

**Provision of New Health Centre  
(St Andrew's Development)  
in  
Tower Hamlets PCT**

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 potential bidders an overview of the Tower Hamlets Primary Care Trust (PCT) Procurement of a new Health Centre to be based ultimately at the St Andrews site, and provides details of the:

- Procurement process and its objectives
- Procurement commercial framework
- Sets out the process to be used for selecting providers for a new Health Centre planned by Tower Hamlets PCT, at a new development at the St Andrew's site.
- Sets out the criteria for selection and the decision-making process to be followed.
- Includes guidance on the Pre Qualification Questionnaire (PQQ) pre-selection process and subsequent formal application.
- Procurement governance and administration requirements
- The document does not describe the range and quality of services to be provided.
- The service required (see Annex A)

The MOI should is to provide potential Bidders with sufficient information on the Tower Hamlets PCT Procurement to enable them:

- To make an informed decision about whether they wish to participate; and
- To submit an Expression of Interest (**EOI**) see Annex B.

## 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 Tower Hamlets PCT Procurement, the scope of services to be procured, the bidder pool and the factors critical to the success of the Tower Hamlets Primary Care Trust Procurement.

### **Section 3: Commissioning PCT**

Details of the Commissioning PCT.

### **Section 4: Procurement Process Overview**

Detailing the steps involved in the Tower Hamlets PCT Procurement.

**Section 5: Commercial Framework**

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

**Section 6: Governance and Administration**

Detailing key governance and administration requirements of the Tower Hamlets PCT Procurement.

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

Providing a glossary of the terms used in the MOI.

**Annexes: Annex A**

Detailing specific summary information for the PCT Scheme.

**Annex B**

Template to be used by potential Bidders for submitting an EOI.

**1.3 Next Steps for Bidders**

Interested parties wishing to participate in the Tower Hamlets PCT Procurement **must** submit an EOI, in the standard format detailed in Annex B, by email to [shaju.jose@thpct.nhs.uk](mailto:shaju.jose@thpct.nhs.uk)

EOIs should arrive before 5pm on 5<sup>th</sup> June 2009

Tower Hamlets PCT will not consider any potential Bidder who does not meet the deadline.

## **2 INTRODUCTION AND OVERVIEW**

### **2.1 Background and Context to Equitable Access to Primary Medical Care**

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi (the Report), reported that, despite sustained investment and improvement in the NHS over the past ten years, access to primary medical care services and the quality of those services, continues to vary significantly across the country. Many of the poorest communities experience the worst health outcomes and major inequalities exist within England in life expectancy, infant mortality and cancer mortality. Further, the gap in life expectancy between the most deprived and least deprived areas has widened, despite improvements in life expectancy in the most deprived areas.

The Report identifies improving access to primary care as a key priority if we are to deliver more personalised care that meets the needs of individuals and communities, especially those in more disadvantaged or deprived areas. This builds on the work that the Strategic Health Authorities are already doing with PCTs to improve access, responsiveness and choice in primary medical care in response to the GP patient survey (Your Doctor, Your Experience, Your Say) results in 2007.

Equitable Access to Primary Medical Care (EAPMC) will play a significant role in achieving more personalised care set out by Lord Darzi. It is essential that there is recognition that the EAPMC programme will address specific issues highlighted in the Report. The focus of the EAPMC programme will be on achieving the visions of a fair and personalised NHS (whilst upholding the values of safe and effective primary care services).

Ministers have announced that the Government will be providing new investment of £250m to support PCTs in establishing:

- at least 100 new General Practices in the 25% of PCTs with the poorest provision (based on the fewest primary care clinicians, lowest patient satisfaction with access and the poorest health outcomes), both to increase capacity and offer an innovative range of services
- at least one new GP-led health centre in each PCT in easily accessible locations, providing a flexible range of bookable appointments, walk-in services and other services for either non-registered or registered patients, based on the guiding principle of ensuring that the local public can access GP services any time from 8am to 8pm, seven days a week

The Report states that these changes could not be achieved by the NHS alone but stressed that PCTs would have a key role to play in working alongside other agencies (including local authorities and Local Strategic Partnerships), communities, industry, the voluntary and private sectors.

The programme is now being rolled out to all PCTs and Tower Hamlets has been given a target for one "Health Centre" to be procured by Autumn Q3 2009/10 and open during 2010. Tower Hamlets PCT will lead and manage the St Andrew's procurement, with guidance from NHS London and assistance and support from the Department of Health.

The aims of the EAPMC programme have particular focus on achieving closer integration with other health / community services and social care, with extensive opening hours and access to walk-in and registered services. Many of the principles map closely to the local Tower Hamlets partnership model of health and well-being centres and in particular those health centres identified as locality hubs.

## **2.2 Objectives of the PCT Procurement**

The key objectives of the Tower Hamlets PCT Procurement are:

- To provide new services that fit in with the current local strategy including Tower Hamlets Partnership Strategy Improving Health and Wellbeing (IHWB) Strategy, Urgent Care Strategy, Community Pharmacy Strategy and, the Dental Strategy
- To provide patients with greater access to NHS primary medical care services through additional capacity;
- To improve the quality of primary medical care available to patients; and
- To deliver high quality affordable and value for money (VfM) NHS primary medical care services.

## **2.3 Scope of Services**

The scope of primary medical care services for the Tower Hamlets PCT Procurement has been developed by Tower Hamlets PCT in conjunction with the Strategic Health Authority (**SHA**) and based on the needs of the local community.

The primary medical care service specification required for Tower Hamlets procurement are detailed in Annex A of this MOI.

## **2.4 Bidder Pool**

Tower Hamlets PCT 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 as set out in Annex A, in a safe and effective manner and to meet the requirements of paragraph 2.5 below. Potential Bidder's may bid in partnership with other organisations such that the Clinical Services Supplier may be different to the potential Bidder.

## **2.5 Critical Success Factors (CSFs)**

Tower Hamlets PCT requires the Provider to meet the following CSFs throughout the life of the Contract:

- **Quality** – Patient-centred primary medical care services, delivered in a safe and effective manner and delivered via a multidisciplinary workforce with extended skills, responsibilities and training.
- **Access** – The primary medical care procured must be provided in locations and facilities that meet local patient access preferences.
- **Value for Money and Affordability** – The primary medical care services procured must be affordable for Tower Hamlets PCT and provide value for money.
- **Integration** – Providers will be expected to integrate with, and positively contribute to, the local healthcare community.
- **Satisfaction** - Patients, staff, referring clinicians & other health professionals must be satisfied with the quality and delivery of the Services.
- **Innovation** The Services must introduce and catalyse affordable innovations in clinical practice that improve the quality and responsiveness of patient care and encompass a health and social care approach.

## 2.6 Local context and Location

Tower Hamlets Partnership Strategy 'Improving Health and Wellbeing' (web link: <http://www.towerhamlets.nhs.uk/EasysiteWeb/getresource.axd?AssetID=3732&type=full&servicetype=Attachment>) identified a number of developments including the creation of new health and wellbeing centres in each locality. In choosing a site from which to deliver the EAPMC programme requirements a number of factors have been considered: -

- Fit with current local strategy (e.g. IHWB, Urgent Care Strategy, Community Pharmacy Strategy, Dental Strategy)
- Programme requirements out-lined above
- Capital programme plans
- Timescales for delivery of build
- Anticipated locality growth in population
- Fit with requirements of the Healthcare for London strategy

The St Andrew's development proposed is the preferred choice for delivery of the EAPMC programme requirements for the following reasons: -

- There is good fit between the EAPMC project requirements and the proposed services as outlined for St Andrew's
- Significant consultation has already taken place on these proposals which have been well received by patients and the public and they are part of a clear partnership commitment between health and social care.
- The population in the area is due to rise by 15K by 2020 and many of the plans for development for the NE Locality are on the east of the Borough, an area where significant new services will be required to meet demand. The St Andrew's site is at the eastern edge of the borough close to significant proposed housing and business development

The planned schedule of accommodation of the development has been drawn up with flexibility built in to the designs. This will enable the services delivered to flex to meet the requirement of the EAPMC programme.

