
| Service commencement | Service start date | 9/8/2016 |

1. **Evaluation Strategy**
	1. The evaluation model proposed seeks to identify the Most Economically Advantageous Tender (MEAT), which is interpreted as affordable value for money.
	2. Details of the approach to the financial evaluation can be found under 8.4.
	3. Details of the approach to the technical evaluation can be found within Table 3.
	4. The Financial Model Template will be evaluated to assess the financial risk in the

 bid:

Bidders have been advised that there will be an analysis of the robustness of deliverability of the bid, including supporting information of the proposed business plan and proposed funding, and that financial risk will be assessed based on the following:

* Cash Flow - The ability of the bidder to fund the cash flow required for the project.
* Revenue Risk - The likelihood that the bidder will deliver all aspects of their financial model for this project going forward.

Risk will be graded as low, medium or high for both of the risk areas, these being Cash Flow and Revenue. The risk assessments for each of these areas will then be translated into an overall consolidated single financial risk measure of low, medium or high for the bid as a whole. Any bidder whose overall consolidated financial risk measure is graded as high may take no further part in the procurement exercise.

 ***Cash Flow***

The financial model completed by the bidder shows the bidder’s anticipated cash flow in each year and a cumulative position in terms of the bank balance.

Positive Cash Flow and Bank Balance

Where a bid has no negative cash flow in any year over the life of the contract and the bank balance is always positive (not in overdraft) then the bid will be assessed as “Low” risk for Cash Flow.

 Negative Cash Flow and Bank Balance

Where there is negative cash flow and that negative cash flow is covered by a confirmed source of funding, the bid will be assessed as “Low” risk for Cash Flow if:

* The bidder has a confirmed and unconditional letter/agreement of external funding
* The bidder has a confirmed and unconditional source of internal funding (backed up by a Parent Company Guarantee if relevant) and that company was assessed as strong in the financial evaluation via the Capability and Capacity questionnaire.

Where there is negative cash flow and that negative cash flow is covered by some evidence of funding the bid will be assessed as “Medium” risk for Cash Flow if:

* The extent of the negative cash flow is not material given the context of the bid and / or
* The bidder provides evidence that allows the assessors to conclude that it is **likely** the funding will be available

Where there is negative cash flow the bid will be assessed as “High” risk for Cash Flow if:

* The bidder fails to provide evidence that allows the assessors to conclude that it is likely that the funding will be available and / or
* The extent of the negative cash flow is material given the context of the bid

 ***Revenue***

A loss of bidder revenue due to underperformance represents a financial risk to NHS England as it increases the likelihood of bidder financial failure. The risk of each bidder’s financial model will be unique, based on the assumptions they have used in costing their proposed activity levels.

To complete the risk assessment we will undertake sensitivity analysis on the impact on the revenue base of the bidder based on standard sensitivities for reductions in patient volumes. All bids will be tested by a standard 5% reduction in all activity volumes and the bid will be assessed as;

* “Low” risk for bidder revenue where the loss of profit is less than 10%
* “Medium” risk for bidder revenue where the loss of profit is between 10% and 20%
* “High” risk for bidder revenue where the loss of profit is more than 20%

 ***Overall Financial Risk Score***

From the above each bid will have two financial risk scores:

* Cash flow
* Revenue

Any “High” risk cash flow assessment will result in a “High” risk rating overall for financial risk, as this is the key risk to the ability of the bidder to meet the contract over the ten year period.

If Cash Flow is “Medium” then the overall financial score will be determined as follows:

* as “High” overall financial risk if there is a “High” risk score from the Revenue category
* as “Medium” in any other case

If Cash Flow is “Low” then the overall financial score will be determined as follows:

* as “Medium” if there is a “High” risk score from the Revenue category
* as “Low” risk if there is a “Medium” or “Low” risk score from the Revenue category.

|  |  |  |
| --- | --- | --- |
| ***Cash Flow Risk*** | ***Revenue Risk*** | ***Overall Risk*** |
| High | High | High |
| High | Medium | High |
| High | Low | High |
| Medium | High | High |
| Medium | Medium | Medium |
| Medium | Low | Medium |
| Low | High | Medium |
| Low | Medium | Low |
| Low | Low | Low |

