Step 9: Tender
Tool 1: ITT Template
This tool is for use in conjunction with Step 9 of the Commissioning Toolkit document

Note:

This ITT is drafted on the following basis:

- The first stage of the project, the MOI and PQQ, has been completed and a pool of bidders has been selected to participate in the project.

- There is no dialogue stage – the second stage of the project is the invitation to tender. However, the content in this ITT could be used to structure an invitation to participate in dialogue and this should be considered if the Project is particularly complex or requires discussion with bidders to finalise the structure (for example on a region wide procurement, you may need to consider the geographic coverage to be assumed by each bidder and thus an ITPD would allow you to consult with bidders on how the region is divided.

- The ITT contains a number of example questions. You might consider including these in the PQQ if appropriate.

The ITT should be drafted in clearly defined sections to aid the bidders. Often a bidding organisation will ask different departments to review and respond to the ITT, and therefore dividing the document by workstream is useful.

The ITT should cover the following:

1 **Introduction** – this section should set out the purpose of the ITT and the rationale for the procurement.

2 **Detailed section on the workstreams to be evaluated** – these sections should set out a general description of the workstreams being evaluated.

3 **Evaluation Criteria** – this section should set out the questions to be answered by the bidders in their bid submission together with guidance on how those questions will be evaluated (included any weighting given to each question).

4 **Project Framework** – this section should set out the timeline for the project and the rules for participation.

EXECUTIVE SUMMARY

1 INTRODUCTION

[Note: This section is the Commissioner's executive summary of the rationale for the project. A person reading this section should obtain a clear understanding of why the project is required and why it is important for the local health economy (if this is an Option 2 tender) or the regional health economy (if this is an Option 3 tender).]

1.1 The strategic drivers for the Commissioner's ***[Name]*** Project (the **"Project"**) arise primarily from the requirement to implement the recommendations of the Review of NHS Pathology Services in England chaired by Lord Carter of Coles in 2005 and 2009 (the Carter Report). Another key driver is the national Quality Innovation Prevention and Productivity (QIPP) programme.

1.2 The Carter Report clearly identifies the optimum service delivery model for pathology through the formation of managed networks. ***[Note: Insert any evidence that the Commissioner has tested the recommendations of the Carter report for this particular Project (for example has the Commissioner issued an Outline Business Case presenting options for the Project?) The following paragraphs have been provided as examples only and must be tailored to reflect the steps taken in your organisation.]*** [The recommendations from the Carter Report have been tested further within the ***[the Commissioner's organisation]*** and were supported by ***[name]*** reports.

1.3 [In ***[month / year]***, responding to the Carter reports 2005 and 2009, the Commissioner's Operations Board (comprising the Chief Executives of the Clinical Care Groups in the region and executive officers of the Commissioner), sponsored a project to transform pathology services within the ***[area/region]***.]

1.4 [An agreed Outline Business Case provided for an option that aligns with the White Paper, "Equity and Excellence: Liberating the NHS".]

1.5 The agreed objective of the Project is to ***[insert agreed objective, for example "re-commission Community Pathology Services" for Option 2 or "commission Community Pathology Services via Clusters" for Option 3]***.

1.6 [All Community Pathology Services within ***[area]*** will be commissioned by [the Commissioner] and the Commissioner will enter into a Commissioning Contract with the Recommended Bidder(s).]

OR:

[All Community Pathology Services within ***[region]*** will be commissioned by the Commissioning Consortia via a Cluster model and each Cluster will enter into a Commissioning Contract(s). This will inevitably lead to some instability for other pathology services but it is expected that this will drive all parties to reconfigure the non-urgent hospital based pathology services and lead to system wide efficiencies and savings.

1.7 Bidders should note the following key issues:

[Note: Detail any key issues with the Project being undertaken.]

Examples for Option 2:

(a) the Project is primarily a commissioner-led commissioning of services to procure Community Pathology Services;

(b) the commissioning of Community Pathology Services will result in significant changes in resource deployment and payment flows and there is a risk of disruption to the local health economy; and

(c) the outcome for any given stakeholder in the system of participating in this process will vary significantly according to its current arrangements and the impact of the changes.

Examples for Option 3:

(a) the Project is primarily a commissioner-led collaboration and formation of Commissioning Consortia, to procure Community Pathology Services from Clusters via a common service specification;

(b) the reconfiguration of Community Pathology Services on the scale anticipated by the Project will result in significant changes in resource deployment and payment flows; and

(c) the outcome for any given stakeholder in the system of participating in the reconfiguration process will vary significantly according to its current arrangements and the impact of the changes.

1.8 It is anticipated that although an Any Willing Provider model may be more disruptive, the successful implementation of the Project will ensure the continued responsiveness of the provider models to commissioner needs post cluster formation and will create a framework that allows concerns to be addressed.

1.9 The Project has been designed to deliver the agreed service delivery model in which existing or new providers compete to form delivery models for Community Pathology Services. These provider models are expected to be created by re-commissioning Community Pathology Services with the view to reducing the volume of testing activity and associated services. Critical will be the transition and ramp-up from the current Commissioning Contract to the new Commissioning Contract. The provider models will be selected by:

(a) clinical/commissioner service outcomes;

(b) the affordability and value for money of the proposal. These and the corresponding re-configuration costs requested of the providers are required to produce savings to the Commissioner's health economy;

(c) minimum transition/ramp up length; and

(d) service resilience.

OR:

The Project has been designed to deliver the agreed service delivery model in which existing or new providers compete to form delivery models for Community Pathology Services. These provider models are expected to be created by consolidating the volume of testing activity and associated services. Critical will be the transition and ramp-up from the old model to the new reconfiguration model. The provider models will be selected by:

(a) clinical/commissioner service outcomes;

(b) the affordability and value for money of the proposal. These and the corresponding re-configuration costs requested of the providers are required to produce savings to the Commissioner's health economy;

(c) minimum transition/ramp up length; and

(d) service resilience.

1.10 ***[Note: State whether this procurement is open to the Independent Sector or whether it is intra-NHS only. For example: "The Project is an intra-NHS re-organisation and lead Bidders must be NHS Trusts. Bidders are permitted to use NHS and/or Independent Sector providers as sub-contractors".]***

1.11 The Project should fulfil the Commissioner's objective to ***[insert agreed objective, for example "increase capacity and future proof the provision of Community Pathology Services" if Option 2 OR "provide geographic and service coverage recognising that this may reduce the number of providers via the Clusters and lead to a system-wide restructuring" if Option 3]***. Providing high quality, efficient Community Pathology Services and innovation in service delivery are also key objectives for the Project.

CLINICAL SERVICES

1 INTRODUCTION

1.1 The Commissioner is looking for Bidders with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to deliver high quality, efficient and clinically effective pathology services in a safe and compliant environment.

1.2 The purpose of this section is to supplement the information provided in the MOI and intends to:

(a) provide an overview of the existing pathology services [commissioned by the Commissioner] OR [provision ***[in area/region]]***;

(b) outline the aim of the ***[service reconfiguration]/[commissioning]***;

(c) describe the service requirements for Community Pathology Services; and

(d) describe the clinical standards that Providers must meet when delivering Community Pathology Services.

2 EXISTING PATHOLOGY SUPPLY

[Note: This section should be tailored to demonstrate the current provision of pathology services in the relevant area/region. If this is an Option 2 tender, the detail should be focussed on the facts and figures for the local area, although region-wide data may be relevant if, for example, there is a difference between spend in different CCG's demonstrating inefficiency in the particular area concerned. An Option 3 tender will focus on the facts and figures for the region.]

2.1 Pathology is a highly complex and highly technical service, covering a range of disciplines with differing case mixes, a range of response times, and a variety of delivery locations. "Pathology" is the overarching name covering a complex range of activities performed in a variety of different settings and via a number of different delivery methods. Pathology services are a vital critical enabler in arriving at the correct clinical diagnosis, informing treatment and preventing infection in a very high percentage of secondary and tertiary patient episodes, as well as being a key element in many patient interactions in the community. It is also an essential element of research into the causes of disease and illness, their prevention and treatment. It is widely known that pathology services are responsible for supporting 70% of all clinical decisions.

2.2 Pathology services normally involve the collection of specimens including clinical and technical advice to Community Users about appropriate investigations and preparation of the patient, laboratory processing and analysis, reporting the results to the originating clinician along with an interpretation of laboratory results within the declared clinical context and appropriate clinical advice. A key element of many pathology services is the involvement of consultant pathologists in assessing a patient and his/her related pathology test results and giving clinical advice, education and training for Community Users on the use of tests and the management/treatment of patients.

