

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Cabinet

Date: 16/06/2025

Subject: Procurement of Hammersmith & Fulham's Genito-Urinary Medicine (GUM) Offer

Report of: Cllr Alex Sanderson, Deputy Leader

Report authors: Craig Holden, Senior Lead, Adult Public Health
James Mason, Public Health Commissioning Officer

Responsible Director: Dr Nicola Lang, Director of Public Health

SUMMARY

This report seeks approval for Hammersmith & Fulham Council's ongoing participation in the pan-London sexual health programme's clinic-based genito-urinary medicine (GUM) service.

This service is a mandated function under the Health and Social Care Act (2012), which requires each local authority to provide, or secure the provision of, open access sexual health services in its area including: access to all types of contraception, preventing the acquisition and transmission of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification. Delivery of these supports is a key element of Hammersmith & Fulham's corporate commitment to the achievement of long, healthy and fulfilling lives for residents.

The new contract is set to commence from 1st August 2025, as part of the London Sexual Health Programme (LSHP), under Provider Selection Regime Direct Award Process C.

RECOMMENDATIONS

That Cabinet:

1. Notes that Appendix 1, 2, 3 and 4 of this report are not for publication on the basis that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
2. Approves a procurement strategy for the provision of genitourinary medicine (GUM) sexual health services using Direct Award Process C under the

Provider Selection Regime pursuant to The Health Care Services (Provider Selection Regime) Regulations 2023.

3. Approves a collaborative approach (in respect of evaluation) to the procurement with Westminster City Council and The Royal Borough of Kensington and Chelsea.
4. Delegates to the Executive Director of People the decision to award the contract at the conclusion of the procurement.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	A priority is placed on the provision of accessible service delivery in a way that meets the needs of the local population and those most at risk.
Creating a compassionate and inclusive council	Supporting residents to improve and maintain their sexual health demonstrates compassion, by building an open and honest culture where everyone can make informed and responsible choices about relationships and sex.
Doing things with local residents, not to them	Sexual health services help to improve sexual and reproductive health by providing non-judgemental and confidential services through open access.
Being ruthlessly financially efficient	The use of Pan-London partnerships allows for the adoption of economies of scale as well as collectively agreed pricing structures and reduced overheads.
Taking pride in H&F	Maintaining and supporting high quality services for our residents, enabling positive health outcomes for all our residents via a universal service.
Rising to the challenge of the climate and ecological emergency	The provider will be expected to commit to clear, positive environmental outcomes as part of their offer.

Financial Impact

The contract will be for an initial term of 2 years, to commence on 1st August 2025, with the option for extension for two further periods two years ('2+2+2').

The new service contracts and affiliated programme costs will continue to be funded from the annual ring-fenced Public Health Grant.

The current contract value for GUM services is £2,975,938, funded from the Public Health Grant.

The grant funding for the upcoming year is currently confirmed on an annual basis late in the previous financial year therefore there is uncertainty as to the future funding levels of the grant beyond 2025/26. Confirmation to the total amount of grant to be awarded in future years will also be subject to the Government's planned Spending Review in June 2025.

The financial implications of this procurement strategy will be included as part of the overall evaluation of the contract award report requesting approval in August 2025.

Cheryl Anglin-Thompson, Principal Accountant (Adult Social Care Commissioning & Public Health), 19th December 2024 and Prakash Daryanani, Head of Finance (Social Care and Public Health), 23rd December 2024

Verified by: Andre Mark, Head of Finance, 25th April 2025

Legal Implications

Recommendation 2

This report recommends that the Cabinet approves a procurement strategy for the provision of genitourinary medicine (GUM) sexual health services using Direct Award Process C under the Provider Selection Regime pursuant to The Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR'). The term of the proposed contract is 2 years with an option to extend by 4 years.

The authority has a discretion whether to use Direct Award Process C, the 'Most Suitable Provider Process' (where potential providers are identified and assessed following publication of a notice) or a 'competitive process'. Given the satisfactory performance of the existing provider and the Council's knowledge of the market, Direct Award Process C is the most appropriate.

Under regulation 6 (5) of the PSR, Direct Award Process C is available where -

- the authority is not required to follow Direct Award Process A (existing provider is the only provider capable of providing the service) or Direct Award Process B (the contract is a patient choice contract): confirmed – more than one provider is capable of providing the service and this is not a patient choice contract,
- the existing contract is due to expire: confirmed: the existing contract expires on 31st July 2025
- the authority proposes a new contract to replace the existing contract at the end of the term: confirmed: a new contract will commence on 1st August 2025 (the date immediately after the existing contract is due to expire)

- the 'considerable change threshold' is not met: confirmed: The threshold is not met as the proposed contracting arrangements are largely the same as existing and the increase in the lifetime value of the proposed contract is less than 25% of the existing contract when that contract was entered into.
- The authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. confirmed: monitoring information confirms that the existing provider has satisfied the existing contract and is considered likely to satisfy the proposed the contract.
- The procurement is not to conclude a framework agreement. confirmed.

