NHS
Central East
Integrated Care Board

Procurement Policy 2026-2028

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Procurement Policy 2026-2028

Contents

1. Introduction

Central East Integrated Care Board (ICB) commissions a wide range of clinical and non-clinical services across a large and diverse geography. To do this safely, transparently, and effectively, the ICB must operate a clear, consistent, and legally compliant approach to procurement, contracting, decommissioning, and disinvestment. This policy sets out the principles, requirements, and operational processes that govern how the ICB will plan, design, procure, award, manage, modify, and, where necessary, decommission services.

The policy ensures that all procurement and contracting activity complies with the **Provider Selection Regime (2023)** for clinical services and the **Procurement Act (2023)** for non-clinical goods and services. It also ensures alignment with the ICB's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation, and wider governance framework.

The ICB operates in a complex commissioning environment, with significant variation in population need, provider capacity, market maturity, and service models across the system. This policy provides a unified, harmonised approach that replaces all legacy procurement policies from former ICBs. It ensures that all staff follow a single, consistent set of rules and processes, regardless of directorate, place, or service area.

The purpose of this policy is to:

- Support robust governance and legal compliance
- Ensure transparent, fair, and defensible decision making-making
- Promote best value, quality, and improved outcomes
- Strengthen market sustainability and provider resilience
- Reduce unwarranted variation and support system priorities
- Ensure that procurement activity is proportionate, evidence based, and aligned to population need-based, and aligned to population need
- Provide clarity for staff, providers, and partners on how procurement decisions are made

This policy applies to all staff involved in commissioning, procurement, contracting, service redesign, transformation, or any activity that may lead to a procurement or contract change. It provides the framework through which the ICB will deliver safe, effective, and sustainable services for its population.

2. Purpose and Scope

2.1 Purpose

The purpose of this policy is to establish a clear, consistent, and legally compliant framework for how Central East Integrated Care Board (ICB) undertakes procurement, contracting, decommissioning, and disinvestment activity. It ensures that all decisions relating to the commissioning of services are transparent, evidence based, proportionate, and aligned to statutory duties and system priorities.-based, proportionate, and aligned to statutory duties and system priorities.

This policy supports the ICB to:

- Comply with the **Provider Selection Regime (2023)** for all clinical services
- Comply with the **Procurement Act (2023)** for all non-clinical goods and services
- Deliver best value, quality, and improved outcomes for the population
- Strengthen market sustainability and provider resilience
- Reduce unwarranted variation across the merged ICB
- Ensure robust governance, auditability, and defensible decision making-making
- Promote equality, reduce health inequalities, and embed social value
- Support integrated, outcome focused commissioning across the system-focused commissioning across the system

The policy provides a unified approach that replaces all legacy procurement policies from former ICBs and ensures that all staff follow a single, harmonised set of rules and processes.

2.2 Scope

This policy applies to all individuals and teams involved in commissioning, procurement, contracting, service redesign, transformation, or any activity that may lead to a procurement or contract change. It applies across all directorates, programmes, and place-based teams within Central East ICB.

2.2.1 All Central East ICB Staff

All staff — clinical and non-clinical — must comply with this policy when shaping, influencing, or delivering services. Procurement responsibilities are not limited to the Procurement Team; anyone involved in service design or commissioning decisions must follow this policy.

Example: A transformation manager redesigning a community pathway must follow this policy if the redesign affects existing contracts or creates a need for new provision.

2.2.2 Board and Committee Members

Board members and those sitting on committees with delegated authority must ensure that decisions they approve comply with PSR, the Procurement Act, and internal governance. They must challenge insufficient evidence, unclear route selection, or unjustified Direct Awards.

Example: FPFC members should request additional evidence if a Direct Award B is proposed without clear performance data.

2.2.3 Temporary, Contracted, or Agency Staff

All temporary, contracted, or agency staff must comply with this policy in the same way as permanent staff. The ICB will not accept non-compliance on the basis of temporary status or time-limited roles.

Example: An interim programme manager cannot bypass procurement rules due to time pressure or project deadlines.

2.2.4 Joint Commissioning with Local Authorities

Where the ICB commissions services jointly with local authorities, this policy applies unless a formally agreed joint policy supersedes it. Staff must ensure that joint arrangements comply with both NHS and local authority governance requirements.

Example: A jointly commissioned sexual health service must follow both ICB procurement governance and local authority public health procurement rules.

2.2.5 Hosted or Collaborative Procurements

The ICB may lead or participate in procurements on behalf of multiple organisations. In such cases, roles, responsibilities, and governance arrangements must be agreed in writing before the procurement begins.

Example: A regional procurement for community diagnostics must have a shared evaluation strategy and clear decision-making responsibilities across all participating organisations.

