

**NHS Waltham Forest CCG**  
**PROCUREMENT SCHEME**

**Community and Domiciliary Based Phlebotomy  
Service**

**Memorandum of Information (MOI)**

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# **1 PURPOSE, STRUCTURE AND NEXT STEPS FOR BIDDERS**

## **1.1 Purpose of this document**

This Memorandum of Information (**MOI**) provides an overview of the Waltham Forest CCG (herein after referred as 'Contracting Authority) Procurement Scheme and details of the:

- Procurement and its objectives;
- 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 Contracting Authority Procurement Scheme to enable them:

- To make an informed decision about whether they wish to participate; and
- To express an Interest and submit a Tender

## **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 of Contracting Authority's Procurement Scheme, the scope of services to be procured, the bidder pool and the factors critical to the success of the Procurement Scheme.

**Section 3: Commissioner(s)**

Details of the Commissioner(s).

**Section 4: Procurement Process Overview**

Detailing the steps involved in Contracting Authority's Procurement Scheme.

**Section 5: Commercial Framework**

Detailing the key commercial terms and other legal and contractual arrangements for Contracting Authority's Procurement Scheme.

**Section 6: Governance and Administration**

Detailing key governance and administration requirements of Contracting Authority's Procurement Scheme.

**Section 7: Glossary of Terms and Abbreviations**

Providing a glossary of the terms used in the MOI.

**Annexes: Annex A**

Contract Specification for the Procurement Scheme.

**1.3 Next Steps for Bidders**

Interested organisations wishing to participate in Contracting Authority's Procurement **must** express their interest and submit a tender by **12:00pm on 19th September**.

Expression of Interest and Tender submissions are via Pro-Contract ([www.supplying2nhs.com](http://www.supplying2nhs.com)) portal. Expression of interest and tender submission by any other means will not be considered.

Contracting Authority will not consider any Expression of Interests and Tenders received after the above deadline.

## **2 INTRODUCTION AND OVERVIEW**

**2.1 Background and Context to the Procurement**

Waltham Forest CCG has completed a review of a range of services provided in and out of hospital setting and is now in a position to take a more co-ordinated approach to its Community and Domiciliary Phlebotomy service by securing this service through a lead provider.

**2.2 Objectives of Contracting Authority Procurement Scheme**

The key objectives of this Contracting Authority Procurement are:

To secure a lead provider who will deliver the Community and Domiciliary Phlebotomy service (either direct or via suitable sub contractual arrangements).

This service is an alternative to hospital-based outpatient services where non-complex acute and chronic conditions can be seen for clinical assessment, diagnostics and treatment in a community setting.

The most critical element of this service is that it will offer a patient centred experience where patients can have access to high quality care provided locally in a professional and welcoming environment. Patients should be able to have timely access to treatment, keeping them out of an acute setting where possible and appropriate.

The lead provider should be able to demonstrate the ability to scale up the provision as the service develops.

**2.3 Scope of Services**

Community and Domiciliary Phlebotomy Service covering the three localities within Waltham Forest: Leyton/Leytonstone, Walthamstow and Chingford.

## 2.4 Bidder Pool

The Contracting Authority wishes to receive responses to this Invitation to Tender from suitably qualified and experienced providers with necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to provide the range of services as set out in the Service Specification, in a safe and effective manner and to meet the requirements of paragraph 2.5 below. Potential Bidders may bid in partnership with other organisations to provide the service.

## 2.5 Critical Success Factors (CSFs)

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

The Service must meet the national standards and guidelines as follows:

- NICE Quality Standards in Infection Control and any pertaining to Phlebotomy if and when they are released.
- Health and Social Care Act 2008
- Care Quality Commission
- World Health Organisation (WHO) Guidelines of Drawing Blood – best practice in phlebotomy
- WHO/ILO Guidelines on post exposure prophylaxis (PEP) to prevent human immunodeficiency virus (HIV) infection
- WHO guidelines on hand hygiene in healthcare
- Provider owned and developed stick injury protocol
- Access – The service procured must be accessible to patients in a timely manner as per the Service Specification. The Provider must deliver the service to patients at agreed community locations and the domiciliary service to those patients who are permanently confined to their home due to illness or disability across Waltham Forest CCG.
- Integration – the Provider must be able to send electronic copies of results through TQuest to GPs and where technology is available to GPs via CyberLabs (in 2016/2017 CyberLabs may be replaced by Cerner/HIE)
- Access - The service procured must be provided in locations and facilities that meet local patient access preferences (e.g. opening hours)