In considering the health needs of the community the following factors are relevant to Tower Hamlets and the locality within which St. Andrew's is located - LAP 6 (Mile End East and Bromley by Bow together make up LAP 6 and St Andrew's is situated within Bromley-by-Bow)

Detailed information on Bromley-by-Bow and LAP 6 can be obtained at the following websites: -

<http://publichealth.thpct.nhs.uk/index.aspx?pid=171>

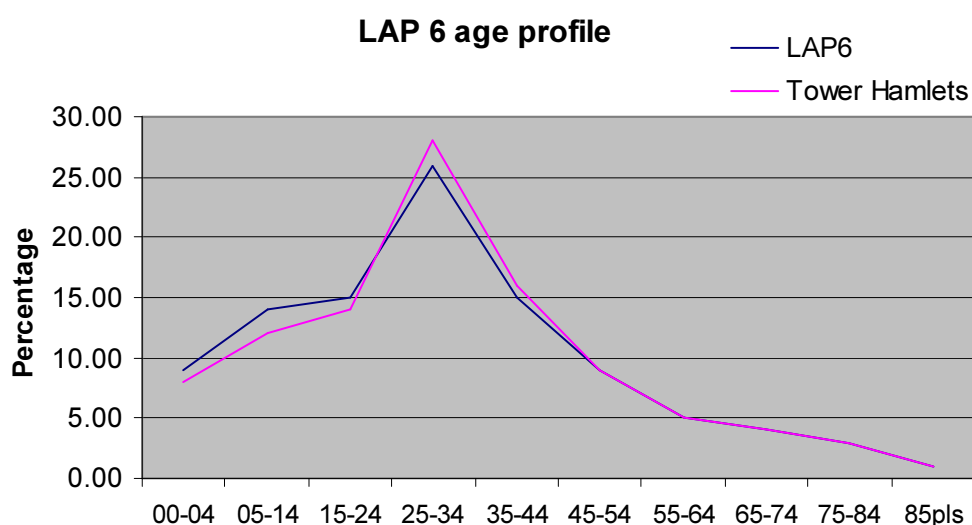
<http://www.onetowerhamlets.net/>

<http://thisborough.towerhamlets.gov.uk/>

Relevant local health factors relating to areas within LAP 6:-

- High level of circulatory disease mortality;
- High cancer mortality rates;
- Breast screening currently 50% of national targets;
- Cervical screening currently 90% national targets;
- Mental health
  - Admissions are 80-90% greater than expected across England; and
  - Amongst highest prevalence of child/adolescent mental disorder in the Borough;
- Lifestyles Issues;
  - High rates of obesity;
  - Low rates of binge drinking; and
  - Low consumption of fruit and vegetables.
  - High levels of smoking;
- High levels of crime in the southern area;
- Large areas of education, skills and training deprivation;
- High levels of overcrowding;

LAP 6 - Population Profile



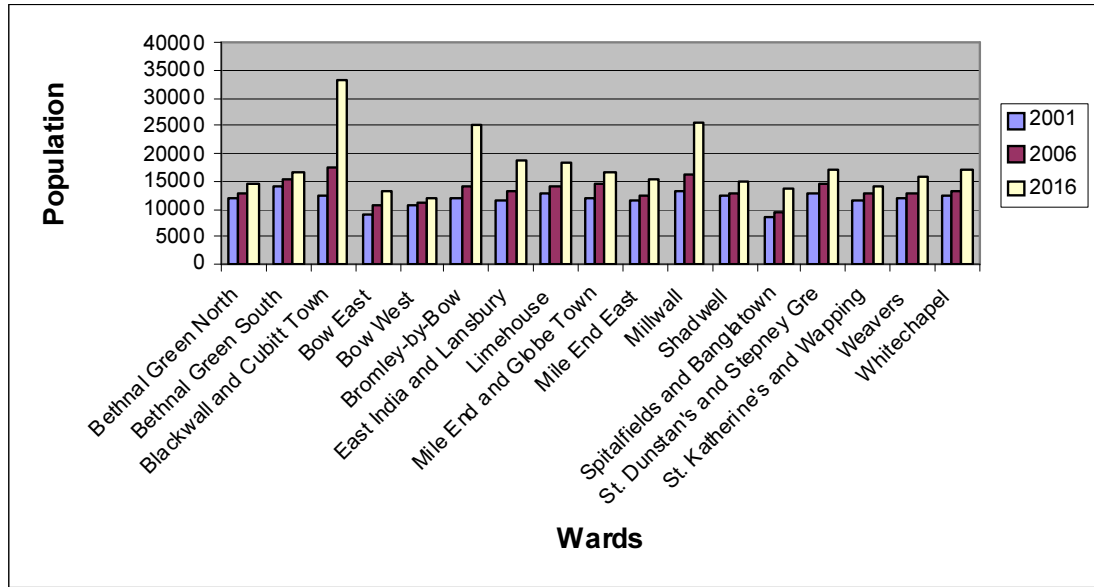
Age demographics

LAP 6 has a younger population than the Tower Hamlets average. The largest age group is between



25 to 34 and 88% of residents are under 55 years of age.

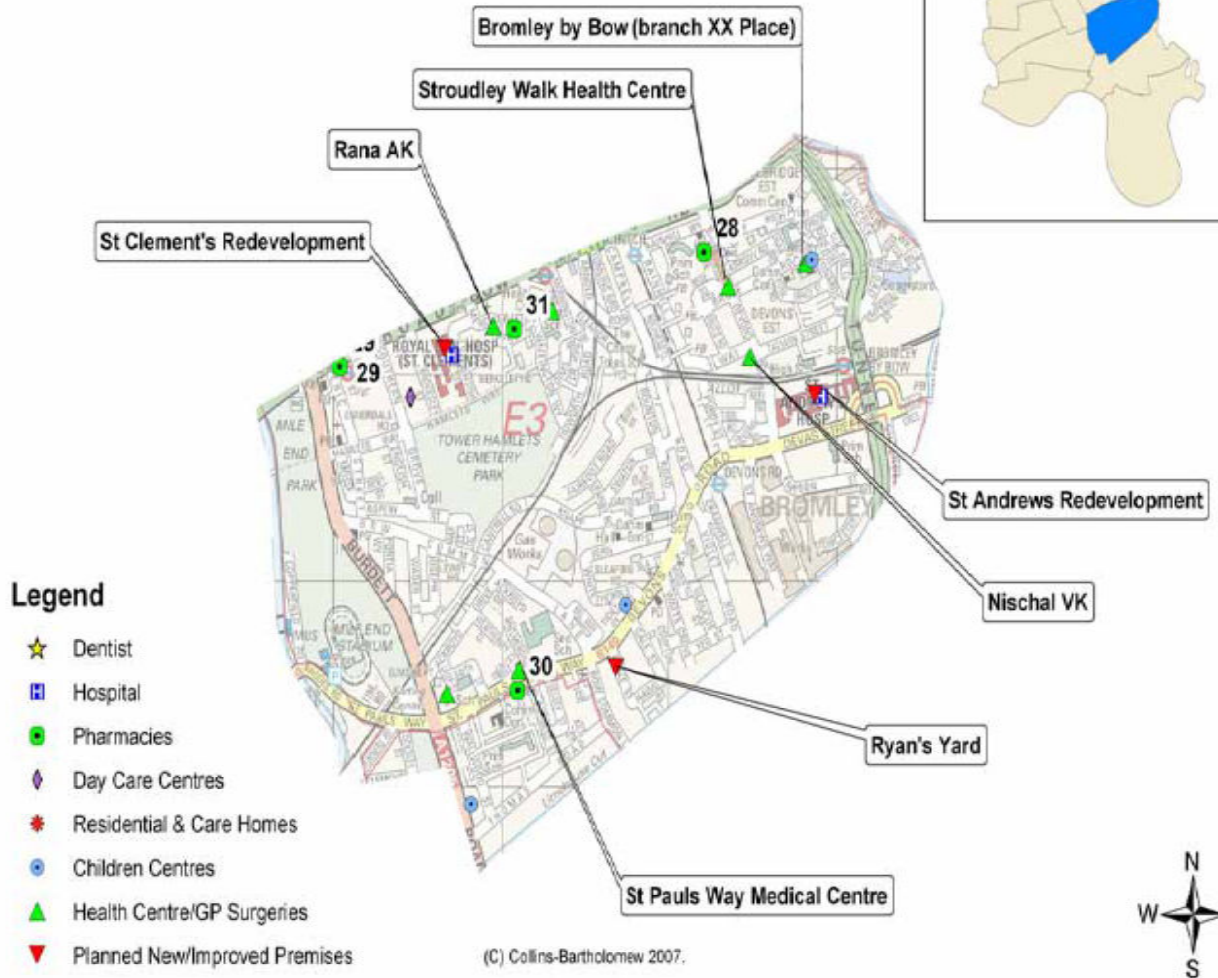
Population projections for electoral wards in Tower Hamlets



Source GLA Oct 2005

A map of the wards in Tower Hamlets PCT is set out below:

# LAP 6 Services



### 3 COMMISSIONING PCT

#### 3.1 Commissioning PCT

The commissioning PCT for this procurement is:

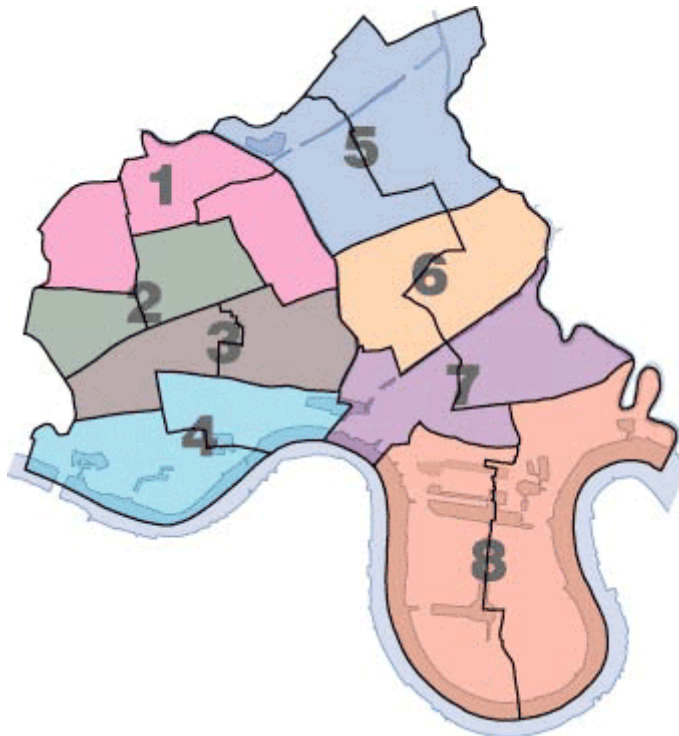
SHA	Commissioning PCT
NHS London	Tower Hamlets Primary Care Trust

**Table 1: Commissioning PCT**

Tower Hamlets PCT sub-divides into the seventeen wards and 8 Local Area networks (LAPS), as detailed below:

The PCT boundaries are coterminous with those of the London Borough of Tower Hamlets. It has higher than average healthcare needs and inequalities, with a population that is becoming more diverse with increasing numbers of new entrants from other parts of the UK as well as abroad. There are a total of 34 practices within the PCT boundary with a total registered population of 236,458 patients.

Census projections suggest that a growth in the Borough's population, with a particular increase in the proportion of non-white minorities. The main growth in population in the last decade has been in children and in the very old. The projected population growth over the next ten years across the Borough is 50%. Details of the current age profile across the Borough are given below.



**Figure 1: Commissioning PCT location**

The aim of Tower Hamlets PCT is to improve the health of local people living in Tower Hamlets in east London. We want to reduce inequalities in health and modernise services for local people. We achieve these through assessing the health needs of our communities, commissioning services from hospital trusts and other local organisations, and by providing a range of services ourselves. We are supporting general practice, bringing more GPs and practice staff to Tower Hamlets, developing the range of services available from practices and health centres, and improving premises near to where people live.

#### Working in partnership with local people

One of our priorities is to work with the local authority and other community organisations to integrate health and social care. We have made progress with some integrated teams already and more work is underway to make sure local people receive convenient, co-ordinated and good quality services. The London Borough of Tower Hamlets, PCT and other public and community sector partners come together as part of the Tower Hamlets Partnership to work closely with local people over a range of health and social care issues. Active consultation on Health and Wellbeing plans continues on the partnership website at <http://www.onetowerhamlets.net/>.

#### **3.2** Our aims are to:

- reduce inequalities in health
- improve the experience of those who use our services
- increase choice
- promote independence
- target resources effectively

#### **3.3** Our key objectives are to:

- achieve a measurable improvement in the overall quality and effectiveness of services,
- develop primary care,
- develop our workforce,
- commission secondary (hospital) services that are more responsive to the needs of local people,
- implement National Service Frameworks which have been introduced for a number of services.
- achieve recurring financial balance
- achieve effective, economic and efficient use of available resources,

#### **3.4** Our values - we will work in a way that:

- values the patient's personal experience of health and healthcare,
- values and celebrates the diversity of its workforce and the population it serves,
- takes a "whole systems" approach to healthcare provision,
- empowers patients and staff to develop and improve the health of individuals and the population as a whole

### **3.5 PCT Scheme**

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

One GP Led Health Centre for the provision of primary medical care and related services

## 4 PROCUREMENT PROCESS – OVERVIEW

The procurement application process will be a four stage ITT process and will essentially include:

- Initial expressions of interest will be invited by advertisement. These will be required to complete a standard PQQ, all sections of which **must** be completed. All PQQ's received will be reviewed by a Panel to create a short-list, of no more than 5 applicants.
- Short listed bidders, who will then be invited to submit a formal application to provide services against a full specification, for each practice. The formal applications will be required to a standard format. A question and answer event will be organised early in the process during which bidder will be offered clarification on any issues relating to the bid and proposed contract. A written Q&A process will also be available.
- All formal applications will be reviewed by a selection panel, convened for each practice; potential preferred or reserve bidders may be invited to an interview to allow clarifications to be asked and/or raised. The panel will then select a preferred and possibly a reserve provider.
- The preferred provider will then be invited to finalise and sign an APMS contract.

The number, quality and nature of applications, as well as the type of contract will determine the precise timescales, but the indicative timetable is set out in table 3 below.

### 4.1 Procurement Timeline

The Tower Hamlets PCT Procurement timeline is summarised in paragraph 4.1 and further detailed in paragraphs 4.2 to 4.9 below.

The timeline for the Tower Hamlets PCT Procurement is set out in Table 2 below. It should be noted that the dates are expected dates at the time of issuing this MOI and may be subject to change.

Stage	Date
Advert published and Expressions of Interest invited	W/C 18 <sup>th</sup> May
Send out Information Packs/PQQ	8 <sup>th</sup> June
Closing date for receipt of completed PQQ	29 <sup>th</sup> June 5pm
Panel short-listing of applicants and issue invitations for formal applications and information packs to preferred bidders	First week July
Meetings with Bidders	19 <sup>th</sup> August
Submission of tenders	18th September
Selection of preferred providers	w/c 12 <sup>th</sup> Oct
Contract finalisation	October'09
Final agreement with one preferred provider once the PCT is satisfied that the provider can meet all requirements of the bid	November'09
Commence provision of service	Jan / Feb 2010

**Table 2: Tower Hamlets PCT Procurement Timeline**

Further details on the timeline for the ITT stage will be provided in the Tower Hamlets PCT Scheme ITT.

## **4.2 Advert, Memorandum of Interest & Expression of Interest**

### Advertisement

The PCT is keen to encourage applications from any organisation legally entitled to provide services under a Medical Services contract. National and local adverts have been published describing, in general terms, the primary medical care services being procured by Tower Hamlets PCT. Adverts have been placed at national and local level to encourage responses from as wide a range of organisations as possible. Potential Bidders must register their interest by submitting an EOI in accordance with the requirements of paragraph 1.3.

Applicants are at liberty to form consortia and partnerships with other service providers. All proposed service providers should be identified in the PQQ application

### Memorandum of Information

This MOI provides details of the Tower Hamlets PCT Procurement.

This MOI should provide potential Bidders with sufficient information on the Tower Hamlets PCT Procurement process and the Tower Hamlets PCT Scheme to enable them to make an informed decision about whether they wish to register their interest in the Tower Hamlets Procurement.

A copy of the Memorandum of Information will be available to download from the Primary Care Trust web site: <http://www.towerhamlets.nhs.uk/tenders/> by **5.00 pm on 20<sup>th</sup> May 2009.**

Interest must be registered by submitting an EOI in accordance with the requirements of paragraph 1.3

### Expression of Interest

Expressions of Interest in response to the advert are to be made electronically in the format provided in Annex B by email to [shaju.jose@thpct.nhs.uk](mailto:shaju.jose@thpct.nhs.uk)

The PQQ and any subsequent formal applications must be submitted in writing and via electronic document, by the due date. Applicants are responsible for ensuring documentation reaches the named person at the PCT by the specified date. The PCT will not automatically confirm the receipt of applications.

EOIs should arrive before 5pm on 5<sup>th</sup> June 2009.

Tower Hamlets PCT will not consider any potential Bidder who does not meet the deadline.

## **4.3 Pre-Qualification Questionnaire (PQQ)**

The initial Expression of Interest will followed up by an invitation to complete a standard Pre-Qualification Questionnaire (PQQ) that will request the following information:

- Name and details of the individuals and/or organisation(s) applying and contact information.
- Legal and Regulatory experience and qualification.
- Evidence of sound financial stability, capacity and credibility
- An outline overview of how the applicant/s would provide the service including the range of services and the proposed model of care and clinical experience.
- Details of the organisation's general capacity and capability
- Innovative proposals
- Signed Non Disclosure Agreement

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 will be issued, by email, week commencing 8th June 2009 to all potential Bidders who submitted an EOI by the deadline. All potential Bidders wishing to bid for the Tower Hamlets PCT Scheme must respond to the PQQ before the deadline stated in the PQQ. Tower Hamlets PCT 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.

