



Dorset Clinical Commissioning Group

Assisted Conception Services

PROSPECTUS

Overview of our selection process

May 2018



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

PROSPECTUS FOR ASSISTED CONCEPTION SERVICES

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ASSISTED CONCEPTION SERVICE OVERVIEW OF OUR SELECTION PROCESS PROSPECTUS

1. INTRODUCTION

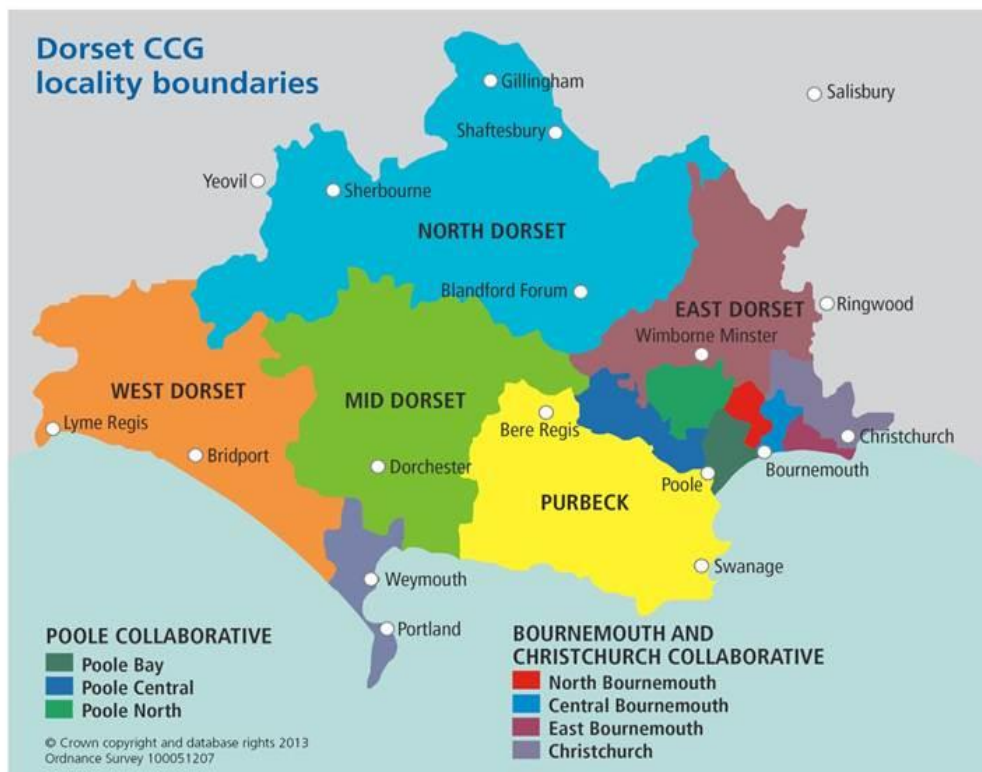
- 1.1 Through this service prospectus, NHS Dorset Clinical Commissioning Group (CCG) invites providers to express an interest to participate in the selection process for an Assisted Conception Service (the service).
- 1.2 The purpose of this service prospectus is to supply potential providers with sufficient information on the service and the selection process to enable providers to make an informed decision about whether they wish to participate in the project.

2. ABOUT NHS DORSET CCG

- 2.1 NHS Dorset CCG is the third largest CCG in the country and the second largest in financial terms. It consists of 86 member GP practices which are grouped into 13 geographical localities, with a registered population of around 800,000 which is set out below:

LOCALITY	PRACTICES	POPULATION*
Bournemouth Central	6	59,183
Bournemouth East	6	74,718
Bournemouth North	6	66,626
Christchurch	5	54,486
Dorset East	9	70,477
Dorset Mid	8	44,518
Dorset North	9	87,002
Dorset West	7	41,244
Poole Bay	6	75,345
Poole Central	7	63,042
Poole North	4	53,024
Purbeck	6	34,281
Weymouth and Portland	7	75,642

*The population numbers provided are indicative.



