

NHS Gloucestershire Integrated Care Board Procurement Policy

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Procurement Policy

1 Preface

This policy sets out the framework as to how NHS Gloucestershire Integrated Care Board ('the ICB') procurement decisions should be undertaken. Managers and staff, at all levels, are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches that of the live version on the ICB website.

All ICB procedural documents are published on the ICB website and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents. All staff are responsible for implementing procedural documents as part of their normal responsibilities and are responsible for ensuring they maintain an up-to-date awareness of their contents.

1.1 Summary Points

This document outlines how the ICB will make decisions regarding the procurement of the goods, generic services and health care services that it commissions.

The objective of this document is to ensure that in relation to the procurement of healthcare services the ICB acts with a view to:

- Securing the needs of the people who use the services.
- Improving the quality of the services.
- Improving efficiency of the services.
- Ensuring that services provided are accessible.
- Ensuring its procurement activities are undertaken transparently, fairly, proportionately, and where appropriate through integrated service delivery.

And in relation to the procurement of all goods, generic services and health care services, the ICB complies with the law, regulations and published guidance and its own standing orders.

1.2 NHS Gloucestershire ICB Values

This Policy is aligned with NHS Gloucestershire ICB Values:

- Compassionate and Caring
- Inclusive and Equitable
- Accountable and Transparent
- Innovative and Curious

The appropriate use of procurement ensures a robust process framework exists within which the ICBs values can be achieved, including in relation to the ICBs obligations regarding acting with integrity through appropriate expenditure of public money, through embracing diversity in relation to the commissioning of services, and striving for excellence in how services are commissioned within NHS Gloucestershire.

2 Relevant to / Target Audience

The procurement policy applies to all staff within the ICB and specifically to the decision-making bodies who make commissioning decisions regarding new, alternative or renewal of contracts for goods or services. This policy is to be read alongside the ICBs Standing Financial Instructions and Scheme of reservation and delegation.

[Governance Handbook: NHS Gloucestershire ICB](#)

SECTION A - Introduction

3 Procurement and Purpose

Procurement is the act of obtaining or buying goods or services and covers all spend undertaken within the Integrated Care Board (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. The ICB will ensure it uses the most appropriate mechanism (procurement process) and legislation available to secure goods, resources, services and works.

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 procurements undertaken:

- Complies with relevant national legislation, policy, and guidance, the ICB Constitution, Standing Orders, Schemes of Reservation and Delegation and Standing Financial Instructions.
- Acts with a view to deliver against the needs of the local population.

- Treats providers in a transparent, proportionate, and non-discriminatory manner with equality of treatment a core requirement.
- Provides the best possible value for money.
- Maintains high standards of public trust and probity in its use of public funds.
- Uses best practice as standard and is aligned to the ICB Procurement Standard Operating Procedures (SoP).
- Complies with long and short-term objectives of the ICB.
- Does not engage in anti-competitive behaviour.
- Providers and suppliers understand their obligations under UK Data Protection Legislation (UK GDPR and Data Protection Act 2018)
- Embeds social justice into commercial decision-making by integrating ethical considerations, fairness, and social impact assessments into the decision-making process.

It is noteworthy that the ICB understands and manages security and IG risks to information, systems and networks supporting the operation of essential functions that arise because of dependencies on external suppliers.

This policy sets out existing legal framework for procurement by public bodies in the UK and will be updated in line with any changes to UK legislation.

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.

Note: The Procurement SoP will operationalise the policy and this will cover areas of innovation, adoption and adaptation, stakeholder management, conflict of interest management, declaration of interest management stakeholder engagement management, be it via the PSR, PCR or the Procurement Act, it will also determine how we look to embed commercial intelligence throughout the ICB.

4 Scope of the Procurement Policy

This policy applies to all spend (goods, services, people, clinical and non-clinical) undertaken on behalf of the ICB. All services commissioned, including those delegated to the ICB and / or yet to be delegated fall in scope of this policy.

This policy must be followed by all personnel working for, or on behalf of the ICB, staff on temporary or honorary contracts, students, independent contractors, sub-contractors, and representatives from other external bodies.

5 Definitions

This document is a policy. Any abbreviations used in the document will be written in full in the first instance.

6 Roles and Responsibilities

The Director Operational Planning and Performance is the responsible officer for this policy and the contracting and procurement functions.

The ICBs procurement function is supplied by a small team of directly employed ICB procurement staff and the NHS South, Central & West Commissioning Support Unit (SCW). Relevant advice and training will be provided by competent individuals supporting any procurement.

All ICB staff are responsible for consulting with either the ICBs procurement team or the SCW CSU procurement function in matters contained within this policy. This includes due consideration of matters affecting equality and diversity and ensuring that the services that are being procured are accessible. Section D (Additional Considerations) identifies tools to support decision making such as Data Protection Impact Assessment (DPIA), Equality Health Impact Assessment (EHIA), Quality Impact Assessment (QIA) and section 8.7 the consideration of delivering a Greener NHS, working towards a 'net zero' national health service.

When jointly commissioning / securing services on behalf of the ICB (or wider Gloucestershire Integrated Care System (ICS), all ICB staff must engage with all partners involved prior to launching the procurement process.

Please seek advice as early as possible from the ICB procurement team if you are uncertain which procurement regulations apply and need to be followed. A member of the procurement team and / or the SCW procurement team should be involved as early as possible in the commissioning process to ensure they have a full understanding of the requirements.

In addition, please seek advice as early as possible from the Data Protection Officer or IG advisor to understand the necessary IG requirements. For IT / Cyber requirements please seek advice from ICBs Digital team

There is a need and a requirement for multiple skills and resources to commission / procure services therefore, to support embedding a team multi-disciplinary approach, taking advantage of the skills and capacity across directorates within the ICB, it is essential that the ICB sets lines of responsibility and accountability for the commissioning of the services being secured.

