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Planning

## **Community Elective Services in Oldham**

NHS Oldham Clinical Commissioning Group

F01: Prior information notice

Prior information only

Notice identifier: 2021/S 000-028858

Procurement identifier (OCID): ocds-h6vhtk-02f829

Published 18 November 2021, 7:05pm

### **Section I: Contracting authority**

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

NHS Oldham Clinical Commissioning Group

Oldham

OL1 1UT

#### **Email**

[david\\_brownlow@nhs.net](mailto:david_brownlow@nhs.net)

#### **Country**

United Kingdom

#### **NUTS code**

UKD37 - Greater Manchester North East

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

Main address

<http://www.oldhamccg.nhs.uk>

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

The procurement documents are available for unrestricted and full direct access, free of charge, at

<https://nhssbs.eu-supply.com>

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**

Community Elective Services in Oldham

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

- 85100000 - Health services

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

Services

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

NHS Oldham CCG is inviting expressions of interest from suitably experienced and capable providers, to provide Community Elective Services to patients registered with an Oldham GP Practice. Specifically, these services include Cardiology; Gynaecology / Ring Pessary; Continence and Stoma; Urology. These services will support people to remain well at home and in community settings close to home, supporting people to live independently. Services will become operational from July 2022.

The future contract(s) is/are likely to have a duration of 5 years, with potential to be extended for up to a further 3 years - up to 8 years overall being possible. The modelled value of the intended contract(s) is/are circa £3.5m per year to meet the needs of Oldham's population, with an overall contract value across 8 years potentially being £28m. Additionally, the CCG is considering reserving a right to expand the scope and value of the contract(s) when established, so that other localities and NHS Trusts can also access the capacity to be offered through the services, as may be assessed as required by the Greater Manchester Integrated Care System. This has the potential to double the overall potential contract life value, i.e. up to £56m.

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to identify their own premises, which will need to be appropriately accessible to Oldham patients.

A competitive procurement is being assumed (subject to market interest and capability), which is currently scheduled to commence in January 2022 to enable a contract to be awarded by April 2022. Service commencement is anticipated by July 2022. The

procurement plans to award up to 4 separate contracts, one for each of the above lots/specialties. Providers may express an interest to provide one, more or all of the services.

\*\*\*TO EXPRESS YOUR INTEREST and to COMMENCE ENGAGEMENT with the CCG, you are invited to access the Memorandum of Information (MOI) and Draft Outline Service Specifications, and then to COMPLETE a Market Engagement Questionnaire (MEQ) and return this ASAP by 12noon, Friday 10th December 2021.

Please return your completed MEQ via the messaging facility of the e-procurement system "EU-Supply" which is available at <https://nhssbs.eu-supply.com>.

\*Note: If not already registered with EU-Supply, you will need to register FREE of charge. This will be the main portal to be used to communicate with interested providers, and through which the procurement process will be managed.

If you need technical support on the EU-Supply Portal, please contact the EU-Supply Helpdesk on 0800 840 2050 or [support@eu-supply.com](mailto:support@eu-supply.com).

Once logged into EU-Supply, search for Tender ID 47225 - "Oldham Comm Elective ME Nov21 - Oldham Market Engagement re Community Elective Services Nov 2021".

### **II.1.5) Estimated total value**

Value excluding VAT: £56,000,000

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

This contract is divided into lots: Yes

Maximum number of lots that may be awarded to one tenderer: 4

## **II.2) Description**

### **II.2.1) Title**

Community Elective Cardiology

Lot No

1

### **II.2.2) Additional CPV code(s)**

- 85100000 - Health services

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

NUTS codes

- UKD37 - Greater Manchester North East

Main site or place of performance

Oldham

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

The provision of a community cardiology service in the community is key to ensuring that patients requiring cardiology support can be supported closer to home within a community setting. The combination of community diagnostics and specialist interpretation will prevent patients being referred into and seen in an acute hospital and community services can work together with Primary Care to ensure patients are seen and treated in the most appropriate place.

