

**Confidential**

**NHS Barnet  
Clinical Commissioning Group  
Community Gynaecology Service  
NELCSU/BAR/WP/100032**

**Memorandum of Information (MOI)**



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## 1. Purpose, and Next Steps for Applicants

### 1.2 Purpose of this document

The purpose of this Memorandum of Information (MOI) is to provide potential Bidders with sufficient information on the NHS Barnet CCG (herein after referred as the Contracting Authority) Community Gynaecology Service (CGS) procurement to complete and submit a Combined Response Document questionnaire (CRD).

The CRD is designed to secure the necessary reassurances about the capacity, capability and eligibility of potential Bidders and how they would deliver the CGS in line with the service specification in order to satisfy the minimum requirements of the procurement.

This Memorandum of Information (MOI) provides an overview of the Contracting Authority's procurement to provide a Community Gynaecology Service as follows:

- Introduction and Overview;
- Contracting Authority's service requirements;
- Procurement process;
- Procurement commercial framework; and
- Procurement governance and administration requirements.

The aim of the MOI is to provide potential applicants with sufficient information on the procurement to enable them to make an informed decision about whether they wish to participate.

### 1.3 Next Steps for Applicants


Potential applicants can access all the required documentation by clicking the 'Login and Register an Interest' button on the Community Gynaecology Service opportunity on Pro-Contract (<https://www.supplying2nhs.com>).

Those wishing to participate in the Contracting Authority's Procurement must submit a completed CRD with all the requested documentation no later than

**12:00 noon on 3<sup>rd</sup> of July 2015 via the Pro-Contract e-sourcing portal.**

## 2. Introduction and Overview

Over recent years, the NHS has been increasing its focus on improving the provision, access and quality of care provided outside of an acute hospital setting to meet new challenges as the population lives longer with more complex health needs. These aims continue through the, Five Year Forward View<sup>1</sup>, which asks the NHS to take advantage of the opportunities that science and technology offer to break down the barriers of how care is provided between GPs and hospital care, physical and mental health, health and social care. To deliver these aims GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a



shift in investment from acute to primary and community services through far more care delivered locally.

When considering the above stated national drivers for change in a local context, the following are key challenges for NHS Barnet CCG, which will necessitate a redesign in the delivery of health care in Barnet:

The residents of Barnet have changing health needs, as people live longer and live with more long term and chronic diseases – putting pressure on health care provision. We need to have more planned and integrated care, provided earlier to our population in settings outside of hospital. Patients do not always need to receive hospital based care and alternative community based services can often be delivered to a better standard and have shown to be cost effective, whilst still maintaining a safe, quality service.

Barnet CCG has commissioned a successful consultant-led Community Gynaecology Service since 2011, which has provided care outside of hospital within a number of convenient locations across the Borough, reducing waiting times and delivering value for money. In building on the success of this service and using the knowledge and experience gained through the current commissioning arrangements, Barnet is testing the market to re-procure its Community Gynaecology Service (CGS).

The CGS will continue to offer services in the community which focus on:

- Introducing effective, well integrated patient pathways;
- Increasing the capacity of community based gynaecology services to facilitate on-going service improvement and innovation;
- Reducing waiting times for assessment and treatment of gynaecology conditions;
- Continuity of care for patients through education and advice to primary care practitioners in the management of common gynaecological conditions;
- Improving support to patients for self-care and shared decision making;
- Reducing the number of inappropriate referrals to secondary care for diagnosis, treatment and management of conditions;
- Achieving value for money.


1 NHS England (2014) Five Year Forward Plan

## **2.1 Aims of the procurement**

Barnet CCG's aim is to continue to commission a high quality and innovative consultant-led service, delivering safe clinical outcomes, an excellent patient experience and reduced intervention and follow up rates, whilst providing value for money.

## **2.2 Scope of the service**

The key elements of the service include the assessment, investigation and management of patients across the following 'core' clinical care pathways:

- 
- Heavy menstrual bleeding assessment including menstrual disorders and persistent inter-menstrual bleeding
  - Irregular bleeding to include ( post-menopausal/Inter-menstrual/post coital )
  - Chronic pelvic pain assessment (>6 Months)
  - Male/ female infertility assessment
  - Female urinary incontinence
  - Urogenital prolapse
  - Oligo amenorrhoea
  - Vulvar dermatoses
  - Polycystic ovarian syndrome
  - Fibroids and cervical polyps
  - Menopausal care
  - Pessary changes / fittings
  - Complex coil fittings
  - Benign ovarian cysts
  - Hysteroscopy
  - Therapeutic hysteroscopy
  - Endometrial ablations
- 
- The service will be community based and offered across all three localities of Barnet; north south and west. The provider is required to deliver the north locality service out of the Finchley Memorial Community Hospital site.
- 
- Appointments will be available on week days including at least one evening a week and a minimum of two clinics per month at weekends which are offered on both Saturdays and Sundays.
  - The service will deliver education and training to GPs and other relevant professionals delivering healthcare to Barnet residents
  - The service will offer clinical advice and guidance either via Choose and Book or via direct email correspondence with the GP. The service's consultant gynaecologists will be contracted to provide a response within five working days via Choose and Book, and two working days for direct email advice.
  - The service will ensure that all appointments are available for patients to book on the Choose and Book system.
  - The service will treat all patients 16 years and over. All children under the age of 16 must be referred to secondary care via the Barnet Referral Management Service.
  - Any complex cases requiring specialist treatments, including suspected cancer referrals, will continue to be referred directly to Secondary Care in line with patient choice and notified to the Barnet Referral Management Service.

