

## Healthier Greenwich Partnership Meeting in Public

**Date:** Wednesday 11 December 2024

**Time:** 12.00 – 14.00

**Venue:** MS Teams

**Chair:** Iain Dimond

### **DRAFT AGENDA**

	Item	Page no.	Presented by	Time
<b>Opening Business</b>				
1.	Welcome, introductions and apologies.	Verbal	Chair	12:00
2.	Declarations of interest – relating to agenda items	Verbal	Chair	
<b>Part 1: Delivering our Healthier Greenwich Plan</b>				
3.	Thamesmead Procurement for approval	2		12:05
4.	Any Other Business	Verbal	Chair	12:25
	Next Meeting: 22 January 2025 in public		Chair	
<b>Meeting closes at 12:30</b>				

**PART TWO – To be held in confidence from 12h30**

AGENDA ITEM: 3

## Healthier Greenwich Partnership

Date: 11 December 2024

<b>Title</b>	<b>Thamesmead APMS Contract Award</b>
This paper is for <b>Approval</b>	
<b>Executive Summary</b>	<p>The Healthier Greenwich Partnership reviewed options at its meeting on 24<sup>th</sup> April 2024 regarding the procurement of the Thamesmead Health Centre APMS contract and agreed a commercial procurement. Following this a full commercial procurement was agreed as the best option to identify a provider who would provide effective and safe primary medical services for the patients registered at the Thamesmead Health Centre when the current contract ends on 31<sup>st</sup> March 2025.</p> <p>The procurement process has been overseen by the NHS Procurement service and the attached award recommendation report gives the outcome of the process.</p> <p>The panel members involved in the procurement have scored and reviewed the bids and met with bidders on the presentation days and were pleased with the standard of bids.</p> <p>Due to the commercial sensitivity of the award, the contract award will need to be based on the scores of the bids with the identity of the bidders remaining anonymous until the award is made.</p> <p>The Primary Care Working Group have reviewed the contract procurement as outlined in the report and are recommending to the Healthier Greenwich Partnership Board that Bidder C be award this contract.</p>
<b>Recommended action for the Committee</b>	The Committee Group is asked to approve that Bidder C be awarded the APMS contract for the Thamesmead Health Centre
<b>Potential Conflicts of Interest</b>	Any person involved with a practice or working with the bidders might be conflicted if the identity of bidders was known.

Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> <li><i>The awarding of the contract will be List the major risks identified and/or cross-reference to main report where relevant.</i></li> <li><i>For some papers it may be appropriate to simply state that none arise directly from the report</i></li> </ul>
	Equality impact	An EQIA assessment has been undertaken
	Financial impact	A business case for the procurement of the contract was agreed and funding for the contract is within the Primary Care delegated budget
Wider support for this proposal	Public Engagement	Members of the Patient Participant group have been involved in the procurement and members of the group have formed part of the evaluation of the bids.
	Other Committee Discussion/ Internal Engagement	<p>The HGP reviewed the options for the future procurement of the Thamesmead Health centre on 24<sup>th</sup> April and endorsed the decision of the Primary Care Working Group to undertake a full commercial procurement.</p> <p>The Primary Care Working Group has reviewed the outcomes of the procurement at their meeting on 7<sup>th</sup> November and subsequently agreed unanimously that Bidder C be awarded the contract</p>
Author:	Joyel Maledath, Procurement Manager, NHS London Commercial Hub, North East London ICB	
Clinical lead:	Dr Jose Garcia	Clinical and Care Professional Lead (Greenwich)
Executive sponsor:	Jessica Arnold	Director of Primary care

