

INTEGRATED URGENT CARE SERVICE

Incorporating:

Urgent Care Centres (UCC);
GP Home visiting services (during traditional out of hours (OOH) periods);
Deep Vein Thrombosis (DVT) Services; and
in conjunction with North West Ambulance Service (NWAS) a Pathways
Alternative to Transport Service (PATS).

GREATER PRESTON, CHORLEY AND SOUTH RIBBLE CLINICAL COMMISSIONING GROUPS

Memorandum of Information (MOI)



Table of Contents

1	PURPOSE, STRUCTURE AND NEXT STEPS FOR BIDDERS	3
1.1	Purpose of this document	3
1.2	Organisation of this document	3
1.3	Next Steps for Bidders	4
2	INTRODUCTION AND OVERVIEW	5
2.1	Background and Context to the Greater Preston, Chorley and South Ribble Integrated Urgent Care Service Procurement	5
2.2	Objectives of the Procurement	8
2.3	Bidder Pool	11
2.4	Critical Success Factors (CSFs)	11
3	COMMISSIONING CCG	12
3.1	Commissioning CCG	12
4	PROCUREMENT PROCESS - OVERVIEW	14
4.1	Procurement Timeline	14
4.2	Advert, MOI & EOI	14
4.3	Pre-Qualification Questionnaire (PQQ)	15
4.4	PQQ Evaluation	15
4.5	Invitation to Tender (ITT)	16
4.6	Contract Award	16
4.7	Service Commencement	16
5	COMMERCIAL FRAMEWORK	17
5.1	Contract	17
5.2	Contract Duration	17
5.3	Clinical	17
5.4	Not used	17
5.5	Workforce	17
5.6	Training	19
5.7	Premises, Facilities Management & Equipment	19
5.8	IM&T	20
5.9	Payment Mechanism	20
5.10	Financial Standing	20
5.11	Performance Security	21
5.12	Insurance	21
6	GOVERNANCE AND ADMINISTRATION	22
6.1	Requirements	22
7	GLOSSARY OF TERMS AND ABBREVIATIONS	26

1 PURPOSE, STRUCTURE AND NEXT STEPS FOR BIDDERS

1.1 Purpose of this document

This Memorandum of Information (**MOI**) provides an overview of the NHS Greater Preston, Chorley and South Ribble CCG's (**GPCSR**) Procurement and details of the:

- Procurement and its objectives;
- GPCSR's service requirements;
- Procurement process;
- Procurement commercial framework; and
- Procurement governance and administration requirements.

The purpose of this MOI is to provide potential Bidders with sufficient information on the Procurement to enable them:

- To make an informed decision about whether they wish to participate; and
- Submit a Pre-Qualification Questionnaire (PQQ).

1.2 Organisation of this document

This MOI is organised into the following sections:

Section 1: Purpose, Structure and Next Steps for Bidders

Detailing the purpose and organisation of the MOI and the next steps for potential Bidders.

Section 2: Introduction and Overview

Detailing the background and objectives to the Procurement, the scope of services to be procured, the bidder pool and the factors critical to the success of the Procurement.

Section 3: Commissioning CCG

Details of the Commissioning CCG's.

Section 4: Procurement Process Overview

Detailing the steps involved in the Procurement.

Section 5: Commercial Framework

Detailing the key commercial terms and other legal and contractual arrangements for the Procurement.

Section 6: Governance and Administration

Detailing key governance and administration requirements of the Procurement.

Section 7: Glossary of Terms and Abbreviations

Providing a glossary of the terms used in the MOI.

Annexe: Annex A

Template to be used by potential Bidders for submitting an Expression of Interest.

1.3 Next Steps for Bidders

Interested parties wishing to participate in this procurement exercise **must** submit a completed PQQ, via Bravo (the e-procurement system to be used for this procurement) by using the hyperlink <https://mlcsu.bravosolution.co.uk>

Completed PQQs should be submitted by **12.00hrs on 14th January 2016.**

GPCSR reserves the right to not consider any potential Bidder who does not meet the deadline.

2 INTRODUCTION AND OVERVIEW

2.1 Background and Context to the Greater Preston, Chorley and South Ribble Integrated Urgent Care Service Procurement

The health economies of both Greater Preston and Chorley and South Ribble agreed via the Clinical Senate (supported by the recent Keogh “Urgent and Emergency Care Review – End of Phase 1 Report 13 Nov 2013”) that there is a need to redesign the front end of the Emergency Department (ED) at both Royal Preston and Chorley District Hospitals to create a new urgent care service incorporating GP Out of Hours and subsequently Pathways Alternative to Transport Service (PATS) and DVT services.

The review of the existing services within Central Lancashire was clinically led and a number of engagement events have been held with local GPs and emergency care clinicians. This development supports the national agenda of providing care close to home, treating people in the most appropriate place for their need and ensuring people have access to safe, high quality urgent care.

The principles underpinning the redesign of the services are affirmed by the NHS England publication ‘High quality care for all now and for future generations: Transforming Urgent and Emergency Care Services in England (June 2013)’, which asserts that “the diverse nomenclature of urgent care services causes confusion amongst patients and healthcare professionals.” It further states that “this confused picture can cause the lack of standardised clinical practice amongst differing services and a lack of clear information given to patients” and that “this variation can cause a delay in access to appropriate treatment, multiple contacts with different clinicians and ultimately a poor experience for the patient.”

