

**Health & Social Care**

**Request for Approval of Direct Award Contract (DAC)**

**This form to be completed by the requesting officer; authorised by the appropriate Assistant Director / Co-Director; and sent to BSO Procurement and Logistics Service (PaLS) in advance of the purchase.**

<b>For above Threshold DACs I confirm I have engaged with BSO PaLS in advance of completing this DAC (see Para. 3.6 of Circular)</b>	<b>Name of PaLS' Officer</b>

<b>Section 1. Contact Details</b>	
<b>Name of Requesting Officer</b>	[REDACTED]
<b>Job Title</b>	[REDACTED]
<b>Department</b>	Medical Directorate and Operations
<b>HSC Organisation</b>	Northern Ireland Ambulance Service
<b>Address</b>	Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG
<b>E-mail address</b>	[REDACTED]
<b>Office Telephone Number</b>	[REDACTED]
<b>Mobile Telephone Number</b>	[REDACTED]

<b>Section 2.1. DAC Details</b>			
<b>Title of DAC</b>	NIAS Frequent Caller Support Service Pilot		
<b>Supplier Name</b>	British Redcross		
<b>Supplier Address</b>	British Redcross, 12 Heron Road, BT3 9LE		
<b>Is this a one off or Period DAC? (please tick)</b>	<input type="checkbox"/> One Off	<input type="checkbox"/>	<input checked="" type="checkbox"/> Period

If period DAC what is the potential duration? (including all extensions)	1	Year	0	Months
Anticipated Start Date (DD/MM/YYYY)	01/09/2022			
Anticipated end date (excluding extensions) (DD/MM/YYYY)	31/08/2023			
Anticipated final end date (including extensions) (DD/MM/YYYY)	N/A			
Duration of individual extensions e.g. annual, monthly	N/A			

### Section 2.2 DAC Value

This section to be completed, detailing the life cycle costs of the goods or services

Purchase Price of goods or services (exc VAT)	£189,370		
Consumable costs (including all provisions to extend) (exc VAT)	£0	If available under a compliant contract provide contract details and do not include value in the Total Estimated value*	
Maintenance/servicing/licencing costs (including all provisions to extend) (exc VAT)	£0	If available under a compliant contract provide contract details and do not include value in the Total Estimated value*	
Other costs associated with the product/service (exc VAT)			
<b>TOTAL*</b> estimated Value (including all provisions to extend)	Excluding VAT	VAT Rate (%)	Including VAT
	£189,370	0	£189,370

<b>Section 2.3 Purchase History</b>				
Have these goods or services or related goods and services been purchased previously?	Yes		No	✓
<p>If 'Yes' please provide details on how these purchases were made. (e.g. via a compliant contract; below DAC threshold requisition; a DAC).</p> <p>If this DAC relates to consumables, maintenance, licences etc. please provide details of the original equipment, system, software or service purchase.</p>				
If previous purchases have been made via a DAC provide details:				
DAC Reference and Title	Start Date	End Date	Approved Value (£)	Actual Expenditure (£)

**Section 3. DAC justification: Sole Source**

*Are these goods or services only available from one source? YES/NO*  
***If YES complete section 3 and proceed to Section 6; If NO proceed to section 4***

*This section to be completed where goods or services can be procured from only one source and no competition is available as provided for under Reg 32*

**Artistic Reasons (32(2)(b)(i); Technical Reasons (32(2)(b)(ii) and 32(5)(b) & 32(6) or Exclusive Rights (32(2)(b)(iii))**

<b>Description of goods/services required</b>	
<b>Why are these goods or services required?</b>	
<b>Why are these goods and services required from this specific supplier?</b>	
<b>How will prices, volumes and duration of the DAC be minimised?</b>	
<b>How will VFM be obtained?</b>	

<b>What is the procurement plan beyond this DAC?</b>	
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**Section 4. DAC justification: Specific Product/Service/Supplier**

*This section to be completed where goods or services can be procured from multiple sources or where alternative products/services exist, but where for specific reasons only one supplier is to be used.*