# **Award Recommendation Report**

**For the Provision of:  
PRJ2023 - Thamesmead APMS**

**On behalf of:  
NHS England (London Region) and NHS South  
East London Integrated Care Board**

## SUMMARY

---

<b>Document Name:</b>	Award Recommendation Report Thamesmead APMS.
<b>Document Purpose</b>	This report requests approval to proceed to contract award in line with South East London Integrated Care Board's Standing Financial Instructions (SFIs) in line with the ICB's Delegation Agreement with NHS England. South East London Integrated Care Board is asked to note the report's contents, the procurement process followed and to approve the award recommendation herein.
<b>Contract Title:</b>	Thamesmead APMS.
<b>Contracting Authority:</b>	NHS Commissioning Board (NHS England)
<b>NHS SEL ICB Project Lead:</b>	Nicky Skeats, Primary Care Commissioning Manager (Greenwich) NHS South East London
<b>Contract Reference:</b>	PRJ2023
<b>Contract Start Date:</b>	01 April 2025
<b>Contract End Date:</b>	31 March 2040
<b>Contract Duration:</b>	5 years, with an option to extend by a further 5 years, followed by an option to extend for a further 5 years (maximum 15 years)
<b>Date Report Produced:</b>	30 October 2024
<b>Author(s):</b>	Joyel Maledath, Procurement Manager, NHS London Commercial Hub, North East London ICB
<b>Date Tenders Issued:</b>	11 July 2024
<b>Date Tenders Returned:</b>	15 August 2024
<b>Total Contract Value:</b>	£20,823,360.00
<b>Annual Contract Value:</b>	£1,388,224.00
<b>Number of Tenders Returned:</b>	5

**Contents**

1. INTRODUCTION .....	4
1.1. The Authority (NHS England).....	4
1.2. Overview .....	4
1.3. Objectives of Procurement.....	4
2. SCOPE .....	5
2.1. Scope of Procurement .....	5
2.2. Procurement Timeline .....	5
2.3. Conflicts of Interest .....	5
3. PRE-PROCUREMENT .....	6
3.1. Project Team .....	6
3.2. Bidder Engagement .....	6
3.3. Procurement Approach .....	6
3.4. Bidder Pool.....	6
3.5. Advertisement .....	6
4. KEY CONTRACT INFORMATION .....	6
4.1. Contract Duration .....	6
4.2. Contract Value.....	7
5. ITT STAGE .....	8
5.1. ITT Expressions of Interest .....	8
5.2. ITT Clarifications .....	8
5.3. ITT Submissions .....	8
5.4. ITT Evaluation .....	8
5.5. ITT Evaluation Criteria and Weightings .....	9
5.6. Financial Evaluation .....	10
5.7. ITT Moderation.....	11
5.8. Presentation Stage.....	11
6. ITT CLARIFICATIONS (POST-TENDER).....	12
7. ITT RESULTS AND RECOMMENDATIONS .....	13
7.1. Results .....	13
7.2. Recommendation .....	13
8. RISKS.....	13
9. CONTRACT MOBILISATION AND IMPLEMENTATION .....	14
10. SIGNATURES .....	15
Appendix A – Project Team .....	18
Appendix B – Evaluator Allocation.....	20

## **1. INTRODUCTION**

### **1.1. The Authority (NHS England)**

NHS England retains formal liability for the commissioning of primary medical care GP services and is therefore referenced as “The Authority” in this award report; however, the decisions applicable to this Procurement will be made by South East London Integrated Care Board (hereafter referred to as “NHS South East London”) in line with its Delegation Agreement with NHS England. In circumstances where an Integrated Care Board has accepted fully delegated responsibility under co-commissioning, the Integrated Care Board may be the signatory to the Contract on behalf of the Authority.

### **1.2. Overview**

The Procurement for Thamesmead APMS was undertaken by NHS South East London.

The Procurement is being managed by the NHS London Commercial Hub (NHS LCH) hosted by North East London ICB, on behalf of the Authority, in connection with a competitive Invitation to Tender (ITT) exercise that is being conducted via a competitive process, based on The Health Care Services (Provider Selection Regime) Regulations 2023 (“the Regulations” (as amended)).

This report provides details pertaining to the procurement process and associated award recommendation for the Thamesmead APMS contract for NHS South East London.

### **1.3. Objectives of Procurement**

The key objectives of The Procurement were to:

- offer patients improved and sustainable access to NHS primary medical care services through additional capacity, opening hours and consultation methods as necessary.
- maintain, and where possible improve, the quality of primary medical care services available to patients in particular working with the local community and neighbourhood to improve health interventions.
- deliver affordable and Value for Money (VfM) NHS primary medical care services;
- ensure the service is underpinned by effective audit and best practice; and
- ensure that the Provider is properly integrated into the local health community in the Royal Borough of Greenwich and the wider SEL ICS, is a core member of the local Primary Care Network and has effective links with all acute trusts within the locality, with the local authority and other local Providers.

