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Non-emergency Patient Transport Service re procurement project Contract Award report

A blue ribbon graphic with a white border, containing the date '21 December 2015'.

21 December 2015

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Patient focused,
providing quality,
improving outcomes

1. Project Background

1.1 Service definitions

Non-Emergency Patient Transport is an eligibility based service that provides transport and care to individuals that due to their medical needs, would otherwise be unable to travel to or from the point at which they receive health care services. Eligibility criteria are set at a national level by the Department of Health.

The current Non-Emergency Patient Transport Service (PTS) contract for Kent and Medway expires on 30 June 2016.

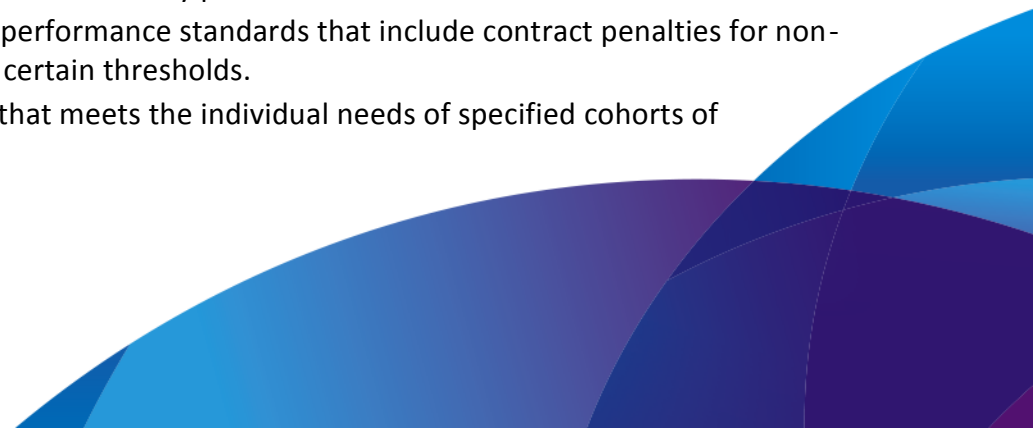
The new service includes transport for eligible patients with a medical need that:

- Reside in Kent, Medway, Bromley or Bexley and are registered with a Kent, Medway, Bromley or Bexley GP.
- Reside in Kent, Medway, Bromley or Bexley and are not registered with a GP.
- Do not reside in Kent, Medway, Bromley or Bexley but are registered with a GP within Kent, Medway, Bromley or Bexley.
- Do not have a registered address and are not registered with a Kent, Medway, Bromley or Bexley GP and wish to be transported to an address within Kent, Medway, Bromley or Bexley following treatment within Kent or Medway.

1.2 The Procurement Project

Having made the decision to re procure the Kent and Medway PTS service the eight Kent and Medway Clinical Commissioning Groups (CCGs) established a project to ensure delivery of the required outcomes. The lead commissioning CCG for the Kent and Medway PTS is NHS West Kent Clinical Commissioning Group. South East Commissioning Support Unit was commissioned in March 2015 by the eight Kent and Medway CCGs to deliver the procurement project. Delivery is overseen by a Project Board that consists of membership representing the eight CCGs and key stakeholders.

The commencement of the project began with a thorough review of current services and the methodology used to procure the service in 2012. A number of lessons learnt were taken from this review and embedded in the project. These included the need for:

- Greater clarity and transparency in the required service standards
 - Accurate activity data
 - Detailed service standards and key performance indicators
 - Patient focused key performance standards that include contract penalties for non-performance within certain thresholds.
 - Provision of service that meets the individual needs of specified cohorts of patients.
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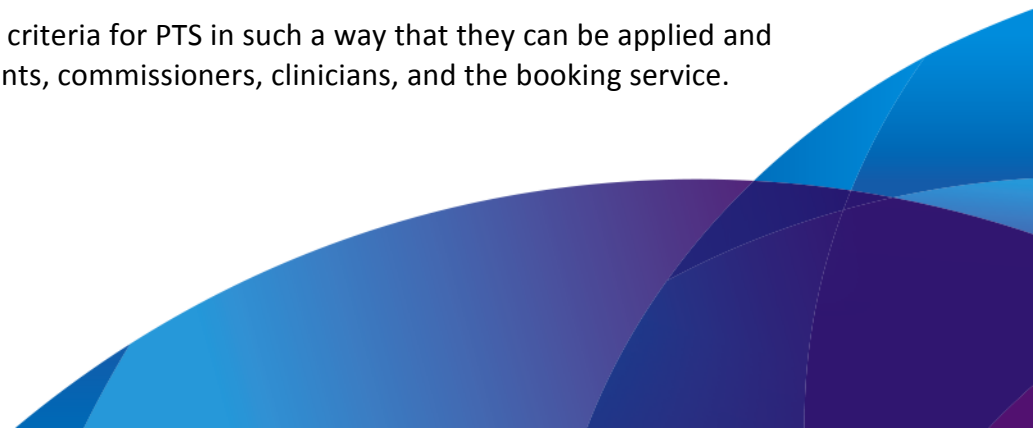
The aim of the project is to procure a non-emergency patient transport service for Kent and Medway patients from July 2016 to a specification co-designed with stakeholders, that delivers a twenty four seven service with:

- A high level of reliability
- A quality service for patients, service providers and commissioners
- Efficient booking and control
- Value for money.

The high-level objectives supporting these aims are to:

- Specify service requirements to ensure delivery of the stated project objectives and improve patient experience.
- Ensure that the service redesign maximises the opportunities for partnership working and was congruent with the whole system and the specific local health economies of West Kent, East Kent, North Kent and Medway including other PTS service providers.
- Ensure that governance, assurance and decision making processes, are transparent and effective.
- Re-procure and mobilise the service with the new operating model effective from the end of the current contract.

In order to deliver these objectives the project has sought to:

1. Engage stakeholders in agreeing the specification and scope of the service and in particular resolving issues that might occur at the interfaces.
 2. Develop and articulate service objectives that clearly express the desired level of performance. This includes whole system working arrangements that ensure effective communication and engagement across the health care economy and continuous improvement and service development.
 3. Encapsulate these service objectives in key performance Indicators (KPIs)
 4. Identify those performance indicators that will have sanctions for unacceptable performance.
 5. Define the quality standards expected of this service and identify those that are to be reported through performance indicators.
 6. Define the eligibility criteria for PTS in such a way that they can be applied and understood by patients, commissioners, clinicians, and the booking service.
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7. Ensure the development and delivery of an effective mobilisation plan to ensure that the appointed service provider is ready to commence service delivery no later than 1st July 2016.
8. Establish and plan for effective contract performance management to commence immediately the contract starts.
9. Ensure that all relevant stakeholders, patient groups and the wider public are engaged with the project, its aims, and the status of the project at any time during its life. This will include (as far as is possible within procurement rules so as not to prejudice the procurement), providers of PTS services in Kent and Medway.

During the project commissioners have taken the opportunity to review and reorganise the way that these services are provided. The outcome will be contracts that specify services in a much more detailed and patient focused way and have significantly improved contract performance requirements. In addition to the inclusion of transport to and from points of healthcare in Kent and Medway, transport to and from London sites has also been included. This means that wherever a patient lives in Kent and Medway they can be confident that if they are eligible for transport they will receive the same consistent, good quality service wherever that transport may be required to and from. The contracts also includes the transport of patients home from hospital after an in-patient stay.

1.3 The Procurement Process

A Prior Information Notice (PIN) was published **3rd December 2014** alerting the market that a procurement process and market engagement event was to be undertaken.

A market engagement event was held in Tonbridge on 23rd March 2015 advising potential providers on the process, timeframes and drivers behind the whole project.

The OJEU advert Ref 2015/S 087-157440 was placed in 17th April 2015.

The service will be divided by three separate contracts in the following way.

- Lot 1: Kent and Medway patient transport excluding the transport of renal patients and transport to and from Dartford and Gravesham Hospital Trust (DGH)
- Lot 2: Renal patient transport
- Lot 3: Kent and Medway patient transport to and from Dartford and Gravesham Hospital Trust (DGH) sites.