SECTION B – Procurement Direction and Influences

7 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 ICBs statutory duties, such as:

Legislation

- 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 Public Contracts Regulations 2015 (PCR 2015) which are amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 (PPAR 2020).
- Public Services (Social Value) Act 2012
- Health and Care Act 2022
- The Procurement Act 2023
- Equality Act 2010.
- National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended)

Policy / Guidance

- Cabinet Office Guidelines and Procurement Policy Notes
- Crown Commercial Service Guidance
- NHS Constitution
- Strategy and Guidance documents from regulatory bodies such as NHS England and the Department of Health and Social Care
- Commissioning decisions made by the ICB.
- Relevant case law as it develops through the judicial system.
- NHSE: [Managing Conflicts of Interest in the NHS](#)

The ICB is required to follow two separate procurement regimes:

- a) A specific regime for healthcare services (see s7.1 – Provider Selection Regime (PSR) and
- b) A regime for all other procurements (see s7.2 – Procurement Act 2023).

Procurement exercises for health care services which commenced before 1 January 2024 must conclude under the Public Contract Regulations 2015. The Public Contracts Regulation 2015 were replaced on 24 February 2025 for new procurements (excluding healthcare services) by the Procurement Act 2023.

New procurements commencing post 24 February 2025 (excluding the Provider Selection Regime) must be conducted by reference to the Procurement Act only.

Please seek advice from the ICBs procurement team if you are uncertain which procurement regulations apply.

7.1 NHS Provider Selection Regime (PSR)

The Provider Selection Regime (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. Relevant Authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities.

The PSR replaces 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. The PSR is introduced by regulations made under the [Health and Care Act 2022](#). In keeping with the intent of the Act, the PSR has been designed to:

- Introduce a flexible and proportionate process for deciding who should provide health care services.
- Provide a framework that allows collaboration to flourish across Systems.
- Ensure that all decisions are made in the best interest of patients and service users.

7.2 Procurement Act 2023

The Procurement Act 2023 came into force from 24 February 2025 for non-healthcare procurements. The Procurement Act 2023 replaces the Public Contracts Regulations 2015 (detailed below), 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 the 7 procurement procedures highlighted at section 13.2 into the following 3 procedures:

- a) **Open Procedure (a one stage process).** This is a single stage procedure whereby any interested party can submit a tender and the ICB will decide whom to award the contract to on the basis of that tender.
- b) **Competitive Flexible (Multi-stage procurement process).** This provides flexibility for the ICB to design a competitive tendering 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:

- Where it wishes to limit the number of suppliers before inviting tenders.
- When procuring a dynamic market
- 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.

- c) **Direct Award (including urgency requirements).** A public contract is awarded without a competitive tendering procedure, and the public contract is placed directly with the supplier of the ICBs 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.

7.3 Public Contracts Regulations 2015 (PCR 2015)

The Public Contracts Regulations 2015 (the 2015 Regulations) detail the required processes for conducting public procurement non-Healthcare services procurements through to 24 February 2025, or for healthcare services procurements formally

commenced prior to 1 January 2024.

Providers raising a complaint against the 2015 Regulations will sometimes look to resolve a complaint / challenge via correspondence with the ICB (see s16) and / or if the provider remains unsatisfied with the outcome, they may decide to issue court proceedings. There are general time limits that a provider can issue court proceedings as specified in [regulation 92](#) but generally proceedings must be started within 30 days beginning with the date when the provider first knew or ought to have known that grounds for starting the proceedings had arisen.

7.4 Integrated Working

The ICB is a member of the Gloucestershire Integrated Care System (ICS). 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 ICS members will be appropriate. This could be with the ICB as either a lead or associate Contracting Authority. Where the ICB is an associate to other ICS members' procurement activity, it will remain incumbent on the ICB to ensure that its procurement obligations are fulfilled.

7.5 The Health and Care Act 2022

The Health and Social Care Act 2022 establishes a [legislative framework](#) to support ICB collaboration and partnership working to integrate services for patients. The Act enables 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).

7.6 Equality Act 2010

The main [Public Sector Equality Duty \(PSED\)](#) is comprised of three 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.
- Duty is non-delegable.
- Duty is continuing.
- It is good practice for an authority to keep a record showing that it has considered the identified needs.

7.7 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.

Commissioners should consider social value during the needs assessment and service design phase before any procurement starts so they can inform the shape of the procurement, and the design of the services required. In particular, the Act requires commissioners to make the following considerations at the pre-procurement stage:

- How what is proposed to be procured might improve the economic, social, and environmental well-being of the relevant area.
- How, in conducting a procurement process, it might act with a view to securing that improvement.
- Whether to undertake a consultation on these matters.

In addition commissioners are required to include a minimum 10% weighting attributed to the evaluation criteria as detailed in [Procurement Policy Note 06/20](#) – ‘taking account of social value in the award of central government contracts’.

For NHS Commercial guidance on applying social value in the procurement of NHS goods and services see: [NHS England » NHS Social Value Playbook](#)

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

When considering service redesign and procurement the process should also consider the health service’s 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 (see: <https://intranet.nhsglos.nhs.uk/wp-content/uploads/2023/07/One-Gloucestershire-ICS-Green-Plan-2022-2025.pdf>) which headlines the ambition for the ICB when considering procurement and its supply chain. 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 by 2030. The ICB will have an

ethical approach at the centre of our procurement decisions, recognising that our need to procure to deliver our health service should never be at the detriment of others and commissioners will work to ensure that is the case. The ICB will look to:

- Drive the supply chain to net zero.
- Use our spend as a positive influence in our community.
- Promote a fair, diverse, and inclusive supply chain.