The service will include:

1. Community Cardiology diagnostics (including ECG diagnostic referrals)
2. Community cardiology assessment and advice service supporting Primary Care focused treatment and management
3. Community Heart Failure service to include lifestyle optimisation and self-management

The service will be locally accessible and equitable and will provide a full range of cardiology specialist care and triage of patients, historically delivered in a secondary care setting. Patients will only be referred onwards who require highly specialised tertiary care.

The service will be primarily for adults over the age of 18 but will work with other providers to ensure that young people between the ages of 16 and 18 have seamless care throughout this transition period.

The service will make sure that people with cardiovascular conditions have access to high quality, effective, and timely advice, assessment, diagnosis and treatment for their condition. The approach is based on shared care and structured around the patient journey.

The following patients should be included within the service specification:

- Aged 18 years and over (allowing for transition age)
- Registered with an Oldham CCG practice
- Non-urgent Chest pain
- Cardiac Arrhythmias
- Heart Failure
- Pacemaker follow up

Other conditions MAY include:

- Resistant Hypertension
- Unexplained blackout /syncope
- Cardiomyopathy
- Congenital heart disease
- Cardiac ablation (triaged to tertiary centre)

The minimum expectations and intended outcomes of the services include:

- Enhancement of experience, by patients receiving the right treatment by the right clinician in the right place. This will be provided by giving care closer to home, either in a clinic setting or the patient's own home.
- Improve the health and wellbeing of the Oldham population.
- Empowering patients and equipping them to self-manage
- Giving patients timely access to support and advice
- Address health and care inequalities
- Integrate care to prevent duplication of diagnostics and assessments and minimise hand offs between clinicians and providers
- Patients receive integrated holistic care to support not only their cardiology needs but also any comorbidities

- Improve health outcomes through earlier diagnosis, screening, assessment, treatment, and management plans
- Timely access to all appropriate diagnostics
- Improve access to information on management of cardiac conditions
- Reduce RTT times, bed days and length of stay for cardiology patients
- Reduce cardiology emergency admission rates
- Reduce morbidity and mortality associated with cardiology conditions
- Increase the wellbeing and engagement of the workforce
- Development of a community heart failure service (with specialist heart failure workforce) that will provide clinics and home visits.

The commissioners will work with the provider to develop meaningful service and patient outcomes, with measures that the provider can use to demonstrate achievement of those outcomes. Activity / performance monitoring reports will also be jointly agreed.

Individual patient outcomes will also be required to be incorporated into a care plan and agreed with the patient.

Work will continue across GM and Oldham, with the Provider, to develop a robust pathway for the local population.

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

The following indicative annual value, being modelled from 2019/2020 activity: Lot 1: Cardiology £1.17m

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to identify their own premises, which will need to be appropriately accessible to Oldham patients.

## **II.2) Description**

### **II.2.1) Title**

Community Gynaecology Elective Services (and Ring Pessary)

Lot No

2

### **II.2.2) Additional CPV code(s)**

- 85100000 - Health services

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

NUTS codes

- UKD37 - Greater Manchester North East

Main site or place of performance

Oldham

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

The provision of a specialist clinical assessment, diagnostic treatment service for gynaecology and ring pessary services is key to ensuring patients can easily access care closer to home within a convenient community setting. The service will provide the full range of non-urgent gynaecological and ring pessary clinical pathways.

The service will work in an integrated way with all other providers of gynaecology and ring pessary services. The service will need to facilitate integrated working between primary, community and secondary care.

The service will be available to patients aged 16 years and over who require gynaecological assessment and treatment and also the provision of ring pessaries.

The service will function as an outcome-based service; clinical outcomes and quality of experience for patients will be the focus, along with reducing health inequalities.

The gynaecology service will provide a one-stop shop model providing patients with clinical assessment, diagnostic and treatment.

