iProcureSecurity PCP

Pre-Commercial Procurement of Innovative Triage Management Systems Strengthening Resilience and Interoperability of Emergency Medical Services

Open Market Consultation

ITALIA

10 Marzo 2022 ore 11:00 – 13:00 CET

office@iprocuresecurity.eu

pcp.iprocuresecurity.eu

@procuresecurity

iProcureSecurity PCP

INFO PER PARTECIPARE

This session will be entirely recorded and published on the iProcureSecurity PCP website.

All participants except speakers and moderators will be **muted by default**.

Feel free to post your questions in the **chat**.

If you would like to speak, raise your hand and wait for the moderator to give you the floor.

Objectives

1 Introduce the iProcureSecurity PCP project and the Call for Tenders

2 Explain the Pre-Commercial Procurement (PCP) mechanism

3 Consult with potential suppliers the draft specifications

4 Facilitate the establishment of partnerships

Presenters

Piero Maria Brambilla

Senior Consultant

AREU, Lombardia

Andrea Comelli

Direttore "ad interim" SSD Maxiemergenza

AREU, Lombardia

Andrea Pagliosa

IT & BI Specialist

AREU, Lombardia

Alberto Lombardi

DPO - Clinical Eng.

ASL Benevento

Nadia Sgro

Project Manager

ASL Benevento

Agenda

1. WELCOME & INTRODUCTION	11:00-11:30
2. MAIN CHALLENGES & SCOPE	11:30-12:00
3. PRE-COMMERCIAL PROCUREMENT AS A TOOL FOR INNOVATION PROCUREMENT	12:00-12:20
4. IPROCURESECURITY PCP PHASES & TENDER PROCESS	12:20-12:30
5. NEXT STEPS	12:30-12:40
6. QUESTIONS	12:40-13:00

Current issues with triage management

⊙ Planning and decision making

- ○ Lack of clarity for the head of operations on the ground and for command and control structures and dispatch centres
- ○ Missing information on environmental conditions (traffic conditions and weather conditions)
- ○ No data for decision support to improve resource allocation and casualty transport

⊙ Resource allocation

- ○ Resource allocation is sometimes inefficient due to missing interoperability of used systems
- ○ An exhaustive analysis of the data generated in the incident is required, both in real time and afterwards
- ○ Automated monitoring of already assessed casualties can free up human resources to care for other casualties.

⊙ Triage practice

- ○ Current triage is not very flexible
- ○ Improvement of re-triage, i.e. monitoring of the condition and vital signs of already triaged casualties

⊙ Data transmission

- ○ Radio messages are prone to confusion and slow

⊙ Interoperability

- ○ Missing interoperability (missing APIs) between applied EMS systems
- ○ Missing interoperability between all the actors participating in the emergency
- ○ Missing interoperability with national Electronic Health Record

Importance of triage management

Situation assessment
Secure incident location
Establish safety zones

Primary and secondary triage
Setup of on-site infrastructure

Continuous monitoring
and treatment of victims

Transportation of victims,
continuous treatment

Incident

Arrival of EMS

Handover for
transportation

Handover to
hospital care

What

o Sorting of casualties into priority groups according to their needs and the available resources.
o Ensure the efficient use of available resources (e.g. personnel, supplies, equipment, transportation, medical facilities).

Why

o Low probability but high impact of events
o Affects the extent and quality of care delivered by the EMS system.
o Reduced mortality and increases quality of life of casualties.

