



Overview of Outsourced Contracts at Pennine Acute

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Overview

Pennine Acute Joint Health Overview and Scrutiny Committee meeting requested details of services/contracts which had been outsourced to other organisations

This presentation sets out a number of contracts The Pennine Acute NHS Trust have outsourced to private providers

Details will be provided on what the service is and the supplier selection process





Legal Services

This agreement gives the Trust access to specialist legal support providing advice and assistance on legal matters, drafting/ review of both legal and commercial documents, advising on or engaging in negotiations of contracts and licenses, undertaking legal research or analysis.

As a result of a further competitive exercise undertaken under a SBS Framework Agreement, Hill Dickinson LLP was appointed as the provider of legal services to Pennine with preferential than framework rates being obtained.

Hill Dickinson has also agreed to continue with the agreed value added services already provided such as mock inquests, witness support sessions as part of the contract along with secondment arrangements and the provision of a volume discount rebate.





Interpretation and British sign Language (BSL)

Pennine Acute utilises the specialist support of Interpretation, Translation and Non-spoken word providers to supplement the availability and resource of its existing interpreter staff.

This service also provides a useful route to source niche or uncommon languages and dialects that are not available within the current in-house team of interpreters.

Services taken include face to face, telephone and British Sign Language (include Lip speaking and Deaf-blind interpretation).

The various services have been either put out to procurement or mini-competitions to ensure value for money against the contracted rates.





MRI Scanning

MRI scanning is partially outsourced across Pennine Acute as demand continues to increase at an unprecedented rate year on year.

To adhere to the 6 week waiting times for MRI scanning, a private company provides a staffed scanner at off site locations that are accessible to our patients.

A further competition under a framework was conducted to award this contract to one provider. Services were previously provided by a number of suppliers so by rationalising this contract, financial efficiencies were realised.

The framework also offers the flexibility to direct award to other providers when additional capacity is required.





Conclusions

The driver for outsourcing is through demand, lack of capacity, skills, expertise or better value for money can be achieved.

The decision making process around this is rigorous and review through the appropriate Northern Care Alliance governance committees.

Outsourced contracts are reviewed on a on-going basis to ensure value for money or whether a different model being more effective to support better patient care

This is evidenced through recent decisions where historical outsourced contracts are now being brought back in house due to changes in the market place and new skills being available to recruit the essential staff required