

17th December 2018

Alison Cowie
Senior Programme Lead
NHS England - Public Health Commissioning Central Team
Quarry House
Leeds
LS2 7UE.

Dear Alison

Re: TENDER FOR LABORATORY PROVISION OF ENGLISH PRIMARY HPV CERVICAL SCREENING

The professional bodies listed below wish to notify NHSE of their concerns regarding the tender process for Primary HPV screening **and request that an extension to the submission deadline be considered to reduce the risk of a flawed bidding process.** The contract notice for the above was issued on 21 November, the ITT on the 27 November and further details provided more recently via queries on the procurement portal. The closing date for submission of any tender bid was initially 9 January 2019, but has been extended due to the ITT being re-issued, with corrected data, to the 16th January 2019.

The ITT has divided England into 9 lots, and provides some detail on the forecast workloads for pHPV screening and reflex cytology. The ITT is, however, in many areas very vague, especially on the following issues:

- TUPE
- actual staff numbers
- MDT arrangements
- MDS and prison workloads
- requirements and details on funding

Three lots had to be reissued due to inaccurate workloads, which led to a part re-issue.

The issues affecting Capita and the recent IT issue has exacerbated the problems, with laboratories that wished to mitigate being unable to do so. The roll out plan was based on widespread pHPV conversion being in place prior to July 2019, which will not now be the case. Many in the programme have very serious concerns about the ability of Capita to deliver the IT system required for the current programme, let alone one undergoing such major changes. There is also a need for assurances about the call/recall IT system and Capita's ability to deliver this project, including the outcome of the risk assessment of the existing Exeter database for the delivery of pHPV until it is replaced. This is especially given the ongoing issues with Capita which have been well publicised, but seem to keep recurring. Any change of IT system will impact on the ability of laboratories to produce a bid.

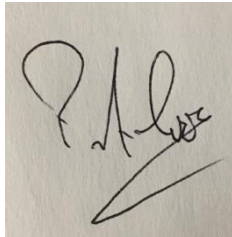
The programme has been aware that the tender process was imminent and the new screening workflow must be delivered by the end of 2019. The consolidation from over 40 labs to 9 will be a highly complex organizational change with significant consequences for staff, quality assurance and the clinical pathways. Adequate time must be allowed for detailed consideration to ensure patient safety during the transfer of work.

However, the issues highlighted above and the relatively short time frame (over the Christmas period) for bid submission significantly compromises the ability of the laboratory service to produce meaningful and comprehensive bids. We therefore seek an extension to the deadline and the sharing of more details on aspects of the tender. Such an extension needs to be in the magnitude of weeks, not days, in order for this to be an informed and safely managed process.

The move to pHPV is not in question. The professional bodies are supportive and have had significant input over several years. However, at this crucial stage of the process we must mitigate the significant risk that bids for this service may be flawed due insufficient time or inaccurate or insufficient data on which to base their bids

Many thanks

Yours sincerely

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'P. Cross'.

Dr Paul Cross
President BAC

A handwritten signature in black ink that reads 'AE Geddis'.

Mrs Alison Geddis
President IBMS

A handwritten signature in black ink that reads 'J.E. Martin' with a long horizontal stroke underneath.

Professor Jo Martin
President The Royal College of Pathologists

cc

Professor Anne Mackie, Public Health England, Wellington House ,133-155 Waterloo Road , London, SE1 8UG
Dr Henry Kitchener, Chair, ACCS, C/o Public Health England, Wellington House ,133-155 Waterloo Road ,
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