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Planning

Community Dermatology Clinical Services for Lambeth and Southwark

Guy's and St Thomas' NHS Foundation Trust

F01: Prior information notice

Prior information only

Notice identifier: 2024/S 000-034700

Procurement identifier (OCID): ocids-h6vhtk-04b171

Published 25 October 2024, 3:02pm

Section I: Contracting authority

I.1) Name and addresses

Guy's and St Thomas' NHS Foundation Trust

Great Maze Pond

London

SE1 9RT

Email

aelsbury@ecovategroup.com

Country

United Kingdom

Region code

UKI44 - Lewisham and Southwark

Internet address(es)

Main address

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

Buyer's address

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

I.3) Communication

Additional information can be obtained from the above-mentioned address

Electronic communication requires the use of tools and devices that are not generally available. Unrestricted and full direct access to these tools and devices is possible, free of charge, at

<https://health-family.force.com/s/Welcome>

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

Community Dermatology Clinical Services for Lambeth and Southwark

Reference number

ST24-P210

II.1.2) Main CPV code

- 85121282 - Dermatology services

II.1.3) Type of contract

Services

II.1.4) Short description

Guy's and St Thomas' NHS Foundation Trust (the "Authority") is seeking to appoint a provider to undertake the Community Dermatology Service, which will play a key role in supporting Lambeth and Southwark boroughs in delivering its strategy to optimise the value of referrals and improve patient experience and outcomes.

II.1.5) Estimated total value

Value excluding VAT: £800,000

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.3) Place of performance

NUTS codes

- UKI44 - Lewisham and Southwark

II.2.4) Description of the procurement

Guy's and St Thomas' NHS Foundation Trust ("the Authority") requires the provision of Dermatology Community services to be delivered for Lambeth and Southwark from April 2025 onwards.

The Authority has elected to undergo the most suitable provider process which is conducted in accordance with The Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR 2023").

The Authority is seeking a single supplier to provide dermatology services inclusive of :

- (A) A mandated single point of referral and triage for non-urgent dermatology referrals;
- (B) Diagnostic support, advice and guidance;
- (C) Management support and/ or treatment for a broad range of dermatological conditions; and
- (D) An enhanced educational programme in dermatology for primary care clinicians. This will be for a period of 5-years in the first instance.

The services will be based in estates within Lambeth and Southwark boroughs in London.

Services provided will include:

- A) A mandated single point of referral and triage for non-urgent dermatology referrals.

The Service will receive all GP-initiated non-urgent dermatology referrals and ensure that each patient is directed to the most appropriate setting. The triage service will further support referral management by actively encouraging high quality of information from referring GPs, adhering to the SEL Treatment Access Policy and providing feedback to the referrer on the

quality, suitability and destination of the referral. The triage service will actively mitigate against the lowering of referral thresholds, in cases where the GP could reasonably be expected to manage the patient's condition in primary care. All referrals will be triaged within three working days.

The service will collect triage activity data to a level that enables local demand and educational

needs to be identified and will actively seek to feed this information into the on-going educational programme (in collaboration with the Commissioner Training Coordinator) and development of the service (in collaboration with the Commissioner and acute partners).

IHL GPwERs agreed to staff the triage service, usually delivered out of hours, including the provision of holiday cross cover.

- B) Diagnostic support, advice and guidance.

The Service will work with the Commissioner to develop resources that support GPs to make an accurate diagnosis and implement a first line management plan for appropriate conditions.

These resources will include clinical guidance/checklists, accessible signposting to existing resources such as the Primary Care Dermatology Society and a directory of local educational opportunities (see section below for more detail on education).

The Service will work with the Commissioner to ensure that use of these resources becomes embedded within the referral optimisation process. As a second line option, the Service will offer a specialist advice and guidance service for GPs within the community. The provision of management plans will be an important part of the wider educational role of the Service, aiming to build confidence and capacity within primary care.

C) Management support and/ or treatment for a broad range of dermatological conditions. A list of conditions that would be expected to be managed within the Service is included below:

- Acne (moderate to severe)
- Actinic Keratosis
- Alopecia/hair loss (non-scarring)
- BCCs (unless meets secondary care or 2WW)
- Bowen's disease (or primary care)
- Congenital lesions – vascular or pigmented
- Eczema (not responding to treatment as per SEL guideline)
- Nail or scalp disorders (moderate severity)
- Hidradenitis suppurativa (not responding to treatment as per SEL guideline)
- Hyperhidrosis generalised (not responding to treatment as per SEL guideline)
- Infection + infestations, e.g. tinea (not responding to standard therapy)
- Lesion of diagnostic uncertainty (not 2WW)
- Lichen planus and other inflammatory disorders
- Pigment disorders e.g. vitiligo
- Pruritus
- Psoriasis (not responding to treatment as per SEL guideline)
- Pyogenic granulomas
- Rash of diagnostic uncertainty
- Rosacea
- Urticaria
- Skin Check – mole review in high-risk individuals
- Genital dermatosis
- Epidermoid cysts and similar benign skin lesions that meet the SEL TAP ($\geq 5\text{cm}$ refer to general surgery, max fax or plastics as appropriate).

