

NHS Thames Valley Integrated Care Board

Procurement Policy

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Scheme of Reservation and Delegation	01.04.26	Scheme of Reservation and Delegation
Standing Financial Instructions	01.04.26	Standing Financial Instructions

Acknowledgement of External Sources

Title / Author	Institution	Link

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of ICB's commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

The ICB aims to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with ICB's legal equity duties.

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SECTION A - Introduction

1 Introduction and Purpose

Procurement is the act of obtaining or buying goods or services and covers all spend undertaken by NHS Thames Valley Integrated Care Board (“TV ICB” or “the ICB”). Spend within the ICB is wide ranging and may be the purchase of information technology hardware, legal services, healthcare services or human resource, but every element of spend is regulated by the internal Standing Financial Instructions, internal policies and external regulations and guidance.

The principal aim of procurement undertaken by NHS organisations is to deliver essential goods and services and improve patient outcomes, while increasing value from every pound spent by the NHS. Procurement should be seen as a mechanism to secure, goods, resources, services and works, with competitive procurement as an option available to the ICB.

The purpose of this policy is to outline the procedures to be followed when obtaining goods or services on behalf of the ICB, either by outlining the processes, or by providing links to further information and support.

This Procurement Policy will ensure that all procurement undertaken:

- a) Complies with relevant national legislation, policy, and guidance, the ICB Constitution, Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.
- b) Acts with a view to deliver against the needs of the local population.
- c) Treats providers in a transparent, proportionate, and non-discriminatory manner with equality of treatment a core requirement.
- d) Provides the best possible value for money.
- e) Maintains high standards of public trust and probity in its use of public funds.
- f) Uses best practice as standard.
- g) Complies with long and short-term objectives of the ICB.
- h) Does not engage in anti-competitive behaviour where it does not comply with point a) above.
- i) Embeds social justice into commercial decision-making by integrating ethical considerations, fairness, and social impact assessments into the decision-making process.

In all cases, procurement decisions will be taken within the parameters and limitations of the existing legal framework. Alongside this, the ICB recognises the general progression toward greater integration of services in the context of integrated models of care and will ensure that any such developments as they relate to procurement will be considered and integrated into ICB procurement practices as necessary.

2 Scope of the Procurement Policy

This policy applies to all expenditure undertaken on behalf of the ICB.

This policy must be followed by all persons working for, or on behalf of the ICB including any third party working in association with, or on behalf of, the ICB.

All staff must read and understand this Policy, comply with it and be aware of its implications. It is not intended that staff will develop procurement expertise; however, they will need to know when and how to seek further support.

3 Definitions

Any abbreviations used in the document will be written in full in the first instance.

4 Roles and responsibilities

The Chief Finance Officer is the responsible officer for this policy and the procurement function. The Audit Committee is responsible for the adherence and monitoring compliance with this policy under delegated authority from the ICB Board.

5 Guiding principles

For all procurements the ICB is required and committed to:

- Act in a transparent and proportionate way,
- Treat providers equally and in a non-discriminatory way, including by not treating a provider, or type of provider, more favourably than any other provider, in particular on the basis of ownership.

When procuring healthcare services, the ICB is required to act with a view to:

- Securing the needs of the people who use the services;
- Improving the quality of the services; and
- Improving efficiency in the provision of the services.

The ICB is required and committed to procuring services from one or more providers that:

- Are most capable of delivering the needs, quality, and efficiency required.
- Provide the best value for money in so doing.

The ICB is required and committed to act with a view to improving quality and efficiency in the provision of services. The means of doing so will include:

- The services being provided in an integrated way (including with other healthcare services, health related services, or social care services).
- Enabling providers to compete to provide the services.
- Allowing patients, a choice of provider of the services.

There may be circumstances where a decision to procure without running a competitive tendering process will be appropriate and consistent with procurement regulations. This may include:

- Where there is only one provider that is capable of providing the goods or services in question.
- Where the benefits of running a competitive process would be outweighed by the costs of doing so.
- Not running a competitive process is in accordance with the regulations and justification applied (e.g. Direct Award C, etc)

Potential conflicts of interest will be managed appropriately to protect the integrity of the ICB's contract award decision making processes and the wider NHS commissioning system.

SECTION B – Procurement Direction and Influences

6.1 Public Procurement Legislation and Policy influences

Procurement within the NHS is governed by various pieces of legislation, policy and guidance which are to be considered when executing the ICB's statutory duties, including:

- Section 75 of the Health and Care Act 2022 – “Co-operation by NHS bodies and local authorities”.
- Health Care Services (Provider Selection Regime) Regulations 2023 ('the PSR')

- The Public Contracts Regulations 2015 ('PCR 2015') which are amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 ('PPAR 2020'). (Note that PCR 2015 has now been superseded by The Procurement Act 2023 and Health Care Services (Provider Selection Regime) Regulations 2023 and therefore only apply to certain contracts (e.g. procurements that commenced and/or framework agreements set up before 24 February 2025 remain governed by PCR 2015 for their full duration)).
- Public Services (Social Value) Act 2012
- Health and Care Act 2022
- The Procurement Act 2023 ('the Act')
- Cabinet Office Guidelines and Procurement Policy Notes
- Government Commercial Agency Guidance (On 1 April 2026, the Crown Commercial Service (CCS) merged with Cabinet Office commercial teams to form the new [Government Commercial Agency](#).)
- NHS Constitution
- Strategy and Guidance documents from regulatory bodies such as NHS England and the Department of Health and Social Care
- Relevant case law as it develops through the judicial system
- NHS England: [Managing Conflicts of Interest in the NHS](#)

The ICB is required to follow two separate procurement regimes – (1) a specific regime for health care services (PSR) and (2) a regime for all other procurements (the Act). The Public Contracts Regulation 2015 was replaced on 24th February 2025 by the Procurement Act 2023 for new procurements (excluding healthcare services)..

Any new procurements that commence once the Procurement Act 2023 is in place (excluding regime for healthcare services) must be conducted by reference to the Act only, whilst those that were commenced under the previous legislation (the Public Contracts Regulations 2015 (PCR) must continue to be procured and managed under that legislation.

Please seek advice if you are uncertain which procurement regulations apply and need to be followed.

6.2 NHS Provider Selection Regime (PSR)

The Provider Selection Regime ("the PSR") has been in force from 1 January 2024 and is set out in the [Health Care Services \(Provider Selection Regime\) Regulations 2023](#). The PSR sets rules for procuring healthcare services in England by organisations termed Relevant Authorities which are:

1. NHS England (and/or its superseding organisation)
2. Integrated Care Boards (ICBs)
3. NHS trusts and NHS foundation trusts
4. Local authorities and combined authorities

The PSR replace the:

- Public Contracts Regulations 2015, when procuring health care services

- National Health Service (Procurement, Patient Choice, and Competition) Regulations 2013

The PSR does not apply to the procurement of goods or non-health care services (unless as part of a mixed procurement), irrespective of whether these are procured by Relevant Authorities.

6.3 Public Contracts Regulations 2015 (PCR 2015)

The Public Contracts Regulations 2015 (“the 2015 Regulations”) detail the required processes for conducting public procurement for non-healthcare services or for healthcare services procurements formally commenced prior to 1 January 2024. The 2015 Regulations require that certain procedures must be followed by relevant public bodies when awarding contracts above specified financial thresholds.

The PCR must be complied with, for the procurement of goods and non-healthcare services, only under circumstances where they have not been superseded by the the Procurement Act 2023.

6.4 Procurement Act 2023

The Procurement Act 2023 applied from 24th February 2025 for procurements related to goods and/or non-healthcare services. The Procurement Act 2023 replaces the Public Contracts Regulations 2015, the Concessions Contract Regulations 2016 and the Utilities Contract Regulations 2016.