8 Fraud, Bribery and Corruption

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, consideration has been given to how fraud, bribery or corruption may occur in this area. We have ensured that our processes will assist in preventing, detecting, and deterring fraud, bribery and corruption and consider what our responses to allegation of incidents of any such acts would be.

In the event that fraud, bribery or corruption is reasonably suspected, and in accordance with the Local Counter Fraud, Bribery and Corruption Policy, a referral will be made to the ICB's Local Counter Fraud Specialist for investigation. The ICB reserves the right to prosecute where fraud, bribery or corruption is suspected to have taken place. In cases involving any type of loss (financial or other), the ICB will take action to recover those losses by working with law enforcement agencies and investigators in both criminal and/or civil courts.

Procurement is a particularly 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 fraudulent activity. All staff should also be aware that the ICB has a zero-tolerance approach to Fraud and Bribery as highlighted within the Fraud, Bribery and Corruption Policy.

8.1 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.

8.2 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, bribery or corruption can be reported confidentially to the NHS Gloucestershire ICB Local Counter Fraud Specialist (Tel: 0300 422 2726) or the NHS Counter Fraud Authority (NHSCFA) online via <https://cfa.nhs.uk/report-fraud> or the NHSCFA Fraud and Corruption Reporting Line on 0800 0284060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

The Economic Crime and Corporate Transparency Act (ECCTA) is a UK law aimed at enhancing transparency in the corporate sector and strengthening the nation's business environment. It was passed in 2023 and includes changes to Companies House and the legal framework to combat economic crime and fraud. One of its key aims is to improve the accuracy and trustworthiness of information on company registers.

Key aspects of the ECCTA:

- **Enhanced Transparency:**
The Act aims to improve the transparency of UK companies and other legal entities by giving Companies House more power to tackle economic crime.
- **Data Quality:**
The Act includes provisions to improve the accuracy and trustworthiness of information on company registers, including powers to query and challenge information, new rules for registered office addresses, and new objectives for the registrar.
- **Combating Economic Crime:**
The Act introduces new measures to combat economic crime, such as the "failure to prevent fraud" offence and the expansion of powers for Companies House.
- **Company Law Changes:**
The Act introduces changes to UK company law, including a new role for Companies House in tackling economic crime and supporting economic growth.
- **Phased Implementation:**
The reforms are being implemented in a phased manner to allow for the development of resources, systems, and secondary legislation to support the

changes.

There is also the Data Security and Protection Toolkit, and any concerns or advice needed in this area should be raised with the Digital Team lead.

SECTION C – Practical processes and guidance

9 Procurement Approach / Decision to Tender

9.1 ICB Constitution and applicable financial thresholds

Where the ICB wishes to award a contract for goods or services, it must consider which of the relevant pieces of legislation is applicable and the value of that contract opportunity to determine the appropriate procurement approach. Attention should also be given to the ICB Constitution ([Constitution and Standing Orders : NHS Gloucestershire ICB](#)). All procurement activity will be undertaken in accordance with Standards of Business Conduct including conflicts of interest – section 6 of the NHS Constitution.

Procurement routes to market

The tables 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 PCR 2015 Regulations, Procurement Act 2023 and other relevant legislation for non-healthcare contracts and Healthcare Services (Provider Selection Regime) Regulations 2023 for healthcare contracts. In certain circumstances the procurement route specified below might not be appropriate. In such circumstances written approval must be sought from the Chief Finance Officer.

Non-Healthcare:

Total Contract Value Threshold for Non-Healthcare contract (inclusive of VAT)	Minimum Type of Procurement Required	Applicable Governance/legislation
Up to £5k (inclusive of VAT)	No formal requirement for external procurement process	ICB Constitution: which describes the authority for approval of single tender waivers. This process can be found in the ICBs Standing Financial Instructions (SFIs)

Between £5k and £10k (inclusive of VAT)	Quotations should be obtained from at least 2 suppliers / individuals. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee)	Procurement Policy: which describes the award of contract without competition. NHSE: Managing conflicts of interest in the NHS.
Between £10k and £50k (inclusive of VAT)	Quotations should be obtained from at least 3 suppliers / individuals. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee)	
Between £50k and £214,904 (inclusive of VAT)	Competitive tender required. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee) The ICB can consider an open (advertised) or closed (framework or local approved supplier list) approach to market.	
Above £214,904 (inclusive of VAT)	Full open (advertised) or closed (framework) tender required. Advice and guidance from the Procurement Team, including if full tender cannot be undertaken.	Procurement Act 2023 effective from 24 February 2025 NHSE: Managing conflicts of interest in the NHS.

Healthcare Contracts:

Total Contract Value of Healthcare contract/s	Minimum Type of Procurement Required	Applicable Governance/legislation
No set threshold values.	Route to market to be determined on a case-by-case basis in consultation with the procurement team. Transparency Notices published in Find Tender Service as required according to route to market (see Appendix 2).	Healthcare Services (Provider Selection Regime) Regulations 2023 Health and Care Act 2022 ICB Constitution: which describes the authority for approval of single tender waivers. This process can be found in the ICBs Standing Financial Instructions (SFIs) NHSE: Managing conflicts of interest in the NHS.

9.2 Decision whether to competitively tender

The tables 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 that be it under the Provider Selection Regime (Healthcare) or Procurement Act 2023 (Goods and Services). 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 the population, ensuring that the quality of services and the efficiency with which they are provided is improved (for example in terms of whether a new contract that would attract procurement law obligations needs to be awarded, or whether the ICB's requirements can be met in other.

This will need to be routinely considered as part of the commissioning process and the rationale behind any decision, whether, to competitively tender a contract should be fully documented, having obtained advice in all such instances from the Procurement Team. Such decisions should be transparent and must be signed off by the relevant ICB committee(s).