The ring pessary service will provide initial fitting and ongoing management for patients in line with clinical guidelines.

Through better integration of services, we can achieve a reduction in the number of hospitalisations and provide better care, services and outcomes for patients.



Operating within the Integrated Care System (ICS), the commissioners will work with the provider to jointly:

- Set population and system outcomes
- Develop an outcome-based specification in order for providers to deliver the service transformation and models for delivery.

Redesigning care around the delivery of outcomes that matter to patients requires a multi-disciplinary approach. This will create an environment of continuous improvement in which robust assessments of quality are constant and consistent.

Success can be evidenced by satisfaction levels and experiences and the impact of wellbeing for patients using the services and their carers and families. Individual outcomes can be identified in the patients care plan and should ensure the patients are given choices and are involved in their care to ensure their quality of life is enhanced and they are supported through changes in their circumstances.

The service will be available for the following conditions:

- Menstrual disorders :Menorrhagia, Irregular periods, No periods (amenorrhoea - primary & secondary), Oligomenorrhoea, Painful periods, Intermenstrual bleeding, Post coital bleeding, Fibroids, one stop hysteroscopy clinics, diagnostic including biopsy
- Dysmenorrhoea, Pre-menstrual syndrome, Menstrual Migraine
- Pelvic pain, Pelvic Inflammatory Disease (PID)
- Vulvodynia, Vaginal dryness,Vaginal discharge, Vaginal lesions Dysparunia
- Vulval and vaginal swelling
- Cervical polyp, cervical ectropion
- Genital prolapse
- Urinary incontinence, Overactive bladder
- Endometriosis
- Polycystic Ovarian Syndrome (PCOS)
- Ovarian cysts not suspicious of cancer

- Uterine Fibroid-medical management
- Management of menopause, premature menopause and HRT management
- Infertility-Primary and secondary infertility, Laparoscopy and dye test, hysterosalpingogram (HSG)
- Initial ring pessary fitting, re-fits and ongoing management

The service will not provide:

- Coil for contraception purposes only
- Colposcopy
- All 2 Week Wait referrals should be directly referred on the 2WW pathway - including suspected endometrial/ovarian/vulval cancer
- Post-menopausal bleed.
- Patients under the age of 16.

Diagnostics required to support the service are shown below:

- Relevant blood tests
- Urinalysis
- High vaginal and endocervical swabs
- Pregnancy testing
- Appropriate imaging- ultrasound/x-ray etc
- Ultrasound scans including transvaginal scans
- Hysteroscopy
- Microbiology
- Biopsies
- Virology

This is not an exhaustive list and is intended as a guide to inform the further modelling of the service.

The minimum expectations and intended outcomes of the services include:

- Reducing the number of unnecessary referrals to secondary/acute care
- Improving patient treatment and clinical outcomes
- Reducing the time patients wait from first referral to diagnosis and treatment
- Waiting times will be less than four weeks for non-urgent referrals (urgent referrals are outside of scope of this service).
- Improving patient quality of life, return to work or normal social functions
- Ensuring the patient experiences a seamless handover and avoids any unnecessary duplication of assessment/diagnostics or excess waits, when onward referral is required
- Patient requests for telephone advice are answered instantly where possible, with all responses provided within one working day (for patients with long term conditions previously seen by the service)
- Patients will have a reduced duplication of diagnostic activity and assessment visits with unnecessary patient visits to the service minimised.
- All patients will be provided with a high quality, safe and effective service
- Improve the quality of life for people with long term conditions
- All patients will have investigations and interventions based on relevant NICE Guidance
- Enhancement of experience, by patients receiving the right treatment by the right clinician in the right place. This will be provided by giving care closer to home, either in a clinic setting or the patients own home.
- Improve the health and wellbeing of the Oldham population.
- Improve health outcomes through earlier diagnosis, screening, assessment, treatment, and management plans
- Timely access to all appropriate diagnostics
- The service will be able to evidence how insights gained from patient involvement and

patient experience has influenced service delivery, and the impact changes made have had on patient experience

- All elements of the service will be delivered by appropriately qualified clinicians and support staff

Providers are encouraged to submit service delivery models that meet the requirements outlined above.

