London Procurement Partnership

Dynamic Purchasing System User Guide

Non-Emergency Transport and other Transport Services

Estates, Facilities & Corporate Services

Non-Emergency Transport and other Transport Services DPS User Guide

DPS Reference Number: LPP/2019/007

OJEU Reference: - 2019/S 190-462175

November 2019

Version Control

Date	Version	Comments
22.11.2019	1	Final for Issue
25.11.2019	2	Minor amendments
26.2.2020	3	Minor update to access agreement
03.06.2020	4	Taxi and Passenger Transport Category
06.04.2021	5	Updated NHS Standard Contract date
26.11.2024	6	Updated contact details, DPS end date, Appendix C and Appendix D
12.02.2026	7	Updated pages 9 & 18 with information on the new category Transport of Medicines
15.06.2026	8	Updated to reflect PSR
08.07.2026	9	Updated to reflect PSR
27.07.26	9	Updated to reflect PSR

Contact Details

Ash Fraser

Senior Category Manager
NHS London Procurement Partnership
India House, 2nd Floor
45 Curlew Street, London SE1 2ND

Telephone 07833 181 479
Email Ashwaq.Fraser2@.nhs.net
Web www.lpp.nhs.uk

Remmy Kamya

Category Manager
NHS London Procurement Partnership
India House, 2nd Floor
45 Curlew Street, London SE1 2ND

Tel: 07548 152812
Email: Remmy.Kamya@nhs.net
Web: www.lpp.nhs.uk

Contents

1.1 Regime selection guide for Contracting Authorities or Relevant Authorities (PCR 2015 vs PSR 2023)

1.2 Purpose

This guide provides practical support to help Contracting Authorities or Relevant Authorities determine whether a Patient Transport Services (PTS) requirement should be commissioned under **Public Contract Regulation 2015 (PCR)** or **Provider Selection Regime, Regulations 2023 (PSR)** Competitive Process as defined within regulation 11 of PSR 2023[i]

Each requirement must be assessed on its own merits, with the procurement approach, selection criteria, and documentation aligned to the applicable regime.

Key principles

PSR applies where a Relevant Authority is arranging relevant healthcare services within the scope of PSR. The decision depends on whether the service is a relevant **healthcare service,** as defined in Schedule 1[ii] of the PSR**,** particularly where patient transport is directly linked to accessing healthcare.

1.3 Step by step decision flow

1.3.1 Step 1: Relevant Authority

Is the requirement being commissioned by a Relevant Authority as defined in Regulation 2 of the PSR [iii]?

- **No → The PSR does not apply.** Refer to Section A - Non-Emergency Transport and other Transport Services – Procurement Contracts Regulations 2015 **(PCR 2015)**
- **Yes → Proceed to Step 2.**

1.3.2 Step 2 - Relevant Healthcare Services

Is the requirement for the procurement of relevant healthcare services for the purposes of the health service in England, whether alone or as part of a mixed procurement? [iv].

- **No** → Refer to Section A - Non-Emergency Transport and other Transport Services – Procurement Contracts Regulations 2015 **(PCR 2015)**
- **Yes** → Proceed to Step 3

1.4 Guidance for mixed procurement

[v]The PSR must not be used for the procurement of goods or non-healthcare services alone. However, when a contract comprises a mix of in-scope healthcare services and out-of-scope goods or services, relevant authorities may only use the PSR to arrange those services when:

- the main subject matter of the contract is in-scope healthcare services; and
- the relevant authority is of the view that the out-of-scope goods or services could not reasonably be supplied under a separate contract (that is, where procuring goods or services separately would likely prevent the relevant authority from meeting its duty to act in accordance with the procurement principles)

The main subject of the contract is determined by which of these 2 components is higher:

- the estimated lifetime value of the in-scope healthcare services
- the estimated lifetime value of the out-of-scope goods or services

1.4.1 Step 3: Nature of the service

Does the requirement include patient transport services that support healthcare delivery and fall within scope of PSR? For Example: [vi]Patient transport services delivering a regulated activity (for example, those that require Care Quality Commission (CQC) registration) are in scope of the PSR. Patient transport services delivering an activity that does not require CQC registration are out of scope of the PSR. Where both regulated and unregulated activity is commissioned, the relevant authority must consider whether the mixed procurement provisions apply.

- **No** → Refer to Section A - Non-Emergency Transport and other Transport Services – Procurement Contracts Regulations 2015 **(PCR 2015)**
- **Yes** → Proceed to Step 4

1.4.2 Step 4: Main subject matter

Is the main subject matter of the contract the provision of relevant healthcare services? When making this assessment, consider:

- the overall purpose of the contract and the services being delivered to patients;
- the relationship between the transport service and the delivery of healthcare; and
- whether any non-healthcare elements are ancillary to the healthcare service.
  - **No** → Refer to Section A - Non-Emergency Transport and other Transport Services – Procurement Contracts Regulations 2015 **(PCR 2015)**
  - **Yes** → The requirement is likely to fall within the scope of the PSR 2023
  - Refer to Section B - Non-Emergency Transport and other Transport Services – Provider Selection Regime 2023 **(PSR 2023)**

1.4.3 Step 5: Record the Decision

1.4.4 **Once the applicable regime has been identified:**

- Ensure the decision is approved through appropriate governance
- Clearly document the rationale for the decision
- Retain evidence supporting the decision making and assessment
- Ensure award criteria and procurement route align with the applicable regime
- Maintain a robust and clear audit trail demonstrating transparency and compliance

1.5 A few practical considerations

PSR[vii]

- Patient transport services delivering a regulated activity (for example, those that require Care Quality Commission (CQC) registration) are in scope of the PSR.

- Patient transport services delivering an activity that does not require CQC registration are out of scope of the PSR.
- Where both regulated and unregulated activity is commissioned, the relevant authority must consider whether the mixed procurement provisions apply.

Lotting[viii]

- If services are lotted, there will be a need to consider the relevant decision-making process for each lot.
- Relevant authorities are advised to consider whether lotting is a suitable way of approaching the procurement
- The classification should always reflect the true purpose and value of the service

1.6 Important note

This guide is intended to support decision making only and does not constitute legal advice. Contracting Authorities and Relevant Authorities remain responsible for ensuring compliance and should seek legal advice where the position is not clear. Decisions should be clearly justified and documented.

1.7 Summary

- Apply **PSR 2023** when:
- The requirement is for relevant healthcare services; and
- The main subject matter of the contract is the provision of healthcare services.

- Apply **PCR 2015** when:
- The requirement does not involve relevant healthcare services; or
- Healthcare services are not the main subject matter of the contract.

Always:

Assess each requirement individually;

- document the rationale;
- maintain an audit trail; and
- ensure the procurement approach aligns with the chosen regime.

---

[1] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/11
[1] https://www.legislation.gov.uk/uksi/2023/1348/schedule/1/made
[1] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/2#f00004
[1] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/3
[1] https://www.england.nhs.uk/long-read/the-provider-selection-regime-statutory-guidance/#mixed-procurement
[1] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-non-emergency-patient-transport-services-nepts-in-scope-of-the-provider-selection-regime-psr
[1] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-non-emergency-patient-transport-services-nepts-in-scope-of-the-provider-selection-regime-psr

[1] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-there-any-principles-around-lotting-under-provider-selection-regime-psr

2. Interpretation

Unless the context otherwise requires, the following words and expressions used in this document shall have the following meanings (to be interpreted in the singular or plural as the context requires)

TERM	MEANING
"Authority"	means Guy's and St.Thomas' NHS Foundation Trust. NHS London Procurement Partnership (LPP) shall act on behalf of Guy's and St.Thomas' NHS Foundation Trust.
"Call-Off"	means the issue of an Invitation to Tender in relation to any contract to be awarded under the Dynamic Purchasing System.
"Call-Off Contract"	means the legally binding agreement for the provision of Services made between a Contracting Authority and a Provider comprising of the Call-off Order Form and the Call-Off Terms and Conditions as may be amended. **NOTE:** Contracting Authorities will be permitted to use the NHS Terms and Conditions for the Provision of Services or the NHS Standard Contract depending upon local requirements. A copy of the Term and Conditions will be included in the mini-competition process for each Contracting Authority. If a public sector Authority has their own conditions of contract to apply then they will be used.
"Competitive process"	"Competitive Process" means the process set out in PSR2023 regulation 11 for the award of a contract with a competition;
"Contracting Authority"	means any contracting authority as defined in Section 2 (Definitions) of the Public Contracts Regulations 2015, other than the Authority.
"Dynamic Purchasing System"	means a completely electronic system of specified duration which is (a) established by a contracting authority to purchase commonly used Goods, Services and/or Works (if applicable); and (b) open throughout its duration for the admission of economic operators which (i) satisfy the selection criteria specified by the contracting authority; and (ii) submit a Request to Participate to the contracting authority or person operating the system on its behalf which complies with the specification required by that contracting authority or person
"Due Diligence Information"	means the background and supporting documents and information provided by the Authority for the purpose of better informing the Suppliers response to this PQQ.
"e-Tendering System"	means the online e-Tendering portal used by a contracting authority for conducting an Invitation to Tender in relation to any contract to be awarded under the Dynamic Purchasing System.
"EIR"	means the Environmental Information Regulations 2004 (as amended) together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such regulations.
"FOIA"	means the Freedom of Information Act 2000 (as amended) and any subordinate legislation made under such Act from time to