Trend

o Number of natural and man-made disasters increase
o Risk drivers: climate change, urbanisation, changing security landscape, technological developments

**" L'obiettivo principale di iProcureSecurity PCP è quello di migliorare il soccorso nelle maxi-emergenze attraverso un sistema flessibile di gestione del triage.
La UE ha reso disponibili 6,7 milioni di euro per i servizi di R&S in questo settore "**

Partners del Progetto

9 **partners**

da

5 **nazioni**

responsabili per il soccorso pre-ospedaliero di

40 **milioni di persone**

* Lead Procurer

KENTRO MELETON ASFALEIAS (KEMEA) – GREECE *

EMPRESA PUBLICA DE EMERGENCIAS SANITARIAS (EPES) - SPAIN

SERVICIO MADRILENO DE SALUD (SERMAS) - SPAIN

OSTERREICHISCHES ROTES KREUZ (ARC) - AUSTRIA

AGENZIA REGIONALE EMERGENZA URGENZA (AREU) - ITALY

AZIENDA SANITARIA LOCALE BENEVENTO (ASLBN) - ITALY

ELLINIKOS ERYTHROS STAVROS (HRC) - GREECE

ETHINKO KENTRO AMESIS VOITHEIAS (EKAB) - GREECE

IZMIR BUYUKSEHIR BELEDIYESI (IBB) - TURKEY

12 partners

from

6 countries

10 advisors

160+ **EMS** network members

iProcureSecurity **PCP**

◉ Supporting organisations

SYNYO — SYNYO GmbH – AUSTRIA *

AAHD — ACIL AFET AMBULANS HEKIMLERI DERNEGI (AAHD) - TURKEY

empirica — EMPIRICA TECHNOLOGY RESEARCH (EMPIRICA) - GERMANY

◉ Complemented by an Advisory Board of international EMS experts and the wider iProcureSecurity EMS Network

Process

- Pre-Commercial Procurement of R&D services

- Phased approach, moving from design, through prototyping and testing

- Competitive process – several contractors active in any given phase

- Avoids lock-in – at least two solutions fully tested in the last phase

AREU - Agenzia Regionale Emergenza Urgenza

Instituted on April 2nd 2008 by the Government of Lombardy with the deliberation 6994/2008

AREU is 100% owned and financed by the Government of Lombardy

Focus

Ensure consistent and effective

Management of extra-hospital Emergency Medical Services (EMS)

Organs and Tissues transportation and crews management for Transplant activities.

exchange and compensation of blood and blood components coordinated by the Regional Coordination Structure

Non-urgent ambulance transportation services in the region

Definition, implementation and management of Regional 112 PSAPs

Social value harmonic number for non-emergency health care

for a population of 10 Millions

Motivation

- The real motivation for seeking innovation in the area of triage is driven by the need to move from a paper-only solution to a more efficient digital solution integrated with our emergency management system used both in C&CC and in the field.
  The lack of a digital triage solution is a significant limitation in terms of efficiency and effectiveness.

- The most relevant results of the project will be the existence of at least one new and updated digital triage system.

- This will give AREU a real chance to improve its operational capacity during major emergency events.

Similar projects

- The **HeERO** projects (Harmonised eCall European pilot) funded by EU Commission under the ICT PSP program. It addresses the pan-European in-vehicle emergency call service "eCall" based on 112, the common European Emergency number.

- The **NEXES** project (Next generation Emergency Services) funded by EU Commission under the Research and Innovation Action, aims to research, test and validate the promising integration of IP-based communication technologies and interoperability into the next generation emergency services, so that they attain increased effectiveness and performance.

- **EUOL** (Emergency-Urgency On Line) system in Lombardy Region: real time information system among hospitals and EMS dispatch centers on the availability of "critical" resources: emergency departments, ICUs, operating rooms, cath-labs and interventional radiology, other diagnostics.

- **HELP 112**, funded by EU Commission, is the pilot project on the design, implementation and execution of the transfer of GNSS data during a 112 call to a PSAP.

- **Smart Healthcare for a Smart City** – Experience with Vodafone 5G network dedicated to e-health, concerning the design and implementation of smart ambulances and emergency vehicles.