Having established that Direct Award Process C is available, the PSR (regulation 9) set out the steps that must be followed to award the contract without a competition.

Step 1 is that the authority decides, taking into account the key criteria and applying the basic selection criteria, whether it is content that the existing provider is satisfying the existing criteria. An evaluation will be carried out to establish that this is the case. The evaluation will be carried out by LBHF and colleagues from Westminster City Council and RBKC. Joint evaluation will ensure that the provider does not have to respond to identical evaluation questions in procurements (each of which is following the same process) run by all 3 boroughs for the same services and so reduces the administrative burden on the existing provider. See Appendix 4.

Step 2 is to submit for publication on the UK e-notification service a notice of intention to make an award to the existing provider (in the form set out in Schedule 3 to the Regulations) which will include the standstill period (Step 3) during which time providers aggrieved by the decision made in Step 1 may make written representations to LBHF.

If no written representations are made, the Council can enter into the contract after the standstill period has ended and submit a further notice for publication a notice of award of the contract. If written representations are made the authority must review the decision and make a further decision whether to enter into the contract, repeat steps or abandon the procurement.

Recommendation 3

This report recommends that the Cabinet approves a collaborative approach to the procurement (in respect of evaluation). This means that evaluation of the existing provider against key criteria and in the application of basic selection criteria will be carried out jointly with Westminster City Council and RBKC who are going through the same Direct Award Process C for their own contracts.

Recommendation 4

This report recommends that the Cabinet delegates to the Executive Director of People the decision to award the contract at the conclusion of the procurement.

The decision is a Key Decision (see Article 12 of the Constitution) and the report must be submitted to Committee Services for publication on the Council's website.

The appropriate decision maker is the Cabinet.

Angela Hogan, Chief Solicitor (Contracts and Procurement) 20th March 2025

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

Background

1. Commissioning responsibilities for sexual and reproductive health (SRH), including genitourinary medicine (GUM) became the mandated responsibility of Local Authorities as part of the Health and Social Care Act (2012), whereby public health functions were transferred to the Local Authorities. These services are funded by the Public Health Grant. Providing GUM service is a prescribed function of the Public Health Grant.
2. The sexual health system across London is made up of GUM clinics and e-services. Each council is required to commission and pay for GUM services which offer screening for Sexually Transmitted Infections (STIs), provision of contraception, and provision of HIV PrEP. Services must be open access, which means residents are entitled to visit sexual health facilities in any part of the country, without the need for a referral from a GP or other health professional.
3. There is a lot of mobility around access, with many individuals choosing to access services outside their area and therefore Pan-London arrangements and partnering agreements are in place to support this arrangement. The London Sexual Health Programme (LSHP) therefore exists as a partnership of 30 London local authorities that coordinates strategy and planning of sexual health services in the capital.
4. The City of London Corporation hosts the Pan-London partnership and holds the management function of the programme, this includes arranging meetings, developing tariffs and oversight of the online services. The Pan-London partnership is in turn divided into sub-regions, with H&F part of the Inner North West London (INWL) sub-region, led by Westminster City Council. Each member authority remains sovereign within this arrangement, with the ability to end their own contracts.
5. The current arrangement for GUM services is by way of a call-off contract for each borough from a single-provider framework, which was subject to a tender exercise. The current expiry date of the call-off contracts is 31st March 2025 as

a 5+2-year contract period. WCC and RBKC also have a call-off contract from the framework with the same expiry date.

