

**Bromley Clinical Commissioning Group  
 Special Part II Governing Body Meeting  
 14<sup>th</sup> August 2014**

**BROMLEY UCC PROCUREMENT**

**DIRECTOR RESPONSIBLE:** Clive Uren, Director of Health Care System Reform

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**SUMMARY:**

This paper sets out the procurement process followed for the Urgent Care Centre at the Beckenham Beacon. The purpose of this report is to seek the approval of the Governing Body to appoint a preferred provider selected through a competitive tender procurement process, and to agree to progress to contract negotiations resulting in the award of a 3 year contract starting from the 1<sup>st</sup> December 2014 with the option of a 2 year extension.

**KEY ISSUES:**

**Background**

A business case was presented to the Governing Body in May 2014 recommending the procurement of an Urgent Care Centre to operate at Beckenham Beacon. The decision to commission a UCC, was supported by a Needs Assessment for the population of Bromley (Nov 2013) conducted by Public Health. This identified the need for the continuation of an urgent care service located within the Beckenham area to provide ease of access for a growing population of older people and children, many of whom reside in local areas with high levels of deprivation.

The preferred option was to commission a service that would provide patients with an integrated urgent care service, combining existing services to improve the patient journey through a more streamlined approach. Public consultation was not required due to there being no significant change to the service model from the patient perspective.

A service specification was developed based on recommendations from a series of local workshops, focusing on the current state of unscheduled care walk-in services at Beckenham Beacon, and examples from National Guidance on the commissioning of Urgent Care Centres. Stakeholders included representatives of patient

participation groups and GPs.

The options appraisal was evaluated based on outcomes in the domains set out in the table below (Table 1). The ITT sections followed this format for consistency, and weighting reflected discussions at the local workshops held to review the service model. Leads remained as those used in the business case development, apart from where this was not possible due to staff transition, and were also responsible for clarification question responses. Patient representatives were also part of the panel. Questions for each section were developed by subject matter experts, supported by the procurement team who advised on appropriateness of content, weightings, and word count.

**Table 1 – Domains for review**

Domain	Key Option Appraisal Criteria	Relating ITT Sections and Weighting	Lead Subject Matter Expert
Clinical	Safety, Transparency, Clinical output based	Clinical Service Delivery – 12% Prescribing – 5%	CCG Clinical Lead
Patient Experience	Perceived benefits and safety, Continuity of Care, Care Closer to Home	Quality - 8%	CCG Governance Lead
Financial	Perceived value for money, Affordability	Finance - 40%	CCG Finance Lead
Strategy	Meets national or local strategy	Contracts Management – 5%	CCG Contracting Lead
Delivery	Ease of delivery	Mobilisation & Planning – 8%	CCG Commissioning Lead
User Defined	Safeguarding Children & Adults	Safeguarding – 5%	CCG Safeguarding Lead
	Additional Quality elements	HR – 7% (reflecting the need for strong clinical leadership and adequate capacity through recruitment as mentioned in business case) Estates – 5% (reflecting the need to plan services around existing premises) Equipment – 2% IM&T – 3% Information Governance – Pass/Fail	CCG Leads for HR, Premises, IG, and Infection Control

To summarise 60% of the scores were allocated to quality domains, and 40% of the scores are based on the finances.

Business questions were sent out at the same time as the ITT (Table 2), as recommended by the procurement team to enable the timescales below to be met. The short timeline is based on the date the

current service expires to allow for a seamless transition without a break in service.