In instances of particular urgency where it is necessary to award a contract without competitive tendering, and there is not time to follow the standard governance and approval process, it will be necessary to seek approval from the appropriate officer within the ICB adhering to the ICBs SFIs and to ensure that advice is obtained from the procurement and / or legal teams in accordance with the relevant scheme of delegation, in the form of a signed waiver document.

The ICB approval of the procurement strategy and readiness to proceed shall be managed through the ICB governance processes and shall include preparedness, contract value and contract length plus any extensions.

9.3 Engaging the Procurement Team

A member of the procurement team should be involved as early as possible in the commissioning process to ensure they have a full understanding of the requirements of the service and to advise on the procurement process, considering best practice and timelines as required.

10 Route to Market

A variety of procurement and tendering options are available by which the ICB can secure the required service. The advice of the procurement team should be sought to ensure that the appropriate route is selected when procuring healthcare and non-healthcare services, in compliance with all relevant legal and regulatory requirements.

SECTION D – Provider Selection Regime (Healthcare procurements Only)

11 Provider Selection Regime (Healthcare procurements Only)

The Provider Selection Regime (PSR) applies to all new healthcare procurements commenced after 1 January 2024. NHSE has provided [statutory guidance](#) that sits alongside the PSR regulations to support the ICB / commissioners 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 detailed below.

The ICB can follow three provider selection processes to award contracts for health 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.
- 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 (for example Direct Award process C cannot be used if services are changing considerably, as defined in the regulations).

Accreditation of Independent Sector 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. The ICB/Commissioners are advised to liaise with the procurement team to seek advice on following the relevant assessment / criteria that are required to comply with the process.

11.1 Making decisions under the Provider Selection Regime: The regime will need to be applied as part of the commissioning process whenever contracts

for healthcare 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 to support commissioner understanding of the processes.

Commissioners will need to comply with defined processes in each of the provider selection routes to market to evidence their decision-making, including record keeping and the publication of transparency notices. As such advice from the procurement team should always be sought when considering the most appropriate route to market as early as possible.

11.2 Key and Basic Selection Criteria

If commissioners decide to follow 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 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 relevant authority must also assess providers against the basic selection criteria, and it 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.

11.3 Transparency Requirements

The PSR is designed to encourage transparency and consequently commissioners will need to be transparent in their decision making to ensure that there is proper scrutiny and accountability of decisions made about NHS services. Appendix 2

provides a summary of the transparency steps required for each of the provider selection processes.

11.4 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 out of scope services or goods the ICB may use the PSR to arrange those services when both of the below 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.

11.5 Modifications of contracts and framework agreements during their term

There will be situations where contracts or framework agreements need to be modified to reflect / account for changes to services / circumstances during their term. Depending on circumstance, permitted modifications can be made without following a new provider selection process, but in some cases will require the publication of transparency notices. Appendix 3 provides a process flow chart to support commissioners.

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, it 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, it 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. ICB staff should seek procurement team advice.

11.6 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 where possible will ensure that decisions are reviewed by individuals not involved in the original decision. Where this is not possible, the ICB will ensure that at least one individual 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 remain open 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. The minimum five (5) working days' notice allows providers that remain unsatisfied about the response given by the ICB to their representations to seek the involvement of a PSR review panel. The PSR National review panel will provide independent expert advice to the ICB with respect to the review of PSR decisions during the standstill period.

Where the PSR National review panel 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. However, this timeframe is indicative and contingent on the engagement and timely responses of the provider and the ICB throughout the review process.

The PSR review panel 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 procurement team will support

commissioners during the standstill period, receiving a representation and associated processes and when communicating the ICB's decision outcome aligned to PSR regulations. The decision outcome may include:

- Entering 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.

11.7 Abandonment

The ICB may decide to abandon any procurement under PSR at any time before an award is made (and not award a contract or conclude a framework under that provider selection process), providing this decision is transparent, fair and proportionate.

After deciding to abandon a process, the ICB is expected to notify providers that are aware they were being considered for the award of a contract or framework agreement (for example, in response to a tender under the competitive process).

The ICB must also submit for publication a notice of their decision on the Find a Tender Service (FTS). This notice must be submitted within 30 days of the decision to abandon process or if the decision was made during the standstill period, then within 30 days after the end of the standstill period.

The ICB must also keep a record of their reasoning for abandoning a provider selection process, including a clear decision-making record that has been approved by the relevant signatories within the ICB and in accordance with the ICB's Standing Financial Instructions (SFI).

11.8 Record Keeping

The ICB must keep records of their 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.

All contracts and awards made will be held on the ICBs Contract register. Please note that there is a requirement to ensure suppliers / providers security and data protection requirements are included as records. This includes Data Security and

Protection status and completion date, plus any IT / cyber certification.

11.9 Urgent Requirements

There are limited circumstances where the ICB may need to urgently award or modify contracts to address immediate risks to patient or public safety.

These circumstances include where:

- A new service needs to be arranged rapidly in an unforeseen emergency or local, regional or national crisis (for example, a pandemic)
- Urgent quality or safety concerns pose risks to patients or the public and necessitate rapid changes.
- An existing provider is suddenly unable to provide services under an existing contract (for example, it becomes insolvent or suddenly lacks critical workforce) and a new provider needs to be found.

In urgent situations, the ICB may make the following decisions without following normal PSR guidelines:

- Re-award contracts held by the existing provider(s)
- Award contract(s) for new services.
- Award contract(s) for considerably changed services.
- Make contract modifications (without limitation)

An urgent award or modification must only be made by the ICB when all the below apply:

- The award or modification must be made urgently.
- The reason for the urgency was not foreseeable by and is not attributable to the ICB.
- Delaying the award of the contract to conduct a full application of the regime would likely pose a risk to patient or public safety.
- The ICB must not use the urgent award or contract modification provisions if the urgency is attributable to the ICB not leaving sufficient time to make procurement decisions and run a provider selection process i.e. poor planning is not an acceptable reason for using these provisions.

