NHS
London Procurement Partnership

Estates, Facilities Management and Corporate Services Market Intelligence Quarterly Report

June 2026

Contents

Foreword

During the last quarter of FY 2025/26, the estates, facilities management, transport, waste and corporate services landscape continued to be influenced by assurance requirements, compliance demands, cost pressures and delivery reforms.

The most significant development in Q2 2026 is that the NHS Premises Assurance Model (NHS PAM) has now moved into business as usual governance. The refreshed 2026/27 model was published in April and is designed to support better assurance, performance improvement and comparison across the NHS estate. At the same time, Estates Safety Fund schemes remain a key delivery priority, focusing on critical infrastructure risk reduction in high-risk areas such as acute, maternity and mental health settings.

This shift matters because the sector is moving from policy development to real accountability. NHS organisations are increasingly expected to demonstrate how their estates, FM and capital decisions improve safety, resilience, patient flow and staff conditions, rather than focusing only on how budgets are spent. Although inflation has eased slightly, cost pressures in energy, construction, labour and specialist supply chains remain significant. Poor procurement design can still lead to delays, price increases and delivery challenges.

It means procurement must now be designed around assurance, outcomes and control. Estates and FM specifications should incorporate updated NHS guidance and technical standards, while evaluation criteria need to assess not only price but also delivery capability, safety performance, decarbonisation plans, supply chain resilience and contract management maturity. In transport and waste services, locality specific pressures and environmental requirements call for more tailored commercial approaches.

Organisations should consider using NHS PAM data together with Model Hospital and ERIC information to inform procurement and investment decisions. They should also review their estates, FM and capital pipelines against safety fund priorities to ensure alignment with funded risk reduction work. Procurement templates and governance processes should be updated to meet Procurement Act requirements on transparency, social value and SME participation. Buyers should carefully test supplier capacity and resilience in challenging markets and develop locality sensitive pricing models where factors such as congestion, compliance or travel time are significant. Finally, contract management arrangements should be strengthened to enable continuous monitoring of performance, safety outcomes and reporting.

Q2 2026 makes it clear that the priority for NHS and public sector buyers is moving beyond basic compliance. It is now about delivering live assurance through procurement and active contract management. Organisations that successfully align their estates, transport, waste and corporate services with PAM, safety funding, decarbonisation and regulations, such as Procurement Act principles, will be best placed to deliver resilient and sustainable services for the rest of 2026 and beyond.

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Assistant Director for the Estates, Facilities Management and Corporate Services Category at NHS LPP

UK Businesses Economic Outlook

Headline Indicators Summary (Source: House of Commons Library – Economic Indicators)

The UK economy showed modest growth in early 2026, with **Gross Domestic Product (GDP) rising by 0.6% in the first quarter (January to March)** compared to the previous quarter. In contrast, Eurozone GDP contracted by 0.2% over the same period.

Services output **grew by 1.6% in the three months to April 2026** compared to the previous year, while **manufacturing output increased by 0.5%**. Overall, **UK productivity rose by 0.9%** in the first quarter of 2026 compared to the previous quarter, and by 0.4% compared to the same period a year earlier.

Inflation remained stable, with **CPI at 2.8% in May 2026**, unchanged from April. Eurozone inflation rose slightly to 3.2%. The Bank of England kept **interest rates unchanged at 3.75%** in June 2026, following a total reduction of 1.5 percentage points since August 2024.

Average wages (excluding bonuses) grew by 3.4% in the three months to April 2026 compared with the previous year, and by 0.3% after adjusting for inflation. Employment reached **34.41 million people** in February to April 2026, up 399,000 from a year earlier, with an employment rate of 75.0%.

Unemployment stood at 1.76 million, with a rate of 4.9%.

Public sector borrowing in the first two months of the 2026/27 financial year totalled £46 billion, **£9 billion higher than the same period last year**. Public sector net debt stood at 95.1% of GDP at the end of May 2026.

The UK recorded a **trade deficit of £23.4 billion** in the three months to April 2026. The current account deficit widened to £18.4 billion in the fourth quarter of 2025. Sterling strengthened slightly month-on-month but was 0.8% lower than a year earlier.

Retail sales volumes increased by 0.4% in the three months to May 2026 compared with the previous quarter and by 1.4% year-on-year. Consumer confidence remained low, with the GfK Index at -23 in June 2026. House prices rose by 3.8% in the year to April 2026.