## 2.3 Referral criteria

To be eligible to attend the CGS the following must apply:

- The referral is for a Barnet GP registered patient
- The patient is aged 16 years or above at the time the referral is received
- The referral is compliant with agreed local clinical care pathways where available and where appropriate Primary Care clinicians have completed first line assessment and investigations, before acceptance into the service
- The referral has been received via the Barnet referral management service

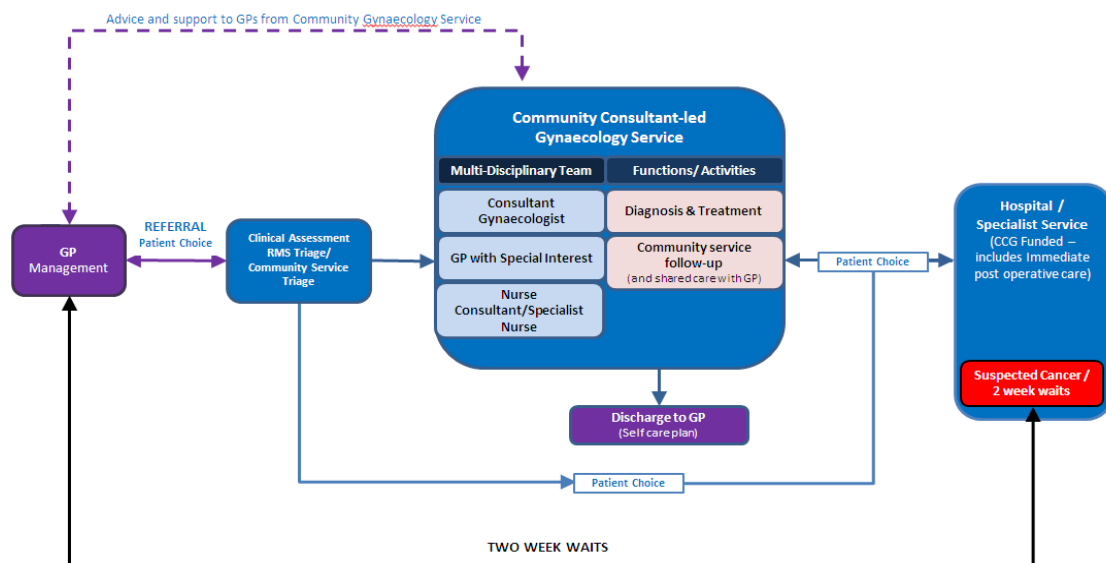
## 2.4 Exclusion criteria

The following clinical exclusion criteria will apply to the community service:

- Patients requiring colposcopy
- Suspected cancers
- Complex or uncertain pathology requiring referral to secondary care at triage
- Patients under the age of 16
- Termination of pregnancy
- Specialist services commissioned by NHSE
- Treatments identified within the North Central London Procedures of limited effectiveness Police (PoLCE)
- Treatment of Infertility

## Model of care

*The proposed pathway or service model is depicted below;*






### **3. Objectives of the Contracting Authority's Procurement**

The key objectives of Barnet CCG are:

- To commission a suitable and experienced provider that can deliver the service outlined within the service specification from 1 January 2016.
- Provide a community service based on best practice for women with gynaecological conditions, whose management needs are above the competencies expected of GP's within Primary Care;
- Improve access to care and ensure patients are seen and treated in an environment most appropriate to their needs and closer to home;
- Provide a multi-skilled approach to assessment; diagnosis and treatment to the management of gynaecology conditions;
- Promote consistency in management of conditions and improve health outcomes;
- Support GP practices with mentorship, education and skills training to improve primary care compliance with approved gynaecology primary care pathways;
- Provide improved access to advice and guidance for clinicians, patients and the public;
- Improve cost-effectiveness by reducing the demand on secondary care services, reduction in the first to follow up ratio and delivering at a local tariff lower than alternative services;
- Empower patients where appropriate, to self-manage a diagnosed long term condition for example by producing educational literature and sign posting to relevant support groups;
- Patients will be seen within 4 weeks of referral;
- To help to reduce waiting times in secondary care and contribute to meeting the 18 week pathway;
- To develop and progress working relationships with other providers of gynaecology services to enhance service provision across the clinical pathway, that supports an improvement in patient experience;
- Produce robust data collection in line with Barnet CCGs expectations that also includes patient satisfaction and health outcomes;
- Assist with narrowing the health inequalities gap for the most deprived patients in the Borough of Barnet;
- Provide sensitive services according to culture, age and ethnicity.

#### **3.1 Bidder Pool**

The Contracting Authority anticipates responses to the CRD from suitably qualified and experienced gynaecology service providers with the necessary capacity and capability, (or a demonstrable ability to provide the necessary capacity and capability either directly or through robust subcontracting arrangements) to provide



the range of services as set out in this MOI in a safe and effective manner and to meet the requirements.

Potential bidders may bid in partnership with other organizations such that the clinical services provider may be different to the organizing bidder, but the combined bid will, if successful result in a single Provider accountable for the whole service. Potential bidders must be eligible to enter into the **NHS Standard Contract 2014/15**.

### 3.2 Critical Success Factors (CSFs)

The Contracting Authority requires the Provider to meet the following CSFs throughout the life of the Contract

Critical Success Factor		
1.	<b>Access</b>	<p>The Services shall be undertaken within the Contracting Authority's geographical areas. In this case the London Borough of Barnet. The service will be community based and offered across all three localities of Barnet; north south and west. The provider is required to deliver the north locality service out of the Finchley Memorial Community Hospital site.</p> <p>The service will be easily accessible for patients and well known to GP practices</p>
2.	<b>Quality</b>	<p>The Services must adhere to the principles of clinical governance; be of a standard consistent with good clinical practices and reflect the CQC Fundamental Standards.</p> <p>Services must be patient focused and of a high clinical quality ensuring that services are adapted to meet the needs of vulnerable people, people with learning and physical challenges and mental health needs</p> <p>The Services will be designed in such a way as to provide best practice interventions to meet the health needs of the Service users.</p> <p>The Provider will evidence an active approach to clinical and organisational audit.</p> <p>Patient-centred services must be delivered in a safe and effective manner and delivered through a learning environment.</p> <p>Providers will be expected to integrate with, and positively contribute to the local healthcare community</p>




## Critical Success Factor

3.	<b>Governance and performance</b>	<p>The provider needs to demonstrate robust governance, clinical leadership and continuous learning and self-improvement processes.</p> <p>The provider shall act in accordance with local and national guidelines on gynaecology including NICE and the Royal College of Gynaecologists.</p> <p>The local elements of the Service need to be integrated into primary and secondary care services as appropriate</p> <p>The Provider shall ensure there is timely, accurate and comprehensive regular performance reporting.</p>
4.	<b>Innovation</b>	The Provider must work with primary care partners to introduce affordable innovations in clinical practice that improve the quality and responsiveness of Service user care, minimize referrals to secondary care and promote an integrated health and social care approach.
5.	<b>Workforce</b>	The service must be consultant-led and supported by a multi-disciplinary service The allocated workforce must reflect the health needs of the Service user group and within an innovative skill mix, provide sufficient dedicated positions to ensure continuity of care and development of Service user/relative relationships.
6.	<b>Affordability</b>	The Services must be deliverable within the available budget.
7.	<b>Value for Money</b>	The Services must demonstrate efficiency, and evidence a commitment to deliver the objective of value for money in terms of meeting local health needs. The Provider will be required to meet a range of key performance indicators (KPIs).
8.	<b>Satisfaction</b>	The Provider will develop models for demonstrating Service user satisfaction with the services provided, and the continued motivation and development of staff.
9.	<b>Timescale</b>	The Provider must evidence capacity and capability to commence service delivery from 1 January 2016 and throughout the period of the contract. (Refer to page 20 for contract duration details.)