	time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such regulations.
'Key Criteria'	'key criteria" means the criteria set out in PSR 2023 regulation 5
"LPP"	means NHS London Procurement Partnership.
'Mixed procurement'	"mixed procurement" means the procurement of— (a)relevant health care services for the purposes of the health service in England, and (b)other goods or services that are procured together with those health care service Full details please refer to regualtion 3 of the Provider Selection Regine: https://www.legislation.gov.uk/uksi/2023/1348/regulation/3/made
"OJEU Notice"	means the advertisement issued in the Official Journal of the European Union in respect of this PQQ.
"Order Form"	means the order submitted to the Provider by the Contracting Authority in accordance with the Contract which sets out the description of Services to be supplied including, where appropriate, the Key Personnel, the Premises, the timeframe, the Deliverables and the Quality Standards.
"SQ"	means the standard selection questionniare and all related documents published by the Authority and made available to Supplier(s) and includes the Due Diligence Information.
"SQ Response(s)"	means a Supplier(s) response to the SQ.
"Potential Provider(s)"	means the person, firm or company who are admitted to the DPS following evaluation by the Authority of the SQ Response.
"Provider(s)"	means the person, firm or company with whom the Contracting Authority enters into a Call-Off Contract as identified in the DPS Order Form.
"Provider Selection Regime (PSR)"	means Provider Selection Regime (PSR), as set out in the Health Care Services (Provider Selection Regime) Regulations 2023
"Regulations"	means the Public Contracts Regulations 2015. (PCR2015)
"Relevant Authority"	means any Relevant Authority as defined in section 12ZB(7) of the National Health Service Act 2006. It means a combined authority, an integrated care board, a local authority in England, NHS England, an NHS foundation trust or an NHS trust established under section 25 of that Act.
"Services"	means the Services to be supplied as specified in the Order Form.
"Supplier (s)"	means the person, firm or company who submit a completed SQ in response to the OJEU Notice.
"Tender"	means the document(s) submitted by the Provider to the Contracting Authority in response to the Contracting Authority's Invitation to Tender to provide the Contracting Authority with the Services.

3. Introduction

This user guide is intended to provide information about the Dynamic Purchasing System "DPS" for the procurement of Providers of Non-Emergency Transport and other Transport Services owned by NHS London Procurement Partnership and to provide practical support to contracting authorities or relevant authorities who wish to access the DPS to award contracts.

Please note that the guidance provided within this document only applies to this DPS and contracting authorities or relevant authorities should ensure they refer to the guidance document which is relevant to the DPS/framework they wish to access to ensure that the right processes are being followed.

Procurement teams should be involved in the decision to access the DPS to ensure that the decision fits with local procurement policies and contracting authorities' or relevant authorities' standing financial instructions.

The Non-Emergency Transport and other Transport Services DPS, procured under PCR2015, however, under the transitional arrangement, it remains a valid and compliant route to market for healthcare services in scope of PSR2023.

3.1 PCR2015 continues to apply where the services are out of scope of PSR2023.

Key Information

DPS Title	Dynamic Purchasing System for the Provision of Non-emergency Transport and other Transport services
OJEU Reference Number	2019/S 190-462175
Agreement Reference Number	LPP/2019/007
DPS Period	07/11/2019 – 06/11/2025 with extensions allowed as per the Public Contract Regulations 2015
Expiry Day	6th February 2029

3.2 What is a DPS

What is the Dynamic Purchasing System? The Dynamic Purchasing System (DPS) is a procedure available for contracts for works, services and goods commonly available on the market. As a procurement tool, it has some aspects that are similar to an electronic framework agreement, but where new suppliers can join at any time. However, it has its own specific set of requirements. It is to be run as a completely electronic process and should be set up using the restricted procedure and some other conditions (as set out in Regulation 34 of the Public Contracts Regulations 2015). Contracting authorities, including central purchasing bodies, may set up a DPS. The DPS should be set up for identified types of requirements, which may be divided into categories of products, works or services.

The DPS is a two-stage process. First, in the initial setup stage, all suppliers who meet the selection criteria and are not excluded must be admitted to the DPS. Contracting authorities must not impose any limit on the number of suppliers that may join a DPS. Unlike framework agreements, suppliers can also apply to join the DPS at any point during its lifetime. Individual contracts are awarded during the second stage. In this stage, the authority invites all suppliers on the DPS (or the relevant category within the DPS) to bid for the specific contract. The new directive and Regulations update the existing DPS rules, as discussed below.

3.3 Background

NHS trusts and other public sector organisations require the ability to flexibly deliver Non-emergency Transport and other Transport Services in the way they see fit for their organisation and site(s).

The DPS can be utilised by LPP Members, any public sector organisations who wish to use the DPS can do so with prior agreement from LPP. By virtue of the NHS Commercial Procurement Collaborative, members of the East of England NHS Collaborative Procurement Hub, NHS Commercial Solutions and NHS North of England Commercial Procurement Collaborative, also have free of charge access to the DPS. Potential users of the DPS are identified in the OJEU Contract Notice.

Potential Providers admitted to the DPS for Non-emergency Transport and other Transport Services were informed at the Pre-Qualification stage that neither LPP nor our customers are under obligation to use the DPS and may decide not to do so during the DPS validity period.

Public sector organisations, including the NHS, will need to comply with the relevant Regulations when selecting a provider/assessment organisation, as well as adhering to their own organisational Standing Financial Instructions.

The supplier market is diverse with many SME's and local transport providers delivering the services.

A DPS can streamline procurement for both suppliers and authorities and provides flexibility, particularly as suppliers may join it at any time during its period of validity, meaning that they are not locked out as they are with traditional frameworks.

The procurement followed the restricted procedure as directed by the Public Contracts Regulations 2015. Interested bidders were invited to select which category and regions under the DPS they wished to bid for and to complete a pre-qualification questionnaire to evaluate compliance to mandatory and discretionary exclusion criteria and technical and professional ability. Bidders who met the pre-qualification requirements were awarded on to the relevant categories of the DPS.

3.4 Compliance

Using an NHS LPP agreement and following this guidance can help support compliance with procurement rules. However, it is important to note that it is the responsibility of the Contracting Authority accessing the agreement to ensure the procurement is conducted compliantly with the relevant regulations (PCR 2015 or PSR 2023), and in a way that is fair, open and transparent.

3.5 Overview & Category Structure

The DPS provides a compliant route to market to procure the provision of non-emergency Transport and other Transport Service providers for one or more Category, within a geographical region(s), which allows Contracting Authorities or Relevant Authorities a choice of how best to approach the market. The DPS has multiple categories and regions as indicated below:

Category #	Category
1	**Booking and Eligibility Assessment Services** This category enables the Contracting Authority or Relevant Authority to secure a full or partial booking and eligibility service and tailor this service to meet the unique local circumstances of each locality. The service will include online and telephone booking and an assessment service that will work to the required localised eligibility criteria. The service will ensure the collection and processing of all booking requests and securely transfer booking data in a confidential and compliant manner to the approved transport provider(s) in the wider patient transport pathway as required.
2	**Core Patient Transport Services** This category enables the Contracting Authority or Relevant Authority to secure a full or partial patient transport service and choose the main elements of the service that suit local operational requirements. All parts of the patient transport pathway are covered in this category including: a booking and eligibility service for an on line and phone based booking and eligibility assessment part of the pathway; all outpatient services to include renal services, oncology and physiotherapy services sometimes referred to as enhanced PTS, standard outpatient clinic activity, discharge services from wards/units and A&E and transfer transport (site to site) as required Mobility: Walker/Wheelchair/Stretcher Vehicle Types: Car, Wheelchair Accessible Vehicle, Stretcher
3	**Mental Health and Secure Patient Transport** This category enables the Contracting Authority or Relevant Authority to secure a transport service specifically designed for the needs of mental health patients who may require a range of transportation types that is proportionate to their clinical needs and clinical risk assessment. Each patient will be pre-assessed by their referring clinician or care team to determine the type of vehicle required (from car to secure vehicle), the number and nature of escorts required and the type of intervention and observation needed during transport.

	Mobility: Walker/Wheelchair/Stretcher Vehicle Types: Car, WAV, Stretcher, Secure Car (including People Carrier), Secure Medium Sized Minibus, Secure Ambulance
4	**High Dependency Patient Transport** This category enables the Contracting Authority or Relevant Authority to secure a transport service specifically designed for the purposes of High Dependency Unit transport where the skills of Registered Paramedics are required in a fully equipped Ambulance. Mobility: High Dependency Vehicle Types: Ambulance
5	**Taxi and Passenger Transport** This category enables the Contracting Authority or Relevant Authority to secure licensed Taxi services provision for both staff and services users, it also enables the Contracting Authority or Relevant Authority to secure a car and driver service for a home visit services including, GP Out of Hours or District Nurse rounds. Vehicle Types: Car, Minibus, Wheelchair Accessible Vehicle
6	**Transport of Medicines** This category covers the secure and compliant transport of medicines under both WDA(H) and non-WDA operating models. Suppliers may provide licensed wholesale distribution services supporting storage and handling under a valid WDA(H) or offer same-day, direct transport with no overnight storage under a non-WDA model. Transport capability may be proposed across the full range of temperature-controlled sub-categories, including ambient, 2–8°C (refrigerated), and below 0°C (frozen). Providers are expected to demonstrate robust systems to maintain and monitor conditions throughout transit, ensuring the integrity and safety of all medicines transported.

Regional breakdown

No.	Region
1	North East
2	Yorkshire
3	North West

4	West Midlands
5	East Midlands
6	South West
7	South Central
8	South East
9	London
10	East
11	Wales (Only PCR 2015 applies)
12	Scotland (Relevant Authorities should verify how PSR 2023 applies to this region)
13	Northern Ireland (Relevant Authorities should verify how PSR 2023 applies to this region)

3.6 Pricing

Under a DPS no commercial information is obtained until the further competition stage.