What has changed?

Compared with the last quarter's picture, the biggest change is that economic growth has improved, inflation has become stable and the labour market has eased rather than tightening. In the previous quarter, the story was persistent cost pressure, and a relatively tight labour market; now the picture is more mixed, with better output but less wage and labour market heat. Retail spending also looks a little resilient than before, which may support demand in some categories, especially consumer-facing services and discretionary spend.

Why does it matter?

These changes matter because they point to a more stable but still cautious procurement environment. Stable inflation reduces the risk of abrupt price spikes in the near term, but continued inflation above target means that suppliers may still seek price increases to protect margin. At the same time, slower

labour market conditions may ease some staffing cost pressure over time, though not enough to remove it from contract negotiations entirely.

What does it mean?

For buyers, this environment suggests a shift from emergency cost containment toward disciplined value management. Buyers should expect suppliers to remain sensitive to labour, energy and financing costs, but they may have slightly more room to negotiate than in periods of faster inflation and tighter labour supply. In practice, that means contract reviews should focus on evidence based indexation, supplier financial resilience and whether current pricing structures still reflect actual market conditions.

Actions to consider

NHS LPP suggests that procurement teams should consider the following next steps:

- Re-check inflation assumptions in live contracts, especially where uplift clauses are linked to CPI, CPIH or labour inputs.
- Revisit sourcing pipelines and pipeline timing, because firmer GDP and retail demand may make supplier capacity tighter in some categories.
- Test supplier claims for cost increases against current market data before agreeing renegotiations.
- Keep a close watch on service categories exposed to labour costs, since the labour market is cooling but still not weak enough to remove upward pressure completely.
- Maintain contingency planning for categories affected by energy, transport or imported input volatility, because the base rate and inflation backdrop remain restrictive rather than expansionary.

Estates, Facilities Management and Corporate Services Economic Outlook

UK Energy Prices – Insights and Forecast

The energy market was more stable in Q2 2026 than in the recent period of sharp volatility, but prices remained elevated and the quarter was still exposed to swings in wholesale gas and power driven by geopolitics and weather. For households on a typical dual fuel Direct Debit tariff, Ofgem set the price cap at £1,641 per year for 1 April to 30 June 2026**,** down **7%** from the previous quarter. That is a meaningful improvement for buyers, but energy remains well above historic norms and continues to be a material cost pressure.

Wholesale costs were not the only issue. Ofgem said the April-June cap fell because global wholesale prices eased and some environmental and social scheme costs moved off bills, while network costs increased under the current price control framework. For non-domestic users, the Department for Energy Security and Net Zero's quarterly energy price data was updated on 30 June 2026, reinforcing that procurement teams still need to manage an environment where network, policy and system costs can outweigh movements in wholesale markets alone.

What changed since last quarter?

The key change since Q1 2026 is that the headline household price cap fell rather than stayed flat. In the previous quarter, the cap was around £1,758; for Q2 it dropped to £1,641, which is a reduction of £117. However, the market was not simply "cheaper"; late-quarter conditions were still volatile, with Q2 shaped by geopolitical disruption to gas markets and, at the end of June, a heatwave that tightened system margins.

Why does it matter?

This matters because it shows that energy cost risk has reduced but not disappeared. Buyers should not assume a straight line fall in energy costs, because network charges, standing charges and policy adjustments can offset wholesale easing. For estates, FM and corporate services teams, this means energy budgets can improve at the margin, but they still need active management and scenario planning.

What does it mean for buyers?

For buyers, the main implication is that there is now a better basis for budget reforecasting and supplier challenge, but not for complacency. Contract rates tied to energy, heating, facilities management or hard services should be reviewed against current market conditions rather than historic peaks. Buyers should also be alert to suppliers pushing through increases linked to network, balancing or policy costs even where wholesale prices have eased.

Actions to consider

NHS LPP suggests that procurement teams should consider the following actions:

- Rebase energy budgets using the new April to June 2026 cap and current quarter market signals.
- Review indexation and variation clauses in FM, estates and utilities contracts, especially where pricing references are outdated.
- Ask suppliers to separate wholesale, network, policy and standing charge elements when explaining cost increases.