Other studies ‘Urgent Care Centres: What works best’ October 2012, by the Primary Care Foundation, and ‘Effective Approaches in Urgent and Emergency Care’ June 2012, by the NHS Emergency Care Intensive Support Teams, both emphasise the need for urgent care services to have a strong identity about the type of treatment which can be provided in an urgent care service and emphasise the need to embed Clinical Governance into these services in order to secure good clinical outcomes for patients.

The clinical case for change recognises that high quality care is the most important core principle in any redesign of service. Central Lancashire has a diverse landscape of provision of unscheduled care services, which along with other services presents a fragmented provision of service to the patient. While this may present patients with ample choice, it requires the patient to make a ‘guess’ at what may be wrong with them and relies on the patient presenting at the right place or contacting the right service for their clinical need. With a redesigned integrated urgent care service, patients will be able to access a senior clinician who will be able to see and treat them according to their clinical need.

The integrated model proposed will enable the provider to develop a good clinical support structure and standardised approach to clinical care enabling the provider to skill mix and

share clinical skills across the system, which is not available presently due to the fragmentation of the services.

Current Services

GP OOH

The GP OOH services are currently delivered in Preston by Preston Primary Care Centre Ltd (PPCC) from their base located on the Royal Preston Hospital (RPH) adjacent to the Emergency Department (ED) and in Chorley via Chorley Medics Ltd (CML) from their standalone OOH base at Euxton.

With the recent “111” developments locally, Definitive Clinical Assessment (DCA) is no longer completed by the local OOH providers instead being provided regionally by the “111” service. The local GP OOH providers remain providing telephone advice, face to face and home visit consultations.

ED Diversion / UCC “Pilot”

Between November 2014 and September 2015 the two incumbent OOH providers (PPCC and CML) were engaged jointly to deliver a “pilot” Urgent Care Service to support Lancashire Teaching Hospitals Emergency Departments at both Royal Preston Hospital (RPH) and Chorley District Hospital (CDH) to develop UCC models/protocols and working relationships.

Prior to November 2014 Primary Care support was provided to RPH ED only via an ED Diversion scheme operated by PPCC (whereby patients suitable for diversion are discharged from the hospital system directly to be treated by PPCC in their facility adjacent to ED at RPH). Support at CDH consisted of adhoc (winter pressure scheme) GP support directly into ED.

Since the completion of the “Pilot” and up until a new provider is procured PPCC will revert to an ED Diversion service at RPH (albeit on the enhanced protocols and operating hours established in the “pilot”) with support to ED at CDH being subject to any specific winter pressure schemes.

DVT Service

Preston

Alongside their other Primary Care services PPCC also deliver a GP Led Nurse delivered DVT service in their facility at RPH. Receiving referrals directly from Primary Care and the adjacent ED PPCC deliver a DVT diagnosis and treatment service.

Chorley

Currently the DVT service in Chorley is delivered at two separate GP Practice sites across Chorley by the GP practices at these locations.

“Pathways Alternative to Transfer Service”

Under the “Pathways Alternative to Transfer Service” (PATS) development which identifies patients that are safe to be left at home subject to their being another service available to continue appropriate assessment and care of patients in a timely manner i.e. referral to the GP service who deploy a GP within 2 hours to undertake a face to face assessment or if deemed clinically appropriate provide remote telephone advice and discharge the patient accordingly, PPCC have been contracted by GPCSR CCG’s to deliver the service across both Preston and Chorley, (PPCC subcontract part of the delivery of this service to CML).

NEW SERVICES

The new individual services forming the overall “Integrated Urgent Care Service” are to be delivered by a single provider across and to the patients of both Greater Preston and Chorley and South Ribble Clinical Commissioning Groups from UCC facilities located adjacent to the Emergency Departments at both RPH and CDH.

Integrated Urgent Care Services incorporating;

Urgent Care Centre

Streamlining accessibility and convenience for all patients including children, being referred by “111” or self-presenting at ED with an urgent injury or illness. This service, staffed by GPs working alongside specialist nurses, will provide care for those individuals who are, or believe themselves to be, acutely ill with a condition that requires urgent attention, such that their immediate care needs cannot safely be deferred until the next day or to the end of the out of hours period (“111” OOH referrals). The service will also signpost patients as appropriate to ambulatory or ED services.

Telephone advice and GP Home Visiting Service during traditional Out of Hours periods

With transfer of the responsibility for DCA to “111” and face to face consultations being subsumed as normal activity within the Urgent Care Centre, the remaining services to be delivered during the traditional OOH periods are (call back) telephone advice to patients following electronic referral from “111” and home visits, again following electronic referral from “111”.

DVT Service

The DVT service shall be provided from the two urgent care centre locations. The service shall deliver a “one stop shop” DVT service for the initial assessment and full management of DVT in accordance with NICE Guidance to patients aged 18 year or over.

Pathways Alternative to Transfer Service

Continuation in collaboration with NWS of the Pathways Alternative to Transfer Service, 24/7, 365 days p.a.

The single provider of the Integrated Urgent Care Services may be made up of a number of organisations under partnership, joint venture, sub contract or similar contractual arrangements.

These services need to be sustainable, based on a service model that is clinically and financially robust, and can attract and retain suitably qualified competent practitioners.