- **Valkyries** - Harmonization and Pre-Standardization of Equipment, Training and Tactical Coordinated procedures for First Aid Vehicles deployment on European multi-victim Disasters

Participating staff members

Piero Maria Brambilla
- Senior Consultant & Advisor
- Former AREU CIO & CTO

Andrea Comelli
- Ad Interim Director of AREU Maxi-emergency Department
- Medical Referent of Lombardy USAR Team

Gabriele Dassi
- AREU CIO & CTO
- System Architect

Alessandro Gervasi
- AREU Procurement Department Manager

Andrea Pagliosa
- AREU BI Coordinator
- Expert in EMS Process Management

Eleonora Zucchinali
- AREU Procurement Department Director

About ASL Benevento

Azienda Sanitaria Locale Benevento (ASL BN) is one of the 7 Local Health Agencies of the Campania Region. It is a public entity with managerial, technical and financial autonomy.
ASL BN manage the health issues at local level and carries out the tasks of the national health system in the geographical area of the Benevento Province.

ASL BN is characterized by:
- an area of 2000 sq km
- a population of about 300.000 inhabitants
- 78 municipalities

ASL BN is organized in:

- **n.5 Healthcare Districts**

- **n.3 multifunctional Health Departments**, including Prevention and Mental Health Departments.

- **Emergency Medical Service of Benevento Province** (*Operational Center of Regional Emergency Health Service*)

Emergency Medical Service - ASL BN
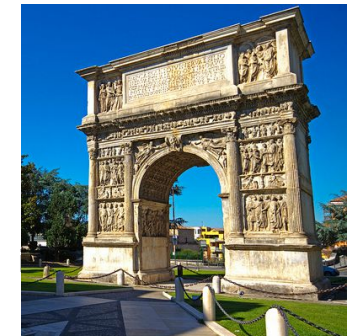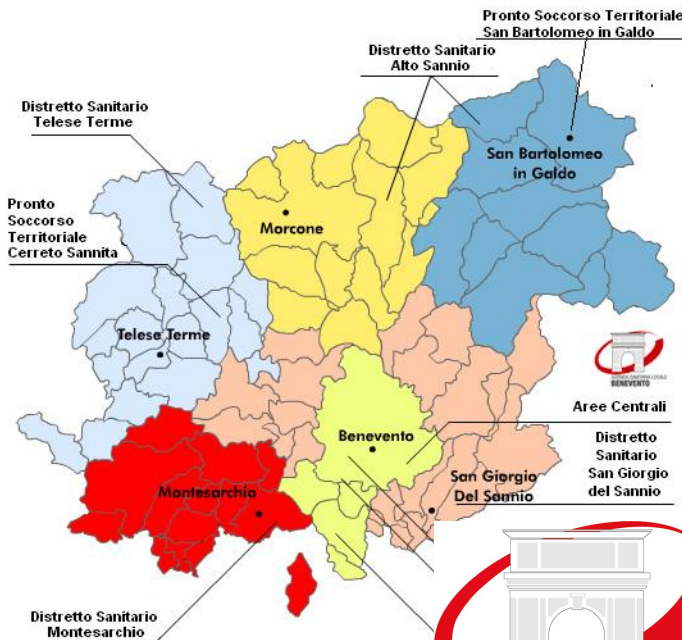
•The ASL BN coordinates the **Operational Center of the Benevento Province** through a coordinated emergency health system.

•The service is active 24 hours a day and the emergency calls are answered by a specially trained health worker directs the ambulance operators to the emergency services in the province.To allow immediate intervention, constant mapping and knowledge of the available beds in the Province Hospital, as well as constant connection with the entire regional network.

•ASL Benevento has a **helipad** enabled for night landing located near the Benevento Hospital, to allow disadvantaged areas to be able to benefit from adequate emergency assistance in a short time.