## 2. SCOPE

### 2.1. Scope of Procurement

This Procurement concerns the Procurement of GP-led primary medical care services to registered patients residing in the Practice registration area, and/ or patients registered with the practice as temporary patients, in line with NHS England GMS contract regulations.

### 2.2. Procurement Timeline

Key Milestones	Date
Business Case Approved by NHS England Commercial Executive Group	21/06/2024
Advert published on Contracts Finder / Find a Tender / ProContract	11/07/2024
Invitation to Tender (ITT) issued	11/07/2024
Deadline for receipt of ITT clarification questions	01/08/2024
Deadline for ITT submissions (via the Procurement Portal)	15/08/2024
ITT Evaluation	19/08/2024 – 06/09/2024
ITT Moderation	16/09/2024 – 04/10/2024
Bidder Presentation and Interview	23/10/2024 – 24/10/2024
Recommendation to Board / Award Report sign-off	18/11/2024 – 22/11/2024
Inform Bidders of the outcome	02/12/2024
Intention to award notice	02/12/2024
Standstill period (8 working days)	02/12/2024 – 13/12/2024
Contract award	16/12/2024
Mobilisation	17/12/2024 – 31/03/2024
Service commencement	01/04/2025

### 2.3. Conflicts of Interest

To safeguard against potential conflicts of interest influencing the procurement process and evaluations, all panel members signed conflict of interest declarations and non-disclosure agreements. Project members and Evaluators were informed of their role and the importance of the confidential nature of this procurement. No material conflicts of interest were raised by panel members.

In addition, as part of the bid response all Bidders were required to submit conflict declarations. No material conflicts were declared.

On the basis of the received declarations, The Authority and NHS London Commercial Hub are assured that the process has been conducted free of material conflicts.



### **3. PRE-PROCUREMENT**

#### **3.1. Project Team**

A cross-functional team were involved in delivering this project. A number of evaluators were involved in scoring the responses from the bidders (see Appendix A).

#### **3.2. Bidder Engagement**

The NHS London Commercial Hub requested market feedback, on behalf of the Authority and NHS South East London in May 2024 using Microsoft Forms – Questionnaire.

The online questionnaire requested feedback on the service model, bidding model, contract duration, finance (including contract value), procurement timelines, mobilisation, barriers to bidding, any other risks associated with the service or the procurement and what information and support bidders would need from the Authority. We received feedback from ten organisations.

#### **3.3. Procurement Approach**

An Invitation to Tender (ITT) exercise in line with the competitive process under The Health Care Services (Provider Selection Regime) Regulations 2023 was adopted.

A one-stage evaluation process was undertaken for the Exclusion criteria, Selection Questionnaire and ITT Questionnaire.

All bidders who had a mathematical chance of winning were eligible for going forward to the presentation/interview stage. Bidders who failed one of the Pass/Fail questions would not qualify for the presentation and interview and would be eliminated from the process. A Presentation and Interview stage was then undertaken.

#### **3.4. Bidder Pool**

The Authority set out to receive responses from suitably qualified and experienced healthcare providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to provide the range of services as set out in the MOI in a safe and effective manner.

#### **3.5. Advertisement**

The formal Procurement process was advertised on 11 July 2024 on Contracts Finder and Find A Tender. The advertisement contained information about the Tender opportunity. This information and the ITT documentation were made available online simultaneously with the intention to provide sufficient information for potential Bidders to determine whether to bid for the contract opportunity.

### **4. KEY CONTRACT INFORMATION**

#### **4.1. Contract Duration**

As a result of this Procurement exercise an agreement will be entered into with the Successful Bidder. The Contract will commence on 01 April 2025 for an initial period of 5 years (60 months). The Contract may be extended for an additional period of up to 5 years (60 months), at the sole discretion of the Authority, followed by a further optional extension period of up to 5 years (60 months) at the sole discretion of the Authority. Therefore, the maximum duration of the contract if all available extensions are applied will be 15 years (180 months).

#### **4.2. Contract Value**

The maximum available annual contract value for this project is £1,388,224.00.

Over the 15 years, the total maximum contract value will be £20,823,360.00.