The commissioners will work with the provider to develop meaningful service and patient outcomes, with measures that the provider can use to demonstrate achievement of those outcomes. Activity / performance monitoring reports will also be jointly agreed.

Individual patient outcomes will also be required to be incorporated into a care plan and agreed with the patient.

Work will continue across GM and Oldham, with the Provider, to develop a robust pathway for the local population.

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

The following indicative annual values, being modelled from 2019/2020 activity: Lot 2: Gynae £0.44m and Ring Pessary £68k

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to identify their own premises, which will need to be appropriately accessible to Oldham patients.

## **II.2) Description**

### **II.2.1) Title**

Community Continence (Bowel and Bladder) and Stoma Service

Lot No

3

### **II.2.2) Additional CPV code(s)**

- 85100000 - Health services

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

NUTS codes

- UKD37 - Greater Manchester North East

Main site or place of performance

Oldham

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

This service will provide specialist continence services to adults and children (aged 3 and upwards) registered with an Oldham GP, with complex continence problems and to provide health education, the promotion of continence, an effective assessment, treatment and management of incontinence, and to support and manage the care of patients who have a stoma.

The service will reduce unnecessary treatment and inappropriate reliance on continence products and will ensure the best use of resources, to effectively meet the needs of the local population. It will provide training and education to other healthcare workers across the locality.

In partnership with primary and community care practitioners, it will provide scheduled and unscheduled community-based care, rapid assessment, short term issue specific interventions, ongoing care and contributes to the prevention of avoidable hospital admissions and as such provides a range of specialist services to meet the needs of the local community.

The service will be available to children (aged 3 upwards) and adults who experience bladder and bowel dysfunction, requiring specialist continence assessment.

The stoma element of the service is available to those patients requiring, colostomy, urostomy, ileostomy or fistula pouch management. Stoma services are available to patients from newborn babies to the elderly.

The services will be provided in a variety of care settings; the patients' own home, residential / nursing care homes or via attendance at clinics.

The service will promote healthier lifestyles, physical, psychological and social wellbeing, and support focuses on encouraging people with disability and long-term conditions to live independent lives. The service will provide advice and a comprehensive range of treatments that enable an individual to avoid unnecessary admission to hospital, or where hospitalisation is necessary, to facilitate an early discharge back into their home setting.

Operating within the Integrated Care System (ICS), the commissioners will work with the provider to:

- Set population and system outcomes
- Develop an outcome-based specification in order for providers to deliver the service transformation and models for delivery.

Redesigning care around the delivery of outcomes that matter to patients requires a multi-disciplinary approach. This will create an environment of continuous improvement in which robust assessments of quality are constant and consistent.

Success can be evidenced by satisfaction levels and experiences and the impact of wellbeing for patients using the services and their carers and families. Individual outcomes can be identified in the patients care plan and should ensure the patients are given choices and are involved in their care to ensure their quality of life is enhanced and they are supported through changes in their circumstances.

The minimum expectations and intended outcomes of the services include:

- Patients with a stoma will be seen by a team member who has expertise in stoma care.
- Emergency admissions for acute conditions will be prevented that could be managed in a community setting.
- Prevention of unplanned hospitalisation for chronic ambulatory conditions
- Prevent emergency readmissions within 30 days of discharge from hospital
- Improve the quality of life for carers and family
- Improve the quality of life for people with long term conditions
- All patients will have an assessment of the impact of their condition on their quality of life
- All patients will have an assessment and treatment plan with their own goals and decisions documented
- All patients will have investigations and interventions based on relevant NICE Guidance
- All patients will have functional and cognitive assessments
- All independencies of patient medications and co-morbidities will be reviewed to assess the impact on their continence and the efficacy of their treatment maximised in collaboration