- Strengthen demand reduction plans, including controls on heating, cooling, lighting and site usage, because lower market volatility does not remove the need for efficiency.
- Stress test renewals and re-procurement plans against another upward move in Q3, since Ofgem's next price cap for 1 July to 30 September 2026 is already higher.

A Procurement note

For NHS and public sector buyers, the main message is that energy risk is easing, but the control agenda remains essential. Teams that combine contract scrutiny, usage reduction and market monitoring are most likely to capture savings without being caught out by the next price movement.

Estates, Facilities Management and Corporate Services market overview

Facilities Management market overview

The FM market remained resilient in Q2 2026, but the emphasis moved further from general cost-cutting toward delivery, data and decarbonisation. Recent sector commentary shows that AI adoption, data quality, succession planning and net zero delivery are now central FM issues, while the NHS has moved a major decarbonisation pipeline from planning into procurement. For buyers, that means FM is still a major spend area, but the value test is increasingly about measurable outcomes rather than lowest initial cost.



What has changed?

Compared with the last quarter, the biggest change is that FM has become more operationally mature and more delivery focused. AI and automation are no longer just pilot concepts; the market is now talking about AI-enabled fault detection, predictive maintenance, energy optimisation and scenario planning as practical tools, although data readiness remains weak. On the estates side, the NHS decarbonisation framework procurement launched by NOE CPC shows a clearer route from strategy to procurement, with a £1bn framework designed to support end-to-end delivery across consultancy, funding, works and contract management.

Why does it matter?

This matters because the sector is shifting from aspiration to execution risk. If organisations do not have good asset data, clear governance and capable suppliers, they will struggle to turn smart FM or carbon plans into real performance gains. The NHS framework also signals that decarbonisation is no longer a

side project; it is becoming a structured procurement programme with significant scale and longer-term pipeline implications.

What does it mean?

For buyers, the message is that FM procurement should now be designed around outcomes, integration and resilience rather than stand-alone service inputs. Buyers should expect more supplier claims around AI, carbon reduction and integrated service models, but they need to test whether those claims are supported by data quality, operating models and measurable KPIs. In estates and maintenance, this also means greater attention to lifecycle cost, backlog reduction, energy performance and the ability to support Green Plan delivery.

Actions to consider

Procurement teams should consider the following next steps:

- Review FM specifications so they require measurable outputs on service quality, energy use, asset condition and user experience.
- Check whether current systems provide the asset and occupancy data needed for predictive maintenance or AI-enabled service models.
- Build supplier evaluation criteria that test digital capability, integration, and reporting quality, not just price and mobilisation plans.
- Revisit decarbonisation and estates pipelines now that national NHS procurement routes are available for delivery at scale.
- Assess whether contracts support planned maintenance, lifecycle replacement and carbon reduction rather than reactive spend only.
- Make succession planning and workforce capability part of FM market engagement, given the sector wide concern about skills gaps and digital readiness.

Buyer takeaway

For NHS and public sector buyers, Q2 2026 is a point where FM procurement should become more strategic: better data, clearer outcomes and stronger delivery routes are now the priority. The organisations that get the most value will be those that use procurement to connect service performance, estate resilience and carbon delivery in one coherent plan.

Estates Facilities Management related NHS LPP frameworks

Total Facilities Management Framework

Works and Maintenance Dynamic Purchasing System

Estates & Facilities Consultancy Services Dynamic Purchasing System

Waste Management Services market overview

Between April and June 2026, the waste sector moved further from transition into embedded delivery, with the new food waste regime now expected to be part of normal operating practice rather than a change programme. The market also became more shaped by data, auditability and service consistency, especially as councils and larger organisations adjusted to Simpler Recycling requirements and the wider push for better segregation and reporting. For NHS buyers, waste is now as much about compliance, carbon and operational control as it is about collection and disposal.

What has changed?

The biggest change since the last quarter is that food waste segregation and weekly collection expectations are now being implemented at scale across England, although the rollout has not been perfectly smooth. BBC reporting in February 2026 showed that a significant number of councils were struggling to meet the deadline because of funding and vehicle shortages, which underlines the supply and readiness issues still affecting the market. At the same time, waste contracts have continued to evolve toward stronger environmental performance, with more focus on contamination reduction, recycling rates, audit rights and evidence-based reporting.

Why does it matter?