## **5. ITT STAGE**

### **5.1. ITT Expressions of Interest**

Following the advertisement, 20 providers submitted expressions of interest (EOIs) by accessing the e-tendering portal.

### **5.2. ITT Clarifications**

A clarification question (CQ) and answer process operated during the ITT stage. Bidders asked clarification questions via the portal and responses were published to all Bidders in line with transparency and equal treatment requirements.

### **5.3. ITT Submissions**

The ITT closed on 15 August 2024 at 12:00 (noon).

There were five respondents to the ITT:

Bidder A

Bidder B

Bidder C

Bidder D

Bidder E

Out of the total 20 that had expressed interest in the procurement, 15 organisations did not provide a response to explain why they have not submitted a bid for this opportunity.

### **5.4. ITT Evaluation**

The ITT consisted of two questionnaires and a presentation stage:

1. Selection Questionnaire (Pass/Fail);
2. ITT Questionnaire (88.00% and Pass/Fail – Financial Modelling Template was scored on a Pass/Fail basis with 0.00% weighting);
3. Presentation stage (12.00%).

The Selection Questionnaire was based on the standard Cabinet Office document. Evaluation of the Selection Questionnaire was undertaken by Procurement, Finance lead, Commissioners, Clinician as well as some being automatic Pass/Fail.

Evaluation of the Conflict of Interest Declaration and Non-Disclosure Agreement was undertaken by the NHS London Commercial Hub.

The ITT questionnaires were assigned to individual panel members as outlined in Appendix B, to score in line with the distribution of questions agreed.

All evaluators were offered training and before the evaluation commenced, all of the panel members undertook evaluator training to go through the tendering portal, procurement governance, ethics and approach. All evaluators were also provided with an "Evaluator Guidance document" used during their training and as a supporting document to aid their actual evaluation of the Bids.

### 5.5. ITT Evaluation Criteria and Weightings

Questionnaire	% Weighting
<b>Selection Questionnaire</b>	<b>Pass/Fail</b>
ITT Questionnaire	88.00
<b>Bidder Presentation/Interview stage</b>	<b>12.00</b>
<b>Total</b>	<b>100.00</b>

Detailed scoring methodology and weighting criteria were published within the ITT documentation in accordance with procurement regulations.

The evaluation was conducted in line with the published weightings and the agreed 0-4 scoring/pass fail criteria and definitions.

Grade Label	Score	Definition
<b>Non-compliant</b>	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
<b>Major concern(s)</b>	1	Response addresses some or all parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
<b>Minor concern(s)</b>	2	Response addresses most or all parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
<b>Good</b>	3	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
<b>Excellent</b>	4	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

## 5.6. Financial Evaluation

The financial evaluation was based on:

1. Bidders' response to a financial model template (FMT) (Pass/Fail criteria)
2. Financial standing of the bidding entities evaluated based on the financial statements provided by the bidders in the Basic selection criteria.

### Financial Model Template – Pass/Fail evaluation criteria description

**Pass:** Based on the evidence contained in the Bidder's response to the FMT, the Authority is satisfied that the Bidder is able to deliver the Services as described elsewhere in its Bid, including as to quality and levels of service, on a sustainable financial basis over the term of the Contract.

In assessing this question, the Authority will consider whether:

- the costed level of resources in the FMT are equal to those proposed elsewhere in the Bid and/or required to enable the Services to be provided as described elsewhere in the Bid;
- the costs submitted in the FMT represent or reflect reasonable cost allocations associated with delivery of the Services as described elsewhere in the Bid;
- the projected service costs in the FMT do not exceed the projected total income in the FMT in any year of the Contract;
- the projected service costs in the FMT reflect a reasonable level of margin/profit so as to offer mitigation of the risk of loss in any one year of the contract; or, where margin/profit levels are very low, the Bidder has provided suitable explanation of how the risk of losses will be mitigated and financial sustainability of the contract will be assured so as to provide confidence to the Evaluator that the contract is financially sustainable and
- where the FMT indicates any risks around extended periods of negative cash flow (against the expected income levels for the Services in question), the Bidder has appropriate mitigations to assure the Authority that it could manage these periods through to positive cash flow via the use of available reserves, credit facilities, and/or funding via a parent company or partner organisation.
- The Authority also reserves the right to verify any information contained in the response to the FMT against the Bidder's response to other questions.