2.3 ***[Insert area/region specific information here]***

3 AIM OF [SERVICE RECOMMISSIONING]/[SERVICE RECONFIGURATION]

3.1 The aim of the Project is to ensure that there is consistent and affordable provision of high quality, safe and compliant Community Pathology Services ***[in name area / across name region]***. The Community Pathology Services shall be delivered efficiently [***via the Commissioning Contacts]/[through the consolidation of the existing services through the formation of large centralised hubs]***.

3.2 The outcome of the Project must ensure comprehensive access to pathology services for all Community Users and their patients ***[in name area / across name region]***. Bidders must reflect on the impact of their proposals on the wider system as a whole and must recognise, manage and limit the potential for unintended consequences on patient care.

4 SERVICE REQUIREMENTS

CLINICAL SERVICES

[Note: This section should describe in detail the services you expect the bidders to provide. This is likely to include: (i) high-level requirements such as improving patient experience and improving clinical outcomes; (ii) specific requirements relating to service delivery such as efficient delivery, capacity and capability; and (iii) an overview of the service specification.]

4.1 The Provider shall provide a comprehensive Community Pathology Service within an overall system of resilient pathology service provision that must:

(a) meet the service needs of Community Users;

(b) act as an enabler for the delivery of clinical services in the community;

(c) improve overall user and patient experience and optimise the patient journey; and

(d) improve clinical outcomes and streamline clinical pathways.

4.2 The Provider must:

(a) provide high quality laboratory output through robust and standardised laboratory processes and a specialist consultant-led service;

(b) deliver efficient and highly productive services meeting the resource constraints of Commissioners including support to manage the demand for pathology services and ensuring appropriate requesting of tests;

(c) support the sustainability and resilience of pathology services across ***[area/region]*** health economy;

(d) have capability to respond to future changes in service demand, the impact of new technologies and changes in national guidance and quality standards;

(e) ensure robust and secure information channels to improve communication of pathology results across healthcare providers in the best interest of patients which includes enabling GPs and other clinicians to view all relevant patient results;

(f) [insert other requirements].

4.3 The Clinical Requirements of the Specification require the Provider to deliver the following key services to support and enable the care provided by Community Users to their patients:

(a) [consultant-led Integrated Blood Sciences service for Clinical Biochemistry, Haematology, Immunology;]

(b) [consultant-led Microbiology (including Virology and Mycology) service];

(c) [community phlebotomy service (including domiciliary phlebotomy service) to improve access and convenience for patients]; and

(d) [insert others as appropriate].

4.4 [The service requirements for Community Pathology Services (see the Specification contained in the Commissioning Contract) include, but may not be limited to:

(a) analytical service for test requests from Community Users in the following disciplines:

- Integrated Blood Sciences (including Clinical Biochemistry, Haematology and Immunology);
- Microbiology (including Bacteriology, Virology and Mycology);

(b) other specialist clinical services related to the above disciplines;

(c) [community-based phlebotomy service (including a domiciliary service);]

(d) specialist support related to test requesting, interpretation of results and other relevant clinical advice when required;

(e) electronic system to order tests and receive results with rapid access to all relevant results across the health system served in a safe and controlled manner;

(f) provision of transparent datasets for users and commissioners demonstrating service use, costs and health outcomes where possible;

(g) support for primary care clinicians to ensure appropriate use of diagnostics and in the development of care pathways; and

(h) facilitate the appropriate, safe and effective local uptake of point of care testing in primary care.] ***[NOTE TO TEAM: TO BE AMENDED IN LINE WITH CONTENTS OF PRO FORMA SPECIFICATION.]***

5 SAFE AND EFFECTIVE SERVICE PROVISION

5.1 The clinical objective is for the Provider to deliver a high quality Community Pathology Service that meets the needs of Community Users and is delivered in a safe and effective manner, through a learning environment, which includes the training of doctors and other healthcare professionals.

5.2 The purpose of this section set out the clinical requirements that Providers must meet to demonstrate that the Community Pathology Service will be safe and effective.

[Note: This section should detail the various aspects of improving clinical outcomes, streamlining the services etc. Consider including detail on the importance of medical leadership, integrated governance, the reporting of adverse incidents, accreditation, quality assurance and key performance indicators.]

WORKFORCE

1 GENERAL

1.1 The Bid must provide in detail the workforce that will source and maintain the delivery of the Community Pathology Services in accordance with the requirements of the Commissioners.

1.2 The Bid must describe the impact on the current workforce and the plan that will enable Transformation and Transition of the workforce including any reconfiguration, transfer and retraining of staff as well as any estimated redundancy costs. These costs will need to be included within the Financial Model (see Annex B).

[Note: Consider whether it is appropriate to request an organisation structure chart that describes reporting relationships and provides for an accountability structure within the bidding organisation.]

2 STANDARDS

2.1 Providers must ensure that all proposed new (or changes to existing) workforce policies, strategies, processes and practices comply with all relevant employment legislation in the UK and in addition comply with the provisions set out in:

(a) NHS Employment Check Standards 2010;

(b) the Care Quality Commission's annual regulatory framework;

(c) the NHS Constitution; and

(d) where applicable, The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004).

3 QUALIFIED WORKFORCE

3.1 Providers must provide a detailed workforce plan that demonstrates that the workforce is sufficiently sized and skilled to deliver the range of Community Pathology Services effectively and efficiently.

3.2 Providers will need to consider whether and to what extent any staff (including seconded and/or sub-contractor staff) currently engaged in the provision of services may transfer to other Providers in accordance with TUPE at service commencement. If TUPE applies to the transfer of employees, Staff Transfers in the Public Sector Statement of Practice will apply.

3.3 Providers must have in place contingency arrangements to ensure adequate available cover in the case of any planned or unplanned increases in workload and staff absences.

3.4 Providers must ensure all clinical staff engaged in the delivery of Community Pathology Services are registered with the appropriate regulatory body and that the professional registration of all such clinical staff remain current for the duration of the Commissioning Contract(s).

3.5 If a Provider employs or intends to employ categories of clinical staff who are not registered with a professional body who are directly involved in supporting delivery of Community Pathology Services, they must ensure that these staff have the necessary training, qualifications, experience and competence to perform their respective roles.

4 TRAINING

4.1 Providers will be required to negotiate and work in partnership with the medical/multi-professional Deanery and local Higher Education Institutes to ensure both the provision and plurality of undergraduate/pre-registration and postgraduate/post registration clinical training placements within the local health economy.

4.2 Providers will be required to comply with the requirements of the Postgraduate Medical Education and Training Board, Postgraduate Medical Deaneries, the relevant Royal Colleges, higher education training providers and the Care Quality Commission (if applicable) and any other training bodies for the supervision of clinical training.

WORKFORCE

4.3 Providers must support and implement a continuing professional development plan for all staff involved in the delivery or supporting the delivery of Community Pathology Services. Those staff must be appropriately skilled, trained and competent to carry out their roles and meet the requirements of professional bodies for re-registration and revalidation.

5 EQUALITY

5.1 Providers are required to meet the requirements of the Equality Act 2010 and the NHS Constitution which states that at Rule 3b that the NHS shall not discriminate against patients or staff and shall adhere to equal opportunities and equality and human rights legislation. Bidders are asked to explain how they will ensure that the provision of Community Pathology Services takes place within the context of the Equality Act and the NHS Constitution.

6 HEALTH AND SAFETY

6.1 Providers must have a comprehensive health and safety policy that complies with the Health and Safety at Work Act 1074 and the Management of the Health and Safety at work Regulations 1992 including a description of its approach to managing:

(a) health and safety risks;

(b) health and safety improvement measures;

(c) Working Time Regulations and safe systems of work;

(d) safety audit;

(e) accident reporting; and

(f) health and safety record keeping and reporting.

ESTATES

[Note: Consider whether estates will be a relevant workstream for the tender – it is likely to have a greater role in an Option 3 tender.]

1 GENERAL

1.1 The Bid must describe the property solution, including overall coverage, location details of all the sites and the mode of service delivery.

1.2 The Bid must give details of accommodation currently used for the provision of pathology services and which will become redundant or will be decommissioned under the Bid, including location details of all the sites affected and options available for alternative use.

1.3 Providers have sole responsibility for ensuring that all sites are appropriate and equipped to support the delivery of Community Pathology Services in accordance with the requirements specified by the commissioners.

2 PROPERTY

2.1 Subject to meeting the required Standards (see section 3 below) the locations from which the Community Pathology Services are to be provided may include the following:

(a) existing facilities, refurbishments or new build; and/or

(b) NHS locations having identifiable spare capacity capable of operating as a discretely managed unit. This could involve "mothballed" premises and underutilised facilities.

