

Online Consultations Webinar FAQ

The following questions were raised prior to, during or after the webinar held October the 20th 2021

1. What if I have additional questions?

Additional questions can be submitted at the live discussion on 20th October. You can use the following email address hsiccg.hiowocvcprocurement@nhs.net to submit questions afterwards. A list of FAQs will be maintained and shared to cover all questions raised.

2. Can PCNs just choose a supplier they like?

It is possible to direct award for smaller procurements within a certain value via the DFOCVC Framework, however it isn't a case of choosing any supplier, you must ensure that you have proven that the supplier meets your needs and justify your choice to meet procurement regulations.

3. How soon will this start?

The process is already underway, and a lot of work has been done to date. A final procurement decision is needed via the CCG early December to ensure procurement and deployment completes ahead of existing contract expiry dates (September 2022).

4. How long do procurements take?

This procurement will be held via the [DFOCVC framework](#) as mandated by NHSE. A framework procurement takes three months minimum.

5. Will practices have to manage additional work?

Practices will need to engage with the deployment of any system to ensure it meets their needs and is set up correctly. If there are multiple smaller procurements underway across HIOW additional resource may be required from the PCNs to support this activity. There is centralised procurement support available via the NHSE procurement hub. The CCG OC project team will share all documentation and information they have so far to local procurements.

6. OC increases our workload so why should we use it?

The provision of online consultations is a contractual requirement. In some cases practices and PCNs have been able to use OC solutions to better manage demand and flow, there are some very good case studies available at [Case studies database - Digital Primary Care - FutureNHS Collaboration Platform](#). This is at practice, PCN and even hub level.

7. May we share the links with our colleagues?

Please do. The link to this webpage is all they need to review the event, the FAQ's and see additional useful data.

8. How much do we currently pay for OC?

The current price is roughly 25p per patient.

9. The difference between Route 1 and 2 (on the DFOVC framework) appears to only be the level of the lifetime contract value and Route 2 permitting a sub 50% price weighting. Both allow no price discounting. Is that broadly correct?

That is correct. The process for both is effectively the same. The key differences are summarised below: -

Route 1 – Direct Award

For awards up to £40k
Price – 50 – 100% weighting
Non-Price – 0 – 50% weighting

Route 2 – On Catalogue Procurement

For awards between £40 and £250K
Price - 30 – 90% weighting
Non-Price - 10 – 70% weighting

i.e. for Route 2, you should include Non-Price criteria, and these may make up a larger portion of your total score.

For both routes, the published catalogue pricing would apply.

10. What support will be available to undertake this procurement?

The CCG will coordinate a procurement to ensure that all practices have access to an online consultation solution - the opportunity to partake in this procurement will be available to all. Requirements have already been established via the project group and Practice representatives. There will need to support from some practice reps for the procurement evaluation and support at implementation, but all other parts of the process and deployment will be supported.

If a more local exercise is undertaken the support will depend on the number of procurements desired across the patch. Procurement support will be available via the National Procurement Hub and/or other agencies. More local procurements should expect to have to undertake more involved work developing specifications and evaluation frameworks. There is also ongoing work required with regards to contract and supplier management.

11. Will we be undertaking this (procurement) ourselves?

That is the decision we are asking PCN's to make - the options being presented are:

1. Join a larger CCG led procurement (this will be undertaken by the CCG project group on behalf of all PCNs who do not select another option)
2. Procure as a standalone PCN
3. Procure with particular partners (please list the name of the PCNs to be included in the procurement)
4. We are already in contract with a supplier (are you able to indicate if you are able to terminate your contract early and if so with what notice period?)

12. How is usability considered in the procurement?

A key part of developing requirements is about usability, making sure the product requirements reflect user needs (practice & patient). The requirements have been developed through feedback from both stakeholder groups regarding what is a must have and nice to have.

13. What if none of the providers on the framework meet the needs of the practice/PCN?

The framework currently includes 31 online consultation solutions, as such we would expect this to include most solutions that are currently available in the market. NHS Digital have widely advertised the framework, and most key players would have submitted a bid to secure a place on this framework.

If, in the unlikely event, none of the framework suppliers meet the requirements, these would need to be reviewed to assess whether the capabilities listed are available in the market. There would be the option to amend and re-issue these.

14. With the merger of CCGs, is the overall procurement size this time the same (with natural growth) as 2018?

Yes, outside of natural growth, the size of the procurement has not changed significantly

15. Do we have to have the same system as others in our PCN or could we join with practices across HIOW who want same system?

The procurement prohibits just choosing a system as this must be driven by requirements. As such you will not know the chosen supplier for another area until the outcome of the procurement exercise.

Multiple PCN's can group together to undertake this exercise. Please see more detail on the options available in Question 11

16. Which suppliers are on the framework?

The current list of suppliers on the framework can be found here [DFOCVC framework - results \(digital.nhs.uk\)](#). Demos of some solutions can be seen here [Commissioner & provider webinars - Digital Primary Care - FutureNHS Collaboration Platform](#)

17. Will additional funding be required, and will this apply across all procurement options?

The cost achieved per patient usually increases with a smaller population. Until we know the shape of procurements across HIOW we can't answer this question with specific numbers. A pricing threshold can be stated in procurement so bidders cannot exceed your budget, but this could limit the number of bids you receive. Reviewing affordability will be a key action once we've identified everyone's preferred procurement approach.

