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Contract

Lot 2 - Community ENT - Mid Hampshire

NHS HAMPSHIRE AND ISLE OF WIGHT ICB

F20: Modification notice

Notice identifier: 2022/S 000-019568

Procurement identifier (OCID): ocds-h6vhtk-03530a

Published 18 July 2022, 3:16pm

Section I: Contracting authority/entity

I.1) Name and addresses

NHS HAMPSHIRE AND ISLE OF WIGHT ICB

NHS Hampshire and Isle of Wight Integrated Care Board Hampshire Fire and Police Headquarters

Eastleigh

Contact

Celine Machola - Rogers

Email

celine.machola@soeprocurement.nhs.uk

Telephone

+44 1489779175

Country

United Kingdom

NUTS code

UKJ3 - Hampshire and Isle of Wight

Internet address(es)

Main address

<https://in-tendhost.co.uk/soepscommissioning>

Section II: Object**II.1) Scope of the procurement****II.1.1) Title**

Lot 2 - Community ENT - Mid Hampshire

Reference number

F7607

II.1.2) Main CPV code

- 85100000 - Health services

II.1.3) Type of contract

Services

II.2) Description**II.2.2) Additional CPV code(s)**

- 85100000 - Health services

II.2.3) Place of performance

NUTS codes

- UKJ3 - Hampshire and Isle of Wight

II.2.4) Description of the procurement at the time of conclusion of the contract:

The service provides consultant led Community ENT services to the population of Mid Hampshire (formerly covered by West Hampshire CCG). The service provides a single

point of access for routine ENT referrals, and treats all conditions suitable for management and treatment in a community setting including:

- Ear
- Hearing loss unilateral and bilateral where not thought to be age related (55yrs) to the Adult hearing Aid Service, following the hearing aid pathway
- Conditions requiring surgical opinion/resolution

The overall aim of the service is to improve the quality of life, through diagnosis and treatment, for people with ear, nose or throat problems in the community and to reduce the need for unnecessary secondary care referrals by providing a service which supports primary care and the wider health system. As such, the service is expected to:

- Reduce referrals into the secondary care environment, providing care delivered in the community where appropriate; aiming for a new to follow-up out-patient activity 1:0.2 in year
- Ensure positive experiences for patients treated in the service
- Provide timely assessment, diagnosis and treatment, measured as 100% adherence to referral to treatment standards
- Deliver activity levels contained within agreed plans
- Provide rapid onward referral where necessary, measured as maximum 3 working days
- Clinically triage all referrals within 48 hours of receipt and identify the appropriate pathway. The status of referrals deemed incomplete, sub-optimal or inappropriate will be clarified with the referrer and actioned within a further 48 hours of this assessment.
- Provide GP and General Practitioner with Extended Role (GPwER) educational forums in collaboration with secondary care providers at least annually
- Ensure patients with age related hearing loss are offered a choice of hearing aid provider.

The service provides high quality and cost effective services to ensure that all patients are treated appropriately in line with adopted NICE clinical guidelines and mandatory technical appraisals, including local Individual Funding Request Policy Guidelines, clinical thresholds and referral criteria. The service is expected to achieve all local and national waiting time targets and other key national and local key quality and performance targets.

The majority of referrals are received from GPs or primary care team members with referral rights. However, referrals from secondary care are accepted, for patients assessed as needing specialist level management or ongoing follow-up which is beyond the normal scope of general practice but not requiring hospital based care and expertise (in line with Consultant to Consultant Policy). The service accepts referrals from Mid Hampshire Adult Hearing Aid service providers for assessment or ongoing aural toilet. The provider has agreed referral criteria to and from secondary care and adult hearing aid providers with clinical colleagues to facilitate effective clinical pathways.

The provider is a key partner in delivery of care in the local area and as such is expected to work in a collaborative and integrated fashion. This requires clinical collaboration with providers across the health system, adhering to locally-agreed pathways, including but not limited to:

- Primary care medical, dental and optical practices
- Primary Care Networks and associated GP Federation Providers
- NHS Acute and Community Trusts
- Community-based services and clinicians where appropriate and relevant
- AQP providers across clinical pathways, including locally qualified providers of audiology and hearing aid services
- Any community, primary care triage or alternative service models that are commissioned during the course of the contract

II.2.7) Duration of the contract, framework agreement, dynamic purchasing system or concession

Duration in months

84

Section IV. Procedure

IV.2) Administrative information

IV.2.1) Contract award notice concerning this contract

Notice number: [2022/S 000-019558](#)

Section V. Award of contract/concession

Contract No

F7607

V.2) Award of contract/concession

V.2.1) Date of conclusion of the contract/concession award decision:

26 March 2015

V.2.2) Information about tenders

The contract/concession has been awarded to a group of economic operators: No

V.2.3) Name and address of the contractor/concessionaire

Omnes Healthcare

London

Country

United Kingdom

NUTS code

- UKJ3 - Hampshire and Isle of Wight

The contractor/concessionaire is an SME

No

V.2.4) Information on value of the contract/lot/concession (at the time of conclusion of the contract;excluding VAT)

Total value of the procurement: £2,658,600

Section VI. Complementary information

VI.4) Procedures for review

VI.4.1) Review body

South of England Procurement Services

Fareham

Country

United Kingdom

Section VII: Modifications to the contract/concession

VII.1) Description of the procurement after the modifications

VII.1.1) Main CPV code

- 85100000 - Health services

VII.1.2) Additional CPV code(s)

- 85100000 - Health services

VII.1.3) Place of performance

NUTS code

- UKJ3 - Hampshire and Isle of Wight

VII.1.4) Description of the procurement:

The service provides consultant led Community ENT services to the population of Mid Hampshire (formerly covered by West Hampshire CCG). The service provides a single point of access for routine ENT referrals, and treats all conditions suitable for management and treatment in a community setting including:

- Ear
- Hearing loss unilateral and bilateral where not thought to be age related (55yrs) to the Adult hearing Aid Service, following the hearing aid pathway
- Conditions requiring surgical opinion/resolution

The overall aim of the service is to improve the quality of life, through diagnosis and treatment, for people with ear, nose or throat problems in the community and to reduce the need for unnecessary secondary care referrals by providing a service which supports primary care and the wider health system. As such, the service is expected to:

- Reduce referrals into the secondary care environment, providing care delivered in the community where appropriate; aiming for a new to follow-up out-patient activity 1:0.2 in year
- Ensure positive experiences for patients treated in the service
- Provide timely assessment, diagnosis and treatment, measured as 100% adherence to referral to treatment standards

- Deliver activity levels contained within agreed plans
- Provide rapid onward referral where necessary, measured as maximum 3 working days
- Clinically triage all referrals within 48 hours of receipt and identify the appropriate pathway. The status of referrals deemed incomplete, sub-optimal or inappropriate will be clarified with the referrer and actioned within a further 48 hours of this assessment.
- Provide GP and General Practitioner with Extended Role (GPwER) educational forums in collaboration with secondary care providers at least annually
- Ensure patients with age related hearing loss are offered a choice of hearing aid provider.

The service provides high quality and cost effective services to ensure that all patients are treated appropriately in line with adopted NICE clinical guidelines and mandatory technical appraisals, including local Individual Funding Request Policy Guidelines, clinical thresholds and referral criteria. The service is expected to achieve all local and national waiting time targets and other key national and local key quality and performance targets.

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The provider is a key partner in delivery of care in the local area and as such is expected to work in a collaborative and integrated fashion. This requires clinical collaboration with providers across the health system, adhering to locally-agreed pathways, including but not limited to:

- Primary care medical, dental and optical practices
- Primary Care Networks and associated GP Federation Providers
- NHS Acute and Community Trusts,
- Community-based services and clinicians where appropriate and relevant
- AQP providers across clinical pathways, including locally qualified providers of audiology and hearing aid services

- Any community, primary care triage or alternative service models that are commissioned during the course of the contract

VII.1.5) Duration of the contract, framework agreement, dynamic purchasing system or concession

Duration in months

84

VII.1.6) Information on value of the contract/lot/concession (excluding VAT)

Total value of the contract/lot/concession:

£2,658,600

VII.1.7) Name and address of the contractor/concessionaire

Omnes Healthcare

London

Country

United Kingdom

NUTS code

- UKI - London

The contractor/concessionaire is an SME

No

VII.2) Information about modifications

VII.2.1) Description of the modifications

Nature and extent of the modifications (with indication of possible earlier changes to the contract):

Nature and extent of the modifications:

The Covid pandemic has resulted in emergency measures which have delayed the process of reviewing, consulting on and agreeing the commissioning strategy and re-procurement of the Tier 2 Mid Hampshire ENT Service contract as:

- Management of the Covid-19 response has necessarily been the focus of the contracting authority, the incumbent provider and key partners and stakeholders since March 2020.
- Resources in the contracting authority have been redirected to support frontline activities during the initial and subsequent waves, including direct care for patients, efforts to support supply chain activities and vaccination programmes in line with national guidance around removing routine burdens and freeing up as much capacity as possible to focus on the pandemic response.
- Resources in the wider system, including Acute and Community NHS Trusts and providers, Primary Care, Community and Tier 2 Providers and Clinicians, and other partners/ stakeholders, all of whom would have been engaged in the review and re-tendering exercise, were redirected to support frontline activities and the pandemic response.
- The ability to undertake meaningful engagement and consultation as part of any review process was limited by the pandemic, for example as infection prevention control guidance has precluded the convening of patient and public groups.
- This modification is required to ensure essential service delivery can be maintained, with no detrimental impact on patient care given the above unforeseeable circumstances.