Contracting Authorities or Relevant Authorities will further define their specifications, to meet the needs and requirements of their organisation, and will issue pricing schedules to the bidders based on their tailored specifications.

3.7 Suppliers on the DPS

The Public Contracts Regulations 2015 contain new requirements in relation to the use of standard Selection Questionnaire (SQ) for both above and below EU thresholds. The new requirements aim to ensure a simpler and more consistent approach to selection across the whole of the public sector, removing some of the bureaucracy and barriers which make it difficult for businesses, in particular small to medium enterprises, to access public sector contracts.

All suppliers who have been awarded on to the DPS have already passed the first stage, the pre-qualification questionnaire (PQQ). This initial DPS set-up phase only covers the following areas:

- Supplier Information
- Exclusion & Selection criteria (as set out in Regulations 57-64 of the PCR 2015) including insurances
- Economic & Financial Standing
- Technical & Professional Ability
- Agreement to NHS Framework Terms and Conditions for the supply of services and NHS Standard Contract

Evidence of economic and financial standing has been obtained for each supplier, prior to award of contract and will be held on file by NHS LPP. Contracting Authorities or Relevant Authorities may wish to use this information to assure themselves that the financial standing of the organisation is adequate to support the awarded contract.

However, in order to demonstrate the Bidder's financial capacity in relation to the delivery of the contract, a further financial assessment should be performed. This could include but is not limited to:

- A review of reports and scores from credit rating organisations
- Analysis of the organisations yearly turnover compared to contract value
- Audit of annual accounts by finance teams

The Contracting Authority or Relevant Authorities should check the tests applied at framework selection are appropriate and sufficiently robust for their procurement. While NHS LPP will continue to monitor the ongoing EFS of suppliers, it is the responsibility of the individual Contracting Authority or Relevant Authority to complete their own due diligence to ensure they are satisfied that the supplier meets their requirements.

Please note that there is no minimum score required for suppliers to be awarded on to the DPS.

3.8 The benefits of a DPS

A DPS was chosen as the most suitable commercial vehicle following feedback from LPP member Trusts and other potential users of the system.

Establishing a DPS with multiple providers will help to create an environment which encourages fair competition, allowing Potential Providers to join at any time and choose whether to compete for all or any of the requirements for the provision of Non-emergency Transport and other Transport Services under the DPS for which they are considered suitable.

Potential Suppliers who are successful in securing a place on the DPS will be awarded onto the DPS. Contracting Authorities or Relevant Authorities will access a supplier list to filter potential suppliers by category, region, and additional filters.

A DPS remains open to new Suppliers throughout the period of the agreement. This enables Suppliers who may not initially be able to meet the selection criteria during the establishment period, to review their processes, finances and capabilities and apply for acceptance onto the DPS at a later stage. In addition, it allows (and encourages) existing DPS members to revise their offerings at any stage within the operation of the DPS. This supports small and medium size enterprises, or businesses in tendering for work with the public sector.

The flexibility in keeping the DPS agreement open to new Suppliers also benefits our customers. It enables public bodies to promote potential 'calls for competition under the DPS' in their geographical region, offering the opportunity to engage with local Potential Suppliers and support wider aims of working with local businesses for economic growth.

3.9 Expected Benefits

Benefits for Contracting Authorities / Relevant Authorities

- Encourages competition as it is easier for local providers to get on to the DPS and join at any time during its period of validity.
- Contracting Authorities or Relevant Authorities can undertake a further competition with a group of pre-qualified bidders with qualification documentation held centrally by the LPP.
- Award of individual tenders can be quicker than under some other procedures. The minimum time limit for return of tenders is 10 days, as advertisement in OJEU and pre-selection by SQ stage of the DPS establishment has already been undertaken, no further advertisement is required.
- Award criteria can be formulated more precisely for specific local contracts, adapting the LPP templates as appropriate.
- Contracting Authorities or Relevant Authorities can ask their incumbent suppliers to apply to the DPS prior to launching a competition in order to allow them to bid for the opportunity, providing a benchmark against existing supply.
- The terms and conditions of the DPS agreement and call off contracts have already been agreed with all DPS suppliers therefore no further legal dialogue is required,
- Contracting Authorities will be permitted to use the NHS Terms and Conditions for the Provision of Services or the NHS Standard Contract depending upon local requirements. A copy of the Term and Conditions will be included in the mini-competition process for each Contracting Authority. If a public sector Authority has their own conditions of contract to apply then they will be used.

Benefits for Suppliers

- Suppliers don't have to demonstrate suitability and capability every time they wish to compete for a public sector contract, reducing cost and administrative burdens.
- Supplier may join the DPS at any time during its period of validity so they are not "locked out".
- Award of individual tenders can be quicker than under some other procedures.
- Suppliers are able to apply for new lots as they expand their services, making this a flexible and accessible approach that supports the growth of SMEs.

3.10 Awarding a Contract

To award a contract under this DPS all Contracting Authorities or Relevant Authorities, must run a further competition procedure based on individually defined evaluation criteria, and in accordance with the DPS terms and conditions and the relevant procurement regulations.

Instructions on how to access the DPS and undertake a further competition are contained in sections 5 and 6 below.

Contracts that are awarded will be between the Service Provider and the named Authority.

There is no option for direct award or award without competition.

Contracts can only be awarded to a single provider for each lot.

Contracts cannot be awarded to multiple providers.

Contracts cannot be structured as a ranking system

4. Management of the Dynamic Purchasing System

4.1 DPS Agreements

All Potential Providers who have been awarded a position on the DPS for Non-emergency Transport and other Transport Services have signed a DPS Agreement to be able to provide Non-emergency Transport and other Transport Services to Contracting Authorities or Relevant Authorities on a Call-Off basis. The Agreement sets out the award and ordering procedure for Non-emergency Transport and other Transport Services which may be required by Contracting Authorities or Relevant Authorities, the main terms and conditions for any Call-Off contract which Contracting Authorities or Relevant Authorities may conclude, and the obligations of the Providers during and after the term of the Agreement.

There are two types of terms and conditions included within this document and the Contracting Authority or relevant authority must ensure that the correct call-off terms and conditions are selected and incorporated into the procurement documentation, having regard to whether the procurement is being conducted under PCR 2015 or PSR 2023 using the competitive process, and the nature of the services being procured . This can either be the NHS Terms and Conditions for the Provision of Services or the NHS Standard Contract.

NHS LPP is responsible for the management of the DPS Agreement and will seek feedback from Contracting Authorities or Relevant Authorities to ensure maximum value is derived from the DPS.

4.2 DPS Contracts

All suppliers who have been awarded a position on this DPS have signed DPS contracts with LPP. LPP are responsible for the management of the DPS contracts and will seek feedback from Contracting Authorities or Relevant Authorities to ensure maximum value is derived from the DPS.

4.3 Activity Based Income (ABI)

This DPS has been established with an Activity Based Income (ABI) charge of 2%. Each supplier will pay the ABI charge for all contracts awarded under the framework. Any pricing provided by suppliers will be inclusive of this charge.

4.4 Management Information

LPP will collect on a monthly basis, management information from each supplier for each contract they have been awarded under the DPS. This management information will be available to view through the my.LPP system to allow for spend analysis and monthly reporting.

4.5 DPS Manager

Contracting Authorities or Relevant Authorities who have any questions regarding the DPS should contact the DPS manager at LPP in the first instance. This is the person identified on page 2 of this document.

4.6 Business Continuity Plans

LPP strongly suggests that Contracting Authorities or Relevant Authorities request as part of their mini competition specific business continuity plans relating to their service and location so these can be retained for the successful contractor.

5. Accessing the DPS

5.1 DPS Access

This DPS is open to LPP members. Wider Public sector organisations who wish to use the DPS can do so with prior agreement from LPP. By virtue of the NHS Commercial Procurement Collaborative, members of the East of England NHS Collaborative Procurement Hub, NHS Commercial Solutions and NHS North of England Commercial Procurement Collaborative, also have free of charge access to the DPS. All Contracting Authorities that wish to access the DPS to run a further competition will need to complete the online Customer Access Agreement (CAA): Non-Emergency Transport and Other Transport Services Dynamic Purchasing System in Appendix D

5.2 DPS Charges

There is no charge for Contracting Authorities or Relevant Authorities to access this DPS agreement other than any membership fees.

Appendix C sets out the key responsibilities of each party during the DPS further competition process. Should a Contracting Authority or Relevant Authorities wish for NHS LPP to provide additional support over and above what is shown in this document, then NHS LPP reserves the right to charge for these additional services. This will be discussed and agreed with each Contracting Authority or Relevant Authorities on a case by case basis.

5.3 Customer Access Agreement (CAA)

Contracting Authorities or Relevant Authorities wishing to access this DPS to run a further competition should complete the online Customer Access Agreement (CAA) : Non-Emergency Transport and Other Transport Services Dynamic Purchasing System in at Appendix D.

Once this has been completed in full LPP will provide the Contracting Authority:

- Access to the supplier list with Potential Providers that have been awarded to the DPS by Category, Region and Vehicle Type required.
- Access to the mini competition documents as appropriate.
- A Unique Reference number (URN) to be used on all mini competition documents.

Suppliers on the DPS will not enter contracts under this DPS with any Contracting

Authority or Relevant Authority until the category manager has confirmed a signed access agreement is in place.