**Fail:** Any submission, which is not a "Pass", will be a "Fail".

Furthermore, the FMT will fail in the following circumstances:

- The FMT has not been completed according to the instructions provided;
- There are omissions from the costs section of the FMT which impact on the projected NET profit or loss;
- The FMT demonstrates a loss over the period of the Contract, or a significant risk of loss without sound explanations/plans to mitigate the loss/risk of loss;
- The revenue and cost projection is deemed not to be financially viable;
- There are errors in the figures provided within the costs section of the FMT which impact on the projected NET profit or loss;
- There are no or insufficient explanations on the methodology and key assumptions used to calculate revenue and cost projections;
- The Bidder has not given detailed cost estimates for mobilisation and sufficiently explained how it intends to cover the cost of mobilisation where cash resources appear to be insufficient.

The bidders' financial templates were checked and evaluated in detail to ensure they were compliant and that no errors or clear omissions had been made. The financial templates were also checked and evaluated for their robustness.

### **5.7. ITT Moderation**

Following the completion of evaluation, the scores and commentary provided by the evaluators was moderated. Moderation meetings was held virtually from Monday 16 September 2024 to Friday 04 October 2024 and was facilitated by a representative from the NHS London Commercial Hub. The role of the Procurement representative for each question, was to review the scoring of all evaluators for that question and to facilitate discussions between the evaluators for that question, with the aim of moderating and reaching a consensus on scoring. This provided evaluators with opportunity to fully discuss the rationale behind individual differences in scores and commentary. The Moderator then recorded the consensus score and comment for that question for all the bidders. The same approach was used for all the questions.

Upon completion of the ITT moderation, the consensus scores and commentary were held by the Procurement Team for use in the scoring calculations to determine those Bidders shortlisted to the Presentation stage of the tender. Bidders would only be invited to the Presentation stage if they had a mathematical chance of winning the tender at this stage (i.e. were within 12.00% of the top-scoring Bidder prior to presentations) and did not fail any of the Pass/Fail questions.

### **5.8. Presentation Stage**

Within the published evaluation methodology and weighting criteria, 12.00% was assigned to a presentation stage, which was held immediately following the ITT evaluation and moderation period.

Based on the scoring, four out of five Bidders who responded to the ITT were invited to the Presentation/Interview stage, Bidder E was not invited to interview because they were more than 12% from the highest scoring bidder after evaluation of bids, and therefore mathematically impossible that they would win the contract. The bidders invited for Presentation/interview were:

- Bidder A
- Bidder B
- Bidder C
- Bidder D

The Procurement Team completed a quality assurance process on the scoring for accuracy prior to the invite being issued.

The Presentations were held on Wednesday 23 October 2024 and Thursday 24 October 2024. The time allotted to the bidders was 20 minutes for the presentation (followed by a 5 minute period of time for any clarification questions). Each of the evaluators scored the Bidder's presentation. The evaluators then moderated their scores to arrive at a final set of scores and moderated comments for the bidders, based upon the presentation content.

**The Presentation stage comprised of the following:**

Strong neighbourhood working and connected services are central to reducing health inequalities in Greenwich and a means to support primary care teams. The new provider for Thamesmead Health Centre will need to be committed to this way of working.

Please describe how you will demonstrate this commitment to neighbourhood working and connectivity in Thamesmead in the following areas:

Title	Presentation/Interview Question(s)	Weighting
<b>PCN and Community working</b>	<b>Set out how you will build relationships with the following groups to improve health care for residents of Thamesmead</b> <ul style="list-style-type: none"> <li>• River view PCN,</li> <li>• voluntary and community services</li> </ul>	<b>3.00%</b>
<b>Reducing health inequalities</b>	<b>Describe how you will engage with the local community to increase health screening and vaccinations</b>	<b>3.00%</b>
<b>Digital Technology</b>	<b>Provide examples of the approaches your organisation has taken to improve uptake of the NHS App and other digital services</b>	<b>3.00%</b>
<b>Neighbourhood Innovation</b>	<b>Please describe ways in which you propose to connect with the local neighbourhood and support networks to improve health provision</b>	<b>3.00%</b>
		<b>TOTAL WEIGHTING - 12.00%</b>

The Presentation Stage was evaluated on the evaluation criteria published in the ITT using a 0-4 scale.