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 Tower Hamlets PCT Procurement.

The PQQ evaluation will include a short-listing process and potential Bidders will be told whether or not they have been short-listed.

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

#### **4.4 Invitation to Tender**

Bidders short-listed will be invited to complete a Formal Application which will include the completion of a standard detailed pro-forma (not included in this document), linked to the proposed Service Agreement (Contract), that will address all of the requirements set out in the specification and will include a requirement for the following information:

- Name of the individuals and/or organisation(s) applying
- Type of organisation (e.g. company, NHS body, etc)
- Contact information including a lead contact
- A formal statement of intent to provide
- Confirmation of willingness to work on a preferred provider basis to negotiate the contract
- Detailed statements on how the applicant intends to provide the service, as defined in the specification and required by the pro-forma
- Any services or requirements of the initial specification that cannot be met by the provider or, are additional to those advertised
- Statement of any services that the provider intends to sub-contract
- Contract price over duration period of contract, against a standard financial proforma
- Details of any sub-contractors or partners



- A clear demonstration and commitment to achieve the QoF and additional Performance monitoring criteria
- Details of any potential conflicts of interest
- Concurrence with the contractual terms in the contract

The PCT will evaluate applications according to the Selection Process broadly outlined in Section 4.6 below. Through this process the PCT will identify a preferred provider and offer that provider the opportunity to enter into a contract. Other providers may be identified as reserve bidders

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

Further details of the ITT process and evaluation will be set out in the Tower Hamlets PCT Scheme ITT.

#### 4.5 The Selection Process

**Short-listing** - A specially constituted selection panel, will meet to assess the PQQ submitted. The intention will be to “screen out” any clearly unsuitable/unviable applications and rank suitable applicants. The decision will be made on the basis of the following criteria:

<b>Criterion</b>	<b>Standard</b>
Information	1) Submission of all required information
Experience, capability and capacity to bid and operate service	1) Demonstrates significant experience in providing the primary care services required 2) The application includes a clear exposition of sub-contractual/partnership or consortium arrangements 3) The bidder demonstrates that they have sufficient resource and support to complete the bidding process
Response to outlined service and infrastructure needs	1) The application demonstrates how the service described will be delivered 2) The level of innovation proposed 3) Demonstrates efficient and effective use of the facilities and infrastructure provided 4) Their approach will provide sufficient, quality and motivated staff
Financial Risk	1) Demonstrate a sound financial position. 2) Provides the information requested.
Conflict of Interest	1) The application clearly sets out any conflicts of interest for individuals working for or on behalf of the provider

The composition of the selection panel will be drawn from the PCT management team assisted by clinical and other advisors and will be responsible to a Steering Committee established by the PCT Board for this purpose.

The scoring system and associated weighting applied will be defined within a separate ‘PQQ Evaluation Plan’ document.

All applicants will be notified whether or not their application has been short-listed. Successful applicants will be invited to submit a formal application against a detailed specification and Service Agreement (Contract).

Unsuccessful applicants can request feedback on their application but have no right of appeal against the decision.

#### 4.6 Development of ITT response

Successful applicants from the PQQ stage will be invited to submit a formal application against a detailed specification and Service Agreement (Contract), for each practice (if appropriate). During this stage a mid-tender meeting will be arranged with bidders to clarify detail ITT specifications and requirements using standardized fixed agenda

#### 4.7 Detailed evaluation of formal applicants

A selection panel for this purpose will be drawn from key clinical and technical experts and advisers constituted by the PCT and include a non executive director. The Panel has the responsibility for the evaluation and will ensure that:

- evaluation is fairly carried out
- evaluation includes relevant input from clinicians and other professionals experienced in all aspects of the service being commissioned
- a record is made of the evaluation including any scoring system used for the purpose

Evaluation criteria and Selection will be detailed in a Evaluation Plan Document (not included), but will generally be made against the following criteria.

Criterion	4.7.1.1 Standard
A: Technical capability	<ol style="list-style-type: none"> <li>1) The application demonstrates significant experience in providing the primary care services required</li> <li>2) The application includes a comprehensive analysis of clinical and organisational risks</li> <li>3) The application includes a clear explanation of sub-contractual/partnership or consortium arrangements</li> <li>4) The application demonstrates how service requirements, standards and targets will be achieved</li> <li>5) The application demonstrates that the provider understands the requirements of clinical governance and describes how this will be handled</li> <li>6) The application demonstrates both an understanding of, and an approach to, the particular health and population challenges in the local area</li> <li>7) The application includes clear strategies on the retention of key clinical staff to maintain continuity of service.</li> </ol>
B: Capacity	<ol style="list-style-type: none"> <li>1) The application clearly describes how the provider will meet all of the service requirements set out in the detailed specification/Contract, including the recruitment and retention of staff</li> <li>2) The application clearly describes the way in which the provider will generate sufficient capacity to provide the service</li> <li>3) The application demonstrates clear understanding of the need for workforce development in sustaining a service</li> <li>4) The application demonstrates an understanding of local needs and issues and, a flexible approach to the dynamic changing environment.</li> </ol>
C: Financial and	<ol style="list-style-type: none"> <li>1) The application clearly describes how the provider organisation is financed and how this may impact on the service delivery</li> <li>2) The application includes an understanding of financial risks and how these will be managed</li> </ol>

economic standing	3) The application clearly sets out any conflicts of interest for individuals working for or on behalf of the provider
D Value for money	1) Realistic and affordable pricing and quotes for the total service 2) Comparative analysis – lowest cost over contract period 3) Financial risk 4) Clear and realistic financial model

**Scoring system** – the following scoring system will be used by the Panel for the detailed evaluation:

<b>ASSESSMENT</b>	<b>SCORE</b>
Deficient - Seriously deficient answer to the question or a nil response.	0
Limited - Limited information provided or an answer that largely fails to address the question or that is flawed in certain respects.	1
Acceptable - An acceptable answer in terms of the level of detail, accuracy and relevance.	2
Comprehensive - A comprehensive answer to the question in terms of detail and relevance.	3
Superior - As “comprehensive” but to a significantly better degree.	4

The panel will recommend the highest scored applicants, subject to achieving a minimum scores within defined sections against a weighted scoring system, to be financially assessed. The panel will then recommend which bidder to enter into preferred provider negotiations. Further details of this process will be provided in the specification documents. A reserve bidder may also be identified.

In the event that no application achieves the conditions set out above the Panel will make a recommendation to the Steering Committee as to whether the process can proceed. This will decide whether the failure to meet the standard will materially affect the ability of the applicant to provide the service and/or provide value for money.

#### **Presentations/Interviews with Preferred Bidders**

Bidders may be asked, during the evaluation process, to meet with the Selection Panel to give a short presentation on their proposals and address any clarifications or issues identified during the evaluation.

#### **Decision**

The panel will make a recommendation to the Steering Committee for selection of the preferred and reserve providers for the health centre.

The final decision on the preferred and reserve provider will be formally agreed and minuted by the Steering Committee and passed to the Board for final approval.

The PCT will ensure that all relevant internal and external stakeholders are notified of the outcome of the process.

#### **Finalisation of Service Contract (if required)**

Nominated officers and legal representatives of the PCT may wish to work with the preferred provider to agree changes to the contract.

Where agreement is not possible the PCT reserves the right to terminate discussions with the preferred provider and enter into discussions with the reserve bidder.

#### **4.8 Contract Award**

The final version of the service contract will be approved and agreed by the Steering Committee. The contract will be signed by an appropriate PCT representative with authority delegated for that purpose and the successful bidder following approval by the PCT board.

#### **4.9 Service Commencement**

Following contract award and in accordance with the Provider's mobilisation plan, each PCT and Provider will work together towards service commencement at the contractually agreed date.

The target date for commencement of the contract is has yet to be agreed, but is anticipated to be Early 2010.

## 5 COMMERCIAL FRAMEWORK

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

### 5.1 Contract

The contract to be entered into by the PCTs and the selected Provider(s) for the Tower Hamlets PCT Procurement will be based on the Alternative Provider Medical Services (**APMS**) contract and will comply with the mandatory requirements of the APMS Directions 2008 (the **Directions**). Within this framework, the APMS contract has been adapted as necessary to reflect the requirements of the Tower Hamlets PCT Scheme (the **Contract**).

Each Contract will be separate to and independent of any existing contract currently in place between a Provider and Tower Hamlets PCT.

