

PRJ1217

# NHS Breast Screening Programme London Procurement 2024-25

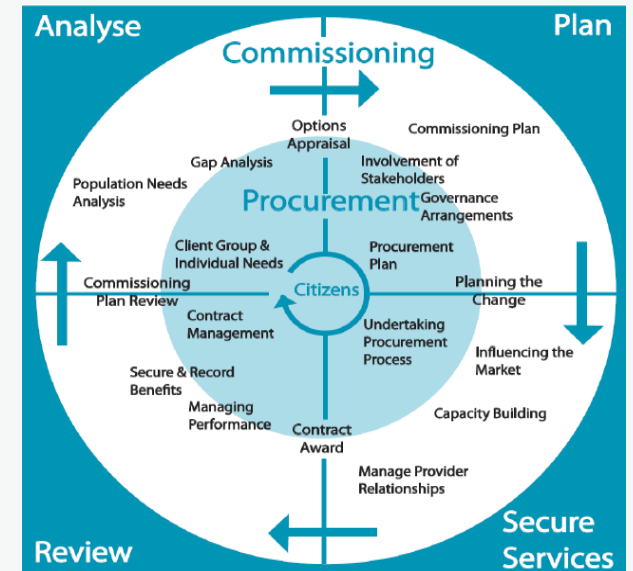
Market Engagement Event  
September 2024

Presented by:  
NHS England London Region - Public Health Commissioning

Any information included in this presentation and presented today is indicative and not final.

## Overview & purpose of the event

- The current London NHS Breast Screening Programme contracts are due to end in March 2026 and new contracts would commence from 01 April 2026 – 31 Mar 2031.
- In 2024-25 NHS England Public Health Commissioners are re-procuring London and West Hertfordshire NHS Breast Screening Programmes (NHSBSP) with the objective of:
  - Increasing quality and performance
  - Increasing uptake and reducing inequalities in access to screening services resulting in better outcomes for clients
  - Securing a sustainable, resilient and cost-effective service for the next five years
  - Priority on continual improvement, innovation and transformation in alignment with the wider NHS
- The service model, lot structure, London local service specification and the tariff have been developed following advice, insight and feedback from independent clinical experts, patient and public voice (PPV) Breast Screening pathway stakeholders, and market engagement.





## Agenda

No.	Item	Presenter(s)
1	Welcome, housekeeping & attendee participation	Jonathan Sampson, Senior Programme Manager, Transforming Primary Care, NHS England - London
2	Introduction to breast screening	Rachel Korboe, Commissioning Manager: Breast Screening NHS England London Yvonne Damanhuri Screening Co-ordinator: Cancer Screening, NHS England London
3	London's NHS Breast Screening Programme	Dr Kathie Binysh, Head of Screening, NHS England London
4	London's Breast Screening Transformation Programme	Jonathan Sampson, Senior Programme Manager, Transforming Primary Care, NHS England - London
5	Breast Screening Procurement 2024/25	Dr Kathie Binysh, Head of Screening, NHS England London Tejpal Shargill, Head of Finance, Specialised Commissioning London
6	Breast Screening Procurement Processes 2024/25	Kieran James Paterson, Senior Procurement Manager, NHS London Commercial Hub
7	Next Steps & close	Jonathan Sampson, Senior Programme Manager, Transforming Primary Care, NHS England - London

## Welcome & Housekeeping

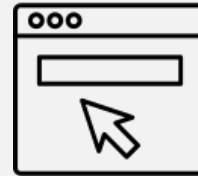
- **Chair:** Jonathan Sampson, Senior Programme Manager, Transforming Primary Care, NHS England - London



This event will not be recorded



Please remain on mute



Following this event the presentation and specifications will be uploaded to the portal



There will be a questionnaire shared after this event, the deadline for return in COP 13<sup>th</sup> September



Any further questions you have can be sent to:  
[kieran.james-paterson@nhs.net](mailto:kieran.james-paterson@nhs.net)

## Attendee Participation

- Attendees should have their **microphones muted** throughout the duration of the event & raise hand function should **not** be used
- All questions should be typed & shared via the chat function
- If another attendee asks a similar question that you would also like to ask, please like that question within the chat function
- Time will be taken at the end of each section of the presentation to answer the highest priority questions
- We will answer as many questions as time allows during the event, but **all** questions will be answered, and written responses will be shared with attendees following the event.



## 2. Introduction to Breast Screening

- Aims of the national NHS Breast Screening Programme (NHSBSP)
- Eligibility (Routine & Very High Risk)
- Breast Screening Pathways (Routine & Very High Risk)
- Estates & Equipment
- National IT Infrastructure
- Workforce
- Breast Screening Standards



## Aims of the national NHS Breast Screening Programme (NHSBSP)

**The aim of breast screening is to reduce mortality from breast cancer by diagnosing cancer at an early stage when treatment is more successful.**

Screening provision is a legal requirement under [section 7a](#) of the National Health Service Act 2006.

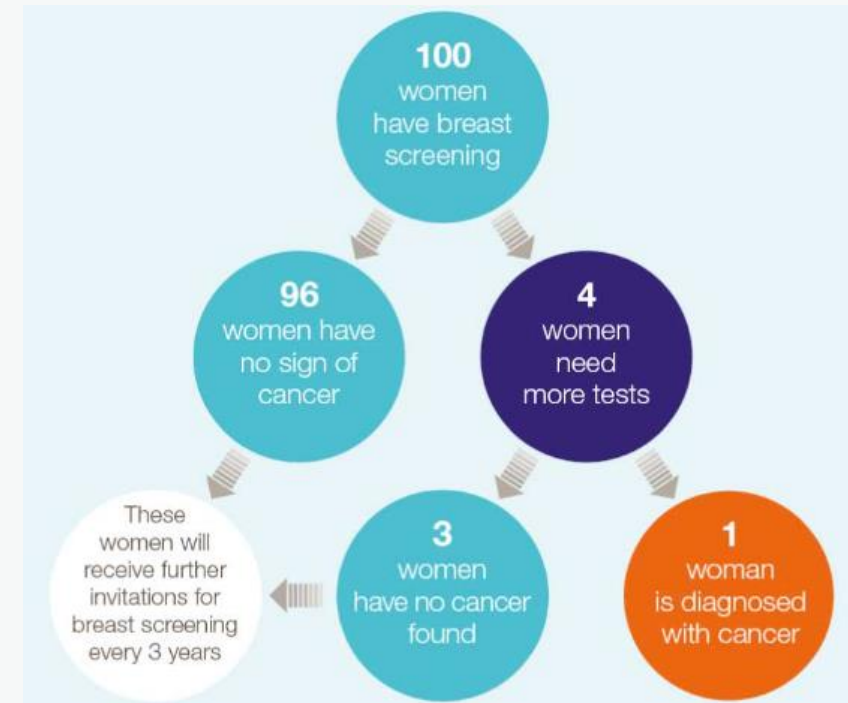
### **Eligibility:**

NHS Breast Screening Programme is delivered in two cohorts:

- Routine
- Very High Risk (VHR)

## Routine Breast Screening

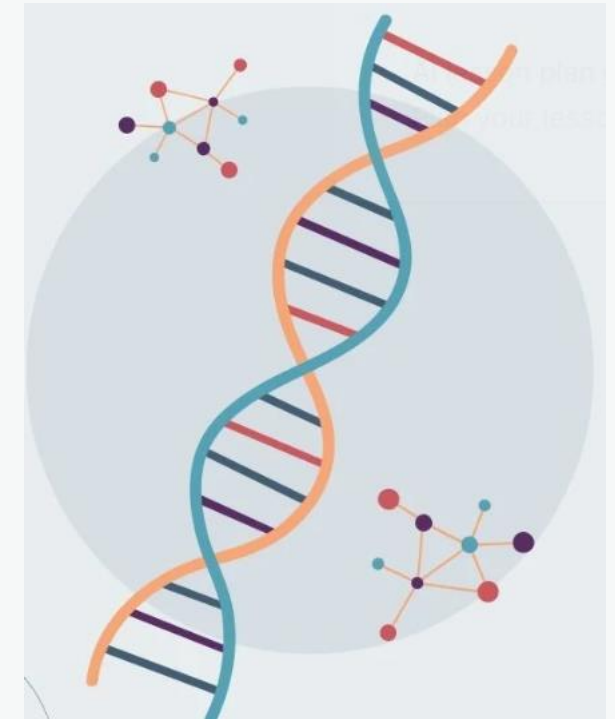
- In England, the NHS currently offers breast screening to women aged from 50 up to their 71st birthday, every 3 years. Women aged 71 and over may self-refer every 3 years by contacting their local breast screening unit.
- Screening provided in accessible screening sites (mobile units or static sites) and locations
- Breast screening is a two-stage screening process involving mammography initially for all women, followed by further screening tests for a small proportion of women. The additional tests are to confirm the presence of breast cancer or to reassure women that they have no sign of cancer and can be discharged back to routine screening
- Breast Screening is commissioned by NHS England Public Health Commissioners.





## Very High-Risk Breast Screening

- Younger women who have a Very High genetic Risk (VHR) of breast cancer, either because of a family history, because they are a carrier of a gene that puts them at a high risk of breast cancer (e.g. BRCA gene), or because they are on the Breast screening After Radiotherapy Dataset (BARD) database, may be offered regular screening as part of VHR screening.
- Women at high risk of breast cancer are offered breast screening at an earlier age and **increased frequency** than routine screening women.
- The NHSBSP screens very high-risk women with digital X-ray mammography and/or magnetic resonance imaging (MRI) according to the frequencies published in this guidance.