## 3 COMMISSIONING CLINICAL COMMISSIONING GROUPS

### 3.1 Commissioner(s)

The commissioner(s) for this procurement are:

**Table 1: Commissioners**

1	NHS Waltham Forest Clinical Commissioning Group
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### 3.2 Procurement Scheme(s)

Bids will be sought for the following Procurement Scheme(s):

<b>Table 2: Commissioner's Procurement Schemes</b>	<b>Services Included</b>	<b>Detailed in</b>
Community and Domiciliary Phlebotomy Service	Routine blood tests	Annex A

## 4 PROCUREMENT PROCESS – OVERVIEW

NHS Waltham Forest CCG (herein after referred as 'Contracting Authority') procurement opportunities are posted on the Contract Finder website and the Pro-contract suppliers opportunities portal (<https://www.supplying2nhs.com>) to notify potential Bidders of upcoming procurements and to give potential Bidders a chance to express their interest in the opportunities and to receive relevant documents. Bidders must register their interest in the Community and Domiciliary Phlebotomy Service procurement via the Pro-contract opportunities portal ([www.supplying2nhs.com](http://www.supplying2nhs.com)). All of the Contracting Authority's procurements are managed via the Pro-contract e-procurement system.

For more information on how to use Pro-contract, Bidders are asked to refer to the guidance documents available on the Pro-contract opportunities portal.

The Tender documents are issued via the Pro-contract opportunities portal ([www.supplying2nhs.com](http://www.supplying2nhs.com)) and will be available to all bidders once they express an interest in this procurement via Pro-contract. All Bidders wishing to bid for this procurement must express an interest on Pro-contract and submit their tender by the tender submission deadline of **12.00pm on 19<sup>th</sup> September 2016**.

Responses received after the above date and time may not be considered. It is the bidders entire responsibility to ensure that your tender response is submitted by the deadline for the tender submission.

The Contracting Authority's procurement timeline is summarised in paragraph 4.1 and further detailed in paragraphs 4.2 to 4.14 below.

### 4.1 Procurement Timeline

The timeline for the procurement is set out in Table 3 below. It should be noted that the dates are expected dates at the time of issuing this MOI and may be subject to change.

<b>Milestones</b>	<b>Date</b>
Advert published and Expressions of Interest invited	19/08/2016
MOI, Specification and Open Tender Invitation to Tender issued to bidders via Pro-Contract ( <a href="http://www.supplying2nhs.com">www.supplying2nhs.com</a> ) e-procurement portal	19/08/2016 – 19/09/2016
Deadline for receipt of potential Bidder Clarification Questions	<b>09/09/2016</b>
Deadline for expression of interest and receipt of ITT bids	<b>19/09/2016</b>
Evaluation of Pass/Fail questions	20/09/2016 - 26/09/2016

Conditional Interview/presentation invitation to bidders who passed all pass/fail questions.	03/10/2016
Evaluation of ITT Scoring Questions	03/10/2016 – 10/10/2016
Confirmation of Interview to shortlisted bidders	14/10/2016
Interview/presentations	<b>01/11/2016</b>
Award recommendation approved by CCG Board	23/11/2016
Successful/unsuccessful bidder notifications	24/11/2016
Standstill (Alcatel) period	25/11/2016 – 05/12/2016
Contract award	06/12/2016
Contract Commencement	<b>01/04/2016</b>

**Table 3: Contracting Authority's Procurement Timeline**

## **4.2 Advert, MOI, Expression of Interest and Tender Submission**

### **4.2.1 Advert**

Adverts on Contract Finder (<https://online.contractsfinder.businesslink.gov.uk>) and Pro-contract ([www.supplying2nhs.com](http://www.supplying2nhs.com)) have been published describing, in general terms, the services being procured by the Contracting Authority to encourage responses from as wide a range of organisations as possible. Potential Bidders must register their interest on Pro-contract in accordance with the requirements of paragraph 4.

### **4.2.2 Memorandum of Information**

This MOI provides details of the Contracting Authority's Procurement Scheme.