The contracting authority expects that the new service will be underpinned by the following systems and processes:

- Multi-disciplinary and multi-agency team working and training.
- Information sharing and joint care planning across teams and agencies.
- Clear adult and children safeguarding policies and operational processes.
- Clear referral pathways
- Effective strategies to meet the specific needs of potential users from Black and other minority ethnic groups.
- Monitoring and evaluation of outcomes for service users are flexible and designed around the needs of service users, focusing on prevention and



early intervention and ensuring patients can access services in a timely manner and prevent escalation of needs.

## **4. Commissioning Organisation**

The commissioning organisation for this procurement is NHS Barnet CCG.

NHS Barnet CCG is the statutory body responsible for commissioning healthcare services for Barnet residents. The CCG will commission a CGS within three different locations across the Borough, having an access point in each of the CCG's three Localities. The provider is required to deliver the service in the north locality out of Finchley Memorial Community Hospital.


The Barnet CCG Governing Board is responsible for making decisions about healthcare in Barnet, which it will undertake working closely with other Health and Social Partners, which includes other CCGs and Voluntary Services. The Board includes local GPs, a nurse and hospital doctor lead, external to Barnet, and Lay membership. The CCG will also be supported by the North and East London Commissioning Support Unit (CSU) when appropriate.

### **4.1 The CCG's key functions include:**

- Making arrangements to secure public involvement in the planning and commissioning of healthcare services.
- Contributing to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) led by the Health and Wellbeing Board.
- Adhering to relevant principles of good governance and carrying out its functions effectively, efficiently and economical.
- Cooperating with the local authority and their partners to improve the wellbeing of patients.

### **4.2 The CCG's Strategic Objectives are:**

- **Strategic Goal 1:** Promote health and wellbeing, enabling Barnet's population to be as healthy as they can be and make informed choices about their health and lifestyle
- **Strategic Goal 2:** Transforming Primary Care, through working with GP members and the NHSE support in the development of the role of primary care and primary care networks in the delivery of accessible, seamless and proactive healthcare in Barnet
- **Strategic Goal 3:** Ensure Right Care First Time, working with patients, the public, the London Borough of Barnet, service providers and other stakeholders, BCCG will develop new service models and pathways to meet the health and social care needs of our population.
- **Strategic Goal 4:** Develop local and joined up care – working with primary care, the London Borough of Barnet and other health and social care partners, to streamline and join up complex care and support for the frail and elderly, and



those with complex long term conditions, with care provided at home or as close to home as possible.

## **5. Clinical Commissioning Group Demographics**

The local population has been growing consistently over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. As of 2015 Barnet is London's most populous borough (ahead of Croydon) with an estimated 390,000 current residents.

Barnet, like the rest of London, has been experiencing a prolonged flow of **in-migration**, both from overseas and from other parts of the country – which is forecast to continue over the coming decade.

Change will not be uniform across the borough. The population in the **West** is forecast to grow most significantly, with an additional 15,000 residents between 2011 and 2016 (an increase of 12%). This growth is likely to be driven by regeneration and new housing with the most significant growth expected in **Colindale** (36%) and **West Hendon** (11%). These wards will also experience the greatest increases in population density. By comparison, the population of the **South** will increase by 5,000 (6%). In contrast the **North** is forecast to decrease slightly, by 1%.

