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Planning

## Integrated Urgent Care and non-urgent care services

NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

F01: Prior information notice

Prior information only

Notice identifier: 2025/S 000-011341

Procurement identifier (OCID): ocds-h6vhtk-04f8f8

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### Section I: Contracting authority

#### I.1) Name and addresses

NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

Sir John Robinson House Sir John Robinson Way Arnold Nottingham

Nottingham

NG56DA

#### Email

[nnicb-nn.prsupport@nhs.net](mailto:nnicb-nn.prsupport@nhs.net)

#### Country

United Kingdom

#### Region code

UKF16 - South Nottinghamshire

#### Justification for not providing organisation identifier

Not on any register

#### **Internet address(es)**

Main address

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

#### **I.3) Communication**

Additional information can be obtained from the above-mentioned address

#### **I.4) Type of the contracting authority**

Body governed by public law

#### **I.5) Main activity**

Health

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### **Section II: Object**

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

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

Integrated Urgent Care and non-urgent care services

##### **II.1.2) Main CPV code**

- 85100000 - Health services

##### **II.1.3) Type of contract**

Services

##### **II.1.4) Short description**

A long term integrated urgent care pathway and additional services for the population of Nottingham and Nottinghamshire. This will enable a key interface between the regional 111 service and 999 call centre capability and other local clinical assessment and urgent care services.

The ICB is looking to commission a single provider capable of delivering a range of services that integrate across primary, community and secondary care to drive improvements in management of urgent care demand across the Nottingham and Nottinghamshire ICS geographical footprint. This will deliver equity of service for the population, operational and financial efficiencies through economies of scale and reduced duplication across the pathway.

#### **II.1.6) Information about lots**

This contract is divided into lots: No

### **II.2) Description**

#### **II.2.3) Place of performance**

NUTS codes

- UKF14 - Nottingham
- UKF15 - North Nottinghamshire
- UKF16 - South Nottinghamshire

#### **II.2.4) Description of the procurement**

The Health Care Services (Provider Selection Regime) Regulations 2023, Paragraph 10 - The Most Suitable Provider Process is being used to commission this service. This notice will be live for fourteen (14) days from the date of publication.

This is a notice to inform the market of the intention to award a contract for Integrated Urgent Care and non-urgent care services.

The provider will need a secure and sustainable clinical workforce (GPs and other appropriate trained mixture of nursing and Allied Health Professional staff), with the relevant network of support workers such (e.g. Healthcare Assistants and Drivers/Call handlers) to be able to provide a range of urgent primary care services across Nottinghamshire.

The provider must be able to deliver the services across the City and County with access to estate as required at strategic locations within the Nottingham and Nottinghamshire area.

The provider must also have the pre-requisite digital capacity to operate virtually as appropriate including connectivity to primary care, community and acute clinical systems.

The provider must be able to flexibly deploy resource across the following portfolio of

services, managing predicted demand profiles and with the operational capability to flex up and down within mutually agreed thresholds. This will offer resilience and sustainability across a set of key urgent care services including;

1. Care Co-ordination and non-clinical call handling
2. Clinical Assessment and Care Navigation
3. Support to Primary Care - including delivery of General Practice Out-of-Hours
4. Urgent Treatment Centres and Primary care in Emergency Departments
5. Outbreak Management including Covid Medicines Delivery Unit, flu, measles and MPox vaccinations

Care Coordination and non-clinical call handling

The provider must have proven operational call handling services to run the systemwide on-call command arrangements as part of Emergency Preparedness, Resilience and Response, provided via the "On-call Gateway".

The provider must take responsibility for receiving calls from clinicians that have treated a patient at home out-of-hours and conveying messages back to the patient's GP practice.

The care coordination hub should also be available for other providers in the system to use as a single point of access for all forms of communication that need to be dealt with outside of the normal GP practice opening hours.

Clinical Assessment and Navigation

The provider will be responsible for operating an Urgent Care Co-ordination Hub (UCCH), operating as a 'single point of access', delivering clinical assessment and navigation. The service will be delivered by an integrated workforce that must work together seamlessly and interdependently, achieving the required outcomes for the population of Nottingham and Nottinghamshire.

The Urgent Care Co-ordination Hub will:

- Operate 24/7

- Receive referrals from NHS 111(online and telephony), 999 and health and care professionals including GPs, paramedics on scene, care homes, community services and acute services.