6. Officers in Hammersmith & Fulham are working collaboratively with WCC and RBKC to ensure alignment of contracts subject to individual governance processes. This is on the basis that these three boroughs currently work together as the Inner North West London sub-region as detailed above. Further, the Provider Selection Regime (PSR) regulations encourage authorities to consider the value of providing services in an integrated way (Regulation 4).
7. The incumbent providers, CWFT and its sub-contracted partner Imperial College Healthcare NHS Trust have a track record of delivering high quality services and are regarded as leaders in the field of sexual and reproductive health. The clinic within Hammersmith & Fulham provides co-location of services such as drugs and alcohol, smoking cessation, domestic abuse and young people's services. This enables a 'one stop shop' approach to residents' needs without the need for additional referrals.
8. The four clinics currently serving Inner North West London are:
 - 10 Hammersmith Broadway (Hammersmith & Fulham)
 - John Hunter Clinic, Chelsea (RBKC)
 - Jefferiss Wing, St Marys Hospital, Paddington (WCC)
 - 56 Dean Street, Soho (WCC)
9. Hammersmith & Fulham residents primarily use the four clinics in Inner North West London, with over 93% of interventions in the 2023/24 financial year provided by these services. 10 Hammersmith Broadway accounts for the largest proportion of activity for residents out of these clinics: in 2023, over 54% of in-person consultations were conducted at the Hammersmith & Fulham based clinic.
10. Specialist services for selective groups of patients are also provided through these clinics, including for young people under 18-years-old, people with learning difficulties and disabilities, and the transgender community.
11. There has been a continuous increase in service activity since the Covid-19 pandemic, with the number of interventions conducted by the current provider now surpassing levels seen before 2020. 10 Hammersmith Broadway led the way in the identification and vaccination of M-Pox, in addition to piloting early identification of cervical cancer through high-risk HPV markers.
12. In the autumn of 2020 Pre-Exposure Prophylaxis (PrEP), the preventative medication taken by HIV negative individuals at greatest risk of getting HIV, also became the mandated responsibility for Local Authorities, with specialist sexual health services responsible for its delivery.
13. Officers regularly seek feedback from residents, and service users feed into the commissioners and clinical advisory group held centrally for London. This feedback has included a review of PrEP messages and access to PrEP, HIV and menopause and improving late diagnosis of women with HIV.

14. Locally, 10 Hammersmith Broadway has set up a women's only space and a dedicated PrEP clinic for women. There has been expansion of the provision of remote PrEP outside of sexual health services through 10 Hammersmith Broadway's outreach programme as well. In addition, the dedicated outreach nurse provides sexual health screening, health promotion and contraception delivery to the local community.

Reasons for Decision

15. The existing clinic-based GUM contract is due to expire on 31st March 2025. Therefore this report seeks approval to proceed, as part of the above Pan-London collaborative in line with new Provider Selection Regime (PSR) regulations (Direct Award Process C), to award the new contract for the clinic-based service to the existing provider, CWFT, with Imperial as a sub-contractor to deliver the service from Imperial Health Care Trust.
16. The participation in the Pan-London sexual health programme enables Hammersmith & Fulham to benefit from cost effective tariffs for sexual health both in clinic and via e-services.
17. Sexual health continues to be a public health priority, both regionally and nationally. In 2023, there were over 125,000 newly diagnosed STIs in London, representing one third of all diagnoses in England and double that of the national average. A total of 16 out of the top 20 local authorities with the highest diagnoses nationally can be found in London, including Hammersmith & Fulham. The nature of health harms and the impact of disparities experienced between population groups make STIs a significant and costly public health problem.
18. As rates of STIs continue to increase, so too will the frequency of adverse outcomes experienced, causing relatively 'rare' complications to become more common. Examples of such adverse health outcomes include infertility, adverse pregnancy outcomes, neonatal infections, systemic infections, and permanent damage to cardiovascular and neurological systems. The impact of poor sexual health can be wide ranging, including:
 - poor educational, social and economic opportunities for teenage mothers;
 - increased substance misuse (as both a coping mechanism and cooccurring behaviour);
 - STI/HIV acquisition and transmission;
 - psychological consequences of sexual coercion and abuse;
 - increased demand on future social and health care services.
19. Untreated STIs can have long-term implications on health, including pelvic inflammatory disease, ectopic pregnancies, infertility, premature delivery if pregnant, cervical and other genital cancers, hepatitis, chronic liver disease and liver cancer.