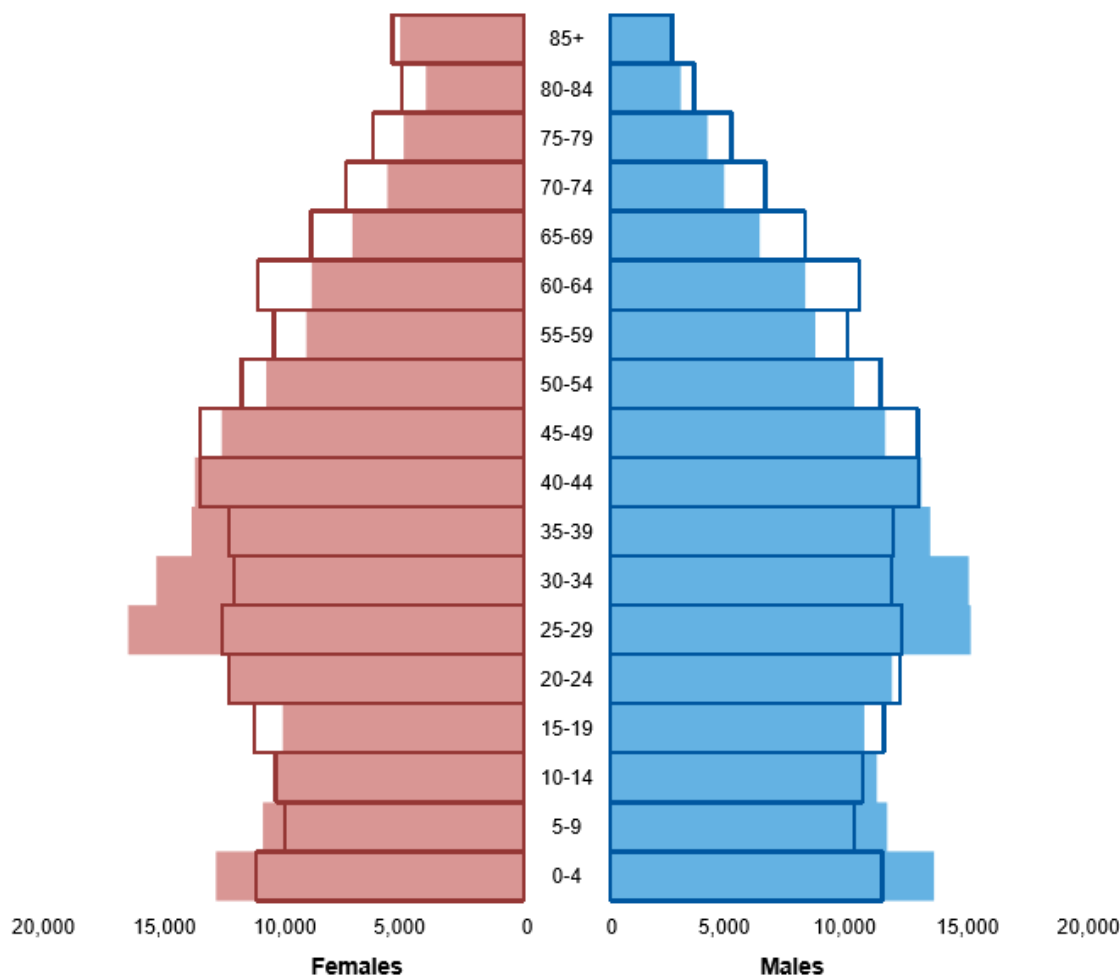
### **5.1 Age profiles**

The changes are not limited to simple growth – they will transform the age and ethnic profile of the borough too.

- Most significant real growth in 45-49 year old group
- Significant proportional growth in 65-69 year old group
- Proportionally high growth in 75+ age group, especially 90+
- Significant actual growth in 0-15 year olds, especially 5-9 year olds.

### **5.2 Population profile (2011 census)**

The chart below shows the number of people in this Local Authority by sex and 5-year age band. The darker outlines show the profile of the England population.




The table below shows summary population numbers for Barnet Local Authority and also how it is expected to grow by 2015 and 2020. The growth rates are shown as annualised percentages and the projected England growth rate is shown for comparison.

Age	2011 population	2015 population	2011-15 p.a. growth		2020 population	2015-20 p.a. growth	
	This LA	This LA	This LA	England	This LA	This LA	England
Under 15	70,122	77,533	2.5%	1.2%	85,354	1.9%	1.4%
15-44	159,892	166,759	1.1%	0.2%	174,751	0.9%	0.2%
45-64	79,819	86,255	2.0%	0.6%	95,360	2.0%	0.7%
65-75	23,842	27,609	3.7%	3.4%	29,936	1.6%	1.0%
75-84	16,166	17,043	1.3%	1.6%	18,961	2.2%	2.3%
85+	7,697	8,693	3.1%	3.1%	10,322	3.5%	3.4%
<b>All ages</b>	<b>357,538</b>	<b>383,892</b>	<b>1.8%</b>	<b>0.9%</b>	<b>414,684</b>	<b>1.6%</b>	<b>0.8%</b>

## 6. Procurement Process – Overview

NHS Barnet CCG's procurement opportunities are posted on The Official Journal of the European Union (<http://www.ojec.com>) Contracts finder (<https://www.gov.uk/contracts-finder>) and the Pro-contract suppliers opportunities portal (<https://www.supplying2nhs.com>) to notify potential Bidders of up and coming procurements and to give potential Bidders a chance to express their interest in the opportunities and to receive relevant documents.



All of the Contracting Authority's procurements are managed via Pro-contract etendering portal. Bidders must register their interest in the Community Gynaecology Service procurement via the Pro-contract opportunities portal (<https://www.supplying2nhs.com>). For more information on how to use Pro-contract, Bidders are asked to refer to the guidance documents available on the Pro-contract opportunities portal. The Tender documents will be available to all bidders via Pro-contract portal on the **26<sup>th</sup> May 2015**.

All Bidders wishing to bid for this procurement ***must*** express an interest on Pro-contract and submit their tender by the tender submission deadline of **12:00 noon on the 3<sup>rd</sup> July 2015**. Responses received after the above date and time will not be considered. The onus is on the Bidder to ensure that their tender response is submitted by the submission deadline.

### 6.1 Procurement Timeline

The indicative timeline for the Community Gynaecology Service procurement is set out in the table below. It should be noted that the dates are expected dates at the time of issuing this MOI and the Contracting Authority reserve the right to change this timetable in the future.

Milestones	Date
Main advert placed on Contracts Finder	26/05/2015
CRD (Combined Response Document used for Open process PQQ & ITT) Dispatched	26/05/2015
Bidders Clarification Period (Q&A)	8/06/15 to 29/06/2015
<b>CRD Submission Deadline</b>	03/07/2015 12:00 noon
CRDs to be scored by panel <b>07/07/2015 to 20/07/2015</b>	20/07/2015
Successful bidders to present and final evaluation ( <b>including Evaluation panel Moderation meeting</b> )	23/07/2015
CCG Primary Care Procurement Committee to approve successful bidder	10/09/2015
Contract award and non-award letters sent to bidders	11/09/2015
10 day Alcatel cool off period expires	21/09/2015
Mobilisation period begins	23/09/2015
Predicted Service Commencement Date	1 January 2016



## 6.2 Advert

Adverts on OJEU (<http://www.ojec.com>) Contract Finder (<https://www.gov.uk/contracts-finder>) and Pro-contract ([www.supplying2nhs.com](http://www.supplying2nhs.com)) have been published describing, in general terms, the services being procured by the Contracting Authority to encourage responses from as wide a range of organizations as possible. Potential Bidders must register their interest on Pro-contract.

## 6.3 Expression of Interest

Interested parties wishing to participate in Contracting Authority's Procurement Scheme must register on Pro-Contract ([www.supplying2nhs.com](http://www.supplying2nhs.com)) and express an interest on Pro-Contract. Potential bidders who express an interest on this procurement scheme will be able to access the tender documentation and on line tender response format.

***This is an Open Tender so the expression of interest and tender submission deadlines are the same. The Contracting Authority will not consider any potential Bidder who does not follow the process or meet the deadline. As this is an open process both the PPQ and ITT stages are published in one Combined Response Document negating the requirement for a two stage process.***

## 6.4 Combined Response Document (CRD)

The CRD has been issued via Pro-contract e-procurement portal and it will be available to potential Bidders who have registered on Pro-contracts and expressed an interest for this procurement. All potential Bidders wishing to bid for the Contracting Authority's CGS procurement must respond to the CRD before the deadline stated in this MOI.