This MOI provides potential Bidders with sufficient information on the Contracting Authority's Procurement process and the Procurement Scheme to enable them to make an informed decision about whether they wish to register their interest in the Procurement.

### **4.2.3 Expression of Interest**

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

**This is an Open Tender so the expression of interest and tender submission deadlines are the same. The Contracting Authority will not consider any potential Bidder who does not meet the deadline.**

### **4.2.4 Bidder information event: 26<sup>th</sup> August 2016 at Waltham Forest CCG, 7 Kirkdale Road, Leytonstone, London E11 1HP. Please confirm your attendance of this through the Pro Contract Portal.**

The bidder information event will aim to enable all potential applicants to ask for clarification about the nature of the services being procured, the premises requirements and other relevant information. The responses to any questions will be made available to all applicants who have registered for this tender. The event will be held on **26<sup>th</sup> August 2016**, 7 Kirkdale Road, Leytonstone, London E 11 1HP.

#### **4.3 Invitation to Tender (ITT)**

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

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

The ITT has been issued via the Pro-contract e-procurement portal and it will be available to potential Bidders who have registered on Pro-contract and expressed an interest in this Procurement Scheme. All potential Bidders wishing to bid for the Contracting Authority Procurement Scheme must respond to the ITT before the deadline stated in this MOI and the issued ITT documents. The Contracting Authority reserves the right not to consider any Expression of Interest and Tender submission(s) received after the stated deadline.

The ITT is designed to evaluate the eligibility, financial & economic standing, and technical capacity/capability of potential Bidders to provide the required services which are the subject of the Contracting Authority Procurement. It will also evaluate how potential bidders propose to deliver the requirements of the Contract Specification.

The ITT evaluation will include a short-listing process and shortlisted bidders will be required to do a presentation and attend an interview on **1<sup>st</sup> November 2016**.

#### **4.4 Clarification Questions and Answers process**

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

The clarification process will be managed via the Pro-contract Discussion Board. Bidders must submit any clarification questions via the Pro-contract Discussion Board. Clarification questions received by any other means will not receive a response.

The period in which you can raise clarification questions commences on the day the Invitation to Tender is issued. The Contracting Authority will seek to answer any clarification questions within five working days following the day of receipt. Bidders are urged to review the Tender documentation immediately upon receipt. Bidders are also advised to identify and submit any clarification questions as soon as possible and in any event no later than **5.00pm on 9<sup>th</sup> September 2016**. Any clarification questions received after this date and time may not be answered.

In order to treat all Bidders equally, the Contracting Authority will normally provide an anonymised copy of any clarification questions and the answers to all Bidders who



expressed an interest in this procurement process. Any responses to clarification questions will be issued via Pro-contract.

In responding to clarification requests the Contracting Authority reserves the right to act in what it considers a fair manner and in the best interests of the Procurement, which may include circulating the response to all Bidders.

#### **4.5 Deadline for Expression of Interest and Tender Submission**

The deadline for Expression of Interest and Tender submission is at **12.00pm on 19<sup>th</sup> September 2016**. Please note that we will require completed responses to the online questionnaire and supporting documentation to be submitted electronically via Pro-contract. You must refer to the guides and documents available on the Pro-contract supplier opportunities portal (<https://www.supplying2nhs.com>) to help guide you through the electronic submission process.

Attachments can be submitted electronically with the online questionnaire via Pro-contract. Attachments specific to any question must be attached to the response to that question.

The responses should be accompanied by all Declarations detailed within the tender documents and submitted electronically. Declarations must be signed and dated by the authorised signatory. Electronic signature of the Declaration is not acceptable. The signed Declarations must be submitted via Pro-contract.

Failure to provide responses in the required format may lead to your submission being set aside without evaluation and your exclusion from further consideration in this Procurement.

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

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

#### **4.6 Tender Evaluation Process**

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

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

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

After verification, all compliant responses will be released to Stage 1 of the Tender Evaluation Process which is a Pass/Fail Evaluation.