20. Research shows that access to contraception improves physical and mental health outcomes, including maternal and infant health outcomes; reducing the risk of sexually transmitted infections, pelvic inflammatory disease, and reproductive cancers that may impair fertility. Access to contraception also plays an important part in supporting mental wellbeing.
21. In Hammersmith & Fulham, clinic-based GUM services are delivered via a single provider framework between the London Borough of Hammersmith & Fulham and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), with a sub-contract to the Imperial College Healthcare Trust (ICHT).
22. Current contracts are due for renewal 31st March 2025, with a 4-month extension via contract variation currently in process at the time that this report has been submitted. The proposed model will continue to utilise the Integrated Sexual Health Tariff (ISHT) pricing structure.
23. The current, and proposed new contract meets the 2013 regulations requiring each local authority to provide, or make arrangements to secure the provision of, open access sexual health services in its area, with the following remit:
 - preventing the spread of sexually transmitted infections
 - treating, testing and caring for people with such infections
 - notifying sexual partners of people with such infections
 - advice on, and reasonable access to, a broad range of contraception
 - advice on preventing unplanned pregnancy
24. The estimated Return on Investment for publicly funded contraception in England demonstrates significant savings. If Long-Acting Reversible Contraception (LARC) were replaced equally by the pill and condoms, every £1 spent on publicly funded contraception would result in a saving of £9.00 over a 10-year period. This perspective includes both healthcare costs (such as births, abortions, miscarriages, and ongoing child healthcare) and non-healthcare costs (including education, child-related benefits, housing benefit, maternity benefits, and costs for children in care). Furthermore, if LARC were replaced by no method (i.e., no pills or condoms), every £1 spent on publicly funded contraception would result in savings of £63.18 over 10 years.
25. Poor sexual health outcomes continue to disproportionately affect some groups more than others, with the rate of STI diagnoses three times higher in the most deprived areas of London in comparison to the least deprived. Levels of gonorrhoea and syphilis continue to rise in the borough, increasing by 14% and 25% respectively on 2022 rates, with gay, bisexual and other men who have sex with men (GBMSM) seeing the greatest increase. Inequalities for specific ethnic groups also continue to persist in both bacterial infections and blood-borne viruses, including HIV.
26. Across England, abortion rates for all ages are increasing. In 2021, data from the Office for Health Improvement & Disparities showed the total abortion rate per 1,000 women aged 15-44 years in England reached the highest level on records at 19.2 per 1,000. In London, the rate was 20.9 per 1,000, and in Hammersmith & Fulham, the rate was 21.1 per 1,000.

27. The need for HIV PrEP has continued to increase. Of all the Hammersmith & Fulham residents accessing GUM services in 2023, almost 20% were deemed to have a PrEP need, equating to over 2,000 individuals. Of these, 84% had either started or continued to take PrEP.
28. These services are therefore designed to improve key outcomes, reduce inequalities and ensure that residents access the most appropriate service for their needs.
29. See Appendix 2 for information on type and volume of services offered by the service.

Contract Specifications Summary

30. This is an activity-based contract, in order to maintain costs. At the start of the current contracting arrangements, INWL Commissioners negotiated a pricing structure with the Provider (on behalf of London) to manage demand, contain costs and disincentivise growth. A baseline value, calculated by agreed activity level and tariff price, is reviewed and agreed with the Provider at the beginning of each year. Marginal rates are then applied to this baseline value to contain costs.
31. This means that activity over the baseline will be charged at a reduced rate, ensuring value for money. The costs of these services are based on a pan London sexual health tariff, this ensures the consistency of pricing.
32. The general principles for cross charging, for this open access provision are set out by the Department for Health and Social Health Care in their August 2018 publication: Sexual Health Services: Key Principles for Cross Charging Updated guidance for commissioners and providers of sexual and reproductive health services in England Sexual Health Services: Key Principles for Cross Charging.
33. Tariffs are set at a London level, based on clinical pathway and staffing costs, and then local commissioning leads update these with geographical weighting and Agenda for Change costs.
34. INWL reviewed Tariff costs in 2024/25, with full oversight from Sexual Health London and was implemented from April 2024/25. This cost will be paid by Local Authorities irrespective of where in the country an individual resides.
35. For London, Lead Commissioners will agree a baseline, for which marginal rates will be triggered, should the provider exceed this level of activity. Governance for London is overseen by a Memorandum of Understanding signed by (almost) all London authorities. This covers cooperation between councils including cross-charging. The individual contract (London ISH standard contract form) will include a schedule covering the partnering/access agreements.

36. As per the original contract, there will be an expectation that asymptomatic and potential symptomatic testing activity is shifted away from clinics to the E-Service. This will ensure that valuable clinic time and expertise is used to provide support and interventions to those most in need. Commissioners will continue to work with the Provider to ensure that this channel shift to the new e-Service continues.
37. The key features of the service are to provide:
- Testing and treatment for STIs, including notification of sexual partners of infected persons;
 - Advice on, and reasonable access to the full range of contraception, including Long-Acting Reversible Contraception (LARC) as well as services for complex contraceptive needs;
 - HIV testing, diagnosis, and prevention, including provision of HIV pre-exposure prophylaxis (PrEP).
38. The GUM services contract will be for an initial term of 2 years, to commence on 1st August 2025, with the option for extension for two further periods two years ('2+2+2').