***The Contracting Authority reserves the right not to consider any Expression of Interest and Tender submission(s) received after the stated deadline.***

The CRD is designed to evaluate the eligibility, financial and economic standing, and technical capacity/capability of potential Bidders to provide the required services which are the subject of the Contracting Authority's procurement. It will also evaluate how potential bidders propose to deliver the requirements of the service specification.

The CRD evaluation **may** include a short-listing process and shortlisted bidders may be required to do a presentation and attend an interview. Should the CCG decide to hold a presentation event, the details will be published giving sufficient notice.



## 6.5 Clarification Questions and Answers process

A clarification question and answer process will operate during the procurement timetable as explained below. The objective of the clarification process is to give Bidders the opportunity to submit any clarification questions to the Contracting Authority, where they require clarification on the information contained in the documentation.

The clarification process will be managed via the Pro-contract discussion board (page). Bidders must submit any clarification questions via the Pro-contract discussion board. Clarification questions received by any other means will not receive a response.

The period in which Bidders can raise clarification questions commences on 8th June 2015. The Contracting Authority will seek to answer any clarification questions within five working days following the day of receipt. Bidders are urged to review the tender documentation immediately upon receipt. Bidders are also advised to identify and submit any clarification questions as soon as possible and in any event no later than **5:00 pm on the 29th June 2015**. Any clarification questions received after this date and time may not be answered.


In order to treat all Bidders equally, the Contracting Authority will normally provide an anonymised copy of any clarification questions and the answers to all Bidders who have expressed an interest in this procurement. Any responses to clarification questions will be issued via Pro-contract. In responding to clarification requests the Contracting Authority reserves the right to act in what it considers a fair manner and in the best interests of the procurement, which includes circulating the response to all Bidders.

## 6.6 Deadline for CRD Submission

The deadline for CRD submission is **12:00 noon on 3<sup>rd</sup> July 2015**

**Please note that we will require completed responses to the online CRD questionnaire and supporting documentation to be submitted electronically via Pro-contract. For guidance on the submission process please refer to the guides and documents available on Pro-contract supplier opportunities portal (<https://www.supplying2nhs.com>).**

Attachments can be submitted electronically with the online questionnaire via Pro contract. Attachments specific to any question must be attached and uploaded separately to the response document.



The responses should be accompanied by all declarations detailed within the tender documents and submitted electronically. Declarations must be signed and dated by the authorised signatory. Electronic signature of the Declaration is not acceptable. The signed declarations must be submitted via Pro-contract. Failure to provide responses in the required format may lead to your submission being set aside without evaluation and your exclusion from further consideration in this procurement.

Submission must be completed in accordance with the instructions contained within the documentation. Please note that failure to return a completed CRD by the deadline given above will normally result in exclusion from this procurement. Only responses submitted via Pro-contract will be accepted.

Once Bidders have submitted a response in accordance with the process detailed within this document, Pro-contract will confirm its submission. The date/time of successful submission can be checked in the Pro-contract's audit trail. If proof of submission is required, please refer to Pro-contract.

## **7. Evaluation Methodology and Criteria**

After the closing date and time, the tenders received within the deadline will be verified and accepted by the Procurement Lead. During the verification process, the Procurement Lead will check that the Bidder:

- answered all questions in the CRD (or explain satisfactorily if considered Not Applicable)
- identified the parties to any consortium application and clearly set out who will provide which part of the services;
- used the format and medium requested; and
- Completed signed declarations and statements

Where, in the opinion of the Contracting Authority, a response is non-compliant, the application *may* be excluded from further consideration. Failure to provide a satisfactory response (or any response) to any element may result in the Contracting Authority **not proceeding** further with your application.

After verification, all compliant responses will be released to the evaluation panel which will involve a two stage process within the CRD.

### **7.1 CRD Stage 1 – PQQ Pass/Fail Evaluation**

At Stage 1, evaluators will mark Pass/Fail questions. At this stage any unsatisfactory answers in any of the following areas may result in a fail:

- Section C: Financial and Economic Standing
- Section D: Eligibility Statement



- Section E: Insurance
- Section F: Health and Safety
- Section G: Technical and Professional Capability

Bidders may be asked to provide clarification in relation to a response. Any such Clarification questions must be responded to within 48 hours of receipt. The Contracting Authority may also take up financial and technical references.

Following the Pass/Fail evaluation, bidders who have failed this stage of the process will be excluded from progressing to Stage 2 of the tender process. The bidders who achieved a Pass at Stage 1 will automatically go through to the second stage of the evaluation process where a 0 – 4 score will be awarded to each question.

## 7.2 CRD Stage 2 – ITT Weighted Scoring

### Award Criteria and Scoring Method

The award criteria for the evaluation of tenders received is:

Quality	80%
Price	20%

During **Stage 2**, all tender submissions that achieved a pass at **Stage 1** will be evaluated against the following key criteria and awarded a **0 – 4** score against each question:

- Financial and Commercial Requirements
- Service Delivery
- Clinical Governance, Performance and Quality
- Workforce
- Patient Focus
- Information Management and Technology (IM&T)
- Information Governance
- Property, Facilities Management & Equipment
- Mobilisation

A maximum of **5 highest ranking bidders** who achieve **100%** of the **20%** finance score and **60%** of the **80%** quality score as minimum will be shortlisted for presentation at this stage of the process.

***The Contracting Authority reserves the right to vary the minimum score threshold specified above if deemed necessary.***

## 7.3 CRD Stage 3 – Bidder Presentation and Interview

The shortlisted bidders will be given sufficient notice to prepare for this stage. This Stage of the evaluation process will be scored separately to Stage 2.

### **Scoring Matrix for Stage 2 and Stage 3 of the procurement**


Score label	Score	Definition of Score
No or irrelevant response/Very High Risk	0	Either the bidder has not responded to the question, the response does not relate to the question or is irrelevant.
Unacceptable/High Risk	1	The potential Bidder has demonstrated that it has inadequate (or insufficient) capability / capacity to deliver the required services and/or it represents a major risk to the success of the project.
Compliant	2	The potential Bidder has demonstrated that they have the capability and capacity to deliver the required services with acceptable risks.
Compliant with added value	3	The potential Bidder has demonstrated a level of capability and capacity to deliver over and above the required services and is considered low risk.
Compliant with superior capability	4	The potential Bidder has demonstrated an exceptional level of capability and capacity to deliver the required services with minimal risk and that it includes detailed relevant examples, experience and evidence of compliance where appropriate

The following table provides a detailed breakdown by section of how the evaluation will be done for the CRD.