•In addition to hospitals, EMS in Benevento also relies on the provincial network of **11 emergency units** located in the Benevento Province

AZIENDA SANITARIA LOCALE
BENEVENTO

iPS Project – ASLBN TEAM

Alberto Lombardi
- Data Protection Officer
- Clinical Engineering Unit Manager
- Prevention and Protection Officer
- HTA & Telemedicine expert

Roberto De Toma
- Procurement Department Director
- Health Civil Engineer
- Project Management expert

Maria Concetta Conte
- ASLBN Health Director
- Social Health Coordination Director
- Campania Region Crisis Unit Member

Nadia Sgro
- Project Management expert
- Health Management Engineer

Davide Capone
- Project Management expert
- Health Management Engineer

Samantha Canonico
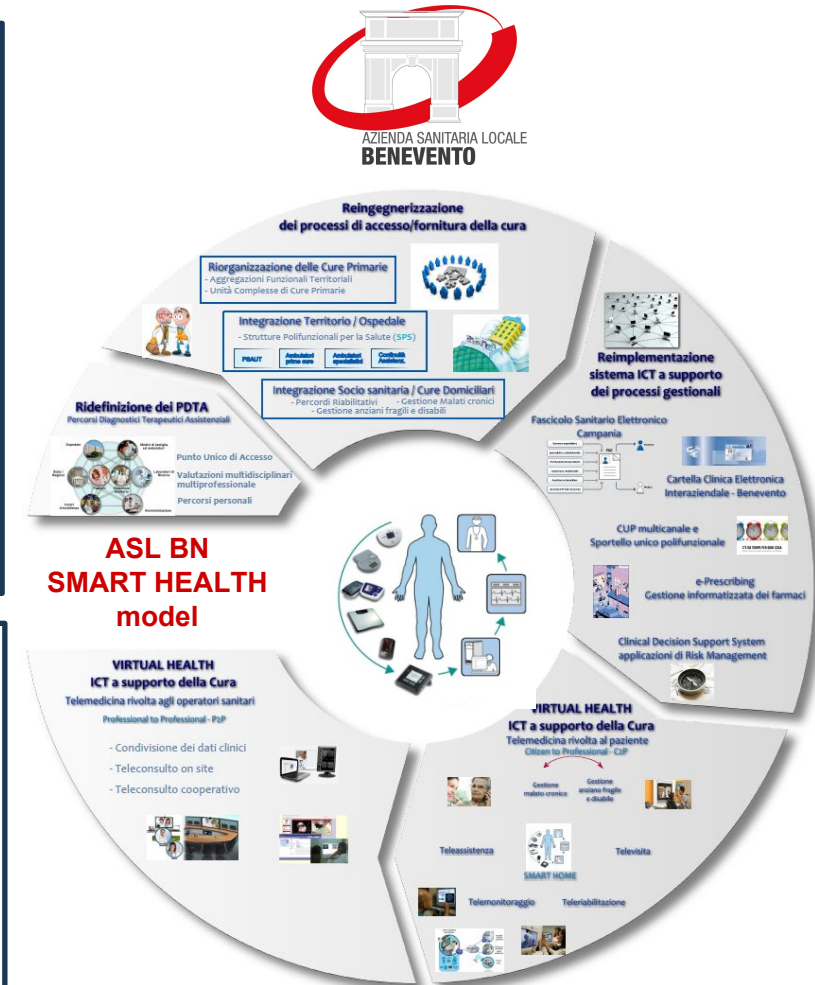- Financial Administrative support

ASL BN **Projects – 2020/2021**

Local / National Projects

SMART CARE ASLBN Integrated Healthcare Services

SMART CARE ASLBN Telemedicine Services

RETE IMA   NETWORK FOR ACUTE MYOCARDIAL INFARCTION

ASL BN SMART HEALTH model

Horizon 2020 Projects

eCARE PCP – digital solutions supporting continuum of care for frailty prevention in old adults

ASL BN main tasks and role in eCARE:
-Lead procurer & Responsible of Procurement and Contract implementation

iProcureSecurity PCP – Innovative Triage Management System

iPS Project Outcomes – ASLBN Challenges

ASL BN participates in the iPS project with the full support of the Emergency Medical Services of Campania Region and the Health Agency's General Management.