### **Stage 1 – Pass/Fail Evaluation**

At stage 1 only Pass/Fail questions will be released for evaluation. At this stage an unsatisfactory answer in any of the following areas may result in a fail

- Failure to agree with the proposed pricing model
- Failure to agree with the Terms and Conditions of the NHS Standard Contract
- Failure to give consent to credit checks
- Failure to provide required audited accounts and financial information.
- On-going liabilities which threaten the bidder's solvency
- Eligibility – Mandatory and discretionary grounds for rejection
- Failure to comply with relevant policies and legislations
- Failure to confirm necessary consents, powers and authority to bid for and provide the Service and attach a signed declaration of consent.
- Failure to provide a duly completed conflict of interest declaration and any unresolved conflicts of interest
- Failure to comply with the insurance requirements.
- Failure to include an appropriate statement of health and safety policy
- Failure to demonstrate bidder's expertise and capability
- CQC Registration
- NHS Provider's License (if applicable)
- Failure to demonstrate adequate staffing resources
- Outstanding Claims, proceedings or judgments relevant to the Requirements
- Termination or non-renewal of contracts
- Regulatory reports, complaints, alerts or notices
- Quality: details of any quality standards, systems, assurance processes and policies relating to the bidding organisation

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

Following the Pass/Fail evaluation, bidders who failed any of the Pass/Fail questions will be excluded from the procurement process and their submissions will not be evaluated any further.

The bidders who achieved a Pass on all Pass/Fail questions will automatically go through to the second stage of the evaluation process where a 0 – 5 score will be awarded to each question.

The bidders who achieved a 'Pass' on all pass/fail questions will receive a conditional Interview/Presentation invitation. This is to give bidders sufficient time to plan and prepare for their interview and presentation (if shortlisted at the stage 2 of the tender evaluation). The confirmation of the interview/presentation will be subject to the bidder being shortlisted at the stage 2 of the tender evaluation.

### Stage 2 of the Evaluation

During Stage 2, all tender submissions which achieved a pass on all Pass/Fail questions are evaluated against the following key criteria and awarded a 0 – 5 score:

- Financial and Commercial Requirements
- Service Delivery
- Clinical governance, performance and quality
- Information Management and Technology (IM&T) Arrangements
- Workforce
- Patient focus
- Information Governance
- Transfer of Undertaking and Protection of Employment (TUPE)
- Premises, Location of Premises and Equipment for Service Delivery
- Contract management

**Evaluation Criteria, scoring method and weighting that will be used for this tender are as follows:**

**Evaluation Criteria, scoring method and weighting that will be used for this tender are as follows:**

Criterion	Sub Criteria and Weighting		Overall Weight (figures in red = word count)
<b>Financial and Commercial Requirements</b>	<b>Value for Money and Affordability</b>		<b>20%</b>
	• Financial model	80%	
	• Business Structure	10%	<b>500</b>
	• Financial Structure and Funding	10%	<b>500</b>

<b>Service delivery</b>	<b>Ability of the organisation to deliver the service model</b>		<b>20%</b>
	<ul style="list-style-type: none"> <li>Previous experience and proposed model of service delivery</li> </ul>	20%	<b>1500</b>
	<ul style="list-style-type: none"> <li>Proposed pathways</li> </ul>	20%	<b>1500</b>
	<ul style="list-style-type: none"> <li>Meeting quality, outcomes and service activity</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Innovation and added value</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Patient dignity and privacy</li> </ul>	20%	<b>500</b>
<b>Clinical Governance, Performance and Quality</b>	<b>Ability to provide clinical leadership and adhere to standard and consistent clinical standards</b>		<b>15%</b>
	<ul style="list-style-type: none"> <li>Organisations governance and quality arrangements</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Provision of clinical leadership</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Systems for dealing with clinical incidents</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>Adherence to principles of clinical governance consistent with good practice.</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Complaints process</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>Hygiene and Infection control</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>Performance management and reporting</li> </ul>	10%	<b>500</b>
<b>Workforce</b>	<b>Workforce structure and policies</b>		<b>6%</b>
	<ul style="list-style-type: none"> <li>Planned workforce structure</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>DBS checks</li> </ul>	5%	<b>250</b>
	<ul style="list-style-type: none"> <li>Managing sickness, retirement, maternity leave</li> </ul>	10%	<b>250</b>
	<ul style="list-style-type: none"> <li>Workforce policies and processes</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Operational management structure</li> </ul>	10%	<b>500</b>

