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| **Regional Delivery** Up to a **maximum** of 13 laboratories will be procured to deliver HPV primary screening services across England, with full geographical coverage required by December 2019. 1. Given the requirement to manage a minimum throughput of 35,000 cytology samples per year, what would appropriate geographical footprints look like in each of the NHS England regions? (**please see appendix 1 for a map of NHS England regions**):
* London
* Midlands and East
* South
* North
1. Please comment on why you believe the answer to Q1 delivers good clinical outcomes and clinical viability
2. What do you foresee as the risks associated with your response to Q1
3. In what region(s) would you be interested in delivering this service?
4. What scale of service would you be interested in delivering?

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| **250,000-350,000 samples** | **351,000 – 600,000 samples** | **601,000 + samples** | **Other (please state range)** |
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*Please try to limit your answers to around 1000 words; the use of graphics/flow diagrams in your responses are also permitted* |

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| **Contract Duration**The type of contract awarded for providers of the new service will be the NHS Standard Contract - <https://www.england.nhs.uk/nhs-standard-contract/2017-19-update-march/> 1. Considering the service as a whole, including levels of investment, workforce and pathway changes, what would you consider to be a viable and appropriate duration for this contract?

Please explain your reasons for selecting this contract length. *Please try to limit your answers to around 1000 words; the use of graphics/flow diagrams in your responses are also permitted* |

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| **Pricing**1. We are currently working to develop a pricing model for the new service. What would be your preferred pricing model (please tick):
* Cost per case
* Block
* Other (please state)

Are there any other comments or anything else we should be considering in relation to the pricing model?1. If cost per case, would you expect this price to include **all** elements (transport, IT, consumables etc.) of the programme or would you prefer a model where the cost are separately identified in a more transparent ‘open book’ approach? Equally, are there some elements that you would expect to be included in the price and some which are separated out?
2. Please comment on the risks associated with your preferred option

*Please try to limit your answers to around 1000 words; the use of graphics/flow diagrams in your responses are also permitted* |

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| **Transport** 1. The model of transportation of samples from Primary Care/Provider facilities to the laboratories should be:
* Sensible and viable
* Safe and efficient
* Be in place from day one of the service commencement
* Ensure viability of cross-border transportation

If you were awarded the contract, what would be the key things that would need to be put in place to ensure the above criteria were met? 1. What do you foresee as the risks and issues in relation to transportation of samples, described in Q1?
2. What do you foresee as the risks and issues in relation to transportation of samples, where there may be a change to existing processes and providers?

*Please try to limit your answers to around 1000 words; the use of graphics/flow diagrams in your responses are also permitted* |
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| **Mobilisation of service** |
| 1. Considering the elements of setting up a new service that will need to be fully rolled out by December 2019, how long do you think is required for the mobilisation of the new service to ensure that roll out can be completed by this date?
2. Alongside this, what needs to be considered within the approach to rolling out the service on a large footprint?
3. What do you foresee as the risks and issues in relation to the mobilisation period?
4. Would you prefer an approach where:
	1. There is a phased mobilisation of service commencement across a number of months following the contract start date, or;
	2. There is a longer mobilisation period with 100% roll out of HPV primary screening on the same day as the start of the contract

 Please explain your reasons for your answer. *Please try to limit your answers to around 1000 words; the use of graphics/flow diagrams in your responses are also permitted* |

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| **Any other comments:**Are there any other elements that commissioners should be deliberating in addition to the questions above? Please use this as an opportunity to highlight anything else which should be considered in relation to this procurement process.  |
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