This matters because waste contracts now carry higher legal, operational and reputational risk if segregation, reporting or service continuity fail. NHS and public sector organisations are expected to demonstrate that they are following the waste hierarchy, reducing landfill dependency and aligning with net zero and social value commitments. If buyers do not specify clear responsibilities and data requirements, they risk paying for a service that collects waste but does not deliver the insight or environmental performance needed.

What does it mean?

For buyers, the implication is that waste procurement should be designed around outcomes and control, not just unit pricing. Providers should be able to show how they support correct segregation, produce accurate documentation, manage duty of care and provide site-level reporting on contamination, recycling and carbon performance. Buyers should also expect greater supplier differentiation, with the strongest bidders offering digital tracking, behaviour change support and credible diversion from landfill strategies.

Actions to consider

Procurement teams should consider the following actions:

- Review current waste specifications to ensure they include food waste separation, licensed collection routes, audit rights and reporting obligations.

- Check contract clauses on pricing transparency, indexation and service change management, because labour, fuel and compliance costs remain material.
- Ask suppliers to provide contamination data, carbon reporting and recycling/recovery performance at site level, not just aggregated totals.
- Reassess whether current providers have the capacity, vehicles and operational resilience to meet new collection and segregation requirements.
- Strengthen staff communications and waste-segregation training, because performance still depends heavily on behaviour at source.
- Use market engagement to test whether suppliers can support wider ESG reporting and circular-economy objectives alongside compliance.

Buyer takeaway

For NHS buyers, Q2 2026 confirms that waste procurement is now a strategic environmental service, not a simple removal contract. The best value will come from suppliers that can combine compliance, data, service resilience and measurable environmental improvement.

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Waste Services related NHS LPP frameworks

Waste Management Services Dynamic Purchasing System
Managing Agent Service Responsible for Managing Outsourced Waste Management Services

Transport Services market overview

Between April and June 2026, the patient transport market remained under pressure, but the focus shifted further toward system resilience, digital coordination and decarbonisation. The core demand drivers are still the same, with NHS ambulance and patient transport services carrying the greatest share of need, but the quarter also saw stronger emphasis on operational performance, handover flow and clinically appropriate alternatives to ambulance conveyance.

What has changed?

Compared with the previous quarter, the main change is that the market has moved from simply managing capacity constraints to trying to improve flow and productivity across the whole patient transport pathway. Delayed handovers, workforce shortages and vehicle availability remain live issues, but buyers are now paying more attention to route optimisation, dispatch technology, forecasting and live performance data. There is also greater focus on lower emission fleets and charging infrastructure, especially where providers need to reduce emissions without weakening resilience.

Why does it matter?

Patient transport is now being judged not just on whether vehicles arrive, but on whether services support wider urgent care, elective recovery and discharge performance. If transport fails, it can delay admissions, block discharges, frustrate patients and increase system costs. The growing weight of digital capability and carbon performance also means that suppliers are being assessed on more than price and fleet size alone.

What does it mean?

For buyers, procurement should be structured around outcomes, flexibility and visible performance. National providers still offer scale and resilience, but regional and local suppliers remain important where fast response times, local knowledge and capacity flexibility matter. Buyers should expect stronger evidence on punctuality, patient experience, accessibility, data visibility, information governance and equality compliance, particularly for dialysis, discharge, mobility impaired and community-based journeys.

Actions to consider

NHS LPP suggests that procurement teams should consider the following actions:

- Review current service models to see whether they support patient flow, not just transport delivery.
- Include performance measures, such as, punctuality, handover support, responsiveness and patient experience.
- Test suppliers' digital capability, including scheduling, live tracking, dispatch optimisation and reporting dashboards.
- Build realistic pricing models that include fuel, labour, maintenance, insurance and local operating differences.
- Make decarbonisation requirements specific, including fleet emissions, idling reduction, route efficiency and charging infrastructure.
- Ensure Provider Selection Regime criteria, safeguarding, information governance and accessibility duties are built into the procurement from the start where they are applicable.

Buyer takeaway

For NHS and public sector buyers, Q2 2026 confirms that patient transport procurement is increasingly about resilient pathways and measurable service quality, not just vehicle provision. The strongest offers are likely to come from suppliers that can combine operational reliability, digital visibility, clinically appropriate service design and credible fleet transition plans.