2.2 Objectives of the Procurement

The key objectives of the Procurement are:

- Respond to the unscheduled care demand in Greater Preston, Chorley and South Ribble providing a walk in primary care function for urgent care, available to all, that will manage all self-referred unscheduled attendances at RPH and CDH, 24 hours a day, 365 days a year, treating 50% of A&E attendances per annum in the Urgent Care Centre (within agreed tolerance parameters). The cases that are referred to ED via the UCC will be audited to ensure that these are clinically appropriate referrals.
- Provide an out of hours primary medical service in line with national standards, working in partnership with the local/regional NHS 111 provider to agree clear patient pathways to ensure that all relevant patient referrals to the local service out of hours (Tel advice/Face to face and home visit consultations) are responded to safely and effectively.
- Deliver improved patients access to a DVT service that will see, diagnose and commence treatment within 24 hours of first clinical suspicion of DVT following referral of patients from GP Practices and Emergency Departments etc., reducing hospital admissions associated with DVT assessment.
- Provide a Pathways Alternative to Transport Service (PATS) that works in conjunction with NWS Pathfinder Assessment to respond to patients who are safe to be left at home (rather than automatically conveyed to hospital) and dealt with by a GP either on the telephone or via a home visit in a timely manner.
- Deliver an integrated urgent care service across the provision of the GP-led Urgent Care Centre, GP Home Visiting, DVT and Pathways Alternative to Transport Service (PATS), avoiding fragmentation and delivering economies of scale.
- Be expected to provide triage, assessment, diagnosis and treatment of non-life threatening conditions that require immediate care to all patients, including children as clinically appropriate, arriving at ED at RPH and CDH.
- Clinically assess all patients who perceive that they have an urgent care need, including un-well children, then either treat the patient, direct patients to the most appropriate service for their needs, including self-care, in line with agreed clinical pathways or refer to A&E if clinically required.
- Ensure patients directed to the service via NHS 111 will either receive telephone advice, be asked to attend the service within the UCC setting in RPH or CDH or in some cases be visited at home.
- Educate patients in the correct use of NHS 111 for the future.
- In relation to the Pathways Alternative to Transport service (PATS) reduce emergency ambulance activity, ED attendances and consequently hospital admissions.

- In relation to DVT services to improve patient access to assessment, diagnosis and treatment of DVT in a primary care setting

Children

- Ensure that children (defined as up to 17 years of age) are clinically assessed, in line with agreed clinical pathways, immediately on arrival (i.e. no waiting), to identify critically ill children.
- Ensure all staff have training to be able to recognise critically ill children, including receptionist staff.
- Ensure that all unwell children over the age of three months presenting at A&E will be triaged by the UCC. Only children who have been directly referred to a paediatrician will by-pass the UCC. Attention will be paid to special provisions for triaging children as opposed to adults, and a means of identifying unwell children rapidly for them to be referred directly on to a paediatrician using the agreed paediatric pathway.
- Have direct referral access to the RPH Paediatric Assessment Unit.
- Ensure that all unscheduled attenders under 12 years will be directed to wait in a dedicated paediatric waiting area which will be observed at all times.
- Provide services to children who attend the site in coordination with current pathways, and who are visited at home, in accordance with the standards contained in the National Service Framework for Children as appropriate.
- Liaise with the relevant Community Nursing Team and Health Visitors for children who are frequent attenders.
- Ensure appropriate safeguarding protocols are in place with staff trained to level 3.

Additional services

- Provide education on self-management, understanding of when and how to access services appropriately, appropriate use of NHS 111 and sign-posting to other community, social and primary care services.
- Work with the Emergency Decision Unit (EDU) at RPH via clinical pathways as appropriate during relevant opening hours.
- Facilitate registration for patients not currently registered with a GP.

Competence

- Ensure that the clinical staff employed have the required appropriate clinical experience and competencies and within the Urgent Care Centre to clinically triage patients presenting at the UCC and to either provide the clinical management required or refer them on to A&E based on clinical need.
- Ensure all clinical staff are confident in dealing with paediatrics, with dedicated paediatric leadership visible within the UCC clinical leadership team.
- Ensure all staff are trained in relation to safeguarding children – both adherence and commitment to ongoing training.

- Ensure that the staff employed have the competencies to assess paediatric, maternity and mental health care needs and refer to specialists as appropriate.
- Have enough properly qualified, trained and experienced staff on duty who have adequate support, can communicate effectively and are not working excessive hours. In particular there should be adequate GP coverage.

Integration

- Improve integration of services and signposting for patients.
- Contribute to the reduction of pressures in the Emergency Department at RPH and CDH, through delivery of services that are sustainable and fit to meet future challenges.
- Work closely with the ED at RPH/CDH in the coordination and facilitation of escalation procedures.
- Support the effective operation of the local/regional NHS 111 service by populating the Directory of Services (DoS) and enter accurate up to date details about the demographic, clinical skills, service access and services that offered.

It is anticipated (i.e. not guaranteed) that the services will deal with the following patient volumes:

Urgent Care Centre: ED diversion patients 62,500 per year (approx. 37,500 illness and 25,000 injury patients).

Urgent Care Centre: “Booked” (traditional GP OOH face to face centre attendances) 16,500/15,750 per annum Preston/Chorley respectively.

GP Home Visiting Service: (during normal traditional OOH periods). Patient volumes are expected to be in the order of 2,850 and 2,800 patients per annum in Preston and Chorley respectively.

DVT Service (per annum):

Preston - New referrals (1200), Positive diagnosis (150), F/Up Appts (2450)

Chorley - New referrals (265), Positive diagnosis (75), F/Up Appts (No data)

Pathways Alternative to Transport Service (PATS)

Period	Average monthly referral to PATS	Highest Month	Lowest Month	Average referrals dealt with by PATS (Phone/visit)	Highest Month	Lowest Month
Dec 13 – Jun 15	235	307 – May 15	159 - Sept 14	212	100% - Dec 13	83% - Mar 15

Table 1: Estimated Activity

2.3 Bidder Pool

GPCSR wishes to receive responses to the Pre-Qualification Questionnaire (**PQQ**) from suitably qualified and experienced healthcare providers (including general practitioners, social enterprise / third sector organisations and other providers) with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to provide the range of primary medical care services required, in a safe and effective manner and to meet the requirements of paragraph 2.4 below.