Utilising an urgent modification or award under PSR does not negate the need for full ICB governance and in these circumstances you:

- Are expected to limit the contract term or contract modification term to that which is strictly necessary. This is advised to be long enough to address the urgent situation and to conduct a full application of the PSR for that service at the earliest feasible opportunity. For this reason, it is imperative that you alert the procurement team of your intentions immediately so that the long-term procurement activity can be planned and resourced appropriately.
- Are expected to utilise a contract term of no longer than 12 months and, if longer, you must justify and record this decision.

- Must keep records of your decision-making, including the justification for using an urgent award and a clear decision-making record that has been approved by the relevant signatories within the ICB and in accordance with the ICB's Standing Financial Instructions (SFI).
- Must be transparent about your decision by issuing an urgent award notice or urgent modification notice via the Find a Tender portal.

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

12 a) 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. Public Contract Regulations 2015 are no longer valid from 24 February 2025. They must only be considered and/or applied to procurement processes that have not been concluded by the 23 February 2025.

All procurement processes that commence from the 24 February 2025 must be in accordance with the Procurement Act 2023 (for goods or non-healthcare services) or the Provider Selection Regime 2023 (for 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 / Commissioner is advised to liaise with the procurement team.

13 b) Procurement Act 2023 (Procurement Regulations 2024), Non-healthcare Procurement

The Act which was introduced on the 24 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 11. Other key areas of the Act include:

Estimating Value of Contracts and Procurement Threshold

The Procurement Act requires the ICB to estimate the value of contracts, in accordance with a methodology set out in [Schedule 3](#), 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](#) (key thresholds summarised below):

Type of contract	Thresholds (including VAT): 1 January 2024 to 31 December 2025
Utility works contract	£5,372,609
Utility contract that is not a works contract, a defence and security contract or a light touch contract	£429,809
Concession works and services contract	£5,372,609
Works contract	£5,372,609
Contract for the supply of goods or services (which may be mixed contracts that contain some works elements) to a sub-central government authority not within any other row	£214,904

Light Touch Contracts

Light touch utilities contract	£884,720
Light touch concession contract	£5,372,609 (1 January 2024 to 31 December 2025)
All other light touch contracts	£663,540

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.

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 7 must be followed, with the exception of a tender notice, which is not required.

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'). ICB staff are required to complete conflicts of interest and declaration of interest training as part of the statutory and mandatory training package.

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](#).

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 2.

Award of Contract without competition (Direct Award)

A Direct award is when a public contract is awarded without a competitive tendering procedure and the public contract is placed directly with the supplier of the ICBs choosing. There are limited circumstances in which the ICB is permitted to award a public contract to a supplier without first running a competitive tendering procedure. Consequently, a competitive tendering procedure is the default position 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](#) 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.

14 Form of Contract

The ICB will ensure that the appropriate standard form national contract is used for all contracts for NHS funded health and social care services that the ICB let. 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. Note: The ICB should ensure that the appropriate security and data protection obligations are included.

15 Award of Contract

The ICB will approve the award of contracts in accordance with the ICBs Scheme of Delegation as set out in the ICB Constitution and the ICBs Standing Financial Instructions.

The contract award recommendation will include the contract term plus any extension period to be approved by the appropriate Committee of the ICB Board.

For all relevant procurement procedures conducted under the PCR Regulations 2015, 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 detailed 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 beginning with the day on which a contract award notice is published in respect of the contract. Note: The ICB will need to factor in all of the bank holidays in England, Wales, Scotland and Northern Ireland when calculating the standstill period.

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

16 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. The ICB has developed the processes that will be followed within the ICB that enable 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 in relation to competition and procurement received from either:

- Bidders/contractors
- A member of the public

This will first require writing to the ICB Chief Executive Officer, as described in the dispute resolution process.

In regard to the ICB receiving any Provider Selection Regime representations it has been agreed that those representations received by NHS Gloucestershire ICB will

be reviewed by designated member of the ICB Board (Audit Committee Chair). If the provider remains unsatisfied following the review the provider can then make representation to the NHSE Independent Patient Choice and Procurement panel.

SECTION F - Additional Considerations

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 information governance lead and / or Data Protection Officer to complete a DPIA prior to selection of provider which should be updated once the provider is identified. DPIAs are completed to ensure the ICB understands and manages security and Information Governance risks to information, systems and networks supporting the operation of its functions that arise as a result of dependencies on external suppliers.

This includes the ability to:

- Understand the general risks suppliers may pose to ICB essential function(s).
- Know the extent of your supply chain that supports your essential function(s), including sub-contractors.
- Understand which contracts are relevant and you include appropriate security and data protection obligations in relevant contracts.
- Awareness of all third-party connections and have assurance that they meet your organisation's security and IG requirements.
- The approach to security and data protection incident management considers incidents that might arise in your supply chain.
- Have confidence that information shared with suppliers that is necessary for the operation of your essential function(s) is appropriately protected from well-known attacks and known vulnerabilities.
- Know international data transfers to suppliers are covered by a legal protection.

Please seek advice as early as possible from the Data Protection Officer or IG Consultant to understand the necessary IG requirements. For IT / Cyber requirements please seek advice from the Digital Team lead

17.1 Equality Health Impact Assessment

With any new service, compliance with the [Public Sector Equality Duties 2011](#) will be demonstrated through a robust Equality Health Impact Assessment (EHIA) 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. The ICB EHIA template can be found here: [Equality Impact Assessment: NHS Gloucestershire ICB](#)

17.2 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.

17.3 Code of Conduct and Conflicts of Interest

In addition to the register of interests held by the ICB, the ICB needs to be able to recognise and manage any actual or potential conflicts of interest (COIs) which arise in relation to any procurement undertaken. Conflicts could arise where the ICB commissions healthcare / non-healthcare services, in which a member of the ICB has a financial, or other interest be it a direct or indirect interest. Measures should be taken to identify and manage COIs at every stage of procurement to ensure and protect the integrity of the process. The procurement team will refer to the advice and guidance published by NHS England.