Transport Services related NHS LPP frameworks

Non-Emergency and other transport services – Dynamic Purchasing System

Corporate Services market overview

NHS corporate services remained under pressure in Q2 2026 to show clearer value, but the emphasis moved further from planning to delivery. Finance, payroll, procurement, HR and estates teams are still looking for efficiency gains through digital tools, automation and shared service models, but the quarter was marked by a stronger focus on practical implementation, measurable productivity and service resilience.

What has changed?

Compared with the last quarter, the biggest shift is that corporate services have become more execution focused. In Q1 2026, organisations were still working through options; by the end of Q2, the conversation had moved on to what can realistically be delivered, how quickly, and with what impact on service quality. There is also more scrutiny on whether standardisation and shared services actually produce savings at scale, rather than simply creating structural change.

Why does it matter?

This matters because corporate services sit behind frontline delivery, so any redesign must improve efficiency without weakening control, responsiveness or resilience. If changes are poorly designed, they can create bottlenecks in recruitment, payroll, procurement approvals or estates support. The challenge is no longer just to reduce cost, but to do so in a way that is operationally safe and sustainable.

What does it mean?

For buyers, this means procurement decisions should be based on clear business cases, realistic benefits and measurable outcomes. Buyers should expect more interest in shared service models, workflow automation and integrated operating platforms, but they will need stronger evidence that proposed changes will deliver genuine savings and service improvement. Local flexibility still matters, especially where corporate processes need to support different service lines, workforce models or organisational structures.

Actions to consider

NHS LPP suggests that procurement teams should consider the following actions:

- Reassess current corporate service arrangements to identify where digital automation could remove manual effort or delay.
- Test whether shared service or standardised models would genuinely improve cost, consistency and resilience etc.
- Build benefits tracking into any change programme, with clear measures for time, cost, quality and user experience etc.
- Protect frontline and operational teams from avoidable disruption by phasing changes collaboratively and carefully.
- Focus specifications and evaluation criteria on deliverability, governance and service continuity, not just headline savings.
- Use market engagement to understand which suppliers can support integrated service delivery across finance, HR, procurement and estates.

Buyer takeaway

For NHS buyers, Q2 2026 confirms that corporate services procurement is now about practical improvement, not transformation rhetoric. The strongest proposals are likely to be those that show clear,

incremental value, preserve resilience and can be delivered without introducing unnecessary operational risk.

Corporate Services related NHS LPP frameworks

Payroll Services
Analysis and Recovery Framework
CPC Drive - Vehicle Leasing and Salary Sacrifice Scheme

Sustainability - EFMCS

The Sustainability themes we have seen across the past 12 months are continuing through the first quarter of the financial year. These include the delivery of projects and an increasing focus on resilience and adaptation. Targeted decarbonisation funding continues to be an area of focus, with further solar panel funding for the NHS released by Great British Energy, however, nothing has yet filled the gap left by the end of the PSDS scheme.

The latest iterations of Green Plans are nearing their first anniversary, and we are witnessing some of the commitments and projects come to fruition. For example, NHS Property Services have published an update on their progress, including 13 air source heat pump projects completed.

The first wave of the NHS Great British Energy solar power and storage projects have been delivered. Unfortunately, there were also several trusts that were unable to deliver their projects within the time frame and/or funding envelope. Some common reasons for this include:

- Complications following surveys and preparatory works
- Costs increasing beyond the funding envelope
- Procurement and sourcing issues

These challenges reiterate the importance of well-prepared projects that can be submitted at short notice when funding becomes available alongside reliable procurement partners and routes to market. With the anticipated announcement of the successful 26/27 funding bids, LPP can support you to find the right solar energy provider through our Works and Maintenance DPS.

The Greater London Authority have released two key documents:

Heat Ready London | London City Hall – A plan to adapt to increasing temperatures

The next London Plan | London City Hall – The Draft London Plan for consultation

Both emphasise the importance of climate adaptation in future planning. The Draft London Plan also puts forward the conditions for Green Belt release for development, including sustainable growth locations supported by infrastructure. This is material for trust and ICB planning and development in London, particularly for neighbourhood health.

PPN 024: The Public Interest Test and Insourcing Strategy

PPN 024 is a major policy shift because it introduces a formal Public Interest Test before certain projects and re-procurements begin, alongside a requirement for larger, in-scope bodies to publish a five-year insourcing strategy. It moves the discussion from “should we outsource?” to “have we properly tested whether internal delivery is in the public interest first?”.