Specific pathways for the clinical assessment service that will be delivered as a minimum requirement include:

- o A rapid remote clinical assessment of 111 and 999 calls designated to attend Emergency Departments ("ED validation"), ensuring that patients can be signposted to more appropriate care settings (e.g., Pharmacists) or treated remotely by locally based clinicians. The service will operate a response time of 20 mins for 1 hour ED dispositions and 1 hour for 4 hour ED dispositions and take a minimum of 3,100 calls per annum. This service will also be able to book the patient into an appropriate face-to-face consultation, including routine general practice and urgent treatment centres. 75% of these calls should be managed without onward referral to ED.
- o A rapid remote clinical assessment of calls deemed to be Category 3 & 5. This service should also include the ability to provide a response team that can arrive at a patient's home and undertake a clinical on-site assessment and help the patient to get up, if appropriate, and avoid an ambulance visit or hospital admission. These calls will receive a response time of 30 minutes with 20% of calls managed with self-care, 63% managed without ambulance response or referral to ED and a minimum of 22% referred back to the ambulance provider.
- o A rapid telephone direct access clinical consultation service for ambulance clinicians to access; providing alternative routes for treatment other than the ambulance crew attending an Emergency Department with the patient. 96% of these should be managed without referral to ambulance or ED.
- o A rapid telephone direct access clinical consultation service that can advise and support residential care and nursing homes to access specialist support, urgent care visits, frailty pathways and alternatives to ambulance conveyance and ED attends. These calls will receive a response time of 30 minutes.

- Operate as a 'trusted assessor' model for patients requiring navigation and onward referral to the right place, first time, removing the need for the receiving service to 're-assess' the patient.

The service will require direct access to;

- o Urgent Community Response Services
- o Acute services including ED consultant advice and guidance, frailty, medical and surgical pathway

- o Acute based services offering alternative to admission such as DVT pathways
- o Primary care services in and out of hours via appointment booking and PCN services
- o Urgent Treatment Centres via appointment booking
- o Community Services including virtual wards
- o Escalation processes for patients assessed as requiring an emergency response including ambulance response and Emergency Department
  - A call centre service that can deal with up to 160,000 urgent Primary Care clinical triage calls during the periods that the GP practices are closed. The remote and face-to-face elements will need to be managed as one autonomous service from locations that are easy for patients to access with suitable locations across the ICB, giving consideration to densely populated areas with greater demand such as Nottingham City and Mansfield/Ashfield.
  - Integration of digital solutions that facilitate remote monitoring, proactive patient management, and multidisciplinary collaboration.

#### Support to General Practice

The provider will offer a range of services that enable and support the effective operation of both in-hours and out-of-hours General Practice.

This group of services will be delivered by locally based clinicians who provide a mix of both remote clinical assessments and face to face clinical assessment and treatment. The required services include the following:

- An Out of Hours Urgent Primary Care service - A home visiting service must be available for housebound patients who require a medical review but are unable to travel. The service will deliver against the national quality requirements including a referral rate to ED below 6%.
- A high-quality general practice offer within an appropriate safe and secure setting to cover the Primary Care needs of patients that have been excluded from mainstream practices.
- Accept calls from GP practices during their opening hours for patients requiring same-day assessment. This includes conditions such as DVT or renal colic that require assessment. The provider must then deliver a face-to-face clinical evaluation to diagnose and initiate appropriate treatment.

- Providing general practice services to all practices within Nottinghamshire, to an agreed schedule, to enable all practices to close for an afternoon so that the practice staff can undertake regular development ("Protected Learning Time").
- Providing a local out-of-hours remote clinical triage service for the Lings Bar facility to provide urgent primary care out of normal GP practice hours. The service will include face-to-face clinical assessments on site if deemed necessary following the initial remote triage.
- The provider will be required to provide medical services Out-of-Hours for patient residents at the following prison sites:
  - HMP Nottingham
  - HMP Lowdham Grange
  - HMP Whatton
  - HMP Ranby
- In accordance with NHS pathways, the provider must ensure that appropriately trained staff are available to verify expected deaths in non-suspicious circumstances. Additionally, there must be provisions for assessing the need for referral to the Medical Examiner and for following local guidelines when an expedited death certificate is requested during out-of-hours periods for religious reasons.
- The provider is required to ensure the availability of Section 12 approved doctors to conduct mental health assessments during out-of-hours periods.

#### Urgent Treatment Centres and Urgent Primary care in Emergency Departments

The provider is required to offer face to face urgent primary care services to facilitate demand reduction for emergency departments. As a minimum, this will include co-located urgent primary care services at the 3 acute trusts within the Nottingham and Nottinghamshire patch. These will operate 24/7, using an integrated care model with out of hours and primary care led hubs and receive referrals from both the urgent care co-ordination hub via booked appointments and the Emergency Department who will 'stream' appropriate patients to the service.

The service co-located on the Queens Medical Centre site will operate as a designated Urgent Treatment Centre, delivering the national standards and principles for a UTC. This service will accept a minimum of 103 patients streamed from the ED, with 86% seen, treated and discharged back to the community.