Section A - Non-Emergency Transport and other Transport Services – Procurement Contracts Regulations 2015 (PCR 2015)

6. Running a Mini-Competition or Call-Off (PCR 2015)

6.1 Establishing a Project Team

Contracting Authorities will need to establish a project team which is responsible for supporting the award of the new contract. This project team should include key stakeholders from across the organisation who can input into the specification and evaluate the quality of responses from suppliers under the DPS.

The project team should be supported by a project lead who is responsible for ensuring the project is supported by the Contracting Authority's board and managing the implementation of the new contract.

LPP will liaise with the project lead as per the responsibilities matrix in Appendix C. If the Contracting Authority does not have the resource to undertake this internally then LPP can provide support but this may come at an additional cost. If this is required then you should contact the category manager to discuss further.

6.2 Check your sourcing tool

To communicate with suppliers and run the buying process, you will need to use a sourcing tool. This can be your organisation's sourcing tool, or NHS LPP's eSourcing tool.

6.3 Key Decisions and Actions

By deciding to award a contract under the DPS agreement much of the hard work has already been completed which should save the Contracting Authority time and money. A suite of mini-competition documents are available which should be tailored by the Contracting Authority to meet their specific requirements.

The key decisions and actions which will need to be completed by the Contracting Authority to award a contract under the DPS via running a mini-competition are set out in the responsibilities matrix in Appendix C.

It is the Contracting Authority's responsibility to validate the data being sent out as part of the mini competition, check the evaluation of all bids and award the contract under the DPS.

6.4 Undertaking a Mini Competition

To undertake a mini competition under the DPS the Contracting Authority should refer to the responsibilities matrix in Appendix C and complete the Customer Access Agreement (CAA) Non-Emergency Transport and Other Transport Services Dynamic Purchasing System.. Once this is received by NHS LPP access to the DPS documents and a Unique Reference Number will be provided.

Before using this agreement, you should ensure that you have followed your internal governance including SFI's and received, the necessary budget approval and agreed your procurement strategy with your internal teams.

The Contracting Authority can use the mini competition template documents but will need to refine and agree the specification of services and should build upon the generic specifications provided to ensure that their specification meets the service needs.

6.5 Conduct pre-market engagement

There are different ways to conduct pre-market engagement. NHS LPP recommends that you publish a Prior Information Notice (PIN) on Find a Tender. This is useful especially if you are interested in finding out about suppliers not currently registered on the DPS. Suppliers can join the DPS at any time.

You can also engage with all suppliers currently on the DPS by emailing them to ask for information or issuing a formal Request for Information (RFI). You can issue your RFI through your own procurement platform or using the NHS LPP eSourcing tool. Remember that you should keep a record of all market engagement activities you engage in and ensure all suppliers are treated equally

6.6 Define your requirements

A specification is a description of the services the supplier is required to l provide during the contract, including the required standards and performance expectations. To evaluate how different suppliers will deliver against your specification, you will need to develop evaluation criteria. Here are some useful questions to ask yourself when defining your requirements and you can use them in your market engagement(s):

Example NEPTS service requirements and market engagement questions:

- Where do we require the NEPTS service to be delivered? For example:
  - Which geographical areas, Trusts, ICBs, regions, or patient catchments need to be covered?
  - Are there any rural, remote, or high-demand locations requiring specific consideration?
- Which patient groups will the service support? For example:
  - Patients with mobility needs
  - Wheelchair users
  - Bariatric patients
  - Mental health patients
  - Renal dialysis patients
  - Oncology patients
  - Patients requiring regular treatment appointments
  - Patients with sensory or cognitive impairments

- Are there any specialist patient transport requirements that should be included within scope? For example:
  - Bariatric transport
  - High dependency transport
  - Mental health transport
  - Neonatal and paediatric transport (where applicable)
  - Patient escort requirements
- What service standards and performance requirements should suppliers be expected to meet? For example:
  - Journey punctuality
  - Patient experience measures
  - Call handling standards
  - Booking response times
  - Complaints management
  - Vehicle availability and resilience
- What contract duration and implementation timescales are required? For example:
  - Expected mobilisation period
  - Initial contract term
  - Extension options
- Should bidders be required to demonstrate compliance with relevant NHS, CQC and patient transport standards? For example:
  - CQC registration (where applicable)
  - Safeguarding requirements
  - Equality, diversity and accessibility requirements
- How Subcontracting arrangements are managed? For example:
  - Requirements for visibility and management of subcontractors
  - Responsibility for performance management of subcontracted providers
- What Information Security requirements should suppliers meet? For example:
  - Cyber Essentials
  - Cyber Essentials Plus
  - Compliance with NHS Data Security and Protection Toolkit (DSPT)
  - Information Governance requirements associated with patient data
- Do we require enhanced levels of insurance cover? For example:
  - Public liability
  - Employers' liability
  - Professional indemnity
  - Motor Fleet insurance
  - Clinical negligence (where applicable)
- What regulatory and quality requirements should suppliers demonstrate? For example:
  - CQC registration and inspection outcomes
  - Vehicle compliance standards
  - Driver training and competency
  - Safeguarding arrangements
  - Business continuity and resilience planning
- What minimum service performance standards should suppliers achieve? For example:

  - On-time patient collection and arrival rates
  - Aborted journey rates
  - Patient satisfaction scores
  - Complaint resolution performance
  - Call answering performance
  - Missed appointment reduction
  - KPI and SLA achievement rates
- What social value and community benefits should be delivered through the contract?

The Contracting Authority will also need to review the template pricing schedule templates to ensure they are relevant to local specifications. The contracting Authority may wish to use their own pricing schedules.

The Contracting Authority must also note that the mini competition process must be based on the evaluation criteria of:

i. quality
ii. price.
iii. social value

Note:

Contracting Authorities can weight quality/technical scoring between 40-80% and the commercial scoring between 20-60%

The quality/technical and commercial scoring of each bid will be combined to give a total score out of 100%

The information which is required from the Contracting Authority in each document set to issue to bidders is:

1. Invitation to Tender (Further Competition) Instructions
   This document sets out the instructions for the bidders on how to complete and respond to the mini competition. The Contracting Authority will need to insert its award criteria and weightings, enter the contract period and complete the project plan. Contracting Authorities using their own e-procurement systems to run the mini-competition will need to change the instructions to reflect their own systems.

2. ITT Questions
   This document identifies the questions that you will be asking bidders to respond to. Suggested wording has been provided in this document. Contracting authorities may replace these questions with their own, amend the suggested questions or keep them as they are as part of the mini competition. All questions should clearly show how they are linked to the award criteria and any word limits that bidders will be asked to adhere to.

3. Pricing Schedules

Pricing schedule templates are provided for Contracting Authorities undertaking a further competition, you should review the template(s) and amend to ensure that it captures all the areas relevant to your trust and that you are clear how you will evaluate the responses received. You should decide which pricing template suits your contract whether this be cost per journey, cost per mile or open book.

4. Abstract of Particulars

This document provides bidders with an introduction to the contracting authority. An outline to the contracting authority and its main areas of service provision should be provided as well as an overview of the current contracting arrangements. Any specific aims and objectives from a new contract should be given here so bidders can understand how best to structure their response to meet your requirements. Any known changes to service provision which may affect the contract should be stated.

5.1 Booking and Eligibility Specification

A template service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting authorities should use these documents as a guide to structure their own specifications. The specification sets out sets out the minimum data which should be captured by the provider and the key performance indicators (KPI's) which the suppliers are expected to achieve for Booking and Eligibility Assessment Services.

5.2 Core Patient Transport Service Specification

A template service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting Authorities should use these documents as a guide to structure their own specifications.

The Core Patient Transport Services specification sets out the minimum requirements which apply to all transport categories for delivering the transport service including KPI's, cancellation and abort reasons, booking process, addresses of the Contracting Authority addresses, vehicle standards & equipment and cleaning, in addition to patient dignity and safeguarding. It should be use used with the Booking and Eligibility Specification for full Core Patient Transport Services.

5.3 Mental Health and Secure Transport specification

A service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to Mental Health and Secure Transport Services category it has been specifically designed for Mental Health patients who may require a range of transportation types that is proportionate to their clinical needs and clinical risk assessment. The specification should be used with the Core Patient Transport Services Specification

5.4 High Dependency Transport Specification

A service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to High Dependency Transport Services category it has been specifically designed for the where the skills of Registered Paramedics are required in a fully equipped Ambulance. The specification should be used with Core Patient Transport Service Specification.

5.5 Taxi and Passenger Transport

A service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to Taxi and Passenger Transport this category enables the Contracting Authority to secure licensed Taxi services provision for both staff and services users, it also enables the Contracting Authority to secure a car and driver service for a home visit services including, GP Out of Hours or District Nurse rounds.

5.6 Transport of Medicines

A service specification has been provided for use by the Contracting Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Contracting Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to the Transport of Medicines category. It has been specifically designed for the secure, safe, and compliant movement of medicines, including routine pharmaceuticals, controlled drugs, temperature sensitive products, urgent/rapid response items between healthcare sites, pharmacies and approved locations.

6. Call off Contract The terms and conditions of contract have been agreed with all suppliers as part of their award onto the DPS. Contracting authorities may make changes to these terms and conditions but they should be minor changes and highlighted clearly in the document so all bidders are aware changes have been made. When setting response deadlines to the mini-competition additional time should be provided by contracting authorities where changes have been made to the terms and conditions so that all bidders have the opportunity to raise these changes with their legal teams. There are two types of terms and conditions included within this document and the contracting authority should check with their CCG's which should be applied to their contract. This can either be the NHS Terms and Conditions for the Provision of Services or the NHS Standard Contract

7. Supplier Code of Conduct

All suppliers awarded to the DPS have signed the Supplier Code of Conduct document. Contracting Authorities undertaking a further competition should issue this document and invite suppliers to make a voluntary pledge by completing the Social Value Pledge section. Contracting Authorities should not add any weighting to this response.