Due to the different elements of the required services (UCC/GP Home Visiting/DVT/PATS) the service may not be able to be provided by a single organisation and it is therefore expected that potential bidders may bid in partnership with other organisations such that the main elements of the service are provided by different organisations under a single contract with one of the organisation's acting as main/lead contractor.

2.4 Critical Success Factors (CSFs)

Greater Preston CCG and Chorley and South Ribble CCG require the Provider to meet the following CSFs throughout the life of the Contract:

- **Access** – The services procured must be provided alongside the existing A&E department at Royal Preston (RPH) and Chorley District (CDH) Hospitals in order to achieve local patient access preferences for unscheduled care (Opening hours 24 hours 7 days per week, 365 days per year for the UCC element of the service, normal OOH periods for the GP Home Visiting element of the service (6.30pm – 8.00am weekdays and all day Saturday, Sunday and Bank Holidays), for the DVT service and 8.00am – 6.30pm 7 days a week and for the Pathways Alternative to Transport Service (PATS) 24/7, 365.
- **Capacity** – The aim of the Procurement is to provide additional primary medical care capacity more efficiently deployed with the integration of the elements of the service
- **Quality** – Personalised care and positive patient experience, delivered in a safe and effective manner and delivered through a learning environment that includes the training of all health and social care professional.
- **Value for Money and Affordable** – The primary medical care services procured through the Procurement must be affordable and provide VfM.
- **Integration** – Providers will be expected to integrate with, and positively contribute to, the local healthcare community.

3 COMMISSIONING CCG

3.1 Commissioning CCG

NHS Chorley & South Ribble CCG has a membership of 32 GP practices serving primarily the local authority areas of Chorley and South Ribble. The CCG has a registered population of 176,033 people. Leyland and along the M61 corridor show the more densely populated areas. The population density in some areas of South Ribble is lower as five practices which are located within this area are members of NHS Greater Preston CCG.

12.6% of the CCG population reside in deprivation quintile 1 of the Indices of Multiple Deprivation provided by the Office of National Statistics, which is the most deprived level in the country or conversely 19.2% live in the least deprived areas, quintile 5. However the bulk of the population live in the intervening quintiles (20.6% in quintile 3 and 28.5% in quintile 4) making this CCG area a relatively affluent feel.

NHS Greater Preston CCG comprises of 33 GP practices serving primarily the local authority of Preston but with GP practices covering populations in Ribble Valley, South Ribble, East Lancashire and Wyre. The CCG has a registered population of approximately 209,994 people although it covers a geographical area containing 217,000 residents.

The health of Preston is generally worse than the England average. Deprivation is higher than average and roughly 7,000 children live in poverty.

29.7% of the CCG population reside in the most deprived parts of the CCG area although conversely 22.8% live in the least deprived areas.

People living in poorer socio-economic circumstances or in the more deprived areas of the CCG tend to experience poorer health. They have higher levels of chronic disease and disability, more early deaths (under 75) and they experience the adverse effects of ageing at an earlier stage in their lives. They usually have difficulty accessing health and social care services and when contact is made it is often at a later stage in their condition. As a consequence they require more complex treatment and experience poorer health outcomes, contributing to health inequalities.

The diagram below shows the names and locations of the GP Practices in GPCSR.

Note: in Chorley and South Ribble Drs Bamford and Cunliffe (6 and 12) are now the Chorley Surgery, in Greater Preston, Drs Shahid, Jha and Chakrabati (9,10,11) are relocating to new (single) premises whilst remaining independent practices.