	<ul style="list-style-type: none"> <li>• Equal opportunities</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Supervision arrangements</li> </ul>	15%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Staff conduct and performance procedures</li> </ul>	15%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Understanding of equality and diversity</li> </ul>	5%	<b>500</b>
<b>Patient Focus</b>	<b>How the service will involve and engage patients</b>		<b>10%</b>
	<ul style="list-style-type: none"> <li>• Responding to patient feedback</li> </ul>	25%	<b>1000</b>
	<ul style="list-style-type: none"> <li>• Involving patients, their families, carers and the wider community in service improvement and strategic planning</li> </ul>	30%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Provision of information to patients</li> </ul>	25%	<b>750</b>
	<ul style="list-style-type: none"> <li>• Premises accessibility and location</li> </ul>	20%	<b>500</b>
<b>Information Management and Technology</b>	<b>Compliance with IM&amp;T requirements</b>		<b>3%</b>
	<ul style="list-style-type: none"> <li>• How current systems comply with requirements</li> </ul>	15%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Previous experience of working with appropriate IM&amp;T systems</li> </ul>	15%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Meeting the reporting requirements in the service specification</li> </ul>	25%	<b>250</b>
	<ul style="list-style-type: none"> <li>• Collection and delivery of required data sets</li> </ul>	25%	<b>250</b>
	<ul style="list-style-type: none"> <li>• Transfer of patient data</li> </ul>	20%	<b>500</b>
<b>Information Governance</b>	<b>Information governance arrangements and policies</b>		<b>3%</b>
	<ul style="list-style-type: none"> <li>• Information governance arrangements</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Consent and patient confidentiality</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>• Appropriate use of patient records</li> </ul>	20%	<b>250</b>
	<ul style="list-style-type: none"> <li>• Retention and transfer of data</li> </ul>	20%	<b>250</b>
	<ul style="list-style-type: none"> <li>• Reporting on breaches</li> </ul>	15%	<b>250</b>

	<ul style="list-style-type: none"> <li>Registrations under ISO 17799/27001 or appropriate information security standard</li> </ul>	5%	<b>250</b>
<b>TUPE</b>	<b>Arrangements for TUPE transfer of staff</b>		<b>3%</b>
	<ul style="list-style-type: none"> <li>Description of TUPE arrangements</li> </ul>	30%	<b>500</b>
	<ul style="list-style-type: none"> <li>Application of cabinet office statement principles</li> </ul>	40%	<b>500</b>
	<ul style="list-style-type: none"> <li>Understanding of pension obligations</li> </ul>	10%	<b>500</b>
	<ul style="list-style-type: none"> <li>Exit management strategy for TUPE</li> </ul>	20%	<b>500</b>
<b>Property, Facilities Management and Equipment</b>	<b>Arrangements for premises and equipment</b>		<b>4%</b>
	<ul style="list-style-type: none"> <li>Ensuring premises are suitable for delivery of services.</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Achieving and complying with standards</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Meeting requirement for equipment provision</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Equipment management and maintenance</li> </ul>	20%	<b>500</b>
	<ul style="list-style-type: none"> <li>Details of proposed facilities</li> </ul>	20%	<b>250</b>
<b>Contract management</b>	<b>Ensuring mobilisation and exit planning</b>		<b>6%</b>
	<ul style="list-style-type: none"> <li>Mobilisation planning</li> </ul>	50%	<b>1000</b>
	<ul style="list-style-type: none"> <li>Exit planning</li> </ul>	25%	<b>500</b>
	<ul style="list-style-type: none"> <li>Ensuring business continuity</li> </ul>	25%	<b>500</b>
<b>Bidder interviews</b>	<b>Interviews and presentation</b>		<b>10%</b>

A maximum of 5 highest ranking bidders who achieved a minimum score of **50%** for **Sections H to Q** at the 2<sup>nd</sup> stage of the evaluation process will be shortlisted to the 3<sup>rd</sup> stage of the evaluation process (Bidder Presentation and Interview). **The Contracting Authority reserves the right to vary the minimum score threshold specified above if deemed necessary.**

### Stage 3 of the Evaluation – Bidder Presentation and Interview

During this stage Bidders shortlisted at Stage 2 of the evaluation process will be invited to present and attend an interview. The score weighting for the presentation and interview given above.