The provider must also have the capability to deliver designated standalone Urgent Treatment Centres at strategic locations across the patch to maximise demand management for ED.

(Continued in additional information)

#### **II.2.14) Additional information**

##### **Outbreak Management Hub**

The provider will serve as the lead in facilitating the response to infectious outbreaks through the establishment of an Outbreak Hub across the City and County.

The provider must work in partnership with external stakeholders to ensure a coordinated community response, including the provision of necessary diagnostics and effective management of the outbreak.

The provider will liaise with acute trust infectious disease specialists and be the primary facilitator in coordinating medical oversight and management, particularly in localised outbreaks or those in larger settings such as prisons or schools.

Additionally, the provider will maintain the lead role in medicine management, ensuring the safe transportation and delivery of vaccinations throughout the outbreak response.

The provider will also offer a triage and treatment service for COVID-19 patients within the community who meet the eligibility criteria and are deemed to be at higher risk, in alignment with NICE guidance.

The provider will be responsible for the prophylaxis and treatment of flu outbreaks within care homes across the City and County to help control the spread and mitigate risks to vulnerable populations.

To support outbreak management, the provider will deliver vaccinations and treatments at strategic and appropriate locations across the City and County. This includes ensuring staff have the necessary training to administer treatments in different forms, such as intravenous (IV) or intramuscular (IM) administration, to ensure timely and effective intervention in outbreak scenarios.

##### **Resource requirements**

##### **Human resources**

The provider must offer a resilient and sustainable local workforce solution that can deliver the services described. This will include a cohort of c150 General Practitioners that

are experienced in providing urgent primary care and are committed to working in the Nottingham and Nottinghamshire area. It will also include a mix of clinical staff, of varying qualifications (e.g. Advanced Clinical Practitioners or Paramedics) that are experienced in clinical remote triage of urgent primary care or face-to-face urgent primary care.

The provider will also have a flexible workforce of call handlers, Health Care Assistants and Drivers that are experienced in working in the urgent primary care service and are able to work within the Nottinghamshire footprint.

## Estate

The provider will need the necessary estate and digital infrastructure readily available, as follows.

- Call Centre and General Practice

A location close to Nottingham City centre with good transport links, and provision for patients to arrive with ease by all modes of transport. This must be situated and configured to allow for collaboration and flexibility between the face to face and telephone triage services.

- Urgent Treatment Centres

Arrangements in place with the main acute hospitals for sufficient clinical and support space to enable the safe and timely provision of urgent primary care adjacent/co-located with the Emergency Department. This must facilitate timely transfer of patients between primary care and acute hospital settings (in accordance with agreed protocols), as required to deliver best care.

- Fleet

The Provider will also have a fleet of vehicles to enable a rapid access to patient homes to provide clinical assessments and, where necessary, at the place that the patient is located, where the patient is unable to access a location themselves due to their clinical condition.

- Digital & Telephony Resource

The provider must have a proven integrated digital infrastructure solution, comprising IT and telephony systems. The clinical systems must be configured to deliver the services described, and links into the main 111 provider. They must also have the interoperability to link with the main Acute Trust Emergency Department systems, to enable safe treatment across urgent and emergency care settings.

The provider will also be expected to have access to the core NHS network of IT communication channels, as well as a tested telephony system. The telephony system must allow for the recording of calls for audit purposes and the ability to review calls after the event.

The provider must be able to generate and assimilate data and information on its own performance.

### Governance and Monitoring

The provider must have a robust governance infrastructure to oversee service quality, patient safety, and compliance with regulatory standards.

The provider must be able to deliver the required reporting and monitoring including submission of patient level datasets.

### Additional Capabilities

The provider must show evidence of working with health care system partners to deliver effective business change, utilising both its own data/information and that generated across the ICS to inform decision making.

The provider must demonstrate the capability to operate flexibly with an ability to quickly stand up additional resource to support the Nottinghamshire UEC system during periods of OPEL 4 escalation / peak pressures.

The provider must demonstrate a track record of placing social impact at the core of its values.

## **II.3) Estimated date of publication of contract notice**

1 April 2026

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## **Section IV. Procedure**

### **IV.1) Description**

#### **IV.1.8) Information about the Government Procurement Agreement (GPA)**

The procurement is covered by the Government Procurement Agreement: No

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## **Section VI. Complementary information**

### **VI.3) Additional information**

This is a Provider Selection Regime (PSR) intended approach 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 and the Procurement Act 2023 do not apply to this award.

The award decision maker is the Strategic Planning and Integration Committee in line with the ICB's Scheme of Reservation and Delegation.

The intention is to award a contract using the most suitable provider process.