- 2.2 NHS Dorset The CCG covers the same geographical area as the Local Authority boundaries of Dorset County Council, Bournemouth Borough Council and Poole Borough Council.
- 2.3 Dorset GP practices serve a population of around 800,000 living in sparsely distributed rural area and within more densely populated urban areas.
- 2.4 Overall, the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. However, there is variation in life expectancy between those in the most affluent and deprived areas, with a gap of over 10 years in men and 5 years in women.
- 2.5 The population has increased across Dorset over the last 10 years, in particular the number of older people. The high number of older people across Dorset poses a significant challenge for the health and social care system as this is the area of greatest need.
- 2.6 In October 2014, the Clinical Services Review was launched by NHS Dorset CCG to consider how health and care organisations in Dorset could work better in the face of a number of significant challenges. This culminated in a CCG Governing Body decision in the autumn of 2017 on the future configuration of health services in Dorset. The plans place a greater emphasis on improving access to, quality, and experience of care by delivering services closer to people's homes in addition to

promoting greater prevention at scale. For further insight and details of the Clinical Services Review please visit <https://www.dorsetsvision.nhs.uk/>

3. AIMS, OBJECTIVES AND SUMMARY OF THE SERVICE

Infertility can be primary, in couples who have never conceived, or secondary, in couples who have previously conceived. It is estimated that infertility affects one in seven couples in the UK. It appears that there has been no major change in the prevalence of fertility problems but that more people now seek help for such problems than did so previously.

The aim of the service is to provide Assisted Conception Services (encompassing In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI) and Intrauterine Insemination (IUI) for couples who meet the criteria set out in the Dorset Clinical Commissioning Group (CCG) Fertility and Assisted Conception Policy found here:

<http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Clinical/Policies%20from%20Sept%202014/Criteria%20Based%20Access%20Protocol%20-%20Fertility%20Policy.pdf>

Aims and Objectives of the service:

- To help couples suffering from subfertility or confirmed infertility who meet the criteria to access licensed treatment to achieve a successful pregnancy.
- To offer accessible licensed assisted conception treatment for patients suffering from subfertility or confirmed infertility who meet the criteria to access treatment.
- To offer storage of gametes or embryos for patients who are on the NHS funded pathway or will be at risk of requiring Assisted Conception treatment in the future (e.g. patients receiving cancer treatment likely to impact on their future fertility).
- To provide a quality, safe, effective Assisted Conception Service ensuring that the risk of infection and other complications such as ovarian hyper stimulation syndrome and multiple pregnancy to service users is minimised.
- To provide a personal service sensitive to the physical, psychological and emotional needs of service users. Including that patients will be offered counselling with a Specialist Fertility Counsellor in line with the HFEA Code of Practice.
- To ensure effective communication between commissioners and the service providers.
- To develop and implement a data collection and monitoring processes which provides fertility services intelligence to support the future commissioning of fertility services.

4. OVERVIEW OF OUR PROCESS

- 4.1 NHS Dorset CCG is seeking to commission an Assisted Conception service via a framework of up to 3 providers. The CCG shall manage the process to select the most appropriate 3 providers for the service. The tender process has been developed to give the opportunity for providers to complete their tender within a fair and transparent process.