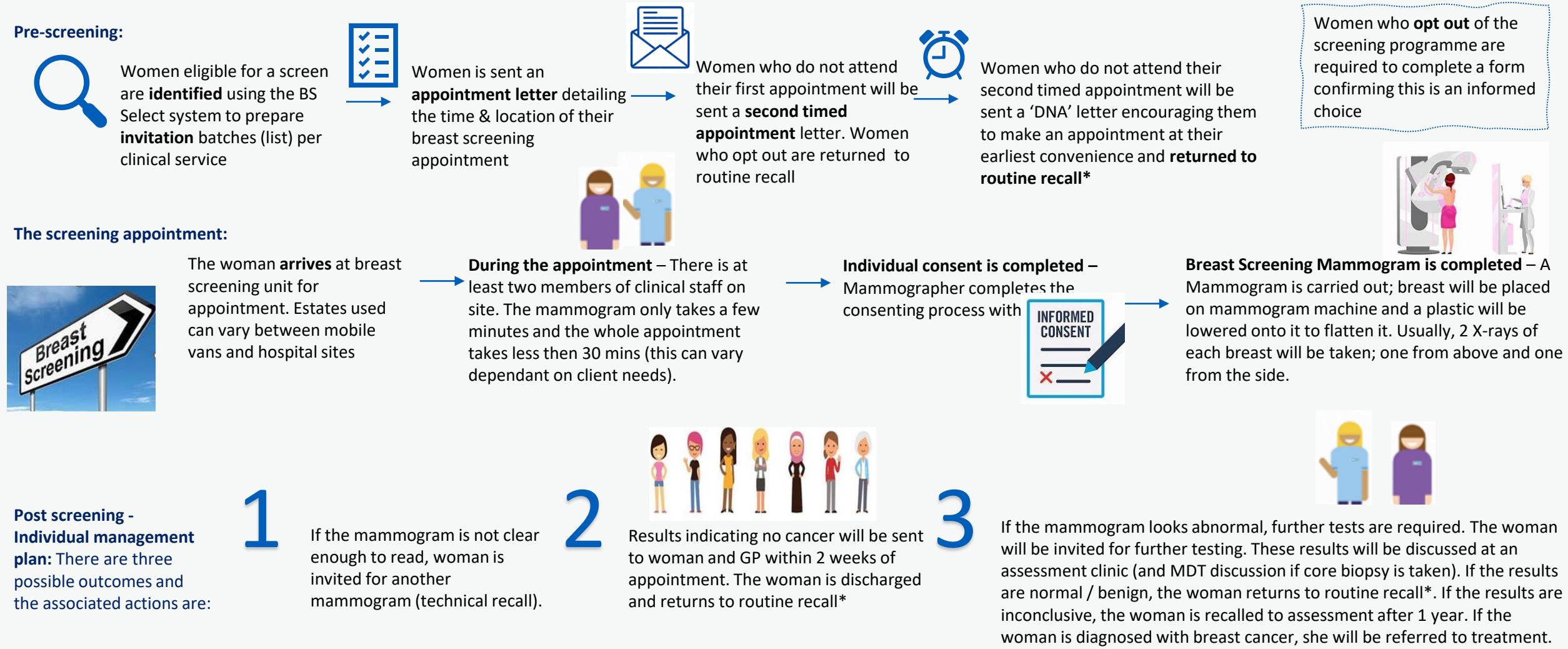


Further information & guidance can be found here:

<https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols>

<https://www.gov.uk/government/publications/nhs-breast-screening-high-risk-women>

# National Routine Screening Pathway Overview



\***Routine Recall:** women will be invited to their next screening in 36 months (3 years), ensuring that a women will be invited for breast screening 10 times during their eligibility period.

# National Very High Risk (VHR) Screening Pathway Overview

Pre-screening:



Women who have a very high genetic risk of breast cancer because of family history, carrier of Breast Cancer (BRCA) gene, on the Breast screening After Radiotherapy Dataset (BARD) database may be offered regular screening as part of VHR screening.



Women is sent an **appointment letter** by their respective BSO detailing the time & location of their breast screening appointment



Women who **opt out** of the screening programme are required to complete a form confirming this is an informed choice

The screening appointment:



The woman **arrives** at breast screening unit or hospital for appointment. Estates used can vary between mobile vans and hospital sites



**During the appointment** – The woman will have a mammogram and or an MRI.



**Individual consent is completed** – The clinician completes the consenting process with the woman



**Breast Screening Mammogram and or MRI is completed**

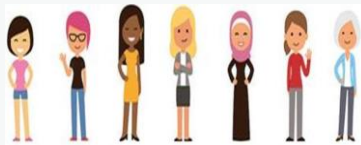


**Post screening - Individual management plan:** There are three possible outcomes and the associated actions are:

1

If the mammogram or MRI is not clear enough to read, woman is invited for another mammogram or MRI (technical recall).

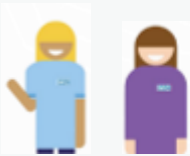
2



Results indicating no cancer will be sent to woman and GP within 2 weeks of appointment. The woman is discharged and returned to VHR recall.\*

3

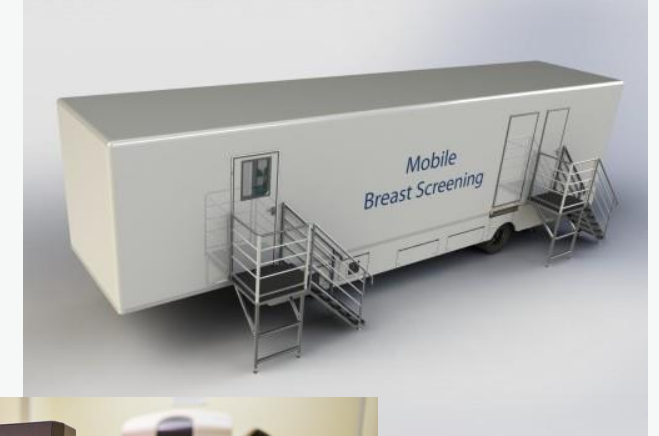
If the mammogram or MRI looks abnormal, further tests are required. The woman will be invited for further testing. These results will be discussed at an assessment clinic (and MDT discussion if core biopsy is taken). If the results are normal / benign, the woman returns to VHR recall\*. If the woman is diagnosed with breast cancer, she will be referred to treatment.



\*VHR Recall: women will be invited to their next screening in 12 months (1 year)

## Breast Screening Estates & Equipment

- Breast Screening mammography can be performed in a fixed health care setting or a mobile breast screening unit (MBSU).
- National guidance details the minimum requirements needed to effectively deliver a breast screening service that ensures clients comfort and dignity, and staff's safety.



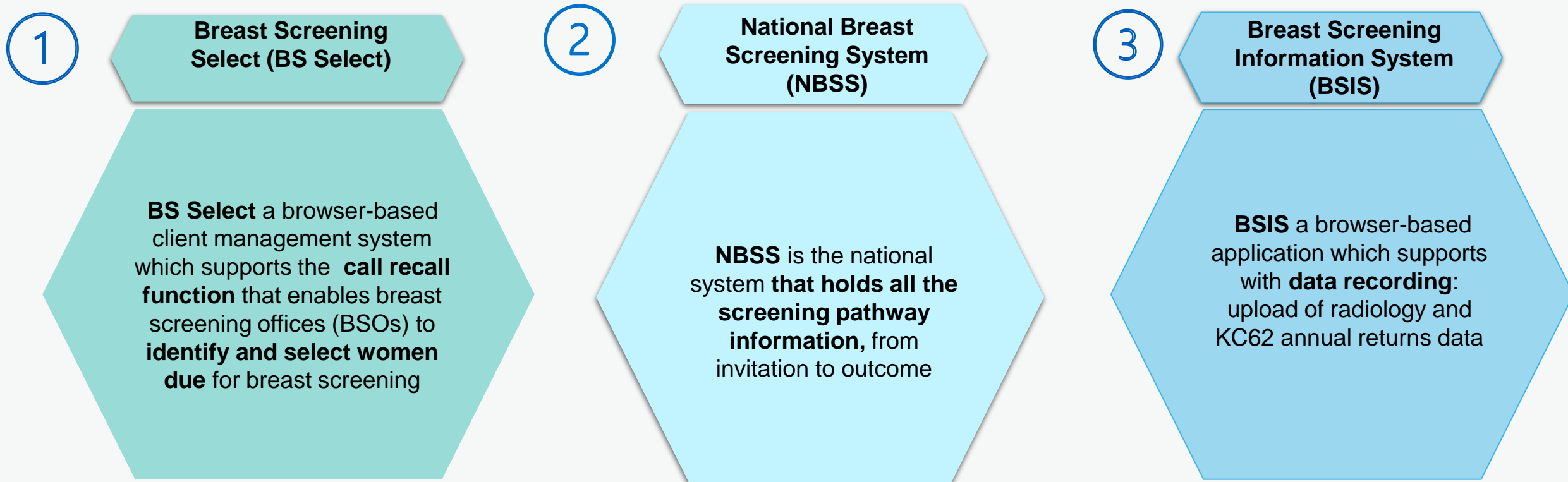
## NHS Breast Screening Programme Screening Standards & KPIs

- 17 National [NHS Breast screening programme screening standards](#) – covering end to end pathway for routine & high-risk clients.
- Screening services are required to submit data periodically to commissioners on a regular basis to monitor performance on areas such as **uptake, coverage, round length, timings** etc.
  - **London** Breast Screening Commissioning Team have developed **additional KPI's** that will enable performance monitoring of the Administrative Hub such as **call centre metrics, mail service, text messaging, data reporting** etc.



