

Appendix 1: Detailed Evidence for Direct Award Process C

When following direct award process C, basic selection criteria and the key criteria must be taken into account.

Basic Criteria

Consideration needs to be given as to whether a provider is meeting the basic selection criteria prior to awarding a contract.

Key Criteria

When assessing a provider against the Key Criteria, all five key criteria must be considered, and none can be discounted.

Further detail on the key criteria can be found in annex D of the statutory guidance - [NHS England » The Provider Selection Regime: draft statutory guidance](#). The guidance goes into detail about each of the key criteria and how they might be evidenced.

Basic Criteria

Basic criteria are met and as evidenced in previous procurement exercises and monitored via the current contract management processes and assurances.

Assessment is based on the direct award of a contract to CityCare for London Road Urgent Treatment Centre (UTC).

Key Criteria

Consideration of Weighting

The key criteria have been considered on equal weighting.

Quality and Innovation

The provider undertakes a programme of regular clinical audits and where there is an identified need for improvements puts in place plans and monitoring to make those improvements.

The CityCare UTC service has been assessed as effective. This is evidenced by;

- Delivery of the national UTC standards (prior to current staffing issues)
- Delivery against the 4 hour performance target
- Service delivery is comparable to UTCs in Leicestershire and Derbyshire. E.g. Productivity rates are the same, time to triage of 15-17 minutes at London Road is quicker than Derbyshire 20-30 minute timeframe.

April service performance

- Reattends are low (7.6% in 4 weeks)
- 93.7% of patients are seen, treated, and discharged in 1 episode of care

• Total time in the service is 128 mins (mean average) against a target of 240 mins • Triage time 13.11 minutes (target 15 mins) • Zero patients waiting longer than 12 hours
Value
• The cost per patient in the proposed model is £65.50 • This is comparable to a UTC service in Leicestershire • Leicester UTC cost/patient - £75.16 • The service also compares favourably with the national tariff for attendances at ED • A&E Tariff - £85
Integration, collaboration and service sustainability
Part of the NNICB Urgent Care Network with referral pathways to and from QMC ED, NEMS services and local mental health and primary care services.
Improving access, reducing health inequalities, and facilitating choice
There is no fundamental change to service delivery as part of this process. Access to urgent care services will remain the same. The service offers additional access to urgent care and treatment for the ICS population, particularly for those communities in Nottingham City with high levels of deprivation. In addition, the service operates a 'Making Every Contact Count' approach to promote health with consideration of the impact of the wider determinants that influence health and a holistic approach.
Social Value
The service offers additional access to urgent care and treatment for the ICS population, particularly for those communities in Nottingham City with high levels of deprivation.