with the patient, their carers and other healthcare professionals involved

- All patients will have a review of their co-morbidities relevant to their incontinence
- Improved post-operative assessment psychological support
- All elective pre-operative patients will have been offered counselling
- All pre/post op patients will have been offered stoma care education and support
- Improve patient's opportunity to return to optimum functioning, that includes being offered appliances that meet their need appropriately.
- Reduction in UTI's
- Improve number of adults and children cured, treated or symptoms alleviated whilst within the service
- The service will develop a network of 'link nurses' who will be trained appropriately
- There will be prescribers in the team who will do so effectively to reduce health care cost
- To provide catheter support to include 'trial without catheter'

Providers are encouraged to submit service delivery models that meet the requirements outlined above.

The commissioners will work with the provider to develop meaningful service and patient outcomes, with measures that the provider can use to demonstrate achievement of those outcomes. Activity / performance monitoring reports will also be jointly agreed.

Individual patient outcomes will also be required to be incorporated into a care plan and agreed with the patient.

Work will continue across GM and Oldham, with the Provider, to develop a robust pathway for the local population.

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

The following indicative annual value being modelled from 2019/2020 activity: Lot 3: Continence and Stoma £1.14m

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to

identify their own premises, which will need to be appropriately accessible to Oldham patients.

## **II.2) Description**

### **II.2.1) Title**

Community elective Urology Service

Lot No

4

### **II.2.2) Additional CPV code(s)**

- 85100000 - Health services

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

NUTS codes

- UKD37 - Greater Manchester North East

Main site or place of performance

Oldham

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

The Community Urology Assessment and Treatment Service will provide a rapid access, one stop assessment and diagnostic service for routine urological conditions, delivered in community settings.

The service will work in an integrated way with all other providers of urology services. The service will need to facilitate integrated working between primary, community and secondary care.

The Urology service should identify pathways to include:

- Generic
- Prostate



- Haematuria and Bladder
- Renal

Conditions would include:

- Scrotal and penile problems including circumcision
- Urinary infections and prostatic problems in the adults (excluding cancer)
- Problems related to blood in urine
- Epididymal cysts
- Hydroceles
- Varicocele
- Circumcisions
- Flexible Cystoscopies
- Suspected benign prostatic hypertrophy
- Suspected Prostatitis
- Suspected bladder over-activity (in men and women)
- Suspected urinary incontinence - aligning with the bladder, bowel and stoma service
- Further investigations for recurrent UTI and haematuria
- Family Planning?
- Erectile Dysfunction
- Urinary frequency
- Urinary obstruction
- Cystitis
- Incontinence management

- TRUS biopsy

Emergency Urological conditions and patients under the 2-week rule will be referred direct to Secondary Care.

## DIAGNOSTICS

These will include first line diagnostics i.e. baseline pathology, ultrasound, urodynamics and endoscopic procedures. This is not an exhaustive list; appropriate near patient testing, prescribing and dispensing services must be provided by the service to support diagnosis and treatment.

Reporting of diagnostic tests must be timely and appropriate to clinical need. Access to reporting clinicians should be available if required.

Operating within the Integrated Care System (ICS), the commissioners will work with the provider to:

- Set population and system outcomes
- Develop an outcome-based specification in order for providers to deliver the service transformation and models for delivery.

Redesigning care around the delivery of outcomes that matter to patients requires a multi-disciplinary approach. This will create an environment of continuous improvement in which robust assessments of quality are constant and consistent.

Success can be evidenced by satisfaction levels and experiences and the impact of wellbeing for patients using the services and their carers and families. Individual outcomes can be identified in the patients care plan and should ensure the patients are given choices and are involved in their care to ensure their quality of life is enhanced and they are supported through changes in their circumstances.