<b>Description of goods/services required</b>	<p>Implementation of a bespoke support service specifically designed to address Ambulance Service Frequent Callers, many of whom have been adversely effected by Covid 19, ensuring that their health and social care needs are being met, whilst simultaneously reducing the demand on the Ambulance Service and local Emergency Departments.</p> <p>This bespoke support service will be financed from a one-off grant awarded by NHS Charities for £189,370.</p> <p>Using a person-centred de-medicalised model, a specialist team of staff and volunteers will provide one-to-one tailored intensive coaching support. There are no limits on the length of service user engagement but GB experience shows an average of 3-6 months, longer for the most complex cases. Utilising the BRC's humanitarian approach, a focus will be placed on the service user's strengths and goals, breaking the cycle of health inequality through enabling access to essential health and social care.</p> <p>Service users who meet the pre-determined criteria will be referred to this service by Northern Ireland Ambulance Service (NIAS) Complex Case Team (CCT). BRC, in partnership with NIAS staff and other health and care professionals, will build a profile of the individual and underlying reasons for their use of unscheduled services.</p>
<b>Why are these particular goods or services required?</b>	<p>The Frequent Caller National Network defines a Frequent Caller (FC) as anyone over the age of 18 years who calls '999' five or more times in one month or twelve or more times in three months. In the Northern Ireland Ambulance Service (NIAS), it is the role of the Complex Case Team (CCT) to engage with this cohort of vulnerable individuals. Since the CCT was formed in 2017, over 700 people across Northern Ireland (NI) have met the National FC criteria. Frequent Callers require intensive support to address their needs and reduce their contact with emergency care services and to integrate back into functioning and participating members of society.</p> <p>The vision for NIAS is "improved health and wellbeing for the Northern Ireland community through safe, effective high quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole health care system".</p>

	<p>This vision is underpinned by NIAS' 3 strategic aims:</p> <ul style="list-style-type: none"> <li>• To deliver a safe, high quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and efficient.</li> <li>• To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity.</li> <li>• To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services.</li> </ul> <p>Research has shown that patients who make high use of emergency healthcare – in particular the ED - experience higher mortality rates than the general population. Furthermore, failing to address the volume of calls made by FCs not only puts the public at risk of a delayed ambulance response, but ignoring the challenge of inappropriate use leads to inefficiencies, poor patient experience and clinically unsafe environments.</p>
<p><b>Why are these goods or services required from this specific supplier?</b></p>	<p>The BRC has extensive experience across the UK and has carried out research in this field, primarily in England, where the organisation has a number of FC programmes. This involves working with 7 Ambulance Trusts, 16 Acute hospitals, 15 Community Health Teams and 4 Primary Care Networks.</p> <p>Learning from the experience of similar BRC projects elsewhere in GB, we want to enable the FCs to better manage and improve their overall mental health, well-being, and life circumstances. By building the knowledge and confidence of the service user to interact more effectively with services they will be better able to access the right care and support at the right time in the right place.</p>
<p><b>Have other suppliers/products been considered?</b></p> <p><b>Please provide details</b></p>	<p>At the time of writing, the NIAS are not aware of any other supplies in Northern Ireland who currently provide the bespoke service required. The BRC have conducted and published research and positive outcomes from similar projects in England and Wales. It is evident that they have experience in providing the required bespoke service to this specific cohort of vulnerable adults in the community.</p>
<p><b>How will prices, volumes and duration of the DAC be minimised?</b></p>	<p>The funding for this project was awarded by NHS Charities via a one off award of £189, 370 (paid in two deposits). It is our intention to use this funding towards a Proof-of-Concept pilot aimed at simultaneously providing assistance to FCs and significantly reducing the calls for assistance in the Belfast and South Eastern Divisional catchment areas.</p> <p>See appendix of the original funding bid to NHS Charities.</p>