 ***Summary***

The financial risk rating calculated, will score as follows:

Low Financial Risk 20%

Medium Financial Risk 10%

High Financial Risk 0%

**Table 3 – Quality and Presentation Evaluation (80%)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Section** | **Question Ref** | **Micro Weighting %** | **Macro Weighting %** |
| **Quality** | Section 1Clinical and Service Delivery  | CSD01 **[RED FLAG]**  | 6 | 42 |
| CSD02 | 4 |
| CSD03 | 4 |
| CSD04 | 4 |
| CSD05**[RED FLAG]** | 10 |
| CSD06 | 3 |
| CSD07 | 4 |
| CSD08 | 4 |
| CSD09 | 3 |
| Section 2Performance Management | PF01 | 3 | 7 |
| PF02 | 2 |
| PF03 | 2 |
| Section 3Workforce  | WF01 | 5 | 12 |
| WF02**[RED FLAG]** | 3 |
| WF03 | 4 |
| Information Management and Technology (IM&T) | IMT01 | 1 | 4 |
| IMT02 | 1 |
| IMT03 | 1 |
| IMT04**[RED FLAG]** | 1 |
| Mobilisation  | MB01**[RED FLAG]** | 6 | 6 |
| **Subtotal for Quality** | 71 |
| **Presentation** | Presentation  | PR01 | 9 | 9 |
| **Subtotal for Presentation** | **9** |
| **Subtotal for Finance** | **20** |
| **Grand Total** | **100** |

**See Appendix 1 for details of questions.**

* 1. The evaluation process is made up of four stages as detailed below.
		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); and
* have included all documents as requested.

If a bidder does not achieve the required level of scoring, the bidder will be disqualified and will not proceed to stage 2 – Capability and Capacity.

* + 1. 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 56 of the Public Contracts Regulation 2015 (as amended);
* are in a sound economic and financial position to participate in the procurement and is within the advised affordability limit;
* Evaluation of Financial Model Template
* Have the necessary resources and core competencies available to them.

If a bidder does not achieve the required level of scoring, the bidder will be disqualified and will not proceed to stage 3 – Technical Evaluation.

* + 1. Stage 3 – Technical Evaluation

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

* achieve a minimum score of 50% on all Red Flag questions\*;
* achieve a minimum of 50% from the 71% available for all related criteria (quality). Therefore bidders must achieve a minimum of 35.5%.

\* 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.

Please refer to appendix 1 for all tender response questions.

If a bidder does not achieve the required level of scoring, the bidder will be disqualified and will not proceed to stage 4 – presentation.

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.

* + 1. Stage 4– Presentation.

Potential bidders that have progressed to this stage of the process will be asked to give a presentation as an element of the evaluation. The presentation question is as follows:

Bidders are required to describe the action that will be taken to ensure that they are able to mobilise the services on the date required.

In addition, bidders should be able to describe the priorities would be to support the implantation of an effective service development and improvement plan.

 This stage of the process has a maximum score of 9% available.to be confirmed

* 1. 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 consensus mark will be reported to the Primary Care Joint Commissioning Committee as the recommended bidder.
1. **Recommended Bidder**
	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 by scoring the highest marks. This will have been evaluated against the published evaluation criteria.

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:

* Workforce;
* Mobilisation;
* Performance Management;
* Information Management &Technology.
1. **Financial Threshold – to be worked up re financial model**
	1. The financial threshold for the services are as follows:
	2. The maximum agreed budget for years 1 to 5 of the contact will be £358,000 per annum. This is calculated on approx. £80 per patient for core services payments per weighted patient. The agreed budget for a 15 year contract is £1 790 800 with extension period from 2031 attracting the same payment as Global Sum each year. This will be subject to Global Sum uplifts as agreed on a national basis,

10.4 The affordability cap applies to the bid price for capitation payments for essential and additional services only.

1. **Potential Procurement Risks and Mitigation**
	1. Bids submitted exceed the affordability thresholds:
* Bidders will be notified of affordability thresholds within the ITT documentation.
	1. Limited interest from potential bidders:
* The ITT documentation has been streamlined and reduced in complexity via lessons learnt from prior procurement activity (both from NECS and the Y&H).
	1. Submissions received do not meet the minimum quality thresholds outlined in the evaluation criteria:
* The ITT documentation contains explicit instructions on how to ensure bids are compliant with the quality thresholds;
* The service specification included in the ITT pack contains explicit instructions on the minimum requirement of any provider delivering the service

11.4 The revenue element of the financial evaluation could be deemed as anti-competitive

 due to it restricting smaller providers from achieving a minimum 10% risk factor in the

 financial evaluation.