18. Who will respond and provide a decision on the procurement route?

Responses will be required on behalf of each PCN. This information will support an affordability and approach review within the CCG which will be reviewed and ratified by the Primary Care Commissioning Committee and Procurement Committee.

19. How long is the contract for?

The maximum term for the contract is 3 years. You can contract for a shorter period but beware this determines when you next need to undertake a procurement. If you're looking for more flexibility, then it's worth considering a 2yr contract with an optional 12-month extension.

20. How can we make a decision without knowing the detail of the solutions?

The suppliers have been listed in question 16 along with their demonstrations where available, although all procurements need to be driven by requirements.

21. Can we choose a supplier?

Unfortunately not, each supplier needs to be awarded their contract based on meeting your requirements. It's a requirements-led process.

22. What would be considered a large procurement that would allow us to collaborate and get best value?

The large procurement in terms of the framework is anything above £250,000 and within this framework route (off catalogue) suppliers can offer bespoke discounting. To achieve a value like this, you'd need to have approximately 335,400 patients and sign up for a full 3-year contract (based on current pricing), however supplier pricing does vary considerably so this is only a guide.

23. Do I have to go through the procurement process?

To be assured that a supplier can meet your requirements, standard technical and security requirements as well as offering value for money a procurement must be completed. As existing OC contracts are due to expire the process needs to be undertaken before that date. The DFOVCV framework has been specifically designed to cater to this requirement.

24. Will this happen for everyone at the same time or will it be staggered?

It depends on the number of procurements. Anyone who groups together will need to progress at the same time. We could have two separate procurements running concurrently but will need to ensure procurement capacity to support this. In any case deployment of a solution would be phased and timelines negotiated with practices to minimise disruption.

25. At what volumes do discounts of significance kick in?

The example below shows the on-catalogue pricing divisions for two suppliers.

Supplier 1 1-89,999 Patients - £0.25 Per patient, per annum 90,000 - 899,999 Patients - £0.23 Per patient, per annum 899,000 patients and above - £0.15 Per patient, per annum
Supplier 2 1-24,999 patients £0.39 Per patient per annum 25,000 - 74,999 patients £0.35 Per patient per annum 75,000 - 149,999 patients £0.30 Per patient per annum 150,000 -249,999 patients £0.25 Per patient per annum 250,000-499,999 patients £0.20 Per patient per annum 500,000 + patients £0.19 Per patient per annum

Not all suppliers offer a graduated on-catalogue price, with some preferring a flat per patient rate. Suppliers have the discretion to offer bespoke discounts through the off-catalogue process.

26. What input has there been to developing requirements and the scoring framework?

The GPIT leads in place across the patch have been key members of the project group working on this piece, alongside practice manager representatives and commissioning colleagues. Project group members have been engaging with broader stakeholders outside of the formal project meetings to gain more input. A survey was distributed earlier this year to all practices and a patient engagement session has also been held to shape the requirements.

27. How have the CCG engaged with suppliers on this so far?

As it's a procurement process, we must be careful and equitable in our treatment of suppliers. We're therefore not liaising with them directly but engaging in the information available on the framework and the demos that have been held to support our requirements development. All suppliers on the framework will have an equal opportunity to respond to bids.

28. What about if we have different requirements?

You can manage different requirements via separate procurements to ensure the successful bidder is appropriate for your needs. Different requirements can also be met by flexibility within a specific solution - so 2 PCN's may have the same system but use it very differently.

29. Is the CCG funding fixed at £0.25 per patient for each of the next three years?

We haven't received clarity on future allocations but through our existing agreement funding has been consistent. We have been reassured that funding for online consultations will continue.

30. Can you tell us what the budget is?

The system has received regular funding to afford 0.25p per patient and coverage of the full population. This equates to a fund each year in the region of £450k

31. Will the budget depend on how many systems we have across HIOW?

Yes, but also how many procurements are undertaken to result in those systems. Two procurements could result in the same supplier, but two contracts will be in place, likely at a higher cost than if those procurements had been undertaken together.

32. What if we are struggling to make a decision?

Please review the support materials for further information and detail on the procurement. You can contact the team on hsiccg.hiowocvcprocurement@nhs.net if you need further support but please do so in advance of the survey deadline to ensure we can support you in time to make a decision.

33. Is there a chance our existing supplier could be awarded a contract?

If that supplier is on the DFOVCV framework and put forward the bid that scores highest, then yes.

34. If separate procurements were undertaken and reached the same conclusion, could we negotiate better pricing with the selected supplier due to our scale?

Negotiation cannot be undertaken as part of the procurement process, as this goes against the principles of a fair and transparent process. As such, the decision to collaborate must be made upfront and should be based on the alignment of requirements. If each PCN / Grouping of PCNs has the same set of requirements and largely similar weightings, the process is likely to result in the same winning bidder. As such, requirements should be assessed prior to procurement, to understand whether there are clear differences.

35. How was the requirements list built and is it available to view?

The requirements list was built from previous engagements with both patients and Primary Care staff collected via a survey, engagement events and discussions. The list was reviewed by the GPIT leads and area representatives. To assist areas in their decision we have shared it via the PCN clinical directors.