### 5.2 Contract Duration

The Contract will be for a term of ten years with the possibility of extending the term beyond the initial contracted duration by mutual agreement with the Provider.

### 5.3 Clinical

Tower Hamlets PCT 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 doctors and other healthcare professionals.

### 5.4 Workforce

#### 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:

- Safer Recruitment – A Guide for NHS Employers (May 2005);
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice); and
- Standards for Better Health (April 2006).

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, Health & Safety and other relevant policies including those on environmental protection;
- Procedures for ensuring compliance that all clinical staff, including doctors, 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; and
- Staff handbook setting out terms and conditions of employment for staff.

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

## 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 an organisation that meets eligibility conditions for PMS or GMS contracting and staff meet eligibility conditions for the NHS Pension Scheme.

## Staff Transfers (TUPE)

The Tower Hamlets PCT Procurement focuses on access and capacity issues in under-provided areas through procuring additional primary care medical services. In providing better access and additional capacity, it is expected that Bidders will identify in their bids the need to employ additional staff to deliver the primary medical care services. However, some patient transfers from existing providers to new providers may occur and where this involves significant patient numbers representing a material proportion of an undertaking, there may be staff transfers under TUPE.

Where TUPE applies, the Code of Practice on Workforce Matters in Public Sector Service Contracts Guidance (Cabinet Office, March 2005)<sup>1</sup> will apply. This means that staff transferring under TUPE should receive access to a pension scheme that is certified as “broadly comparable” with the NHS Pension Scheme by the Government Actuary’s Department (**GAD**).

## 5.5 Training

The Provider(s) must, if required by Tower Hamlets PCT, be prepared to provide and / or accommodate, training teaching and education for doctors including Foundation Programme and Specialist Training in General Practice and the training, teaching and education for other healthcare professionals. The Provider(s) will be required to comply with the requirements of the Postgraduate Medical Education and Training Board, Postgraduate Medical Deaneries, Royal College of General Practitioners, higher education training providers and the Healthcare Commission (if applicable), and any other relevant training bodies, for the supervision of clinical training.

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

## 5.6 Premises, Facilities Management & Equipment

### Premises

The PCT will provide a temporary building solution from which to initiate the service, prior to a move to the St Andrew’s site on completion. On moving to the St Andrew’s site the Provider will be required to enter into a lease arrangement for the use of that property. Further details on such proposals and / or requirements for the Tower Hamlets PCT Scheme will be set out in the Tower Hamlets PCT Scheme ITT.

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<sup>1</sup> [Code of Practice on Workforce Matters in Public Sector Service Contracts Guidance](#)

The Provider will be expected to fund rent, rates, utility and insurance costs for the premises. However, Tower Hamlets PCT will reimburse the Provider for rent and rates costs, separately to payments for primary medical care services. The exact mechanics of the payment mechanism will be detailed in the Tower Hamlets PCT Scheme ITT.

#### Facilities Management Services

Providers will be expected to fund FM Services costs except where FM Services at a PCT mandated property are provided as part of a separate, wider arrangement. Under these circumstances, Tower Hamlets PCT may require the Provider to utilise existing FM Services. Tower Hamlets PCT will reimburse Providers for FM Services separately to payments for primary medical care services. Further details on FM services requirements and the exact mechanics of the payment mechanism will be detailed in the Tower Hamlets PCT Scheme ITT.

#### Equipment

Providers will be responsible for the provision and cost of equipment, unless there are compelling reasons in respect of the Tower Hamlets PCT Scheme why this would not be the optimal equipment solution.

Details on equipment requirements for the Tower Hamlets Scheme will be set out in the Tower Hamlets Scheme ITT.

### 5.7 Information Management & technology (IM&T)

Provision of IM&T hardware and software will be on a similar basis to that of General Practices under the New General Medical Services (**nGMS**) contract. The majority of the provision of software, hardware and telecommunications networks and the support for such networks will be funded by Tower Hamlets PCT. Providers will need to manage the selection and deployment of IM&T solutions in conjunction with the PCT.

Providers will be required to use software applications from the GP Systems of Choice Programme (**GPSoC**). These application services will be provided in accordance with the standard terms and conditions for all providers who receive application services from GPSoC and will be funded through Connecting for Health (**CfH**) and the PCT. Under the funding agreements for GPSoC there may be certain additional systems (e.g. finance systems and business applications) that the Provider will be required to provide and manage itself.

In supporting the provision of IM&T, at a minimum Providers will be expected to meet the requirements of the nGMS Contract Directed Enhanced Services for *Choice and Booking* and for *Information Management & Technology*. Providers will also 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 information on IM&T support under nGMS contracts and the GPSoC programme can be found at the following web-links:

- [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133866](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133866);
- [http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems\\_of\\_choice/gpspec.pdf](http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/gpspec.pdf).

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

## **5.8 Payment Mechanism**

Payment to a Provider for the Tower Hamlets PCT Scheme will generally be linked to volume of activity and/or patient list sizes. However, there will be a six month income guarantee following opening.

Further details on the payment mechanism for the Tower Hamlets PCT Scheme will be set out in the Tower Hamlets PCT Scheme ITT.

## **5.9 Financial Standing**

Financial standing requirements for the Tower Hamlets PCT Procurement will be limited at the PQQ stage to confirmation of identity, solvency and proposed business structure, with no other financial requirements. At the ITT stage, Bidders will be required to put forward detailed proposals as to how the Tower Hamlets PCT Scheme funding requirement would be met.

## **5.10 Performance Security**

It is expected that no performance security will be required from Providers for the Tower Hamlets PCT Procurement. However, if the Tower Hamlets PCT Scheme requires substantive infrastructure spending and expects high activity volumes, some performance security may need to be considered for the Tower Hamlets PCT Scheme. If required, details will be set out in the Tower Hamlets PCT Scheme ITT.

## **5.11 Insurance**

A comprehensive schedule of insurances that the Provider(s) will be required to obtain for the Tower Hamlets PCT Scheme will be set out in the Tower Hamlets PCT Scheme ITT. This will typically include public liability, corporate medical malpractice and certain property cover. These required insurances are in addition to the Medical Defence Union indemnity insurance carried by GPs themselves and the Medical Protection Society indemnity insurance carried by nurse practitioners.

The insurance requirements will also require Providers to ensure that:

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



Providers will be required to indemnify the PCT against any claims that may be made against the PCT arising from the provision of the primary medical care services by the Provider. Tower Hamlets PCT will expect the Provider(s) 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

#### Procurement Costs

Each Relevant Organisation will be responsible for its own costs incurred throughout each stage of the Tower Hamlets PCT Procurement process. Neither Tower Hamlets PCT, the SHA or DH will be responsible for any costs incurred by any Relevant Organisation or any other person through this process.

#### Consultation

PCTs will lead on all local stakeholder engagement issues. The PCT Consultation process has engaged with the local community and key Stakeholders in developing the new Premises site. Details of the Service Model and process for allocating the contracts have and are in the process of being passed to the key stakeholders.

The PCT has already engaged with the key Stakeholders during the planning for the new Centre. The approach to further communication and consultation is summarised in the table below;-

Stakeholder	Communication Mechanism	When
PCT Board	Paper and presentation	Prior to advert
Senior Management Team	Paper	Prior to advert
PBC Committee & PEC	Paper	Prior to advert
OOH Provider	Via Letter	Prior to advert
LB TH Scrutiny Committee	Briefing paper and presentation if requested	Pre-tender
Heads of Service	Via letter	Prior to advert
Other local providers	Via letter	Prior to advert
Local Medical Committee	Paper and discussion	Prior to advert
Local Dentistry Committee	Briefing paper	Prior to advert
Local area partnership	Formal presentation	Prior to formal tender
Local faith leaders	Briefing paper	Prior to formal tender
LPC (local pharmaceutical committee)	Briefing paper	Prior to advert
Public consultation regarding Improving Health and Wellbeing	PCT and local area partnership websites	ongoing

The purpose of the further communication and consultation will be to ensure that the PCT is commissioning in line with patients needs, and that key stakeholders understand how it will affect them, the process and, its transparency.

All consultation outcomes will be received and considered prior to finalising the Tower Hamlets PCT Scheme and will be included in the Tower Hamlets PCT Scheme ITT.

## 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 Tower Hamlets PCT intends to hold itself bound by any of the Regulations, save those applicable to Part B services.

## Conflicts of interest

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

All those involved in the procurement processes will be expected to declare any conflicts in interest at each stage of the process. Any potential conflicts will be discussed/addressed by the Steering Committee to decide if it is likely to have a material impact on the process, and if so what action to take.