* Market intelligence gathered from issuing a PIN identified that potential bidders are providers who currently deliver similar services.
1. **Contract Term**
	1. The contract term for both services will be for 15 years with a break clause every 5 years for both commissioner and provider.- this is likely to be 5 years but with scope to extend hopefully.
2. **Recommendations**

The Primary Care Joint Commissioning Committee is requested to;

* 1. Give the approvals sought for the procurement and evaluation strategy, procurement timetables, financial thresholds, evaluation criteria and the contract term;
	2. Approve the opening of the tender by the authorised representative of NECS;
	3. Note that a recommended bidder report will be brought to a future meeting of the Primary Care Joint Commissioning Committee for approval;
	4. Note the request for minute references.

**Appendix 1 – Tender Response Questions**

**Query percentage**

|  |
| --- |
| **Clinical and Service Delivery (Score Available 42%)** |
| **CSD01: Accessibility – weighting 6%****RED FLAG QUESTION 50% MINIMUM SCORE REQUIRED ON THIS QUESTION** |
|  |
| Bidders must describe how they will deliver all the service(s) being commissioned to ensure it is accessible to patients.Response should include but not be limited to:* Description of booking appointment system, including; face to face, telephone, e-mail, fax and options for on-line booking facilities
* Consultation methods offered to patients including telephone triage
* The number of GP and nurse appointments, per 1,000 registered patients per week offered including consultation times
* Compliance with service access requirements for 8am to 6.30pm Mon to Fri Processes for advising patients on services available to them; including Out of Hours and emergency provision.
 |
| **Word Count: 2000 words** |
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|  |
| **CSD02: Equity of Service & Equality – weighting 4%** |
|  |
| Bidders must describe how they will deliver the service which will address the needs of the local population taking into consideration the local varying demographics to ensure provision of a locally sensitive service.Response should make reference to the following key areas:* A consideration of the Equity of Access requirements as outlined in Part 1 Schedule 2 of the Contract
* Compliance with the Public Sector Equality Duty Act 2010, describing your experience of working with a population of patients with diverse needs including sensitivities to age, gender, ethnicity, religion, sexuality and disability
* Elimination of unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;
* Advancing equality of opportunity between people who share a protected characteristic\* and those who do not; and
* Fostering good relations between people who share a protected characteristic\* and those who do not.
* Removing or minimising disadvantages suffered by people due to their protected characteristics\*;
* 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;
* Encouraging people with certain protected characteristics\* to participate in public life or in other activities where their participation is disproportionately low.

The following links provide additional information on the Public Sector Equality Duty Act 2010 \*:<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/><http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/><http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_update.doc> |
| **Word Count: 1600 words** |
| **CSD03: Patient Involvement & Engagement – weighting 4%** |
| **Bidders are required to tailor their answer in relation to the specific service requirements**  |
| Bidders must describe the process of how they will engage and involve patients and carers in the development and delivery of this service.Response should include but not be limited to:* Identify key patient groups;
* Engagement with the local community to identify needs (including hard to reach groups);
* Undertaking continuous service user engagement;
* Implementing service development resulting from engagement and consultation exercises;
* Sharing information and decisions;
* Ensuring practice strategies dovetail with NHS England’s strategy for patient engagement
 |
| **Word Count: 1600 words**  |
| **CSD04: Integrated Working – weighting 4%** |
|  |
| Bidders must describe how they will ensure effective integrated working with all stakeholders in the context of the NHS Five Year Forward View; the CCG Strategic Commissioning Plan for Primary Care Responses should include but not be limited to: * Patients/service users
* NHS England (Yorkshire and the Humber)
* CCG
* Local Practices
* Third Sector Organisations
* Other primary care providers
* Local hospitals and community service providers