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.

17.4 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. The procurement team will work with service commissioners to ensure that procurement processes promote equality and do not discriminate on the grounds of age, race, gender, culture, religion, sexual orientation, or disability.

17.5 NHSE 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. Therefore, Commissioners should engage with their regional NHSE 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, with support of the procurement team working alongside NHSE.

17.6 NHSE 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 NHSE. The approval process only applies to contracts that are accounted for as revenue

expenditure and does not currently apply to contracts accounted for as capital expenditure.

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

17.7 Accessible Procurement

The ICB has a keen awareness of its accessibility and disability obligations as both an employer and 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.

17.8 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. HMRC introduced the Check Employment Status for Tax ([CEST](#)) service in 2017 to help employers (or hirers) and workers to determine how the work being done should be dealt with for tax purposes.

The following link provides further details to support:

<https://www.gov.uk/government/publications/check-employment-status-for-tax-cest-2019-enhancement/check-employment-status-for-tax-cest-usage-data>

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.

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

- Not having to work under direct supervision or control of the end client.
- Having control over how / where / when to complete the work.
- Has no access to holiday pay or sickness benefits.
- A fixed fee is agreed by the employer for the work, regardless of how long it takes to complete.

- Financial risk e.g., having to correct errors in their own time and at their own expense.
- Being able to propose a substitute agent or person to complete the work.

17.9 Integrated Care - Working with People and Communities

The ICB acknowledges that integrated care provides an opportunity to collaborate with partners to improve services and how money is spent. Commercial procurement due diligence 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, Patient Participation Groups and voluntary, community and social enterprise organisations.

18 Training and Awareness

No mandatory training is required to comply with this policy. However, all ICB staff and others working with the ICB will need to be aware of this policy and its implications. It is not intended that staff generally 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 ICBs procurement intentions in relation to service developments. Awareness of procurement issues will be raised through organisational development and training sessions as necessary by the procurement team.

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.

SECTION G – Policy Governance

19 Consultation

This policy was completed following consultation with the relevant internal stakeholders and groups including required ICB committees.

20 Recommendation and Approval Process

This policy is to be scrutinised by the ICB Board and Audit Committee.

21 Communication / Dissemination

Following approval ICB staff will be made aware of the policy through the ICB website and the weekly staff communication briefing.

22 Implementation / Document Review Frequency

This policy is a revision of an existing policy and requires no specific implementation over and above the communication and dissemination highlighted in section 18 (Training and Awareness).

Audits of the procurement function will periodically be commissioned as appropriate to ensure compliance with this policy.

Any areas of concern or non-compliance identified in any review must result in the production of an action plan. This will be reviewed by the appropriate committee/group. Actions will be recorded in the committee/group minutes.

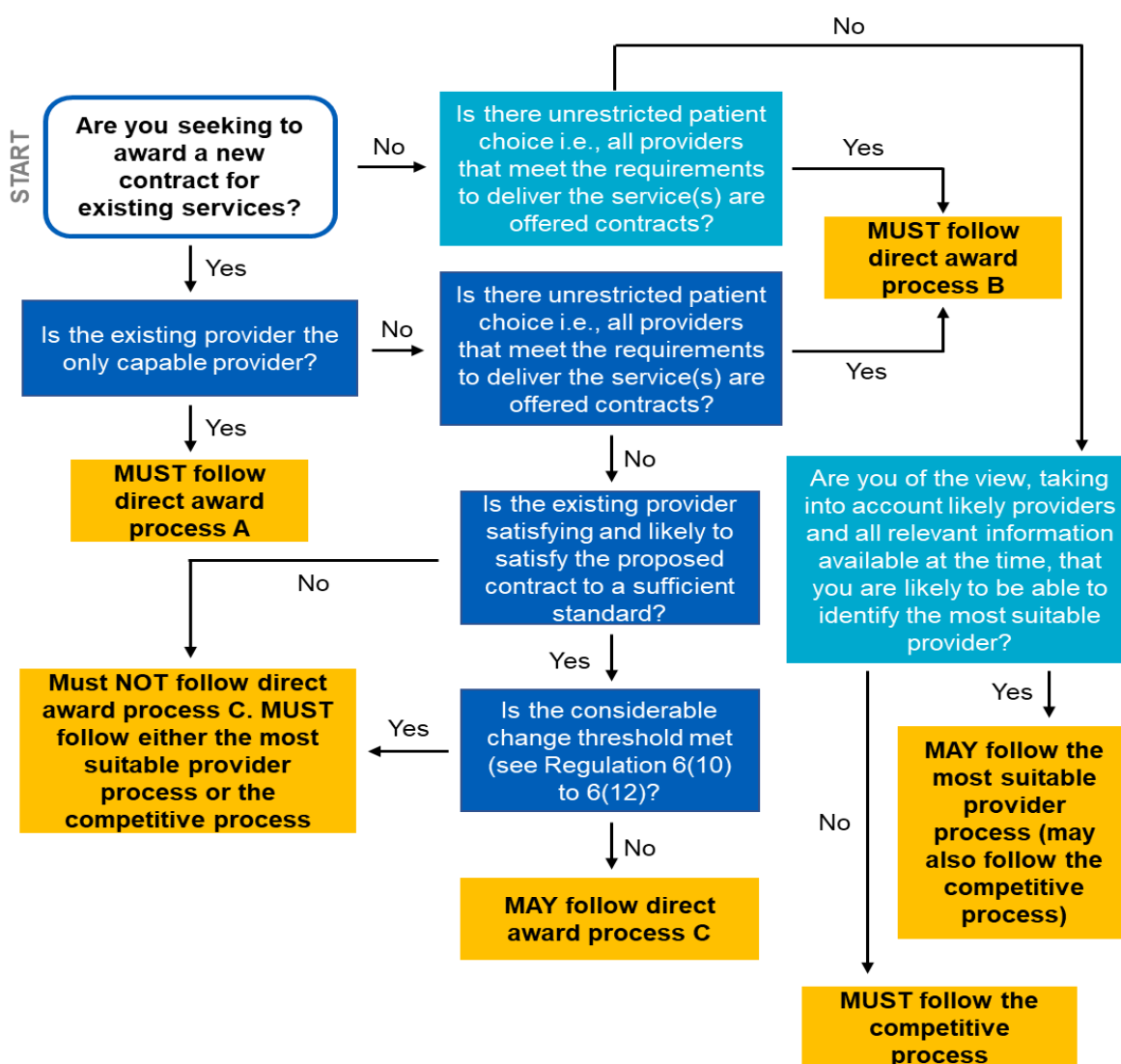
This policy will be reviewed every two years or earlier if appropriate, to reflect any changes to legislation or guidance that may occur. Necessary changes throughout the year will be issued as amendments to the policy. Such amendments will be clearly identifiable to the section to which they refer,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