The objective of ASL BN is to improve the quality of life of the patients, preventing diseases and managing emergencies with a multidimensional approach throught digital disruptive innovation solutions.

ASL BN Challenges:

- provide its patients **with innovative digital solutions for the prevention and complete management of emergency services and therapeutic diagnostic path**, aimed at encouraging independent living, well-being and supporting the transition to integrated care.

- **improve and manage a smart and integrated emergency health management system**

- **develop preventive heath models, which increase the effectiveness and efficiency of health and emergency services, reducing social and economic costs**.

Innovation Process
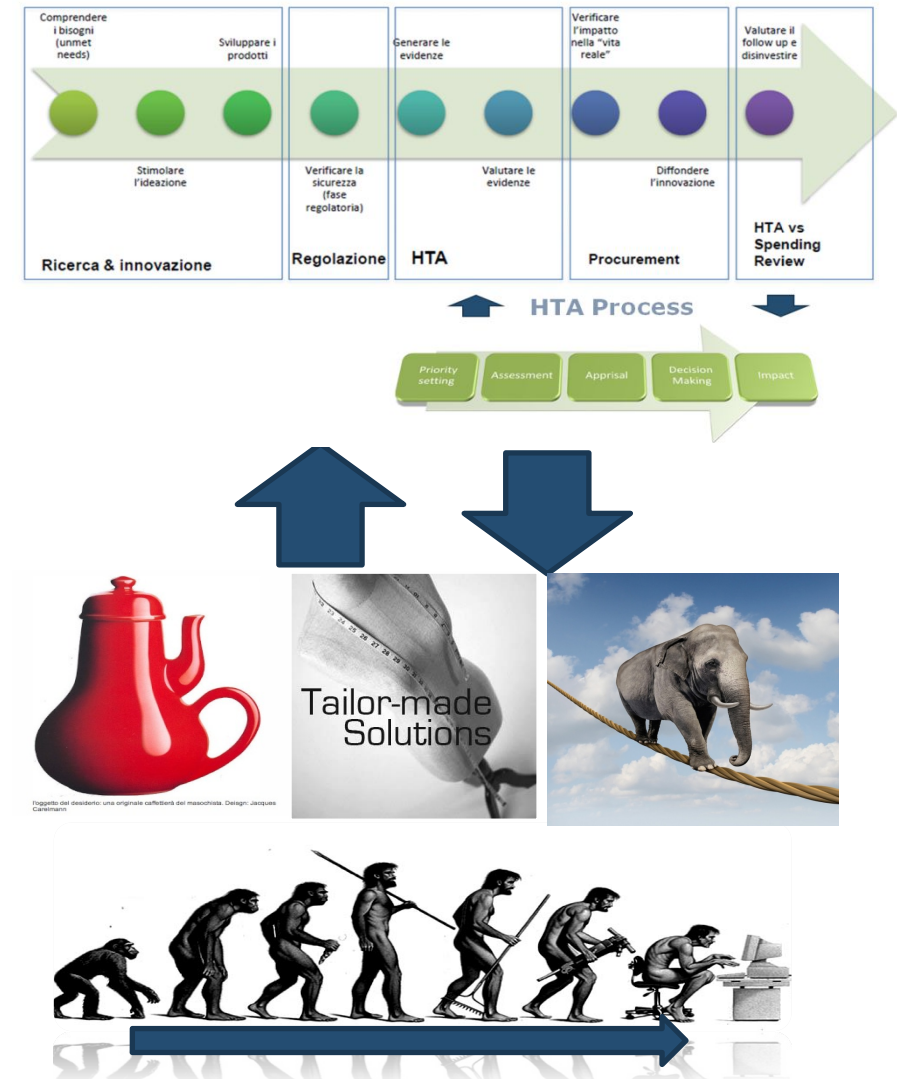
Innovation Technology cannot be separated from the organization or from its users, but co-evolves with them, contributing to new organizational forms

