

Invitation To Tender:
Equitable Access to Primary Medical Care
Tender Evaluation Report

Version 0.1

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1. Executive Summary

1.1. The procurement strategy for the project was to ensure that sufficient suitably qualified Potential Providers were invited to tender to meet the requirements of NHS Peterborough in their Equitable Access to Primary Medical Care Procurement. It was anticipated that one Framework Agreement would be awarded on a single provider basis.

- Following completion of the Pre-Qualification process, 11 Potential Providers were selected to receive an Invitation to Tender. The ITT was issued on 20th August, 2008

1.2. A Tenderer's Event was held on 10th June to enable potential bidders to seek clarification relating to the requirement and ITT documentation.

1.3. 5 Tender responses were opened at 9am on Tuesday 7th October, 2008.

1.4. All 5 received Potential Providers submitted a compliant Tender Response.

1.5. A Tender Response was not received from 6 of the 11 issued to Potential Providers.

1.6. Tenders were evaluated in accordance with the approved Evaluation Process and Methodology distributed from the East of England Strategic Health Authority and approved by the PCT Board on 3rd September 2008.

The selection of the Preferred and Reserve Bidders to advance to contract signature for the Scheme was based on consideration of evaluation results for the following four primary procurement parameters:

- Performance;
- Cost;
- Risk; and
- Timings.

The assessment of performance was quantitative. Weighted scores for the requirements relating to each Work stream were aggregated into an overall performance score.

The Bid Price was compared against a pre-determined affordability limit.

Risk was graded as either low, medium or high, for each of the risk areas below, and then translated into an overall risk grade of low, medium or high:

- Financial;
- Legal;
- Service delivery – transition; and
- Marketing (for Schemes such as this one where growth in patient lists is required).

The Service Commencement Date and aspired Early Commencement Date proposed by the Bidder was graded as either, Prompt, Timely, or Late in relation to the Target Commencement Date set as 1st April 2009.

A copy of the Evaluation Process and Methodology documents are available on request from:

The Equitable Access to Primary Medical Care Procurement Lead, Jay Agostinelli

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1.7. The performance scores of the evaluation are as follows:

• Bidder A	~	3.01
• Bidder B	~	2.86
• Bidder C	~	2.07
• Bidder D	~	2.69
• Bidder E	~	3.02

1.8. However, on the basis of the overall results (performance, risk, and financial), the Tender Evaluation Team recommends a Framework Agreement be awarded to: **Bidder A** for a 105 hour a week service subject to any challenges during the Alcatel period as the Preferred Bidder and that **Bidder B** be nominated as the Reserved Bidder, should contract discussions with the Preferred Bidder fail to reach a conclusion on / by the 17th December 2008.

1.9. The Tender Evaluation Team seeks to obtain approval from the PCT Board of Directors to award a Framework Agreement to Tenderers identified.

1.10. Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and a Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers.

1.11. Both successful and unsuccessful Tenderers will be provided with the opportunity to receive a debrief in accordance with the ITT Debriefing Guidance This date has been set for the 8th January, 2009.

2. Purpose

2.1. The purpose of this document is to present a recommendation to the PCT Board for consideration and approval. The recommendation is based on the results of the Tender Evaluation carried out by the Tender Evaluation Team on the responses to the Equitable Access to Primary Medical Care Services ITT.

3. Introduction

3.1. This report has been compiled on behalf of the Equitable Access to Primary Medical Care Tender Evaluation Team following the completion of the evaluation of responses to the Invitation To Tender (ITT) for the Equitable Access to Primary Medical Care Tender.

3.2. This document contains information that is Commercial in Confidence and is not in the public domain. The contents of this document must not be disclosed or discussed with any third party.

- 3.3. An Executive Summary has been provided, Any further information or points of clarification should be addressed to the Procurement Lead, Jay Agostinelli.