## 6. ITT CLARIFICATIONS (POST-TENDER)

The incorrect conflict of interest form was sent to the provider.

The Procurement Team messaged the five bidders and sent them the correct conflict of interest form.

Conflict of interest declarations submitted by all five bidders lacked details of at least one relevant person (even if there was no conflict of interests to be declared).

The Procurement Team messaged the five bidders via the messaging facility on Atamis e-tendering portal to resubmit their conflict-of-interest declarations with the missing information. All bidders resubmitted a duly completed conflict of interest declaration form within the stated deadline.

## 7. ITT RESULTS AND RECOMMENDATIONS

Following the full evaluation process, a single consolidated score was established for each Bidder. The Preferred Bidder is the Bidder that offered the Most Economically Advantageous Tender (MEAT), i.e. the bid that achieved the highest combined score.

### 7.1. Results

Questionnaire	Max Weighting	Bidder A	Bidder B	Bidder C	Bidder D	Bidder E
<b>Selection Questionnaire</b>	<b>Pass/Fail</b>	Pass	Pass	Pass	Pass	Pass
<b>ITT Questionnaire</b>	<b>88.00</b>	58.75	68.13	71.50	66.63	44.75
<b>Financial Model Template</b>	<b>Pass/Fail</b>	Pass	Pass	Pass	Pass	Pass
<b>Presentations</b>	<b>12.00</b>	4.50	9.75	7.50	12.00	Did not have a mathematical chance to win to attend
<b>Total Score</b>	<b>100.00</b>	<b>63.25</b>	<b>77.88</b>	<b>79.00</b>	<b>78.63</b>	<b>44.75</b>
<b>Ranking</b>		4	3	1	2	5

### 7.2. Recommendation

Based on the outcome of the evaluation and in line with the criteria stipulated by the Authority within the ITT documentation, it is recommended that the contract be awarded to the Preferred Bidder (Bidder C). The Preferred Bidder is the Bidder that offered the Most Economically Advantageous Tender (MEAT), i.e. the bidder who achieved the highest combined score.

**Bidder C's total score was 79.00%.** This was the highest score across the bids received. It is therefore recommended that the contract be awarded to Bidder C.

There were some questions in which Bidder C scored a 2 (minor concerns) which require assurances prior to final contract signature.

It is proposed that the contract award is made to this Bidder with the stipulation that the Bidder must provide the ICB with assurances in the highlighted areas where concerns were raised over the Bidder's response and that the Bidder must satisfy these areas to the satisfaction of the ICB before a contract is signed.

The ITT process contained provision for assignment of a "Reserve Bidder". The second-placed Bidder, Bidder D, will be designated as the Reserve Bidder and should Bidder C fail to provide the necessary assurances to the ICB or otherwise fail to progress to contract signature as required, the ICB has the right to retract the award of contract and award the contract to the Reserve Bidder instead. Bidder D's bid received a score of 2 out of 4 on some of questions (minor concerns) therefore, assurances would need to be requested should the ICB need to revert to the Reserve Bidder.

## 8. RISKS

### Invitation to Tender scores

All scores of the Preferred Bidder recorded below a score of 3 (Good) if any, in scored questions, will be sent to the Commissioner following the approval of this paper. The concerns raised by the evaluators will be listed as caveats on the provisional award letter. In order for a Bidder to proceed beyond the provisional award stage all caveats must be sufficiently addressed prior to final contract signature.



### **Legal Challenge**

There could be potential representations from the unsuccessful bidders. Detailed rationale has been provided to support the scores provided and a thorough quality assurance process has taken place to ensure accuracy.

Robust Quality Assurance methodology is applied by North East London Commercial Hub in all of the procurements they manage, and all evaluators undertook training and were present at all scoring and moderating meetings. These were then followed up with written records afterwards for every question/score, that were approved in writing. In procurements where the scores are very close, such as the closeness of Bidders B, C and D in this procurement, this diligence at every step by all parties was particularly important for ensuring a fair, thorough and optimal outcome for the commissioner, the bidders and the patients and staff of Thamesmead Medical Centre.

## **9. CONTRACT MOBILISATION AND IMPLEMENTATION**

The planned contract commencement date is 01 April 2025.

