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**Dear Colleagues** 

# RE: TENDER FOR LABORATORY PROVISION OF ENGLISH PRIMARY HPV CERVICAL SCREENING

Thank you for your letter dated 17<sup>th</sup> December 2018 which I received by email on 19<sup>th</sup> December 2018. We have considered your letter and wish to respond to the issues your raise within it.

## **Timescales**

We will not be extending the deadline for submission of tenders from the revised date of 16<sup>th</sup> January 2019. As you note, patient safety during the transfer of work is crucial, therefore it is important that we factor in as much implementation time within the process as possible. Extending the deadline for submission further will have implications for our timetable for evaluation and decision making and as such, may prevent us from awarding contracts at the end of April 2019 for a 1 July 2019 start date. This is turn will impact on the opportunities and outcomes that HPV primary screening delivers for women participating in the NHS Cervical Screening Programme.

#### <u>Issues</u>

You state that the ITT is vague on a number of issues. Prospective bidding organisations have had the opportunity to seek clarification around the ITT following the launch of the procurement process on 26 November. As you will probably be aware, a number have raised questions in the areas you have identified and other areas to which we have appropriately responded through the formal procurement process.

## Call/Recall

NHS England has proactively engaged with CAPITA and we now have a way forward agreed which will allow laboratory providers to convert to HPV primary screening before the

#### **OFFICIAL**

conclusion of the procurement. We expect a number of laboratory providers to convert for the first time in January 2019 and more to follow in the months thereafter.

Prior to agreeing the resilience and procurement projects, NHS England undertook a high-level risk assessment around the capacity and capability of current systems to support the delivery of HPV primary screening. The conclusion of this assessment was that there are risks, but that these risks can be and are being mitigated. We continue to seek assurances as more providers convert as part of resilience and post contract award.

We continue to welcome the contribution that professional bodies are making to this, but as we are sure you will appreciate, we are currently in a formal procurement process which means that further discussion can only take place after contract award.

Yours sincerely

**ALISON COWIE** 

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Senior Programme Lead Public Health Commissioning Team

#### Cc:

Sandra Anglin, Head of Operational Delivery, Public Health Commissioning, NHS England Matt Fagg, Interim Director for Public Health Commissioning, NHS England Dr Henry Kitchener, Chair, Advisory Committee Cervical Screening Anne Mackie, Director of Screening, Public Health England Prof. Mike Richards, NHS England