The key benefits of the Procurement Act include:

- Creating a simpler yet more flexible commercial system whilst ensuring that ICB procurement activity remains compliant with regulations.
- Provides opportunity to open up ICB public procurements to new entrants such as small businesses and social enterprises so that they can compete and win more public contracts.
- Enables tougher action to be undertaken on underperforming suppliers and exclude those suppliers who pose unacceptable risks.
- Embeds transparency throughout the commercial lifecycle so that the spending of taxpayers’ money can be properly scrutinised.

The Procurement Act condenses 7 procurement procedures into the following 3 procedures:

1. **Open Procedure (a one stage process)**. This is a single stage procedure whereby any interested party can submit a bid and the ICB will decide whom to award the contract to on the basis of that bid.
2. **Competitive Flexible (Multi-stage design procurement process)**. This provides flexibility for the ICB to design a competitive procedure where it considers appropriate for the purpose of awarding the public contract.

There are some circumstances where the ICB can only use the competitive flexible procedure; these include:

- a) Where it wishes to limit the number of suppliers before inviting tenders.
- b) When procuring under a dynamic market
- c) When reserving a public contract to supported employment providers or public service mutuals.

Note, Framework contracts can be established under either the open procedure or the competitive procedure.

- 3. Direct Award (including urgent requirements).** A public contract is awarded in exceptional circumstances without a competitive procedure, and the public contract is placed directly with the supplier of the ICB's choosing. Under the Procurement Act, a transparency notice must be published before a contract is directly awarded. The function of the transparency notice is to inform stakeholders that a contracting authority intends to directly award a contract and ensure that there is transparency relating to this decision. It provides an opportunity for interested parties to consider the justification for direct award.

Guidance Documents

The Cabinet Office has developed comprehensive guidance documents that cover all aspects of the Procurement Act 2023 and are intended to provide technical guidance and help with interpretation and understanding. These can be accessed from the following link: <https://www.gov.uk/government/collections/procurement-act-2023-guidance-documents>

The guidance documents should be read in conjunction with the Procurement Act 2023 and its associated regulations and are aimed at procurement practitioners and commercial policy leads across the ICB and its partners.

6.5 Integrated Working

Although the ICB remains accountable in law for its own public procurement decision making, there are times where an integrated approach to procurement with other organisations will be appropriate. This could be with the ICB as either a lead or associate Relevant Authority. Where the ICB is an associate to another organisation's procurement activity, it will remain incumbent on the ICB to ensure that its procurement obligations are fulfilled.

6.6 The Health and Care Act 2022

The Health and Social Care Act 2022 established a legislative framework to support ICB collaboration and partnership working to integrate services for patients. The Act enabled the ICB and its partners to consider and determine the best system arrangements adopting a population health approach aimed at improving the health and wellbeing of the local population; integration within the NHS (between different NHS organisations) and integration between the NHS and local government (and wider partners).

6.7 Equality Act 2010

The main Public Sector Equality Duty (PSED) is comprised of three limbs (more commonly referred to as areas/functions), set out in section 149(1) of the Equality Act 2010 ("the Act"):

The ICB will, in the exercise of its procurement functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

'Due regard' itself is broadly defined in the following ways:

- decision-makers must be made aware of their duty to have due regard to the

identified needs.

- the Duty must be fulfilled both before and during consideration of a particular policy and involves a “conscious approach and state of mind”.
- it is not a question of ticking boxes, the Duty must be approached in substance, with rigour and with an open mind, and a failure to refer expressly to the Duty whilst exercising a public function will not be determinative of whether due regard has been had.
- the Duty is non-delegable.
- the Duty is continuing.
- it is good practice for an authority to keep a record showing that it has considered the identified needs.

6.8 Public Services (Social Value) Act 2012

The Public Services (Social Value) Act 2012 places requirements on commissioners to consider the economic, environmental, and social benefits of their approaches to service provision and procurement. Social Value when incorporated effectively, will help to reduce health inequalities, drive better environmental performance, and deliver more value from procured products and services.

Consideration should be given to social value during the needs assessment and service design phase before any procurement starts so it can inform the shape of the procurement and the design of the services required.

Commissioners are required to include a minimum 10% weighting attributed to the evaluation criteria. Details can be accessed in the Procurement Policy Note 002 Guide to using the social value model (<https://www.gov.uk/government/publications/ppn-002-taking-account-of-social-value-in-the-award-of-contracts/ppn-002-guide-to-using-the-social-value-model-html>)

6.9 Greener NHS – Delivering a ‘Net Zero’ National Health Service

When considering service redesign and procurement the process should also consider the NHS commitment to delivering a ‘Net Zero’ National Health Service. Net Zero has been embedded in legislation, through the Health and Care Act 2022. This places a duty on the ICB to contribute towards statutory emissions and environmental targets.

The ICB has developed a Green Plan which headlines the ambition for the ICB when considering procurement and its supply chain. The ICB will support this plan in accordance with NHS England policy and guidance when selecting providers and completing due diligence assessments. This recognises the positive impact that can be leveraged from a collaborative approach to procurement, to ensure social, responsible and environmental commitments are at the heart of decision making that will drive towards a net zero procurement and supply chain.

7 Fraud and Bribery

Procurement is a high-risk area in terms of fraud and bribery. It is important that all ICB staff are aware of the risks and can recognise and report potential fraud and bribery risks.

7.1 Fraud Act 2006

The Fraud Act 2006 created a criminal offence of Fraud and defines three ways of committing it:

- Fraud by false representation (*e.g., an external fraudster purporting to be a genuine supplier to arrange payment to a bank account*).
- Fraud by failing to disclose information (*e.g., a company director failing to disclose criminal convictions*); and

- Fraud by abuse of position (e.g., an employee creating fictitious suppliers with payments to their own bank accounts)

In these cases, an offender's conduct must be dishonest, and their intention must be to make a gain or cause a loss (or the risk of a loss) to another.

7.2 Bribery Act 2010

The Bribery Act 2010 defines bribery as the giving or taking of a reward in return for acting dishonestly and/or in breach of the law. There are four main classifications of bribery:

- Bribing another person.
- Being bribed.
- Bribing a foreign public official; and
- Failure to prevent bribery (Corporate offence).

Any offering, promising, giving, requesting, agreeing to, receiving, or accepting of any bribe is strictly forbidden by any employee when conducting business on behalf of the ICB or when representing the ICB in any capacity and is contrary to the Bribery Act 2010.

Any suspicions or concerns of acts of fraud or bribery can be reported confidentially to the Local Counter Fraud Specialist online via <https://www.reportnhsfraud.nhs.uk> or via the NHS Counter Fraud Authority (NHSCFA) Fraud and Corruption Reporting Line on 0800 0284060.

SECTION C – Practical processes and guidance

8 Procurement Approach / Decision to Tender

8.1 ICB Constitution and applicable financial thresholds

When awarding a contract for goods or services, the ICB must consider the applicable legislation and, where appropriate, the value of that contract opportunity to determine the appropriate procurement approach. Attention should also be given to the ICB's Constitution and Governance Arrangements.

All procurement activity will be undertaken in accordance with the following:

- Scheme of Reservation and Delegation
- Standing Financial Instructions
- Managing Conflicts of Interest Policy
- Standards of Business Conduct Policy
- The Procurement Act 2023
- Healthcare Services (Provider Selection Regime) Regulations 2023

8.2 Procurement routes to market

The table below summarises the potential routes to market in accordance with the potential value of the contract, calculated over the full term of the contract, and the requirements of the Procurement Act 2023, PCR 2015 Regulations and other relevant legislation for non-healthcare contracts and the requirement of the Healthcare Services (Provider Selection Regime) Regulations 2023 for health care contracts. In certain circumstances the procurement route specified below might not be appropriate. In such circumstances prior written approval must be sought from the Chief Finance Officer.