MAIN CHALLENGES & SCOPE

Andrea Comelli

Direttore "ad interim" SSD Maxiemergenza

AREU
Sistema Socio Sanitaria
Regione Lombardia

Motivation

Common needs

- Quick assessment of the situation on site (e.g. number, location, status of casualties)
- Better and quicker planning onsite
- Reducing reaction time to changing situations
- Availability of data that help to make better informed decisions
- More reliable tagging of casualties
- Better interoperability with all relevant agencies in onsite/at disaster area
- Better distribution of resources at the scene
- Increase in rapid transportation of casualties (According to their status)
- Right distribution of casualties to avoid overcrowded hospitals

## Innovative EMS approaches should:

- make the EMS system interoperable and travel with the casualty
- make the status very visible in all situations and weather conditions (night, smoke, etc.)
- allow data transfer to EMS decision makers onsite and enable hem to distribute resources and organise rapid transportation of casualties
- save data for analysis
- help during the handover process from outside to inside hospital
- allow overseeing the situation (number of casualties, location and status)

⦿ Focus on complete on-site management

… with links to further communication (e.g. EMCC) and health and care interfaces (e.g. data from triage passed on to the treatment centre / hospital)

⦿ ICT-enabled support

Solutions are expected to provide the necessary devices that work together to manage the triage process (e.g. triage tags, mobile devices)

MAIN ACTORS AND SYSTEMS IN A TRIAGE MANAGEMENT SCENARIO

Requirements - examples
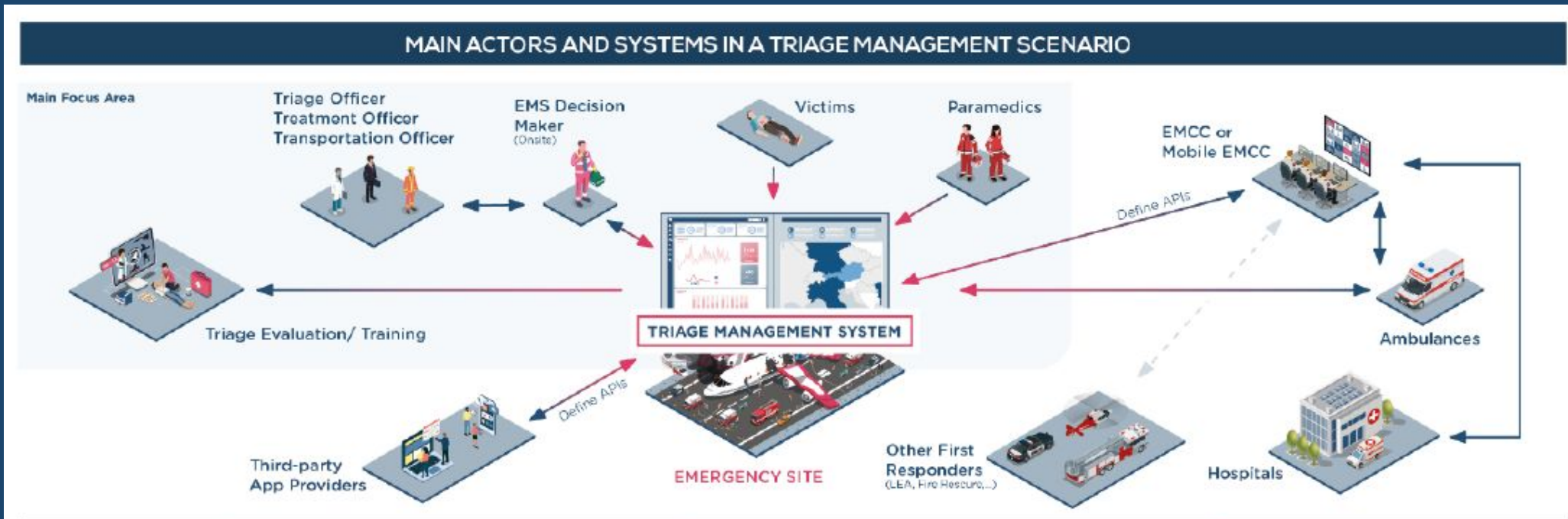
Quick and accurate overview of casualties and their status