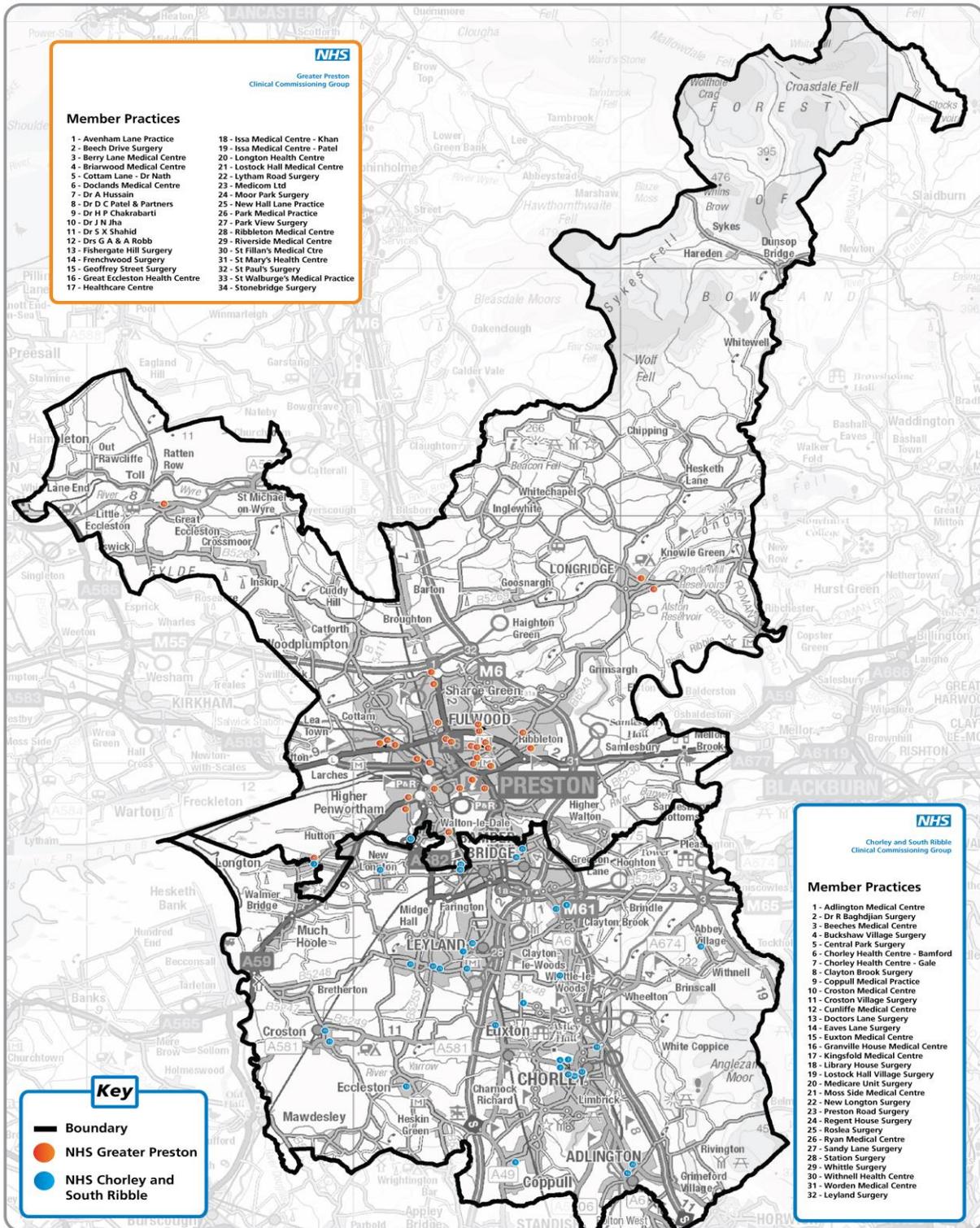


Diagram 1: GPCR Practice locations

4 PROCUREMENT PROCESS - OVERVIEW

The GPCSR Procurement timeline is summarised in paragraph 4.1 and further detailed in paragraphs 4.2 to 4.7 below.

4.1 Procurement Timeline

The timeline for the Greater Preston, Chorley and South Ribble CCG Procurement is set out below. It should be noted that the dates are subject to change.

Milestones	Date
Advert published and Bidders invited to register interest	17/11/15
PQQ incorporating MOI available on line	17/11/15
Deadline for receipt of PQQ submissions	14/01/16
Completion of PQQ evaluation and communication of result	15/02/16
Invitation to Tender (ITT) issued to Bidders	16/02/16
Deadline for receipt of ITT bids	13/04/16
Bidder Presentations	w/c 09/05/16
Completion of evaluation and selection of Preferred Bidder	End of May 2016
Standstill Period	June 2016
Mobilisation and Contract Award	June 2016
Anticipated service start date	September 2016

Table 2: Greater Preston, Chorley and South Ribble CCG Procurement Timeline

Further details on the timeline for the ITT stage will be detailed in the GPCSR Scheme ITT.

4.2 Advert, MOI & EOI

4.2.1 Advertisement

Advertisements have been placed at national and local level including on Contracts Finder describing, in general terms, the Integrated Urgent Care Services being procured by GPCSR to encourage responses from as wide a range of organisations as possible. Potential Bidders must submit a PQQ by the required deadline in accordance with clause 4.4. An OJEU contract notice has been issued.

4.2.2 Memorandum of Information

This MOI provides details of the GPCSR Procurement and accompanies the PQQ.

This MOI should provide potential Bidders with sufficient information on the Procurement process and the Scheme to enable them to make an

informed decision about whether they wish to register their interest in the Procurement.

Interested parties wishing to participate in the Procurement **must** submit a completed PQQ submission before the closing time and date for receipt stated in both the contract notice and the Contract Finder advertisement.

4.2.3 Bidder Information Day

To ensure all potential Bidders are given an equal opportunity to fully understand the requirements of the Procurement and have an equal opportunity to bid, it is intended to hold a Bidder Information Event on 2nd December 2015 (AM) (location to be confirmed). The Bidder Information Event will aim to inform all potential Bidders of the procurement principles, processes and next steps.

Interested parties wishing to attend the Bidder Information Event should indicate their intention to attend using the "GPCSR IUCS Bidder Information Event Attendance Template" available from the download area in the eBravo system.

Further details of this event will be issued ASAP via the eBravo system.

4.3 Pre-Qualification Questionnaire (PQQ)

The PQQ provides detailed information on the PQQ process, guidance on how to complete the PQQ and a series of questions for potential Bidders to answer.

The PQQ is available on line (via the "Bravo" e procurement system) to all potential Bidders who have registered for the procurement on "Bravo". All potential Bidders wishing to bid for the GPCSR Scheme must submit a completed PQQ before the deadline stated in the PQQ. GPCSR reserves the right not to consider any PQQ submission received after that deadline.

A clarification question and answer process will operate during the PQQ stage and will be explained in the PQQ documentation.

4.4 PQQ Evaluation

The PQQ is designed to evaluate the capacity, capability and eligibility of potential Bidders to provide the primary medical care services which are the subject of the GPCSR Procurement.

