

To: CCG Accountable Officers,  
CCG Chairs  
CCG Clinical Leads

Commissioning Strategy  
Skipton House  
80 London Road  
London SE1 6LH  
[ian.dodge@nhs.net](mailto:ian.dodge@nhs.net)  
T: 0113 825 1107

6 August 2014

Gateway Ref: 02029

Dear colleague

## **LEAD PROVIDER FRAMEWORK AND COMMISSIONING SUPPORT UNIT AUTONOMY**

I am writing to you about the Lead Provider Framework.

Sixteen bidders successfully met the pre-qualification questionnaire (PQQ) assessment criteria for lot 1, ie, end-to-end commissioning support services. A full list can be found at [www.england.nhs.uk/lpf](http://www.england.nhs.uk/lpf). It includes all nine groupings of NHS commissioning support units. This outcome reflects the substantial progress made since CSUs were created just over a year ago.

The strong response from bidders means that you should have a wide choice of excellent affordable CSS providers when the Framework opens for use at the end of January 2015, giving you the best possible support to improve outcomes for patients and value for money for taxpayers.

Reflecting our commitment to excellence, NHS England has set a much higher quality threshold at ITT to become a lead provider. I am therefore encouraging all bidders to strengthen their offers substantially during the ITT stage, for example, by bringing together best in class services through strong partnerships, including from SMEs and voluntary organisations. There will also be a strong focus during ITT evaluation on innovative business intelligence and contracting, and support for service transformation.

It is crucial that the LPF is as easy to use as possible and that you have all the support you need to run your mini competitions from next year. As part of the framework, NHS England will charge a small percentage fee from suppliers for every contract they win and we intend to use this to provide free expert practical hands-on procurement and legal support to CCGs to help you specify your requirements, develop your tender documents, run your mini competitions, evaluate bidders and let contracts.

In return, we would like to ask you to consider how might act collaboratively with other CCGs, both around your requirements (bringing specifications together where possible), but most importantly around the timing of your mini-competitions (for example, through phased procurements) so that you maximise the value for money

*High quality care for all, now and for future generations*

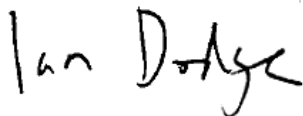
of responses from bidders. As part of the ITT we will be asking suppliers what volume discounts they will be offering for contracts secured at the same time and these commitments will follow through into the mini competitions, so it is important that CCGs try to bring their requirements together as much as possible. This will allow suppliers to price their bids more cost effectively, ensure a smoother transition to the successful bidder and reduce significant fragmentation in the system.

Bob Ricketts, Director of Commissioning Support Services & Market Development and his team will therefore be contacting you, NHS Clinical Commissioners and the Commissioning Assembly over the next few months to explore how procurements from the LPF can be managed and co-ordinated to secure the best results for you, the best value for taxpayers, and to manage risk within the overall commissioning system, whilst maintaining our Mandate commitment of CCG choice of who provides your CSS.

We would really value your views on this and would be grateful if you could take five minutes to answer a quick [survey](#) – also found at [www.england.nhs.uk/lpf](http://www.england.nhs.uk/lpf).

Please do not hesitate to contact Bob Ricketts ([bob.ricketts@nhs.net](mailto:bob.ricketts@nhs.net)) or myself if you have any queries about this letter, or any other aspects of the lead provider framework.

With best wishes,



**IAN DODGE**  
**NATIONAL DIRECTOR, COMMISSIONING STRATEGY**

cc Bob Ricketts  
Andrew Kenworthy  
NHS Clinical Commissioners