

Agenda Item: 15.1

Nikki Cocks
 NHS Norwich CCG Governing Body
 Tuesday, March 24, 2015



Norwich

Clinical Commissioning Group

Subject:	Integrated Norfolk (excluding Great Yarmouth & Waveney) and Wisbech NHS 111 Service and Primary Care Out of Hours Services
Presented By:	Nikki Cocks Director of Operations and Delivery
Submitted To:	NHS Norwich CCG Governing Body Meeting 24 March 2015
Purpose of Paper:	Agreement

Summary:

The current contract with the East of England Ambulance Service Trust expires end of August 2015 and a formal procurement to award a new contract has been underway since November 2014 led by NHS Norwich CCG (as Coordinating Commissioner). The Norfolk (excluding Great Yarmouth & Waveney) and Wisbech Clinical Commissioning Groups cover the population of 5 areas, NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and Wisbech Local Commissioning Group (part of NHS Cambridgeshire and Peterborough CCG).

The CCGs wish to procure a NHS 111 Service and Primary Care (GP) Out of Hours Service for their population. This will be on a 5 year contract to enable stability for the service and that will reflect our objectives. These are to deliver high quality, responsive and value for money services for our patients as the delivery of health care continues to evolve.

The purpose of this paper is to provide a summary of the procurement process to assure the Governing Body that due process has been followed as per the paper presented in November, and to select the preferred provider.

A formal EU restricted procurement process was followed which encompassed two stages, pre-qualification (PQQ) and then formal tender submission, the Invitation to Tender (ITT). Two tenders have been received and formal evaluation has taken place with input from all 5 CCGs.

The evaluation criteria was agreed with all five CCGs and includes,

1. Service Delivery
2. Mobilisation
3. Workforce
4. Innovation and Efficiency
5. Clinical and Clinical Governance
6. IM&T including Information Governance
7. Financial Evaluation, comprising service pricing and pricing assurance

Moderation and agreement of final scores, with presentation and interview of bidders was conducted with the evaluation team and facilitated by procurement support. Procurement expertise has been provided by procurement leads at NEL CSU at PQQ stage and Attain Commissioning Services at the ITT stage.

Formal sign off by Governing Bodies is required by 31/03/ 2015 to allow the best practice 10 day 'standstill period' to occur and then award of the contract on 14 April 2015.

Recommendation:

It is recommended that the Governing Body accepts assurances that due process has been followed, and therefore selects Bidder B as the preferred provider. It is further recommended that Bidder A is included as a reserve preferred bidder should that prove necessary.

Detailed Report

Introduction and Background

The current service for provision of Integrated Norfolk (excluding Great Yarmouth & Waveney) and Wisbech NHS 111 Service and Primary Care (GP) Out of Hours Services expires on 28 August 2015. We are in the process of formally agreeing a contract extension to 01 September to cover the August Bank Holiday period. A formal paper outlining the process to be followed was presented to Governing Bodies in November 2014.

The purpose of this paper is to provide a summary of the procurement process to assure the Governing Body that due process has been followed as per the paper presented in November, and to select the preferred provider.

The current service is Norfolk-wide (excluding Great Yarmouth and Waveney) with a cost envelope of circa £8.5m to £9.6m per annum. The contract will be let for a period of 5 years with total financial envelope between £42.5m to £48m. NHS Norwich CCG led the procurement as Coordinating Commissioner with input from NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and Wisbech Local Commissioning Group (part of Cambridgeshire and Peterborough CCG). Procurement expertise was provided from the procurement function at NEL CSU for the Pre-Qualification Questionnaire stage and Attain Commissioning Services for the Invitation to Tender stage as they have been actively involved at every stage.

Process

A formal EU restricted procurement process was followed which encompassed two stages, pre-qualification (PQQ) and then formal tender submission, the Invitation to Tender (ITT). Market engagement was sought prior to conclusion of the service specification; a bidder engagement day was held immediately prior to issue of the Invitation to Tender.

During the bidder engagement day all those who had passed PQQ stage met with key stakeholders and patient representatives. The bidders had an opportunity, at 1:1 meetings, to understand with the stakeholders the key concerns and challenges facing them within the local health system, and discuss options for the 111/OOHs service to address these. The bidders also met with local patient group representatives, facilitated by the Engagement Manager (Norwich CCG), to hear the views of those patient groups on areas where service was currently working well and opportunities for improvement.

All the key dates were published in the PQQ document, and updated in the ITT document. These included an opportunity for clarification questions from bidders, and an interview of bidders post moderation for those 'above the line'.

Closing date for submission of formal bids was 9 February 2015 and we received two formal bids. Full evaluation against published criteria was undertaken with input from all 5 CCGs by subject matter experts. This included clinical input from 3 GPs, financial expertise/evaluation from CFO's, HR input and IMT input. A patient representative, identified via Healthwatch, was included in the evaluation panel, scoring the bids from a service delivery and clinical governance perspective; the representative actively participated in the moderation session.

The evaluation criteria was agreed with all CCGs and includes,

1. Service Delivery
2. Mobilisation and Transition Planning
3. Workforce
4. Innovation and Efficiency
5. Clinical and Clinical Governance
6. IM&T including Information Governance

7. Financial Evaluation, comprising service pricing and pricing assurance

The evaluation team moderated the scores before agreeing a provisional score per bid. Bidders were invited to interview on 27 February 2015 to allow the evaluation team opportunity for clarification on the submission as appropriate. Final moderation and agreement of scores was then undertaken. All the evaluation stages were properly recorded, including any changes to scores post moderation/interview/final moderation.

Final Evaluation scores:

	Section	Weight %	Bidder A %	Bidder B %
Quality of service	Service Delivery	22	10.8	15
	Mobilisation	10	5.7	7.7
	Workforce	5	3.3	3.3
	Innovation	8	3.2	3.7
	Clinical Governance	15	8.2	12.4
	IM&T	10	6.6	7
Finance	Finance	30	29.6	30
	TOTAL	100%	67.30%	79.10%

Agreement of Preferred Provider

The preferred provider will be identified by 31 March 2015 following formal sign off by Governing Bodies. The two bidders will be notified confidentially of the outcome, which will signal the commencement of the best practice 10 day 'standstill period' to occur. It is then expected that the contract will be awarded on 14 April 2015. Contract signature and service mobilisation will then commence.

At market engagement the providers present all agreed that minimum of a four & half months for mobilisation period was adequate to ensure smooth transition if a new provider is identified. Award on 14 April 2015 allows contract negotiations/signature to conclude and mobilisation to commence 15 April 2014.

Recommendations

It is recommended that the Governing Body accepts assurances that due process has been followed, and therefore selects Bidder B as the preferred provider. It is further recommended that Bidder A is included as a reserve preferred bidder should that prove necessary.