The minimum expectations and intended outcomes of the services include:

- There will be a lead Urology expert for the service who will upskill GP's, community staff and service users.
- Medication will be prescribed where necessary for the benefit of the patient and liaise with the GP where necessary to avoid confusion
- All diagnostic tests and diagnosis will be carried out in a single appointment where possible (with the exception of CT/MRI)

- A percentage deflection of activity from secondary care which includes reduction in non emergency admissions
- There will be improved access and choice for patients closer to home
- Direct listing from pre op to surgery
- The service will be provided in the most efficient way for the population as a whole.
- The Service will collect patient reported outcome measurements and use this intelligence to review all the procedures it provides to ensure that only services that add value to people are provided.
- The service should provide a full range of self-help and information for patients, including patient counselling where indicated.

Providers are encouraged to submit service delivery models that meet the requirements outlined above.

The commissioners will work with the provider to develop meaningful service and patient outcomes, with measures that the provider can use to demonstrate achievement of those outcomes. Activity / performance monitoring reports will also be jointly agreed.

Individual patient outcomes will also be required to be incorporated into a care plan and agreed with the patient.

Work will continue across GM and Oldham, with the Provider, to develop a robust pathway for the local population.

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

The following indicative annual value being modelled from 2019/2020 activity: Lot 4: Urology £0.7m.

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to identify their own premises, which will need to be appropriately accessible to Oldham patients.

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

10 January 2022

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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: Yes

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## Section VI. Complementary information

### VI.3) Additional information

The future contract(s) is/are likely to have a duration of 5 years, with potential to be extended for up to a further 3 years - up to 8 years overall being possible. The modelled value of the intended contract(s) is/are circa £3.5m per year to meet the needs of Oldham's population, with an overall contract value across 8 years potentially being £28m.

Additionally, the CCG is considering reserving a right to expand the scope and value of the contract(s) when established, so that other localities and NHS Trusts can also access the capacity to be offered through the services, as may be assessed as required by the Greater Manchester Integrated Care System. This has the potential to double the overall potential contract life value, i.e. up to £56m.

The following indicative annual values by specialty are relevant, these being modelled from 2019/2020 activity: Lot 1: Cardiology £1.17m; Lot 2: Gynae £0.44m and Ring Pessary £68k; Lot 3: Continence and Stoma £1.14m; Lot 4: Urology £0.7m.

Additional information in the form of a Memorandum of Information (MOI), Outline Service Specifications are available to review along with a Market Engagement Questionnaire (MEQ) - see below.

Interested providers should note that the CCG is reviewing what suitable NHS premises may become available to offer to the service provider(s), but also that providers will be free to identify their own premises, which will need to be appropriately accessible to Oldham patients.

A competitive procurement is being assumed (subject to market interest and capability), which is currently scheduled to commence in January 2022 to enable a contract to be awarded by April 2022. Service commencement is anticipated by July 2022. The procurement plans to award up to 4 separate contracts, one for each of the above lots/specialties. Providers may express an interest to provide one, more or all of the services.

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\*Note: If not already registered with EU-Supply, you will need to register FREE of charge. This will be the main portal to be used to communicate with interested providers, and through which the procurement process will be managed. An attached document "EU-Supply User Guide" will be helpful. If you need technical support on the EU-Supply Portal, please contact the EU-Supply Helpdesk on 0800 840 2050 or [support@eu-supply.com](mailto:support@eu-supply.com).

Once logged into EU-Supply, search for Tender ID 47225 - "Oldham Comm Elective ME Nov21 - Oldham Market Engagement re Community Elective Services Nov 2021".

Provider organisations responding with a completed Market Engagement Questionnaire to confirm their interest, are likely to be invited to engage further with the CCG, including the CCG sharing latest versions of the service specifications, activity and financial modelling and the commercial approach being developed for the contracts - all ahead of any possible procurement process.

Note, whilst your response is not a pre-requisite to any future procurement opportunity, responses, or lack of them will be used by the CCG as evidence and inform selection of the most appropriate process to award a contract(s), including whether a competitive process should be used.