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Planning

Community Endoscopy Service

NHS Suffolk and North East Essex ICB

F01: Prior information notice

Prior information only

Notice identifier: 2024/S 000-036934

Procurement identifier (OCID): ocds-h6vhtk-04b6a5

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Section I: Contracting authority

I.1) Name and addresses

NHS Suffolk and North East Essex ICB

Aspen House, Stephenson Road

COLCHESTER

CO49QR

Contact

Jane Garnett

Email

procurement@snee.nhs.uk

Country

United Kingdom

Region code

UKH34 - Essex Haven Gateway

NHS Organisation Data Service

QJG

Internet address(es)

Main address

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

Buyer's address

<https://in-tendhost.co.uk/snee-icb/aspx/Home>

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

Community Endoscopy Service

II.1.2) Main CPV code

- 85100000 - Health services

II.1.3) Type of contract

Services

II.1.4) Short description

This service covers the provision of community endoscopy (colonoscopy, flexible sigmoidoscopy and gastroscopy) to patients who are with a Registered GP within Suffolk and North East Essex Integrated Care Board (SNEE ICB).

This will be a direct access service to available for GPs to refer patients into and will meet the 6-week diagnostic pathway target.

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.3) Place of performance

NUTS codes

- UKH14 - Suffolk
- UKH34 - Essex Haven Gateway

Main site or place of performance

Ipswich and East Suffolk locality.

II.2.4) Description of the procurement

Suffolk and North East Essex are currently assessing the market for potential providers of

community endoscopy services to inform future procurement decisions.

The specification is highlighted below but a full copy of the draft specification can be provided upon request by emailing procurement@snee.nhs.uk.

The Provider will: -

- Support patients to self-care and self-manage whilst supporting primary care in managing their patients, integrating fully with primary and acute care and offer an alternative to acute care for some patients
- Pro-actively work with primary care to help upskill and educate in order to: -
 - ensure a right first time diagnosis is made to ensure accurate and well directed referrals
 - allow more complex patients to be managed in primary care
 - encourage the message of prevention and self-care
- Signposting of patients as required to services such as: -
 - Mental Health services (NSFT, Suffolk Wellbeing)
 - Lifestyle services Weight Management, Fitness and Smoking Cessation etc
 - Third sector organisations such as the Coeliac society
- The Provider must operate the same endoscopy software as the local acute provider (Scorpio - from Ascribe) or 100% compatible software in order to share and exchange key patient data
- Practitioners from the Provider will be able to onward refer to secondary care if symptoms change or become concerning subject to agreement by the Strategic Partnership
- Maintain JAG (Joint Advisory Group) accreditation and participate in the Global Rating Scale to ensure the service meets national required standards
- Potentially flex their service and capacity to accommodate increases (direct or indirect) from the various bowel screening programmes
- This service will work with the Public Health commissioned service such as "Turning Point" to support patients on detoxification programmes

- Provide support to cancer Multi-Disciplinary Teams (MDTs) and 2 week wait suspected cancer pathways.

The provider will promote active relationships with partner agencies and signpost patients to the appropriate provider / service including the voluntary sector (for support groups etc.), lifestyle providers and to wellbeing support such as that provided by Norfolk & Suffolk Foundation Trust (NSFT).

The service will support patients to access a range of national and local sources of trusted and quality assured self-management /self-care information, reflecting that we are in the internet age and offering the latest clinical thinking. This is likely to include sources such as NHS Choices, Patient.co.uk and signposting patients to self-help groups or local clinics and services. For example, if a patient is following dietary advice, the service should point the patient to the tools to help monitor their intake - food tracking apps for example.

In summary: -

- Assist with developing system wide pathways that promote and emphasise: -
 - supporting patients through health promotion and self-care, self- management of common but not clinically concerning Gastro illnesses
 - improve the adoption of public health preventative measures
 - assist with earlier detection and expansion of screening programs
 - offer care closer to home
- Support increasing role of pharmacists to across all aspects of tier 1 e.g. signposting
- Help link patients with existing resources such as disorder specific charities, support groups and expert patient programmes to promote self-management
- Increase availability of patient wellbeing and self-care programs and reduce an overall reliance on primary and secondary care
- Reduce patient's reliance on use of prescribed drugs
- For those patients that have been identified through analysis of primary care data as returning to primary care for multiple appointments for symptom control, dietary advice and lifestyle support the Community Endoscopy Service will work with primary care to help empower those patients to self-manage.

Support for Primary Care

The Provider shall ensure that primary care is supported as far as practical in making an early diagnosis to ensure the patient is seen by the right person, in the right setting the first time. This would be for, but not limited to GPs and their practice staff (such as nurse practitioners) and Pharmacists and would be achieved by: -

- Support primary care clinicians to arrive at a right first time diagnosis and to offer faster treatment
- Support development and ongoing review of referral criteria and dataset checklists with primary care to ensure referrals are appropriate
- Support the design, implementation and ongoing review of referral thresholds (e.g. Haemorrhoids) with primary care colleagues
- Support the increasing role of pharmacists to in turn support all aspects of tier 2 care
- Support and improve upon the on-going education needs of primary care teams such as GPs, Practice nurses and Pharmacists on managing Gastro disorders.

The closing date to express an interest in this opportunity is 1 December 2024. Any interested providers should email procurement@snee.nhs.uk. Please note that this is not a call for competition at this time.

II.2.14) 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 do not apply to this award.

II.3) Estimated date of publication of contract notice

1 February 2025

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

For avoidance of doubt the Award Decision Makers are NHS Suffolk and North East Essex Integrated Care Board, Aspen House, Stephenson Road, Severalls Business Park, Colchester, CO4 9QR.

The Authority may wish to introduce additional services during the lifetime of the contract ("Contract modifications"). Such contract modifications will be contemplated where additional requirements are similar and or complementary to the services already included in the Specification, at any given time. Such expansion would be by the addition of services commissioned by the Authority as named in the Contract Notice. To this end, the Bidder should be aware that after the award of contract, there is a possibility that the successful Bidder may be offered a variation to the contract in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023.