**Table 2 – Procurement Timeline**

<b>Target Date</b>	<b>Activity</b>
15 <sup>th</sup> May 2014	Contract Notice & ITT published
15 <sup>th</sup> May to 12 <sup>th</sup> June 2014	Bidder Clarification Period
5 <sup>th</sup> June 2014	Bidder Event
24 <sup>th</sup> June 2014	Deadline for completed BQ/ITT Submissions
25 <sup>th</sup> June to 30 <sup>th</sup> June 2014	Evaluation of Business Questions
1 <sup>st</sup> July to 11 <sup>th</sup> July 2014	Evaluation of bids by the Evaluation Team – to be scored individually.
14 <sup>th</sup> July 2014	1 <sup>st</sup> Moderation Meeting
23 <sup>rd</sup> July 2014	Bidder Presentations
30 <sup>th</sup> July 2014	Final Evaluation Meeting
14 <sup>th</sup> August 2014	Governing Body ratifies successful Bidder
18 <sup>th</sup> – 28 <sup>th</sup> August 2014	Alcatel Standstill Period (10 days)
1 <sup>st</sup> September 2014	Contract awarded
1 <sup>st</sup> September – 28 <sup>th</sup> November 2014	Transition – for migrating services
1 <sup>st</sup> December 2014	Service Commencement

All evaluators received training from the procurement team on the process (Appendix 2 – training manual). Training included the need for confidentiality and fairness, as well as an overview of the process and timeline relating to the procurement.

### **Procurement Process**

The procurement process was managed by South of England Procurement Services, and full details of the procurement process and final evaluation are included in their ratification report included as Appendix 3. The serviced was procured through the OJEU due to the value of the contract, and attracted 19 bidders, out of which four submitted a tender. All documents were shared through the Bravo e-tendering portal.

A bidder event was held on the 5<sup>th</sup> June 2014, which was attended by four organisations. CCG subject matter leads attended this event, and commissioners gave a presentation setting out their vision for the service in line with commissioning priorities. Presentations and clarification questions were made available to all potential bidders through Bravo.

The CCG were able to respond to all bidder clarification questions in a timely and appropriate manner as set out in the procurement guidance. However in some cases holding responses were issued where information was not available to the organization, or where the request was deemed to be inappropriate as it did not directly relate to the service specification or any interdependencies.

Four organisations submitted tender documents by the deadline, and were invited to the presentation day. Sections of the ITT were scored initially by the subject matter expert(s), and then moderated by the wider

panel to ensure consistency, as well as to agree methodology for awarding scores. Finance scores were calculated based on the finance templates submitted.

All questions were given a score between 0 – 10 using the rationale in table 3, and weightings were then applied. Evaluators were asked to reach a consensus rather than an aggregate on scores. As part of moderation evaluators had to define the requirements of superior, good, satisfactory, below expectations, poor, and unacceptable. This was for assurance on scoring methodology, as well as to use in feedback to bidders.

**Table 3 – Scoring**

Score range	Basis of score
9-10	<b>Superior:</b> An excellent and comprehensive response submitted in terms of detail and relevance which clearly meets or exceeds the requirements in all areas which is likely to result in increased clinical quality (including improvement through innovation).
7-8	<b>Good:</b> A good response submitted in terms of detail and relevance which meets the requirements in most areas/all areas
5-6	<b>Satisfactory:</b> An adequate response in most areas but less detail provided which reduces the extent to which the response merits a good score
3-4	<b>Below expectations:</b> The response only partially addresses the question. A below expectation response.
1 -2	<b>Poor:</b> very limited response provided or a response that is inadequate or substantially irrelevant
0	<b>Unacceptable:</b> No response given or response is unacceptable

Bidders were asked to present to the subject matter experts on how they would meet service requirements, and broad questions on service delivery relating to CCG urgent care priorities were posed to all providers, as well as clarification questions on presentation content. The final moderation day took place following the evaluation, and evaluators were able to reflect on the additional information provided to further ratify scores.

### Outcome of Evaluation

The table below (Table 4) shows total scores against each section, and the % weighting as a result. Comments from the evaluators and full breakdown of scores can be found in Appendix 4. The ITT questions are included as Appendix 5.