Procurement Process

39. The Provider Selection Regime Regulations (2023) set out a defined process for awarding contracts. If either direct award processes A or B apply, it is mandatory that they are followed. These arise when only the existing provider is capable of providing the service (Process A), or when patient choice means a contract must be offered to all providers who meet the requirements (Process B). In the case where an existing contract is being renewed, and there are no considerable changes, Process C should be followed. (See Appendix 3 for a detailed summary of the regulations). In light of this the following options were considered.
40. **Option 1: Continue to operate the current service under the existing framework (not recommended).** The current framework agreement was tendered for an initial 5 years, and parties are currently calling off via that arrangement until 31st March, 2025. There is no opportunity to extend for further years beyond this date because the original framework agreement has now expired.
41. **Option 2: Use of Direct Award Process A under the PSR (not recommended).**
For this to be permissible, there are three tests that must be satisfied:
- Test 1 – There is an existing provider of the health care services to which the proposed new contracting arrangements relate;
 - Test 2 – The health care services 'are capable of being provided only by the existing provider due to the nature of the relevant health care services';
 - Test 3 – The procurement is not to conclude a framework.

Test 2 requires that only one provider is capable of providing the service. It does not entail looking at the market, or the authority's own requirements

around price or start date, but the nature of the services themselves. Therefore, Direct Award Process A should not be followed, as there is nothing in the nature of the services that means they are capable of being provided only by the existing provider.

42. **Option 3: Use of Direct Award Process C under the PSR (recommended)**

This requires a two-stage test to be followed:

Test 1:

- (a) The relevant authority is not required to follow Direct Award Process A or Direct Award Process B. This has been satisfied.
- (b) The term of an existing contract is due to expire, and the relevant authority proposes a new contract to replace that existing contract at the end of its term. Satisfied.
- (c) The “considerable change” threshold is not met – See Test 2.
- (d) The relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. Satisfied.
- (e) The procurement is not to conclude a framework agreement. Satisfied.

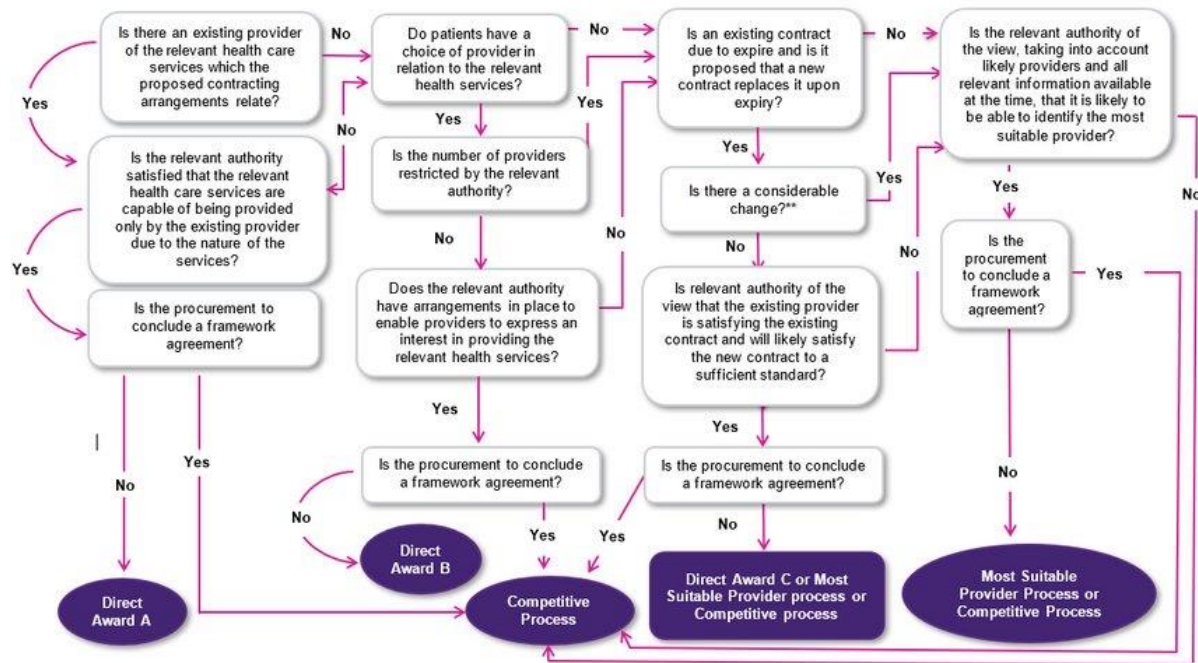
Test 2:

The considerable change threshold. If any of the following apply, then the procurement would fail item (c) as above, and could not follow DAP C.

- (a) The proposed contracting arrangements must not be materially different in character to the existing contract when that existing contract was entered into. Satisfied.
- (b) Consideration of:
 - i. changes in the relevant health care services to which the proposed contracting arrangements relate (compared with the existing contract) are attributable to a decision of the relevant authority.
 - ii. the lifetime value of the proposed contracting arrangements is at least £500,000 higher than the lifetime value of the existing contract when that existing contract was entered into.
 - iii. the lifetime value of the proposed contracting arrangements is at least 25% higher than the lifetime value of the existing contract when that existing contract was entered into.