**All questions which have a “Pass/ Fail” will be evaluated first. If a “Fail” score is obtained on any of these questions this will then result in your tender being rejected and:**

- i) Questions which carry a ‘weighting’ will not be evaluated; and or looked at
- ii) You will not progress any further in this procurement process; you will be informed at the time of your exclusion.

Section	Evaluation
<b>Section A– Offer Details</b>	For Information Only
<b>Section B – Organisation Information</b>	For Information Only
<b>Section C – Financial and Economic Standing</b>	For Information Only
<b>Section D– Eligibility Statement</b>	Pass/Fail
<b>Section E – Insurance</b>	Pass/Fail
<b>Section F – Health and Safety</b>	Pass/Fail



<b>Section G – Technical and Professional Capability</b>	Pass/Fail
<b>Section H – Financial and Commercial Requirements</b>	Scored
<b>Section I – Service Delivery</b>	Scored
<b>Section J – Clinical Governance, Performance &amp; Quality</b>	Scored
<b>Section K – Workforce</b>	Scored
<b>Section L – Patient Focus</b>	Scored
<b>Section M- IM&amp;T</b>	Scored
<b>Section N- Information Governance</b>	Scored
<b>Section O- Property, Facilities Management &amp; Equipment</b>	Scored
<b>Section P – Mobilisation</b>	Scored
<b>Section Q: Bidder Presentation and Interviews</b>	Scored
<b>Section R: Bidder's Declaration</b>	Pass/Fail

#### **7.4 Selection of a Preferred Bidder**

Following the evaluation of all tenders and bidder presentations, a Preferred Bidder will be selected to proceed to the Preferred Bidder stage of the Procurement. The Contracting Authority reserves the right not to appoint a Preferred Bidder. They also will maintain the right to select a Reserve Bidder, in the event that the Preferred Bidder is unable to proceed.

#### **7.5 Bidder Notification of Evaluation Outcome**

Once a Bidder is selected to proceed to Preferred Bidder stage, all other Bidders shall be informed of the outcome of the evaluation and the provisional award decision.

#### **7.6 Written Debrief to Unsuccessful Bidders**

The Contracting Authority will provide appropriate feedback to unsuccessful Bidders who request it on receipt of bidder notification of the evaluation outcome.

#### **7.7 Standstill period**

The standstill period will last for 10 calendar days in which bidders can request feedback on their bids including details about the evaluation and scores given to their individual bids.

Further information and precise timing of this stage will be issued at the time of the provisional award decision.



## **7.8 Contract Award**

Based on the outcome of the tender evaluation, recommendations will be made to the Contracting Authority's Board(s) for their consideration. Following Board approval(s), the Contracting Authority will announce the outcome of this procurement process and commence the 10 day standstill (Alcatel) period. The Contracting Authority and the preferred bidder may enter into the contract after the successful completion of the 10 day standstill period.

## **7.9 Service Commencement**

Following contract award and in accordance with the Provider's mobilisation plan, the Contracting Authority and the Provider(s) will work together towards service commencement at the contractually agreed date 1st January 2016.

# **8. Commercial Framework**

Potential Applicants attention is drawn to the following commercial information:

## **8.1 Contract**

The contract to be entered into by the Contracting Authority and the selected Providers for the procurement will be based on the 2014/15 NHS standard contract and will comply with the mandatory requirements of the specification. In line with NHS standard contract guidance, the Contracting Authority has determined that there will be no CQUIN attached to the contract.

The Contract will be separate to and independent of any existing contract currently in place between a Provider and the Contracting Authority either separately or jointly.


## **8.2 Contract Duration and Mobilisation**

The Contract will be for a term (3 years), with an option to extend the contract (by 2 years) beyond the initial contracted duration, subject to satisfactory performance and by mutual agreement between the Contracting Authority and the Provider.

The Commissioners and the successful Provider will mutually agree the period of mobilisation for the service following the contract award. The mobilisation period is likely to be no more than 3 months. Further information and details on contract mobilisation requirements will be set out in the CRD.

## **8.3 Transition from existing services (if required)**

The procurement will adopt a policy of local nil detriment which will focus on service delivery from a patient perspective and a smooth transition from one provider to another. The policy will remain that new services contracted through this procurement must be established and integrated with the outgoing provider(s), as appropriate, so that a seamless service is delivered to patients. This will be



discussed by all parties, including the current contracted provider and the commissioner, and a full transition plan agreed.

## **8.4 Clinical**

The Contracting Authority is looking for Providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability within the requisite timescale,) to deliver high quality, patient-centred and Value for Money (VfM) healthcare, delivered in a safe and effective manner.

### **Equitable Access to the Community Gynaecology Service**

The Commissioners are seeking to improve the access of the Community Gynaecology Service for the residents of Barnet in terms of:

Equity of Access  
Patient and public engagement  
Communications  
Workforce  
Monitoring and evaluation

## **9. Workforce**


### **9.1 Policies and Strategies**

Bidders will be required to provide evidence that all proposed workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK and in addition comply with the provisions outlined in:

- Standards for Better Health (April 2006);
- Safer Recruitment – A Guide for NHS Employers (May 2005); and
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice)
- Care Quality Commission – Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

Potential applicants will be required to provide (without limitation) information on the following:

- Recruitment, Health & Safety and other relevant policies including those on environmental protection;
- Procedures for ensuring compliance that all clinical staff, including Nurses and allied health professionals, are registered with the relevant UK professional and regulatory bodies;
- Policy for ensuring clinical staff meet the CPD requirements of their professional and regulatory bodies; Staff handbook setting out terms and conditions of employment for staff;
- Child Protection and Safeguarding Policy
- Equality and Diversity Policy; and

- 
- Policy on engaging with children, young people and their families on service development and evaluation.