8.2.1 Non-Healthcare contracts:

Total Contract Value over contract term (inclusive of VAT)	Minimum type of procurement Required	Applicable governance/legislation
Less than £10,000 (inclusive of VAT)	No formal requirement for external procurement process.	Scheme of Reservation and Delegation Managing Conflicts of Interest Policy
Over £10,000 up to £207,720 (inclusive of VAT)	At least three quotes in writing (or if fewer than 3 potential suppliers, a written quote from each potential supplier).	Standards of Business Conduct Policy
Above £207,720 (inclusive of VAT)	Procurement process as detailed in Section 6.4 above, or a call-off process in accordance with the Framework Terms or Dynamic Market if applicable.	Procurement Act 2023 Managing Conflicts of Interest Policy Standards of Business Conduct Policy

8.2.2 Health care Contracts:

Total Contract Value over contract term (inclusive of VAT)	Minimum Type of Procurement Required	Applicable governance/legislation
No set threshold values	Route to market to be determined on a case-by-case basis. Transparency Notices published as required according to route to market.	Healthcare Services (Provider Selection Regime) Regulations 2023 Health and Care Act 2022 NHS England: Managing conflicts of interest in the NHS Scheme of Reservation and Delegation Managing Conflicts of Interest Policy Standards of Business Conduct Policy

8.3 Decision whether to competitively tender

The table above and the additional guidance within this policy should be applied in the first instance to indicate the correct approach to procurement in any event. In relation to

healthcare contracts, there is no 'one size fits all' approach, and regard will have to be given in each instance to how the ICB can best meet the needs of its population, ensuring that the quality of services and the efficiency with which they are provided is improved.

This will need to be routinely considered as part of the commissioning process and the rationale behind any decision, whether or not, to competitively tender a contract should be fully documented, having obtained advice in all such instances. Such decisions should be transparent and must be approved in accordance with ICB governance processes and approval procedures.

In instances of particular urgency where it is necessary to award a contract without competitive tendering, and there is not time to follow the required governance and approval process, it will be necessary to seek approval from the appropriate officer within the ICB and to ensure that procurement advice is obtained in advance of any decision being made and that a signed waiver document is completed and approved in accordance with ICB governance processes and approval procedures.

8.4 Engaging procurement support

The ICB purchases procurement advice to support its procurement activities. Procurement advice should be sought as early as possible in the commissioning process to ensure a full understanding of the requirements of the service or products and to advise on the procurement process, considering best practice and timelines as required.

SECTION D – Provider Selection Regime (health care services)

9 Provider Selection Regime (health care services)

The Provider Selection Regime ("the PSR") applies to all new procurements of health care services which commenced after 1 January 2024. NHS England has provided [statutory guidance](#) to sit alongside the PSR regulations and support the ICBs to understand and interpret the regime. Commissioners must note that, under the PSR regulations, the threshold for PSR to apply is £0 (zero).

A summary of key aspects of the PSR is set out below.

The ICB can follow three provider selection processes to award contracts for health care services. These are:

- 1) **Direct Award processes (A, B and C):** These involve awarding contracts to providers when there is limited or no reason to seek change from the existing provider; or to assess providers against one another, because:
 - a. the existing provider is the only provider that can deliver the health care services (direct award process A)
 - b. patients have a choice of providers, and the number of providers is not restricted by the ICB (direct award process B)
 - c. the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).
- 2) **Most Suitable Provider process:** This involves awarding a contract to providers without running a competitive process, because the ICB can identify the most suitable provider. (Note that a notice must be published to assess any additional interest)
- 3) **Competitive process:** This involves running a competitive process to award a contract including the formulation of framework agreements.

Direct Award processes A and B must be used where they apply. Where these processes

are not mandated, commissioners may choose whether to use Direct Award process C, the Most Suitable Provider process, or the Competitive process, subject to the specific conditions of those processes.

Accreditation of Healthcare Providers: The ICB is required to follow PSR when procuring health care services, in accordance with NHS England [Provider Selection Regime statutory guidance](#) and Patient Choice Guidance. In relation to Accreditation of providers the ICB will follow the Direct Award B process as this facilitates the effective operation of choice by ensuring that prospective providers, including those that do not have a contract with an ICB or NHS England, have an opportunity to be included on the list of providers from which patients are offered a choice of provider. The ICB will undertake all the necessary due diligence activities to assess whether the provider is qualified to offer the services and be awarded a contract.

9.1 Making decisions under the Provider Selection Regime

The PSR will apply whenever contracts for health care services are coming to an end, changing considerably, or being awarded for the first time. A decision flow chart and overview of the decision-making approach to PSR process is provided at Appendix 1.

The ICB will comply with defined processes in each of the provider selection routes to market to evidence its decision-making, including record keeping and the publication of transparency notices.

9.2 Key and Basic Selection Criteria

If using the Direct Award C, Most Suitable Provider or Competitive process as a viable route to market then ‘key criteria’ and ‘basic selection criteria’ need to be considered, as detailed below:

Key Criteria
Quality and Innovation
Value
Integration, Collaboration, and service sustainability
Improving access, reducing health inequalities, and facilitating choice
Social Value

All of the key criteria must be considered. The relative importance of the criteria is not pre-determined and there is no prescribed hierarchy or weighting for each criterion with the exception of Social Value which must be a minimum of 10% weighting. The total percentage of the key criteria should equal 100%.

The ICB must also assess providers against the basic selection criteria and is expected not to award a contract to a provider that does not meet these. These may relate to:

Basic Selection Criteria
The provider’s ability to pursue a particular activity e.g., membership of professional organisation or hold a specific authorisation
Economic and financial standing e.g., minimum turnover, indemnity insurance
Technical and professional ability e.g., level of experience, not having conflicting

interests

Furthermore, the relevant authority should not award a contract to a provider that meets the exclusion criteria.

9.3 Transparency Requirements

The ICB will be transparent in its decision making to ensure that there is proper scrutiny and accountability of decisions. Appendix 2 provides a summary of the transparency steps required for each of the provider selection processes.

9.4 Mixed Procurements

The PSR must not be used for the procurement of goods or non-healthcare services alone. However, when a contract comprises a mixture of in-scope health care services and non-healthcare services or goods the ICB may use the PSR to arrange those services when both of the following statements are true:

- The main subject matter of the procurement is health care services. This means that the health care service element must be more than 50% of the value of the contract; and
- The ICB is of the view that the other goods or services could not reasonably be supplied under a separate contract. This means that the ICB is of the view that procuring the health care services and the other goods and services separately would, or would be likely to, have a material adverse impact on the ICB's ability to act in accordance with the procurement principles.

9.5 Modifications of contracts and framework agreements during their term

Where contracts or framework agreements need to be modified to reflect or account for changes to services and/or circumstances during their term permitted modifications can be made without following a new provider selection process. In some cases, will require the publication of transparency notices. Appendix 3 provides a process flow chart.

Modifications are permitted if one of the following parameters is met:

- Clearly and unambiguously provided for in the original contract.
- Solely a change in the identity of the provider
- Made in response to external factors beyond the control of the ICB and the provider, such as changes in patient or service user volume in indexing; but do not render the contract materially different in character.
- Attributable to the ICB, does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is under £500k or represents less than 25% of the original contract.
- Attributable to the ICB, does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is over £500k and represents less than 25% of the original contract value.
- Made to a contract that was originally awarded under the Direct Award Process A or Direct Award Process B, and the modification does not render the contract materially different in character.

Modifications are not permitted when:

- the change is attributable to a decision made by the ICB, and
- if the changes render the contract materially different, or
- where the changes are over £500,000 and represent over 25% of the original

contract value.

The provision for modification should not be used to circumvent PSR regulations when a contract ends, and a new one is awarded.

9.6 Standstill Period and Receiving Representations

A standstill period must be observed once a notice of intention to make an award to a provider under Direct Award process C, the Most Suitable Provider process, or the Competitive Process has been published (see process chart at Appendix 4). This includes concluding a framework agreement or awarding a contract based on a framework agreement following a mini competition.

