

STATEMENT OF REQUIREMENT OP INTERFLEX CONTRACTED MEDICAL SUPPORT

Introduction

Purpose

The provision of contracted non-MOD healthcare personnel to deliver healthcare on Op INTERFLEX within the UK.

Background

Op INTERFLEX provides training to Ukrainian soldiers across 5 UK sites. In order to provide a safe environment and maximise training activity, Field Army support each site medically to provide Primary Healthcare and Emergency Medicine.

The workforce required to achieve this has significantly reduced operational output available to defence and the high turnover of personnel and sub-optimal clinical conditions could damage the level of medical care delivered to our patients.

Providing contracted medical support from non-MOD workforce would allow an enduring solution to providing the healthcare that maximises training time and enables re-distribution of MOD medical support to operations and readiness commitments.

Objectives

On conclusion of the procurement process Op INTERFLEX should have additional medical workforce deployed in each Training Delivery Unit (TDU) location and the Holding And Processing Facility (HAP) to reduce the workload on the MOD medical staff. The Workforce should be integrated into the broader Op INTERFLEX Medical wrap at each location, with sufficient flexibility in the contract to move individuals across locations as disease and injury trends dictate.

Scope

The successful tender should be able to provide all of the WF required at the following locations:

HAP
TDU 1
TDU 2
TDU 3
TDU 4

The contractor must be able to flex workforce across sites if required to responds to surge demand linked to disease outbreaks or staff shortages.

Where specified in the Requirements the workforce must be GMC/NMC/HCPC registered and comply with their governing bodies codes of practise.

This contract is for services only, specifically the provision of healthcare to the entitled PAR. As such contractor will not be required to provide equipment. All equipment, including medical material short life, will be provided as GFE subject to agreement by the authority. A site visit by the contractor may be arranged to determine the GFE required to support the WF in their duties under the contract.

The contract must be sufficiently flexible to terminate the contract at 30 days notice should Op INTERFLEX be reduced in scope, with an option to extend the contract into FY25 should funding be agreed. The current end date of the contract should be 31 March 25.

Requirements

KURs HAP

Role of the HAP

Handling and Processing (HAP) UK supports the arrival into training and issue of equipment to AFU personnel arriving direct from the partner nation prior to onward travel to the Training Development Units (TDU). Time spent in the HAP for each in-bound flight no longer than 36 hours.

Medical WF requirement

OP INTERFLEX and the contractor shall agree on the total WF required prior to commencement of services.

1. Clinical decision making led by registered healthcare professional (GMC, NMC or HCPC registered) as head of the team who is SPOC for clinical communication with HAP Ops team.
2. WF to operate within scope of professional registration if GMC/NMC/HCPC registered, or under registration of clinical professional if unregistered (e.g HCA)
3. Provision of Primary health care to AFU personnel during transit through HAP.
 - a. PHC provision within MMSL provided within 501 module or equivalent OTC medications.
 - b. Assessment, triage and referral to NHS where outside scope of PHC provision.
4. Identification of acuity of illness in the transiting AFU PAR iaw the Op INTERFLEX HAP SOPs.
5. Liaison with SMO INTERFLEX and TDU medical CoC for all unwell patients requiring further care at TDUs.
6. Liaison with PN Healthcare team as required.
7. The contractor team is to ensure that they can provide acute referral pathway to mainstream NHS services as appropriate where issues not treatable at the clinic and liaise with GP services to facilitate routine referrals as required.
8. Manage referral and clinical handover of AFU personnel requiring isolation into the HAP Isolation facility (when established) and TDU medical teams if able to commence the training pathway.
9. Comply with INTERFLEX Medical documentation SOPs and complete any clinical notes on F-Med 5s and provide to Op INTERFLEX.