2.2.6 Healthcare Services (PSR 2023)

All clinical services fall under the Provider Selection Regime, regardless of contract value. Staff must understand the PSR routes and apply them correctly.

Example: A mental health crisis service cannot be procured under the Procurement Act, even if the process appears simpler.

2.2.7 Non-Clinical Goods and Services (Procurement Act 2023)

Digital systems, estates, consultancy, corporate services, and other non-clinical goods and services must follow the Procurement Act thresholds and procedures.

Example: A digital platform costing £120k requires a formal procurement under the Procurement Act.

2.2.8 Mixed Use Services

Where a service includes both clinical and non-clinical elements, staff must determine the dominant purpose to select the correct legal route. This assessment must be documented.

Example: A telehealth service with clinical triage and a digital platform may require a mixed use assessment to determine whether PSR or PA applies2.2.9 Contract Modifications

Any change to an existing contract's scope, value, or duration must be assessed to determine whether it constitutes a modification requiring procurement. This will vary depending on the procurement legal regime.

Example: Increasing a contract's value by 40% or adding new service elements may require a new procurement unless justified under PSR.

2.2.10 Decommissioning and Disinvestment

Any reduction or cessation of services must follow the ICB's decommissioning and disinvestment framework to ensure safety, transparency, and compliance with statutory duties.

Example: Ending a community service requires an EIA, QIA, risk assessment, and a transition plan to ensure continuity of care.

2.2.11 Social Value and Sustainability Requirements

All procurements must include measurable social value outcomes aligned with PPN 002/25 and the ICB's Net Zero commitments.

Example: A cleaning contract may include requirements for local employment, reduced chemical use, and carbon reduction measures.

2.2.12 Information Governance and Data Security

Procurements must ensure that providers meet data protection, cyber security, and information governance requirements.

Example: A digital provider must demonstrate compliance with DSPT, cyber security standards, and NHS Secure Boundary requirements.

2.2.13 Conflicts of Interest Management

All staff must declare and manage conflicts of interest to protect the integrity of procurement decisions. Conflicted individuals must be excluded from decision making where appropriate.*Example:* A GP involved in evaluating bids for primary care services must be excluded if their practice could benefit from the outcome.

3. Definitions

This section provides clear definitions of key terms used throughout the policy. These definitions ensure consistent understanding and application of procurement, contracting, decommissioning, and disinvestment requirements across Central East ICB. All staff must be familiar with these terms to ensure compliance with statutory frameworks and internal governance.

3.1 Provider Selection Regime (PSR) 2023

The statutory framework governing the procurement of all **clinical healthcare services**. It replaces the NHS (Procurement, Patient Choice and Competition) Regulations 2013.
The PSR provides five lawful routes for awarding clinical contracts:

- **Direct Award A** – Only one capable provider
- **Direct Award B** – Patient choice applies
- **Direct Award C** – Incumbent performing well; competition would not add value
- **Most Suitable Provider** – Multiple capable providers; competition disproportionate
- **Competitive Process** – Competition likely to improve outcomes, quality, or value

The PSR **must** be used for all clinical services, regardless of contract value.

3.2 Procurement Act (PA) 2023

The statutory framework governing the procurement of **non-clinical goods and services**, including digital systems, estates, consultancy, corporate services, and equipment.
It introduces:

- The **Competitive Flexible Procedure**
- The **Open Procedure**
- New transparency and publication requirements

The Procurement Act **must not** be used for clinical services.

3.3 Mixed Use Services

Services that include both clinical and non-clinical elements.
The ICB must determine the **dominant purpose** of the service to decide whether PSR or PA applies.
This assessment must be documented and defensible.

3.4 Most Suitable Provider (PSR)

A PSR route used where multiple providers could deliver the service, but a full competitive process would be disproportionate.
The ICB must undertake a structured assessment of:

- Capability
- Quality
- Value
- Alignment with system priorities

This route must not be used to avoid competition where competition would add value.

3.5 Direct Award (PSR)

A PSR route allowing the ICB to award a contract without competition where specific criteria are met:

- **Direct Award A** – Only one capable provider
- **Direct Award B** – Patient choice applies**Direct Award C** – Incumbent performing well; competition unnecessary
-

All Direct Awards require a **transparency notice** and a **representation period**.

3.6 Competitive Process (PSR)

A PSR route used where multiple capable providers exist and competition is likely to improve outcomes, access, quality, or value.

The process must be proportionate to the complexity and value of the service.

3.7 Competitive Flexible Procedure (PA)

The default procedure under the Procurement Act for non-clinical services.
It allows flexibility in:

- Dialogue
- Negotiation
- Iterative specification development
- Evaluation

Used where requirements are complex or where provider input is needed.

3.8 Open Procedure (PA)

A Procurement Act procedure where any provider may submit a tender.