4. Background

- 4.1. The Equitable Access to Primary Medical Care procurement was advertised under the restricted procedure in the Official Journal of the European Union on 9th May, 2008. The scope covered the primary medical care services developed by the NHS Peterborough in conjunction with Peterborough County Council, and the Joint Strategic Needs Assessment based on the identified needs of the local community.
- 4.2. The Contract Advert generated 32 expressions of interest from a wide range of Potential Providers initially interested in the Equitable Access Scheme and the PCT Managed Practices, which were subsequently taken out of the procurement. A total of 11 potential bidders sent back their Pre Qualification Questionnaires (PQQ) to be considered for the Equitable Access to Primary Medical Care Services.
- 4.3. Following the evaluation of the 11 Potential Providers Pre Qualification Questionnaire all qualified to move to the next stage and receive the ITT documents.

5. Evaluation Process

- 5.1. Tender Receipt and Opening
All bid submissions were open together in the presence of Angela Bailey (CEO NHS Peterborough), Sarah Shuttlewood (Associate Director), Jay Agostinelli (Procurement Lead). They were opened on the 7th October, 2008 and entered into the Tender Register.
- 5.2. Compliance Check
All bids were deemed compliant.
- 5.3. Qualitative and Commercial Evaluation
The work stream leads performed individual evaluations (with at least 2 people evaluating each stream) and the project team met at regular intervals to consolidate views and validate scorings.
- 5.4. Tender Clarification
Clarification questions were sent out once during the process via email, and additional questions prepared for the Bidder Interviews.
- 5.5. Moderation Meeting(s)
This is a mid way ITT evaluation meeting used to check progression of evaluation and to 'red flag' any areas of concern. The team (including one of our lay members) met on the 16th October.
- 5.6. Bidder Interview / Clarification Meeting
This was held on the 6th November. All 5 potential bidders were met individually and given 1.5 hours each. The meetings were minuted.

6. Evaluation Results

- 6.1. An ITT summary provided an overview of the individual bidders, highlighting strengths and weaknesses.
- 6.2. **Bidder A** were identified as the Preferred Bidder after the financial, capacity, performance and competence were assessed.
Throughout the entire process the organisation were attentive, prompt, organised and professional in their approach and delivery.
They appear to provide a holistic approach in delivering patient care and services, demonstrating innovative ideas and multi agency collaboration.
The initial submission was for a 105 hour a week service. Whilst this was still the most cost effective service they were asked to submit an 84 hour a week service that could be compared with other responses on a 'level playing field'. This they did promptly. The evaluation was undertaken using the costs associated with the 84 hour a week service
They were keen to demonstrate how they would exceed the PCT's expectation of service delivery and targets and provided written evidence of competent and enthusiastic staff. Bidder A reiterated at interview, the importance of audit trails and measurable targets involving patient panels / forums. All evidence requested by the PCT was provided and in some cases over and above. (9 CV's and 44 supporting pieces of evidence, ranging from references, service plans and community letters of support).

Financially they were the most cost effective and ranked only 0.01 points below the leader in terms of clinical weighting.
They demonstrated a clear understanding of the needs of the target population and provided evidence that they had already initiated contact with a wide range of organisations and services (including Mental Health, Social Services other local services)

7. Overall Score

- 7.1. Following agreement of an overall score for each Bidder and taking into consideration all qualitative and commercial elements of the responses, a high level summary sheet was completed. A full evaluation matrix is available on request from Jay Agostinelli, Procurement Lead.

8. Recommendation

- 8.1. The recommendation of the Tender Evaluation Team is that a Framework Agreement be awarded to: **Bidder A** for a service over 105 hours per week subject to any challenges during the Alcatel period.
- 8.2. Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and a Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers.
- 8.3. Both successful and unsuccessful Tenderers will be provided with the opportunity to receive a debrief in accordance with the ITT Debriefing Guidance.

9. Approval

9.1. The Tender Evaluation Team seeks to obtain approval from the PCT Board of Directors to award a Framework Agreement to the Tenderer(s).

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