## National Breast Screening IT Infrastructure

- Systematic screening requires call and recall information and the results of screening appointments.
- The NHS BSP uses 3 bespoke National IT systems\* to manage service users through the screening process, and to capture key screening data/outcomes promptly and accurately, supporting local and national Screening Quality Assurance Service (SQAS), cancer registration processes and programme evaluation
- As a nationally commissioned service, the IT infrastructure is out of scope of the London Breast Screening Programme procurement



\* Providers will require additional local IT systems to support the operation of local services.

Further information & guidance can be found here: <https://digital.nhs.uk/services/screening-services/breast-screening-services>



## Workforce – Introduction

The NHS BSP workforce is predominately made up of:

- Mammographers (qualified Radiographers with advanced practice in mammography (certificate))
- Mammography Associates (L4 Assistant Practitioners)

Additional roles include Directors, Consultant Radiographers, Programme Managers, Administration Support, data and information analysts.

The NHS BSP has an occupational requirement for a female only mammographic workforce.

- [NHSE Standards and guidance for health professionals](#), managers and commissioners working in the NHS breast screening programme gives guidance on staffing numbers of core roles.



## Workforce – Recruitment, Retention & Staff wellbeing

### Recruitment & Retention

- National shortages of qualified mammographers
- High number of current workforce close to retirement age

National programme\* taking place to raise the profile of breast screening as a career and increase mammographic workforce.

### Staff Wellbeing

- Increased risk of musculoskeletal problems because of work activities
- Risk of burnout due to staff shortages

Providers will need to consider the additional occupational health needs of the breast screening workforce.



\* London has developed a recruitment toolkit to support services, and the wider system to raise the profile of breast screening as a career, and fill vacant posts



## Workforce – Training & Education

- The [National Breast Imaging Academy](#) (NBIA) is delivered in collaboration with NHS England and is hosted by Manchester University NHS Foundation Trust.
- There are 6 designated [training centres](#) in England, 2 in London, which provide specialist training for staff working in breast screening.
- [National guidance](#) to support services to increase capacity within their specialist radiographic workforce by adapting screening appointments to empower assistant practitioners to work in clinics with remote radiographic supervision was published in September 2020.
- London Region developed and piloted in service 'Practice Educator' roles to support services to rapidly increase their workforce via training. The pilot evaluated well and achieved its desired outcomes.



## Workforce – requirements

- The authority requires providers to:
- ensure that there are adequate numbers of trained, qualified, and competent staff in place to deliver a high-quality service, in line with best practice guidelines and NHS BSP national guidance;
- have in place a workforce plan designed to a) maintain a sustainable service, especially where an increase in the eligible population is predicted, and b) adequately support the health and wellbeing of staff delivering the service.
- support and implement recommendations from NHSE, and other systems, to maximise innovative solutions to workforce shortages and retention and recruitment issues across the screening pathway.
- allow staff to have protected time to undertake training activities and continued professional development.





# Questions

# 3. London's NHS Breast Screening Programme

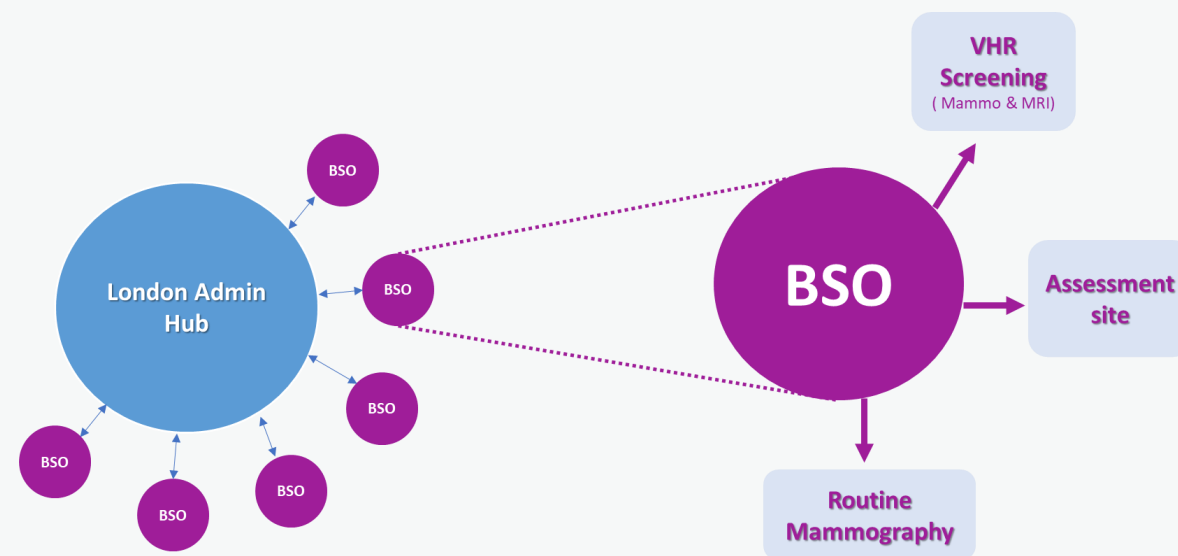
- Current Service Model in London
- Current screening provisions
- London's performance
- Inequalities / underserved communities
- London's Breast Screening Transformation Programme

## Current London Breast Screening Model (Hub & Spoke)

Together, the six services and the Hub are responsible for supporting approximately 1.3 million eligible clients over their three yearly screening round.

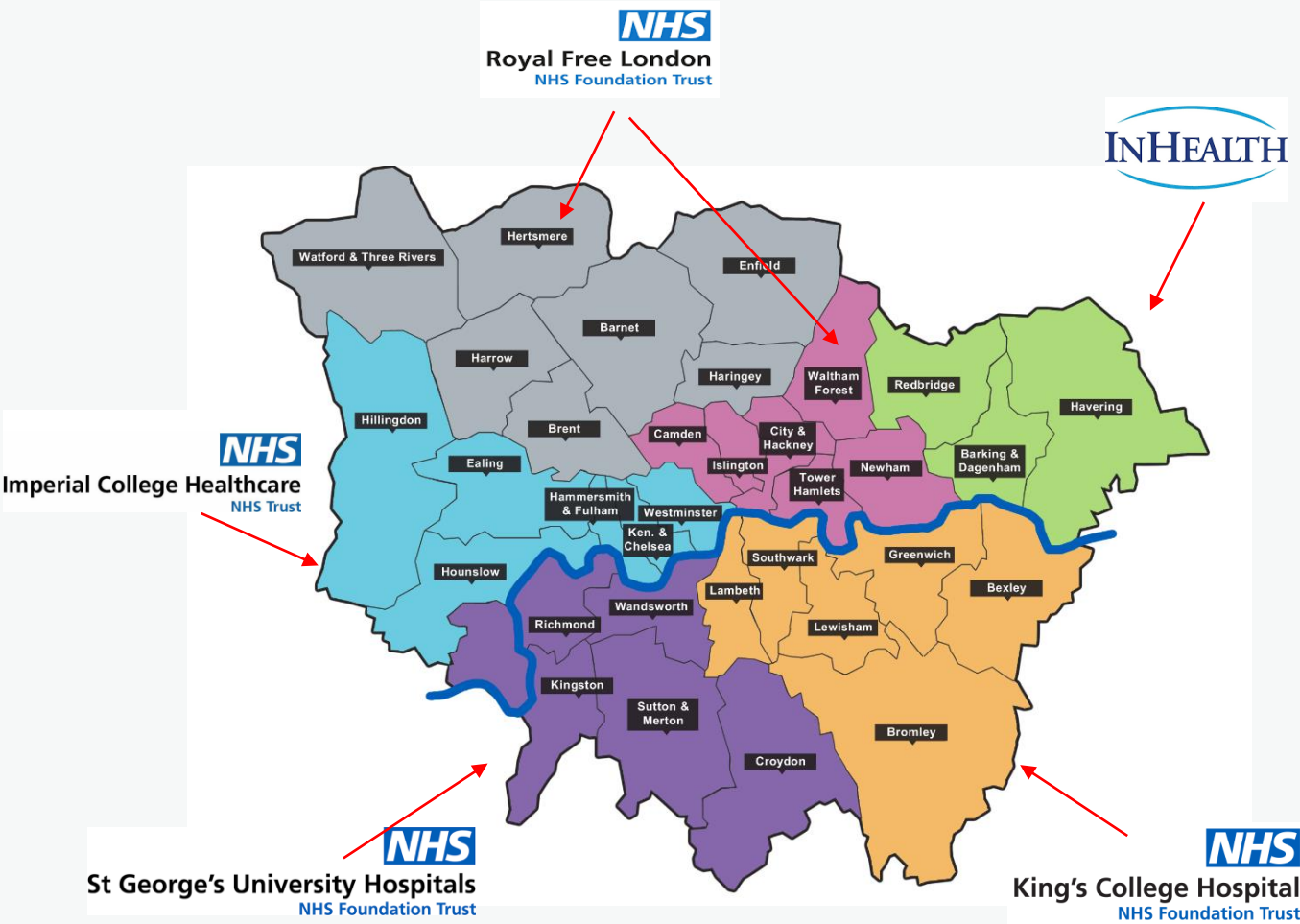
NHS London Region's Breast Screening Programme is delivered via a 'hub and spoke' model:

- **Pan London NHS Breast Screening Central Administrative Hub:** that supports the Clinical Services with managing the appointments and sending out invitations for routine screening
- **Six NHS Breast Screening Clinical Services / Breast Screening Office (BSO):** that provide all imaging and subsequent investigations to identify breast cancers across London and West Hertfordshire Population