Suitable for mature markets with clear, stable requirements.

3.9 Contract Modification

Any change to an existing contract's:

- Scope
- Value
- Duration
- Service model

The ICB must assess whether the modification is **material** and whether it triggers procurement requirements under PSR or PA.

Modifications must be justified, proportionate, and documented.

3.10 Decommissioning

The planned reduction or cessation of a service.
Decommissioning must be:

- Evidence based
- Safe
- Transparent
- Supported by EIAs, QIAs, risk assessments, and transition plans

3.11 Disinvestment

The redirection of resources from lower value services to higher value alternatives.
Disinvestment decisions must be evidence based and aligned to system priorities.

3.12 Social Value

The additional economic, social, and environmental benefits delivered through procurement beyond the core service.

The ICB must embed social value in all procurements in line with:

- PPN 002/25
- Net Zero commitments

3.13 Conflicts of Interest

Situations where personal, professional, or organisational interests could influence decision making. All staff must declare conflicts and follow mitigation plans.

Conflicted individuals must be excluded from evaluation or decision making where appropriate..

3.14 Transparency Notice

A statutory notice published under PSR or PA to inform the market of the ICB's intention to award a contract.

Transparency notices are mandatory for Direct Awards and must be published **before** contract award except for DAP A and DAP B where notices are published after contract signature; with the ICBs first having demonstrated that they fall into the guidance for DAP As and Bs.

3.15 Representation Period (PSR)

A period during which providers may challenge or comment on the ICB's proposed decision following publication of a transparency notice.

The ICB must respond to representations within statutory timelines.

4. Policy Statement

Central East Integrated Care Board (ICB) is committed to delivering transparent, fair, proportionate, and legally compliant procurement and contracting processes that support high quality, sustainable services for its population. This policy sets out the principles that underpin all procurement, contracting, decommissioning, and disinvestment activity across the organisation. These principles ensure that decisions are defensible, evidence based, and aligned to statutory duties, system priorities, and best practice.The ICB will operate as a single, unified organisation with harmonised procurement processes, templates, thresholds, and governance arrangements. All legacy procurement policies from former ICBs are retired and replaced by this policy. No directorate, place-based team, or programme may operate local variations or historical practicesThe following principles apply to all procurement and contracting activity undertaken by the ICB:

4.1 Transparency and Fairness

The ICB will ensure that all procurement decisions are transparent, fair, and capable of withstanding internal and external scrutiny. Decisions must be:

- Documented clearly
- Supported by evidence
- Made through appropriate governance
- Communicated openly and consistently

Staff must not engage in informal arrangements, undocumented discussions, or off record commitments with providers.

Example: If a service redesign leads to a proposed Direct Award, the rationale must be fully documented and supported by performance data, market analysis, and legal advice.

4.2 Best Value

The ICB will secure best value for the population by considering:

- Quality
- Outcomes
- Access
- Social value
- Long-term sustainability
- Impact on health inequalities
- Workforce and digital maturity

Best value is not synonymous with lowest cost. The ICB will prioritise long-term population benefit over short term financial savings.

Example: A provider offering slightly higher unit costs but significantly better outcomes and reduced hospital admissions may represent better value than a lower cost alternative.

4.3 Proportionality

Procurement processes must be proportionate to the value, complexity, and risk of the service. Highvalue or high risk services require more robust processes, whereas low value or low risk services may require lighter touch approaches.*Example:* A £12,000 consultancy contract may require only two quotations, while a £5m urgent care service requires a full competitive process.

4.4 Legal Compliance

The ICB will comply fully with:

- **Provider Selection Regime (2023)** for all clinical services
- **Procurement Act (2023)** for all non-clinical goods and services
- Standing Orders (SOs)
- Standing Financial Instructions (SFIs)
- Scheme of Reservation and Delegation (SoRD)

Staff must understand which regime applies and must not apply the wrong framework.

Example: A clinical service must never be procured under the Procurement Act, even if the process appears administratively easier.

4.5 System Alignment

Procurement decisions must support Integrated Care System (ICS) priorities, including:

- Reducing health inequalities
- Improving access
- Strengthening urgent and emergency care
- Supporting elective recovery
- Promoting integration and pathway coherence

The ICB will not pursue procurement routes that fragment services or undermine system objectives.

Example: Commissioning a single provider for an integrated MSK pathway may be necessary to avoid fragmentation and improve outcomes.

4.6 Market Sustainability

The ICB will consider the impact of procurement decisions on provider sustainability and market resilience.

The ICB will avoid actions that destabilise essential services or create monopolies unless justified by evidence.

Example: Running a competitive process in a fragile market with only one viable provider may risk service continuity and is unlikely to add value.