2.2 The Bid will be required to:

(a) identify the location from which Community Pathology Services will be provided;

(b) provide a rationale for the use of the property, demonstrating it is fit for purpose, proportionate to the requirements and available in the timescales required;

(c) supply sufficient technical details and cost information on any works required to the accommodation intended to be used for the provision of Community Pathology Services to demonstrate the quality of the proposal; and

(d) state any assumptions made regarding the provision of infrastructure services and costs.

2.3 The Bid must describe the property solution and, where possible, the layout of the facilities.

2.4 The Provider will be responsible for:

(a) executing all works associated with the setting up of operational locations;

(b) obtaining all consents required for any proposed use of the location;

(c) the installation of any built-in/or moveable equipment, furnishings, fittings, general fit out and commissioning works.

2.5 The Commissioner reserves the right to visit and inspect any location forming part of the Bid to assess the suitability and/or readiness of that location including any building or refurbishment works to be carried out. The Provider must ensure that, given prior notice appropriate to the circumstances and subject to complying with relevant operational and safety procedures, authorised representatives of the Commissioner have unrestricted access, at all reasonable times during working hours.

2.6 The Provider must provide a cost analysis, to support any provision for construction costs made in the Financial Model (see Annex B), including:

(a) preliminaries;

(b) overheads and profit;

(c) refurbishment/building elemental cost analysis;

(d) utilities costs;

(e) provisional sums; and

(f) specified exclusions.

3 STANDARDS

3.1 The Provider will be responsible for:

(a) compliance with all relevant European and UK statutory legislation, utility supply company requirements, NHS requirements relevant to the procedures being carried out, notably Health Building Note 15 (HBN15), and CPA standards;

(b) all necessary applications and consultations for approval under the relevant Building Acts and Regulations and other statutory instruments including Codes of Practice, British Standards and any other agreed appropriate standards

3.2 Where the provision of Community Pathology Services is not registerable under the Care Quality Commission Scope of Registration 2010, the Provider will be expected to ensure that the operational facility meets standards equivalent to those that would apply if the provision of services were registerable.

4 FACILITIES MANAGEMENT

4.1 Providers are required to provide details to describe the standard and scope of FM services that are appropriate for the solution set out in their Bid and arrangements for their procurement, whether supplied directly, subcontracted or delivered through an NHS body.

4.2 The Provider shall establish that documented procedures are in place:

(a) for management to regularly assess the results of quality inspections and audits to ensure that risks are minimised and appropriate action taken; and

(b) to address and remedy issues that cause immediate risk to compliance or to the health and safety of staff and visitors to the facility.

5 LOGISTICS

5.1 The Provider will be required to:

(a) demonstrate that sites selected for the provision of Community Pathology Services are located within acceptable travelling times from GP surgeries, and other locations where samples for testing and analysis are collected, to meet the specified requirements.

(b) demonstrate that security and integrity issues involved in the transportation, handling and storage of pathology samples has been adequately addressed and will be in accordance with CPA requirements.

(c) provide details of the method and frequency of sample collection proposed to meet the specified requirements, identifying geographic variations and exceptions and any areas where the proposed turnaround times may be exceeded.

(d) supply scoping details of non clinical contracts that it plans to enter into as part of the logistics to provide Community Pathology Services.

(e) provide details of existing logistics contracts, the impact on these contracts of the Bid and action to be taken to mitigate those impacts.

IM&T

[Note: Consider the extent the IM&T structure should be tested as part of the ITT. This may be more important in an Option 3 ITT. The following text is by way of example only and this must be tailored for each ITT.]

1 CONTEXT

1.1 The Carter Report recognised the importance of IM&T developments in achieving his vision of end to end pathology services. The second phase of the report states that good electronic communication – for example, between the Provider on one hand and healthcare providers on the other – is an essential element of any efficient and effective service.

1.2 In pathology, IM&T can help to address unnecessary and inappropriate demand and reduce the risk of errors. The collection and analysis of IT-based data can improve the way that pathology enables decisions about diagnosis and treatment to be made.

1.3 Bidders must describe the Community Pathology Services' IM&T systems and infrastructure currently in place in each organisation/location that will form part of the pathology service.

1.4 Providers will be responsible for ensuring that each organisation/location facility or site in which Community Pathology Services are provided has appropriate IM&T infrastructure and support arrangements in place.

1.5 Providers will be required to initiate a plan to deliver the IT requirements and detail how it will be managed and resourced. It is anticipated that a dedicated planning team will be in place to lead the transition. The Provider is responsible for the management of the plan and for providing the necessary resources to the plan. The management objectives are focused on tightly monitoring, controlling, and balancing the three key constraints: scope, budget and schedule.

[Note: Consider providing detail on the following areas: (i) information governance; (ii) access and connectivity; (iii) information and data; (iv) security; (v) ensuring the IT piece is future proof.]

FINANCIAL

[Note: This section should detail the requirements for the transition of the current service provision to the new model.]

1 GENERAL

1.1 Each Bid must describe the Bidder's approach to the Transformation of Community Pathology Services from the current provider to the Recommended Bidder as well as the Transition arrangements. Bidders are directed to the Glossary in Section 12 for full explanation of the meaning of the terms Transformation and Transition.

OR

Each Bid must describe the Bidder's approach to the Transformation of Community Pathology Services from the current models to that set out in the Bid as well as the Transition arrangements and the impact of delivering Community Pathology Services via the Cluster on the provision of Residual Pathology Services. The proposals in the Bid should be agreed by all proposed Providers within the Cluster, including any sub-contractors, and this must be evidenced. Bidders are directed to the Glossary in Section 12 for full explanation of the meaning of the terms Transformation and Transition.

1.2 The Bid must detail, in accordance with the information provided by the Commissioner:

(a) details of the Transformation required and how that affects delivery of Community Pathology Services by (i) Clinical services, (ii) Workforce, (iii) IM&T and (iv) Estates and Logistics in the form of a Transformation Plan;

(b) details of the Transition required and how that affects delivery of the Residual Pathology Services by (i) Clinical services, (ii) Workforce, (iii) IM&T and (iv) Estates and Logistics. These should be provided by location;

(c) Transformation/Transition Programmes, Organograms and Staff CVs;

(d) Transformation/Transition Governance;

(e) Transformation Costs; and

(f) Transition Costs.

2 TRANSFORMATION AND TRANSITION - REQUIREMENTS

2.1 Bidders should note that the Commissioner requires the proposed [re-structuring, the] Transformation Plan and the Costs as described above to include as a minimum:

(a) the proposed model for the delivery of the new Community Pathology Services and how they will be transferred from existing to new locations (if applicable);

(b) the proposed model, by location, for delivery of the Residual Pathology Services not included in the Project and any proposed re-configuration if not part of the Project;

(c) the Workforce outcome of the two models referred to above including details of the costs as required. Bidders should submit a Workforce Plan showing the necessary re-structuring including anticipated recruitment, redundancies and where applicable how they intend to manage resources divided between the Project and the Residual Pathology Services. Where employees are not included in the Project they are to shown by location. Transformation Costs are to be included as described. The Workforce Plan is to include details of Grades by WTE. Bidders are referred to the Workforce Section of this ITT;

(d) the IM&T outcome of the two models referred to above including details of the Transformation Costs as required; Bidders are referred to the IM&T Section of the ITT; and

(e) the Estates and Logistics outcome of the two models referred to above including details of the Transformation Costs as required. Where Bidders intend to re-use any of the estate for other uses they should provide, by location, an outline of these uses and the effect those intentions may affect costs. Bidders are referred to the Estates & Logistics Section of this ITT.

3 TRANSFORMATION/TRANSITION PROGRAMME, ORGANOGRAMS AND CVS

FINANCIAL

3.1 Bidders should note that the Commissioner requires:

(a) a Transformation Plan that shows:

- the overall time deemed necessary to fully implement Transformation;
- the milestones to achieve full implementation of Transformation;
- included in the Transformation Plan must be the dates of any operational transfer from one location to another and the effective date for safe delivery of the Residual Pathology Services;
- the Transformation Plan should also include a Workforce, IM&T, Estates and Logistics section to be part of the operational transfer and safe delivery of Residual Pathology Services; and
- the Transformation Plan should be provided in Microsoft Project and include a summary;

(b) [an Organogram of the proposed structure of the Cluster during Transformation/Transition; and]

(c) CVs of the key personnel during Transformation/Transition to include their Lead and associated Subject Matter Experts.

4 TRANSFORMATION/TRANSITION GOVERNANCE

[Note: For Option 3 tenders, consider whether you require sight of a governance structure and anticipated constitution of proposed "cluster"]

5 DELIVERABILITY AND PRICING

5.1 The Commissioner requires Bidders to demonstrate that a robust financial proposal has been developed to support the development and operation of their pathology facilities which deliver significant cost efficiencies and savings to the Commissioner. As set out in the [OBC], the expected outcome of the Project is that it generates cumulative savings of £[●] million by [date] to meet the QIPP target (20% of the current cost of Pathology Services).