The standstill period follows a decision to select a provider and must end before the contract can be awarded. It gives time for any provider who might otherwise have been a provider of the services to which the contract relates to make representations if unhappy with the decision; and for the ICB to consider those representations and respond as appropriate. The ICB will ensure that at least one individual who was not involved in the original decision is included in the review process.

The standstill period must last for a minimum period of eight (8) working days (ending at midnight on the eighth day) and any provider representation must be made during this period. If any representations are received during this period, then the standstill period will be paused until the ICB provides any requested information, considers the representations, and makes a further decision.

The end of the standstill period must be at least five (5) working days after the ICB has communicated its decision to the provider in response to any representation. The minimum five (5) 'working days' notice allows for providers that remain unsatisfied about the response given by the ICB to their representations, to seek the involvement of the Independent Patient Choice and Procurement Panel ('the IPCPP') . The IPCPP will provide independent expert advice to the ICB with respect to the review of PSR decisions during the standstill period.

Where the IPCPP accepts a representation for review, it will endeavour to consider it and share advice, or a summary of its advice, with the provider and the ICB within 25 working days. This timeframe is indicative and contingent on the engagement and timely responses of the provider and the ICB throughout the review process.

The IPCPP may consider whether the ICB complied with the regulations and may provide advice to the ICB. Following consideration of advice, the ICB will make an informed decision about how to proceed. The decision outcome may include:

- entering into a contract or concluding the framework agreement as intended.
- going back to an earlier step in the selection process,
- abandoning the provider selection process, and
- starting a new process.

9.7 Record Keeping

The ICB will keep records of its considerations throughout the award process. These records may be requested for review prior or post contract award. Records must include:

- The relative importance of each of the key criteria and the rationale for their relative importance and how the basic selection criteria were assessed.
- Name and address of the provider
- The decision-making process followed to select a provider.
- The rationale for the decision

- For mixed procurements, how the procurement meets the requirements for mixed procurement.
- Details of the individual/individuals making the decision
- Any declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

SECTION E – Public Contract Regulations 2015 and Procurement Act 2023 (Goods and Non-Healthcare Service Procurements)

8.1 Public Contract Regulations 2015 (Goods and non-healthcare service procurements)

Public sector procurement is subject to national procurement rules and regulations, and procurement activity must be conducted consistently, accurately, and effectively.

All procurement processes commencing from the 24th February 2025 must be in accordance with the Procurement Act 2023 for goods or non-healthcare services.

If the ICB / Commissioner chooses to use a Framework that commenced prior to the Procurement Act 2023, (i.e. the Framework was set up under the Public Contracts Regulations 2015), that is still a live Framework, they must continue to apply the Public Contracts Regulations 2015.

For these procurement processes that still fall under the Public Contracts Regulations 2015, the ICB is advised to seek procurement advice. Appendix 5 summarises processes that applied under these old regulations, for information.

8.2 Procurement Act 2023 (Procurement Regulations 2024), Non-healthcare Procurement

[The Procurement Act](#), introduced from the 24th February 2025, considers and reflects value for money, competition and objective criteria in decision-making. Therefore, it is important for the ICB to have regard to delivering value for money, maximising public benefit, acting with transparency, acting with integrity as well as consideration to the particular barriers facing SMEs and what can be done to overcome them.

Public sector procurement is subject to national procurement rules and regulations, and it is therefore critical that procurement activity is conducted consistently, accurately, and effectively. Where commissioners wish to purchase Supplies, Services or Works which are over the relevant public procurement thresholds they must also consider the definitions of Supplies, Works and Services that are as follows: -

- "Supplies" contracts are essentially those for the supply (including purchasing, leasing, and installation where appropriate) or hire of products.
- "Works" is the execution and/or design of works, working being defined as "the outcome of building or civil engineering, works taken as a whole that is sufficient of itself to fulfil an economic and technical function".
- "Services" includes, for example, services such as maintenance of equipment, transportation, consultancy, technical services, etc.

The procurement procedures available for use under the Act are detailed at section 4.4. Other key areas of the Act include:

8.3 Estimating Value of Contracts and Procurement Thresholds

The Procurement Act requires the ICB to estimate the value of contracts, in accordance with a methodology set out in [Schedule 3](#) of the Act, and restricts manipulation of the estimated value of a contract in order to avoid requirements in the legislation. By following the methodology, the ICB can estimate the value of a contract and thereby determine whether the contract is above or below the relevant thresholds as detailed in [Schedule 1](#) of the Act.

8.4 Mixed Procurements

The ICB may need to be able to award contracts that are not always 100% goods, 100% services or 100% works. Contracts can therefore comprise a mixture of two or more different categories. Section 5 of the Act sets out the rules on determining when a mixed contract will become a public contract. This is because a mixed contract may comprise two or more elements that, if procured separately, would have different applicable thresholds. Section 5 also provides clarity on applying the rules on thresholds to situations where a contract contains mixed elements, where at least one is above, and one is below the relevant thresholds.

8.5 Frameworks

Frameworks that are public contracts are most likely to be awarded following a competitive tendering procedure and will either be deemed as a standard framework or an open framework. The Procurement Act 2023 (Act) defines a framework as a: 'contract between the ICB and one or more suppliers that provides for the future award of contracts by the ICB to the supplier or suppliers.' (section 45(2)). This means that a framework sets out the provisions under which future contracts for the supply of goods, services and/or works are to be awarded.

The Act defines an open framework as a: 'scheme of frameworks that provides for the award of successive frameworks on substantially the same terms' (section 49(1)).

Calling off against a Framework must be in accordance with the process and terms set out within the Framework. When the ICB awards a call-off contract using a Framework, the relevant notices defined in Appendix 6 must be followed, with the exception of a tender notice, which is not required.

8.6 Conflict of Interest

The Procurement Act 2023 (Act) requires the ICB, when carrying out a 'covered procurement', to have regard to a number of objectives, which include acting, and being seen to act, with integrity (section 12(1)(d) of the Act). The integrity of a procurement may be compromised if it is influenced by external or private interests. Alongside the procurement objectives, the Act includes specific provisions dealing with conflicts of interest when carrying out a covered procurement (Part 5 of the Act).

A conflict of interest arises in a procurement context where there is a conflict between the interests of a person acting in relation to a procurement and those of the procurement itself. These conflicts of interest need to be managed effectively to ensure that the public can trust the ICB to carry out public procurement responsibly and impartially. It also helps to encourage suppliers to participate in procurements, providing confidence that they will be treated fairly and that there will be genuine competition.

When conflicts of interest are not identified and effectively mitigated, there can be far-reaching consequences. It can lead to accusations of fraud, bribery and corruption, legal challenges and the undermining of public confidence in the integrity of public institutions. The Act requires the ICB to identify and keep under review actual and potential conflicts of

interest. The ICB must also mitigate conflicts of interest and address circumstances which are considered likely to cause a reasonable person to wrongly believe there to be a conflict or potential conflict of interest ('perceived conflict of interest').

8.7 Modifying a Competitive Procurement

During the course of a competitive tendering procedure, it may be necessary to make amendments or clarifications to information in the tender notice or associated tender documents to deal with circumstances that were not anticipated. Modifications during a procedure may be necessary for a number of reasons. For example, it could be that a supplier has raised a clarification question which requires an amendment to the associated tender documents, or something was omitted from the tender notice. Any modifications must be made in accordance with Section 31 of the Act.

8.8 Transparency Notices

The Act places an increased focus on the ICB to be transparent when undertaking procurement activities to ensure that procurement information is publicly available not only to support competition, but to provide the public with insight into how their money is spent. A table of all the transparency notices covered under the Act and when publication is required is detailed in Appendix 6.