4.7 Robust Governance

All procurement decisions must follow the correct governance routes. Governance routes will be set down within the wider ICB Governance Framework but these may include any or all of the following steps:

- Case for Change (may be standalone or incorporated into the business case but needs to reflect reasons why recommissioning/redesign process is required)
- Business Case approval
- Procurement Evaluation Strategy approval
- Committee oversight
- Legal and financial review

The ICB will not proceed with procurement or contract award until all required approvals are in place.

Example: FPFC approval is required before issuing tender documents for high value or high risk services.

4.8 Harmonisation Across the Merged ICB

The ICB will operate as a single organisation with consistent procurement processes, templates, thresholds, and governance. Legacy variations from former ICBs will not be retained.

Example: All directorates must use the same Business Case template and procurement thresholds, regardless of historical local practice.

4.9 Co-Production and Engagement

The ICB will ensure that service users, carers, clinicians, VCFSE partners, and system stakeholders are meaningfully involved in service design and procurement decisions.
Engagement must be planned, documented, and proportionate to the scale of the service.

Example: Redesigning a neurodivergence pathway requires engagement with autistic adults, parents, schools, and clinicians.

4.10 Equality, Diversity, and Inclusion

The ICB will ensure that procurement decisions:

- Promote equality
- Reduce health inequalities
- Support inclusive service delivery

Equality Impact Assessments (EIAs) must be completed for all procurements and decommissioning decisions where service changes will result.

Example: A digital first service must include alternatives for digitally excluded groups to avoid widening inequalities.

4.11 Social Value and Sustainability

The ICB will embed social value in all procurements, ensuring providers contribute to:

- Local employment
- Skills development
- Environmental sustainability
- Community wellbeing

Providers must demonstrate measurable social value outcomes aligned with PPN 002/25 and the ICB's Net Zero commitments.

4.12 Continuous Improvement

The ICB will review procurement processes regularly to identify improvements, respond to legislative changes, and strengthen governance.

Lessons learned from procurements, audits, and challenges will be incorporated into future practice.

Example: If a procurement experiences mobilisation delays, the ICB will strengthen mobilisation requirements in future specifications.

5. Procurement Strategy

Central East Integrated Care Board (ICB) commissions services across a large and diverse geography with varying levels of deprivation, rurality, population growth, and health need. The ICB must therefore operate a procurement strategy that is flexible enough to respond to local variation while maintaining consistent standards across the system. This section sets out the strategic principles that guide how the ICB will use procurement to support system priorities, strengthen provider resilience, and deliver high quality, sustainable services.

The procurement strategy ensures that all procurement activity is aligned to:

- The Provider Selection Regime (PSR) for clinical services
- The Procurement Act for non-clinical goods and services
- ICS priorities and population health needs
- Market sustainability and long-term value
- Harmonised processes across the merged ICB

The strategy provides the framework through which the ICB will plan, design, and deliver procurement activity in a way that is transparent, proportionate, and aligned to organisational objectives.

5.1 Strategic Context

Central East ICB operates within a complex commissioning environment characterised by:

- Significant variation in population health needs
- A mixed provider landscape including NHS, independent, SME, and VCFSE organisations
- Workforce pressures and market fragility in key sectors
- Increasing demand for integrated, outcome focused models of care-focused models of care
- National requirements to reduce health inequalities and support elective recovery

Procurement plays a critical role in enabling the ICB to:

- Support system transformation
- Reduce unwarranted variation
- Strengthen provider resilience
- Promote integration and pathway coherence
- Drive innovation and digital maturity
- Deliver sustainable, long-term value

The ICB will ensure that procurement decisions consider not only cost, but also:

- Quality and outcomes

- Access and equity
- Social value
- Environmental sustainability
- Workforce implications
- Digital readiness
- Market stability

Procurement must be used as a strategic lever to support system priorities, not simply as a transactional process. Priorities for 2026-27 include:

1. Prevention and Screening for cancer

2. Self-care for MSK

3. Utilisation management in Cardiology

4. Care co-ordinated for advanced illness

5. Acute pathways for MSK

5.2 Determining the Best Procurement Route

Selecting the correct procurement route is one of the most critical decisions the ICB makes. The route determines the legality, value, risk profile, and deliverability of the service. The ICB will not default to competitive tendering, nor will it default to direct awards. Instead, the ICB will follow a structured, evidence-based decision making process that considers:

- The nature of the service (clinical or non-clinical)
- Whether the service is new or existing
- Market capability and stability
- Incumbent provider performance
- Value, risk, and complexity
- System priorities and pathway coherence
- Impact on health inequalities
- Legal requirements under PSR or the Procurement Act

Every procurement route decision must be justified, documented, and defensible.

The options appraisal must be included in the Business Case and Procurement Evaluation Strategy.