The response should also include how the bidder will liaise with the LMC and CQC |
| **Word Count: 1600 words** |
| **CSD05: Governance – weighting 10%****RED FLAG QUESTION 50% MINIMUM SCORE REQUIRED ON THIS QUESTION** |
|  |
| Bidders must describe how Clinical Governance is core to the service. Policies should not be submitted as supporting documents for this questionResponse should include but not be limited to an explanation and evidence of:* Management of clinical risk including treating patients at home and medical emergencies;
* Patient safety and staff safety (e.g. incident reporting, significant event reporting etc.);
* Reporting of adverse incidents;
* Management of patient complaints;
* System that facilitates learning from experience and action planning, including improvement of quality of care to patients;
* Safeguarding Adults/Children procedure;
* Implementation of Mental Capacity Act Deprivation of Liberty Safeguards
* Implementation of evidence based guidelines;
* Implementation of patient safety alerts.
 |
| **Word count: 2500 words** |
| **CSD06: Health Promotion & Disease Prevention – weighting 3%** |
|  |
| Bidders must describe their strategy to deliver a service that focuses on health promotion and disease prevention.Response should include but not be limited to an explanation of:* Identification of key public health challenges within the locality
* Identification of at-risk patients for long term conditions
 |
| **Word count: 1300 words** |
| **CSD07: Medicines Management – weighting 4%** |
|  |
| Bidders must describe the systems and processes that they will have in place to ensure safe and effective prescribing and medicines management.Response should include but not be limited to an explanation of:* Monitoring of prescribing, including; accuracy, output and prescriber development needs including the use of prescribing decision support solution
* Review of repeat prescriptions
* 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
 |
| **Word count: 1600 words** |
| **CSD08: Referrals – weighting 4%** |
|  |
| Bidders must describe the systems and processes they will have in place to:* Utilise the Pathway Information Portal (PIP) clarify is this HSCIC NHS Pathways?
* Monitor referrals in respect of clinical appropriateness
* Identify and manage referrer training and development needs
* Monitor and manage attendances at local emergency and urgent care services
* Work in partnership with relevant stakeholders to reduce unnecessary admissions for patients with long-term conditions
 |
| **Word count: 1600 words** |
| **CSD09: Business Continuity – weighting 3%** |
|  |
| Bidders must describe their approach to disaster recovery and business continuity as a provider and part of the whole pathway. Bidders may evidence some of this with business continuity plans. Policies should **not** be submitted as supporting documents for this question.Response should include as a minimum but not be limited to:* Fire or theft;
* Severe weather;
* Staff shortage (including each staff group);
* Peaks in demand of service;
* Surge preparedness (peaks in service); and
* Major Incidents.
* Power failure
 |
| **Word Count: 1300 words** |

|  |
| --- |
| **Performance Management (score available 7%)** |
| **PF01: Performance – weighting 3%** |
|  |
| Bidders must describe their approach to monitoring performance.Response should include but not be limited to: * Quality & Outcomes Framework;
* Indicators as stated in the Primary Care Web Tool;
* Directed Enhanced Services commissioned by NHS England
* Extended Primary Medical Care Services commissioned by NHS NE Lincolnshire CCG
* Approach taken to determine and understand issues and indicated performance failure.
 |
| **Word Count: 1300 words** |
| **PF02: Continuous Improvement – weighting 2%** |
|  |
| Bidders must describe the mechanisms that they will use to ensure continuous service improvement.Response should include but not be limited to: * Clinical audit plans;
* Plans to improve Quality & Outcomes Framework achievement (should reference the bidders most recent results)
* Plans to improve GP survey results (should reference the bidders most recent results)
* How they will evidence compliance with evidence-based guidelines (i.e. NICE);
* How they will improve access to services;
* How they will improve performance in indicators as stated in Primary Care Web Tool
 |
| **Word Count: 1000 words** |
| **PF03: Monitoring – weighting 2%** |
|  |
| Bidders must outline how they will prepare for quarterly and annual monitoring requirements, as detailed in the contract.Response should include but not be limited to: * 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;
* How they will gather information i.e. incidents, complaints and concerns, for discussion at contract meetings;
* How they will feed back to Commissioners on lessons learned from incidents, complaints and concerns through the use of thematic analysis
 |
| **Word Count: 1000 words** |

