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Not applicable

## **HSH IUC Partners Direct Award**

South Central Ambulance Service NHS Foundation Trust

F14: Notice for changes or additional information

Notice identifier: 2021/S 000-009350

Procurement identifier (OCID): ocds-h6vhtk-02abf7

Published 29 April 2021, 7:00pm

### **Section I: Contracting authority/entity**

#### **I.1) Name and addresses**

South Central Ambulance Service NHS Foundation Trust

Units 7 & 8 Talisman Business Centre, Talisman Road

Bicester

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Viv Hichens

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## **Country**

United Kingdom

## **NUTS code**

UKJ3 - Hampshire and Isle of Wight

## **Internet address(es)**

Main address

<https://www.scas.nhs.uk>

Buyer's address

<https://supplierlive.proactisp2p.com>

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## **Section II: Object**

### **II.1) Scope of the procurement**

#### **II.1.1) Title**

HSH IUC Partners Direct Award

Reference number

DN146

#### **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 modifying an existing contract award notice of two subcontracts for the Provision of Integrated Urgent Care, made under Contract Award Notice 2020/S 214-525835 published

on 3 November 2020.

The award of the two subcontracts were as the result of South Central Ambulance Service NHS Foundation Trust (SCAS) being awarded the lead contract for NHS111/Integrated Urgent Care (IUC) services by the Hampshire and Surrey Heath Partnership from June 2021. The contract award notice for the award to SCAS of the lead contract was published on 3 April 2020 (ref 2020/S 067-160620).

The original procurement for the award of two subcontracts was for:

Lot 1 – Sub-contract 1: (i) Clinical Assessment Service; (ii) Face-to-Face Appointments; (iii) Home Visiting awarded to North Hampshire Urgent Care was for annual costs of £6,266k (£43,866k over 7 years).

Lot 2 - Sub-contract 2: (i) Clinical Assessment Service; (ii) Home visiting awarded to Partnering Health Limited was for annual costs of £3,133k (£21,933k over 7 years).

As we approach contract mobilisation we have greater certainty of the additional costs above but the costs of 111 First on an ongoing basis are still being reviewed. Nevertheless, we are clear that the maximum annual value of the contracts, allowing for reasonable levels of activity growth and inflation will be as follows:

Lot 1 – Sub-contract 1: (i) Clinical Assessment Service; (ii) Face-to-Face Appointments; (iii) Home Visiting awarded to North Hampshire Urgent Care will be for annual costs between £7,059k and £7,423k (between £49,413k and £51,961k over 7 years).

Lot 2 - Sub-contract 2: (i) Clinical Assessment Service; (ii) Home visiting awarded to Partnering Health Limited will be for annual costs up to £4,012k (£28,084 over 7 years).

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## Section VI. Complementary information

### VI.6) Original notice reference

Notice number: [2020/S 214-525835](#)

## Section VII. Changes

### VII.1) Information to be changed or added

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

Section number

DEFAULT

### VII.2) Other additional information

As a result of NHS England mandating the implementation of “111 First” nationally (partly as a response to the pandemic), commissioners have had to procure additional services within the forthcoming IUC contract over and above what was included in the original procurement, both in terms of additional call volumes and an additional level of clinical validation. NHS organisations, including commissioners plus acute, ambulance and primary care providers, are working together to deliver this enhancement to the NHS 111 service in a coordinated way within the four local integrated care partnership (ICP) areas – Portsmouth and South east Hampshire, North and mid Hampshire, Southampton and south west Hampshire and the Isle of Wight. The initiative is part of a national requirement, that all systems will have implemented a minimum specification of the clinical model by December 2020, as set out at the NHS England and NHS Improvement Board Meeting in Common held on 28 July 2020. <https://www.england.nhs.uk/publication/nhs-england-and-nhs-improvement-board-meetings-in-common-agenda-and-papers-28-july-2020/> This was, subsequently endorsed by a directive within the Third Phase of the NHS Response to COVID-19 letter from Simon Stevens (NHS England on 31st July 2020). By developing the current NHS 111 service to offer patients a different approach to the way they seek out and receive urgent healthcare, we are able to:

- promote NHS 111 (both online and via existing telephony) as the first point of contact for people experiencing a non-life-threatening health issue;
- encourage a move away from (but not exclusion of) going to a physical location as the first choice to access healthcare when it is needed urgently;
- embrace remote assessment and the technology which supports it;
- prevent nosocomial infection by minimising the opportunity for patients to congregate together in ED waiting rooms;
- ensure patients get a clear direction of what they need to do and where they need to go in order to resolve their issue;

- protect those most at risk by giving them an enhanced service.

In short, there are fundamental benefits to the requirement to keep people who need urgent care, and those who treat them, safe – preventing the spread of infection which could be brought about by having too many people grouped together at any one time.

Key functions and enhancements from this service include:

- Direct booking into:
  - Emergency Departments and
  - Minor Injuries Units (MIU) and Urgent Treatment Centres (UTC)
  - Hospital Same Day Emergency Care (SDEC)
  - Primary Care
- Clinical triage of all ED and lower category ambulance dispositions

The anticipated main benefits from the enhanced contract will be:

- A reduced proportion of ED dispositions.
- An increased proportion of out of hospital dispositions.
- An increased proportion of self-care dispositions.
- Improved quality of service (designed by governance group)
- Better patient experience.

As this was an increase in the scope of the existing contract, and was an integral part of it, there was no option but to use the same sub-contractors as this additional work could not be provided separately from the two main sub-contracts. Business continuity for these essential services is covered robustly by the policies and procedures already designed and managed by these two existing providers, so a separate procurement and award for a small integrated part of the overall contract would not be feasible. This modification does not change the overall nature of the contract.

The original procurement for Lot 1 – Sub-contract 1: (i) Clinical Assessment Service; (ii) Face-to-Face Appointments; (iii) Home Visiting awarded to North Hampshire Urgent Care was for annual costs of £6,266k (£43,866k over 7 years).

The original procurement for Lot 2 - Sub-contract 2: (i) Clinical Assessment Service; (ii) Home visiting awarded to Partnering Health Limited was for annual costs of £3,133k (£21,933k over 7 years).

As we approach contract mobilisation we have greater certainty of the additional costs above but the costs of 111 First on an ongoing basis are still being reviewed. Nevertheless, we are clear that the maximum annual value of the contracts, allowing for reasonable levels of activity growth and inflation will be as follows:

Lot 1 – Sub-contract 1: (i) Clinical Assessment Service; (ii) Face-to-Face Appointments; (iii) Home Visiting awarded to North Hampshire Urgent Care will be for annual costs between £7,059k and £7,423k (between £49,413k and £51,961k over 7 years).

Lot 2 - Sub-contract 2: (i) Clinical Assessment Service; (ii) Home visiting awarded to Partnering Health Limited will be for annual costs up to £4,012k (£28,084 over 7 years).