<p>How will VFM be obtained?</p>	<p>Reduction in attendance with latest BRC evaluation work demonstrating a minimum 40% reduction in A&amp;E attendances and a 40% reduction in non-elective admissions.</p> <p>Reduction in inappropriate use of ambulance services</p> <table border="0"> <tr> <td>1.1</td> <td><i>Reduction in the number of calls to ambulance services</i></td> <td>40%</td> </tr> <tr> <td>1.2</td> <td><i>Reduction in the number of conveyances to hospital</i></td> <td>40%</td> </tr> </table> <p>BRC services currently deliver in excess of this 40% target, some achieving nearer to 80% reductions in activity.</p> <p>Cost savings/Return on Investment to the health system. Some programmes in GB have shown within 4-6 months of the service going live that for every £1 spent, a £3 return on investment is realised.</p> <p><b>Service user outcomes</b></p> <table border="0"> <tr> <td>2.1</td> <td><i>People supported feel less lonely at the end of our support</i></td> <td>66%</td> </tr> <tr> <td>2.2</td> <td><i>People experience improved personal well-being at the end support</i></td> <td>66%</td> </tr> </table> <p><b>Service user feedback</b></p> <table border="0"> <tr> <td>3.1</td> <td><i>People reporting a positive experience of our support</i></td> <td>80%</td> </tr> </table> <p><b>Case studies</b></p> <table border="0"> <tr> <td>4.1</td> <td><i>Number of case studies per quarter</i></td> <td>3</td> </tr> </table> <p><b>Service delivery</b></p> <table border="0"> <tr> <td>5.1</td> <td><i>Number of new referrals per annum</i></td> <td>170</td> </tr> <tr> <td>5.2</td> <td><i>People progressing in at least one goal by the end of support</i></td> <td>90%</td> </tr> </table> <p>The table below is based on experience to date elsewhere in the UK and uses 17 conveyances per person as the average in the previous 12 months and uses England tariffs which are assumed to be broadly similar. It looks at the impact across the hospital system as a whole.</p>	1.1	<i>Reduction in the number of calls to ambulance services</i>	40%	1.2	<i>Reduction in the number of conveyances to hospital</i>	40%	2.1	<i>People supported feel less lonely at the end of our support</i>	66%	2.2	<i>People experience improved personal well-being at the end support</i>	66%	3.1	<i>People reporting a positive experience of our support</i>	80%	4.1	<i>Number of case studies per quarter</i>	3	5.1	<i>Number of new referrals per annum</i>	170	5.2	<i>People progressing in at least one goal by the end of support</i>	90%
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	Ambulance conveyance	A&E attendances	Emergency Admission	
<b>Episodes average for 170 average HIUs</b>	2887	3971	858	
<b>Cost per episode (tariff)</b>	£ 224	£ 130	£ 2,000	
<b>System cost</b>	£ 646,688	£ 516,230	£ 1,716,000	£ 2,878,918
<b>40% savings (episode)</b>	1155	1588	343	
<b>40% savings (£)</b>	£ 258,675	£ 206,492	£ 686,400	£ 1,151,567
<b>ROI</b>				<b>509%</b>
	Please note, the 'Cost per episode' above are figures from BRC programmes with English ambulance Trusts. Whilst the figures are indicative, there may be a slight variation in costs in Northern Ireland.			
<b>What is the procurement plan beyond this DAC?</b>	NIAS will work actively with BRC to secure long term funding for this initiative as part of the health transformation agenda in Northern Ireland as we can demonstrate that it relieves pressure across the Health and Social Care system. We believe this should be a commissioned service, as is the case elsewhere in the UK, and we will seek to add our influence with the Health Minister, Department of Health, Directors of Unscheduled Care and other relevant stakeholders			



**Section 5. Direct Award Contract - Contract Extension of Term or Extension of Scope**

*This section to be completed where extension of the scope or duration of an existing contract is being requested and an extension under Reg 72 is not an option. Check with PaLS if an extension under Reg 72 is applicable. Then proceed to section 6. If no contract currently exists, ensure that you have completed either section 3 or section 4.*

Description of good/services required			
Current Contract Title			
Current Supplier			
Current Contract Start Date			
Current Contract End Date			
Initial Contract Value			
Actual spend to date			
If applicable, when was OJEU/FTS (as appropriate) notice published?		OJEU/FTS Notice Reference	
Why is Regulation 72 not applicable?			
Proposed Extension Start Date			
Proposed Extension End Date			
Extension of scope Please detail			
Why are these particular goods or services required?			

<p>Why are these goods or services required from this specific supplier?</p>	
<p>Have other suppliers been considered? Please provide details</p>	
<p>How will prices, volumes and duration of the DAC be minimised?</p>	
<p>How will VFM be obtained?</p>	
<p>What is the procurement plan beyond this DAC?</p>	

<p><b>Section 6: Requesting Officer and Recommending Officer Approvals</b></p>		
<p><b><u>Requester</u></b> I hereby seek approval for a Direct Award Contract as detailed above. In doing so, I declare that I do not have an external personal or monetary interest in the company to which this DAC will be awarded.</p>		
<p><b>Print Name</b> </p>	<p><b>Signature</b> </p>	<p><b>Date</b> 28/7/22</p>
<p><b><u>Recommended by Assistant / Co-Director</u></b></p>		

I hereby confirm that the details provided in respect of this Direct Award Contract are correct, and I declare that I do not have an external personal or monetary interest in the company to which this DAC will be awarded.

Print Name	Signature	Date
		<u>28/07/2022</u>

Section 7: BSO  
Only

## PaLS ADVICE – For PaLS Use

Supplier reference: 

Category	Category	
A. Sole Source Technical	F. Specific Supplier User Identified	X
B. Sole Source Exclusive Rights	G. Specific Supplier Other	
C. Sole Source Artistic	H. Contract Extension Term	
D. Sole Source Other	I. Contract Extension Scope	
E. Specific Supplier pending tender / quotation	J. Contract Extension Other	

This Direct Award Contract (DAC) has been submitted by Medical Directorate and Operations Department, NIAS for the purchase of NIAS Frequent Caller Support Service Pilot. The estimated value of this DAC is £189,370 (exc of VAT) for the period of 1 year (01/09/22 to 31/08/23).