Potential Bidders should notify Tower Hamlets PCT 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 Tower Hamlets PCT. Such notifications should provide details of the actual or potential conflict of interest.

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

## 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 Tower Hamlets PCT Procurement documents (including the PQQ and ITT).

Each potential Bidder and 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 Bidders or the Provider in relation to the Tower Hamlets PCT Procurement.

## Freedom of Information

Tower Hamlets PCT is committed to open government and meeting its legal responsibilities under the Freedom of Information Act (**FOIA**). Accordingly, any information created by or submitted to Tower Hamlets PCT (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 Tower Hamlets PCT in response to a request for information.

Applications will be regarded as in the public domain and may be made available to the public and stakeholder organisations as part of the process.

In making a submission or bid or corresponding with the PCT at any stage of the Tower Hamlets PCT Procurement, each potential Bidder, Bidder and each Relevant Organisation acknowledges and accepts that Tower Hamlets PCT may be obliged under the FOIA to disclose any information provided to it:

- Without consulting the potential Bidder or Bidder; or
- Following consultation with the potential Bidder or Bidder and having taken its views into account.

Potential Bidders and Bidders must clearly identify any information supplied in response to the Tower Hamlets PCT 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 Bidder, Tower Hamlets PCT may wish to withhold such information under the relevant FOIA exemption. Any information, within the terms of the FOI Act, regarded by the applicant as confidential or any information they don't want to be shared, should be included in an appendix and clearly labelled '**Commercial in Confidence**'

However, potential Bidders should be aware that Tower Hamlets PCT 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 Tower Hamlets PCT of any information marked "confidential" or equivalent does not mean that Tower Hamlets PCT accepts any duty of confidence by virtue of that marking, and that Tower Hamlets PCT has the final decision regarding the disclosure of any such information in response to a request for information.

## Information to Applicants

The service specification and contract includes all relevant information about the service to be commissioned. This will be provided to the short listed bidders. The PCT reserves the right to modify the specification at any point up to the agreement of a contract. Wherever possible modifications will only be made in consultation with the preferred providers.

Other information may be available to short listed bidders on request, on a standard proforma. Any specific requests for information may be obtained from the named contact as shown in Section 5 below. Any such additional information will be shared with all short-listed applicants.

#### Contacts

Procurement **Project Co-ordinator - Shaju Jose**  
[shaju.jose@thpct.nhs.uk](mailto:shaju.jose@thpct.nhs.uk)

#### 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 the Tower Hamlets PCT, 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, 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 Tower Hamlets PCT, the DH or any of their advisers.

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

Tower Hamlets PCT reserves the right to change the basis of, or the procedures (including the timetable) relating to, the Tower Hamlets PCT Procurement process, to reject any, or all, of the PQQ submissions and Tower Hamlets PCT 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 Tower Hamlets PCT Procurement.

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

## 7 GLOSSARY OF TERMS AND ABBREVIATIONS

<b>Term</b>	<b>Description</b>
<b>APMS</b>	Alternative Provider Medical Services
<b>Bidder</b>	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 one or more PCT Schemes
<b>Bidder Guarantor</b>	An organisation providing a guarantee, indemnity or other undertaking in respect of a Bidder's or a Bidder Member's obligations
<b>Bidder Member</b>	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
<b>CfH</b>	Connecting for Health
<b>CPD</b>	Continuing Professional Development
<b>Clinical Services Supplier</b>	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
<b>Contract</b>	A form of APMS contract, as detailed further in paragraph 5.1, to be entered into between the relevant commissioning PCT and Recommended Bidder for the provision of primary medical care services
<b>DH</b>	Department of Health
<b>EOI</b>	Expression of Interest
<b>FM Services</b>	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)
<b>FOIA / Freedom of Information Act</b>	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 Tower Hamlets PCT is subject
<b>GMS</b>	General Medical Services contract
<b>GP</b>	General Practitioner
<b>GSPoC</b>	GP Systems of Choice Programme
<b>IM&amp;T</b>	Information Management and Technology
<b>ITT</b>	Invitation to Tender
<b>MOI</b>	This Memorandum of Information setting out the details of each PCT Scheme and the requirements of the Tower Hamlets PCT Procurement
<b>nGMS</b>	(n/N)ew General Medical Services Contract
<b>NHS</b>	National Health Service
<b>PCT</b>	That Primary Care Trust participating in the Tower Hamlets PCT Procurement
<b>PCT Scheme</b>	The primary medical care services to be procured by a PCT, as detailed (by PCT Scheme) in paragraph 3.5 and set out in Annex A
<b>Tower Hamlets PCT Scheme ITT</b>	An ITT that is specific to those primary medical care services set out in one or more PCT Schemes that a PCT wishes to procure and is sent to potential Bidders who have been short-listed following the PQQ stage

<b>Term</b>	<b>Description</b>
<b>PMS</b>	Personal Medical Services contract
<b>potential Bidder</b>	A single operating organisation or person that is participating in the Tower Hamlets PCT Procurement, but that has not at the relevant time been invited to respond to an ITT
<b>PQQ</b>	Pre-Qualification Questionnaire
<b>Provider</b>	The successful Bidder who has entered into a Contract with a PCT to provide the primary medical care services specified in the relevant PCT Scheme
<b>Relevant Organisation</b>	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
<b>Spearhead</b>	A PCT is classified as "Spearhead" if it is one of a group of 62 PCTs based upon 70 Local Authority areas that are in the bottom fifth nationally for three or more of the following five indicators: (i) Male life expectancy at birth; (ii) Female life expectancy at birth; (iii) Cancer mortality rate in under 75s; (iv) Cardio Vascular Disease mortality rate in under 75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary).
<b>SHA</b>	Strategic Health Authority
<b>TUPE</b>	Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI/2006/246)
<b>Under-doctored</b>	A PCT is classified as "under-doctored" if its number of whole time equivalent GPs (excluding GP Retainers, GP Registrars and locums) per 100,000 weighted population is less than the national average. The average number of GPs per 100k weighted population at March 2005 was 57.89 GPs.
<b>VfM</b>	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirement

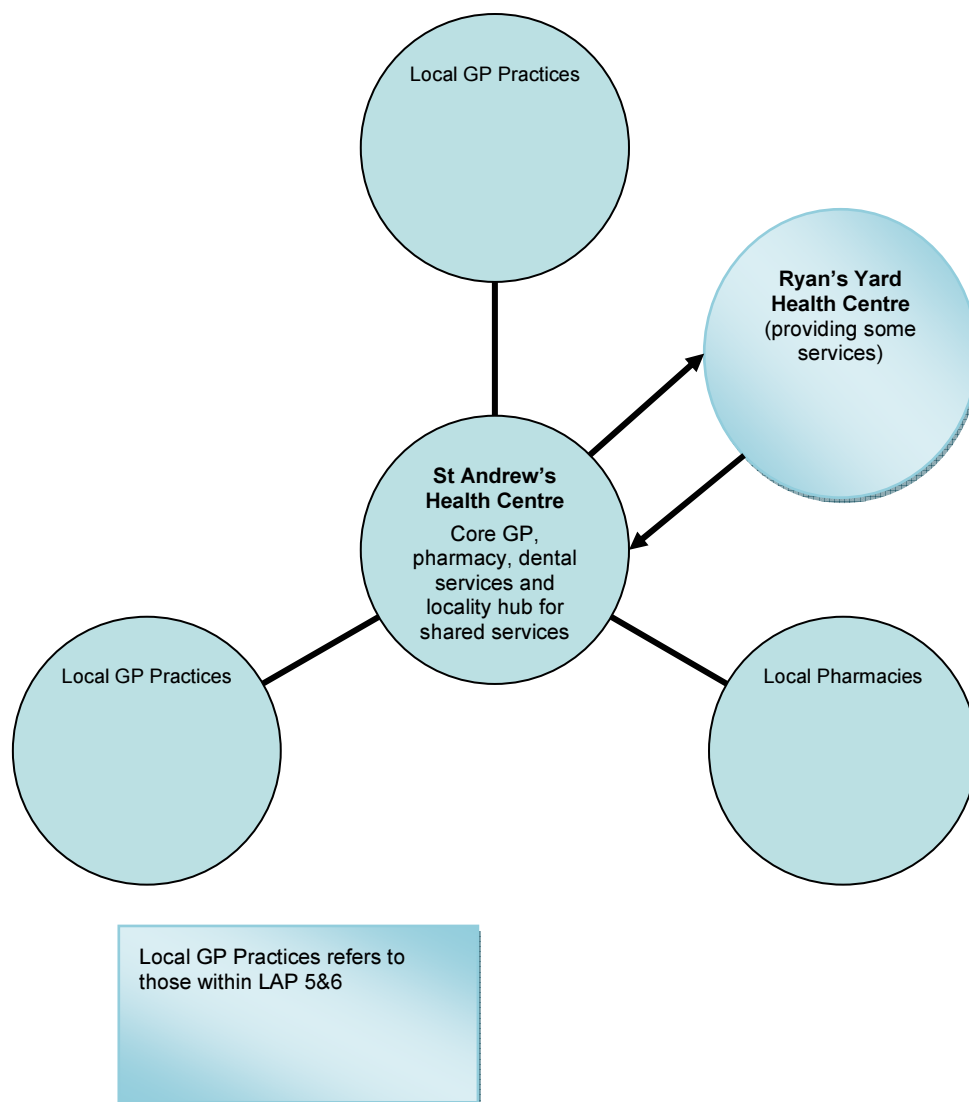


# Annex A – Tower Hamlets PCT – St Andrews Health and Wellbeing Centre Scheme Details

## 1 Introduction

- 1.1 This Annex to the Memorandum of Information outlines the service requirements of the GP Led Health Centre in Tower Hamlets PCT as part of the Equitable Access to Primary Medical Care Services procurement programme.
- 1.2 This Annex sets out a summary service specification and performance standards Tower Hamlets Primary Care Trust will require service providers to deliver and information about the demographics of Tower Hamlets to help inform potential providers about the healthcare needs of the relevant populations.
- 1.3 Service model – The hub and spoke integrated service delivery model is shown below:

Figure A.1



This initiative proposes the development and opening of a new extended hours GP Led Health Centre, providing core and enhanced primary care services, at a new development at St Andrew's. It will also act as the hub of a federated model of services designed to meet the requirements of the Healthcare for London programme. It is

currently planned to open the service at interim premises in early in 2010 and transfer to St Andrew's site when building works are complete and will be operated by a Provider under an APMS contract. These services will be provided to both registered and unregistered patients.

The Centre's key purpose and priority will be for the provision of Primary Care Services to members of the public visiting the walk-in-centre or attending the GP practice by appointment. The specific objectives of the Integrated Centre are to:

- Improve access to primary care through providing an extended hours GP practice offering core and enhanced services with the expectation that some specialist services will also be provided to deal with local priorities and needs as part of an integrated and multidisciplinary approach, with list size growth potential to grow to 15,000 patients.
- Provide a platform for the development of extended service with the potential to add diagnostics and outpatient (PBC) services.
- Integrate with the on-site pharmacy services
- Establish and operate a diagnostic service providing near patient testing and ultrasound for local registered and walk-in patients.

It is intended that the scope of services offered by the centre will meet the standard criteria for a GP Lead Health Centres with an agreed range of standard national and enhanced GP services.

Under these proposals the Centre will managed and operated by an APMS Provider offering an appropriate clinical and management model to deliver care specified in the most effective way, with an appropriate skill mix.

Under the proposed service model, registered patients arriving for planned consultations and care or, registered or unregistered patients arriving for urgent/unplanned care will be met and greeted by an appropriate single reception team. Whilst planned consultations will be dealt with in a standard manner urgent / unplanned visits will be seen by an available healthcare professional which could be a GP, healthcare assistant or nurse or, be referred to a pharmacist.

The new centre is expected to be provided initially from a temporary facility, identified and established nearby by the provider, and to move to the new St Andrew's site on completion of its construction, currently anticipated in August'10. The PCT are looking to enter into a contractual arrangement by the end of November 2009. New services are expected to be introduced in a phased manner, reflecting the projected growth in demand and PCT funding. Bidders will be expected to reflect this in their bids.

Bidders will also be expected to manage the day to day running of the centre, supporting other on-site services and sharing facilities.

## 2 General Requirements

- 2.1 We would expect the Health Centre to provide an innovative approach to primary care by using healthcare professionals that focus on planned and, urgent / unplanned care, in a flexible manner, and focus on health promotion as well as illness management.
- 2.2 The Centre should be welcoming, especially to those with the highest health needs, including the elderly and parents of young children, and fit in well with the local community and have active links with local authority Services, children's centres and schools.
- 2.3 Patients arriving for planned or unplanned care would be met and greeted by appropriately trained receptionists.
- 2.4 The Centre aims will be to provide a health as well as an illness service, where every interaction with a patient becomes an opportunity to improve their long term health and self care skills. We also want to make the illness service as high-quality as possible. To do this, we want providers to focus on appropriate consultations and on getting clinician-patient contacts right.
- 2.5 Providers will be expected to provide core and extended General Practice services as part of an integrated and multidisciplinary approach using appropriate clinical staff. These services are expected to be available to registered and non-registered patients. In addition to these services it is intended that the Centre will operate a telephone advice service offering advice to patients, which may require an urgent or unscheduled appointment. Patients using the walk-in or telephone service will be triaged to an appropriate professional, who may be a GP, nurse, health care assistant or pharmacist.
- 2.6 It is intended that this Centre will form a platform for the development of an extended range of locality services, with the potential to add a number of services in support of local practices including diagnostics, outpatient and PBC services, as illustrated in the enclosure, working with the new Health Centre proposed for Ryan's Yard and existing practices. Whilst these will/may be subject to future separate contract action, bidders will be expected to bid for appropriate services under future procurements.
- 2.7 Providers will be expected to set high standards of Corporate Governance with clear processes, policies and practices that govern the way the organisation is managed and its relationships with its key stakeholders.

## 3 Services

- 3.1 **Integration of Operations** - The centre will be expected to offer an integrated service to both registered and unregistered patients.
- 3.2 **Extended GP Services** - In general, the providers operating the service will be expected to offer the following scope and standards of services from their premises:-
  - GP Services, with a walk-in service, to registered and non-registered patients, as detailed in the new GMS contract including:-
    - Essential Services
    - Additional Services;
    - Cervical screening services
    - Contraceptive services;
    - Vaccinations and immunisations;
    - Childhood vaccinations and immunisations;
    - Child health surveillance services;

- Maternity medical services;
- A phased introduction of the following range of Enhanced services (to be confirmed):

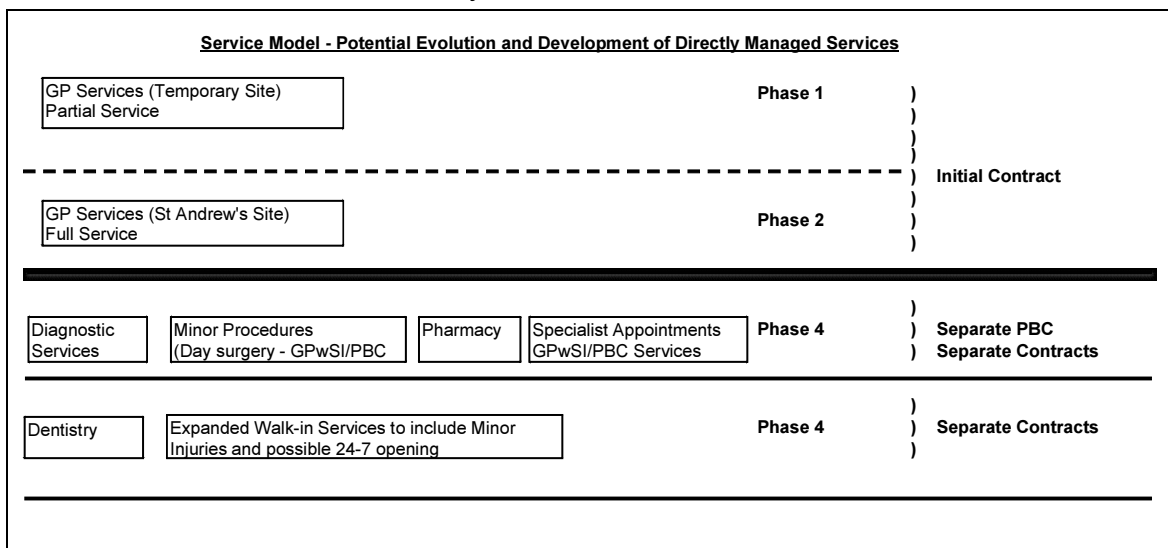
<b>Possible Enhanced Service</b>	<b>NES/DES/LES No.</b>
Substance Misuse	LES 1
Patient Centred Diabetes	LES 2
Surgical After Care	LES 3
BCG	LES 4
Patient Profiling	LES 5
COPD	LES 6
Diabetes Insulin Dependency	LES 7
Depression	LES 8
High Risk CVD	LES 9
Heart Failure	LES 10
Sexual Health	LES 11
Anti Coagulation	LES 12
Pathology	LES 13
Palliative Care	LES 15
Learning Disabilities	LES 16
Practice Based Commissioning	LES 17
Hep B	LES 19
Stop Smoking	LES 21
Chlamydia and Gonorrhoea Screening	LES 22
Choice and Booking	LES 23
Access	LES 24
Extended Hours	LES 25
HPV	LES 26
Alcohol	LES 27
MMR catch up	LES 28
Vulnerable Older People	LES 29
Minor Surgery	DES 2
Influenza and Pneumococcal Imm	DES 3
Childhood Immunisations	DES 4
Violent Patients	DES 5
IM&T	DES 7
Osteoporosis	DES 8
IUCD	NES 1

- Facilitate specialist consultations by Health Visitors and District Nurses
- Visits to local nursing home patients.
- Minimise waiting time for booked appointments, maximum 48 hours for a GP, and 24 hours for a practitioner.

