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Not applicable

NHSE1023 Intermediate Minor Oral Surgery Services for Yorkshire and the Humber

NHS Humber and North Yorkshire Integrated Care Board (ICB)

F14: Notice for changes or additional information

Notice identifier: 2025/S 000-008391

Procurement identifier (OCID): ocds-h6vhtk-04eaa5

Published 7 March 2025, 3:28pm

Section I: Contracting authority/entity

I.1) Name and addresses

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Willerby

HU10 6DT

Email

necsu.psrprocurement@nhs.net

Country

United Kingdom

Region code

UKE - Yorkshire and the Humber

Justification for not providing organisation identifier

Not on any register

Internet address(es)

Main address

<https://humberandnorthyorkshire.icb.nhs.uk/>

Buyer's address

<https://health-family.force.com/s/Welcome>

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

NHSE1023 Intermediate Minor Oral Surgery Services for Yorkshire and the Humber

Reference number

NHSE1023

II.1.2) Main CPV code

- 85000000 - Health and social work services

II.1.3) Type of contract

Services

II.1.4) Short description

THIS IS A CORRIGENDUM NOTICE PROVIDING ADDITIONAL INFORMATION TO PREVIOUS INTENTION TO AWARD NOTICE - 2024/S 000-039787

North of England Commissioning Support (NECS) is a commissioning support service working for and on behalf of NHS Humber and North Yorkshire Integrated Care Board (ICB), NHS South Yorkshire ICB and NHS West Yorkshire ICB (the Relevant Authorities) who are undertaking a competition to commission Intermediate Minor Oral Surgery Services for Yorkshire and the Humber under the NHS Personal Dental Services contract.

This notice is an intention to award a contract under the PSR Competitive Process

The lifetime value of the contract (all Lots) £37,019,336

Period of contract: 5 years with effect from 01 April 2025 with an option to extend for an additional period of 24 months at the discretion of the Relevant Authorities and subject to satisfactory financial and contractual performance;

Lot 1 North Yorkshire is a new service

Lots 2-16 are existing services;

Lot 1 3 4 5 6 8 9 10 11 12 13 14 15 and 16 - New Provider

Lot 2 and 7 - Incumbent Provider

Section VI. Complementary information

VI.6) Original notice reference

Notice number: [2099/S 001-999999](#)

Section VII. Changes

VII.1.2) Text to be corrected in the original notice

Section number

VI.3

Place of text to be modified

Additional Information - Applicable to all lots

Instead of

Text

This is a Provider Selection Regime (PSR) intention to award notice. The awarding of this contract is subject to the Health Care Services (Provider Selection Regime) Regulations 2023. For the avoidance of doubt, the provisions of the Public Contracts Regulations 2015 do not apply to this award. The publication of this notice marks the start of the Standstill Period. Representations by providers must be made to the relevant authority by 23 December 2024 (8 days following publication of intention to award notice).

These contracts has not yet formally been awarded; this notice serves as an intention to award under the PSR.

WY ICB approval Director for Strategy and Partnerships

SY ICB approval Place Director

HNW ICB approval Deputy Director for Dental Commissioning

The PRD includes the contract award criteria, including the agreed relative importance of key criteria (for example weightings apportioned to questions within the key criteria) against which responses were evaluated. The providers have been assessed and passed against the relevant 5 key criteria and mandatory requirements.

Any Conflicts of interest were monitored and managed with mitigations in place throughout the project if/ when required.

Any written representations should be sent to necsu.psrprocurement@nhs.net

Read

Text

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Assessment/Scoring of the Successful Provider(s) Response:

In line with the PSR Regulations, the successful provider(s) were scored against the following PSR 5 Key Criteria as weighted:

Quality and Innovation - Macro Weighting of 24%

To ensure good quality services and the need to support the potential for the development of new or significantly improved services or processes that will improve the delivery of health care or health outcomes.

Value - Macro Weighting of 15%

To achieve good value in terms of the balance of costs, overall benefits, and the financial implications of a proposed contracting arrangement.

Integration, Collaboration and Service Sustainability - Macro Weighting of 41%

Providing services in:

(i) an integrated way (including with other health care services, health-related services, or

social care services)

ii) a collaborative way (including with providers and with persons providing health related services or social care services)

(iii) a sustainable way (which includes the stability of good quality health care services or service continuity of health care services),

in a way that improves health outcomes.

Improving Access, Reducing Health Inequalities and Facilitating Choice - Macro Weighting of 10%

Ensuring accessibility to services and treatments for all eligible patients, improving health inequalities and the ensuring that patients have choice in respect of their health care.

Social Value - Macro Weighting of 10%

To improve economic, social, and environmental well-being in the geographical area relevant to a proposed contracting arrangement.

Management of Conflict of Interest:

Any Conflicts of interest were monitored and managed with mitigations in place throughout the project if/ when required.

A clarification on the management of Conflict of Interests during the NHSE1023 Competitive Process. Once provider submissions were received, only the names of the submitting providers (organisations) were noted and shared with the evaluation team to re- confirm no conflicts of interest. This was prior to any opening of the evaluation process or submission details being shared. Two evaluators each noted an association with a submitting provider and therefore a potential conflict. Both were immediately removed from the project and replaced by appropriate evaluators who did not have a potential conflict. Only then was the evaluation process allowed to begin and provider submissions accessed by all non-conflicted evaluators.

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