The PQQ evaluation will include a short-listing process to identify bidders to be taken forward to the next stage of the procurement. Potential Bidders will be advised via "Bravo" whether or not they have been short-listed to proceed to the Invitation to Tender stage of the procurement

Further details of the PQQ process and evaluation will be set out in the PQQ.

4.5 Invitation to Tender (ITT)

Following the end of the PQQ phase the shortlisted potential Bidders will be invited to submit their formal tender for the Scheme will be able to access the GPCSR Scheme ITT via “Bravo”.

The detailed requirements of the GPCSR Scheme ITT, the information required from Bidders and the timescales for submission of bids will be included in the ITT.

Further details of the ITT process and evaluation will be set out in the GPCSR Scheme ITT.

4.6 Contract Award

Based on the outcome of the GPCSR Scheme ITT evaluation, recommendations will be made to the GPCSR Boards for the Boards to consider. Following CCG Board approvals, GPCSR CCG’s and the recommended Bidder may enter into the contract.

4.7 Service Commencement

Following contract award and in accordance with the Provider’s mobilisation plan, GPCSR and the Provider will work together towards service commencement of the provision of the Service at the contractually agreed date (i.e. the Service Start Date).

Potential Bidders’ attention is drawn to the following commercial information:

5 COMMERCIAL FRAMEWORK

5.1 Contract

The contract to be entered into by GPCSR and the selected Provider for this Procurement will be based on the 2015/16 NHS Standard Contract for Acute, Ambulance, Community and Mental Health and Learning Disability Services (or any update to this) a copy of which can be found at the NHS England website

<http://www.england.nhs.uk/nhs-standard-contract>

and will comply with the mandatory requirements of the APMS Directions 2010 (the **Directions**). Within this framework, the contract has been adapted as necessary to reflect the requirements of the Scheme (the **Contract**).

Each Contract will be separate to and independent of any existing contract currently in place between a Provider and GPCSR CCG's.

5.2 Contract Duration

The Contract will be for a term of **five** years from the Service Start Date with the possibility of extending the term beyond the initial contracted duration by two years (24 months) by mutual agreement between GPCSR CCG's and the Provider.

5.3 Clinical

GPCSR is looking for providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to deliver high quality, patient-centred and VfM primary medical care services, delivered in a safe and effective manner and through a learning environment which includes the training of healthcare professionals as applicable.

5.4 Not used

5.5 Workforce

5.5.1 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:

- NHS Employment Checks Standards 2008 (as amended July 2013)
<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/Pages/Employment-Check-Standards.aspx>;
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice);
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097730

- The vetting and Barring Process administered by the Independent Safeguarding Authority - http://www.isa.gov.uk/PDF/VBS_guidance_ed1_2010.pdf, and
- Care Quality Commission: Essential Standards of Quality and Safety; Outcomes 12-14; March 2010 as amended by Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <http://www.legislation.gov.uk/ukdsi/2014/9780111117613>

At PQQ Stage, potential Bidders will be required to provide executive summary information on the following, with full copies of policies and other documentation being required at ITT stage:

- Recruitment Policies and Procedures and how they meet current regulation and good employment practice
- Procedures for ensuring compliance that all clinical staff, including doctors, nurses and allied health professionals, are registered and continue to be 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; and
- Policies and procedures ensuring compliance with current Health and Safety regulations.

Further details of the staff resourcing and workforce policy requirements will be included in the GPCSR Scheme ITT.

5.5.2 Pensions

Potential Bidders should assume that their staff would not be able to participate in NHS pension and injury benefit arrangements. The only exception to this is if the Provider is

- a) an “employing authority or;-
- b) an organisation that operates under an NHS Contract to deliver PMS, GMS, APMS, SPMS or Out of Hours services;
- c) Direction employers or Joint NHS and Social Care partnerships to provide integrated health care;

5.5.3 Staff Transfers (TUPE)

There is a possibility that the scheme may require the transfer of some staff under TUPE. Full details will be provided within the ITT.

Where TUPE applies, the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 will apply. Arrangements for staff who are eligible for membership to a public service pension scheme are covered in the HM Treasury guidance “Fair Deal for staff pensions: staff transfer from central government (2013).

In addition, the Principles of Good Employment Practice (A Statement of Principles that Reflect

Good Employment Practice for Government, Contracting Authorities and Suppliers (December 2010)¹ will continue to apply.

5.6 Training

The Provider(s) must, if required by GPCSR be prepared to provide and / or accommodate, training teaching and education for healthcare professionals. The Provider(s) will be required to comply with the requirements of the General Medical Council, Royal College of General Practitioners, Local Deanery and Education Commissioning requirements (as applicable) and the Care Quality Commission (if applicable), and any other relevant training bodies, for the supervision of clinical training.

Providers will be expected (if required by GPCSR) to commit to obtaining accreditation for training status.

5.7 Premises, Facilities Management & Equipment

5.7.1 Premises

Bidders are required to use the mandated property areas adjacent to the emergency department at Royal Preston and Chorley District Hospitals for the service and the Provider will be required to enter into a sub-lease/licence arrangement for the use of that property with Lancashire Teaching Hospitals NHS Trust (LTH) co terminus with the Integrated Urgent Care Service Contract.

Payments for rent, rates, utility and insurance costs for the premises solution will be paid for by GPCSR as “pass through” payments via the Provider to LTH. The Provider therefore will not need to account for these in their bids but will need to account for all other property related costs in their bids. Mechanics of the payment mechanism and further details of the property proposals will be detailed in the Scheme ITT.