What has changed?

NHS LPP understands that the main change is that insourcing is no longer just an option to be considered informally; for in-scope organisations it is now built into the sourcing process through a mandatory test for planned projects and re-procurements over £1 million. The guidance also introduces a structured reporting expectation and a longer-term strategic planning requirement, with the first Public Interest Test returns due after the 1 April to 30 June 2027 quarter and five-year insourcing strategies required by 1 April 2027 for organisations with annual contract spend of £100 million or more. In practical terms, this is a move from ad hoc decision-making to documented, repeatable challenge of the default outsourcing model.

Why does it matter?

This matters because it changes the balance of power at the front end of sourcing decisions. Buyers now need to evidence that they have considered whether the service could be delivered better, more resiliently or with greater public value in-house before going to market. It also signals a broader policy intention to strengthen state capability, improve long-term resilience and avoid over reliance on the external market when internal delivery may be viable.

What does it mean for buyers?

For buyers, the immediate implication is that business cases, option appraisals and service design work will need to be more rigorous and more consistent. Teams will need to assess value more broadly than headline price, including control, resilience, delivery quality, capability build and alignment with organisational objectives. This is especially relevant for corporate services, estates, FM, procurement support and other repeatable service categories where the in-house option may now need to be tested properly rather than assumed away.

Actions to consider

NHS LPP suggests that procurement teams should consider the following actions:

- Review your pipeline of planned projects and re-procurements over £1 million to identify where the Public Interest Test will apply.
- Update sourcing templates, business case formats and governance checklists so the internal delivery option is assessed early and consistently.
- Build a clear methodology for comparing in-house delivery against external options on such as value, resilience, capability and public benefit, not just cost.
- Start planning the data, capacity and governance needed to support the five-year insourcing strategy requirement if your organisation is in scope.
- Make sure commercial, finance, operations, HR and service leads understand the new requirement and their role in evidencing it.
- Revisit categories where outsourcing is the default, especially if service quality, control or supply resilience have been recurring concerns.

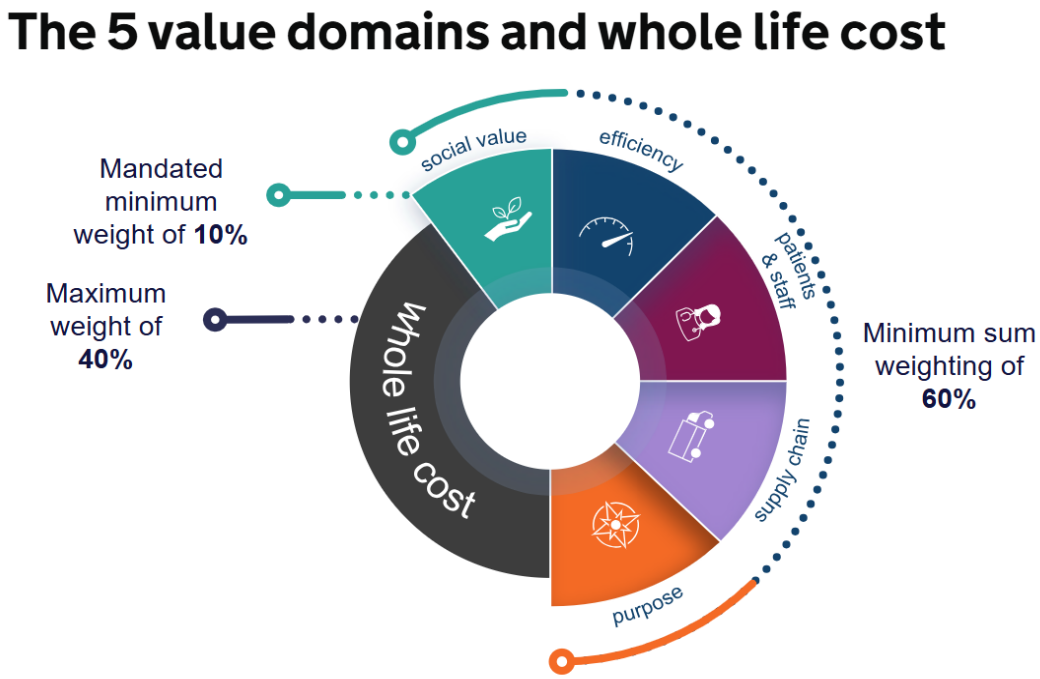
Buyer takeaway

PPN 024 is likely to reshape how sourcing decisions are made, especially in central government and other organisations that choose to adopt the approach. The key message is straightforward: buyers will need to prove they have genuinely tested internal delivery before committing to market procurement.