Contract award and mobilisation will only commence following successful completion of the 8 working-days Standstill period. During this 8 working days period, no progression towards contract signature will be made.

## 10. SIGNATURES

The Project Board and the below-mentioned signatories request the approval from NHS South East London Integrated Care Board (on behalf of the NHS England) in line with the SFIs and Scheme of Delegation.

### PREPARED BY

**Name** Joyel Maledath

**Position** Procurement Manager

**Signature** 

**Date** 01/11/2024

### RECOMMENDED BY

**Name** Khadijah Yasmin

**Position** Deputy Head of Procurement

**Signature** 

**Date** 01/11/2024

**Name** Nicky Skeats

**Position** Primary Care Commissioning Manager (Greenwich)

**Signature** 

**Date** 4/11/24

**Name** Jessica Arnold

**Position** Director of Primary Care & Neighbourhoods (Greenwich)

**Signature** 

**Date**

### APPROVED BY

**Name**

**Position**

**Signature**

Date

Please leave blank

## Appendix A – Project Team

Name	Organisation	Job Title	Role/Expertise in Procurement
<b>Maria Howdon</b>	South East London ICB	Assistant Director of Primary Care (Greenwich)	Removed from the project team due to previous employment with a bidder.
<b>Nicky Skeats</b>	South East London ICB	SEL Primary Care Commissioning Manager (Greenwich)	Commissioning Lead and Evaluator - Selection Questionnaire and ITT Questionnaire. Presentation Panel member - Evaluator
<b>Hannah Clarke</b>	South East London ICB	Senior HR Business Partner	Evaluator – ITT Questionnaire
<b>Jessica Arnold</b>	South East London ICS	Director of Primary Care and Neighbourhoods (Greenwich)	Evaluator – ITT Questionnaire. Presentation Panel member - Chair
<b>Joyel Maledath</b>	North East London ICB	Procurement Manager	Procurement Lead
<b>Khadijah Yasmin</b>	North East London ICB	Deputy Head of Procurement	Procurement Support
<b>Joe Stock</b>	South East London ICB	Strategic Information Governance Lead for South East London ICB	Evaluator - Selection Questionnaire and ITT Questionnaire
<b>Chris Dance</b>	South East London ICB	Assoc. Director of Finance	Evaluator - Selection Questionnaire and ITT Questionnaire
<b>Alexander Pini</b>	South East London ICB	Assistant Director Medicine Optimisation (Greenwich)	Evaluator - ITT Questionnaire
<b>Dr Jose Garcia</b>	South East London ICB	NHS Healthier Greenwich Partnership Clinical and Care Professional Lead	Evaluator - ITT Questionnaire Presentation Panel member - Evaluator
<b>Harpinder Priest</b>	South East London ICB	Senior Quality Manager ICB	Evaluator - ITT Questionnaire
<b>Hung Van Nguyen</b>	South East London ICB	Head of Primary Care - Finance	Evaluator - Selection Questionnaire and ITT Questionnaire
<b>Markus Durkie</b>	South East London ICB	Professional Property Lead	Evaluator - ITT Questionnaire
<b>Meri Awudu</b>	South East London ICB	Infection prevention and control nurse specialist	Evaluator - ITT Questionnaire
<b>Monga Mafu</b>	South East London ICB	Digital Lead	Evaluator - ITT Questionnaire
<b>Nora Simon</b>	South East London ICB	Assistant Head of Primary Care	Evaluator - ITT Questionnaire
<b>Julie Partridge</b>	South East London ICB	Commissioning Manager	Evaluator - ITT Questionnaire
<b>Anu Massey</b>	Healthwatch	Healthwatch Chainman	Evaluator - ITT Questionnaire
<b>Peter Brown</b>	Thamesmead Health centre	Patient Representative	Evaluator - ITT Questionnaire
<b>Dolorosa Buhari</b>	Thamesmead Health centre	Patient Representative	Evaluator - ITT Questionnaire Presentation Panel member - Evaluator

Name	Organisation	Job Title	Role/Expertise in Procurement
<b>Samantha Bennett</b>	Royal Borough of Greenwich	Assistant Director Public Health	Presentation Panel member - Evaluator
<b>Momotaz Mac</b>	South East London ICB	Lead Pharmacist SEL ICB	Presentation Panel member - Evaluator