5.2.1 Status of the Service

New services
Where a service is new or represents a material redesign, the ICB will undertake proportionate market engagement to understand capability, innovation potential, and provider appetite.

Existing services
Where a service already exists, the ICB will assess incumbent performance.
If the provider is performing well and competition would not add value, a PSR Direct Award C may be appropriate.

If performance is poor or the service requires significant redesign, a competitive route should be used.

5.2.2 Market Conditions

The ICB will assess:

- The number of capable providers
- Market maturity and stability
- Risks of destabilising essential services
- Opportunities for innovation or improved outcomes

Where the market is fragile, the ICB may use a Direct Award or Most Suitable Provider route.
Where multiple capable providers exist, competition may be appropriate.

5.2.3 Provider Performance

The ICB will use contract monitoring data, quality reports, financial assessments, and patient experience to assess incumbent performance.

- Strong performance → Direct Award C may be appropriate
- Mixed or poor performance → Competitive route required

The ICB will not justify a Direct Award where material performance concerns exist.

5.2.4 Value and Risk

The ICB will consider:

- Contract value
- Service complexity
- Mobilisation requirements
- Clinical and operational risk

High value or high risk services require more robust processes.5.2.5 System Priorities and Pathway Coherence

Procurement decisions must support:

- Integration
- Continuity of care
- Reduction of health inequalities
- Alignment with ICS strategies

The ICB will avoid procurement routes that fragment pathways or undermine system objectives.

5.2.6 Legal Requirements

The ICB will ensure that:

- All clinical services follow PSR
- All non-clinical services follow the Procurement Act
- Mixed use services undergo a documented dominant purpose assessment.The ICB will not apply the wrong legal framework under any circumstances.

5.3 Methods of Procurement

The ICB will use procurement methods that are lawful, proportionate, and aligned to service needs.

5.3.1 Clinical Services (PSR)

- Direct Award A
- Direct Award B
- Direct Award C
- Most Suitable Provider
- Competitive Process

5.3.2 Non-Clinical Services (Procurement Act)

- Competitive Flexible Procedure
- Open Procedure
- Direct Award (where justified)

5.3.3 Other Methods

- Frameworks
- Dynamic Purchasing Systems
- Joint procurements
- Hosted procurements

All methods must be justified and documented.

5.4 Market Sustainability and Development

The ICB will take an active role in shaping and sustaining the provider market.
This includes:

- Supporting provider readiness and capability
- Encouraging innovation and digital maturity
- Promoting fair access for SMEs and VCFSE organisations
- Avoiding destabilising essential services
- Ensuring procurement decisions do not create unnecessary monopolies
- Using market engagement to understand provider capacity and constraints

The ICB will work with providers to build long-term resilience and support integrated models of care.

5.5 Harmonisation Across the Merged ICB

The creation of Central East ICB brings together multiple legacy organisations with different procurement policies, thresholds, templates, and governance structures.

The ICB will operate a **single, harmonised procurement framework** that applies to all directorates and programmes.

This includes:

- Unified procurement thresholds
- Standardised templates and documentation
- A single governance and approval route
- A consolidated procurement pipeline
- Consistent contract management processes
- Mandatory training and capability building
- Retirement of all legacy local practices

Harmonisation ensures fairness, efficiency, and legal compliance across the merged organisation.

6. Processes and Procedures

This section sets out the detailed processes and procedures that all staff must follow when planning, designing, procuring, awarding, modifying, managing, or decommissioning services. These processes ensure compliance with statutory frameworks, strengthen governance, and support consistent, transparent, and defensible decision making across Central East ICB.The procedures apply to all clinical and nonclinical services, all directorates, and all staff involved in commissioning or procurement activity.

6.1 Overview of the Procurement and Contracting Lifecycle

All procurement and contracting activity must follow the full lifecycle:

1. **Identify need**
2. **Define scope and outcomes**
3. **Assess legal route (PSR or Procurement Act)**
4. **Undertake market analysis and engagement**
5. **Develop Business Case**
6. **Select procurement route**
7. **Develop specification and documentation**
8. **Governance approval**
9. **Run procurement process**
10. **Evaluate bids / assess providers**
11. **Award contract**
12. **Mobilise service**
13. **Contract management and performance monitoring**
14. **Review, modify, extend, or decommission based on best practise and data**

No stage may be bypassed unless explicitly permitted by this policy and supported by documented justification.

6.2 Identifying Need and Initiating Procurement Activity

6.2.1 Identifying Need

A procurement may be triggered by:

- Service redesign or transformation
- Expiry of an existing contract

- Performance concerns
- New national requirements
- Population health needs
- Market failure or provider exit
- Innovation opportunities
- System priorities

6.2.2 Initiation Requirements

Before any procurement activity begins, the commissioning lead must:

- Confirm the need for change
- Gather baseline data (activity, finance, quality, outcomes)
- Engage with clinical leads and service users
- Identify risks and dependencies
- Notify the Procurement Team

No provider discussions may take place before Procurement Team involvement.