5.2 The Bidders (and any finance providers or guarantors) are required to provide full details of their proposals for pricing the Project, and include full details of operating costs, expected volumes, Transition Costs, Transformation Costs, capital cost requirements and also how those costs will be funded.

5.3 In their Bids, Bidders will be required to propose a price per test for the Community Pathology Services. To enable the Commissioner to evaluate value for money and the deliverability of the Bid solution the Commissioner will also be looking at the underlying costs of each Bidder's proposed model.

5.4 The Commissioner will be looking at the cost and pricing implications for both the Community Pathology Services being provided and also the implications for the cost of the Residual Pathology Services so that the Commissioner is able to assess the implications for the costs of providing all pathology services throughout the whole of the [area/region] to help ensure that overall affordability of the Project is achieved.

5.5 The intention of this financial section is to enable the Commissioner to have a clear picture of the system-wide cost impact of the Bidders' proposals, including:

(a) proposed price per test for Community Pathology Services;

(b) proposed price for Phlebotomy Services;

(c) operating costs (pay and non-pay) for Community Pathology Services;

(d) capital costs for Community Pathology Services;

(e) Transformation Costs for Community Pathology Services and any costs associated with financing the Transformation Costs;

(f) Transition Costs including operating costs (pay and non-pay) and any capital costs; and

(g) proposed price per test for Residual Pathology Services.

5.6 A template model for Bidders to complete has been provided, together with a model user guide to help Bidders populate the model (see Annex B).

5.7 The costs details provided by Bidders in their Bids in response to this Financial Section will need to be cross-referenced to the other Workstream Sections where further details of deliverability should be provided and will be assessed.

LEGAL

1 THE PROJECT

1.1 The broad objectives of the Project include the following:

(a) a competitive tender process;

(b) achieve significant cost efficiencies and savings to commissioners with a minimum tie-in period;

(c) improve quality and innovation of Community Pathology Services;

(d) [establish a number of regional hubs in ***[region]*** for the provision of Community Pathology Services, with spoke trusts continuing to provide at least hot lab services;]

(e) [encourage collaboration between hub and spoke trusts over the provision of Residual Pathology Services; and]

(f) [introduce a hub and spoke profit share mechanism in order to cover some of the transitional costs of the spoke trusts and lower all unit costs (both hub and spoke trusts).]

1.2 The Project is being run by the Commissioner as a [local/regional] managed intra NHS tender process to establish [hub and spoke trusts and] cost efficiencies without rendering the spoke trusts non-viable in the uncertain transitional period before liberalisation and the move to Any Willing Provider.

2 [LEGAL RELATIONSHIPS BETWEEN CONSORTIA MEMBERS]

[Note: If your tender includes a cluster arrangement you should include detail around the legal arrangement between the members of that cluster.]

2.1 [As stipulated by the Commissioner in the MOI and PQQ, Bidders are permitted (and indeed encouraged) to work together to present solutions that will deliver the Project's objectives.

2.2 The Commissioner envisages the following possible variables in the arrangements between Trusts:

(a) a sole bidding trust whose solution does not involve any other trusts but may involve the IS as a sub-contractor;

(b) a lead bidding trust whose solution is based around a hub and spoke model. The lead bidding trust would be acting as the hub and the other participating trusts act as spokes providing services to the hub as sub-contractors. The IS may also be involved as a sub-contractor to either the hub or spoke trusts; or

(c) a lead bidding trust who is bidding on behalf of a joint venture. The JV is not a new and separate legal entity such as a limited company or partnership but is a contractual arrangement between participating trusts. The IS may be included as a sub-contractor to any one or more of the trusts participating in the JV.

2.3 In each case there must be one Trust who acts as the Lead Bidder and that Trust has responsibility for submitting the Bids, co-ordinating all aspects of the Bid and the input of their Cluster members, and entering into the Commissioning Contract. Bidders are invited to propose who their Providers will be to sign the Commissioning Contract. A sole Bidder (who is not part of a Cluster) must sign the Commissioning Contract. A Lead Provider operating as a hub and spoke model will be required to sign the Commissioning Contract as will a Lead Provider acting through a joint venture, although in the case of a joint venture Bidders can decide if all Providers in the joint venture are jointly and severably liable or if the Lead Provider is to assume sole responsibility and liability for the performance and delivery of that Commissioning Contract. To the extent that there are other Trusts or IS providers involved in that Lead Provider's solution those contractual arrangements will need to be put in place behind the scenes and the Commissioner will need to be satisfied of the efficacy and robustness of those contractual arrangements.]

3 THE COMMISSIONING CONTRACT

3.1 It is a requirement that the Commissioning Contract be entered into by the Commissioner(s) and [the Provider] ***OR*** [either just the Lead Provider or in addition the other Providers within that Cluster]. That Lead Provider will be

required to demonstrate that, where it is not the sole provider of Community Pathology Services, that is has sufficiently robust contractual agreements with other participating Provider Trusts that will enable it to fulfil its obligations and deliverables under the Commissioning Contract.

3.2 The Commissioning Contract is attached to this ITT at Annex C.

EVALUATION CRITERIA

[Note: This section must clearly set out how you will evaluate the bids received.]

1 OVERVIEW

1.1 The Commissioner will evaluate bids in accordance with pre-defined evaluation criteria. Bids will be evaluated on the basis of responses to the ITT requirements set out in the Questions numbered 1 to 24 below. These requirements represent the key issues that are important to the Commissioner when determining the acceptability of Bidders' proposals and selecting the most economically advantageous bid.

1.2 [Up to [2] Bidders with the highest ranking scores will be appointed Recommended Bidders].

1.3 A detailed schedule of evaluation criteria is attached at Annex D. Set out below are the high level evaluation criteria that will be applied:

Part 1: 50% weighting

Clinical - Questions 1 to 5 - 50% individual workstream weighting

Workforce - Questions 6 to 8 – 12.5% individual workstream weighting

Estates & Logistics - Questions 9 to 13 – 12.5% individual workstream weighting

IM&T - Questions 14 to 15 – 12.5% individual workstream weighting

Transformation & Transition - Questions 16 to 18 -12.5% individual workstream weighting

1.4 Bidders will be required to pass the threshold for each of the above mentioned workstreams. The pass threshold is a score of 50% or more.

Part 2: 50% weighting

Finance - Questions 19 to 20 – 100% overall % workstream weighting

Part 3: Pass/Fail

Legal - Questions 21 to 24 - in order to achieve a pass Bidders will be required to score 50% or more.

2 RISK RATING FOR IMPACT OF TRANSITION

2.1 The Commissioner intends to evaluate the Service Delivery and Transformation as the means to select the Recommended Bidders

2.2 However the Commissioner also needs to confirm that the whole system solution represents Value for Money and Affordability. To this end it has asked for Transition Costs and Plans within Section 6 (Transformation and Transition) and Section 7 (Finance) of this ITT. Bidders are required to provide sufficient financial and non-financial information [for all members of a Cluster (if applicable)] to satisfy these criteria in accordance with this ITT. Bidders submissions will be assessed on a RAG rating where:

- Green is a submission where full and detailed information (including financial information for all members of the Cluster if applicable) is provided that describes the Transition including examples and with reference to Community/Residual Pathology Services.

- The risk rating for a submission rated as Green is: No risk to the Project caused by Transition.

- Amber is a submission where full and detailed information (including financial information for all members of the consortia if applicable) is provided that describes the Transition but with no examples and little reference to Community/Residual Pathology Services.

EVALUATION CRITERIA

- The risk rating for a submission rated as Amber is: Medium risk to the Project caused by Transition.

- Red is a submission where no detailed information (including financial information for all members of the consortia if applicable) is provided that describes the Transition and with no examples and little reference to Community/Residual Pathology Services

- The risk rating for a submission rated as Red is: High risk to the Project caused by Transition - the Commissioner reserves the right to request more detailed and complete information so as to reduce the risk profile

CLINICAL QUESTIONS

1 Please describe the proposed service delivery model [for the Cluster] to meet the Community Pathology Services specification. The response should include:

(a) details of the proposed [Hub] sites at which the consolidated Integrated Blood Sciences and Microbiology services will be located;

(b) existing volume of activity, capacity and utilisation rates by discipline at each of the laboratory sites [within a Cluster arrangement];

(c) description of the changes in anticipated volume of activity and utilisation rates by discipline at the proposed [Hub] sites indicating the proportion of which is as a result of:

(i) consolidating Community Pathology Services; and

(ii) consolidating Residual Pathology Services that are outside the scope of the Community Pathology Services.