The Service will provide consultation and treatment, delivered in more than one primary/community care setting, for dermatology patients whose treatment is outside the scope of what can be offered in primary care, and who would otherwise have been referred to hospital. The service will provide annual capacity for triaging around 4,660 referrals, offering advice and guidance and management plans to GPs for an estimated 300 patients, conducting 1,975 first consultations across all sites (plus capacity for an estimated 250 minor surgical (such as simple skin biopsies) or other procedures (such as mycology)). The Parties will use a flexible approach to providing appointment capacity across all sites so that this sufficiently matches the demand for these services and supports patient choice.

Depending on the level of demand, commissioners anticipate dedicated clinics at at least two premises across Southwark (preferably one in the north and one in the south of the borough) that provide

good accessibility for patients and facilitate patient choice.

The community clinicians will work closely with local acute partners to ensure robust clinical governance and to continuously develop the scope and quality of care provided within the community. The Parties will work with the Commissioner and other professionals and practitioners to determine and develop the optimum model of care, which reflects national best practice guidance and local commissioning intentions.

A list of conditions that would be expected to be managed within the Service is included at Appendix 1. This list is not exhaustive and commissioners recognise the difficulties in identifying discrete conditions which are suitable for an intermediate tier service, particularly given the variability in primary care capacity across the borough and the various levels of complexity within dermatological disorders. Therefore, over time the full service offering of the community clinics will need to be responsive to local need, flexible in relation to the growing expertise within primary care, and open to further scoping and development in collaboration with commissioners and local acute partners.

Where gaps in primary care expertise are identified, however, the Service will be required to work developmentally with GP practices to raise the standard of primary dermatology care, with the aim that all patients will be seen in the most appropriate setting for their condition. It will be necessary to gather clinical activity data and maintain an active dialogue with local partners to ensure that the suitability of the case mix can be kept under review and the nature of local need and demand can be properly understood.

Management of new demand will remain critical to ensure that thresholds for referral do not lower and the service remains appropriate and viable. The Service will achieve this via a robust and comprehensive triage process that provides proactive advice and guidance, encourages good quality information from referring GPs and adheres to local referral guidance.

The Service will provide minor surgery within the guidelines of the South East London Treatment Access Policy, where the same minor surgical procedure is not available within General Practice and a hospital attendance is not required. The Service will deliver best practice, evidence-based services based on NICE, British Association of Dermatologists (BAD) and local guidance.

The Service will have direct access to diagnostic testing (mycology, histology, bloods) at acute providers to enable diagnosis and subsequent management within the community without the need for a hospital attendance.

D) An enhanced educational programme in dermatology for primary care clinicians.

The Service clinicians will work closely with the Commissioner's Training Coordinator, contributing to the development and delivery of Southwark-wide education programmes. Educational interventions will be directly linked to local need, which will be identified and evaluated through clinical information collected by the Service.

The Service clinicians will be expected to support specific GP practices to optimise their dermatology referrals by contributing to referral peer review sessions.

Exclusion Criteria

GPs can refer patients of all ages with routine conditions to the Service, however patients requiring an urgent hospital referral, including those with suspected cancer, are not suitable for the Community Dermatology Service and should bypass community triage to access

secondary care directly.

The approximate value of the contract is estimated to be £800,000 with services to be provided from 1st July 2025.

This notice will be published for 14 days as per the requirements of the Health Care Services (Provider Selection Regime) Regulation 2023, to enable providers to approach the Authority and express their interest in being considered as the 'most suitable provider'.

Providers capable of delivering this service may submit their expression of interest by 17:00, Friday, 8th November 2024 via email, to tsouthgate@ecovategroup.com.

II.2.14) Additional information

The Service will manage a broad range of dermatological conditions and support the development of sustainable care pathways, which are cost-effective, responsive to local need, clearly articulated between clinical partners and underpinned by a combination of effective referral optimisation and robust educational support.

The Community Service will also play a pivotal role in strengthening the dermatology offering across Lewisham, by providing a link between primary and secondary care, building capacity and expertise within the community and diverting less complex activity away from the acute trusts, thereby improving access to secondary care for those patients requiring consultant-led treatment.

II.3) Estimated date of publication of contract notice

25 October 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

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, following the most suitable provider process. For the avoidance of doubt, the provisions of the Public Contracts Regulations 2015 do not apply to this award.

The decision-makers who are involved in this process, are included below:

Deputy General Manager

General Manager

Clinical Director

Deputy Clinical Director

Head of Nursing

Deputy Head of nursing

Joint Chief of Dermatology

Joint Chief of Dermatology

Dermatologist Manager