The Requesting Officer has advised that *"This bespoke support service will be financed from a one-off grant awarded by NHS Charities for £189,370"*.

Whilst this is a pilot, NIAS should ensure that any specifications or requirements it has for these services are not drafted in such a way as to exclude other providers from being able to deliver similar, equivalent or alternative services. Technical specifications should afford equal access to economic operators and should not have the effect of creating unjustified obstacles to the opening of procurement to competition. The reasons put forward for the direct award of this contract must make it absolutely necessary to award to this company and no other.

The requesting department should ensure the provision of the services on this occasion does not prejudice any further purchases or provision in favour of this economic operator, present any advantage over other economic operators or commit NIAS to any further uncompetitive purchases or provision beyond the pilot assessment. A move from pilot to normal business must be competitively tested or drawn appropriately from an existing compliant source.

NIAS must ensure:

- that its value for money justification has been appropriately benchmarked;
- it complies with Northern Ireland Public Procurement Policy and best practice guidance;
- the direct award contract is subject to the appropriate HSC Standard Terms and Conditions of Contract and not those of the economic operator. The range of HSC Standard Terms and Conditions are available via a link on the PaLS- Procurement and Logistics Service page on the BSO Website - [www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net);
- the direct award contract is managed in accordance with Procurement Guidance Note 01/12 Contract Management – Procedures and Principles (amended July 2017) available in the Policy Section of Construction and Procurement Delivery's web site - [www.dfpni.gov.uk/cpd](http://www.dfpni.gov.uk/cpd);
- This proposed direct award contract may be subject to the requirements of Procurement Policy Note PPN 01/21 Scoring Social Value. The NIAS should therefore be aware of and comply with their obligations under this policy.
- Given the nature of this proposed direct award contract is likely to be subject to the

<b>Section 7: BSO Only</b>	<b>PaLS ADVICE – For PaLS Use</b>
<b>Supplier reference:</b>	[Redacted]

requirements of Procurement Policy Note PPN 05/21 Human Rights in Public Procurement. The [Trust/HSC Organisation/NIFRS] must therefore be aware of and comply with their obligations under this Policy.

- that appropriate monitoring of spend against the approved value under this DAC is undertaken;
- that it regularly monitors its spend on these services given the potential for aggregation;
- that the incumbent provider(s) have not been placed at any advantage in the evaluation or conduct of any future procurement exercise by this (or any previous) directly awarded contract.

In accordance with paragraph 18 of the Department of Health (DOH) Circular Reference HSC(F) 13-2022 and on the basis of the information provided, the RAG rating on this DAC has been classified as Red due to the value being in breach of the Threshold.

This DAC requires appropriate Departmental Accounting Officer consideration.

<b>DAC status:</b>	<b>Prospective</b>
<b>RAG Risk Status:</b>	<b>RED</b>
<b>Signed:</b>	[Redacted]
<b>Print Name:</b>	[Redacted]
<b>Band (Senior Procurement Manager and above only):</b>	[Redacted]

**Section 8 Accounting Officer Approvals**

**Section 8.1 : ALB Accounting Officer Approval**

<b>Date:</b>	<b>03/08/2022</b>
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I authorise the following action:

- a) progress this DAC on behalf of the Contracting Authority as detailed above
- ~~b) do NOT progress this DAC – take no further action~~
- ~~c) do NOT progress this DAC – procure these goods or services in accordance with normal HSC procurement procedures.~~

*(delete as applicable)*

If DAC value > £30k, notification of this award requires publication on the CoPE website. Accordingly, confirm the reason for the DAC:

In the public interest	<input type="checkbox"/>
<b>OR</b>	
In compliance with Reg 32	<input type="checkbox"/>

I hereby declare that I do not have an external personal or monetary interest in the company to which this DAC will be awarded (applicable only in respect of option (a) above). I have read CPD Policy Guidance Note 03/11, related DOH Guidance HSC (F) 13/2022 and the advice above provided by PaLS.

<b>Name:</b> [REDACTED]	<b>Title:</b> CHIEF EXECUTIVE	<b>Date:</b> 5/7/22
<b>Signature:</b> [REDACTED]		

**Section 8.2 Publication of Contract Award Notice**

Awards made under the Public Contracts Regulations require publication of a Contract Award Notice in Find a Tender Service

<b>Contract Award Notice Reference</b>	
<b>Date Contract Award Notice Published</b>	

**Section 8.3 Departmental Accounting Officer Approval (where required)**

<b>Name:</b> [REDACTED]	<b>Title:</b> [REDACTED]	<b>Date:</b> 25/08/2022
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<b>Signature:</b>		