Bidders will be required to provide evidence that all proposed workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK, including but not limited to:

- The Equality Act 2010
- The Human Rights Act 1998
- Disability Discrimination Act

Where necessary, potential applicants will be required to provide (without limitation) information on the following:

- Recruitment, Health & Safety and other relevant policies including those on environmental protection;
- Policy for ensuring clinical staff, if applicable, meets the CPD requirements of their professional and regulatory bodies; Staff handbook setting out terms and conditions of employment for staff;
- Equality and Diversity Policy

## **10. Staff Transfers (TUPE)**

TUPE may be applicable to this procurement and further details will be provided within the service specification and CRD documents.

The Commissioners strongly advise that bidders seek independent legal advice in relation to the staff currently employed in the current CGS and the requirements of the Transfer of Undertakings (protection of employment) Regulations (TUPE) 2006 and other codes of practice.


Where TUPE applies, the Cabinet Office guidance “Statement on Principles of Good Employment Practice” will apply. This means that staff transferring under TUPE should receive access to a pension scheme that is certified as “broadly” comparable” with the NHS Pension Scheme by the Government Actuary’s Department (GAD).

### **10.1 Pensions**

Potential Applicants should assume that their staff would not be able to participate in NHS pension and injury benefit arrangements. Further clarification will be provided within the service specification and CRD documents.

### **10.2 Training and Development**

The Commissioners are committed to the training and development requirements of all professionals. The Commissioners are therefore seeking providers who will be able to demonstrate a track record of commitment to this ethos in the delivery of services.



### **10.3 Health and Safety and Risk Management**

The Service will operate from premises with facilities that meet general health and safety requirements. Compliance will be measured against local and national Health and Safety policies:

Clinical Audit – The Provider must have a robust clinical audit process in place  
Infection Control – Providers must meet the requirements of HTM1-05 with respect to decontamination and infection prevention and control and dealing with infection events. Providers must ensure compliance with The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections. Providers must ensure compliance with Care Quality Commission – Health and Social Care Act (2008) Regulated Activities) regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

## **11. Premises, Facilities Management & Equipment**

### **11.1 Premises**

Premises from which the current service is provided may be available to bidders subject to negotiation with the landlords, however bidders will be required to propose their own premises solutions, which must include delivery of the service in the north locality out of Finchley Memorial Community Hospital.

The provider will be expected to fund all premises costs including rent, rates, utility and insurance costs for the premises solution.

### **11.2 Facilities Management Services (FM Services)**

Providers will be expected to fund any associated FM Services costs applicable to the Service.


### **11.3 Equipment**

The service provider will be responsible for all equipment including supply, consumables, and maintenance and quality assurance costs associated with service equipment used in the delivery of this service. This will include insuring against theft and damage. It is expected the provider will have maintenance and service schedules/logs for each piece of equipment. The provider will be responsible for all appropriate decontamination of clinical equipment.

## **12. IM&T and Systems Integration**

The provider will be solely responsible for the installation, provision and cost of all IM&T hardware and software unless otherwise specified.

The provider will be expected to capture information and manage it in a secure electronic environment in line with the NHS guidelines for the management and security of information, connecting for Health and the data Protection Act.



The Providers systems must be able to communicate with the NHS systems in a seamless manner. They should include but not be limited to:

- Capture confidential patient information and data
- Analyse information for Quality and Performance monitoring
- Report Data for Quality and Performance Monitoring
- Review Data for service improvement
- Capture financial data for payment and reporting
- Capture and review information and data for clinical audit purpose, to monitor clinical effectiveness

Further information on IM&T requirements is provided in the service specification.

### **12.1 Insurance Requirements**

Providers will be required to have adequate insurance cover. A comprehensive schedule of insurances that the Provider will be required to obtain is set out in the CRD. This will typically include Employers Liability, Public Liability, Corporate medical malpractice, certain property cover, as well as provision for clinical negligence insurance covering all staff and operational risk in the facilities from which the service is to be provided. These required insurances are in addition to the individual's medical malpractice indemnity insurance.

The insurance requirements will also require providers to ensure that:

The Commissioners interests are fully protected. Members of the public utilising the service are fully protected to the extent that they have a valid claim against the provider and /or the Commissioners. The provider maintains insurance which at least meets the minimum statutory requirements.

Under the terms of the agreement providers will be required to indemnify the Commissioners against any claims that may be made against them arising from the provision of the service by the provider. The Commissioners may, ( as a condition precedent to execution of the agreement or at any time during the term of the agreement) require the provider to offer evidence that they have sourced and are maintaining in force appropriate (and sufficient) insurance or other arrangements. All the above will require to be evidenced.

## **13. GOVERNANCE AND ADMINISTRATION**


### **Requirements:**

#### **13.1 Procurement Costs**

Each bidder will be responsible for its own costs incurred throughout each stage of the procurement process. Neither NEL Commissioning Support Unit, NHS Barnet CCG, NHS England nor DH will be responsible for any costs incurred by any applicant or any other person throughout this process.

#### **13.2 Consultation**





The Commissioners will lead on all local stakeholder engagement issues. The Contracting Authority procurements are subject to on-going patient and public consultation under the Health and Social Care Act 2001 (now contained in the NHS Act 2006).

### **13.3 Bidder eligibility**

In open procedures — (a) contracting authorities may decide to examine tenders before verifying the absence of grounds for exclusion and the fulfilment of the selection criteria in accordance with regulations 57 to 64; of \*The Public Contracts Regulations 2015 and (b) where contracting authorities make use of that possibility, they shall ensure that the verification of absence of grounds for exclusion and of fulfilment of the selection criteria is carried out in an impartial and transparent manner so that no contract is awarded to a tenderer that— (i) should have been excluded under regulation 57, or (ii) does not meet the selection criteria set out by the contracting authority. (4) Where information or documentation to be submitted by economic operators is or appears to be incomplete or erroneous, or where specific documents are missing, contracting authorities may request the economic operators concerned to submit, supplement, clarify or complete the relevant information or documentation within an appropriate time limit, provided that such requests are made in full compliance with the principles of equal treatment and transparency.

### **13.4 Conflicts of interest**


In order to ensure a fair and competitive procurement process, the Contracting Authority requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the Commissioners

Potential Applicants should notify the Commissioners of any actual or potential conflicts of interest in their response to the CRD. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify the Commissioners by completing the Conflict of Interest form (see Annex A) via Pro-contract e-procurement portal discussion board for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of the Commissioners, the Contracting Authority reserves the right to exclude at any time any potential Applicants(s) from the procurement process should any actual or potential conflict(s) of interest be found by the Commissioners to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

### **13.5 Non-collusion and Canvassing**

All potential bidders must neither disclose to, nor discuss with, any other potential bidder, or bidders (whether directly or indirectly), any aspect of any response to any of the procurement documents such as the CRD documents.