6.3 Determining the Legal Framework (PSR or Procurement Act)

6.3.1 Clinical Services

All clinical services **must** follow the Provider Selection Regime (PSR), regardless of value.

6.3.2 Non Clinical Services

All non-clinical goods and services **must** follow the Procurement Act.

6.3.3 Mixed Use Services

Where a service includes both clinical and non-clinical elements, the commissioning lead must complete a **dominant purpose assessment** to determine the correct legal route.The assessment must be documented and approved by:

- Procurement
- Legal
- Finance

6.4 Market Analysis and Market Engagement

6.4.1 Market Analysis

Commissioning leads must undertake proportionate market analysis to understand:

- Number of capable providers
- Market maturity and stability
- Innovation potential
- Risks of destabilisation
- Provider capacity and constraints

6.4.2 Market Engagement

Market engagement may include:

- Soft market testing
- Provider briefings
- Requests for information
- One-to-one discussions (with Procurement present)Engagement must be:
- Transparent
- Documented
- Non-discriminatory
- Open to all capable providers

6.5 Business Case Requirements

A Business Case is required for all procurement activity.
It should include:

- Case for change
- Options appraisal
- Legal route assessment
- Market analysis
- Financial modelling
- Risks and mitigations
- Equality Impact Assessment
- Procurement route recommendation
- Governance requirements

The Business Case must be approved before any procurement begins.

6.6 Selecting the Procurement Route

The commissioning lead and Procurement Team must jointly determine the procurement route.

6.6.1 Clinical Services (PSR Routes)

- **Direct Award A** – Only one capable provider
- **Direct Award B** – Patient choice applies
- **Direct Award C** – Incumbent performing well

- **Most Suitable Provider** – Commissioner can identify the pool of capable providers and can select from those without wider competition
- **Competitive Process** – Competition likely to add value

6.6.2 Non-Clinical Services (Procurement Act)

- **Competitive Flexible Procedure**
- **Open Procedure**
- **Direct Award** (where justified)

6.6.3 Documentation Required

For all routes:

- Route justification
- Legal advice
- Market analysis
- Performance data (for Direct Award C)
- Risk assessment
- Governance approval

6.7 Developing the Specification and Procurement Documentation

The commissioning lead must develop:

- Service specification
- Outcomes and KPIs
- Quality requirements
- Workforce requirements
- Digital and data standards
- Social value requirements

- Mobilisation plan
- Evaluation criteria
- Contract terms

Procurement will develop:

- Invitation to Tender (ITT)
- Evaluation Strategy
- Scoring methodology
- Clarification process
- Publication notices

All documentation must be approved before publication.

6.8 Running the Procurement Process

6.8.1 Publication

Procurement will publish:

- Transparency notices
- Contract notices
- Tender documents

6.8.2 Clarification Period

All provider questions must be submitted through the formal clarification process.

No off record discussions are permitted.

6.8.3 Evaluation

Evaluation must:

- Follow the approved Evaluation Strategy
- Use weighted scoring
- Include moderation
- Be documented
- Exclude conflicted individuals

6.8.4 Governance Approval

The evaluation report must be approved by:

- Procurement

- Finance
- Legal
- Relevant committee (e.g., FPFC)

6.9 Contract Award and Mobilisation

6.9.1 Award Decision

Procurement will issue:

- Award letters
- Standstill/Intention to Award notices (where required)
- Transparency notices

6.9.2 Contract Finalisation

Contracts must be:

- Signed by authorised officers
- Stored in the contract repository
- Shared with contract managers

6.9.3 Mobilisation

A mobilisation plan must include:

- Workforce readiness
- Digital integration
- Estates and equipment
- Communications and Engagement Plans
- Risk management
- Go-live criteria

Mobilisation must be monitored and documented.

6.10 Contract Management, Review, Modification, and Decommissioning

6.10.1 Contract Management

Contract managers must:

- Monitor performance

- Review KPIs and outcomes
- Hold regular provider meetings
- Document risks and issues
- Escalate concerns

6.10.2 Contract Review

Reviews must consider:

- Performance
- Value
- Quality
- Demand
- Market conditions
- System priorities

6.10.3 Contract Modification

Modifications must be assessed to determine whether they are:

- Permitted
- Material
- Requiring procurement

All modifications must be documented and approved.

6.10.4 Decommissioning and Disinvestment

Where services are reduced or ceased, the ICB must:

- Complete EIAs and QIAs
- Undertake risk assessments
- Engage with stakeholders
- Develop transition plans
- Ensure safe handover

Decommissioning must be transparent, evidence based, and legally compliant.-based, and legally compliant.