# Current London Breast Screening Service Provisions

London Breast Screening Services / Boroughs
<b>The North London Breast Screening Service</b>
Barnet, Brent, Enfield, Haringey, Harrow & West Hertfordshire*
<b>The Central &amp; East London Breast Screening Service</b>
Islington, Camden, Hackney and the City, Newham, Tower Hamlets & Waltham Forest
<b>Outer North East London Breast Screening Service</b>
Barking, Dagenham, Havering & Redbridge
<b>The South East London Breast Screening Service</b>
Lewisham, Lambeth, Southwark, Bromley, Bexley & Greenwich
<b>The South West London Breast Screening Service</b>
Croydon, Kingston, Richmond, Sutton and Merton and Wandsworth
<b>The West of London Breast Screening Service</b>
Ealing, Hammersmith and Fulham, Hillingdon, Hounslow, Kensington & Chelsea and Westminster



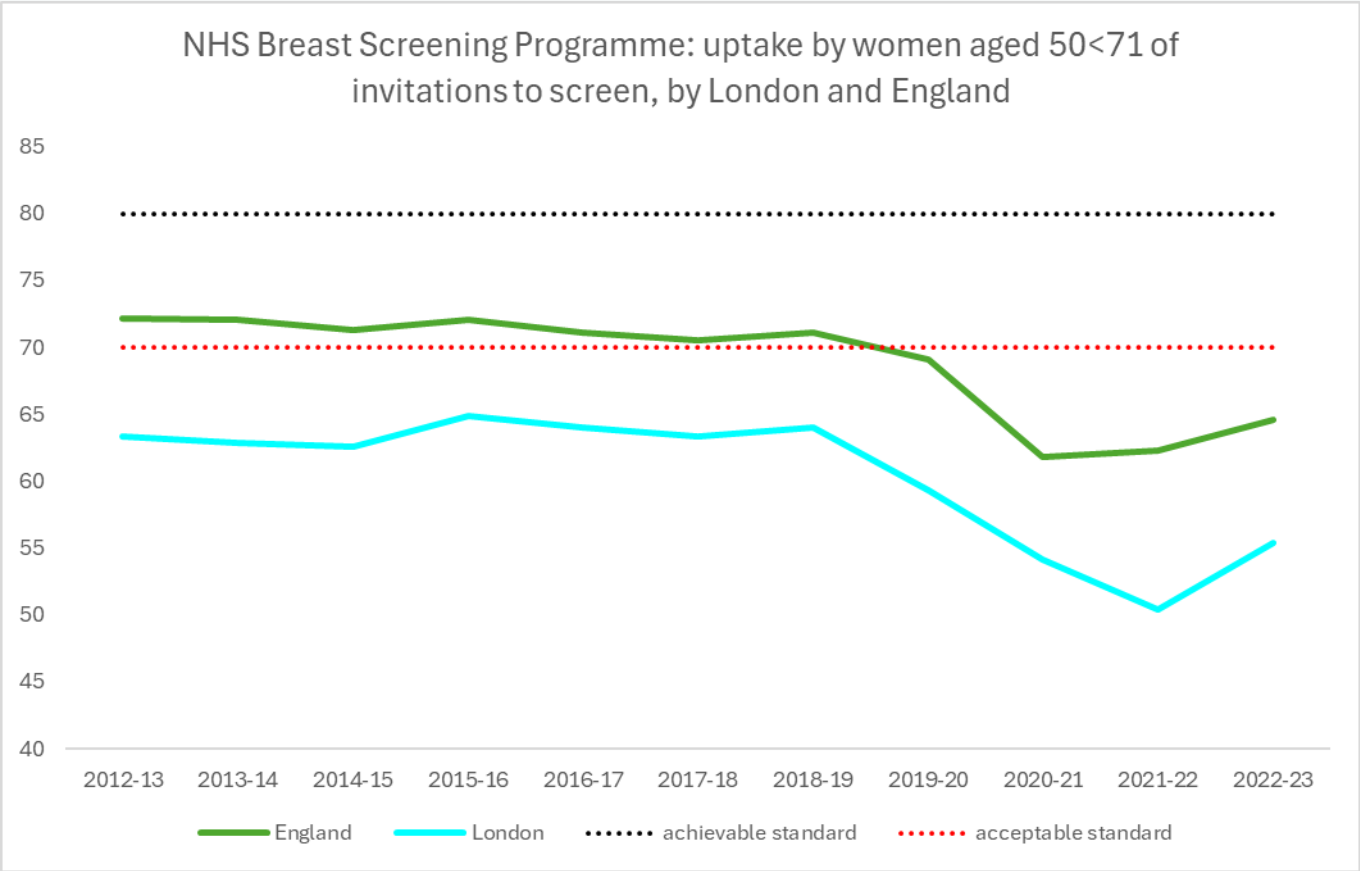
\* Boroughs within West Hertfordshire – Watford, Three Rivers and Hertsmere

Note: The London Breast Screening Administration Hub is managed by Royal Free London NHS Foundation Trust



## Uptake of Breast Screening in London

- On average, London has an uptake rate of **60.4%**. Which is 8.54% below the national uptake rate.
- Breast screening uptake and coverage was negatively affected by the COVID19 pandemic during 20/21 and 21/22 leading to delays and backlogs to screening.
- London Breast Screening programmes completed backlog recovery by Q1 23/24.

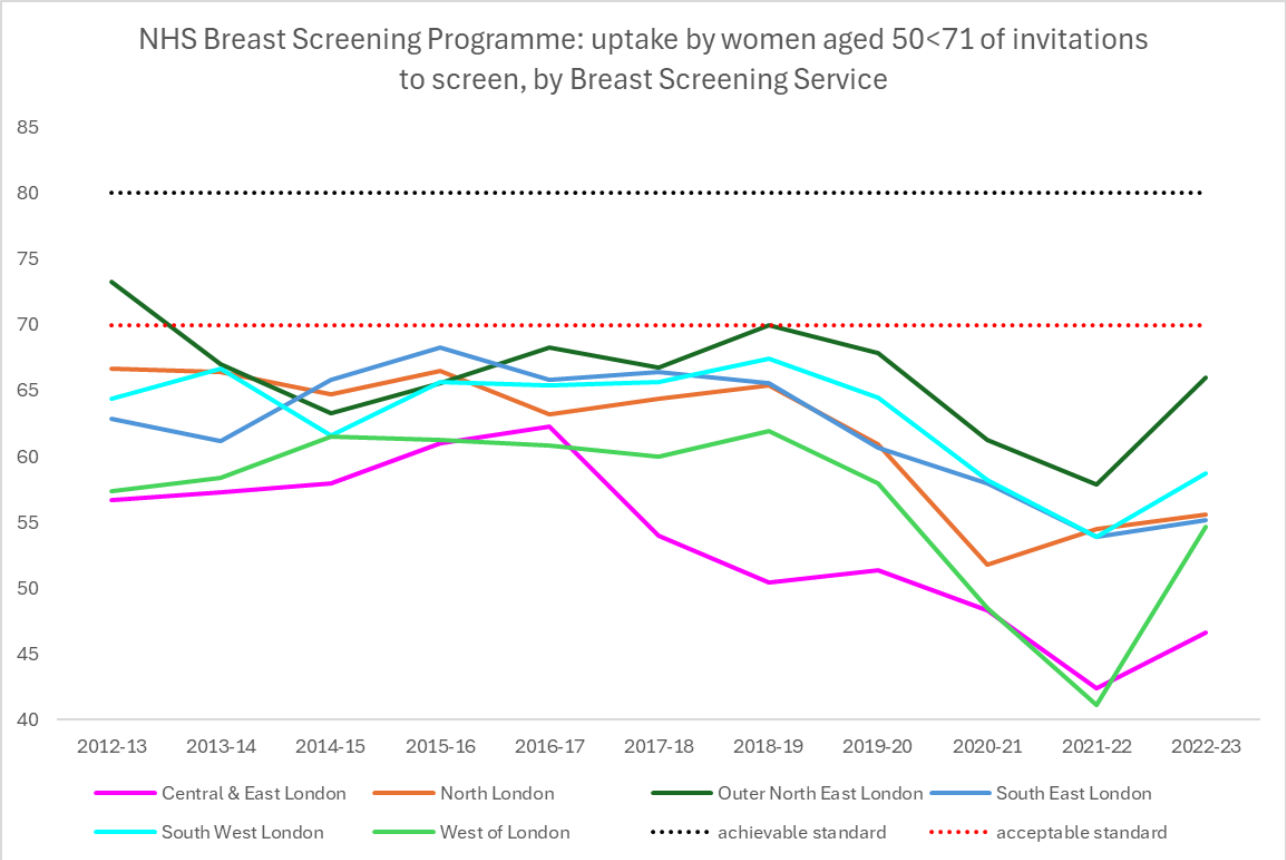


Geo Location	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
London	63.3	62.9	62.6	64.9	64	63.3	64	59.3	54.1	50.4	55.4
England	72.2	72.1	71.3	72.1	71.1	70.5	71.1	69.1	61.8	62.3	64.6
%Difference	-8.9	-9.2	-8.7	-7.2	-7.1	-7.2	-7.1	-9.8	-7.7	-11.9	-9.2



# Inequalities & Underserved Communities

- London has a highly diverse population
- Variation in uptake across the region
- None of the current BSOs have met the national ‘acceptable standard’ since 2018/19



Breast Screening Unit	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Central & East London	56.7	57.3	58	61	62.3	54	50.4	51.4	48.3	42.4	46.6
North London	66.7	66.4	64.7	66.5	63.2	64.4	65.4	60.9	51.8	54.5	55.6
Outer North East London	73.3	67	63.3	65.6	68.3	66.8	70	67.9	61.3	57.9	66
South East London	62.9	61.2	65.8	68.3	65.8	66.4	65.6	60.7	58	53.9	55.2
South West London	64.4	66.7	61.6	65.7	65.4	65.7	67.4	64.5	58.2	53.9	58.7
West of London	57.4	58.4	61.5	61.3	60.8	60	61.9	58	48.5	41.1	54.7
London average	63.3	62.9	62.6	64.9	64	63.3	64	59.3	54.1	50.4	55.4