(d) description of the change in anticipated volume of activity and utilisation rates by discipline at [other sites]/[sites other than the Hub within a Cluster arrangement] indicating the proportion of which is as a result of:

(i) consolidating Community Pathology Services; and

(ii) consolidating Residual Pathology Services that are outside the scope of the Community Pathology Services.

2 Please provide a description of the pre and post-analytical services the Bidder will provide to Community Users and the site(s) at which these will be provided from [within the Cluster arrangement].

3 Please provide four flowcharts representing the specimen journey from receiving the order request from the requestor to issuing the final report for specimens taken in:

(a) GP practice or community based phlebotomy centre within the [area]/[Cluster region];

(b) GP practice or community based phlebotomy centre within the [area]/[Cluster region] where the specimen requires onward referral;

(c) [Outpatient departments in hospitals other than the Hub in the Cluster arrangement]; and

(d) [Accident & Emergency departments in hospitals other than the Hub in the Cluster arrangement].

Each flowchart should include the:

(a) anticipated time taken for each step from the previous step in the journey;

(b) location/sites where each step will be completed; and

(c) organisation that is responsible for delivering each step in the journey.

4 Please describe how the Bidder will understand the needs, monitor, evaluate and improve the experience of patients, Community Users and Commissioners with their service. The response should include letters of support for the service delivery proposals outlined in Q2 and Q3 from a variety of Community Users that the Cluster intends to provide the Community Pathology Service.

5 Please describe their proposed system for clinical governance and risk management across the Cluster in view of its critical importance to maintain safe and effective services whilst increase productivity and reduce costs. The response should include:

(a) Identify the clinicians who will have overall responsibility across the Cluster;

(b) Identify the person/role(s) that will have overall responsibility at each organisations within the Cluster;

(c) Show graphically the Bidder organisational structure including the lines of accountability between the Cluster lead organisation and the other organisations in the Cluster;

(d) Outline the specific measures they will put in place to enhance the current system and processes within each organisation to apply across the Cluster;

(e) Describe the challenges to implementing these measures within the existing system of clinical governance and risk management within each organisation within the Cluster; and

(f) Describe their proposed method for monitoring and evaluating the success of the measures suggested including the key performance indicators that the Bidder will use to provide assurance to the Commissioners.

Bidders must cite previous examples of successful implementation, including demonstrable outcomes, where possible.

WORKFORCE QUESTIONS

6 Please describe your workforce and organisational development transformation plan, including projected staff movement, that will source and maintain delivery of safe and high quality services during the transition and in the new organisational structure.

7 Please provide examples of your experience of managing large organisational change with staff including the handling of redundancies.

8 Please provide a workforce plan with projected staffing numbers and costs including redundancies, and a recruitment and retention plan, that details how you will ensure the workforce is sufficiently sized and skilled to deliver the range of specified services effectively and efficiently.

ESTATES & LOGISTICS QUESTIONS

9 Provide details of the accommodation proposed for the provision of Community Pathology Services including:

(a) a map showing the geographic area covered by the Bid, identifying PCT(s) served and the locations from which Community Pathology Services will be provided;

(b) full address details (including postcode) of all proposed operational locations;

(c) the type of accommodation at each location (e.g. existing laboratory, refurbishment, conversion, new building or other);

(d) gross internal area of accommodation at each location;

(e) current and proposed working hours at each location; and

(f) the rationale for the choice of location of the Site(s).

10 Provide details of any accommodation currently being used to provide pathology services, within the geographic area served by the Bid and which will no longer be required for the provision of the Community Pathology Services, or which will be decommissioned, should the Bid be adopted, including:

(a) the location(s) of all the residue estate with full address details (including postcode);

(b) the type and gross internal area of accommodation at each location;

(c) brief details giving the rationale for not continuing to use each location (eg capacity, equipment limitations or utilisation); and

(d) solutions identified/planned for the residue estate (including options for alternative uses, "mothballing" or redevelopment) with an indication of the likely costs associated with the solutions identified. [Note: Costs provided in relation to the future use of the residual estate will not be considered as part of the commercial offering in the Bid]

11 Provide details of the:

(a) logistics methodology for Community Pathology Services demonstrating how the services will be provided in the geographic regional coverage from the locations proposed and indicating the process flow from source collection to verification and dissemination of results;

(b) means and frequency of collections geographically to meet the Community Pathology Services criteria specified by the commissioners. Identify geographic variations or exceptions and any areas where proposed turnaround times may be exceeded; and

(c) measures used to ensure the integrity and security of samples throughout the process.

12 Provide scoping details of any new contracts to be set up for the collection, transport or analysis of samples arising from the Bid.

13 In respect of existing contracts, provide details of the:

(a) contracts currently in place for the collection, transport or analysis of samples including supplier details, contract value, duration of contract, expiry date, scope of service currently provided and/or if part of a suite of contracted services;

(b) anticipated impact of the Proposal on each identified existing contract and proposed course of action;

(c) measures to mitigate the impact of proposed action on each identified existing contract.

IM&T QUESTIONS

14 Please provide full details of electronic links with all the GP practices, phlebotomy services and other sources of community pathology specimens to fully facilitate test ordering and promptly result transmission. The response should include:

(a) current electronic links fully operational to all current community service users listing shortfalls in current IT connectivity to existing service users;

(b) proposed additional links required to extend electronic links to all new proposed community pathology service users;

(c) full details of any IT solutions required to extend electronic links to all new proposed community pathology service users; and

(d) realistic timescale for any IT solutions required to extend fully operational community pathology service to all proposed community service users, endorsed by IT service providers.

15 Describe how your organisation plans to support all hub service users. Your response should cover the following areas:

(a) systems availability;

(b) maintenance;

(c) development;

(d) disaster recovery;

(e) business continuity; and

(f) training.

TRANSFORMATION & TRANSITION QUESTIONS

16 Bidders are required to provide details of their approach to Transformation that include cost for:

(a) Community Pathology Services and how they will be transferred from existing to new locations;

(b) the Workforce outcome of implementing Transformation;

(c) the IM&T outcome of implementing Transformation; and

(d) the Estates and Logistics outcome of implementing Transformation.

17 Bidders are required to provide details of their approach to Transition that include cost for:

(a) Residual Pathology Services and how they will be re-structured and transferred from existing to new locations (if applicable);

(b) the Workforce outcome of achieving Transition;

(c) the IM&T outcome of achieving Transition; and

(d) the Estates and Logistics outcome of achieving Transition.

18 Bidders are required to submit a Transformation Plan (in Microsoft Project) showing overall timeline, milestones and operational transfer times including any impact on and re-structuring of Residual Pathology Services

FINANCIAL QUESTIONS

19 Please complete the financial model template provided in Annex B. Guidance as to how to complete this model has also been provided in Annex B.

- Bidders are requested to complete a model for the base case expected volumes.
- Separate operating costs (pay costs / non pay costs / IT / logistics /estates / margin)
- Volumes of tests and test price

EVALUATION CRITERIA

- Capital costs
- Transformation Costs set out separately (redundancy / IT investment / funding costs / estate refit)
- Transition Costs

20 Bidders are requested to set out their proposed price per test and volumes for Community Pathology Services. These prices should represent a steady operating state price over the period of the Commissioning Contract. Please set out the key principles on which the prices have been set and indicate any key risks associated with the pricing.

LEGAL QUESTIONS

21 Please confirm which Trust(s) will be entering into the Commissioning Contract.

22 Please confirm (and provide evidence) that each trust has the legal vires to provide the Services or participate in the provision of Services or perform the role as envisaged by the Bid solution in which that trust is participating.

23 Please confirm that you accept the Commissioning Contract in the form attached at Annex C.

24 Please confirm that you do not intend to use any material sub-contractors to provide any of the Services other than those already identified by you in your ITT submission.

ITT PROCESS

1 OVERVIEW

This Section provides an overview of the remainder of the procurement process and how to reply to this ITT.

The following table sets out a summary of the process and an indicative timetable.

Key Programme Milestones	Date
ITT Issued	
ITT Submission deadline	
ITT Evaluation	
Recommended Bidder appointed	
FBC/Approvals	
Contract Award & Signature	
Service Commencement	
Staff and Public involvement	Ongoing

Bidders are reminded that the Commissioner reserves the right to:

- vary the Procurement process in order to support continued competition, avoid unnecessary costs associated with a Bid and adhere to technical, legal or commercial guidance issued subsequent to this ITT; and
- issue clarification requests to Bidders to seek additional information or verification if the Commissioner needs to clarify the Bidders' responses.

2 INTRODUCTION AND OVERVIEW

Procurement Process to Date

The Procurement commenced with the publication of a Notice on the [Official Journal of the European Union (OJEU), Supply 2 Health and NHS Confederation] website on [insert date]. The Notice invited expressions of interest from parties wishing to submit a tender to [provide pathology services to the Commissioners]. [This tender is a Part B tender and is not subject to the obligation to publish an OJEU Notice or follow the other obligations of the Public Contracts Regulations 2006, save for those provisions applicable to Part B services.]