7. Statutory and National Guidance

This policy has been developed in accordance with all relevant statutory, regulatory, and national guidance governing the commissioning, procurement, contracting, modification, and decommissioning of services within the NHS. Central East ICB must comply with these requirements at all times to ensure lawful, transparent, and defensible decision making.

The following legislation, regulations, and national frameworks underpin this policy.

7.1 Legislation and Statutory Frameworks

7.1.1 Provider Selection Regime (2023)

The statutory regime governing the procurement of all **clinical healthcare services**.
It sets out:

- Five lawful routes for awarding clinical contracts
- Requirements for transparency notices
- Representation periods
- Publication and record-keeping duties
- Prohibitions on using the Procurement Act for clinical services

All clinical procurements must comply with PSR.

7.1.2 Procurement Act (2023)

The statutory framework governing the procurement of **non-clinical goods and services**, including:

- Digital systems
- Estates and facilities
- Consultancy
- Corporate services
- Equipment

It introduces:

- The Competitive Flexible Procedure
- The Open Procedure
- New transparency and publication requirements
- New obligations for contract award and modification

The Procurement Act must not be used for clinical services.

7.1.3 Public Contracts Regulations (2015)

Remain relevant for certain legacy contracts and transitional arrangements until fully superseded by the Procurement Act.

7.1.4 Equality Act (2010)

Requires the ICB to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations
- Complete Equality Impact Assessments (EIAs) for all procurements and contract changes

7.1.5 Health and Care Act (2022)

Establishes Integrated Care Boards and sets out statutory duties relating to:

- Integration
- Quality
- Health inequalities
- Public involvement
- Financial sustainability

Procurement decisions must support these duties.

7.1.6 Data Protection Act (2018) and UK GDPR

Require the ICB to ensure that all providers meet data protection, cyber security, and information governance standards.

A DPIA screening must be completed for all procurements.

7.2 NHS England Guidance

7.2.1 PSR Statutory Guidance (2023)

Provides detailed requirements for:

- Route selection
- Direct Awards
- Competitive processes
- Transparency notices
- Record-keeping
- Managing representations

This policy aligns fully with PSR guidance.

7.2.2 NHS Standard Contract

Sets out mandatory terms and conditions for clinical services.
All clinical procurements must use the NHS Standard Contract unless an approved variation applies.

7.2.3 NHS Provider Selection Regime Operational Guidance

Provides practical guidance on applying PSR routes, including:

- Evidence requirements
- Performance assessments
- Market analysis
- Proportionality
- Governance expectations

7.2.4 NHS England Commercial and Procurement Standards

Require ICBs to demonstrate:

- Robust governance
- Transparent decision making-making
- Market stewardship
- Value for money
- Social value
- Contract management capability

7.2.5 NHS England Net Zero and Sustainability Guidance

Requires all procurements to include:

- Carbon reduction measures
- Environmental sustainability requirements
- Social value aligned to Net Zero commitments

7.3 Cabinet Office and Government Commercial Function Guidance

7.3.1 Procurement Policy Notes (PPNs)

Relevant PPNs include (but are not limited to):

- **PPN 002/25** – Social Value Model
- **PPN 06/21** – Carbon Reduction Plans
- **PPN 03/23** – Supplier Cyber Security

- **PPN 01/23** – Transparency Requirements
- **PPN 11/20** – Reserving Contracts for SMEs and VCSEs

The ICB must apply relevant PPNs to all procurements.

7.4 Local Governance Frameworks

This policy must be read alongside the releve:

- Standing Orders (SOs)
- Standing Financial Instructions (SFIs)
- Scheme of Reservation and Delegation (SoRD)
- ICB Governance Handbook
- Contract Management Framework
- Decommissioning and Disinvestment Framework
- Financial Policies and Procedures

These documents set out internal controls, approval routes, and delegated authority.

8. Stakeholder Engagement Record

8.1 Strategy Development

The development of this policy has involved engagement with a range of internal and external stakeholders to ensure that the approach to procurement, contracting, decommissioning, and disinvestment is robust, legally compliant, and operationally deliverable across the Central East ICB footprint.

Engagement has focused on:

- Ensuring the policy reflects statutory requirements under the Provider Selection Regime and Procurement Act
- Harmonising legacy processes across the merged ICB
- Embedding system priorities, including reducing health inequalities and strengthening market sustainability
- Ensuring operational feasibility for commissioning, contracting, and procurement teams
- Incorporating clinical, financial, and legal perspectives

Ensuring alignment with ICS wide transformation programmesStakeholder feedback has informed the structure, clarity, and operational detail of the policy.