8. ITT Document Set
   All bidders are required to complete and sign this set of documentation. Contracting Authorities should ensure that the tender invitation date and title are changed to reflect their mini-competition.

9.1 Volume Data Template

The incumbent supplier should be asked to provide a 12 month activity profile using the template provided. This will allow bidders to identify any seasonal trends in activity.

9.2 TUPE Template

Where TUPE is applicable to the contract the contracting authority should request from the incumbent supplier a list of employees who would be eligible for TUPE. The incumbent supplier should complete the TUPE template, at this stage not providing an individual's name; these will be provided to the successful contractor.

10. Example Evaluation Document
    Contracting Authorities should issue an example evaluation document which clearly shows how the evaluation of the further competition will be conducted. A template has been provided by LPP which will require amending by the Contracting Authority to fit their individual method of evaluation.

11. ITT Feedback Letter Templates
    Contracting authorities should complete and issue these letters once they are in a position to award the contract. This letter will start the ten day stand still period giving all bidders an opportunity to request further information before the contract is formally awarded. The standstill period should finish at midnight once ten full calendar days have passed. If the tenth day finishes on a weekend or bank holiday this should be extended to midnight on the next working day. Contracting authorities should use the information within the completed evaluation document to complete the standstill letters. The letters should also be customised to reflect the mini-competition details and the contracting authority's process for appeal or request for further information.

Once mini competition documents 1-9 are completed they can be issued to all of the suppliers under the relevant category and region.

NOTE: An up-to-date list of suppliers should be obtained immediately prior to publishing the ITT to ensure all suppliers that have been awarded to the DPS and relevant category are invited.

.. Suppliers should be given adequate time to respond to a mini competition and a minimum of 10 days, however on average NHS LPP would suggest suppliers are given four weeks to respond to the mini competition. You should also indicate when and how suppliers can ask clarification questions. Answers to these questions must be shared to all suppliers invited to tender. Site visits should be provided to all suppliers during the mini competition process.

If the Contracting Authority prefers for NHS LPP to release the mini competition documents through their e-tendering portal, it must be agreed in advance.

6.7 Evaluation Criteria

The evaluation criteria can be found in the Mini Competition Instruction document. The main criteria stated should be used as part of any mini competition within the DPS however the Contracting Authority can change, add to or delete the sub-criteria as long as these are clearly stated to all suppliers at the start of the mini competition process.

The weightings can be changed to meet the Contracting Authority's requirements.

- Service Quality – 20%
- Management Capability & Risk Mitigation – 20%
- Operational Capability and Innovation – 20%
- Sustainability – 10%
- Pricing/Commercials – 30%

Note: Contracting Authorities can weight quality/technical scoring between 40-80% and the pricing/commercial scoring between 20-60%

The quality/technical and commercial scoring of each bid will be combined to give a total score out of 100%

6.8 Review bids and evaluate supplier responses

The completed mini competition documents will be returned by the suppliers and should be evaluated by the project team in line with the published evaluation criteria which was set out within the invitation to tender.

As part of the evaluation process supplier presentations may be undertaken. Suppliers should be provided with adequate time to prepare their presentations and should be given a clear brief of what to present.

Upon completion of the individual evaluations, evaluators should undertake a moderation exercise to agree consensus scores. Moderation should be conducted objectively and consistently against the published evaluation criteria, with any changes to individual scores supported by evidence from the supplier responses and appropriately documented.

6.9 Request evidence from suppliers

Before you award the contract to the winning supplier(s), you should conduct compliance/due diligence checks. As part of this, you can ask the winning supplier for the

evidence they submitted in order to join the DPS and/or ask them for specific evidence directly, such as proof of insurance, CQC registration number and current status, financial etc.

6.10 Notify all suppliers of the outcome

Once you have followed your published criteria and completed the evaluation steps, you should be able to identify a successful supplier from scoring suppliers at the evaluation stage. Once you have identified a successful supplier, you should notify them through your e-tendering portal. You need to notify and provide feedback to all other participating suppliers.

A standstill period of 10 days is recommended. This gives unsuccessful suppliers an opportunity to consider feedback, request information, or call for a review of the award decision. Once this has passed, you can begin your contract with the winning supplier.

6.11 Complete your order contract

When buying through NHS LPP agreements, you are required to put in place and sign a call-off contract with the successful supplier. This contract is referred to as the **Call-Off Contract**.

6.12 Communicate your award details to NHS LPP

You must provide the details of the contract(s) awarded to NHS LPP using gstt.lppefps1@nhs.net once you have successfully awarded the contract. Include 'NEPTS DPS Contract award' as the subject. Let us know:

- name of awarding organisation
- name of winning supplier(s)
- annual contract value per supplier
- contract start date, contract end date and any extensions
- brief description of services

Alternatively, you can send a copy of the fully signed contract.

6.13 Undertaking a Direct Order

It is not possible to call off directly from the DPS.

6.14 Transition, Planning and Support

As part of the mini-competition process the successful supplier should provide you with a transition plan which clearly explains what tasks need to be undertaken and who is responsible for ensuring they are completed. This plan should set out the level of resource which is required from the Contracting Authority during the transition process. The expected timescales for each stage of the transition and the mobilisation as a whole should be shown. The Contracting Authority should review the supplier's performance against the plan on a regular basis throughout the transition.

6.15 Notices and contract award

Once you have awarded and signed your contract you should follow transparency requirements. To do this, check the Public Contracts Regulations 2015 transparency requirements, and publish the award on Contracts Finder / Find a Tender if required. According to these regulations, you are required to publish:

- the full company name of the winning contractor(s)the date on which the contract was entered into, known as the award datethe total value of the contract in pounds sterling (inclusive of VAT)an indication of whether the contractor is an SME or a VCSE

A Contract Award notice for call off contracts under a DPS **must** be published on Contracts finder.

The Contract Award notice can either be published in quarterly batches or individually within 30 days. https://www.gov.uk/government/publications/ppn-0123-requirements-to-publish-on-contracts-finder/guidance-on-the-transparency-requirements-for-publishing-on-contracts-finder-html

6.16 Managing the Contract

The Contracting Authority should hold regular meetings with the supplier to review performance against agreed key performance indicators. Should the supplier fail to meet the agreed key performance indicators then the Contracting Authority should look to take corrective action as outlined within the contract document. The NHS LPP category manager should be made aware of repeated failures in a supplier's performance and can be asked by the Contracting Authority to support rectifying issues.

6.17 Key Performance Indicators

NHS LPP encourages the use of key performance indicators within contracts as a way of monitoring and managing supplier performance. Some suggested key performance indicators which are relevant to this contract have been included Core Patient Transport Services Specification 'Appendix I' and in the Booking and Eligibility Assessment Services Specification. Contracting Authorities should ensure these meet their requirements and must personalise them to ensure they do, the targets and thresholds in the example KPI's are for illustration purposes only, these must also be changed by the Contracting Authority prior to issuing the mini competition.

Key performance indicators should not be used to punish a supplier but should be built in to encourage and reward high quality performance of the contract. As such NHS LPP suggests that key performance indicators are established which are achievable and agreed by both parties.

7. Running a Mini-Competition or Call-Off (PSR 2023)

7.1 Establishing a Project Team

Relevant Authorities will need to establish a project team which is responsible for supporting the award of the new contract. This project team should include key stakeholders from across the organisation who can input into the specification and evaluate the quality of responses from suppliers under the DPS.

The project team should be supported by a project lead who is responsible for ensuring the project is supported by the Relevant Authority's board and managing the implementation of the new contract.

LPP will liaise with the project lead as per the responsibilities matrix in Appendix C. If the Relevant Authority does not have the resource to undertake this internally then LPP can provide support but this may come at an additional cost. If this is required then you should contact the category manager to discuss further.

7.2 Check your sourcing tool

To communicate with suppliers and run the buying process, you will need to use a sourcing tool. This can be your organisation's sourcing tool, or NHS LPP's eSourcing tool.

7.3 Key Decisions and Actions

By deciding to award a contract under the DPS agreement much of the hard work has already been completed which should save the Relevant Authority time and money. A suite of mini-competition documents are available which should be tailored by the Relevant Authority to meet their specific requirements.

The key decisions and actions which will need to be completed by the Relevant Authority to award a contract under the DPS via running a mini-competition are set out in the responsibilities matrix in Appendix C.

It is the Relevant Authority's responsibility to validate the data being sent out as part of the mini competition, check the evaluation of all bids and award the contract under the DPS.

7.4 Undertaking a Mini Competition

To undertake a mini competition under the DPS the Relevant Authority should refer to the responsibilities matrix in Appendix C and complete the online Customer Access Agreement (CAA) Non-Emergency Transport and Other Transport Services Dynamic Purchasing System. Once this is received by NHS LPP access to the DPS documents and a Unique Reference Number will be provided.

Before using this agreement, you should ensure that you have followed your internal governance including SFI's and received, the necessary budget approval and agreed your procurement strategy with your internal teams.

Relevant Authority can use the mini competition template documents but will need to refine and agree the specification of services and should build upon the generic specifications provided to ensure that their specification meets the service needs. The Relevant Authority will also need to review the template pricing schedule templates to ensure they are relevant to local specifications. The Relevant Authority may wish to use their own pricing schedules.