The PQQ sought responses from those parties who expressed an interest in relation to their eligibility to bid, willingness to accept key commercial terms, capacity, capability and economic and financial standing. The MOI, issued with the PQQ, provided an overview of the Procurement objectives, the key commissioners and stakeholders, the service and commercial framework and a provisional timeline for the Procurement.

Following evaluation of responses to the PQQ, all Bidders that qualified at PQQ stage were [invited to submit Bids to ITT].

In the event of any inconsistency between the provisions of this ITT and any previously issued documents or information, the provisions of this ITT shall prevail. Save to the extent expressly referenced herein, this ITT supersedes all previous documents and information that have been issued to Bidders. Provisions which remain in effect are expressly referenced herein.

Following receipt of ITT, the Commissioner will formally evaluate responses in accordance with the above detailed evaluation criteria. The Bidder with the most economically advantageous bid will then be appointed as a Recommended Bidder. The obtaining of necessary approvals will then take place and the Pathology Services Contract will be awarded to the Recommended Bidder.

While the information contained in this ITT is believed to be correct at the time of issue, the Commissioner will not accept any liability for its accuracy, adequacy or completeness, nor will any warranty, expressed or implied, be given. The above exclusion extends to liability in relation to any statement, opinion or conclusion contained in, or any omission from, this ITT (including its Appendices) and in respect of any other written or oral communication transmitted or otherwise made available to either Bidder, and no representations or warranties are made in relation to such opinions, statements or conclusions. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of the Commissioner.

This ITT should not be regarded as an investment recommendation made by the Commissioner or its appointed advisors. Each Bidder must rely on its own enquiries and on the terms set out in the Pathology Services Contract as and when finally executed, subject to such limitations and restrictions as may be specified in such contract. Neither the issue of this ITT, nor any of the information presented in it, should be regarded as a commitment or representation on the part of the Commissioner or any other person to enter into a contractual arrangement.

The information contained in this ITT may be changed by the Commissioner from time to time without prior (or any) notice being given by the Commissioner.

In this document, words such as “anticipate”, “expects”, “projects”, “intends”, “plans”, “believes”, “will”, and words and terms of similar substance, indicate the Commissioner’s present expectation of future events, which are subject to a number of factors and uncertainties that could cause actual requirements to differ materially from those described.

The continued participation of a Bidder in the Procurement process shall constitute that party's acceptance of the provisions of this ITT. Although it is intended that the remainder of this Procurement process will take place in accordance with the provisions of this ITT, the Commissioner reserves the right to terminate, amend or vary the Procurement process including any of the provisions of this ITT by notice in writing.

Capitalised terms used in this ITT are defined in the Glossary set out in Section 12.

This ITT and any other documents subsequently issued by the Commissioner as part of this Procurement are to be kept strictly private and confidential by each Bidder, are provided solely for the purposes of this Procurement and must not be used for any other purpose or discussed with or disclosed to any party (other than their professional advisors) without the prior written consent of the Commissioner.

No publicity by a Bidder regarding this Procurement or the award of any contract will be permitted unless and until the Commissioner has given express written consent to the relevant communication. For example (and without limitation), no statements may be made to the media or other similar organisations regarding the nature of any Bid, its contents or any proposals relating thereto without the prior written consent of the Commissioner.

3 BID REQUIREMENTS

General bid compliance requirements

All Bids received by the prescribed deadline will be checked so as to determine whether they are Compliant Bids. If a Bid is at any stage of the Procurement not, or ceases to be, a Compliant Bid, then the Commissioner reserves the right to not evaluate that Bid any further and/or eliminate that Bidder from the Procurement

The Commissioner requires that the Pathology Services Contract is entered into by a lead single entity as identified by Bidders at the PQQ stage.

As part of the Bid, each Bidder must sign and return the Cover Letter attached to this ITT document and sets out:

- a clear statement of its commitment to enter into the Pathology Services Contract in the form provided to the Bidder within this ITT;
- written confirmation of there having been no material change in its financial and economic standing, capacity and capability and any other information provided in response to the PQQ; and

- confirmation that the Bidder has read and understood ITT and the Bidder accepts all the provisions set out in the ITT.

To avoid doubt, the Commissioner shall not commence evaluation of a Bid until the above-mentioned cover letter (duly signed) has been received by the Commissioner.

If a Bidder wishes to deviate from any of the obligations set out above (or elsewhere in this ITT), it must first seek specific guidance from the Commissioner, obtain the Commissioner's approval, and, comply with any of the Commissioner's conditions for approval before proceeding. For the avoidance of doubt, the Commissioner will not entertain or evaluate any mark-ups or qualifications to the Pathology Services Contract provided to Bidders.

The Commissioner reserves the right to, at its discretion:

- waive the requirements of this ITT in whole or in part;
- disqualify any Bidder whose Bid does not comply with the response requirements set out in this document or, alternatively, such clarifications where there are non-compliant elements of the Response; and
- seek additional information or verification, if the Commissioner needs to clarify any Bidder's response or has legitimate concerns about any Bidder's ability to perform its obligations, including (without limitation) in a financially secure way, over the term of the Pathology Services Contract.

4 INSTRUCTIONS ON COMPLETING THE ITT

4.1 Overview

Bidders are advised to carry out the following steps when compiling their Bids:

- carefully read the full ITT;
- use the formal clarification process if they are unsure of the process or what is required; and
- submit full and compliant Bid response by the submission deadline and in accordance with the terms of this ITT via the [Commissioner's website].

4.2 Content of the Bids

Compliant Bid

A Bid shall only be a Compliant Bid where it:

- includes the signed Cover Letter; and
- complies with all of the provisions of this ITT.

Bidders who do not submit a Compliant Bid will be liable to disqualification.

Information provided in Bids

In evaluating Bids, the Commissioner will only consider information provided in response to the ITT. Where in addition to the main response, specific supporting information has been requested this should be provided in the appropriate section on the [Commissioner's website]. Bidders should not assume that the Commissioner has any prior knowledge of the Bidder, its practice or reputation, or its involvement in existing services, projects or procurements.

ITT PROCESS

All relevant information required to support the Bid should be included in the Bidder's response or, where necessary, cross-referenced in it. Documents specific to the Bid, referenced in the Bid and provided to the Commissioner, will be considered as part of the Bid. It is important to ensure supporting documents are relevant and kept to a minimum. Bidders should refrain from submitting additional information that is not specific to or has not been requested in the ITT as this will not be considered for evaluation purposes.

Bidders are responsible for the accuracy of all information submitted within their Bids.

The Bid and accompanying documents must be complete and self-contained. Bidders must submit Bids which are succinct and which clearly relate to the requirements set out in this ITT.

ITT Bidder Clarification Stage

A clarification question and answer process will operate during the ITT period.

ITT Bidder Response Stage

Bidders must submit their response by [ ].

Failure to return Bids by the due date or in the required compliant format may disqualify Bidders from the Procurement.

Bidders must submit their Bids in accordance with the terms of this ITT by uploading their Bids responses onto the [Commissioner's website].

Bidders must comply with the stipulated word limits (if any). Responses will only be evaluated up to the specified word limit.

4.3 ITT Bid Evaluation Stage

The overall ITT evaluation period will be from [ ] to [ ].

4.4 Appointment of Recommended Bidder

ITT Bid responses will be evaluated against pre-defined evaluation criteria and a Recommended Bidder will be appointed.

The Commissioner intends to appoint a Reserve Bidder simultaneously with the appointment of a Recommended Bidder

4.5 Deselection of a Recommended Bidder

Following the appointment of a Recommended Bidder, in the event that the Recommended Bidder:

- makes a material alteration to the Bid which formed the basis of its selection as Recommended Bidder (whether as to value or any other aspect of its Bid);
- is in breach of any of the conditions set out in the tender documentation or ITT;
- in the reasonable opinion of the Commissioner fails to make satisfactory progress towards signature of the Contract; and
- in the case of any of the above, fails to remedy the situation to the reasonable satisfaction of the Commissioner within a reasonable period;

then the Commissioner shall be entitled to de-select the Recommended Bidder and at the absolute discretion of the Commissioner to exclude the Recommended Bidder from any further participation in the Procurement process or to introduce a further competitive stage in the Procurement process in which the Recommended Bidder may or may not (at the absolute discretion of the Commissioner) be invited to participate. Under no circumstances will the Commissioner or any of its respective advisors be liable for any

costs or expenses incurred by the Bidder and/or any of its partners, suppliers, subcontractors or funders due to, or arising from, such de-selection or the introduction of a further stage in the Procurement process.