8.9 Award of Contract without Competition (direct award)

A Direct award is when a public contract is awarded without a competitive procedure and the public contract is placed directly with the supplier of the ICB's choosing. There are limited circumstances in which the ICB is permitted to award a public contract to a supplier without first running a competitive procedure. Consequently, a competitive procedure is the default for most public procurements. The ICB may only directly award a public contract when section 41 (and one or more of the justifications in Schedule 5), section 42 or section 43 of the Act apply.

Under the Procurement Act 2023 (Act), a transparency notice must be published before a contract is directly awarded. The function of the transparency notice is to inform stakeholders that the ICB intends to directly award a contract and ensure that there is transparency relating to this decision. It provides an opportunity for interested parties to consider the justification for direct award.

SECTION F – Other Matters

9 Form of Contract

The ICB will ensure that the appropriate standard form national contract is used for all contracts. The NHS Standard Contract must be used for all NHS funded health and social care services. Where non-healthcare contracts are awarded then the standard appropriate version of the NHS Terms and Conditions for the Supply of Goods and/or Services should be used, with the exception of procedures through an existing framework contract.

10 Award of Contract

The ICB will approve the award of contracts in accordance with the ICB's Scheme of Reservation and Delegation and the ICB's Standing financial Instructions. The contract award recommendation will include the contract term plus any extension period to be approved.

For all relevant procurement procedures conducted under the PCR Regulations 2015 and Provider Selection Regime and the Procurement Act 2023, the ICB will operate a standstill

period, reflecting best practice and will align to the respective procurement regulations between announcing the contract award decision and entering into the contract. For clarity, the minimum standstill period for the respective procurement regulations is set out below:

- PCR Regulations 2015 – A minimum of 10 calendar days after intention to award a contract is sent electronically to bidders e.g., via an e-Tendering Portal.
- Provider Selection Regime – A minimum of 8 working days after intention to award a contract is published.
- Procurement Act 2023 – A minimum of 8 working days after a contract award notice is published.

If in doubt on how long to allow for a standstill period, please seek procurement advice.

11 Complaints and Dispute Procedure

The ICB's approach to contestability means that it may pursue a wide range of routes to secure new and existing services. Any potential dispute relating to a procurement process or outcome from any procurement to be resolved in an open and transparent manner. The ICB will utilise a dispute resolution process to address and resolve any complaint received from either bidders/contractors or members of the public in relation to competition and procurement.

In regard to the ICB receiving any Provider Selection Regime representations, if the provider remains unsatisfied following review of those representations, the provider can then make representation to the NHS England Independent Patient Choice and Procurement Panel.

12 Pilot schemes and proof of concept projects

A pilot scheme must only be used where the ICB is developing an innovative service or new commercial models and there is a clear and documented need to test the service for a short-term period to ensure that it meets the requirements. All pilot schemes must comply with applicable procurement regulations and contracting requirements.

A pilot should only run for a maximum of 18 months then up to 6 months to evaluate and decide on next steps. The contract duration must be justified and should be sufficient only to gather evidence to assess the outcomes. Guidance to providers within the pilot specification should include evaluation criteria to evaluate necessary outcomes.

13 Grants

Grants may be used to support healthcare related provision where:

- Permitted under relevant legislation and guidance; and
- The ICB is only making a partial contribution to the cost of delivering the project.

Grants must not be used to avoid competition where it is appropriate for a formal procurement to be undertaken. Where relevant, the ICB will undertake a competitive procurement process to identify the most suitable organisation.

The ICB may procure the services of a third party to run a grant application and award process in which case normal procurement rules shall apply to secure services of the third party.

The ICB will use the NHS model grant agreement.

14 Spot purchasing

Spot purchasing occurs when there is an immediate, recognised requirement and a decision

must be made “on the spot”, reactively and without time to plan. At these times, a competitive process may be waived using the same process described in this policy and the reason for it must be recorded and reported.

Spot purchasing must not be used as a ‘business as usual’ process and any resultant agreements must undergo ongoing best value reviews to ensure that the ICB is receiving value for money.

Approval of spot purchase agreements should follow the ICB Scheme of Reservation and Delegation. In all cases the ICB should ensure that the provider is fit for purpose to provide the service, and process must follow UK Public Procurement rules

15 Non-compliant procurement procedures

The ICB is committed to ensuring that services are procured in accordance with legislation. A waiver represents a formal declaration that the ICB is not following a competitive procurement process with prior notification to the market.

The waiving of competitive tendering procedures must not be used to avoid competition or for administrative convenience or to award further work to a consultant or contractor originally appointed through a competitive procedure.

All waivers, and the reasons for using a non-compliant procurement route, must be recorded in an appropriate ICB record and reported to the ICB Audit Committee.

SECTION G - Additional Considerations

16 Modern Slavery

NHS (Procurement, Slavery and Human Trafficking) Regulations 2025

From 17 May 2026, the ICB must complete a modern slavery risk assessment at defined stages within the procurement process to ensure that modern slavery risks are identified and considered at an early stage of decision-making. Where the ICB is undertaking a competitive tendering procedure (as defined in section 20 of the Procurement Act 2023) or a competitive process (as defined in regulation 2(1) of the Health Care Services (Provider Selection Regime) Regulations 2023), the modern slavery risk assessment must be completed before the publication of the transparency notice inviting suppliers to participate in the procurement process.

For notifiable below-threshold contracts (as defined in section 87(4) of the Procurement Act 2023), the assessment must be completed prior to the publication of the below-threshold tender notice required under section 87 of the Act. In all other procurement scenarios, the modern slavery risk assessment must be finalised before the contract is awarded. These requirements are intended to ensure that modern slavery risks are addressed proactively within the procurement lifecycle, embedding due diligence within the procurement workflow rather than treating it as a post-award compliance activity.

The ICB will follow the relevant [guidance](#) issued by NHS England and the Department of Health and Social Care. Certain exceptions apply, including contracts awarded through call-offs from framework agreements or through Dynamic Markets. Where there is uncertainty regarding the applicability of these requirements, advice must be sought from the Procurement Team prior to proceeding.

17 Data Protection Impact Assessment

Where any new service is required, it will be necessary for a data protection impact

assessment (DPIA) to be completed. The project lead should liaise with the ICB Data Protection Officer to complete a DPIA prior to selection of provider which should be updated once the provider is identified.

18 Equality Impact Assessment

With any new service, compliance with the Public Sector Equality Duties 2011 will be demonstrated through a robust Equality Impact Assessment process, ensuring that due regard is given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

19 Quality Impact Assessment

A Quality Impact Assessment should form part of any service commissioning process, especially when there is likely to be a change to the way in which a service is delivered or a change in provider. As with both tools above, a similar process should be completed for a quality impact assessment. The project lead should liaise with the ICB Quality Team.

20 Code of Conduct and Conflicts of Interest

The ICB must be able to recognise and manage any actual or potential conflicts of interest (COIs) which arise in relation to any procurement undertaken. Measures should be taken to identify and manage COIs at every stage of procurement to ensure and protect the integrity of the process.

Clear records that show an audit trail of how COIs have been identified and managed as part of a procurement process will be kept, including:

- Declaration of conflict of interest for bidders / contractors
- Declaration of interests for ICB members and employees
- Register of procurement decisions and contracts awarded.

21 Voluntary and community sector/Small and Medium Enterprises Support

The ICB will aim to support and encourage voluntary and community sector and small and medium enterprise suppliers in bidding for contracts. Procurement processes must promote equality and will not discriminate on the grounds of age, race, gender, culture, religion, sexual orientation, or disability.

22 NHS England Integrated Support and Assurance Process (ISAP)

The ICB must consider this process for all novel and complex contracts. The ultimate decision on whether the ISAP should apply to a complex contract is at NHS England's discretion. The ICB should engage with its regional NHS ENGLAND team as early as possible to establish whether a procurement or other arrangement would benefit from going through the ISAP. If ISAP is applicable a rigorous assurance process will be followed..