|  |
| --- |
| **Workforce (Score Available 12%)** |
| **WF01: Recruitment & Retention – weighting 5%** |
| **Bidders are required to tailor their answer in relation to the lots locality.**  |
| Bidders must outline their approach to recruitment and retention and sustainability of the workforce requirements for this service.Response should include as a minimum but not be limited to:* Recruitment strategy;
* Induction process;
* Locums and agency staffing utilisation plans;
* Development of leadership capability/attributes;
* Ensuring individual performance supports delivery of the highest quality of service;
* Compliance with current legislation.
 |
| **Word Count: 1800 words** |
| **WF02: Organisational Structure – weighting 3%** |
| **Bidders are required to tailor their answer in relation to the locality.**  |
| **RED FLAG QUESTION 50% MINIMUM SCORE REQUIRED ON THIS QUESTION**Bidders must outline their proposed full organisational structure for this service to include all sites.Response should include as a minimum but not be limited to:* Organisation chart with clear lines of accountability and leadership;
* Skill set profile;
* Planned working patterns to ensure full staff complement during contract hours;
* Staff ratio to manage demand;
* Use of agency staff if applicable;
* Consideration of skills and competencies of the entire workforce;
* Clear rationale for the selected skill mix to be used for the service;
* Evidence of linking service delivery with the service requirements and staffing allocation.

Responses in this section will be cross referenced with the staffing model submitted in the FMT to ensure consistency.**Please Note: Attachments are allowed for this question** |
| **Word Count: 1300 words** |
| **WF03: Workforce Supervision & Training – weighting 4%** |
|  |
| Bidders must outline their approach to clinical and non-clinical supervision and training. Response should include but not be limited to:* Demonstration of clear appropriate professional leadership;
* Continuous development/training and support requirements;
* Supervision training;
* Staff appraisal;
* Supervision of locum/agency staffing.
 |
| **Word Count: 1600 words** |

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| **Information Management and Technology (IM&T) - Score Available for Section is 4%** |
| **IMT01 – Infrastructure (1%)** |
|  |
| With reference to the tender documentation please detail the IM&T technical infrastructure you intend to use to support the systems to deliver the service?**Please note:** answer can include attachmentsResponse must include as a minimum but not limited to:* Disaster Recovery & Business Continuity Plans;
* Expected system availability;
* Service Level Agreements/sub contracts to meet availability;
* Back-ups;
* Infrastructure security; and
* Desktop and laptop data loss prevention.
 |
| ***Maximum Word Count = 1250*** |
| **IMT02 – IT Systems (1%)** |
|  |
| Bidders must identify all the IT systems the provider will use to deliver and manage the Service as part of their proposal (clinical and administrative). Response must include as a minimum but not limited to:* IT systems
* Referrals including appointment booking, tracking, management and onward referral of patients for further specialised care
* Use of the NHS Number as the key identifier for patients, but also to include key identifiers from other systems;
* Appointment bookings / scheduling etc.;
* System integration with SCR and PDS;
* Communication with health and social care providers and other services providing support to individual clients; and
* Performance management and activity information.
 |
| ***Maximum Word Count = 1500*** |
| **IMT03 – Confidentiality (1%)** |
|  |
| Bidders are requested to describe their approach to information governance, confidentiality and data protection assurance.Response must include as a minimum but not limited to:* Confidentiality and data protection assurance
* Information security assurance
* Clinical information assurance
* Records management
* Data quality
* Information incident management

Information risk management |
| ***Maximum Word Count = 1000 Words*** |
| **IMT04 – Information Governance (1%)****RED FLAG QUESTION 50% MINIMUM SCORE REQUIRED ON THIS QUESTION** |
|  |
| To deliver this service bidder’s must achieve a minimum score of IG Toolkit Level 2 (Satisfactory). Therefore, please provide evidence of the following: Confirmation and evidence of achievement of IG Toolkit level 2ORAn action plan which clearly describes how your organisation will attain IG Toolkit Level 2 prior to the service commencement date to include details of any gaps against requirements which do not meet Level 2 and how these gaps will be addressed. Please refer to <https://nww.igt.hscic.gov.uk/> for more information regarding the IG Toolkit. Evidence of appropriate ICO Data Protection Registration, including the ICO registration number for checking purposes. If your organisation currently provides NHS services this must include registration for freedom of information.ORIf ICO Data Protection Registration does not include Freedom of Information (FOI) it is expected that this registration will be obtained prior to the service commencement.Please refer to <http://ico.org.uk/for_organisations/data_protection> for more information regarding ICO Data Protection Registration.**Please note:** answer can include attachments |