### Presentation Stage Evaluation Panel

Job Role	Organisation	Panel member	Status
Director of Primary Care and Neighbourhoods	NHS South East London	Jessica Arnold	Chair (Non-Scoring)
SEL Primary Care Commissioning Manager (Greenwich)	NHS South East London	Nicky Skeats	Evaluator
NHS Healthier Greenwich Partnership Clinical and Care Professional Lead	NHS South East London	Dr Jose Garcia	Evaluator
Assistant Director Public Health	South East London ICB	Samantha Bennett	Evaluator
Lead Pharmacist SEL ICB	South East London ICB	Momotaz Mac	Evaluator
Lived Experience	Thamesmead Health Centre	Dolorosa Buhari	Evaluator
Procurement Manager	NHS London Commercial Hub, Hosted by NHS North East London	Joyel Maledath	Procurement Lead (Non-Scoring)

## Appendix B – Evaluator Allocation

## ITT Questionnaire

Question Number	Question Title	Scoring Type	Evaluator 1	Evaluator 2	Evalauter 3	Evalauter 4
01.1	Confirmation of understanding the nature of the delivery service	Pass/Fail	Joyel Maledath	Khadijah Yasmin		
02.1	Lease agreement	Pass/Fail	Joyel Maledath	Khadijah Yasmin		
03.1	Specification compliance	Pass/Fail	Joyel Maledath	Khadijah Yasmin		
04.1	Prescribing Management	Scored	Alexander Pini	Dr Jose Garcia		
05.1	Patient Engagement and Experience	Scored	Peter Brown	Nicky Skeats	Anu Massey	Dolorosa Buhari
06.1	Population health	Scored	Alexander Pini	Dr Jose Garcia		
07.1	Workforce Structure	Scored	Hannah Clarke	Alexander Pini		
07.2	Workforce Structure	Scored	Hannah Clarke	Alexander Pini		
08.1	Social Value 1	Scored	Marcus Durkie	Nicky Skeats		
09.1	Social Value 2	Scored	Hannah Clarke	Nora Simons		
10.1	Mental Health	Scored	Nicky Skeats	Dr Jose Garcia		
11.1	Clinical Safety	Scored	Dr Jose Garcia	Hannah Clarke		
12.1	Carers	Scored	Peter Brown	Nicky Skeats	Anu Massey	Dolorosa Buhari
13.1	Digital Technology	Scored	Monga Mafu	Jessica Arnold		
14.1	Clinical and Integrated Governance	Scored	Harpinder Priest	Julie Partridge		
14.2	Clinical and Integrated Governance	Scored	Harpinder Priest	Julie Partridge		
15.1	Premises and equipment management	Scored	Marcus Durkie	Julie Partridge		
15.2	Premises and equipment management	Scored	Marcus Durkie	Julie Partridge		
16.1	Infection control	Scored	Meri Awudu	Dr Jose Garcia		
17.1	Patient Access	Scored	Monga Mafu	Jessica Arnold		
18.1	Information Governance	Scored	Joe Stock	Harpinder Priest		
19.1	Continuous improvement and learning	Scored	Harpinder Priest	Nora Simons		

19.2	<b>Continuous improvement and learning</b>	Scored	Harpinder Priest	Nora Simons		
20.1	<b>Digital Exclusion</b>	Scored	Monga Mafu	Jessica Arnold		
21.1	<b>Safeguarding</b>	Scored	Harpinder Priest	Dr Jose Garcia		
22.1	<b>Business Continuity</b>	Scored	Nora Simon	Julie Partridge		
23.1	<b>Staff supervision and training</b>	Scored	Hannah Clarke	Nicky Skeats		
24.1	<b>Financial Model Template (FMT) submission</b>	Pass/Fail	Chris Dance	Hung Van Nguyen		
24.2	<b>Financial Model Template (FMT) submission (narrative)</b>	Pass/Fail	Chris Dance	Hung Van Nguyen		
25.1	<b>Mobilisation Plan</b>	Pass/Fail	Nora Simon	Jessica Arnold		
25.2	<b>Mobilisation Plan</b>	Pass/Fail	Nora Simon	Jessica Arnold		