Accordingly, under Reg 72(1)(c) Public Contract Regulation 2015, this Modification Notice is being published as notification of the decision by Hampshire and IOW ICB to extend the existing contract for the Tier 2 Mid Hampshire ENT Service with Omnes Healthcare Ltd for 19 months.

This modification is required under Reg 72(1)(c) Public Contract Regulation 2015, due to circumstances which a diligent Contracting Authority could not have foreseen. The modification does not alter the overall nature of the contract and any increase in price does not exceed 50% of the value of the original contract. This time is considered necessary and proportional to alleviate the risk stated in this notice and will give the above-named Contracting Authority sufficient time to review the service to form the commissioning model.

VII.2.2) Reasons for modification

Need for modification brought about by circumstances which a diligent contracting authority/entity could not foresee.

Description of the circumstances which rendered the modification necessary and explanation of the unforeseen nature of these circumstances:

The Covid pandemic has resulted in emergency measures which have delayed the process of reviewing, consulting on and agreeing the commissioning strategy and re-procurement of the Community ENT Service contract.

The Covid pandemic and related unforeseen circumstances have resulted in significant delays to the scheduled service review and subsequent re-tendering activity, for example as:

- Management of the Covid-19 response, both in terms of immediate measures and the subsequent recovery of diagnostic and elective activity (in between Covid Waves), has necessarily been the focus of the contracting authority, the incumbent provider and key partners and stakeholders since March 2020.
- Resources in the contracting authority were redirected to support frontline activities including direct care for patients, efforts to support supply chain activities and vaccination programmes in line with national guidance around removing routine burdens and freeing up as much capacity as possible to focus on the pandemic response.
- Resources in the wider system, including Acute and Community NHS Trusts and providers, Primary Care, Community and Tier 2 Providers and Clinicians, and other partners/ stakeholders, all of whom would have been engaged in the review and re-tendering exercise, were redirected to support frontline activities and the pandemic response.
- The ability to undertake meaningful engagement and consultation as part of any review process has been limited by the pandemic, for example as infection prevention control guidance has precluded the convening of patient and public groups.

The pandemic and related emergency measures has also meant that:

- Data (e.g. activity and demand), which is essential to inform future commissioning strategies and models, is now out of date. The last 'steady state' data available is from 2019/20, prior to the pandemic.
- Data gathered during the pandemic is not relevant or comparable.
- Ways of working, patient behaviours and care pathways have all changed as a result of the pandemic. As noted in national guidance, it is vital that future work takes account of lessons learned during Covid, by locking in beneficial change and addressing both opportunities and weaknesses highlighted since March 2020.
- As such, the 2019/20 baseline cannot be viewed as a reliable source for modelling future requirements. Given the pandemic is still ongoing, as is the analysis of lessons learned from Covid, and this will be essential to developing robust and future proof service

models which meet the needs of our population.

At the same time, the restructure of the NHS including the merging of CCGs is going ahead despite the disruption caused by the pandemic. As such, the health and care landscape is changing significantly. The Hampshire Southampton and Isle of Wight CCG had been formed, bringing opportunities to consider demand and capacity modelling, speciality reviews and innovative models of care across a wider geography. From 1st July 2022 further changes have taken place with the formation of the Hampshire and Isle of Wight Integrated Care Board.

The Contracting Authority considers the above issues have resulted in a set of circumstances which a diligent Contracting Authority could not have foreseen. Accordingly, Hampshire and IOW ICB has decided there is a requirement to extend the existing contract for Tier 2 ENT Service with Omnes Healthcare Ltd for 19 months outside of the terms originally procured under Reg 72(1)(c) Public Contract Regulation 2015. The modification will enable a review to be undertaken to inform decisions about the type and scope of service required to meet future needs, based on robust data gathering, patient, clinical and stakeholder engagement, and lessons learned from the pandemic and the NHS restructure. The modification will also enable a robust, competitive procurement to be undertaken, including an adequate mobilisation period to minimise any risk of service discontinuity or negative impacts on patients or the wider system.

The modification does not alter the overall nature of the contract and any increase in price does not exceed 50% of the value of the original contract.

VII.2.3) Increase in price

Updated total contract value before the modifications (taking into account possible earlier contract modifications, price adaptations and average inflation)

Value excluding VAT: £2,658,600

Total contract value after the modifications

Value excluding VAT: £3,648,617