Appendix 1: Provider Selection Regime – Decision Flow Chart

Getting to the Right Decision

NEED TO PROCURE A HEALTHCARE SERVICE?

The procurement team and / or SCW will support all procurements on a case-by-case basis.



Overview of decision-making approach to PSR process

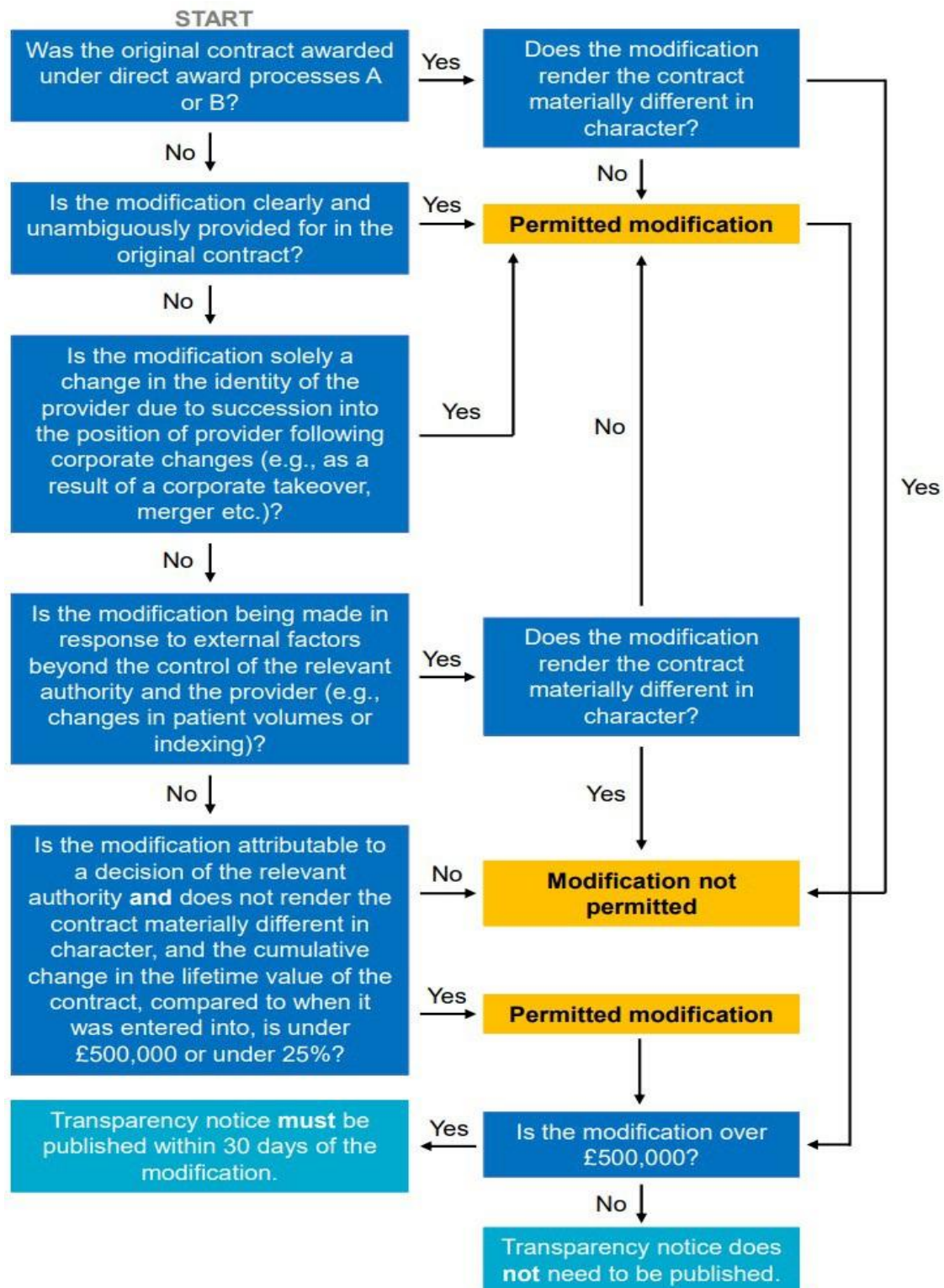
Direct Award A	Continuation of existing arrangements –there is no realistic alternative to the existing provider (for example for Type 1 and 2 urgent and emergency services). Not used to establish framework agreement. Must be used if applicable. Transparency award notice published within
Direct Award 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 Process	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