The considerable change threshold is not met, and with the other general tests being satisfied under Test 1, DAP C can be used and is therefore **recommended**.

43. The following schematic summarises the approach in arriving at Direct Award Process C.



Market Analysis, Local Economy and Social Value

44. As highly specialist services there is a limited market of providers for these services. This information was incorporated into the Provider Selection Regime processes as described below.
45. Since the clinic-based GUM service was last tendered in 2018 the Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR') have come into force, with the direction that these regulations apply 'where a relevant authority procures relevant health care services for the purposes of the health service in England, whether alone or as part of a mixed procurement'.
46. If there is a mix of health care services with other requirements for goods and/or services, then the PSR still apply provided that the health care services are the main subject matter by value, and the contracting authority is of the view that the other goods and services could not reasonably be supplied under a separate contract. It should be noted that reg 12A of PCR says that the competition requirements of the Public Contracts Regulations 2015 ('PCR') do not apply where the PSR applies, so there is no choice of regime, the PSR must be followed.
47. There are a number of procurement routes set out in the PSR, with clear provision for direct award, especially where there is an existing provider under a contract and the same services are required. In addition, the choice of award process must be made in accordance with the procurement principles (see Legal Implications). These options are examined in Appendix 1, including appraisal of PSR procurement routes, tests which were applied to ascertain compliance, and identification of best route to market.

48. The PSR includes social value as one of its five key criteria, in terms of the extent to which the proposed service improves economic, social and environmental well-being in the geographical area of the purchasing authority. Going forward the intention is to build on the provider's current offer, which includes:
- Enabling equal opportunities in the development of skills, training and employment
 - Achieving social value outcomes in compliance with the service and stakeholder priorities
 - Enhancing equality, diversity and inclusion throughout the contract extension period
 - Embedding ethical sourcing practices
 - Promoting policies and actions to enhance environmental sustainability in the workplace
 - Protecting human rights by working with suppliers who undertake due diligence to guard against modern slavery and other human rights abuses
49. The proposed provider already has a number of initiatives and practices which satisfy these requirements including:
- New technology including video consultations that facilitate the delivery of remote clinical care for patients who need it.
 - Use of volunteers to improve and enhance the patient experience, complementing the work of employed staff across the Trust. Volunteers come from "all walks of life" and represent the diversity of the communities served.
 - The work of the Trust's charity, CW+, which supports the hospital and related community services.
 - A commitment to staff that includes provision of the support, information, facilities and environment needed to develop in roles and careers, and recruit and retain people needed to deliver high-quality services to patients and other service users.
 - The Trust's kindness campaign promotes a diverse and inclusive workforce and was shortlisted for the prestigious CIPR Excellence award for the public sector campaign category in 2021.
 - The Trust also holds a Silver award for the Ministry of Defence's Defence Employer Recognition Scheme, meaning that they support the armed forces community (veterans, Reservists, spouses and family members) as an employer.

Risk Assessment and Proposed Mitigations

50. Summary of the key risks for the contract award and proposed mitigations.

Risk	Description	Mitigations
Challenge of Award	A supplier challenges the decision within the standstill period.	<ul style="list-style-type: none">• The existing providers are NHS trusts operating in the borough. It is considered unlikely that any other

		<p>provider can establish a fully-operational clinic in the time available.</p> <ul style="list-style-type: none"> • Several market tests have been conducted and given significant consideration to the saturation of the market. • It is unlikely that another provider can provide the GUM services at the scale H&F are looking for.
Agreement from the current provider	Provider declines or refuses to cooperate.	<ul style="list-style-type: none"> • Agreement in writing has been sought from ChelWest that they prefer this approach and are willing to engage and negotiate the terms and conditions of the new contract
Slippage	Timescales are not met due to unforeseen forces.	<ul style="list-style-type: none"> • A comprehensive timetable has been drawn up covering all stages of the procurement including PSR regulations. It will mitigate programme slippage in timelines as well as ensuring the quality and robustness of tender documents.
New regulations	Risk of challenge and slippage due to lack of experience under the new PSR regulations.	<ul style="list-style-type: none"> • Commissioners and Procurement have been working closely throughout the procurement process with Legal to ensure that the regulations have been understood as best as possible. • The facts were assessed against several tests as required by the PSR to ensure that Direct Award Process C was the best and most compliant route to award the contract.