4.6 Approvals

Pathology Services Contract signature is subject to the approval of the Commissioner. Once a Bidder has been recommended contract signature will be subject to the approvals process.

4.7 Bidder debriefs for Unsuccessful Bidders

Unsuccessful Bidders may request feedback. Provided such feedback requests are made within two days of being notified that the Bidder has been unsuccessful Bidders Debriefs meetings will be arranged between the Commissioner and the Bidder.

4.8 Pathology Services Contract Award and Signature

The contract will take the form of the Pathology Services Contract which will be signed on [ ] by the Recommended Bidder and the Commissioners.

4.9 Expiration of Bids

Bidders will be required to ensure that their bids do not expire and are capable of being accepted until the completion of the Project and service commencement.

4.10 Service Commencement

Services will commence on successful completion of contract on [ ]. A mobilisation plan will be agreed and put in place during the transitional period.

ADMINISTRATION

1 The Commissioner - Procurement Rules

1.1 General

All documentation and communication shall be in English.

By signing the Bid, each Bidder and Authorised Representative warrants that, save as disclosed in writing to the Commissioner with the Bid, any information supplied by it remains true and that it has not made any material misrepresentation in providing any of the information required in relation to the above.

Bidders must comply and ensure that their Bids comply with the provisions set out in this ITT. If any waiver or variation of these provisions is made in writing by the Commissioner this will be binding. Any such waiver or variation will be notified to the Authorised Representative of Bidders. Otherwise, no agent or any other servant or representative of the Commissioner has the Commissioner to vary or waive any of these provisions on behalf of the Commissioner. Any Bid which fails to comply with the provisions of the ITT and any amendments and/or supplementary information issued subsequent to it, shall be liable to be disqualified and the provisions of paragraph 1.8 below shall apply.

1.2 Bidder eligibility and non-collusion

Bidders are reminded of the eligibility requirements that apply to the Procurement process at all times. In particular, these include the provisions set out in Regulation 23 of the Public Contracts Regulations 2006 (as amended), attached as Section J to the PQQ. Any change in the eligibility of a Bidder must be notified immediately to the Commissioner in writing and may result in such Bidder being disqualified from any further participation in the Procurement process.

Any attempt by any Bidder or its appointed advisors to influence the Contract Award process in any way will result in the relevant Bidder being disqualified. Specifically, but without limitation, Bidders shall not directly or indirectly at any time:

- amend the content of any Bid in accordance with any agreement or arrangement with any other person, other than in good faith with a person who is a proposed partner, supplier, subcontractor or funder;
- solicit or obtain from any person information about the content of any Bid(s) submitted by another Bidder;
- enter into any agreement or arrangement with any other person as to the form or content of any Bid(s) submitted by another Bidder or offer to pay any sum of money or valuable consideration to any person to effect changes to the form or content of any such Bid(s);
- enter into any agreement or arrangement with any other person that has the effect of prohibiting or excluding such a person from submitting a Bid or Bids; or
- exchange information with any other person (including other Bidders) on, or publish any information with regard to, a Bid or any Bidder's bidding strategy, other than in good faith with a proposed partner, supplier, subcontractor or funder.

In particular (but without prejudice to the generality of the foregoing) if the Bidder, or any member of the bid team, makes a misrepresentation in any part of its dealings with, or responses to the Commissioner, such Bidder may be disqualified (see paragraph 1.8 below).

Bidders must not disclose to, or discuss any aspect of this ITT, or their Bids, with any other Bidder. Any such collusion with another Bidder may constitute an infringement of the PRCC and, possibly, the Chapter 1 prohibition contained in Section 2(1) of the Competition Act 1998 and the Bidder shall also be liable to disqualification, in which case the provisions of paragraph 1.8 below shall apply.

1.3 Canvassing and contacts

Direct or indirect canvassing by any Bidder or its appointed advisors in relation to this Procurement or any attempt to obtain information from any of the employees or agents of the Commissioner or the commissioners, or their appointed advisors concerning another Bidder or any Bids submitted by another Bidder may result in disqualification at the discretion of the Commissioner.

Bidders and their proposed partner, suppliers, subcontractors or funders shall not in connection with the Procurement:

- offer any inducement, fee or reward to any officer or employee of the Commissioner, the DH or any of the commissioners or any person acting as an advisor to the Commissioner or the commissioners in connection with the Procurement; or
- do anything which would constitute a breach of the Prevention of Corruption Acts 1889-1916; or
- canvass any of the persons referred to above in connection with the Procurement; or
- except as expressly authorised by the Commissioner and subject to the provisions of this ITT, contact any officer or employee or agent of the Commissioner about any aspect of the Procurement including (without limitation) for the purposes of discussing the possible transfer to the employment of the Bidder of such employee or officer for the purpose of the procurement or for soliciting information in connection with the Procurement.

Except as expressly provided elsewhere in this ITT, no attempt should be made to contact the Commissioner project team office by telephone, nor to contact the Commissioner or its advisors or other NHS/Department of Health bodies as part of the Procurement process. Any enquiries made to persons other than the Commissioner project team will be regarded as prima facie evidence of canvassing.

1.4 Confidentiality and non-collusion

This ITT is intended for the exclusive use of the Bidder and is provided on the express understanding that this ITT and the information contained in it, or in connection with it, will be regarded and treated as strictly confidential. This ITT may not be reproduced in whole or in part nor furnished to any persons other than the Bidder save for the purposes of:

- taking legal advice in connection with completing a Bid; and/or
- obtaining information from a proposed partner, supplier, subcontractor or funders where necessary for, and relevant to the Bidder's Bid and provided that in, each case, Bidders obtain from such parties prior to such disclosure, confidentiality undertakings of at least equivalent strength to this.

1.5 Conflicts of interest

Bidders are reminded of their continuing obligation to disclose actual, potential and perceived conflicts of interest pursuant to the conflicts of interest requirements set out in the PQQ.

Bidders are responsible for ensuring that no conflicts of interest exist between themselves and their appointed advisors and the Commissioner and its appointed advisors. Any Bidder who fails to comply with this requirement may have its Bid(s) disqualified at the discretion of the Commissioner.

The Commissioner requires that all actual or potential conflicts of interest are resolved to its satisfaction prior to the submission of Bids. In the event that any actual, potential or perceived conflict of interest comes to a Bidder's attention following the submission of its Bid, that Bidder should immediately notify The Commissioner.

Where proposed partners, suppliers, subcontractors or funders participate in more than one Bid, Bidders will be required to take steps to ensure that all Bids are prepared independently and that no confidential information relating to the relevant Bids or ITT responses is passed, whether directly or indirectly, via such third parties, between Bidders.

1.6 Bidder changes

ADMINISTRATION

Bidders are subject to an ongoing obligation to notify the Commissioner of any material changes in their financial or other circumstances notified in their PQQ responses. This includes, but is not limited to, changes to the identity of proposed partners, suppliers, subcontractors or funders and the ownership or financial or other circumstances thereof and solvency of the Bidder. The Commissioner should be notified of any such material change as soon as it becomes apparent.

Failure to notify the Commissioner of any material changes or to comply with any of these provisions may lead to a Bidder being disqualified (in which case the provisions of paragraph 1.8 below apply).

If a Bidder wishes to change a proposed partner, supplier, subcontractor or funder from those on whom information was provided in the Bidder's response to the PQQ, details (including relevant PQQ information) must be submitted to the Commissioner no later than ten (10) business days prior to the ITT Bid submission deadline.

The Commissioner reserves the right to refuse to allow any such change notified under this paragraph 1.6 and to disqualify any Bidder from further participation in the Procurement process in the event that such a change is made, in which case the provisions of paragraph 1.8 below shall apply. In exercising its discretion to either refuse or allow such a change, the Commissioner may take into account whether such change is material to the delivery of the Services.

Save in exceptional cases, no such change will be permissible subsequent to ITT Bid Submission and the Commissioner reserves the right to eliminate the Bidder concerned.

1.7 Changes to the Procurement process

Bidders are reminded that the Commissioner, at its discretion, reserves the right to vary the Procurement process in order to achieve the objective of the Programme.

Without prejudice to the generality of the above, the Commissioner reserves the right to:

- change dates and times for each stage of the Procurement process set out in Section 10; and
- modify any aspect or stage of the Procurement process itself and/or to introduce additional steps or stages into the Procurement process.

The Commissioner shall notify the Bidders' Authorised Representative of any such changes.

1.8 Disqualification of Bidders

Any Bidder acting in contravention of the provisions of this ITT may, at the absolute discretion of the Commissioner, be disqualified (without prejudice to any other civil or legal remedies available to the Commissioner and/or any other NHS Organisation and without prejudice to any criminal liability which such conduct by a Bidder may attract).

