



## Approval to follow Provider Selection Regime (PSR) for Procurement of Healthcare Services Form

Form to be completed by the Commissioning Leads with support and advice from the NHS North West London Procurement Services, for review by Executives.

<b>Meeting date</b>	
<b>Paper title / Services to be procured</b>	
<b>Paper author</b>	
<b>Lead director</b>	
<b>FOI status</b>	
<b>Paper summary/overview</b>	
<b>Purpose (tick one only)</b>	<input checked="" type="checkbox"/> For decision <input type="checkbox"/> For discussion <input type="checkbox"/> For information
<b>Recommendation(s) summary/overview</b>	
<b>Risks</b>	
<b>Any declared conflicts or potential conflicts of interest</b>	

### Section 1



Are you awarding a <b>contract</b> or a <b>framework agreement</b> ?	<i>(If response is '<b>contract</b>', please move to Section 2 and continue to answer questions)</i> <i>(If response is '<b>framework agreement</b>', please answer only the questions in this section)</i>
Please specify the name of the existing framework.	
Please specify the framework expiry date.	

## Section 2

Indicative contract value for the new contract (Excl. VAT)	
Proposed contract length: (Include details on extension options e.g. 5 + 2 years)	
<b>Proposed start date of new services:</b> (Subject to agreed timetable)	
Is this a new contract for existing services?	

**2.1 If answered Yes- Please complete the following questions. If answered No please move to the '2.2 No' section.**

Current contract provider name	
Current Contract Expiry Date	



<p><b>If applicable are current contract/s subject to a previous procurement?</b> (If Yes, include details)</p>	
<p><b>If applicable have current contract/s previously been subject to STA/STW (Single Tender Action/Wavier) approval?</b> (If Yes, include details)</p>	
<p>Is the existing provider the only capable provider?</p>	<p><i>(If response is <b>Yes</b>, <u>Direct A process</u> <b>MUST</b> be used) (If response is <b>No</b>, please continue to answer questions below)</i></p>
<p>Is there <b>unrestricted</b> patient choice? (i.e. all providers that meet the requirements to deliver the service(s) are offered contracts?)</p>	<p><i>(If response is <b>Yes</b>, <u>Direct B process</u> <b>MUST</b> be used) (If response is <b>No</b>, please continue to answer questions below)</i></p>
<p><i>Is the existing provider satisfying and likely to satisfy the proposed contract to a sufficient standard?</i></p>	<p><i>(If response is <b>Yes</b>, please continue to answer questions below) If response is <b>No</b>, <u>either MSP or Competitive process</u> <b>MUST</b> be used (<b>MUST NOT</b> follow Direct C process)</i></p>
<p>Is the considerable change threshold met (Regulation 6(10)-6(12))</p>	<p><i>(If response is <b>Yes</b>, <u>either MSP or Competitive process</u> <b>MUST</b> be used (<b>MUST NOT</b> follow Direct C process) If response is <b>No</b>, <u>Direct Award Process C</u> <b>MAY</b> be used)</i></p> <p><b>Guidance/ Advisory Note</b> The threshold for considerable change is met (and therefore direct award process C cannot be followed) if:</p> <p>a) it renders the proposed contracting arrangements materially different in character to the existing contract when that existing contract was entered into <b>or:</b></p>



	<p>b) it meets all the following:</p> <p>the change, (to the proposed contracting arrangements as compared with the existing contract), is attributable to a decision made by the relevant authority</p> <p>the lifetime value of the proposed new contract is at least £500,000 higher (i.e., equal to or exceeding £500,000) than the lifetime value of the existing contract when it was entered into</p> <p>the lifetime value of the proposed new contract is at least 25% higher (i.e., equal to or exceeding 25%) than the original lifetime value of the existing contract when it was entered into</p>
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**2.2 If answered No- Please complete the following questions.**

<p>Is there unrestricted patient choice? (i.e. all providers that meet the requirements to deliver the service(s) are offered contracts?)</p>	<p><i>(If response is <b>Yes</b>, <u>Direct B process</u> <b>MUST</b> be used)</i>  <i>(If response is <b>No</b>, please continue to answer questions below)</i></p>
<p>Are you in the view, taking into account likely providers and all relevant information available at this time, that you are likely to be able to identify the most suitable provider?</p>	<p><i>(If response is <b>Yes</b>, <u>either MSP or Competitive process</u> <b>MAY</b> be used)</i>  <i>If response is <b>No</b>, <u>Competitive process</u> <b>MUST</b> be used)</i></p>

**Brief summary of the procurement advice provided and confirm the five options under the PSR regime have been considered:**

<b>Procurement Lead (Name/Position/Title)</b>	

<b>PSR route selected (Insert (x) in relevant box):</b>	
<b>Direct Award Process A</b>	
<b>Direct Award Process B</b>	
<b>Direct Award Process C</b>	
<b>Most Suitable Provider Process</b>	
<b>Competitive Process</b>	

<b>Compiled by: (Name/Position/Title/Date)</b>	
<b>Lead Clinician Approval (Name/Position/Title/Date)</b>	
<b>Finance Business Partner Approval (Name/Position/Title/Date)</b>	
<b>Head of Procurement Category Approval (Name/Position/Title/Date)</b>	
<b>Endorsed by: Chief Financial Officer (Name/Position/Title/Date)</b>	
<b>Endorsed by: Chief Executive Officer</b>	



(Name/Position/  
Title/Date)

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North West London