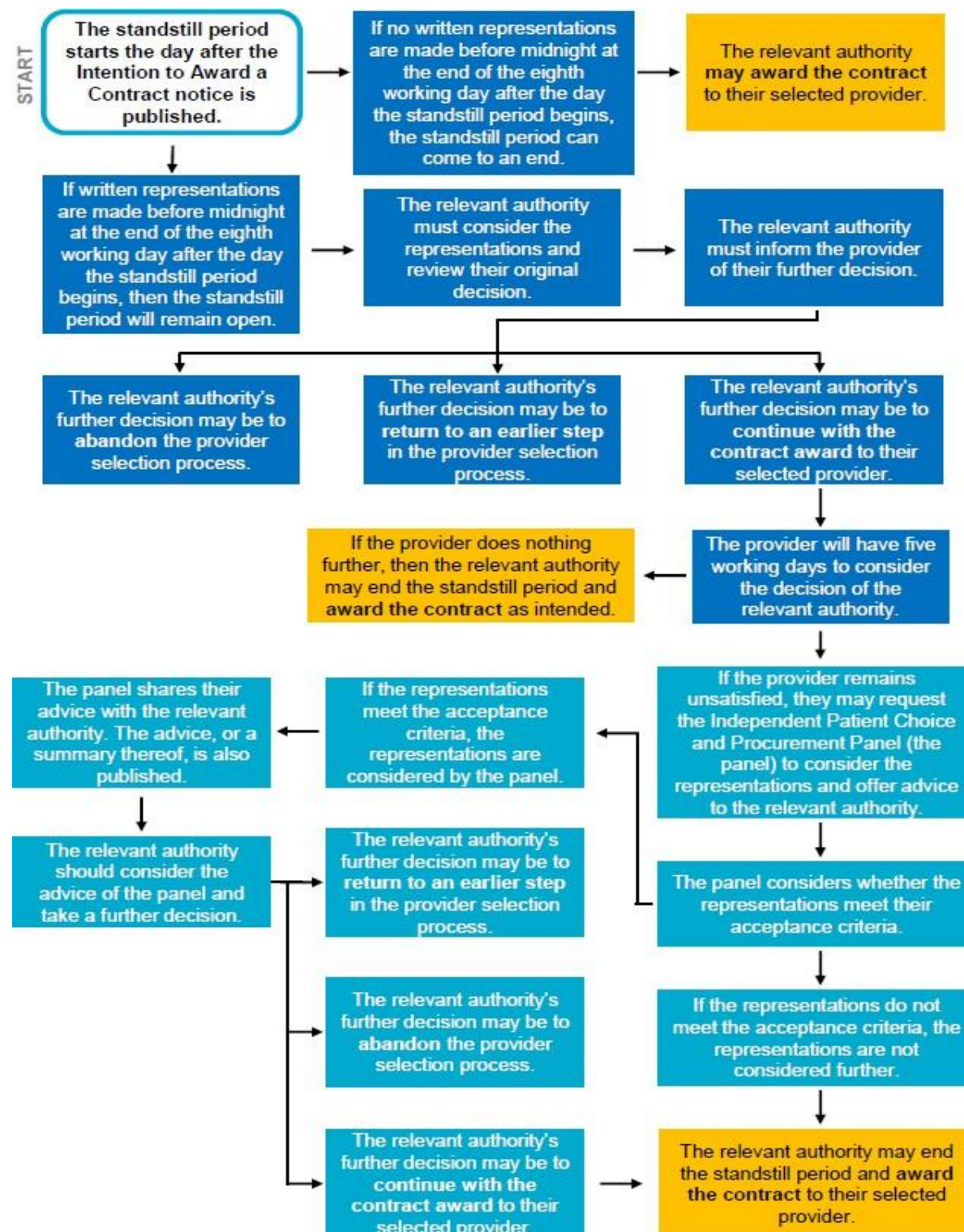
PSR Process	A	B	C	MSP	Competitive
Details on intended approach (PIN)				Notice published at least 14 calendar days before assessing providers	Optional
Contract Notice for procurement					On FTS website
Internal record of decision-making process & rationale					
Responding to unsuccessful bidders					
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 Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day Standstill Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day Standstill Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome
Confirmation of Award (CAN)	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

	Notice required
	Internal Record
	Outcome Letter

Appendix 3: PSR Contract Modifications Flow Chart



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



Appendix 5: Procurement Process Table (non-healthcare)

The procurement team will support all procurements on a case-by-case basis. ICB commissioning leads are to contact the procurement team in all cases to understand whether substantive procurement support is required.

CONTRACT THRESHOLD VALUE	PROCUREMENT PROCESS
Up to £5k Total Contract Value	No Formal Requirement (Spot purchase)
Between £5k and £10k Total Contract Value	2 Formal Quotations to be obtained. (Single Tender Waiver signed by CEO required if quotations cannot be obtained)
Between £10k and £50k Total Contract Value	3 Formal Quotations to be obtained. (Single Tender Waiver signed by CEO required if quotations cannot be obtained)
Between £50k and £214,904 (inc. VAT) Total Contract Value	Competitive tender required. (Single Tender waiver signed by CEO required if competitive tender cannot be undertaken) The ICB can consider an open (advertised) or closed (framework or local approved supplier list) approach to market.
Above £214,904 (inc. VAT) Total Contract Value	Full open (advertised) or closed (framework) tender required. (Advice and guidance from the ICB Procurement team, including if the view is that a full tender cannot be undertaken) Legislation: Procurement Act 2023 from 24/02/25

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 so please seek advice and guidance from the procurement team as appropriate.

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)

Notice Name / Reference	Publication Requirement
Contract Payment Notice (UK8)	Mandatory details of payments over £30,000 made under a public contract (quarterly)
Contract Performance Notice (UK9)	Mandatory report: a. annual KPI scores for public contracts valued £5m+ 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)
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 TO16)	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)
Contract Termination Notice (UK11)	Mandatory when a public contract ends