5.7.2 Facilities Management Services

Providers will utilise existing FM Services at RPH/CDH which will be paid for within the Lease / Licence agreement.

Further details on FM Services for the Scheme will be set out in the GPCSR Scheme ITT.

5.7.3 Equipment

Providers will be responsible for the provision and cost of any equipment not already provided in the UCC facilities at RPH and CDH, unless there are compelling reasons in respect of the service why this would not be the optimal equipment solution.

Details on equipment requirements for the service will be set out in the GPCSR Scheme ITT.

Principles of Good Employment Practice (A Statement of Principles that Reflect Good Employment Practice for Government, Contracting Authorities and Suppliers) December 2010.

5.8 IM&T

The majority of the provision of hardware and telecommunications networks and the support for such networks will be provided by GPCSR via existing LTH systems. Providers will need to manage the deployment of IM&T solutions in conjunction with LTH.

Neither GPCSR nor LTH will provide the following IM&T Services which the Provider shall be responsible for providing, funding and managing themselves:

- Clinical software systems
- Documents Management solution
- Business Applications
- Finance System

Any other IM&T systems or services not listed above that the Provider deems necessary will be the responsibility of the Provider to supply, manage and maintain. GPCSR via LTH will only facilitate training to Provider staff on IM&T Systems and Services provided through LTH.

Providers will be required to put appropriate information management and governance systems and processes in place to safeguard patient information. This will need to be supported by appropriate training of staff.

Further details on IM&T requirements for the Scheme will be set out in the GPCSR Scheme ITT.

5.9 Payment Mechanism

Payment to a Provider for the GPCSR Scheme will be linked to volume of activity delivered i.e. patients through the service and the performance of the provider in relation to the delivery of these services.

Further details on the payment mechanism for the GPCSR Scheme will be set out in the GPCSR Scheme ITT.

5.10 Financial Standing

Financial standing requirements for the GPCSR Procurement will be limited at the PQQ stage to confirmation of identity, solvency and proposed business structure. Financial documents supplied and credit records (where requested) will be analysed and reviewed and it will be the results of that analysis that will determine if a potential bidder has passed the financial requirements on the PQQ.

If the potential Bidder's financial circumstances change or, financial information required at PQQ stage that is not available to submit to GPCSR as part of the PQQ submission becomes available later on during the Procurement, the Commissioner should be informed immediately and provided with the relevant associated information. GPCSR reserve the right to take this

additional information into consideration in evaluating a potential Bidder's financial standing.

At the ITT stage, Bidders will be required to put forward detailed proposals as to how the GPCSR Scheme funding requirement would be met.

5.11 Performance Security

It is expected that no performance security will be required from Providers for the Contract. However, depending on the individual bidder GPCSR reserves the right to require some performance security at preferred bidder stage. Individual details of any requirement will be confirmed at this stage of the procurement process.

5.12 Insurance

A comprehensive schedule of insurances that the Provider will be required to obtain for the GPCSR Scheme will be set out in the GPCSR Scheme ITT. This will typically include public liability, corporate medical malpractice and certain property cover.

Potential Bidders will be asked to confirm whether or not they currently have the required levels of insurance in the PQQ, and if not, must provide confirmation that such levels of insurance will be put in place should the potential Bidder be successful in the Procurement.

The insurance requirements will also require Providers to ensure that:

- GPCSRs' interests are fully protected;
- Members of the public utilising the services are fully protected to the extent that they have a valid claim against the Provider and / or GPCSR; and
- The Provider maintains insurance which meets at least the minimum statutory requirements.

Providers will be required to indemnify GPCSR CCG's against any claims that may be made against GPCSR arising from the provision of the primary medical care services by the Provider. GPCSR will expect the Provider to offer evidence that they have sourced appropriate (and sufficient) insurance or other arrangements. For the avoidance of doubt, this will include provisions for clinical negligence insurance covering all staff and operational risk in the facilities from which the Provider's primary medical care services are to be provided.

6 GOVERNANCE AND ADMINISTRATION

6.1 Requirements

6.1.1 Procurement Costs

Each Relevant Organisation will be responsible for its own costs incurred throughout each stage of the GPCSR Procurement process. Neither GPCSR CCG's, NHS England nor DH will be responsible for any costs incurred by any Relevant Organisation or any other person through this process.

6.1.2 Public Engagement

GPCSR will lead on all local stakeholder engagement issues.

6.1.3 The Public Contract Regulations 2006

The primary medical care services to which this MOI relates fall within Part B of Schedule 3 to the Public Contracts Regulations 2006 (**“the Regulations”**) and Annex II B to Council Directive 2004/18/EC. Neither the inclusion of a Bidder selection stage nor the use of the term “Pre-Qualification Questionnaire” nor any other indication shall be taken to mean that GPCSR intends to hold itself bound by any of the Regulations, save those applicable to Part B services.

6.1.4 Conflicts of interest

In order to ensure a fair and competitive procurement process, GPCSR requires that all actual or potential conflicts of interest that a potential Bidder may have are identified and resolved to the satisfaction of GPCSR.

Potential Bidders should notify GPCSR of any actual or potential conflicts of interest in their response to the PQQ. If the potential Bidder becomes aware of an actual or potential conflict of interest following submission of the PQQ it should immediately notify GPCSR. 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 GPCSR, then GPCSR reserves the right to exclude at any time any potential Bidder or Bidders from the GPCSR Procurement process should any actual or potential conflict(s) of interest be found by GPCSR to confer an unfair competitive advantage on one or more potential Bidder(s), or otherwise to undermine a fair and competitive procurement process.