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| **Mobilisation (Score Available 6%)** |
| **MB01 – Mobilisation – weighting 6%****RED FLAG QUESTION 50% MINIMUM SCORE REQUIRED ON THIS QUESTION** |
|  |
| Bidders are to provide a suitable and appropriate mobilisation/implementation plan. The plan must detail the key tasks and milestones on a week by week basis (for pre-mobilisation) the bidder will complete during and post mobilisation period to deliver the services in accordance with the contract.The plan must set out tasks, deadlines and implementation responsibilities and be segmented into the work-streams.**Please Note: Answers can include attachments**  |
| **Word Count 2000** |

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| **Presentation (Score Available 9%)** |
| **PR01 – weighting 9%** |
| **PLEASE NOTE: Only those bidders that have progressed to Stage 4 will be asked to submit a presentation**Bidders are required to describe the action plan that will be developed to ensure that they are able to mobilise the services on the date required. The plan should be able to identify priorities and delivery dates.Bidders are also asked to describe the priorities :* to support the implantation of an effective service development and improvement plan.
* to deliver a sustainable service.

**Please note the following:*** The presentation will be timed and should last no longer than 15 minutes
* Hand-outs will not be accepted
 |

**ANNEX A**

1. **Service Information and Requirements**
	1. This annex outlines the key service information in relation to the practice.
	2. High level GP practice information is available through the Public Health England website: https://www.gov.uk/government/organisations/public-health-england
	3. Further information on health and wellbeing data in NE Lincolnshire can be found at [www.nelincs.gov.uk](http://www.nelincs.gov.uk)
	4. An overview and profile of the practice is provided below. Please note that this data represents the position at April 2015 from data presented on the Primary Care Web Tool.

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| **The (former)Ashwood Surgery****Weelsby View Medical Centre****Ladysmith Rd, Grimsby DN32 9SW** |

|  |  |
| --- | --- |
| **Opening Hours** | 8am to 6.30pm Mon to Fri |
| **List size** | 4477 |
| **Male** | 51.98% |
| **Female** | 48.02% |

|  |  |
| --- | --- |
| % of patients in residential care home | 0.29% |
| % of patients from BME populations | 12.98% |
| % of patients on Disability Living allowance | 6.08% |