#### 4.7 Scoring Matrix for the second and third stages of the procurement

Score	Assessment Level	Descriptor
0	Non-compliant	No response or partial response and poor evidence provided in support of it. Does not give the commissioner confidence in the ability of the Bidder to deliver the Contract.
1	Weak	Response is supported by a weak standard of evidence in several areas giving rise to concern about the ability of the Bidder to deliver the Contract.
2	Minor reservations	Response is supported by a satisfactory standard of evidence in most areas but a few areas lacking detail and/or evidence giving rise to some concerns about the ability of the Bidder to deliver the Contract.
3	Good – a compliant response	Response is comprehensive and supported by good standard of evidence. Gives the Commissioner confidence in the ability of the Bidder to deliver the contract. Meets the Commissioner's requirements.
4	Very good	Response is comprehensive and supported by a high standard of evidence. Gives the Commissioner a high level of confidence in the ability of the Bidder to deliver the contract. Exceeds the Commissioner's requirements in some respects.
5	Excellent	Response is very comprehensive and supported by a very high standard of evidence. Gives the Commissioner a very high level of confidence the ability of the Bidder to deliver the contract. Exceeds the Commissioner's requirements in most respects.

#### 4.8 Contract Award

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

#### 4.9 Selection of a Preferred Bidder

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

#### **4.10 De-selection of Preferred Bidder**

Following the appointment of a Preferred Bidder, in the event that the Preferred bidder:

- Makes a material alteration to the Bid which formed the basis of its selection as Preferred Bidder (whether as to price or any other aspect of its bid);
- In the reasonable opinion of the Contracting Authority fails to make satisfactory progress towards signature of the Contract; and
- In the case of any of the above, fails to remedy the situation to the reasonable satisfaction of the Contracting Authority within a defined time period having been served notice in writing by Contracting Authority,

then the Contracting Authority shall be entitled to de-select the Preferred Bidder and at the absolute discretion of the Contracting Authority to exclude the Preferred Bidder from any further participation in the procurement process, or to introduce a further competitive stage in the procurement process in which the Preferred Bidder may or may not (in the absolute discretion of the Contracting Authority) be invited to participate.

The Contracting Authority reserves the right to change or stop the procurement process, at their sole discretion. The Contracting Authority or any of their respective advisers shall in no circumstances be liable for any costs or expenses incurred by the Bidders or would be Bidders as part of the procurement process.

#### **4.11 Bidder Notification of Evaluation Outcome**

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

#### **4.12 Standstill Period**

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

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

#### **4.13 Written Debrief to Unsuccessful Bidders**

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

#### **4.14 Service Commencement**

Following contract award and in accordance with the Provider's mobilisation plan, the Contracting Authority and Provider will work together towards service commencement at the contractually agreed date. The service is expected to commence on the **1<sup>st</sup> April 2017**.

### **5 COMMERCIAL FRAMEWORK**

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



### **5.1 Contract**

The contract to be entered into by the Contracting Authority and the selected Provider(s) for the Procurement will be based on the NHS standard contract 2016/17 and any subsequent revisions thereof and will comply with the mandatory requirements of the specification. Please note the Contracting Authority will not enter into an arrangement with any individual or organisation that does not fully accept this requirement. Caveat responses will be considered as non-acceptance of this requirement.

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

### **5.2 Contract Duration and Mobilisation**

The Contract will be for a term of 3 years, with the possibility of extending the term up to a further two years beyond the initial contracted duration, subject to satisfactory performance and by mutual agreement with the Provider.

The Contracting Authority and the successful Provider will mutually agree the period of mobilisation of the Service following the contract award. The mobilisation period is likely to be no more than 2 months. Further information and details on contract mobilisation requirements will be set out in the ITT.

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

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

### **5.4 Clinical**

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

### **5.5 Equitable Access to Community and Domiciliary Based Phlebotomy**

The Contracting Authority is seeking to improve access to the Community and Domiciliary Based Phlebotomy service for the residents of Waltham Forest. In addition, at ITT stage the Contracting Authority will require shortlisted providers to demonstrate how they will be able to meet equity of access requirements and promote equality/non-discrimination within their service provision, including:

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

## 5.6 Workforce

### 5.6.1 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:

- The ACAS Guide to Disciplinary and Grievance at Work; and
- The Equality Act 2010
- Care Quality Commission – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 and Care Quality Commission (Registration and Membership) (Amendment) Regulation 2012

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

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

### 5.6.2 Staff Transfers (TUPE): TUPE may be applicable to this Procurement and further details will be provided within the ITT Documents.