The decision to divide the provision in this way was made to ensure that the needs of specific cohorts of patients were met in the most effective way and that the service was congruent within each health economy system.

All three contracts run for six years with the option to extend by another three. The total value of the contracts over six years is approximately £90million. It is expected there will be around 316,000 patient journeys in the first year and nearly two million

during the six years covered by the contracts.

The Pre-Qualification Questionnaire (PQQ) closed 1st June 2015 with 20 companies expressing an interest and 13 completing the PQQ.

The top scoring six companies in each Lot were invited to the tender stage. The ITT followed a restricted procurement process.

The Contracting Authority issued the Invitation to Tender (“ITT”) in connection with a competitive procurement conducted in accordance with the Restricted Procedure under EU Directive 2014/24/EU and Public Contracts Regulations 2015 on 17th July 2015. The opportunity closed on 1st September 2015. The effective period of each contract will be six years from the date of commencement. The effective period may be extended for a further 3 years but will not be extended beyond nine years.

- Four bids were received for Lot 1
- Four bids were received for Lot 2
- Five bids were received for Lot 3

This equated to a total of six different bidders.

1.4 Service Specifications

The service specifications for each of the three Lots will ensure that the service meets the needs of three distinctly separate cohorts of patients.

The service specifications for each the three Lots were co designed with key stakeholders including patients and acute and community trust providers. The service specifications have been improved to ensure:

- Greater clarity of requirements
- Significantly improved service standards and key performance indicators
- The inclusion of patient focused key performance standards that include contract penalties for non-performance within certain thresholds.
- Provision of service that meets the individual needs of specified cohorts of patients

Process maps have also been developed to underpin the requirements of the specification.

1.5 Tender evaluation

The Invitation to Tender (ITT) was evaluated on both technical/quality questions (65% weighting) and commercial score (35% weighting).

In addition to the evaluation of written submissions, site visits, presentations and interviews with bidders also took place. The site visits formed an essential element in validating the content of bidder submissions. During the site visits interviews were undertaken with commissioners of the service in the area that the site was based. Other activities that took place during site visits included observing call handling, the processes and systems used by bidders to manage operations and ride on journeys to observe patient care.

All bidders that submitted tenders were invited to attend interview and give a presentation for each of the Lots for which they had submitted a bid. Separate presentations that were prepared on the day by the bidder and interviews sought to further validate the content of written submissions.

Finally a moderation session was held for each Lot to reach the final scores on 19th October 2015.

1.6 Patient Involvement

Patients and service users have been engaged throughout the procurement phase in various different ways. The involvement of patients has included:

- Development of service specifications
- Involvement in bidder interviews
- Development of a Patients Charter.

The Patient Charter is a document that illustrates to the service provider the expected standards of service from a patient perspective. The charter is embedded in the service specifications.

Patients will continue to be involved throughout the mobilisation phase.

2. Contract Award

The Kent and Medway CCGs have considered the recommendations made by the Project Board and decided to award the contracts for Lot 1, Lot 2 and Lot 3 to G4S.

G4S have consistently shown a great understanding for the needs of the customer and the requirement to deliver this service in each Lot.

The award of these contracts is based on an evaluation process that combined technical / quality capability and commercial costs. The weighting was allocated on a 65/35 basis in favour of technical capability/quality.

The technical/ quality score was broken down into the following key areas and weighted accordingly.

Section 1 – Service Delivery 25% weighting

Section 2 – Management Process 22% weighting

Section 3 – Patient Experience & Safety 18% weighting.

The maximum score that could be achieved was 65 for the technical/quality questions and 35 for the commercial offer.

Lot 1 – Kent and Medway patient transport excluding renal patients and transport to and from Dartford and Gravesham Hospital Trust (DGH)

Bids for Lot 1 were received from:

- E-zec
- Medical Transport Services Limited
- G4S and
- NSL.

G4S achieved 77% of the total marks available for their technical and quality score compared to the nearest closest bidder who scored 60%.