|  |
| --- |
| **Deprivation and mortality** |
| Index of multiple deprivation  | 37.67 |
| Income deprivation affecting children | 0.31 |
| Income deprivation affecting older people | 0.28 |
| Standard mortality rates |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Indicator** |  | **Period** | **PracticeCount** | **PracticeValue** | **CCGValue** | **EnglandAverage** | **EnglandLowest** |  |  | **EnglandHighest** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| % aged 0 to 4 years |  | 2015 | 374 | 8.4% | 5.9% | 5.9% | 0.0% |  |  | 17.3% |
| % aged 5 to 14 years |  | 2015 | 635 | 14.2% | 11.3% | 11.4% | 0.0% |  |  | 30.3% |
| % aged under 18 years |  | 2015 | 1,182 | 26.4% | 20.6% | 20.7% | 0.0% |  |  | 53.5% |
| % aged 65+ years |  | 2015 | 521 | 11.6% | 19.1% | 17.1% | 0.0% |  |  | 92.5% |
| % aged 75+ years |  | 2015 | 228 | 5.1% | 8.8% | 7.8% | 0.0% |  |  | 79.6% |
| % aged 85+ years |  | 2015 | 67 | 1.5% | 2.4% | 2.3% | 0.0% |  |  | 48.2% |
| Deprivation score (IMD 2015) |  | 2015 | n/a | 42.0 | 30.9 | 21.8 | 3.2 |  |  | 66.5% |
| Deprivation score (IMD 2010) |  | 2012 | n/a | 38.3 | 29.1 | 21.5 | 2.9 |  |  | 68.4% |
| IDACI (Income Depr. - Children) |  | 2015 | n/a | 34.5% | 29.0% | 19.9% | 1.4% |  |  | 59.3% |
| IDAOPI (Income Depr. - Older People) |  | 2015 | n/a | 27.3% | 19.3% | 16.2% | 3.9% |  |  | 65.3% |
| % who would recommend practice |  | 2014/15 | 37 | http://fingertips.phe.org.uk/82/images/change-down.png56.7% | 78.1% | 77.5% | 15.2% |  |  | 100% |
| % satisfied with phone access |  | 2014/15 | 45 | 69.8% | 75.0% | 73.3% | 11.9% |  |  | 100% |
| % satisfied with opening hours |  | 2014/15 | 55 | 83.0% | 80.5% | 74.9% | 38.7% |  |  | 100% |
| % who saw/spoke to nurse or GP same or next day |  | 2014/15 | 11 | http://fingertips.phe.org.uk/82/images/change-down.png21.7% | 50.1% | 48.3% | 6.5% |  |  | 98.3% |
| % reporting good overall experience of making appointment |  | 2014/15 | 44 | 67.0% | 75.7% | 73.3% | 16.8% |  |  | 100% |
| % who know how to contact an out-of-hours GP service |  | 2014/15 | 37 | 57.3% | 61.4% | 56.4% | 11.9% |  |  | 87.3% |
| % with a long-standing health condition |  | 2014/15 | 35 | 53.0% | 59.7% | 54.0% | 11.9% |  |  | 94.7% |
| % with caring responsibility |  | 2014/15 | 15 | 23.7% | 18.0% | 18.2% | 0.5% |  |  | 36.9% |
| Working status - Paid work or full-time education |  | 2014/15 | 35 | 55.3% | 56.5% | 61.5% | 8.5% |  |  | 100% |
| Working status - Unemployed |  | 2014/15 | 12 | 18.7% | 6.3% | 5.4% | 0.4% |  |  | 53.6% |
| Total QOF points |  | 2014/15 | 472 | http://fingertips.phe.org.uk/82/images/change-down.png84.5% | 95.5% | 94.8% | 28.2% |  |  | 100% |
| Life expectancy - MSOA based (Male) | 2008 - 12 |  | n/a | 76.0 | 77.2 | 78.9 | 70.0 |  |  | 90.1% |
| Life expectancy - MSOA based (Female) | 2008 - 12 |  | n/a | 81.0 | 81.7 | 82.8 | 75.9 |  |  | 91.9% |
|  |  |  |  |

**Annex B**

1. Introduction
	1. The contractor will be commissioned to provide the service currently provided across the above contract.
2. Service Specifications
	1. The Provider must provide the following Primary Medical Services
	2. Essential Services, covering:
* Management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable;
* General management of patients who are terminally ill;
* Management of chronic disease in the manner determined by the practice, in discussion with the patient.

Additional Services, as listed below:

* Cervical screening;
* Child health surveillance;
* Minor surgery;
* Maternity medical services (excluding intra-partum care);
* Contraceptive services;
* Childhood immunisations and pre-school boosters;
* Vaccinations and immunisations

Enhanced Services – the contractor shall provider all services as listed

* Extended Hours
* Avoiding Unplanned Admissions
* Childhood Seasonal Influenza Vaccination
* Dementia Enhanced Service
* Friends and Family Test
* HPV Booster vaccination
* Hepatitis B (new-born) babies vaccination programme
* Learning Disability health check scheme
* MMR aged 16 and over vaccination programme
* Meningitis C Booster vaccination
* Pertussis in pregnant women
* Pneumococcal Vaccination Programme
* Rotavirus (Routine Childhood Immunisation
* Seasonal Flu Service
* Shingles (catch up aged 78) vaccination programme
* Shingles (routine aged 70) vaccination programme
* Out of Area

Enhanced services currently commissioned by the CCG are as follows:

* Secondary Care Phlebotomy
* Wound Management
* Administration of GnRH analogues
* Shared Care Monitoring
* Dementia DES+
* Extended Medicines Management

Enhanced Services currently commissioned by Public Health, NE Lincolnshire Council are as follows:

* Health checks
* Sexual Health
* Substance misuse