Selection and Award Criteria

51. Based on PSR Process C, the following criteria apply as described in the table below. As the contract lead, this process has been conducted between Westminster City Council and Chelsea and Westminster Hospital Trust, in consultation with officers in H&F.
52. The Direct Award process C requires a two-stage test to be followed, each of which has a number of sub-conditions. Appendix 3 demonstrates that the conditions are satisfied, in which case the relevant authority has discretion to follow either Direct Award Process C, Most Suitable Provider Process or the Competitive Process. The analysis in Appendix 3 includes why Direct Award Process C should be favoured over the other two.

53. The five key criteria are: (1) Quality and Innovation; (2) Value; (3) Integration, collaboration and service sustainability; (4) improving access, reducing health inequalities and facilitating choice; and (5) Social Value.

Key Criteria (discretion can be used as to weightings)	Examples of what to consider
1. Quality and Innovation	<ul style="list-style-type: none"> • Seek to maximise the quality of service and the performance of providers. • To innovate and improve services. • To proactively develop the service. • To ensure services are fit for the future.
2. Value	<ul style="list-style-type: none"> • Seek to maximise the value offered by the service by selecting the best combination of benefits to individuals in terms of outcomes and to the population in terms of improved health and wellbeing. • Bring value to taxpayers by reducing the burden on ill health over the lifetime of the arrangement and reduce cost. • Maintaining marginal rates on the contract ensuring costs are maintained
3. Integration, collaboration and service sustainability	<ul style="list-style-type: none"> • Seek to maximise the integration of services for patients to improve outcomes. • Consider how the decisions may affect the stability and sustainability of services overtime across providers. • The decision is consistent with local and national plans around integrating care and joining up services for patient and service users.
4. Access, Inequalities and disparities and choice	<ul style="list-style-type: none"> • Seek to maximise choices available to patients. • Services and treatment are offered and accessible to all who need them. • Focus on tackling health inequalities and disparities.
5. Social Value	<ul style="list-style-type: none"> • To consider the social, economic and environment benefits.

Contract Management

54. As the lead authority, contract management processes for the clinic-based GUM service are led by Westminster City Council. Close reporting and coordination occurs with officers in H&F's Public Health Team, and H&F maintains ongoing communication with key clinical and administrative personnel.

55. High level service KPIs will be based on the National Institute for Health and Care Excellence (NICE) quality standards for sexual health, as follows:
- People identified at risk of sexually transmitted infections have a discussion about prevention and testing.
 - People who contact a sexual health service for an appointment are seen within 48 hours.
 - Men who have sex with men have repeat testing every 3 months if they are at increased risk of sexually transmitted infections.
 - People diagnosed with a sexually transmitted infection are supported to notify their partners.
56. Processes will be monitored on an ongoing basis regarding standards and safeguards including serious incident reviews and lessons learned; children's and vulnerable adults' safeguarding protocols; staff training and risk register maintenance; service user engagement planning; and service user feedback.

Procurement implications

57. Contract Standing orders (19.1) require all procurement for high Value Contracts to be competitively tendered. However, as stated in the body of the report, the subject of the contract falls within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023 which supersedes the PCR's and are reflected in our updated CSO's.
58. As described above the assessment process, will be carried in collaboration with Westminster Council, as lead authority. Contracts will remain separate, and notices will be issued by each council separately.
59. Officers will be required to publish a PSR direct award Notice via the Find A Tender (FTS) via the Council's capitalSourcing eProcurement portal, modified as per the NHS England guidance and observe the stand still period before finalising contract.
60. Once awarded Contract standing orders also require that any contract in excess of £5,000 be recorded on the Council's Contract Register in order to comply with our Transparency Duties.
61. Officers, on completion of the necessary contract documentation must create a project using the using the Council's capitalSourcing eProcurement portal and then create a contract entry (and upload a copy of the contract) they must also create and publish the Contracts Finder notice via CapE. A named contract manager must be allocated to the contract.

Joe Sardone Category Lead – People. Procurement and Commercial 25th February 2025