4.2 The process will comprise the following steps:

STEP	DESCRIPTION	ESTIMATED DATE
Expression of Interest (EOI)	All providers must submit an expression of interest to the CCGs advert via the Due North portal https://procontract.due-north.com/Login	Submission of EOI By midday on 3rd July 2018
Provider Briefing Event	An event will be held for providers to gain an understanding of the process and service requirements with an opportunity for any questions.	6th July 2018
Invitation to tender/ submission of proposals	The CCG will issue documentation inviting proposals for the service. The documents will include a service proposal, in the form of a questionnaire, requesting key information relating to the delivery of the service.	Issue 16th July 2018 Return By midday 20th August 2018
Evaluation of proposals	The CCG has a team of experts who will evaluate and proposals.	By 7th Sept 2018
Provider interviews/ Clarification	Selected providers may be requested to meet with the commissioner for clarification of information and requested to resubmit elements of their proposal	21st Sept 2018
Assurance and award of contract	The evaluation team agree the successful providers and approval to award contracts is sought through the CCG's Governing Body.	Dec 2018
Start of the new contract	The contract document is agreed and preparation for the service to commence takes place.	1st April 2019

4.4 Providers who have expressed an interest through the Due North Portal will be able to download an organisation assessment form.

4.5 A PDF copy of the Provider Questionnaire will also be able to be downloaded for information. Should there be any changes in the Provider Questionnaire these will be identified when the Tender documents are issued.

5. PRE TENDER DIALOGUE

- 5.1 Providers who are unfamiliar with tendering for NHS contracts may receive support and advice from the procurement team between the expression of interest and issuing of tender.

- 5.2 A Provider Briefing will be held on **Friday 6th July 2018 at 9.30 am in the Board Room at Vespasian House, Dorchester, Dorset DT1 1TG**. Refreshments will be available from 9.15 am

6. ORGANISATION ASSESSMENT FORM

- 6.1 **All providers will be required to complete Part 1 Section 1 and Part 2 Section 2 and 3 of the Organisation Assessment Form.** All organisations that will be relied on to meet the selection criteria will be required to complete Part 1 and Part 2. This means that where providers are using sub contractors each organisation in that group must complete Part 1 and Part 2 Section 2 and 3 of the organisation assessment form.

- 6.2 All those providers who have a contract with the CCG do not need to complete Part 3 of the Organisation assessment form. If the organisation is using sub-contractors, who do not have a contract with the CCG, the Organisation Assessment form must be completed by that particular sub contractor. Providers should submit the form(s) with their tender response. The CCG wishes to give advance warning for the level of detail required.

7. INVITATION TO TENDER

- 7.1 The tender is designed to inform providers of the formal process of tendering for these services. The tender will include instructions on how to complete your tender, the final service specifications, a draft NHS contract, a questionnaire (which is designed to support standardised proposals) and forms for completion and return.

- 7.2 The tender proposals should be completed within the timescales set out in the tender documents. The proposals should provide the necessary reassurances about the capability of the provider's organisation and their ability to meet the service requirements set out in the specification.

- 7.3 For some NHS Services the transfer of staff may be applicable. This is called TUPE. Where, in the opinion of the current providers, TUPE is likely to apply on the transfer of services, information shall be provided in the tender.

- 7.4 In order to ensure a fair and transparent tender process the CCG requires that all actual or potential conflicts of interest are declared to the CCG by providers as part of their tender.

- 7.5 Providers who express an interest in the project who do not currently hold a contract with the CCG or have not completed an accreditation questionnaire for other projects will be required to complete a provider accreditation process.

- 7.6 Providers are responsible for familiarising themselves with the content of the tender and what is expected of them and in particular the timescales.

8. EVALUATION OF TENDERS

- 8.1 The CCG has formed a team of expert evaluators to consider, evaluate and score all received tenders.
- 8.2 The CCG has instructed its evaluators to consider only the information in the tender return. Potential providers should not assume that the CCG has any prior knowledge of the provider, its practice or reputation, or its involvement in existing services.
- 8.3 Further details of the evaluation process including how it will be scored will be detailed within the tender.