6.1.5 Non-collusion and Canvassing

Each potential Bidder and Bidder must neither disclose to, nor discuss with any other potential Bidder, or Bidder (whether directly or indirectly), any aspect of any response to any GPCSR Procurement documents (including the PQQ and ITT).

Direct or indirect canvassing of any elected official, public sector employee or agent by any Bidder concerning this requirement, or any attempt to procure

information from any elected official, public sector employee or agent concerning this Procurement may result in the disqualification of the Bidder from consideration for this requirement.

6.1.6 Freedom of Information

GPCSR is committed to open government and meeting its legal responsibilities under the Freedom of Information Act 2000 (**FOIA**) and/or The Environmental Information Regulations 2004 or otherwise. Accordingly, any information created by or submitted to GPCSR (including, but not limited to, the information contained in the MOI, PQQ or Scheme ITT and the submissions, bids and clarification answers received from potential Bidders and Bidders) may need to be disclosed by GPCSR in response to a request for information (FOIA/EIR).

In making a submission or bid or corresponding with GPCSR at any stage of the Procurement, each potential Bidder and each Relevant Organisation acknowledges and accepts that GPCSR 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 Bidder or Bidders and having taken its views into account.

Potential Bidders must clearly identify any information supplied in response to the GPCSR Scheme PQQ or the ITT 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, GPCSR may wish to withhold such information under the relevant FOIA exemption.

However, potential Bidders should be aware that GPCSR 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 Bidders should therefore note that the receipt by GPCSR of any information marked “confidential” or equivalent does not mean that GPCSR accepts any duty of confidence by virtue of that marking, and that GPCSR has the final decision regarding the disclosure of any such information in response to a request for information.

6.1.7 Transparency

The government has set out the need for greater transparency across its operations to enable the public to hold public bodies and politicians to account. This includes commitments relating to public expenditure intended to help achieve better value for money.

As part of the transparency agenda, the government has made the following commitments with regard to procurement and contracting:

- All new central government tender documents for contracts over £10,000 to be published on a single website from September 2010, with this information to be made available to the public free of charge.
- New items of central government spending over £25,000 to be published online from November 2010.
- All new central government contracts to be published in full from January 2011.

The above rules apply to GPCSR, therefore potential Bidders should be aware that there is a requirement to publish the contract documents, which may include parts of or all of the successful Bidder's response and the contract price, following contract award.

6.1.8 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 GPCSR CCG's, NHS England, the DH, 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, Bidder Guarantor, Bidder, 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 GPCSR CCG's, NHS England, the DH or any of their advisers.

This MOI is intended only as a preliminary background explanation of GPCSR's activities and plans and is not intended to form the basis of any decision on the terms upon which GPCSR will enter into any contractual relationship.

GPCSR reserves the right to change the basis of, or the procedures (including the timetable) relating to, the GPCSR Procurement process, to reject any, or all, of the PQQ submissions and GPCSR Scheme ITT bids, 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 GPCSR Procurement.

GPCSR shall not be obliged to appoint any of the Bidders and reserves the right not to proceed with the GPCSR 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 GPCSR in relation to this GPCSR Procurement. No person has been authorised by GPCSR or its 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 GPCSR 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 GPCSR, NHS England or any of their advisers or consultants in connection with this MOI or any other pre-contract documentation.

7 GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
Bidder	A single operating organisation/person that has been short-listed through the PQQ evaluation process and been invited to participate in the ITT stage and is bidding for the scheme.
Bidder Guarantor	An organisation providing a guarantee, indemnity or other undertaking in respect of a Bidder's or a Bidder Member's obligations
Bidder Member	A shareholder or member or proposed shareholder or member in, or controlling entity of, the Bidder and / or that shareholder's or member's or proposed shareholder's or member's ultimate holding company or controlling entity
CPD	Continuing Professional Development
Clinical Services Supplier	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
CCG	That CCG participating in the GPCSR Procurement
CCG Scheme	The Integrated Urgent Care services to be procured by GPCSR, as detailed in paragraph 2.1
Contract	A form of NHS Standard Contract For Acute, Ambulance, Community and Mental Health and Learning Disability Services , as detailed further in paragraph 5.1, to be entered into between GPCSR and the Preferred Bidder for the provision of rehabilitation care services
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 GPCSR is subject
IM&T	Information Management and Technology
ITT	Invitation to Tender
MOI	This Memorandum of Information setting out the details of the Scheme and the requirements of the GPCSR Procurement
NHS	National Health Service
GPCSR Scheme ITT	An ITT that is specific to those Integrated Urgent Care Services set out in the GPCSR Scheme that GPCSR wishes to procure and is sent to potential Bidders who have been short-listed following the PQQ stage
Potential Bidder	A single operating organisation or person that is participating in the GPCSR Procurement, but that has not at the relevant time been invited to respond to an ITT

Term	Description
PQQ	Pre-Qualification Questionnaire
Provider	The successful Bidder who has entered into a Contract with GPCSR to provide the primary medical care services specified in GPCSR Scheme
Relevant Organisation	An organisation(s) or person connected with a response to a PQQ and / or connected with a bid submission including (without limitation): (i) the potential Bidder; (ii) the Bidder; (iii) the Provider; (iv) each Bidder Member; (v) each Bidder Guarantor; and (vi) each Clinical Services Supplier
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

Table 3: Glossary and Abbreviations