Equality Implications

62. There are no anticipated negative implications for groups with protected characteristics, under the Equality Act 2010, by the approval of the procurement outlined in this report.
63. GUM clinic services are open access and mandatory for all local authorities to provide. Services will continue to be accessible in each borough and will adopt fully the NHS hospital trusts policies linked to equalities.
64. GUM clinic services will have a positive impact for groups that share protected characteristics as they will provide access to all types of contraception, preventing the acquisition and transmission of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification. Delivery of these services is a key element of Hammersmith & Fulham's corporate commitment to the achievement of long, healthy and fulfilling lives for all residents.
65. The service specification recognises the need to improve the sexual and reproductive health of the population, including addressing inequalities and identifies the groups who are at risk of poorer sexual health outcomes. The needs of the following Service Users are deemed to be Service priorities, considering they are often the most vulnerable in terms of access and/or at greatest risk of poor sexual health outcomes; across all groups, deprivation increases the risks of poorer sexual health outcomes:
 - Gay, bisexual and other men who have sex with men
 - Young people
 - People living with HIV
 - People who are homeless
 - People who inject drugs; have problem alcohol and/or substance use
 - People from Black Asian Multi Ethnic communities
 - People from communities seeking asylum
 - Trans people
 - People with Learning Disabilities Male
 - Female Sex Worker
66. Specialist services will also be provided for certain groups. The service currently offers a dedicated specialist clinic for young people under the age of 21-years, and targeted outreach services in partnership with the voluntary and community sector to engage young people. The service currently offers a dedicated specialist clinic for people living with Learning Disabilities and Difficulties, as well as outreach for sexual health screening, health promotion, contraception delivery with tailored support for Disabled residents.
67. There are currently four clinics across inner northwest London which have evolved to meet the needs of the Trans and non-binary community by linking in with other local services, and offer dedicated specialist clinics for trans and non-binary clients. The service has set up a women's only space and a dedicated

HIV PrEP clinic for women. The service works closely with local specialist organisations to target high risk groups that are under-represented in the service, including outreach services for both female and male sex workers. The services clinics are recognised as a centre of excellence for the LGBTQ+ community. The service will be expected to continue to ensure equality of access and treatment for all residents, and deal robustly with all incidents of homophobic harassment, violence and/or abuse. The service will be expected to address health inequalities by prioritising resources based on need in accordance with the UKHSA STI prioritisation Framework¹.

Yvonne Okiyo, Strategic Lead Equity, Diversity and Inclusion, 3rd March 2025

Risk Management Implications

68. There is a quality risk and a resulting reputational risk that the services provided do not meet the necessary standards due both to the disparate nature of the organisational structure and the demands of the provider. It is recommended that an assurance governance and review structure is defined with the authority to amend, review and if necessary, curtail the engagement. To reinforce this, delivery and performance KPIs must be defined to ensure governance reporting and control’.
69. A timetable has been set out to ensure that the procurement is undertaken in an orderly manner and with appropriate governance.

Jules Binney, Risk and Assurance Manager, 14th January 2025

Climate and Ecological Emergency Implications

70. The provider will need to demonstrate organisational policies that reflect their commitment to responding to the climate emergency. In addition, the provider will be expected to commit to environmental outcomes as part of its social value offer.
71. Services will utilise existing spaces and their ability to work from home on some areas will reduce the need to travel e.g. through remote meetings. For routine sexual health screening, patients can order home testing kits online, reducing the need for travel to clinics. When patients do need to travel to clinics, these are conveniently located near a range of public transport options and should have access to bicycle storage facilities. Furthermore, we will encourage providers to support users and staff to walk, cycle, and use public transport.
72. Providers will be encouraged to ‘make every contact count’, by using contact points with residents and businesses to promote understanding of the climate emergency.

¹ UK Health Security Agency, “STI Prioritisation Framework”, 2024. Available: [STI Prioritisation Framework - GOV.UK](#)

73. There are no known negative climate or ecological implications related to the procurement of these services.

Implications completed by: James Mason, Public Health Commissioning Officer, 19th December 2024 and verified by Hinesh Mehta, Assistant Director Climate Change, 12th January 2025

Local Economy and Social Value Implications

74. The PSR Direct Award process C is not a competitive process in the same way as other high value procurements so the standard approach to inclusion of social (added) value would not apply. However Social value is one of the five “Key criteria” that we are required to assess as part of the PSR. The relative emphasis on Social Value is proportional to its priority for Hammersmith & Fulham. As a pan-London service delivering sexual health support, this contract delivers a high level of social value, and is delivered across all the participating Councils.

Implications completed by: Craig Holden, Senior Lead, Adult Public Health on 12th Feb 2025 and verified by Harry Buck, Social Value Officer, Procurement on 16th April 2025

Consultation

75. The work of the LSHP has involved extensive consultation with providers, clinicians, stakeholders and service users. Further consultation will be on-going to continue to deliver a sustainable system across Hammersmith & Fulham and London.
76. Responses from suppliers to a soft market testing exercise in 2024 suggest there is a market for provision of the online e-service; and after much deliberation around the merits of each of the procurement routes available, London Directors and Commissioning Officers have expressed a preference for the City of London to procure a single contract for the provision of service on their behalf.

LIST OF APPENDICES

Exempt Appendix 1 – Provider Selection Regime Toolkit

Exempt Appendix 2 – Intervention Data

Exempt Appendix 3 – Provider Selection Regime Regulations (2023) summary

Exempt Appendix 4 – Provider Selection Regime - Inner Northwest London GUM re-procurement – 2025 onwards

Appendix 5 – Equality Impact Analysis