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Planning

BNSSG ICB Community Optometry Project

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB)

F01: Prior information notice

Prior information only

Notice identifier: 2024/S 000-015379

Procurement identifier (OCID): ocds-h6vhtk-0459a5

Published 14 May 2024, 11:56pm

Section I: Contracting authority

I.1) Name and addresses

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB)

Floor 2, North Wing, 100 Temple Street

BRISTOL

BS16AG

Contact

Jamie Mackay

Email

jamie.mackay1@nhs.net

Telephone

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Country

United Kingdom

Region code

UKK11 - Bristol, City of

Justification for not providing organisation identifier

Not on any register

Internet address(es)

Main address

<https://bnssg.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

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

BNSSG ICB Community Optometry Project

II.1.2) Main CPV code

- 85100000 - Health services

II.1.3) Type of contract

Services

II.1.4) Short description

This notice is placed as a Prior Information Notice (PIN) to seek expressions of interest in being considered as the most suitable provider for the delivery of a Single Point Of Access (SPOA) digital platform for BNSSG residents with possible Macular pathologies.

This digital platform will enable the transfer of full volumetric Optical Coherence Tomography (OCT) images and accompanying referral documents from Community Optometry practices to Hospital Eye Services (HES) to facilitate clinical decision making and appropriate care.

II.1.5) Estimated total value

Value excluding VAT: £78,000

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.2) Additional CPV code(s)

- 85121281 - Ophthalmologist services

II.2.3) Place of performance

NUTS codes

- UKK - South West (England)

II.2.4) Description of the procurement

This notice is placed as a Prior Information Notice (PIN) to seek expressions of interest in being considered as the most suitable provider for the delivery of a SPOA digital platform for BNSSG residents with possible Macular pathologies.

This digital will enable the transfer of full volumetric OCT images and accompanying referral documents from Community Optometry practices to HES to facilitate clinical decision making and appropriate care.

BNSSG ICB is seeking to secure a Prime Provider who has the capability and capacity to deliver SPOA (Single point of Access) Macular referral services, in line with these specified requirements:

The HES (Hospital eye services) medical retina team should be able to review a complete good quality optical coherence tomography (OCT) of the macular area and colour fundus photo of the macula of both eyes from the referral and (along with the referral clinical information) for all applicable macular referrals. There should be DICOM (Digital Imaging and Communication in Medicine) compatible OCT files attached with the referral so that the full OCT can be reviewed. The electronic referral should be directly from the community optometrists to the hospital eye service.

All DICOM files must be extractable and viewable in other platforms to an appropriate level of quality for decision making.

The system(s) should have the potential to integrate with NHS e-RS, e.g. by creating a unique link to the required images which could be embedded into an NHS eRS referral.

System(s) should allow for mandatory fields within referrals, ensuring the required information is provided within a referral as per service specification.

The system(s) should be web-based and allow access from all supported browsers.

The system(s) should allow for tiered access permissions e.g. for non-clinical staff needing to operate the system.

The system(s) should not require an NHS email address to operate.

Optometrists in primary care will have access to patient demographic information

Optometrists in primary care have access to GP held clinical information.

The system(s) should allow download of the full patient referral so that it can be added to their primary care systems as required.

Automatic notification of referral and appropriate content will be provided to the patient's GP at point of referral

The system shall provide the capability for the sending system to select priority (on sending) and for the receiving system to be notified of the priority.

The system(s) should provide a single point of contact if any issues arise.

The system(s) should facilitate community optometrists in accessing easy to read financial statements

The referral will be able to be consumed by the hospital Patient Administration System (PAS).

Software systems(s) should allow for the standardisation of patient identification and in particular use of the NHS ID.

Any software system(s) should provide a full record of any remote clinical opinions, feedback. OCT scans and colour images should be automatically stored in the established hospital eye service PAS/PACS system for future reference. This would include a record of the clinical opinion being entered in the hospital electronic patient record system.

The software system should support safe communication between providers. This includes the transmission of completed referrals and feedback. Transmission must come at least every 24 hours or as agreed.

The software system(s) should have the capability for bidirectional image and clinical information sharing between the hospital eye service and the local optometrists.

All of the digital system(s) used in any pathway should comply with information governance guidelines.