The Relevant Authority must note that the mini competition process must be based on the evaluation criteria of:

Relevant Authorities procuring under PSR competitive process, must note that the mini competition process must be based on the evaluation of 5 Key Criteria of:

1. quality and innovation
2. integration, collaboration and service sustainability
3. improving access, reducing health inequalities and facilitating choice
4. social value
5. value

Note:

Quality/technical scoring can be weighted between 40-80% and the commercial scoring between 20-60%

The quality/technical and commercial scoring of each bid will be combined to give a total score out of 100%

7.5 Conduct pre-market engagement

There are different ways to conduct pre-market engagement. NHS LPP recommends that you publish a Prior Information Notice (PIN) on Find a Tender. This is useful especially if you are interested in finding out about suppliers not currently registered on the DPS. Suppliers can join the DPS at any time.

You can also engage with all suppliers currently on the DPS by emailing them to ask for information, or issuing a formal Request for Information (RFI). You can issue your RFI through your own procurement platform or using the NHS LPP eSourcing tool. Remember that you should keep a record of all market engagement activities you engage in and ensure all suppliers are treated equally.

7.6 Define your requirements

A specification is a description of the services the supplier is required to provide during the contract, including the required standards and performance expectations. To evaluate how

different suppliers will deliver against your specification, you will need to develop evaluation criteria. Here are some useful questions to ask yourself when defining your requirements and you can use them in your market engagement(s):

Example NEPTS service requirements and market engagement questions:

- Where do we require the NEPTS service to be delivered? For example:
  - Which geographical areas, Trusts, ICBs, regions, or patient catchments need to be covered?
  - Are there any rural, remote, or high-demand locations requiring specific consideration?
- Which patient groups will the service support? For example:
  - Patients with mobility needs
  - Wheelchair users
  - Bariatric patients
  - Mental health patients
  - Renal dialysis patients
  - Oncology patients
  - Patients requiring regular treatment appointments
  - Patients with sensory or cognitive impairments
- Are there any specialist patient transport requirements that should be included within scope? For example:
  - Bariatric transport
  - High dependency transport
  - Mental health transport
  - Neonatal and paediatric transport (where applicable)
  - Patient escort requirements
- What service standards and performance requirements should suppliers be expected to meet? For example:
  - Journey punctuality
  - Patient experience measures
  - Call handling standards
  - Booking response times
  - Complaints management
  - Vehicle availability and resilience
- What contract duration and implementation timescales are required? For example:
  - Expected mobilisation period
  - Initial contract term
  - Extension options
- Should bidders be required to demonstrate compliance with relevant NHS, CQC and patient transport standards? For example:
  - CQC registration (where applicable)
  - Safeguarding requirements
  - Equality, diversity and accessibility requirements
- How Subcontracting arrangements are managed? For example:

  - Requirements for visibility and management of subcontractors
  - Responsibility for performance management of subcontracted providers
- What Information Security requirements should suppliers meet? For example:
  - Cyber Essentials
  - Cyber Essentials Plus
  - Compliance with NHS Data Security and Protection Toolkit (DSPT)
  - Information Governance requirements associated with patient data
- Do we require enhanced levels of insurance cover? For example:
  - Public liability
  - Employers' liability
  - Professional indemnity
  - Motor Fleet insurance
  - Clinical negligence (where applicable)
- What regulatory and quality requirements should suppliers demonstrate? For example:
  - CQC registration and inspection outcomes
  - Vehicle compliance standards
  - Driver training and competency
  - Safeguarding arrangements
  - Business continuity and resilience planning
- What minimum service performance standards should suppliers achieve? For example:
  - On-time patient collection and arrival rates
  - Aborted journey rates
  - Patient satisfaction scores
  - Complaint resolution performance
  - Call answering performance
  - Missed appointment reduction
  - KPI and SLA achievement rates
- What social value and community benefits should be delivered through the contract?

The information which is required from the Relevant Authority in each document set to issue to bidders is:

1. Invitation to Tender (Further Competition) Instructions
   This document sets out the instructions for the bidders on how to complete and respond to the mini competition. The Relevant Authority will need to insert its award criteria and weightings, enter the contract period and complete the project plan. Relevant Authorities using their own e-procurement systems to run the mini-competition will need to change the instructions to reflect their own systems.

2. ITT Questions (Key Criteria)
   This document identifies the questions that you will be asking bidders to respond to. Suggested wording has been provided in this document. Relevant authorities may replace these questions with their own, amend the suggested questions or keep them as they are as part of the mini competition.

Questions should clearly demonstrate how they relate to the assessment of the relevant PSR key criteria.

All questions should clearly show how they are linked to the award criteria and any word limits that bidders will be asked to adhere to.

3. Pricing Schedules

Pricing schedule templates are provided for Relevant Authorities undertaking a further competition, you should review the template(s) and amend to ensure that it captures all the areas relevant to your trust and that you are clear how you will evaluate the responses received. You should decide which pricing template suits your contract whether this be cost per journey, cost per mile or open book.

4. Abstract of Particulars

This document provides bidders with an introduction to the Relevant Authority. An outline to the Relevant Authority and its main areas of service provision should be provided as well as an overview of the current contracting arrangements. Any specific aims and objectives from a new contract should be given here so bidders can understand how best to structure their response to meet your requirements. Any known changes to service provision which may affect the contract should be stated.

5. Specification(s)

5.1 Booking and Eligibility Specification

A template service specification has been provided for use by the Relevant Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Relevant Authorities should use these documents as a guide to structure their own specifications. The specification sets out sets out the minimum data which should be captured by the provider and the key performance indicators (KPI's) which the suppliers are expected to achieve for Booking and Eligibility Assessment Services.

5.2 Core Patient Transport Service Specification

A template service specification has been provided for use by the Relevant Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Relevant Authorities should use these documents as a guide to structure their own specifications.

The Core Patient Transport Services specification sets out the minimum requirements which apply to all transport categories for delivering the transport service including KPI's, cancellation and abort reasons, booking process, addresses of the Relevant Authority addresses, vehicle standards & equipment and cleaning, in addition to patient dignity and safeguarding. It should be use used with the Booking and Eligibility Specification for full Core Patient Transport Services.

5.3 Mental Health and Secure Transport specification

A service specification has been provided for use by the Relevant Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on

the DPS. Relevant Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to Mental Health and Secure Transport Services category it has been specifically designed for Mental Health patients who may require a range of transportation types that is proportionate to their clinical needs and clinical risk assessment. The specification should be used with the Core Patient Transport Services Specification

5.4 High Dependency Transport Specification

A service specification has been provided for use by the Relevant Authority. All suppliers on the DPS have seen these template specifications as part of their application to be on the DPS. Relevant Authorities should use these documents as a guide to structure their own specifications.

The specification sets out the minimum requirements that apply to High Dependency Transport Services category it has been specifically designed for the where the skills of Registered Paramedics are required in a fully equipped Ambulance. The specification should be used with Core Patient Transport Service Specification.

6. Call of Contract

Relevant Authority must ensure that the most relevant call-off terms and conditions are selected and incorporated into the procurement documentation, having regard to whether the procurement is being conducted under The PSR and the nature of the services being procured. Contracting Authorities will be permitted to use the NHS Terms and Conditions for the Provision of Services or the NHS Standard Contract depending upon local requirements. If a public sector Authority has their own conditions of contract to apply then they will be used, for example NHS Standard Sub-contract.'

7. Supplier Code of Conduct

All suppliers awarded to the DPS have signed the Supplier Code of Conduct document. Relevant Authorities undertaking a further competition should issue this document and invite suppliers to make a voluntary pledge by completing the Social Value Pledge section. Relevant Authorities should not add any weighting to this response.

9. ITT Document Set

All bidders are required to complete and sign this set of documentation. Relevant Authorities should ensure that the tender invitation date and title are changed to reflect their mini-competition.

9.1 Volume Data Template

The incumbent supplier should be asked to provide a 12 month activity profile using the template provided. This will allow bidders to identify any seasonal trends in activity.

9.2 TUPE Template

Where TUPE is applicable to the contract the Relevant Authority should request from the incumbent supplier a list of employees who would be eligible for TUPE. The incumbent supplier should complete the TUPE template, at this stage not providing an individual's name; these will be provided to the successful contractor.

12. Example Evaluation Document
    Relevant Authorities should issue an example evaluation document which clearly shows how the evaluation of the further competition will be conducted. A template has been provided by LPP which will require amending by the Relevant Authority to fit their individual method of evaluation.

13. ITT Feedback Letter Templates
    Relevant authorities should complete and issue these letters once they are in a position to award the contract.
    Where the relevant authority follows Direct Award Process C, the Most Suitable Provider Process or the Competitive Process, the relevant authority must not enter into the contract or conclude the framework agreement before the end of a standstill period.
    The standstill period begins on the day after the day a notice of intention to award or conclude is published on the UK e-notification service. The standstill period ends at midnight at the end of the 8th working day after the day the standstill period began.

Relevant Authorities should use the information within the completed evaluation document to complete the standstill letters. The letters should also be customised to reflect the mini-competition details and the Relevant Authority's process for appeal or request for further information.

Once mini competition documents 1-9 are completed they can be issued to all of the suppliers under the relevant category and region.

NOTE: An up-to-date list of suppliers should be obtained immediately prior to publishing the ITT to ensure all suppliers that have been awarded to the DPS and relevant category are invited.

Suppliers should be given adequate time to respond to a mini competition and a minimum of 10 days, however on average NHS LPP would suggest suppliers are given four weeks to respond to the mini competition. Site visits should be provided to all suppliers during the mini competition. process

If the Relevant Authority prefers for NHS LPP to release the mini competition documents through their e-tendering portal, it must be agreed in advance.