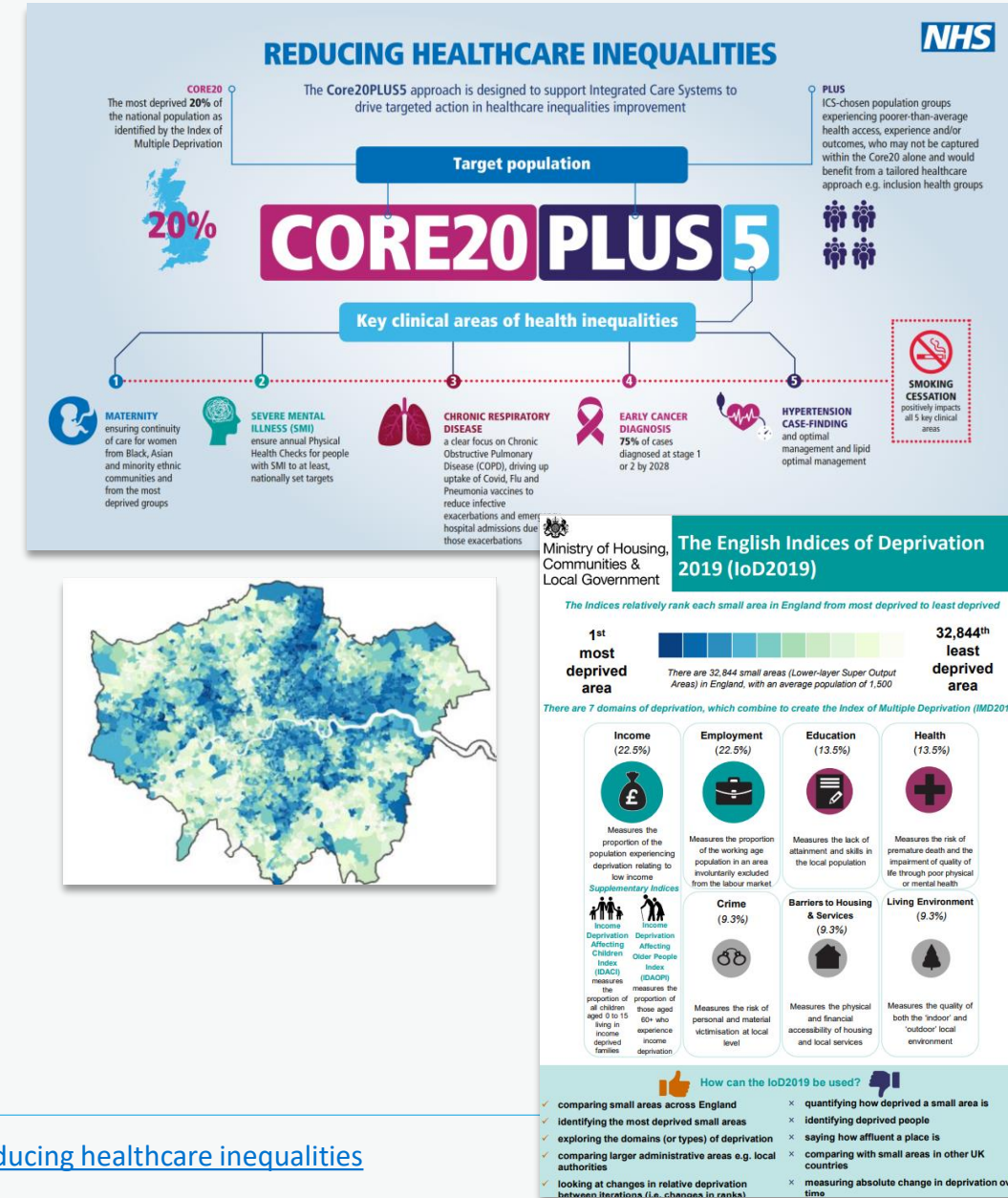


# Inequalities & Underserved Communities – Core20Plus5

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.

The approach defines a target population – the ‘Core20PLUS’.

- Income
- Employment
- Education
- Learning Difficulties & Autism
- Health (physical or mental health)
- Crime
- Barriers to Housing & Services
- Living Environment





## Inequalities & Underserved Communities - reasons for non-attendance

November 2023 - NHS Breast Cancer Screening Services Client Engagement Report published:

Results identified some reasons why clients do not attend breast screening when invited:

- **Limited knowledge of personal risk factors:** such as **not** being worried about the risk of breast cancer
- **Anxiety:** worried it might be painful, about what they might find, undressing in an unfamiliar spaces, not being seen by female staff.
- **Other priorities outside of personal health:** such as carer responsibilities that take priority, difficulty being available for appointments.
- **Barriers to accessing appointments:** such as difficulty getting appointments at convenient times, English not being a first language, often forgetting about appointment.
- **External communications sending mixed messaging:** news stories about women receiving treatment they didn't need because of screening.



## Inequalities & Underserved Communities - Next Steps

London Breast Screening Providers are expected to:

- Work collaboratively with commissioners, ICBs and partners to identify and address inequalities in breast screening
- Support and utilise NHS England's Core20PLUS5 ambitions to address variations in breast screening
- Participate in approved research to gain a better understanding of the barriers to accessing breast screening
- Expand Access to screening to ensure equity of access across London services
- Increase breast screening awareness via client communications and community engagement
- Utilise evaluation tool to facilitate sharing of best practice



## Questions

## **4. London's Breast Screening Transformation Programme**

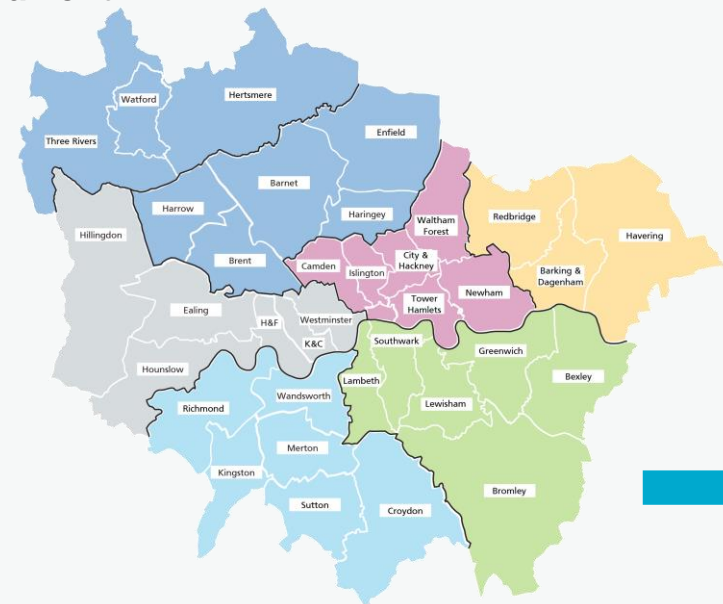


## London's Breast Screening Transformation Programme

- NHSE Regional and ICB policy is to align screening services with ICB footprints within the lifetime of this contract
- Re-procurement of breast screening services will proceed to existing schedule; we will retain the hub with clinical spokes approach
- IT reconfiguration is a prerequisite to realigning services which will commence once the systems are tested and quality assured
- The regional team will work with national, ICBs and system stakeholders and the IT system provider to explore the IT solutions and financial implications in reconfiguring the NBSS and PACS systems to enable service realignment
- The system reconfiguration programme will proceed in parallel with procurement, with the goal of realigning services as soon as clinically safe to do so; the likely timescale is from January 2027 with a phased approach across the London ICBs
- The Lots for Breast Screening procurement have been configured as a stepping stone towards full alignment

Service configurations and ICB boundaries

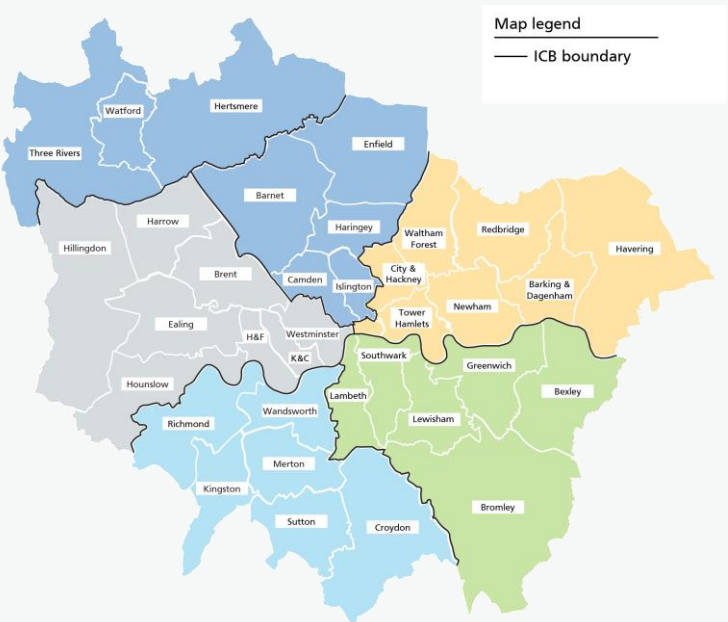
Current



Key:

- Outer north east London
- Central & East London
- South East London
- South West London
- West of London
- North London

Post Transformation Programme



Key:

- North east London
- South East London
- South West London
- North West London
- North Central London (inc. West Hertfordshire)



## Questions



# 5. Breast Screening Procurement 2024/25

- Key priorities & London ambitions
- Service Specification
- Service model and scope
- Proposed Lot Structure (clinical services)
- Service Delivery Models (Hub & Clinical Services)
- Proposed Tariff Models (Hub & Clinical Services)



## Key priorities & London ambitions

Identify breast cancer at an earlier stage by detecting small changes in the breast before other symptoms or signs of breast cancer develop and reduce breast cancer mortality.