10. Demonstrate ability to comply with the Op INTERFLEX HAP arrivals process (this includes physical presence at Brize Norton for arrival of the AFU SP on flights, and at South Cerney during the in-processing phase. This may require periods of prolonged working outside of core hours (0800 – 1700)
11. Operate within own HcG provisions, subject to external inspection by SO2 INTERFLEX as 2nd line assurance and SO2 HcG HQ Fd Army as 3rd line assurance.
12. Provide an on-call service OOH.
13. Deliver daily sick parade(s) when AFU in HAP.
14. Liaison with AECC to fulfil pre-flight medical requirements of AFU RTU to UKR on medical grounds.
15. All personnel to be BPSS.
16. Able to surge WF to HAP at 48NTM in inter-ROTO periods for any short notice requirement.
17. If no AFU personnel in HAP WF able to be temporarily surged to TDU locations to support healthcare delivery in these locations.

KURs TDUs

Role - Isolation of AFU personnel with communicable diseases (reportable and non-reportable) identified by the TDU medical team in order to prevent spread through the training cohort and enable training outputs to be maintained.

1. Deliver low-dependency (equivalent to community care) nursing at x 4 TDU sites across INTERFLEX.
2. Able to independently deliver routine/non-emergency PHC clinical care plans as directed by TDU medical staff.
3. RN(A) led care, daily care can be delivered by non-registered healthcare providers under the direction/guidance of NMC registered individual on-site.
4. Ability to escalate to TDU medical staff iaw physiological obs and local SOPs.
5. Daily liaison (clinical case conference) with TDU medical leads.
6. 24hour monitoring of isolation patients to include on-call capability (requirement for 24/7 presence dependent on clinical presentation of patients and iaw direction from TDU medical lead)
7. Ability to monitor each low dependency patient for between 3-6 days as per direction, with potential for longer isolation if required.
8. Maintain a patient record iaw Op INTERFLEX medical documentation policy.
9. Minimum BLS qualified for medical emergencies, ILS preferred.
10. Able to flex WF across sites or scale WF in accordance with clinical need.
11. Liaison with TDU medical team for medical material/G4 demands.
12. All personnel to be BPSS

All patient information remains the property of the MOD and must be managed iaw Caldicott guidelines and Op INTERFLEX OPSEC specifications.

Op INTERFLEX will provide Real Life Support to WF whilst on site, namely:
 Living accommodation with appropriate access to ablutions and laundry facilities.
 Meals and bottled water.
 Internet access whilst working on site

Outputs/deliverables/milestones

Outputs:

HAP –

- non-emergency primary healthcare provision to a transient, unscreened non-english speaking PAR.
- Emergency pre-hospital care in-extremis

Deliverables – safe and effective healthcare to NHS equivalent standard.

Outputs

TDU – Delivery of independent nursing standard care to an unscreened, non-english speaking PAR deemed required to isolate from the training population until medically fit.

As required participation in the primary healthcare delivery to the PAR.

Deliverables – safe and effective healthcare to NHS equivalent standard.

Intellectual Property (IP) Rights (Known as IPR)

There is no IP associated with this contract.

Government Furnished Supplies

Subject to a site visit and confirmation with the contractor GFE and GFS are as follows:

- 300 Module – Role 1
- 501 Module – Pharmacy
- 584 Module – CMT Bergen
- 587 Module – GDMO Bergen
- 536 Module – BFA Module
- 500 Module – Bedding Down Facility Module

All modules remain the property of the MOD. MMSL is available to the contractor and is to be demanded through the on-site medical lead in the instance of the TDU, with MMSL and equipment demands at the HAP to be agreed by the SO2 Med INTERFLEX or SMO INTERFLEX prior to demands being submitted.

Payment

Monthly in arrears with orders and invoicing via CP&F and Exostar

Contract management arrangements

Monthly meeting between contractor, SMO INTERFLEX and HQ Fd Army representative.

Location – HQ INTERFLEX

Performance measurement:

- WF suitability across TDUs/HAP
- WF availability across TDUs/HAP
- Referral rate HAP to TDUs

- Numbers in isolation per TDU location, number of contacts per patient in isolation.

Assurance inspection by SO2 INTERFLEX each ¼, with external assurance inspection by SO2 HcG HQ Fd Army x1 per Op INTERFLEX Tranche.

End of contract/Exit strategy

Contract cessation on 31 Mar 2025, Options to extend pending PJHQ financial approval.