To ensure robust clinical judgment in medical retina cases at UHBW (University Hospitals Bristol and Weston NHS Foundation Trust), adherence to specific minimum requirements is imperative.

Failure to meet the above standards would hinder clinicians' ability to make decisions confidently without the need for repeat imaging or face-to-face consultations. Any platform that falls short of the above requirements would not satisfy the requirements of the pathway to deliver safe and effective care.

The service is only available to patients registered with a BNSSG GP. The service must also accommodate those who are not registered with any GP but are resident within the

District Council boundary and eligible for NHS Care e.g. members of travelling communities and homeless people. The commissioner will be able to advise.

Patients who live in the ICB area but are registered with a GP out of area (i.e. a non-BNSSG GP) are not eligible for this service.

The Enhanced Imaging Referral Service will enable full volumetric DICOM (Digital Imaging and Communication in Medicine) files to be sent alongside a bespoke referral letter with a mandated minimum data set from community optometrists into University Hospitals Bristol NHS Foundation Trust SPOA for macular referrals.

Referrals will be reviewed and managed by the system of remote review by the retinal team at University Hospitals Bristol NHS Foundation Trust who will use the referral information and imaging to triage and manage patients.

It is anticipated that approximately 50% of macular referrals can be resolved without an appointment of any kind at University Hospitals Bristol NHS Foundation Trust. A further proportion are likely to be managed by a telephone consultation. Only a small proportion are anticipated to require a face-to-face appointment, some of whom could be brought straight to treatment clinics as appropriate. The new pathway will also provide feedback to the community optometrists which may avoid some unnecessary referrals in the future. GP time will be freed up as referrals will no longer need to go through them; instead, community optometrists will be able to refer directly to the HES via ERS. Patient travel will be reduced, with benefits to patients and the environment.

Community optometry pathway:

Patient identified by community optometrist as requiring referral for macula condition.

Community optometrist provides required referral information through an NHS ERS end point with the following information:

General requirements:

- o Presenting symptoms
- o Corrected visual acuities
- o Subjective refraction result
- o Examination of anterior segment
- o OCT macula DICOM file (must be of appropriate quality)

o Colour photograph of macular

Macula referral requirements:

- o Has the patient noticed any distortion in their vision?
- o Is the patient diabetic?
- o If yes, is there proliferative diabetic retinopathy present?
- o Is the patient hypertensive?
- o Is there any anterior segment abnormality?
- o Is there cataract present? If so, specify type and density.
- o Is there vitreous haemorrhage present?
- o IOP (Intra-ocular pressure)

Automatic Notification of referral sent to patient's GP through Digital platform.

Referral received and processed by Bristol Eye Hospital

Costs: The costs for the Enhanced Imaging Referral Service model will be charged at £39.00 per referral sent to the Bristol Eye Hospital SPOA. The cost includes:

- Practice fee
- Provider fee
- Imaging transfer to Topcon Harmony (University Hospitals Bristol NHS Foundation Trust PACS system)
- Clinical governance and oversight (including point of contact for commissioner/Trust)
- Invoicing and backing data production
- Payment distribution to provider practices

Training: The provider will support and train the community optometry provider practices in extracting OCT DICOM files from their machines and uploading them onto the referral in the provider platform.

Contract Duration and Start Date: The contract is for 12 months or until the agreed financial limit is met. This pilot is anticipated to start in June 2024.

This pilot for Macular Referrals operates within a strict financial limit. Activity within the pilot is capped at an agreed amount, and if this threshold is reached before 12 months, the pilot cannot fund additional activity, rendering the contract length irrelevant. If the pathway proves ineffective for the system and its residents, it will not be commissioned. Therefore, careful consideration of IT development and setup costs is essential. Payment will be awarded on a case-by-case basis, and activity will also depend on the provider's ability to onboard BNSSG community optometry practices. If they are unable to onboard community practices, they will be unable to gain payment for activity.

The contract covers services for 2000 patients, with a £30 fee per referral for the community Optometrist and a £9 fee per referral for the provider.

II.2.14) Additional information

Interested providers should register their interest directly with the Procurement Lead - Jamie Mackay at the following address: jamie.mackay1@nhs.net.

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

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 do not apply to this award.

II.3) Estimated date of publication of contract notice

30 June 2024

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