Reducing health inequalities in access, outcomes and experience

Increasing uptake of Breast Screening beyond 70% national target, and reducing missed appointments

Improving access to services and improving the consistency in the quality and experience of care for women

Developing effective and efficient services that offer Value for Money and are sustainable for the future

To continue to provide the national breast screening programme to the eligible population across London (includes parts of Hertfordshire)

Using the procurement as a stepping stone to aligning services to the London ICB boundaries



# London NHS Breast Screening Programme Specifications

Two London\* Specifications have been drafted:

- NHS London\* Breast Screening Programme Administrative Hub Service Specification
- NHS London\* Breast Screening Programme Clinical Services Specification

The draft specifications will be available via the portal:

**The NHS London\* Breast Screening Programme Clinical Services Specification** is aligned to the national breast screening service specification. With the addition of:

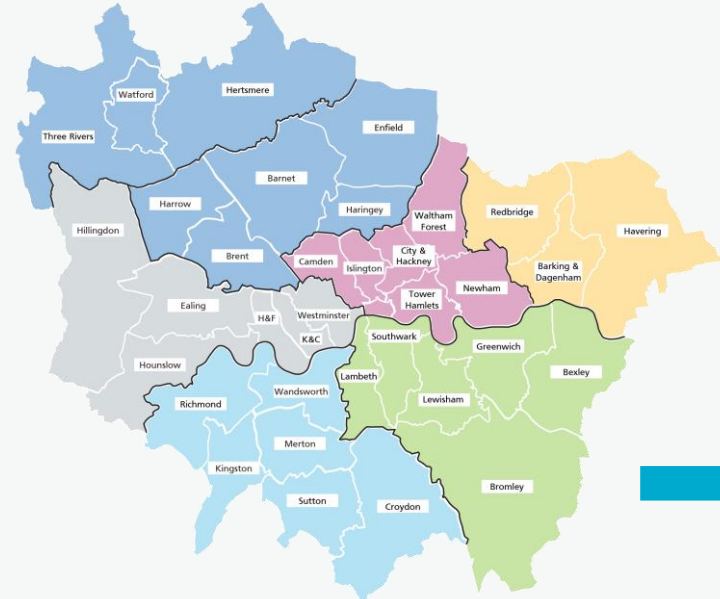
- Service realignment to ICB boundaries via a transformation project
- Practice Educator roles

**The NHS London\* Breast Screening Programme Administrative Hub Service Specification is a local specification** is based on the current hub and spoke model with some amendments including:

- A wider impartial strategic role
- 2 x new pan London posts focusing on reducing health inequalities
- Management of VHR referrals
- Service realignment to ICB boundaries via a transformation project

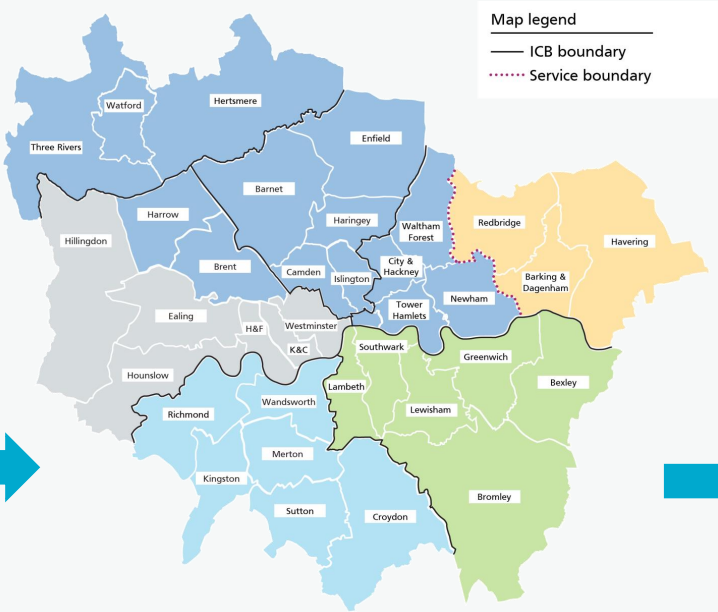
Service configurations and ICB boundaries (Phases)

Phase 1: Current



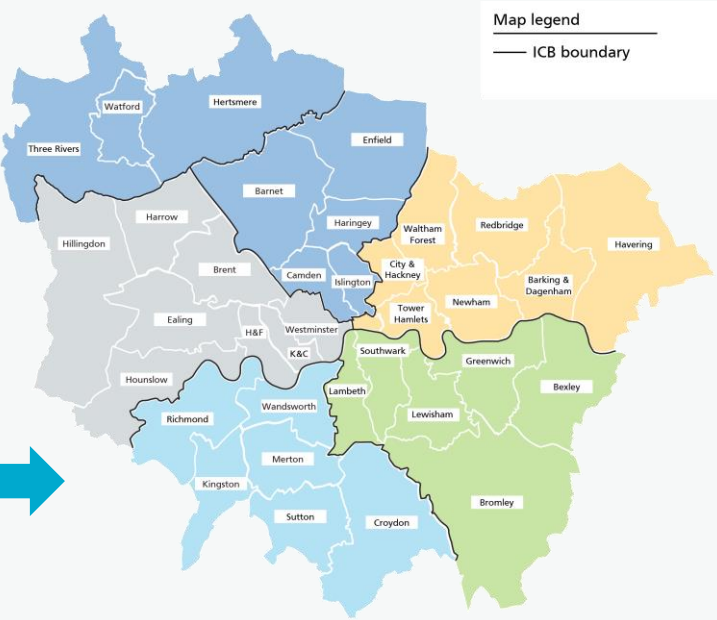
- Key:
- Outer north east London
  - Central & East London
  - South East London
  - South West London
  - West of London
  - North London

Phase 2: Post Procurement



- Key:
- North east London
  - South East London
  - South West London
  - North West London
  - North Central London (inc. West Hertfordshire)

Phase 3: Post Transformation Programme

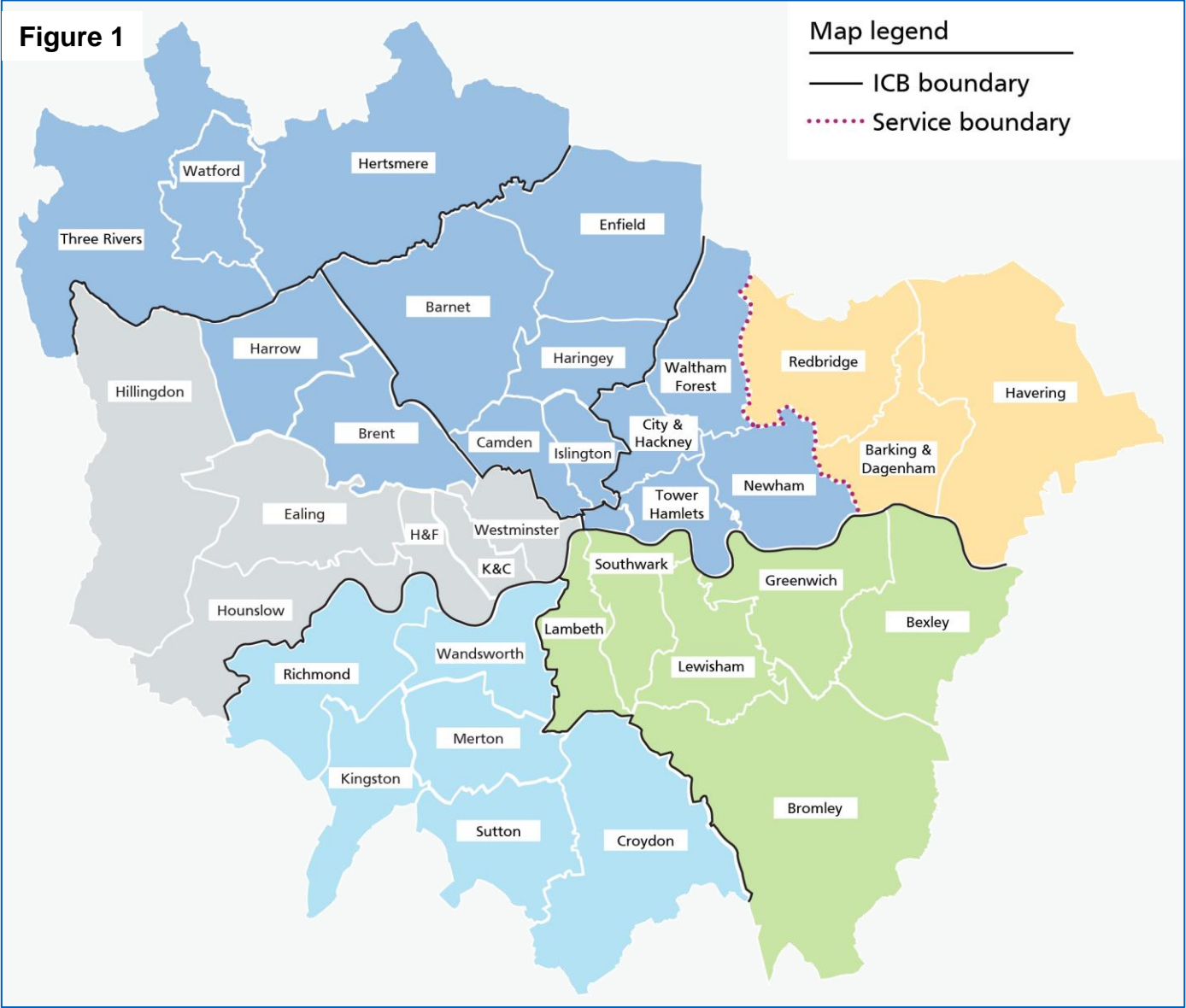


- Key:
- North east London
  - South East London
  - South West London
  - North West London
  - North Central London (inc. West Hertfordshire)

## Proposed Lot Structure

- The procurement will be organised into six Lots.
- There will be one Admin Hub Lot that will be impartial and will support and collaborate with the clinical services
- There will be 5 clinical service Lots (as illustrated in the Figure 1)
- Over the course of the contract there will be a transformation programme, to align the service boundaries to the ICB boundaries.
  - Brent and Harrow will become aligned with the North West London (NWL) ICB footprint
  - City & Hackney, Newham, Tower Hamlets and Waltham Forest will become aligned with the North East London (NEL) ICB Footprint.