Provider selection regime competitive process end to end process map

The guide is designed to help relevant authorities with their decision-making under the Provider Selection Regime (PSR), when following the competitive process.

A Relevant Authority follows the competitive process when the Relevant Authority is not required to follow direct award Processes A or B and where the Relevant Authority does not

use Direct Award Process C or the most suitable provider process as per regulation 6 of the Provider Selection Regime. https://www.legislation.gov.uk/uksi/2023/1348/regulation/6/made

This guide is also designed to assist relevant authorities with being able to comply with the transparency and record keeping requirements as set out in the Health Care Services (Provider Selection Regime) Regulations 2023 (the 'Regulations') and in the accompanying statutory guidance.

It is the responsibility of each Relevant Authority to satisfy themselves that they are complying with the requirements of the Regulations and the guidance.

The guide is intended to be a complimentary "Toolkit product" to help relevant authorities understand the requirements of the new legislation in a structured way. It is not compulsory to use this toolkit in order to fulfil the requirements of the PSR.

7.7 Evaluation Criteria

The evaluation criteria can be found in the Mini Competition Instruction document. The main criteria stated should be used as part of any mini competition within the DPS however the Relevant Authority can change, add to or delete the sub-criteria as long as these are clearly stated to all suppliers at the start of the mini competition process.

The weightings can be changed to meet the Relevant Authority's requirements.

- Quality and Innovation – 20%
- Integration, collaboration and service sustainability– 20%
- Improving access, reducing health inequalities and facilitating choice– 20%
- Social Value– 10%
- Value – 30%

Note: Relevant Authorities can weight quality/technical scoring between 40-80% and the pricing/commercial scoring between 20-60%

The quality/technical and commercial scoring of each bid will be combined to give a total score out of 100%

7.8 Review offers and evaluate supplier responses

The completed mini competition documents will be returned by the suppliers and should be evaluated by the project team in line with the published evaluation criteria which was set out within the invitation to tender.

As part of the evaluation process supplier presentations may be undertaken. Suppliers should be provided with adequate time to prepare their presentations and should be given a clear brief of what to present.

Upon completion of the individual evaluations, evaluators should undertake a moderation exercise to agree consensus scores. Moderation should be conducted objectively and consistently against the published evaluation criteria, with any changes to individual scores supported by evidence from the supplier responses and appropriately documented.

7.9 Request evidence from suppliers

Before you award the contract to the winning supplier(s), you should conduct compliance/due diligence checks. As part of this, you can ask the winning supplier for the evidence they submitted in order to join the DPS and/or ask them for specific evidence directly, such as proof of insurance, CQC registration number and current status, financial etc.

7.10 Notify all suppliers of the outcome

Once you have followed your published criteria and completed the evaluation steps, you should be able to identify a successful supplier from scoring suppliers at the evaluation stage. Once you have identified a successful supplier, you should notify them through your e-tendering portal. You need to notify and provide feedback to all other participating suppliers.

A standstill period of 8 working days is recommended. This gives unsuccessful suppliers an opportunity to consider feedback, request information, or call for a review of the award decision. Once this has passed, you can begin your contract with the winning supplier.

7.11 Complete your order contract

When buying through NHS LPP agreements, you are required to put in place and sign a call-off contract with the successful supplier. This contract is referred to as the **Call-Off Contract**

7.12 Communicate your award details to NHS LPP

You must provide the details of the contract(s) awarded to NHS LPP using gstt.lppefps1@nhs.net once you have successfully awarded the contract. Include 'NEPTS DPS Contract award' as the subject. Let us know:

- name of awarding organisation
- name of winning supplier(s)
- annual contract value per supplier
- contract start date, contract end date and any extensions
- brief description of services

Alternatively, you can send a copy of the fully signed contract.

7.13 Decision making Record

Under the NHS Provider Selection Regime (PSR), relevant authorities must maintain comprehensive and transparent decision-making records for all healthcare service contract awards. These records must document the choice of award route, assessments against **key criteria** (such as quality, value, and integration), and the rationale behind final selections. An example of a decision-making record keeping template is in the 'Provider selection regime competitive process end to end process map' document

provider-selection-r
egime-competitive-p

7.14 Notices and contract award

The Relevant Authority;

1 must publish an Intent to award' notice and observe the standstill period of 8 working days, calculated from the day after the notice is published;
2 may then enter into a contract with the chosen provider after the standstill period has ended;
3 The Relevant Authority must publish a 'Confirmation of Award' notice confirming the award of the contract within 30 days of the contract being awarded;

A Contract Award notice for call off contracts under a DPS **must** be published on Contracts finder.

The Contract Award notice can either be published in quarterly batches or individually within 30 days. For further details, please follow below link:
https://www.gov.uk/government/publications/ppn-0123-requirements-to-publish-on-contracts-finder/guidance-on-the-transparency-requirements-for-publishing-on-contracts-finder-html

7.1 Undertaking a Direct Order

It is not possible to call off directly from the DPS.

7.2 Transition, Planning and Support

As part of the mini-competition process the successful supplier should provide you with a transition plan which clearly explains what tasks need to be undertaken and who is responsible for ensuring they are completed. This plan should set out the level of resource which is required from the Relevant Authority during the transition process. The expected timescales for each stage of the transition and the mobilisation as a whole should be shown. The Relevant Authority should review the supplier's performance against the plan on a regular basis throughout the transition.

7.3 Managing the Contract

The Relevant Authority should hold regular meetings with the supplier to review performance against agreed key performance indicators. Should the supplier fail to meet the agreed key performance indicators then the Relevant Authority should look to take corrective action as outlined within the contract document. The NHS LPP category manager should be made aware of repeated failures in a supplier's performance and can be asked by the Relevant Authority to support rectifying issues.

7.4 Key Performance Indicators

NHS LPP encourages the use of key performance indicators within contracts as a way of monitoring and managing supplier performance. Some suggested key performance indicators which are relevant to this contract have been included Core Patient Transport Services Specification 'Appendix I' and in the Booking and Eligibility Assessment Services Specification. Relevant Authorities should ensure these meet their requirements and must

personalise them to ensure they do, the targets and thresholds in the example KPI's are for illustration purposes only, these must also be changed by the Relevant Authorities prior to issuing the mini competition.

Key performance indicators should not be used to punish a supplier but should be built in to encourage and reward high quality performance of the contract. As such NHS LPP suggests that key performance indicators are established which are achievable and agreed by both parties.

8. Frequently Asked Questions

8.1 What is a DPS and is it compulsory to join?

A Dynamic Purchasing System (DPS) is a completely electronic system to purchase commonly used goods, works or services.

A DPS does not operate in the same way as a framework in that it is an 'open market' product designed to provide access to a pool of Potential Providers where new Potential Providers can join at any time.

DPS applicants are required to complete a standard selection questionnaire (SQ). The completed SQ's are evaluated to establish the applicant's general capability for provision of the required Non-Emergency Transport and other Transport Services. The evaluation works on a Pass/Fail basis and therefore weightings are not applied. The evaluation reviews aspects of the applicant's financial and technical provision and, based on this evaluation, the applicant is either accepted onto the DPS or rejected and provided with feedback in order to enable them to re-apply at a later date should they wish to do so.

Individual contracts are awarded by approved users (Contracting Authorities or Relevant Authorities) of the DPS during the second stage of the process. In this stage, the Contracting Authority or Relevant Authority invites all Potential Providers on the DPS (who are awarded to category, region of supply and vehicle types within the DPS) to bid for the specific contract.

A step-by-step guide on implementing the second stage of the process is set out at section 5

The DPS is a two-stage process- an initial set-up stage where suppliers who meet the selection criteria and are not excluded must be admitted to the DPS and a second stage where individual contracts are awarded.

8.2 If a supplier is not on the DPS can they still take part?

Yes. The DPS is flexible and new suppliers can apply to join it at any time during its period of validity. In addition, suppliers who originally fail to be admitted on to the DPS are able to re-apply at a subsequent time if their circumstances change.

8.3 Do I need to invite all suppliers to a mini competition?

You will need to invite all suppliers for the category/region for which you are undertaking your further competition. There is a supplier list available once a completed Customer Access Agreement is returned. A filter can be applied suppliers qualified on to the DPS for the specific

category / regions / vehicle type / WDA(H) / temperature monitoring you have a requirement for.

8.4 How long does a mini competition need to run for?

This will depend on the complexity of the service. You should take into account the size of the contract, the number of services included, requirements for supplier site visits and TUPE. On average NHS LPP would suggest suppliers are given four weeks to respond to the mini competition. The minimum timeframe for receipt of tenders is ten days. For specific advice please contact the category manager.

8.5 Do I have to apply a stand still period to a mini competition?

NHS LPP encourages the application of standstill periods for all mini competitions under the DPS, especially where the value of the contract exceeds the OJEU thresholds. This ensures transparency to all suppliers involved in the process and minimises the risk of challenge once a contract is awarded.

8.6 How quickly should I expect to receive a response after reaching out to NHS LPP?

We have a KPI of responding to and resolving all queries within 2 working days, but we aim to respond to all within 1 working day.

8.7 Can I run collaborate multi-organisation procurements using this agreement?

Yes, contracting authorities are welcome to run collaborative joint procurements across multiple organisations. We do however advise that you do a market engagement upfront to make suppliers aware of a large-scale collaboration so they can align resources.

8.8 Can I run a Capability Assessment to further down-select suppliers?

No, you cannot run a capability assessment to further down-select suppliers under this agreement.