For the avoidance of doubt, disqualified Bidders will be excluded from any further participation in the Procurement process and in no circumstances will the Commissioner (or its advisors) be liable for any costs or expenses incurred by the disqualified Bidder and/or its partners, suppliers, subcontractors and funders as a result, directly or indirectly, of such disqualification.

1.9 Bidders' advisors

Bidders will be responsible for obtaining all information and independent advice that they consider necessary for the preparation of their respective Bids. Bidders must make their own independent assessment of the Procurement after making such investigation and taking such professional advice as they deem necessary.

1.10 Availability of information to Bidders

Any information additional to this ITT which the Commissioner deems necessary for a Bidder to be issued with, will be sent to each Bidder's Authorised Representative. It is the Bidder's responsibility to notify the Commissioner of any change to the Authorised Representative's name or other contact details. Bidders may request that, for convenience, electronic correspondence be copied to individuals other than their Authorised Representative, but the Commissioner accepts no liability for this and will consider all information sent to the Authorised Representative to have been received by the Bidder.

Where a Bidder intends to use sub-contractors to provide any of the Services, it will be the responsibility of the Bidder to provide such sub-contractors with all necessary information (subject to the provisions relating to confidentiality at paragraph 1.4 above.

1.11 Freedom of Information

The Commissioner is committed to open government and meeting its legal responsibilities under the Freedom of Information Act (FOIA). Accordingly, any information created by or submitted to the Commissioner (including the information contained in this ITT and the minutes of meetings between all or any of the Bidders and the Commissioner) may need to be disclosed by the Commissioner in response to a Request for Information. Any persons may make a Request for Information at any time before or after Contract Award. The Commissioner may also decide to include certain information in the relevant publication scheme maintained under the FOIA.

In making a submission, each Bidder therefore acknowledges and accepts that the information contained therein may be disclosed under the FOIA, either without consulting the Bidder or following consultation with the Bidder and having considered its views.

Bidders must clearly identify any information supplied in response to this ITT which they consider to be confidential or commercially sensitive and attach a brief statement of reasons, setting out what harm may result from disclosure and the time period applicable to the sensitivity.

However, Bidders should be aware that even where a Bidder has indicated that information is commercially sensitive, the Commissioner is responsible for determining in its absolute discretion whether such information is exempt from disclosure under the FOIA or must be disclosed in response to a Request for Information.

Bidders should also note that the receipt by the Commissioner of any information marked “confidential” or equivalent does not mean that the Commissioner accepts any duty of confidence by virtue of that marking, and that the Commissioner has the final decision regarding the disclosure of any such information in response to a Request for Information.

1.12 Copyright

The copyright in this ITT is vested in the Commissioner. This ITT may not be reproduced copied or stored in any medium without the prior written consent of the ITT other than strictly for use in preparing a response or Bid.

1.13 Disclaimer

The information contained in this ITT is presented in good faith and does not purport to be comprehensive or to have been independently verified. Neither the Commissioner, nor any of its advisors accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any Bidder, partner, supplier, subcontractor, funder or any of their respective advisors, orally or in writing or in whatever media. Such persons must therefore take their own steps to verify the accuracy of any information which they consider relevant and are not entitled to rely on any statement or representation made by the Commissioner or any of its advisors.

1.14 No Liability for Costs

Under no circumstances will the Commissioner or any of their advisors be liable for any costs, claims, losses or expenses incurred by Bidders, partners, suppliers, subcontractors, funders or their Authorised Representatives as a result (directly or indirectly) of any changes to the bidding process or the Outline Timetable or in connection with any bid costs, expenditure, work or effort incurred by Bidders in proceeding with or participating in this Procurement, including if the Procurement process is terminated or amended by the Commissioner.

1.15 Signature of documents

All Procurement documentation requiring a signature must be signed by the Authorised Representative of the Bidder.

1.16 Right not to award a contract

ADMINISTRATION

The Commissioner reserves the right in its absolute discretion not to appoint a Recommended Bidder, or where a Recommended Bidder has been appointed, not to award the Pathology Services Contract.

GLOSSARY

"Bid"	means a proposed solution submitted by a Bidder in response to this ITT
"Bidder"	means an organisation intending to response to this ITT
"CCP"	means the Co-operation and Competition Panel
"Cellular Pathology"	means the diagnosis of disease based on analysis at a cellular level of samples of tissue
"Chemical Biochemistry"	means the study of the chemical and biochemical mechanisms of the body in relation to disease. It provides a link between medicine and the basic sciences, and employs analytical and interpretative skills to aid in the prevention, diagnosis and treatment of disease
["Cluster"]	means a group of organisations intending to work together to provide Community Pathology Services through a hub and spoke model managed network or joint venture arrangement.
"CNST"	means the Clinical Negligence Scheme for Trusts
"Code of Conduct for PbR"	means the Code of Conduct for Payments by Results, Gateway reference 8047, as amended, revised, reissued or replaced from time to time by the Department of Health
"Commissioner"	[insert name of the organisation releasing the ITT]
"Commissioners"	means existing PCT commissioners
["Commissioning Consortia"]	means a group of commissioners (whether PCTs or PCT Clusters or clinical commissioning groups) who will be commissioning Community Pathology Services on behalf of the Community Users
"Commissioning Contract"	means the Commissioning Contract attached at Annex C
"Community Pathology Services"	means pathology services that are currently commissioned by [PCTs]/[CCGs] directly from the existing pathology providers in [area]/[region] for their GPs and other primary care users
"Community Users"	means designated users within primary care and community care that are entitled, by Commissioners, to send test requests and samples to the Provider including, but not limited to, general medical practitioners, general dental practitioners, out-of-hours services, community services and prison services
"CPA"	means Clinical Pathology Accreditation
"CQC"	means the Care Quality Commission
"DH"	means the Department of Health
"FOIA"	means the Freedom of Information Act
"FT"	means Foundation Trust
"GPs"	means general medical practitioners
"Haematology"	means Diagnosis and treatment of blood diseases, including specialist investigations for Haemophilia and Thrombophilia
["Hub"]	means any of (i) the Lead Provider in each Cluster; (ii) the IBS Hub; and (iii) the Microbiology Hub
["IBS Hub"]	means the Provider that will host the laboratory provision for a consolidated Integrated Blood Sciences service on behalf of the Cluster
"Immunology"	means the analysis and treatment of immunological disease, allergy, transplant

GLOSSARY

	compatibility
"IM&T"	means Information Management and Technology
"Integrated Blood Sciences"	means Haematology, Clinical Biochemistry & Microbiology
"Microbiology"	includes Bacteriology, Virology and Mycology and means the analysis of micro-organisms found in samples. With responsibility for infection control surveillance and for the detection and control of disease outbreaks and incidents and employs analytical and interpretative skills to aid in the prevention, diagnosis and treatment of disease
["Microbiology Hub"	means the Provider that will host the laboratory provision for a consolidated Microbiology service on behalf of the Cluster
"MHRA"	means the Medicines and Healthcare products Regulatory Agency
"MOI"	means the Memorandum of Information of the Project
"NHS Act"	means the National Health Service Act 2006
"NHSLA"	means the NHS Litigation Authority
"OBC"	means the Outline Business Case for the Project
"PbC"	means Practice Based Commissioning
"PbR"	means Payment by Results
"PCT"	means a primary care trust
"PDC"	means Public Dividend Capital
"POCT"	means point of care testing
"PQQ"	means the Pre-Qualification Questionnaire of the Project
"Preferred Bidder"	means the Bidder(s) selected as the preferred Bidder(s) for the Project
"Project"	means the [name] project
"Provider"	means a provider of Community Pathology Services [appointed pursuant to the Project as a Preferred Bidder]
"QIPP"	means Quality Innovation Productivity and Prevention
"Residual Pathology Services"	means all pathology services throughout the [area/region] not within the scope of Community Pathology Services
"ROE"	means Retention of Employment
"Secretary Of State"	means the Secretary of State for Health
"Transaction"	means the [operational hub and spoke] model as envisaged by the Project
"Transformation"	means the steps and processes required to enable Bidders to implement their Bid solutions to include how they will move from the existing single provider model for the provision of Community Pathology Services to their Cluster model and is anticipated to run for the period of time from appointment of Preferred Provider to service commencement of the Commissioning Contract (or completion of the mobilisation period under that contract, if later)
"Transformation Costs"	means the costs of implementing Transformation and is expected to include costs in respect of redundancies, IM&T investment, funding costs, changes to logistics arrangements and refurbishment of estate facilities
"Transition"	means the steps and processes by which Clusters will continue to provide Residual

	Pathology Services going forward after service commencement of the Commissioning Contract
"Transition Costs"	means the costs of implementing the Transition model and is expected to include the financial impact on Trusts which are [not Hubs of] providing Residual Pathology Services