Value based procurement

What is value-based procurement?

Value-based procurement is an approach that awards contracts on the best overall value, not the lowest upfront price. In practice, that means looking at whole life cost, quality, outcomes, risk, sustainability, service and supplier capability, as well as price.



What has changed?

The biggest change is that value-based procurement has moved from being a general ‘good practice’ idea to a structured and outcome-led approach in healthcare and public procurement. Recent guidance for medical technology in the UK frames value-based procurement around improved outcomes, while wider public sector thinking increasingly links it to whole life cost, environmental benefit and service performance. In other words, buyers are under more pressure to show that they are buying the right solution, not just the cheapest one.

Why does it matter?

This matters because low price can create higher costs later through such as poor quality, rework, downtime, waste or weak service support. Value-based procurement helps organisations make decisions that better support long-term performance, resilience, innovation, and user experience. For NHS and public sector buyers, it is especially relevant where services affect patient outcomes, staff productivity, compliance or sustainability.

What does it mean for buyers?

For buyers, this means specifications and evaluation models need to be built around outcomes and evidence, not just price comparison. You need to define what 'value' means for the service or product in question, then test suppliers against that definition using measurable criteria such as whole life cost, quality, reliability, innovation, environmental performance and service support. It also means stakeholder engagement matters more, because clinical, operational, finance and end user views all affect what 'best value' really looks like.

Actions to consider

Procurement teams should consider the following actions:

- Reframe requirements around outcomes, whole life cost and service impact rather than only unit price.
- Build weighted evaluation criteria that reflect quality, sustainability, reliability and total cost of ownership.
- Engage stakeholders early so the value definition reflects operational and user needs, not just procurement assumptions.
- Ask suppliers for evidence of such as performance, training, support, innovation and lifecycle benefits.
- Use contract management to track whether promised value is actually being delivered after award.

Buyer takeaway

Value-based procurement is about buying better outcomes with fewer hidden costs. For NHS and public sector teams, the practical challenge is to turn that principle into clear specifications, credible scoring and measurable contract management.

NHS LPP EFMCS News

The NHS London Procurement Partnership EFMCS team is re-procuring below agreements:

- Non-Emergency Patient Transport Services as a Framework Agreement under the Provider Selection Regime.
- Total Facilities Management as an Open Framework
- Estates and Facilities Consultancy Services
- Waste Management Services

These agreements will focus on quality and innovation, value, SME inclusion, sustainability and social value, offering members and the wider NHS an agreement to meet the changing needs of the NHS.

The procurement of these agreements, is directly aligned with both national and organisational strategies to modernise, integrate and improve Estates, FM and Transport services.

NHS LPP Contacts

Should you wish to discuss any of the highlighted NHS LPP agreements, please feel free to contact the respective Category teams below

NHS LPP Agreement	Contact
Estates & Facilities Consultancy Services Dynamic Purchasing System	risha.mehta@nhs.net / nathan.jones17@nhs.net
Works and Maintenance Dynamic Purchasing System	ashwaq.fraser2@nhs.net / remmy.kamya@nhs.net
Non-Emergency Transport and Other Transport Services Dynamic Purchasing System	ashwaq.fraser2@nhs.net / remmy.kamya@nhs.net
Linen and Laundry Dynamic Purchasing System	remmy.kamya@nhs.net/ risha.mehta@nhs.net
Managing Agent Service for Outsourced Waste Services	remmy.kamya@nhs.net
Total Facilities Management Framework	j.rumsey@nhs.net / nathan.jones17@nhs.net
Waste Management Services Dynamic Purchasing System	risha.mehta@nhs.net / nathan.jones17@nhs.net
Payroll Services Framework	nathan.jones17@nhs.net / nawaz.habib@nhs.net
Sustainability and Social Value	simon.rowland7@nhs.net

Feedback

We would love to hear from you. If you have any suggestion on what you want to see in the next Quarterly report, please email: gstt.customer@nhs.net

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