9. PROVIDER INTERVIEWS

- 9.1 All tender responses which confirm the service will be provided at the prices indicated on the Financial Rate Card will be evaluated by the evaluation team. This will provide a ranking of providers.
- 9.2 The highest ranking providers will be invited to give a presentation and be interviewed about their proposal by the CCG.
- 9.3 The audience for the presentations shall be made up of clinicians, commissioning leads, patient and public representatives and other key stakeholders chosen at the CCG's discretion.
- 9.4 The purpose of the interview and presentation is to provide clarity of your submitted tender to support the CCG and evaluators in their final scoring of your tender.
- 9.5 Further details of the interviews will be in the tender documentation.

10. ASSURANCE AND AWARD OF CONTRACT

- 10.1 The CCG may award contracts on the basis of the initial tenders. However, following the interviews, the CCG may require further written clarification from the providers prior to making a recommendation on the selection of a preferred provider.
- 10.2 The CCG Governing Body is responsible for the approval of the contract.
- 10.3 Following the Governing Body's approval of award all providers will be notified of the decision and be provided with detailed information of how the tender was evaluated.

11. START OF THE NEW CONTRACT

- 11.1 The draft contract issued with the tender will form the basis of the future contractual relationship between the CCG and the successful provider.
- 11.2 Following the notification of award of contract and in accordance with the provider's mobilisation plan, the CCG will work with the provider to set up the services ready for the contract start date.

12 GOVERNANCE AND ADMINISTRATION

Non-collusion and Canvassing

- 12.1 Each potential provider 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 in connection with the selection of the provider in relation to the managed tender process.

The Public Contract Regulations 2015

- 12.2 This is a Competitive procurement exercise that is being conducted in accordance with a process based on the open procedure under the Public Contract Regulations 2015. The service to which this Procurement relates falls within the Light Touch Regime(LTR) governing procurement of Health, Social, Education and other Service Contracts. Neither the reference to 'open procedure' ITT or the use of the term 'Tender process' nor any other indication shall be taken to mean that the Contracting Authority intends to hold itself bound to any regulations save those applicable to LTR provisions.

NHS Constitution

- 12.3 The NHS Constitution provides a legal duty on NHS bodies and other healthcare providers to take account of the NHS Constitution in performing their NHS functions. All providers will be expected to ensure that the delivery of patient and staff rights is explicit in their documentation and there is clear evidence of how the NHS Constitution is embedded into the organisation both for patients and staff. It is expected that there is also an outline of how these rights and responsibilities are communicated effectively to all audiences.

Freedom of Information Act

- 12.4 The CCG advises that this process is, or may be subject to the Freedom of Information Act 2000 (FOIA) and the CCG may be required to disclose information about the contract to ensure the compliance of the CCG with the FOIA.

Disclaimer

- 12.5 Each organisation will be responsible for its own costs incurred throughout each stage of this selection process. The CCG will not be responsible for any costs incurred by any prospective provider or any other person through this process.
- 12.6 The information contained in this prospectus is presented in good faith and does not purport to be comprehensive or to have been independently verified.
- 12.7 Neither the 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 provider, or any of their advisers, orally or in writing or in whatever media.
- 12.8 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 CCG or any of their advisers.
- 12.9 The CCG shall not be obliged to appoint any of the providers and reserves the right not to proceed with the selection process or any part thereof, at any time.

12.10 Nothing in this Prospectus is, nor shall be relied upon as, a promise or representation as to any decision by the CCG in relation to this selection process. No person has been authorised by the CCG or its advisers or consultants to give any information or make any representation not contained in this Prospectus and, if given or made, any such information or representation shall not be relied upon as having been so authorised.

12.11 Nothing in this Prospectus or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the managed selection process, nor shall such documentation / information be used in construing any such contract. Each provider 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 Prospectus or other pre-contract documentation.

13. RIGHT TO VARY PROCESS

13.1 The CCG reserves the right to change the basis of, or the procedures (including the timetable) relating to, the tender process, to reject any, or all, of the proposals and not to invite a potential provider to proceed further, not to furnish a potential provider with additional information nor otherwise to negotiate with a potential provider in respect of the tender process.

13.2 The CCG shall normally notify the providers of any such changes.