Each Potential bidder must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS or the DH in connection with the selection of the bidder or preferred bidder or the Provider in relation to the Contracting Authority procurement.

### **13.6 Freedom of Information**

The Contracting Authority is committed to open government and meeting its legal responsibilities under the Freedom of Information Act (FOIA). Accordingly, any information created by or submitted to the Commissioners (including, but not limited to, the information contained in the application and the submissions, and clarification answers received from potential bidder and bidders) may need to be disclosed by the Commissioners in response to a request for information under FOIA.

In making a submission or application or corresponding with the Contracting Authority at any stage of the procurement, each potential bidder, and each relevant organisation acknowledges and accepts that the Commissioners may be obliged under the FOIA to disclose any information provided to it:

Without consulting the potential bidder or bidders; or Following consultation with the potential bidders or bidders and having taken its views into account.

Potential bidder and bidders must clearly identify any information supplied in their response to the application that they consider to be confidential or commercially sensitive and attach a brief statement of the reasons why such information should be so treated and for what period.


Where it is considered that disclosing information in response to a FOIA request could cause a risk to the procurement process or prejudice the commercial interests of any potential bidder or bidders, the Commissioners may wish to withhold such information under the relevant FOIA exemption.

However, potential Applicants should be aware that the Contracting Authority is responsible for determining at its absolute discretion whether the information requested falls within an exemption to disclosure, or whether it must be disclosed.

Potential Applicants should therefore note that the receipt by the Commissioners of any information marked “confidential” or equivalent does not mean that the Commissioners accept any duty of confidence by virtue of that marking, and that the Commissioner has the final decision regarding the disclosure of any such information in response to a request for information under the FOIA.

### **13.7 Confidentiality of the Documents**

Information that is supplied to Bidders as part of this procurement exercise is supplied in good faith. However, Bidders must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the tenderers of such information, unless such information has been supplied fraudulently by the CCG or NEL CSU. All information supplied to Bidders by NEL Commissioning Support or the CCG in connection with this procurement exercise shall be regarded as confidential. By submitting an Expression of Interest/CRD the



Bidders agree to be bound by the obligation to preserve the confidentiality of all such information.

### **13.8 Disclaimer**

The information contained in this MOI is presented in good faith and does not purport to be comprehensive or to have been independently verified.

Neither NEL Commissioning Support Unit, NHS Barnet CCG, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential Bidder, Bidders, Provider, Bidder Member, Clinical Services Supplier, financiers or any of their advisers, orally or in writing or in whatever media.

Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by the Commissioners, NHS Barnet CCG or any of their advisers.

This MOI is intended only as a preliminary background explanation of NHS Barnet CCG activities and plans and is not intended to form the basis of any decision on whether to enter into any contractual relationship.

The Contracting Authority reserve the right to change the basis of, or the procedures (including the timetable) relating to, the Procurement process, to reject any, or all, of the submissions and applications, not to invite a potential bidder to proceed further, not to furnish a potential bidder with additional information nor otherwise to negotiate with a potential bidder in respect of the Procurement, subject to compliance with general EU principles on equal treatment, non-discrimination and transparency and procurement law.

Contracting Authority shall not be obliged to appoint any of the bidders and reserves the right not to proceed with the Procurement, or any part thereof, at any time.

Nothing in this MOI is, nor shall be relied upon as, a promise or representation as to any decision by Contracting Authority in relation to this Procurement. No person has been authorised by the Commissioners or their advisers or consultants to give any information or make any representation not contained in this MOI and, if given or made, any such information or representation shall not be relied upon as having been so authorised.


Nothing in this MOI or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the Procurement, nor shall such documentation/information be used in construing any such contract. Each bidder must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the MOI or other pre-contract documentation.

In this section, references to this MOI include all information contained in it and any other information (whether written, oral or in machine-readable form) or

opinions made available by or on behalf of the Commissioners , or any of their advisers or consultants in connection with this MOI or any other pre-contract documentation.

## ANNEX A: GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
Bidder	A single operating organisation/person that has requested a CRD through the procurement process and is bidding to provide the service.
Bidder Guarantor	An organisation providing a guarantee, indemnity or other undertaking in respect of an Applicant's or an Applicant Member's obligations
Bidder Member	A shareholder or member or proposed shareholder or member in, or controlling entity of, the Applicant and / or that shareholder's or member's or proposed shareholder's or member's ultimate holding company or controlling entity
Clinical Services Supplier	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
Contract	A form of contract, to be entered into between Contracting Authority and Recommended Bidder for the provision of the services
CPD	Continuing Professional Development
DH	Department of Health
FM Services	Facilities management services including "Hard FM" (including services relating to security, fire, utility management, utility breakdown, pest control, landscape maintenance) and "Soft FM" (including services relating to cleaning, laundry, health and safety, portering, waste management, clinical waste management, infection control, linen, gowns and bedding)
FOIA / Freedom of Information Act	The Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time, together with any guidance and / or codes of practice issued by the Information Commissioner, the Department of Constitutional Affairs, the Office of Government Commerce and the NHS in relation to such legislation or relevant codes of practice to which the DH and Contracting Authority are subject
IM&T	Information Management and Technology
MOI	This Memorandum of Information setting out the details of the Scheme and the requirements of the Procurement.
NEL	North and East London
NHS	National Health Service
CSU	Commissioning Support Unit
NHS CB	National Health Service Commissioning Board
CCG	Clinical Commissioning Group
Provider	The successful applicant who has entered into a Contract with Contracting Authority to provide the Services specified in the relevant Scheme.



Term	Description
Relevant Organisation	An organisation(s) or person connected with a response to a PQQ and / or connected with a bid submission including (without limitation): the potential applicant the applicant the Provider; each applicant Member; each applicant Guarantor; and each Clinical Services Supplier each sub-contractor, partner, delivery agent etc. forming part of the consortium / prime contractor relationship
Scheme	The Services to be procured by Contracting Authority as detailed in this MOI.
Service(s)	The Services to be procured by Contracting Authority as detailed in this MOI.
Service user	Person who is receiving the services from the Provider.
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI/2006/246)
VfM	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirement.