The Contracting Authority strongly advises that bidders seek independent legal advice in relation to the staff currently employed in the Community and Domiciliary Based Phlebotomy service, and the requirements of the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and other codes of practice.

Where TUPE applies, Cabinet Office statement of practice on staff transfers in the public sector (January 2000 revised November 2007 (COSOP) and the annex to it, “A fair deal for staff pensions”; staff transfer from central government (revised October 2013) and the cabinet office statement entitled “Principles of good employment practice (December 2010) in the provision of services will apply.

### 5.6.3 Training and Development

The Contracting Authority is committed to the training and development requirements of all healthcare professionals delivering services within Waltham Forest. The Contracting Authority is therefore seeking providers who will be able to demonstrate a track record of commitment to this ethos in the delivery of services.

## **5.7 Health and Safety and Risk Management**

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

- Clinical Audit – The Provider must have a robust clinical audit process in place
- Infection Control – Providers must meet the requirements of all relevant regulations with respect to decontamination and infection prevention and control and dealing with infection events.
- Health and Social Care Act (2008) (Regulated Activities) regulations 2014, the Care Quality Commission (Registration) Regulations 2009 and Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012

## **5.8 Premises, Facilities Management & Equipment**

### **5.8.1 Premises**

- Premises from which the current service is provided may be available to bidders subject to negotiation with the landlords, however bidders will be required to propose their own premises solutions.
- The Provider will be expected to include rent, rates, utility and insurance costs for the premises solution within the total contract price.

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

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

### **5.8.3 Equipment**

Equipment used by the current provider of this service may be made available to the bidder subject to negotiation with the existing provider. Providers will be responsible for the provision, cost and maintenance of equipment. Details on the equipment requirements for this Service are set out in the Service Specification and the ITT.

## **5.9 IM&T and Systems Integration**

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

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

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

- Secure Systems
- Capture confidential patient information and data
- Analyse information for Quality and Performance monitoring
- Report Data for Quality and Performance Monitoring
- Review Data for service improvement
- Capture financial data for payment and reporting

- Capture and review information and data for clinical audit purpose, to monitor clinical effectiveness

Further information on IM&T support will be provided in the ITT documents.

#### **5.10 Payment Mechanism**

At the ITT stage, the Contracting Authority will seek innovative solutions and competitive bids setting out the most economical tariff for the services described in the Service Specification.

Payment will be linked to volume and activity. More details of the payment mechanism will be set out in the ITT.

#### **5.11 Insurance Requirements**

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

The insurance requirements will also require providers to ensure that:

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

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

#### **5.12 Performance Security**

It is expected that no performance security will be required from the Provider for this procurement. However applicants will be asked to confirm their agreement to providing such security in principle, in the event that it transpires that the agreement requires substantive infrastructure/capital spending and expects high activity volumes and such security is therefore required.

## **6 GOVERNANCE AND ADMINISTRATION**

### **6.1 Requirements**

#### **6.1.1 Procurement Costs**

Each bidder will be responsible for its own costs incurred throughout each stage of the Procurement process. NEL Commissioning Support Unit, Waltham Forest CCG, NHS England or DH will not be responsible for any costs incurred by any Bidder or any other person throughout this process.

#### **6.1.2 Consultation**

The Contracting Authority will lead on all local stakeholder engagement issues as required by this procurement exercise. Contracting Authority procurements are subject to on-going patient and public consultation under the NHS Act 2006 (now contained in the Health & Social Care Act 2012). However, the successful provider(s) will be required to work with clinicians and patients to develop outcomes and will be expected to continue this post contract award.

#### **6.1.3 The Public Contract Regulations 2015**

The provision of the Community and Domiciliary Based Phlebotomy Service to which this MOI relates falls within Schedule 3 to the Public Contracts Regulations 2015 (“the Regulations”) and Annex II B to Council Directive 2004/18/EC (as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014. Neither the inclusion of an Applicant selection stage nor any other indication shall be taken to mean that the Commissioner 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, the Contracting Authority requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the Contracting Authority.