Table 4 – Final Scores

Domain	Weight	Maximum Score	Organisation A		Organisation B		Organisation C		Organisation D	
			Weighting	Score	Weighting	Score	Weighting	Score	Weighting	Score
Clinical/ Service Delivery	12%	410	7.4%	254	7.0%	240	4.6%	156	9.3%	317
Safeguarding	5%	300	2.8%	170	3.3%	200	2.2%	130	2.7%	160
Prescribing	5%	100	3%	60	3.5%	70	2.5%	50	5%	100
Quality	8%	500	6.1%	380	5.6%	350	4.6%	290	5.6%	350
Human Resources	7%	920	4.5%	592	5.3%	696	3.5%	466	5.3%	690
Premises/ Property	5%	100	4%	80	4.5%	90	3%	60	4%	80
Equipment	2%	100	1.2%	60	1.6%	80	1.2%	60	1.6%	80
IM&T	3%	360	2.4%	292	2.5%	298	1.9%	224	2.5%	298
Contract Management	5%	200	3.5%	140	4%	160	2.3%	90	4.3%	170
Information Governance	Pass / Fail	N/A	Pass	N/A	Pass	N/A	Pass	N/A	Pass	N/A
Contract Mobilisation and Planning	8%	500	7.2%	450	5.3%	330	2.2%	140	5.4%	340
Total Quality Domains	60%		42.2%		42.6%		28%		45.6%	
Finance Template	40%		40%		39%		35%		39%	
Total	100%		82.2%		81.6%		63%		84.6%	

Three of the tenders submitted (organizations A, B, and D) were of a sufficient standard to warrant a contract award. Evaluators were assured that the contracting process will ensure any areas where scores are low are robustly monitored during the duration of the contract, and service improvement plans agreed if needed.

Three of the organizations (B,C, and D) are local providers of urgent care services. To summarise the differences between the tenders produced, the evaluation panel found Organisation A to be strong in areas relating to operational process management with a good organizational structure supporting monitoring, but details of service delivery were lacking in comparison to the other strong candidates. Organisation B scored well overall, but did not include as much information as Organisation D to translate its protocols into service delivery.

The evaluation panel are satisfied that the organization with the higher score have provided the most evidence that they are able to provide a service as detailed in the specification, and the governing body are asked to ratify the recommendation to offer Organisation D the contract for the UCC at Beckenham Beacon.

**RISK:**

- A delay or failure to award the contract to the preferred bidder will impact on the ability to negotiate a contract with the provider and for the new service to be operational from the 1<sup>st</sup> December. Contingency plans are in place with existing UCC providers in the event of any slippage.
- There is a risk that the outcome of any procurement is subject to challenge. While the CCG is confident in its process, any additional standstill outside of the standard 10 days as a result of this may delay service commencement, and contingency plans will need to be implemented.
- At clarification stage the CCG were unable to provide costs for the expansion of the diagnostic service at the UCC, and were unable to ascertain whether this would be within the financial envelope for this service. This will be reviewed as part of contract negotiations, and any cost pressures will be managed and mitigated as a risk.

**COMMITTEE INVOLVEMENT:**

The Clinical Executive Group has also had sight of this summary report.

The Governing Body's decision will be reported to Part I of the next Governing Body meeting in public to be held on 22 September 2014.

**PUBLIC AND USER INVOLVEMENT:**

Patient representatives were involved in the evaluation

**IMPACT ASSESSMENT:**

An impact assessment was included as part of the options appraisal and business case. The OSC have also been notified of the procurement.

**RECOMMENDATIONS:**

The Governing Body are asked to review and ratify the recommendation to offer the contract for the UCC at Beckenham Beacon to Organisation D.

**ACRONYMS**

BQ – Business Questionnaire  
 CCG – Clinical Commissioning Group  
 GPs – General Practitioners  
 HR – Human Resources  
 IG – Information Governance  
 IM&T – Information Management and Technology  
 ITT – Invitation to Tender  
 OSC – Overview and Scrutiny Committee  
 UCC – Urgent Care Centre

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