23 NHS England Consultancy spending approval criteria for providers

The ICB must consider the [process and guidance](#) when looking to commission consultancy services. Consultancy contracts over £50,000 (including irrecoverable VAT and other costs e.g., expenses) will require prior approval from NHS England.

For further information and/or guidance on the process to be followed please contact the Finance Team and the NHS England regional team or email england.consultancy@nhs.net direct.

24 Accessible Procurement

The ICB has accessibility and disability obligations as an employer and as a commissioner

of services. When procuring digital systems the ICB will use NHS England's [Digital Technology Assessment Criteria \(DTAC\)](#). The DTAC is a national standard assessment that should be used when introducing any new digital technology into the NHS and includes usability and accessibility assessments such as Web Content Accessibility Guidelines compliance.

For requirements where use of the DTAC is not a mandatory requirement, the ICB has developed a Software Accessibility Checklist through its Disability Staff Network, and this will be used on a case-by-case basis.

25 IR35 and Employment Assessment

The ICB has a responsibility to ensure appropriate procedures are in place to meet with HMRC requirements regarding, amongst other things, appropriate payment of tax. This is particularly relevant to procurement when the ICB engages with self-employed individuals, individuals via their own limited company (known as a Personal Services Company) or a partner in a partnership.

Characteristics that may result in being inside IR35 legislation include the following:

- Having to work under direct supervision or control of the end client.
- Having to work at a set location or to set hours.
- Having to formally request leave or seek permission for absence.
- Having an hourly, daily, or weekly rate of pay
- Being paid for overtime, or to correct unsatisfactory work.
- Is unable to provide a substitute i.e., the work must be carried out by the contractor.
- Is able to be moved from task to task or to another location without arranging a new contract.

26 Integrated Care - Working with People and Communities

Integrated care provides an opportunity to collaborate with partners to improve services and how money is spent. Procurement activities may provide an opportunity for the ICB to meet its public involvement legal duties and the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources. Therefore, the ICB will consider, where appropriate, when looking to procure goods and services the following:

- Health needs assessment
- Stakeholder engagement activities
- Provider market engagement activities
- Undertaking consultation/public consultation where required
- Addressing health inequalities by understanding communities' needs and developing service specifications leading to proposed solutions with them.
- Opportunities for collaboration with partners – including local authorities, social care providers, Healthwatch/Patient Participation Groups and voluntary, community and social enterprise organisations.

27 Training and Awareness

No mandatory training is required to comply with this policy. However, all ICB staff and others working with the ICB must be aware of this policy and its implications. It is not intended that staff will develop procurement expertise, but they will need to know when and how to seek further support.

All commissioning staff throughout the ICB should know enough about procurement to know to seek help when they encounter related issues; they must also be able to give clear and consistent messages to providers and potential providers about the ICB's procurement intentions in relation to service developments. Awareness of procurement issues will be raised through organisational development and training sessions as necessary.

Decision makers such as procurement evaluation panel members will have access to appropriate levels of training regarding procurement matters commensurate with their responsibilities. This will include general awareness of regulatory obligations and how to seek further support, advice, and guidance.

Each evaluation panel will receive evaluation and moderation training prior to starting the process. If training has not been undertaken the individual will not be involved in the evaluation and moderation process.

28 Monitoring of Compliance and Review

The Provider Selection and Contracting Group is responsible for assuring compliance with this policy.

The PS&C Group's main purpose is to ensure procurement policy and processes are delivered appropriately to secure quality value for money services through procedures which are transparent, fair, and non-discriminatory. The group will have oversight of the commercial procurement pipeline to ensure procurement activity is planned and managed in a proactive way as well as ensuring a register of procurement decisions and contracts awarded are published on the ICBs website. Full terms of reference for the Group are available on request.

The PS&C Group will review the procurement plan that will list all current and known future procurements. The procurement plan will be reviewed on a regular basis taking into account local and national priorities, the ICB's commissioning intentions and nationally mandated procurements.

Failure to comply with this policy may result in serious consequences both for the ICB and individual members of staff, including being investigated by NHSE/I, legal action through the courts, the award of damages to disadvantaged providers and/or significant reputational damage. It may also be the case that processes, where undertaken incorrectly, may have to be abandoned and re-started, resulting in significant costs and delays.

All members of staff have a duty to comply with this policy and are reminded that failure to do so may result in formal disciplinary action.

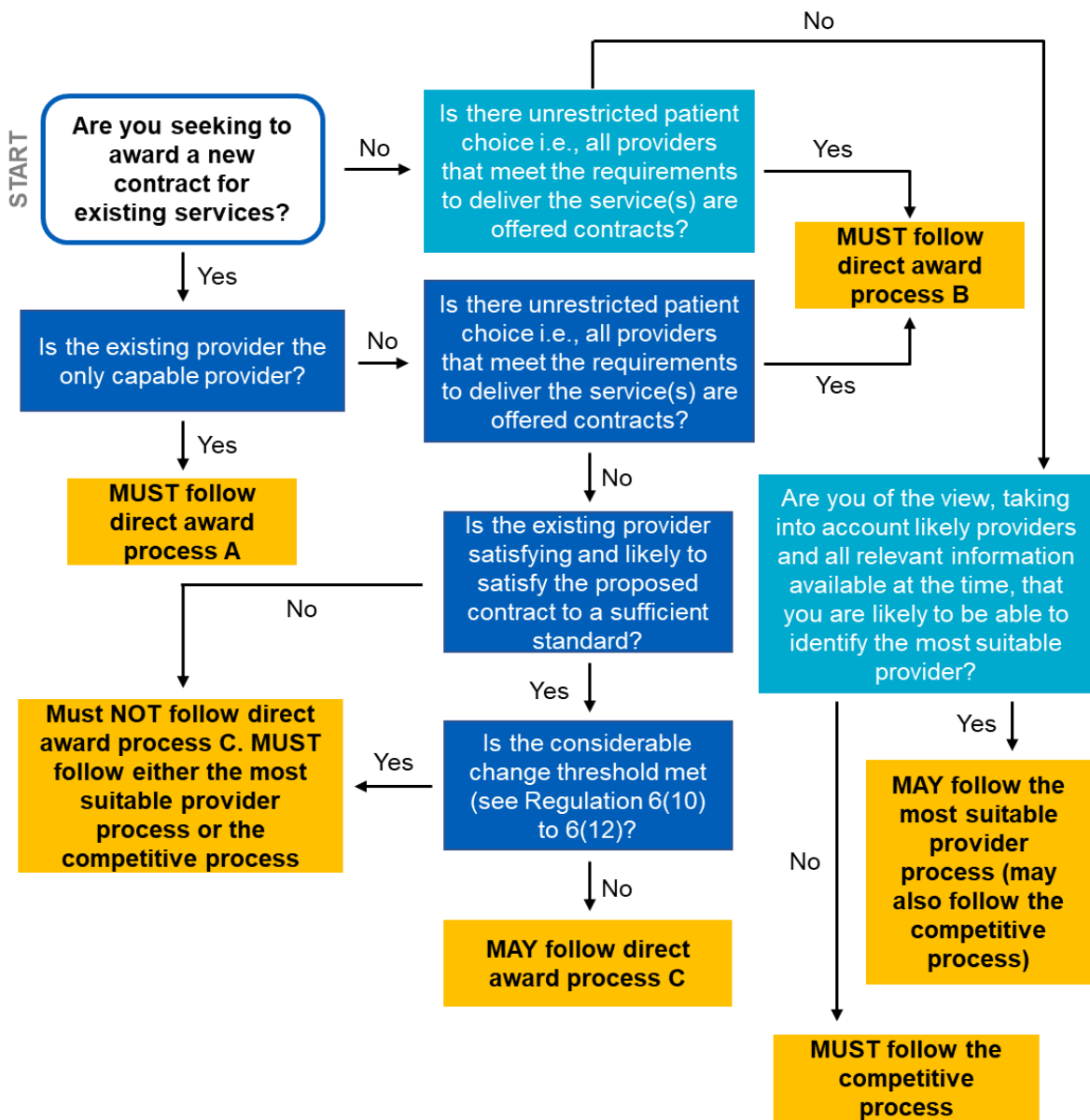
The Joint Finance, Performance and System Productivity Committee is responsible for the approval of this policy.

