



**As local healthcare commissioners we have a duty to review all NHS services and ensure they continue to meet the changing needs of their populations in the future.**

Following the existing community health services contract coming to an end, the decision to go out to procurement was made by our membership of GP practices and governing body. The following information provides a snapshot of our procurement journey.

## Our Vision

**Building For The Future** is our vision for achieving joined up care that is wrapped around a patient and their individual needs.

## Shortlisted Providers

### • LOT 1

Lancashire Care NHS Foundation Trust  
Optum Healthcare Solutions  
Virgin Care Services  
Bridgewater Community Healthcare NHS Foundation Trust

### • LOT 2

Optum Healthcare Solutions  
Virgin Care Services



## Timings

We follow a set of timeframes which align to national procurement law and process. Following shortlisting of all potential bidders who submitted a pre-qualification questionnaire, the milestones of this process are:

- Invitation to participate in dialogue: (ITPD) 24th Feb 2016
- Dialogue Discussions: Mar – Jul 2016
- Invitation to submit final tender (ISFT): Aug 2016
- Contract awarded: Autumn 2016
- Mobilisation: Autumn 2016 - 31st Mar 2017
- Go Live: 1st May 2017



## What's included in the contract?

- **LOT 1** – community health services such as district nurses, palliative care, diabetes, IV therapy service and rehabilitation services
- **LOT 2** – urgent care services including GP out of hours service, walk in centres and Acute Visiting Service



## What are community health services?

Community health services are services typically not provided in a hospital setting and instead take place in local clinics, patients' homes or residential and nursing homes etc. Some examples of community health services include district nurses, podiatry, dieticians and end of life.

Our procurement also includes elements of urgent care services such as walk-in centres (**see what is included in the contract?**).



## Your involvement

Many individuals and organisations are involved in this process, and are integral to the delivery of these services now and in the future.

We continue to liaise with many, including for example: the voluntary, community and faith sector, social care, clinicians, carers, patients and the public. There will be regular involvement opportunities as part of this procurement journey.

## What do we want to achieve and why?

We don't want to just do what we've always done; we want to ensure we are buying quality care and really improving people's lives.

We therefore want to focus on what makes a difference. The list below shows some of the areas on which we want to focus.

- People are empowered and supported to have the best quality of life, manage their condition(s) and remain at the lowest point of dependency
- Supporting people with both mental and physical illness by ensuring they can access the right care in the right place at the right time.
- Developing a positive experience of excellent and equitable care wrapped around the patient in a safe environment and protected from avoidable harm
- Develop a working culture that advocates seamless joined up working and empowers staff and stakeholders to work collaboratively with the patient at the centre