Lot 1	North Central London* (NLBSS & CELBSS)
Lot 2	North East London (ONELBSS)
Lot 3	North West London (WoLBSS)
Lot 4	South East London (SELBSS)
Lot 5	South West London (SWLBSS)
Lot 6	Admin Hub (London* Wide)



\* including West Hertfordshire



# London Breast Screening Clinical Service / BSO Delivery Model

## CROSSCUTTING

- Governance & Quality Assurance
- Reducing variations in inequalities
- Stakeholder Engagement
- Workforce
- Incident Management
- Escalations

## PLANNING

- Demand & capacity management
- Round planning
- Digital Transformation of Screening (DToS)
- Transformation Strategy (section 7a)
- Research
- Community engagement
- Improved access

## DELIVERY

- Mammography Appointments
- Overall Pathway experience
- Referral & appt Management (VHR)
- Improved access
- Picture archiving and communication system (PACS)
- Routine & VHR screening
- Assessment

## MONITORING

- KPIs
- Quality Indicators
- Audits (General / VHR)
- Use of Data & intelligence
- QA visit



## London Breast Screening Admin Hub Delivery Model

### CROSSCUTTING

- Governance & Quality Assurance
- Reducing variations in inequalities
- Stakeholder Engagement
- Workforce
- Incident Management
- Escalations

### PLANNING

- Digital Transformation of Screening (DToS)
- Transformation Strategy (section 7a)
- Research
- Community engagement
- Improved access

### DELIVERY

- Mammography Appointments Management
- Overall Pathway experience
- Referral Management (VHR)
- Improved access
- Call centre
- Call & Recall
- Round plan oversight
- Lead Pan London initiatives & campaigns

### MONITORING

- KPIs
- Quality Indicators
- Audits (General / VHR)
- Use of Data & intelligence
- QA visit

## Proposed Tariff Model (Clinical Services)

- Tariff model for clinical services will be on a cost and volume basis
- Providers are expected to provide monthly activity data through the NHS portal and comply with schedule 6 of the contract.
- The activity will need to be split into the currencies Very High Risk (MRI – NCBPH24B) and Routine (Mammography – NCBPH24A)
- The tariffs are fixed for London Very High Risk £449.64 and Routine Mammography £94.11. These are at 24/25 prices and subject to adjustments based on the NHS inflation factors for future years when published.
- The Activity is based on NHS Digital Breast Screening Select data for 26/27 which has been split Very High Risk 1967 and Routine Mammography 287,258.

Indicative Values Only		Total 26/27		Very High Risk		Mammography (Standard)		
		Activity 26/27	Cost 2627 @2425 Prices	Activity 26/27	Cost 2627 @2425 Prices	Activity 26/27	Cost 2627 @2425 Prices	
North Central London* (NLBSS & CELBSS)	Lot 1	98,441	9,298,007	779	106,385	97,662	9,191,621	Includes Herts
North East London (ONELBSS)	Lot 2	23,172	2,216,435	100	44,987	23,072	2,171,448	
North West London (WoLBSS)	Lot 3	61,111	5,904,684	435	194,417	60,676	5,710,267	
South East London (SELBSS)	Lot 4	57,876	5,588,670	408	182,988	57,468	5,405,682	
South West London (SWLBSS)	Lot 5	48,626	4,663,633	246	110,505	48,380	4,553,128	
<b>Total Clinical Lots</b>		<b>289,225</b>	<b>27,671,428</b>	<b>1,967</b>	<b>639,282</b>	<b>287,258</b>	<b>27,032,146</b>	

- A minimum uptake of 70% is expected in line with the national specification
- Activity modelling after 26/27 assumes 1% growth





## Proposed Finance Model (Admin Hub)

- The Hub model is proposed to be on a block basis
- The hub specification and requirements will be monitored for delivery and will include as a minimum the following. Commissioners' will also have specific KPI's to support delivery of the Hub

Additional KPI Areas	
Call Centre	Round Length Reporting & Monitoring
Mail Service	Hub Management
Text Messaging	VHR Referrals
Data Analysis	Health Inequalities
Data Reporting	

- The Hub funding is expected to be in the region of £3.5m – £4m and subject to NHS inflationary uplifts
- We expect the Hub to provide quarterly actual performance of the Hub functions including staffing levels (grades and function), staff costs, direct costs and overheads vs the plan per the FMT.
- Any slippage would be used to support new uptake initiatives not within the FMT or subject to performance notice per the contract terms
- We expect the bidders to have planned to achieve a minimum 70% uptake across London and Herts



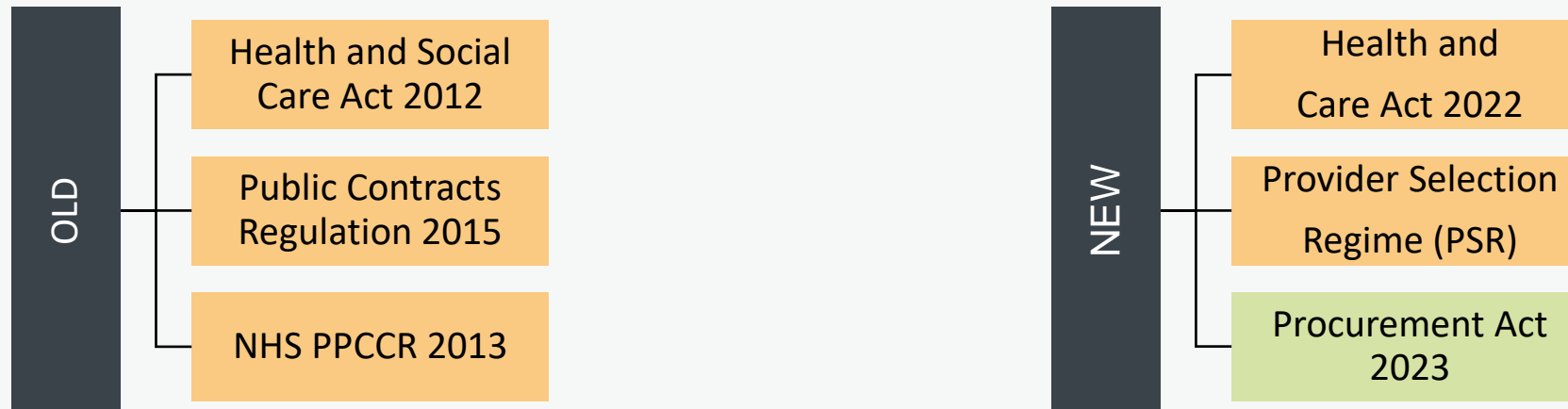
## Questions

# 6. Breast Screening Procurement Processes 2024/25

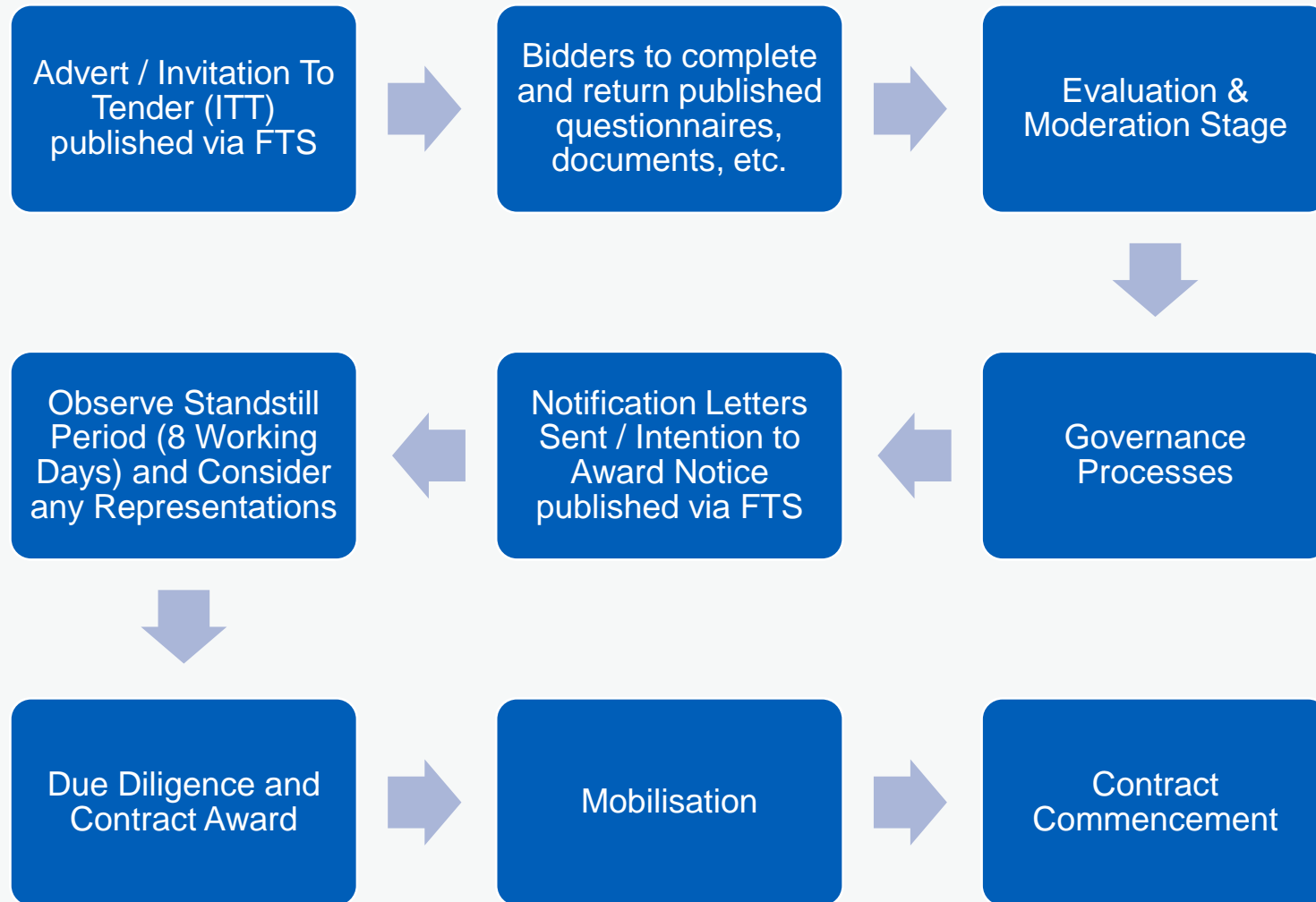
- Procurement Route
- Indicative Timeline
- E-tendering Portal
- Communication / Clarification
- Bid Submission Tips
- Net Zero Commitment Requirements