- Offer efficient telephone appointment access and advice. The provider will be expected to provide telephone advice for its registered patients. Callers will either be satisfactorily answered on the phone (or called back), asked to come in for an emergency appointment (within 4 hours), a routine same-day appointment, offered a home visit or referred on to a pharmacist or A&E, as appropriate.
- A “walk-in” open access/first contact system, offering urgent same day walk-in assessment linked to unplanned and/or urgent care. This service is to be similar to the ‘Telephone Service’ above but directed to patients that walk in.
- Offer ‘choose and book’ access to the diagnostic centres, secondary care and specialist services.
- The Centre will be expected to work with other local practices to commission services, normally offered within secondary care (hospital) as part of the Practice Based Commissioning initiative. This will require the new Providers to be actively engaged in the commissioning of services at the practice or locality level.
- Offer an average consultation time of at least 10 minutes with GP and 15 minutes with a nurse.
- Maintain a maximum waiting time of 30 minutes for all patients.
- The establishment of ‘Expert Patient’ and self-care initiatives.
- Develop close links with the pharmacy provider.
- Providers will be expected to work with local schools to improve student education and health awareness.
- Use of new and flexible ways of working to achieve high utilisation of consulting and treatment spaces.
- Work with the local community to initiate and develop a more holistic approach to health improvement through initiatives such as addressing health inequalities, CVD, Smoking Cessation and Exercise.

#### 4 Phased Introduction of Additional Services

It is intended that this Centre will form the Hub for the development of an extended locality network of services, with the potential to add a number of services in support of local practices including diagnostics, outpatient and PBC services, expanded Walk-in Services, as illustrated in Figure A.1. It is expected that some of these services will be delivered from the new Health Centre planned for Ryan’s Yard (which will house the St. Paul’s Way Practice). Whilst these will/may be subject to future separate contract action, bidders will be expected to bid for appropriate services under future procurements. The planned introduction of services to be broadly in-line with the timescales illustrated below.



Bidders will be expected to make proposals for additional services they might wish to offer and their basis for cost recovery, specified either in terms of a % of the published national 'Payment By Results (PBR) charges, or some other clearly defined basis.

## 5 Opening Hours

- 5.1 Opening hours are detailed in the table below. During opening hours a minimum of a GP and, a Nurse Practitioner will be available and appointments to be available continually during opening hours.

Opening Times		
	Weekdays	Weekends
GP Practice	8 am – 8 pm	8 am – 8 pm

## 6 Patient numbers and attendance rates

- 6.1 The practice will be set targets for patient list growth as detailed below, consistent with the local population under provision and, growth expectations. The practice will be expected to grow over 10 years to a list sizes of around 15000 patients.

Service during Core Hours	Contract Year									
	1	2	3	4	5	6	7	8	9	10
GP Practice Service: <b>target</b> size of Contractor's List of Registered Patients at year end (000)	2	4	4	8	10	11	12	13	14	15
GP Practice Service: <b>average</b> size of the Contractor's List of Registered Patients over 12 months (000)	1	3	5	7	9	10.5	11.5	12.5	13.5	14.5
Estimate of unregistered patients using service per day	40	60	60	60	60	60	60	60	60	60

- 6.2 Bidders should use the assumptions above for projected patient demand in their reference bid, the figures represent the minimum to be achieved and are reflective of the PCT's funding assumptions, and the PCT will reserve the right to cap these services if they exceed these levels. These assumptions should be used to develop the skill mix and staff numbers required for the tender response.

- 6.3 Bidders are expected to identify how they would endeavour to publicise the centres facilities to the local community to ensure that the planned patient list sizes and walk-in service through-puts are achieved.

## **7 Transitional Arrangements**

- 7.1 It is anticipated that as the service develops, it would not be a cost effective use of staff and facilities to provide full range of services from day one. Therefore the following service assumptions should be used for the purpose of the reference bid:-

- Enhanced and additional service introduction to be phased and based on the criteria identified in the 'Enhanced Services' table.

## **8 Operating Principles**

- 8.1 The provider will need to have policies practices for the management of patient interaction within the integrated Centre for planned (by appointment to GP and other services) and unplanned (Walk-in) patients for both registered and unregistered patients. These policies must include; interaction with the reception team, internal and external referrals and, the management of patient records (including consent and patient confidentiality). They must also include appropriate systems for transferring information to local GPs regarding patients seen at the Centre.

## **9 Out of Hours Services**

- 9.1 The Provider will be expected to use the PCT's out of hours provider, outside of the opening hours above.

## **10 Translation and Advocacy Services**

- 10.1 Providers will be expected to offer appropriate advocacy and translation services to patients, during opening hours.

## **11 Staffing and Recruitment**

- 11.1 Providers would be expected to recruit locally, but without impact on other local services. Staff will be expected to be registered by their appropriate bodies and meet local and national career development and competency targets for the services offered.

## **12 Performance Monitoring and, Review**

- 12.1 The PCT will expect to agree with the providers a range of performance criteria over and above those used for existing GMS and PMS practices against which the Practices will be regularly reviewed, to reflect the broader targets for the service and, the specific needs of the area.
- 12.2 Within this context, the practices will also be expected to achieve a 950 points QoF score, after its first year of operation.

## **13 Clinical governance, Standards and Inspection**

- 13.1 Providers will be expected to have in place an effective System of Clinical Governance and should nominate a person who will have responsibility for ensuring its monitoring, operation and, interface with the PCT.

## **14 Training and Learning Practice Environment**

14.1 The PCT will require the provider to provide a training environment to maintain and develop the professional competence of all staff.

14.2 The PCT will require the provide to prepare for and seek registration for creating a training practice within three years of contract start date.

## **15 Equality of Access**

15.1 As part of this process the PCT will undertake an Equality impact assessment.

## **16 Premises**

16.1 The PCT will identify a temporary building solution from which to initiate the service, prior to a move to the St Andrew's site on completion.

16.2 On moving to the St Andrew's site the Provider will be required to enter into a lease arrangement for the use of that property. Further details on such proposals and / or requirements for the Tower Hamlets PCT Scheme will be set out in the Tower Hamlets PCT Scheme ITT.

16.3 The Provider will be expected to fund rent, rates, utility and insurance costs for the premises solution. However, Tower Hamlets PCT will reimburse the Provider for rent and rates costs, separately to payments for primary medical care services. The exact mechanics of the payment mechanism will be detailed in the Tower Hamlets PCT Scheme ITT.

## **17 Service Commencement**

17.1 Service commencement is expected to be early 2010

## **18 IM&T**

18.1 Tower Hamlets PCT is able to provide the following IM&T Services to the Provider, including deployment, hardware, software, N3 connection and maintenance/ongoing costs. This is the preferred solution of Tower Hamlets PCT but Providers are able to select any solution under the GPSoC agreement. In either case the Provider will be required to manage the selection of IM&T provider and the installation and deployment of the system:



## Annex B – Format for Submitting an Expression of Interest

Potential Bidders wishing to participate in the Tower Hamlets PCT Procurement must submit an EOI using the template below:

To: [shaju.jose@thpct.nhs.uk](mailto:shaju.jose@thpct.nhs.uk)

From:

Subject: **[INSERT PCT NAME] procurement Expression of Interest**

Contact Name: [\[Name\]](#)

Organisation name: [\[Organisation Name\]](#)

Organisation Type: [\[Please choose one of the options below\]](#)

GPs	1	Social Enterprise	2
Independent Sector	3	NHS Organisation	4
Voluntary Sector	4	Other (please specify)	6

Organisation Address [\[Organisation Address 1\]](#)  
[\[Organisation Address 2\]](#)  
[\[Organisation Address 3\]](#)  
[\[Organisation Address 4\]](#)  
[\[Postcode\]](#)

Contact Telephone Number [\[Tel\]](#)

Contact email address: [\[Email Address\]](#)

Organisation Website address: [\[Website Address \(if applicable\)\]](#)