8.2 Stakeholder Engagement Table

Role/Group	Date of Engagement	Summary of Feedback
[Insert role/group]	[Insert date]	[Insert feedback summary]
[Insert role/group]	[Insert date]	[Insert feedback summary]
[Insert role/group]	[Insert date]	[Insert feedback summary]
[Insert role/group]	[Insert date]	[Insert feedback summary]

Note: This table should be completed during the governance and approval process to reflect actual engagement undertaken.

Accessibility Statement

Central East Integrated Care Board (ICB) is committed to ensuring that all policies, procedures, and supporting documents are accessible to staff, partners, and stakeholders. This policy is available in alternative formats upon request, including:

- Large print
- Braille
- Audio format
- Easy Read
- Translated versions

Requests for accessible formats should be directed to the relevant ICB team to ensure timely provision and compliance with accessibility standards.

Implementation Plan

The following plan sets out how this policy will be implemented across Central East ICB to ensure consistent adoption and compliance.

Development and Consultation

- Draft policy developed by the Procurement and Contracting Team
- Engagement with commissioning, contracting, finance, legal, digital, transformation, and clinical leads
- Review by governance and assurance teams
- Amendments made following stakeholder feedback

Dissemination

- Publication on the ICB intranet and policy library
- Communication via internal newsletters, team briefings, and directorate updates
- Direct circulation to commissioning, contracting, procurement, and programme teams

Training

- Mandatory training for all staff involved in commissioning, procurement, and contracting
- Additional training for senior responsible officers, programme leads, and contract managers
- Refresher sessions following legislative or policy updates

Monitoring

- Compliance monitored through internal audit, procurement pipeline reviews, and contract management oversight
- Regular reporting to the Finance, Performance and Procurement Committee (FPFC)
- Lessons learned incorporated into future policy updates

Review

- Policy reviewed every three years or earlier if required by legislative change
- Interim updates made where necessary to reflect new statutory guidance or organisational requirements

Equality, Diversity, and Privacy

- Equality Impact Assessment (EIA) and Data Protection Impact Assessment (DPIA) included in Appendices
- All procurement activity must comply with the Equality Act 2010 and UK GDPR

Associated Documents

- Standing Orders (SOs)
- Standing Financial Instructions (SFIs)
- Scheme of Reservation and Delegation (SoRD)
- Contract Management Framework
- Decommissioning and Disinvestment Framework
- NHS Standard Contract
- PSR Statutory Guidance
- Procurement Act Guidance

References

- Provider Selection Regime (2023)
- Procurement Act (2023)
- NHS England Commercial and Procurement Standards
- Relevant Procurement Policy Notes (PPNs)
- Health and Care Act (2022)
- Equality Act (2010)
- Data Protection Act (2018) and UK GDPR

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Procurement Policy 2026-28
Date of assessment:	19 March 2026
Screening undertaken by:	Kathryn Moody, Deputy Director of Contracting and Procurement

Protected characteristic and inclusion health groups. **Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:** **https://www.equalityhumanrights.com/en/equality-act/protected-characteristics**	**Could the policy create a disadvantage for some groups in application or access?** **(Give brief summary)**	**If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?** **If not, please detail additional actions that could help.** **If this is not possible, please explain why**
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	N	
Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	N	
Gender reassignment The process of transitioning from one gender to another.	N	
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	N	

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	N
Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	N
Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	N
Sex A man or a woman.	N
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	N
Carers Individuals within the ICB which may have carer responsibilities.	N

Please summarise the improvements which this policy offers compared to the previous version or position.

This policy gives a single Central East ICB approach to procurement, taking into account the latest legislation and statutory guidance and incorporating content from the three former ICBs. There has been no previous version of this from a Central East perspective.

Has potential disadvantage for some groups been identified which require mitigation?

No – procurement processes herein are governed by law, including the Equality Act 2010, and as such no disadvantage has been identified.

Yes / No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)

Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via ***(insert email address once confirmed)***

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Procurement Policy 2026-28
Date of assessment:	19 March 2026
Screening undertaken by:	Kathryn Moody, Deputy Director of Contracting and Procurement

Stage 1 – DPIA form **please answer 'Yes' or 'No'**

1.	**Will the policy result in the processing of personal identifiable information / data?** This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
2.	**Will the policy result in the processing of sensitive information / data?** This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
3.	**Will the policy involve the sharing of identifiers which are unique to an individual or household?** e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
4.	**Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?** **Pseudonymised data -** where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. **Anonymised data -** data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
5.	**Will the policy result in organisations or people having access to information they do not currently have access to?**	No
6.	**Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?**	No
7.	**Does the policy result in the use of technology which might be perceived as being privacy intruding?** e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8.	**Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?** Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No
9.	**Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?**	No
10.	**Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive?** e.g., personal email, text message etc.	No