## Procurement Route

- Since the previous procurement exercise, the Provider Selection Regime (PSR) 2023 Regulations came into force on the 1st of January 2024.
- The proposed procurement route is the Competitive Process under Regulation 6(7) and Regulation 11 of the PSR.
- This is an open, competitive, single-stage process with no restrictions on who can submit tenders.



## Procurement Route





## Indicative Timeline

Event	Date
ITT Issued	30 <sup>th</sup> October 2024
Deadline for Receipt of Bidder CQs	11th December 2024
Deadline for ITT Submissions	7 <sup>th</sup> January 2025
ITT Evaluation & Moderation	January 2025 to April 2025
Award Notification & Standstill Period	7th April 2025 to 18th April 2025
Contract Award	18 <sup>th</sup> April 2025
Mobilisation	18 <sup>th</sup> April 2025 to 31 <sup>st</sup> March 2026
Service Commencement	1 <sup>st</sup> April 2026



## E-tendering Portal

- The [Health Family eCommercial System provided by Atamis](#) will be used for this procurement.
- Details of how to access the procurement on Atamis will be provided when the ITT is published. All the procurement documents and questionnaires will be available via Atamis including:
  - Invitation to Tender (ITT) Guidance Document (information only)
  - Selection and ITT Questionnaire(s)
  - Financial Model Template
  - Commissioning Documents
- **It is important to register early** to ensure your organisation can access the ITT once live, prevent any delays, and to become familiar with the portal and address any issues at an early stage.
- If you need any support with registering, please contact the dedicated Atamis Helpdesk (Phone: 0800 9956035 / E-mail: [support-health@atamis.co.uk](mailto:support-health@atamis.co.uk))



## Communication / Clarification

- All communications during the period of the ITT must be directed via the 'messaging' area within the e-tendering portal.
- No other forms of communication will be accepted (including telephone calls, postal queries/submissions, faxes or email communications).
- Submit Clarification Questions (CQs) as early as possible in the procurement phase (via the 'messaging' area within the e-tendering portal) and note the deadline for receipt.
- Bidders must ensure that all clarifications are made within the deadline for clarifications. This deadline ensures commissioners have sufficient time to respond to all clarification questions ahead of the deadline for tender submission.
- Clarifications and responses will be published and made available to all participants via the 'messaging' area within the e-tendering portal.





## Bid Submission Tips

- **Social Value:**

- In line with national policy, NHS England will be explicitly evaluating social value in the upcoming procurement.
- Commissioners will seek to apply the Social Value Model for this procurement and plan to assign a minimum of 10.00% of the tender weighting to social value criteria.
- The proposed themes judged to be most applicable to this service are:
  1. Tackling Climate Change – *“Detail how, through the delivery of the contract, you plan to reduce your carbon emissions (both in your supply chain and embedded carbon within products) through the provision of the product/service.”*
  2. Tackling Economic Inequality – *“Detail how, through the delivery of the contract, you will ensure that there is a skills policy that focuses on increasing the average level of skills of the workforce and also reduce inequalities in the way skills are distributed among the population, keeping the supply of skills aligned and responsive to market needs.”*
- Please provide feedback on the proposed themes and outcomes to be tested in the procurement via the supplier questionnaire.



## Bid Submission Tips

- **Answer Questions Fully:** Ensure you have answered all elements of the question asked and check you have provided a complete response. Please note there is no cross-referencing of responses.
- **Attachments:** Ensure you have uploaded all the required attachments requested to the correct question and are labelled appropriately.
- **Character Limits:** Ensure you stay within the specified character limits. Ensure your response remains coherent.
- **Examples and Evidence:** Where invited to do so, please use examples and provide supporting evidence where appropriate to strengthen your responses. Remember evaluators **MUST NOT** use any prior knowledge or past experiences of organisations when assessing bids and so only the information within your responses will be considered.
- **ITT Deadline:** Ensure you submit by the ITT deadline, bids received after the deadline will not be considered. Please try and submit early – don't leave it until the last minute. Read the ITT Guidance Document well in advance of submission and comply with all instructions.
- **Plagiarism:** Take precautions to ensure your bid is unique and ensure that no conflicts exist.
- **Final Checks:** Ensure that you carefully check all your provided responses, including attachments, ensuring any declarations have been signed.

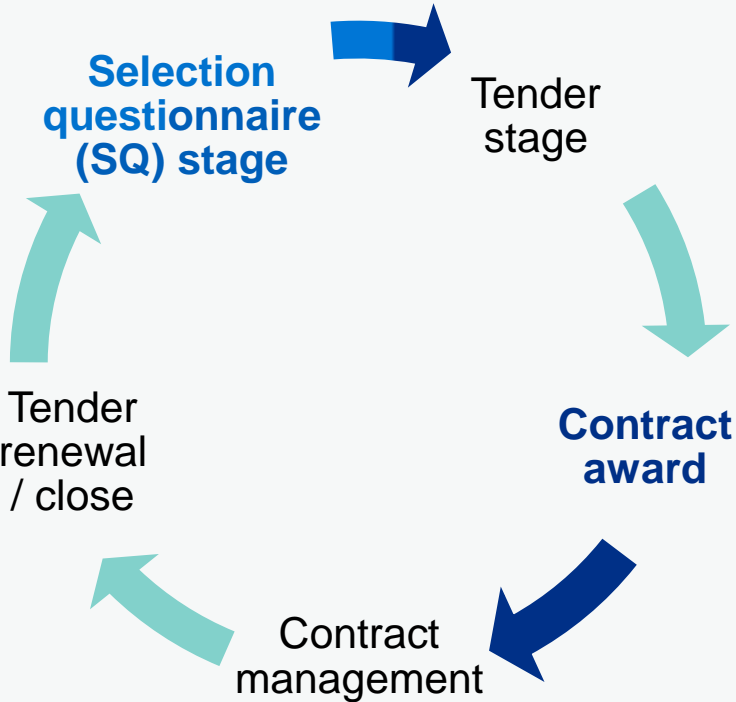


## Net Zero Commitment Requirements

- From **April 2024**:
  - A Net Zero Commitment (NZC) will be required for procurements of lower value (for all new procurements above the relevant Public Contracts Regulations 2015 (PCR) threshold up to the value of £5M per annum)
- A Net Zero Commitment is a public commitment to achieve net zero by 2050 or earlier, and a confirmation that the supplier is taking steps to reduce their GHG emissions over time.
- The Net Zero Commitment requirements are a subset of the CRP requirements, therefore a supplier already complying with the CRP requirements is also complying with the Net Zero Commitment requirements and does not require further action.
- Guidance on supplier compliance with the NHS Net Zero Commitment requirements can be found here: [NHS England » Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works](#)
- A Carbon Reduction Plan will not be required for this project due to the value.



# Net Zero Commitment (NZCs) Requirements



- NZCs are assessed on a pass/fail basis. They are not compared with another supplier’s NZC.

### Selection Questionnaire Stage:

- NZCs will be assessed as a pass/fail as part of the SQ.

### Contract Award:

- *When a NZC is required*, a link to the NZC must be provided as part of contract award.

Key	
CRP Requirements	<div></div>
NZC Requirements	<div></div>



## Questions

# 7. Next Steps



## Next Steps

- The Market Engagement event presentation, Clinical Service and Admin Hub specifications and FAQs will be uploaded to the Atamis for all potential bidders to access.
- Potential bidders are encouraged to complete the Market Engagement event feedback form. The link for this will be provided when the event is published on the e-tendering portal.
- Details of providers who completed the Networking Form (and provided consent) will be shared with today's attendees for the purpose of facilitating potential terms of arrangements.
- The ITT Notice will be published on the Find a Tender Service (FTS) <https://www.gov.uk/find-tender> and Contracts Finder <https://www.gov.uk/contracts-finder> in due course.
- Providers are encouraged to register on Atamis as soon as possible: <https://health-family.force.com/s/Welcome>