8.9 What should I do if my supplier is underperforming?

Please contact us if your supplier is continually underperforming as we can escalate this at agreement level and support you in finding a solution. Contact details can be found on page 2 of this document.

Appendices

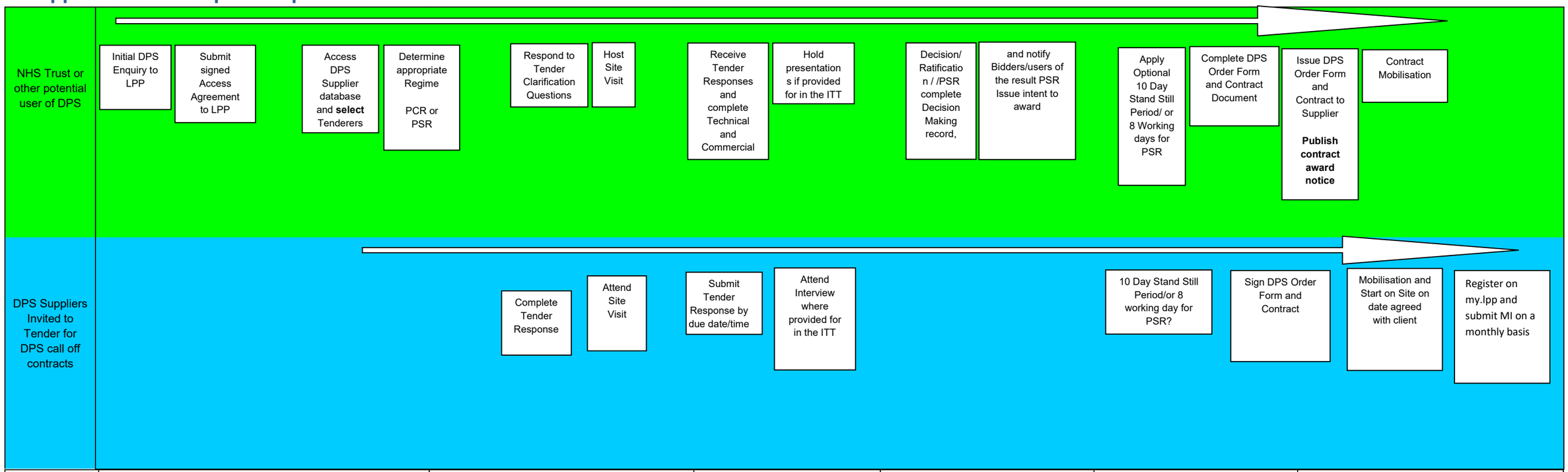
9. Appendix A – Supplier List by Category

A list of suppliers who have been awarded to the DPS is available on MYLPP. As new suppliers can apply and be awarded to the DPS at any time over its duration, Contracting Authorities and Relevant Authorities must ensure that they refer to the **most current supplier list prior to commencing any further competitions** and should check with LPP if they are unsure. Suppliers who are awarded to the DPS after a further competition process has commenced should not be invited to participate retrospectively.

10. Appendix B – Supplier Contacts

Supplier contact details for each category under the DPS will be available through the supplier list.

11. Appendix C – Competition process for call-off contracts under the DPS



Notes	Once the DPS Customer Access Agreement is approved, LPP will provide a URN and access to the DPS Agreement, User Guide and ITT template documents which can be used for the mini-competition. The Trust must determine the correct procurement route (PCR2015 or PSR) for their specific requirement, based on the nature of the services being procured, and should seek their own legal/procurement advice where there is uncertainty Trusts can amend, replace or keep the templates as is. These documents are intended as a guide to help trusts outline their service requirement. The NHS LPP team can answer queries regarding the template documents and provide advice but cannot define your service requirement for you.	The Issue of the ITT documents to Tenderers and the submission of the Tender Responses must be through your e-tendering portal.	Ideally site visits should be arranged for all suppliers early in week 2 of your competition.	Post tender Interviews/Presentations are optional. This will allow you to meet the proposed team who will deliver your contract and also provide you with the opportunity to ask any final clarification queries you may have.	Following the presentations your evaluation should be completed. You should issue the intent to award letters. For PCR2015 a 10 day stand still period will then begin. The trust's ratification process should be followed before a contract can be awarded. For PSR, 8 working day stand still period will then begin, the Trust will also issue an intent to award notice on Find a tender	The Order Form and contract document should be completed and promptly sent to the successful tenderer to sign. You should ensure that the documentation reflects the outcome of any post tender clarifications and /or contract negotiations. Once the Order Form and contract is signed by both parties you will enter the specified contract mobilisation period before the Contractor is permitted to start on site. For PSR the Trust must publish a notification of contract award withing 30 days of contract award You may wish to engage your legal team should you make extensive changes to the LPP template contract.

12. Appendix D – Mini Competition Documentation

Contracting Authorities or Relevant Authorities to complete all documentation

***All documentation available following completion of the Customer Access Agreement (CAA)**

Delete text highlighted in blue, and delete the "ITT Questions" row not applicable to your procurement.

1. Cover Letter and Invitation to Tender ("ITT") Non- Emergency Transport and other Transport Services
2. ITT Questions (PCR2015) Delete row not applicable to your procurement
2. ITT Questions (PSR2023) Delete row not applicable to your procurement
3. ITT Pricing Schedules
4. Abstract of Particulars
5.1 Booking and Eligibility Assessment Service Specification
5.2 Core Patient Transport Specification
5.3 Mental Health and Secure Transport Specification
5.4 High Dependency Transport Specification
6. Call-off Contract Terms and Conditions
7. Supplier Code of Conduct
8. ITT Document Set
9.1 Volume Data
9.2 TUPE Template
10. Example Evaluation Template
11. ITT Feedback Letter

13. APPENDIX E

1. Buyer checklist: Outsourced Non-emergency Patient Transport and other transport services

NHS LPP's recommendation is that before using the NEPT services DPS, the buyer should;

- confirm that the requirement is suitable for outsourcing,
- confirm that the proposed service model has been tested through a proportionate make or buy assessment etc.
- confirm that the selected supplier(s) are capable of delivering the required service in a controlled and resilient way
- confirm aspects such as (but not limited to)
    - service scope, expected outcomes,
    - budget,
    - timescales
    - requirements for staff transfer
    - requirements for data migration
    - any system dependencies
    - mobilisation plans
    - exit planning
- identify key risks before going to market (e.g. transition risk, TUPE, continuity of service, information governance, cyber security, financial stability, performance failure, and hidden cost etc.)
- agree how risks will be managed prior to going to market, including;
    - risk owner(s)
    - contractual controls
        - KPIs
        - service credits
        - reporting
        - escalation
        - termination rights (where appropriate)
- seek specialist advice before using this agreement if the requirement is complex or high risk

2. Guidance notes: Outsourced Non-emergency Patient Transport and other transport services

A. When to use

This DPS should be used where:

- the authority has determined that outsourcing is the right delivery model and where the NEPT service can be defined clearly enough to manage such as but not limited to performance, risk and exit obligations
- and where there is a need for a compliant route to market, or access to prequalified suppliers with the capability to deliver NEPT services at scale.

<u>The agreement should only be used where the buyer understands the full operational impact of transferring the service outside the organisation.</u>

B. When not to use

This agreement should not be used where;

- the requirement is still at an exploratory stage,
- where the buyer has not completed such as but not limited to the business case (if required)
- and where the service model has not been properly defined etc.

The agreement should not be used where the authority cannot evidence that the outsourcing risks have been assessed or where the scope is so uncertain that the contract cannot be properly managed.

C. Key risks

The key risks for outsourced NEPT services include (such as but not limited to);

- poor service design,
- inadequate transition planning,
- staff transfer issues,
- loss of continuity,
- supplier underperformance,
- poor data handling,
- exit failure
- and hidden management costs, system changes and/or service disruption that could mean savings are overstated.

All risks should be documented in a risk register and monitored throughout the contract lifecycle.

D. Approvals

Before award, NHS LPP recommendations are that buyers must secure approval from the appropriate stakeholders, including (but not limited to):

- commercial,
- finance,
- legal
- operational leads,
- information governance (where appropriate),
- cyber security (where appropriate),
- and HR/TUPE specialists (where appropriate).

For higher-risk arrangements, a formal governance route should confirm that the outsourcing model, performance framework, mobilisation plan and exit provisions are acceptable. All approvals, risks and assumptions must be recorded in the procurement file to provide a full audit trail.

Tell us what you think

We are committed to making this **User Guide** as clear, practical, and user-friendly as possible, helping users navigate and purchase through the agreement with confidence and ease.

Your feedback is extremely valuable in helping us improve the guide and ensure it meets the needs of those using it.

We would therefore appreciate it if you could take a few moments to share your feedback via email to gstt.lppefps1@nhs.net

[i] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/11
[ii] https://www.legislation.gov.uk/uksi/2023/1348/schedule/1/made
[iii] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/2#f00004
[iv] https://www.legislation.gov.uk/ukdsi/2023/9780348252613/regulation/3
[v] https://www.england.nhs.uk/long-read/the-provider-selection-regime-statutory-guidance/#mixed-procurement

[vi] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-non-emergency-patient-transport-services-nepts-in-scope-of-the-provider-selection-regime-psr

[vii] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-non-emergency-patient-transport-services-nepts-in-scope-of-the-provider-selection-regime-psr

[viii] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/provider-selection-regime-frequently-asked-questions/#are-there-any-principles-around-lotting-under-provider-selection-regime-psr