There will be a formal review of this policy every two years or earlier if appropriate, to reflect any changes to legislation or guidance that may occur. Necessary changes throughout the year will be issued as amendments to the policy. Such amendments will be clearly identifiable to the section to which they refer, and the date issued.

Appendix 1: Provider Selection Regime – Decision Flow Chart

“Getting to the Right Decision”

NEED TO PROCURE A HEALTHCARE SERVICE?



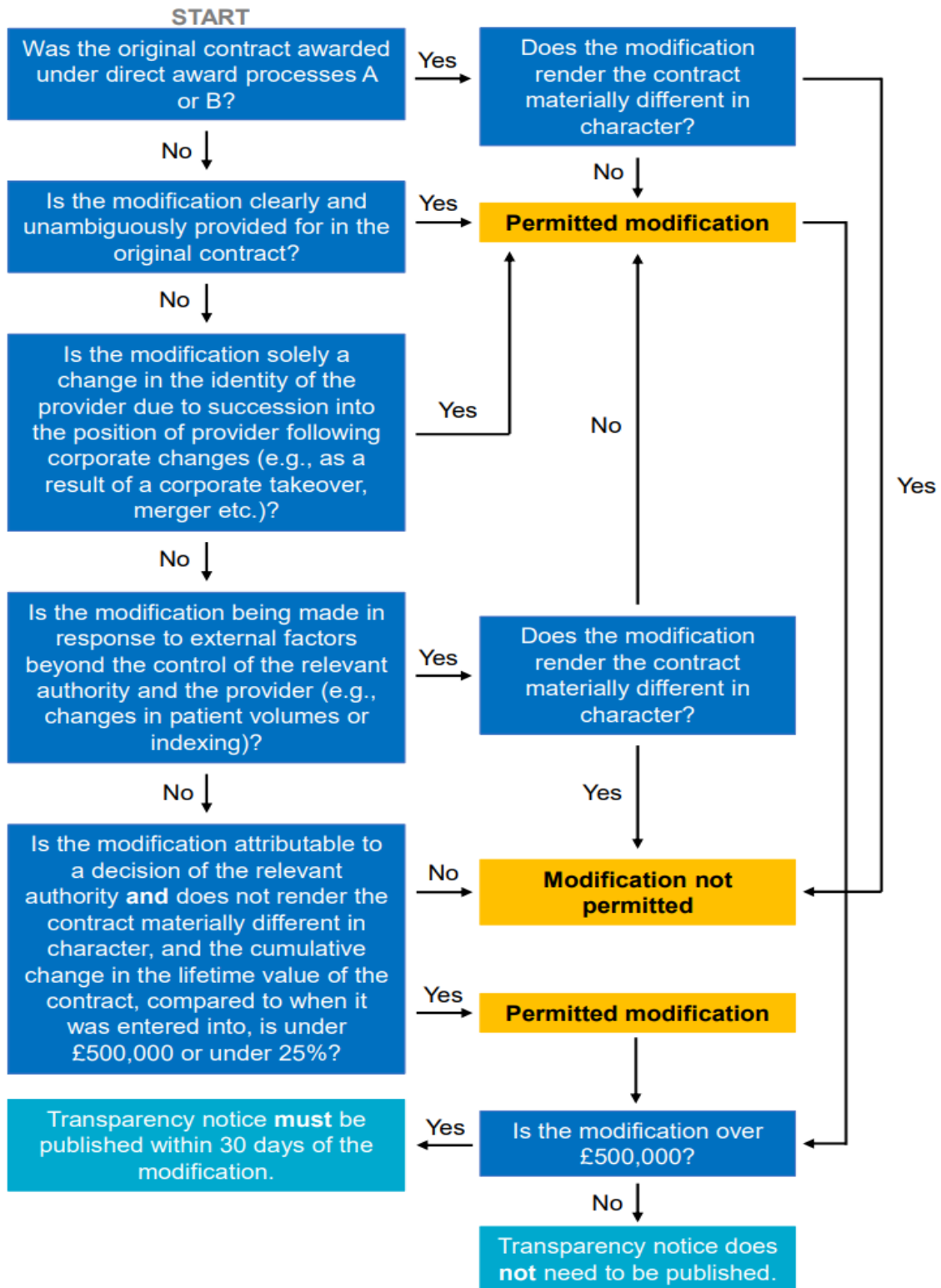
Overview of decision-making approach to PSR process

Direct Award A	Continuation of existing arrangements –there is no realistic alternative to the existing provider (for example for Type 1 and 2 urgent and emergency services). Not used to establish framework agreement. Must be used if applicable. Transparency award notice published within 30 days of contract award.
Direct Award B	The ICB wishes to provide, or currently provides an ‘unrestricted patient choice’ service (for example, consultant led elective care services). The number of providers cannot be restricted. Providers utilise Expression of Interest process. Contracts issued to all eligible providers. Must be used if applicable. Transparency award notice published within 30 days of contract award.
Direct Award C	Existing provider for the healthcare services, and their contract is ending – ICB decides by assessing key decision-making criteria that the provider is doing a sufficiently good job (satisfying original contract and is likely to satisfy new contract to a sufficient standard) <u>and</u> the service is not changing considerably (change is over £500,000 and is over 25% of the original lifetime value of the contract). Not required to follow Direct award processes A or B above. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published.
Most Suitable Provider	Identifying the most suitable provider when the decision-maker wants to use a new provider or for new/considerably changed arrangements and considers that it can identify the most suitable provider without a competitive process. Thorough knowledge of the provider landscape is crucial and goes beyond just knowing provider base. Not required to follow Direct Award process A or B and does not wish or cannot follow Direct Award Process C. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published, including allowing interested providers to ask to be considered as the ‘most suitable provider’.
Competitive	Competitive procurement process. Not required to follow Direct Award process A or B. Does not wish to or cannot follow Direct Award process C and does not wish to use or is unable to identify the most suitable provider using the Most Suitable Provider route. Competitive route is required to establish a framework. Key and Basic Selection criteria to be considered. No financial thresholds. 8 working day Standstill period must be observed. Multiple transparency notices published.

Appendix 2: Summary of the Transparency steps under the Provider Selection Regime

PSR Process	Direct Award A	Direct Award B	Direct Award C	Most Suitable Provider	Competitive
Details on intended approach (PIN)				Notice published at least 14 calendar days before assessing providers	Optional
Contract Notice for procurement					On FTS website
Internal record of decision-making process & rationale	Internal record	Internal record	Internal record	Internal record	Internal record
Responding to unsuccessful bidders					Outcome letter
Intention to Award			On FTS website	On FTS website	On FTS website
Standstill & Resolution period (If representation received within 5 working days standstill period remains open until resolution)			8 working day 'Standstill' period. ICB review. Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day 'Standstill' period. ICB review Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day 'Standstill' period. ICB review Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome
Confirmation of Award	Within 30 days	Within 30 days	Within 30 days	Within 30 days	Within 30 days
Contract Modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification

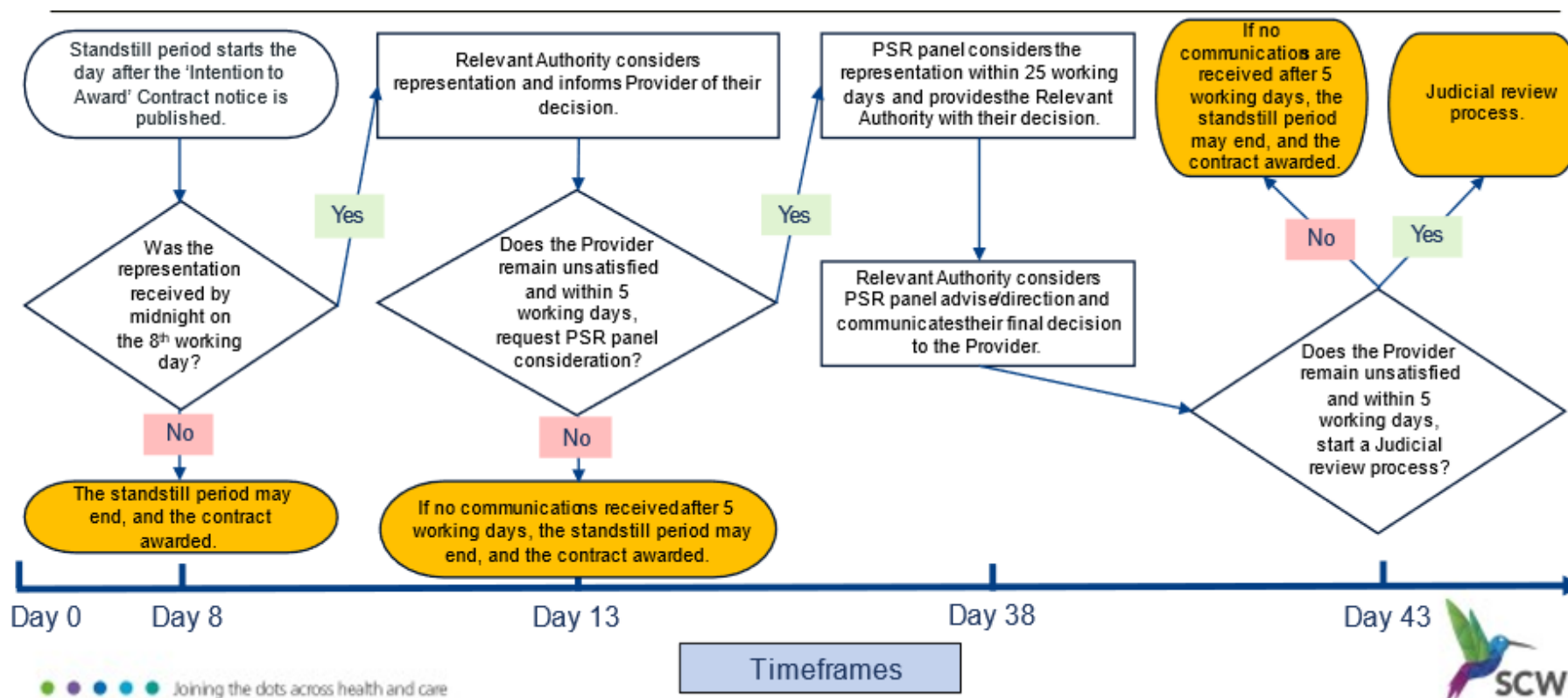
Appendix 3: PSR Contract Modifications Flow Chart



Appendix 4: Provider Selection Regime – ‘Standstill Process’ Flow Chart

Applies to Direct Award Process C, Most Suitable Provider Process and The Competitive Process

(includes call offs from frameworks via mini competition).



Appendix 5: Common Procurement Processes (Procurement Act 2023) - Guidance

Below are common procurement processes used for goods and non-healthcare services, and detail of when they would be appropriate. The type of process used to procure a service or goods should be decided in conjunction with the Procurement Team. These processes do not apply to healthcare service processes commenced on or after 1st January 2024.

This information is for guidance only, with all procurement requirements having different factors that influence timelines and therefore commissioners in the ICB must contact the Procurement Team as early as possible for advice on their requirements.

Average length	Process type benefits	Process type risks
Open:		
- Suitable for simple procurements where the requirement can be clearly defined, i.e., purchase of goods.		
4 months plus mobilisation (excluding any pre-market)	<ul style="list-style-type: none"> -Only use if service specification is detailed and fully understood, i.e., service required is already known as no room for negotiation. -Ideal for limited markets when few responses are expected. -Only one-stage process 	<ul style="list-style-type: none"> -Potential for numerous submissions if market is not properly understood. -Doesn't allow restriction and therefore any organisation can bid, and we are obliged to evaluate their bid. This will take a lot of time. -Can stifle innovation with restrictive specifications.
Competitive Flexible:		
- Suitable when you want to include a number of stages within the process (e.g. shortlist, negotiation, etc)		
6-9 months plus mobilisation (large variation, depending on number of stages and complexity)	<ul style="list-style-type: none"> -Designed for procurements where there is a broad market of potential providers that would be able to deliver the requirements, or where there are different stages of shortlisting bidders throughout the process. - No specified number of stages within this process. -Allows restriction of bidders moving through to different stages within the process therefore potentially saving evaluation time at the Invitation to Tender phase. 	<ul style="list-style-type: none"> -Potentially lengthy, complicated process. -Can be seen as burdensome.
Direct Award:		
- A direct award should only apply when it is in accordance with Regulation 41 of the Procurement Act 2023 https://www.legislation.gov.uk/ukpga/2023/54/section/41		
Note that standstill applies, unless the consequence of not direct awarding is life-threatening or due to urgency.		
1 month plus mobilisation (variation due to risks, justification and contract award)	<ul style="list-style-type: none"> -Allows the ICB the option to award an urgent contract if strong justification can be given. Allows the ICB to apply continuity if strong justification can be given. 	<ul style="list-style-type: none"> -Risk of receiving a formal challenge from another provider -Loss of competition and therefore not achieving value for money or potential efficiencies.

Appendix 6: Procurement Act 2023: Table of Transparency Notices

The following table sets out the publication requirements that apply to notices that should be 'published when required' on the central digital platform (Find A Tender Service). Exemptions to publication may apply.

Notice Name / Reference	Publication Requirement
Pipeline notice (UK1)	Mandatory (for organisations where spend is £100m+ PA) 12-month forward-look at planned procurements £2m+ value
Preliminary market engagement notice (UK2)	Mandatory where pre-market engagement is anticipated or has taken place (or, explain in the tender notice reason for not publishing)
Planned procurement notice (UK3)	Optional and best practice advises the market of an upcoming procurement. A qualifying planned procurement notice can reduce tender timescales to 10 days
Tender Notice (UK4)	Mandatory when undertaking an open or competitive flexible procedure (including to establish a framework and award a contract under an existing dynamic market) or a regulated below-threshold procedure
Transparency Notice (UK5)	Mandatory when undertaking a direct award (publish prior to award)
Contract Award Notice (UK6)	Mandatory communicates the outcome of the procurement and (commences standstill prior to awarding a contract open or competitive flexible procedure)
Contract Details Notice (UK7)	Mandatory details of the awarded contract (including the redacted contract, for public contracts £5m+ and KPI information)
Contract Payment Notice (UK8)	Mandatory details of payments over £30,000 made under a public contract (quarterly)
Contract Performance Notice (UK9)	Mandatory to report: a. annual KPI scores for public contracts valued £5m+ b. poor supplier performance / breach of contract (within 30 days of event)
Contract Change Notice (UK10)	Mandatory prior to a qualifying modification taking place (copy of modified contract for public contracts over £5m)
Contract Termination Notice (UK11)	Mandatory when a public contract ends

Notice Name / Reference	Publication Requirement
Procurement Termination Notice (UK12)	Mandatory where, after publishing a tender or transparency notice, the process is terminated without awarding a contract
Dynamic Market Notice (UK13 to UK16)	Mandatory when advertising, establishing, changing or terminating a dynamic market
Payments Compliance Notice (UK17)	Mandatory details of contracting authority performance against 30- day payment terms (twice annually)