Potential Bidders should notify the Contracting Authority of any actual or potential conflicts of interest in their response to the Tender. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify the Contracting Authority by submitting a Conflict of Interest form (see Annex B) via the Pro-contract e-tendering portal discussion board for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

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

#### **6.1.5 Non-collusion and Canvassing**

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

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

the bidder or recommended bidder or the Provider in relation to the Contracting Authority procurement.

#### **6.1.6 Freedom of Information**

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

In making a submission or application or corresponding with the Contracting Authority at any stage of the Procurement, each potential bidder, and each Relevant Organisation acknowledges and accepts that the Contracting Authority 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 their views into account.

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

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

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

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

#### **6.1.7 Disclaimer**

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

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

Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not

entitled to, rely on any statement or representation made by the Contracting Authority, NHS England, the DH or any of their advisers.

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

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

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

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

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

In this section, references to this MOI include all information contained in it and any other information (whether written, oral or in machine-readable form) or opinions made available by or on behalf of the Contracting Authority , or any of their advisers or consultants in connection with this MOI or any other pre-contract documentation.

## 7 ANNEX A: GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
Bidder	A single operating organisation or person that is participating in the Procurement, but that has not at the relevant time been invited to respond to an ITT.
Bidder Guarantor	An organisation providing a guarantee, indemnity or other undertaking in respect of an Applicant's or an Applicant Member's obligations
Bidder Member	A shareholder or member or proposed shareholder or member in, or controlling entity of, the Applicant and / or that shareholder's or member's or proposed shareholder's or member's ultimate holding company or controlling entity
Clinical Services Supplier	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
Contract	A form of contract, as detailed further in paragraph 5.1, to be entered into between Contracting Authority and Recommended Bidder for the provision of the services
CPD	Continuing Professional Development
DH	Department of Health
FM Services	Facilities management services including "Hard FM" (including services relating to security, fire, utility management, utility breakdown, pest control, landscape maintenance) and "Soft FM" (including services relating to cleaning, laundry, health and safety, portering, waste management, clinical waste management, infection control, linen, gowns and bedding)
FOIA / Freedom of Information Act	The Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time, together with any guidance and / or codes of practice issued by the Information Commissioner, the Department of Constitutional Affairs, the Office of Government Commerce and the NHS in relation to such legislation or relevant codes of practice to which the DH and Contracting Authority are subject
IM&T	Information Management and Technology
MOI	This Memorandum of Information setting out the details of the Scheme and the requirements of the Procurement.
NHS	National Health Service
CSU	Commissioning Support Unit
NHSE	NHS England
CCG	Clinical Commissioning Group
Provider	The successful applicant who has entered into a Contract with Contracting Authority to provide the Services specified in the relevant Scheme.



Term	Description
Relevant Organisation	An organisation(s) or person connected with a response to a PQQ and / or connected with a bid submission including (without limitation): the potential applicant the applicant the Provider; each applicant Member; each applicant Guarantor; and each Clinical Services Supplier each sub-contractor, partner, delivery agent etc. forming part of the consortium / prime contractor relationship
Scheme	The Services to be procured by Contracting Authority as detailed in this MOI.
Service(s)	The Services to be procured by Contracting Authority as detailed in this MOI.
Service user	Person who is receiving the services from the Provider.
TUPE	Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014
VfM	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirement.
DOTAS	<i>Means the Disclosure of Tax Avoidance Schemes rules which require a promoter of tax schemes to tell HM Revenue &amp; Customs of any specified notifiable arrangements or proposals and to provide prescribed information on those arrangements or proposals within set time limits as contained in Part 7 of the Finance Act 2004 and in secondary legislation made under vires contained in Part 7 of the Finance Act 2004 and as extended to National Insurance Contributions by the National Insurance Contributions (Application of Part 7 of the Finance Act 2004) Regulations 2012, SI 2012/1868 made under s.132A Social Security Administration Act 1992.</i>
HMRC	HM Revenue & Customs
Halifax Abuse Principle	means the principle explained in the CJEU Case C-255/02 Halifax and others
Relevant Tax Authority	Means HM Revenue & Customs, or, if applicable, a tax authority in the jurisdiction in which the Supplier is established.
GAAR	General Anti-Abuse Rule (GAAR) means (a) the legislation in Part 5 of the Finance Act 2013; and (b) any future legislation introduced into parliament to counteract tax advantages arising from abusive arrangements to avoid national insurance contributions.