G4S scored 31 for their commercial submission. The lowest commercial submission was given a maximum score of 35 and all other commercial submissions were measured against this as a percentage deviation.

Overall G4S scored a combined total of 82% compared to 74% for the bidder in second place.

Lot 2 – Renal Patient Transport

Bids for Lot 2 were received from:

- E-zec
- G4S
- NSL and
- Thames Ambulance Service.

G4S achieved 68% of the total marks available for their technical and quality score compared to the nearest closest bidder who scored 60%.

G4S scored full marks of 35 for their commercial submission. The lowest commercial submission was given a maximum score of 35 and all other commercial submissions were measured against this as a percentage deviation.

Overall G4S scored a combined total of 79% compared to 64% for the bidder in second place.

Lot 3 - Kent and Medway patient transport to and from Dartford and Gravesham Hospital Trust (DGH)

Bids for Lot 3 were received from:

- Dartford and Gravesham NHS Trust
- G4S
- Medical Transport Services Ltd
- NSL and
- Thames Ambulance Service.

G4S achieved 87% of the total marks available for their technical and quality score compared to the nearest closest bidder who scored 65%.

G4S scored full marks of 24 for their commercial submission. The lowest commercial submission was given a maximum score of 35 and all other commercial submissions were measured against this as a percentage deviation.

Overall G4S scored a combined total of 81% compared to 70% for the bidder in second place.

All three contracts run for six years with the option to extend by another three. They are worth close to £90million in total over the six years. It is expected there will be around 316,000 patient journeys in the first year and nearly two million during the six years covered by the contracts.

3. Next steps

Key activities that will take place over the next few weeks to commence the formal mobilisation process are set out below.

Start	Finish	Activity
22 nd December 2015	22 nd December 2015	Formal contract award notice to successful bidder
22 nd December 2015	1 st February 2016	Public Notification of contract award including papers to part 1 CCG Governing Body meetings
22 nd December 2015	8 th January 2016	Mobilisation submissions to be provided by G4S

14 th January 2016	14 th January 2016	First full meeting of mobilisation group to include NSL and G4S
22 nd December 2015	1 st February 2016	Contract award

The timetable below illustrates the high level key activities that will take place during the mobilisation phase.

Key Gateway Activities	09/12/15 to 01/01/16	Jan 16	Feb 16	Mar to Jul 16	Jul to Sep 16	Oct 16
Service launch						
Mobilisation submissions to be provided by winning bidder						
First full meeting of mobilisation group to include NSL and winning bidder						
Public Notification of contract award including papers to part 1 CCG Governing Body meetings						
Approve mobilisation plans						
Finalise revisions to pricing and operational structure						
Contract award						
Provider to enact mobilisation plan						
Exiting provider to enact exit plans						
Assure mobilisation and exit plan delivery						
Mobilise						
Monitor mobilisation						
Project evaluation						

4. Summary

G4S provided a detailed and well written tender response for each of the three Lots showing an in-depth understanding covering all the requirements for this tender. It was clear from their documentation that they have a dedicated well balanced team as well as a large vehicle fleet. G4S offer flexibility to increase the number of vehicles as and when required. G4S have good regional presence and effective plans to expand bases. The provider also has a tried and tested vehicle tracking, monitoring and management system, effective booking system and established organisational processes to provide a good management process. The documentation submitted by G4S also covered Risk

and Issues.

The organisation and management structure is clear and a detailed mobilisation programme was provided that shows an in-depth understanding of what is required.

The award of each of the three separate contracts to G4S based on the improved service specifications will ensure that Kent and Medway patients receive an improved level of service.

The three contracts will run for six years with the option to extend by another three. The total value of the contracts over six years is approximately £90million. It is expected there will be around 316,000 patient journeys in the first year and nearly two million during the six years covered by the contracts.

The mobilisation process will be detailed and thorough and will ensure that there is as smooth a transition as possible from the current provision. Key stakeholders will be involved throughout this process. The mobilisation phase will be overseen by the Project Board.

The contracts will mobilise on 1st July 2016.