o   Distinguish **different roles** in the system, such as casualties, different types of EMS practitioners

o   **Display casualties at a glance** as they are being registered, their status and triage steps they are in, geolocation, etc.

o   Allow for **identifying the casualties** , e.g. by scanning their ID cards, adding a photo taken by the EMS practitioner, possibly access to the casualty's medical record/HER

o   Provide an **innovative device (tag)** that can be attached to the casualty easily in different conditions and **displaying information** such as status, ID, as well as **collecting information** (e.g. vital signs, status changes) which can be viewed via appropriate interfaces by the EMS team. Further innovative elements are desirable, such as voice recognition. Some information should be visible directly on the device (e.g. circulation, breathing, disability, child/adult, stabilisation actions, exposure, bleeding/fractures/injuries, CBRN, airway, injury location, pregnancy), other information may be visible only through a connection to another interface such as a tablet.

Requirements - examples

iProcureSecurity PCP

⭕ **Decision support for better allocation of available resources and quicker support for casualties**

- o Allowing to quickly **add new users** to the system when dealing with a specific MCI, **assigning roles** to them and allowing them to **set preferences** in the system (e.g. language)

- o A comprehensive way of **displaying the whole picture**, including mapping of the MCI area and ability to add / chart elements, resources (e.g. triage stations, vehicles area, etc.) on a shared map, displaying an overview of the casualties as they are being registered in the system by on-the-ground staff, overview of checklists of important actions to take into account for the EMS onsite staff

- o Provide **complementary information** such as weather conditions, traffic conditions, surroundings

- o Provide **decision support** based on the available data entered into the system, which supports decisions such as which hospital to select for different casualties based on available infrastructure (e.g. ICU beds) and specialisation (e.g. burns)of the hospitals nearby, required types of transportation (land/air) and number of transport vehicles, number and type of personnel, required logistic resources (supplies), etc.

- o Support **staff management**, such as staff location and types, check-in and check-out, staff progress (e.g. view of main completed tasks or checklists completed), easily communicate to the staff through the system, e.g. by sending a reminder to staff for a specific action regarding a specific casualty

Requirements - examples

⬤ **Improved coordination and communication among the different EMS actors**

- Keep track of all actions – a unique record of a **casualty's journey**

- **Share live information** about red / danger zones

- **Store** and **exchange images** (e.g. with EMCC)

- Ensure **messages are stored** in case of blocked communication and are labelled clearly if they are outdated (e.g. due to missing network connection)

⬤ **Reduced handover times between ambulance transport and hospitals**

- Display **available infrastructure** of hospitals nearby, their specialisation and capacity

- **Alert hospitals** of upcoming casualties in need of treatment

- Enable **sending of relevant information** (incl. clinical data) to those hospitals

Requirements - examples

○ **Insights for quality assurance and training measures**

- Providing information necessary to **evaluate the event ex-post** (e.g. number of casualties and their status, number of vehicles and other resources used, number of EMS staff involved, used equipment, reaction times between reported actions logged in the system, collaboration with local hospitals, internal and external communication, etc.)

- Offering **real data** from past MCI events **for simulation purposes** and augmented reality enabled training

○ **Interoperability with existing systems**

- Use of a **harmonised terminology**

- **Connection with existing APIs and systems** of the procurers (detailed in the tender documents)

- Enable **sharing of data with other first respondents** like police and rescue (to be defined in the tender documents)

- **Sharing of clinical data** collected onsite hospitals (EHRs)
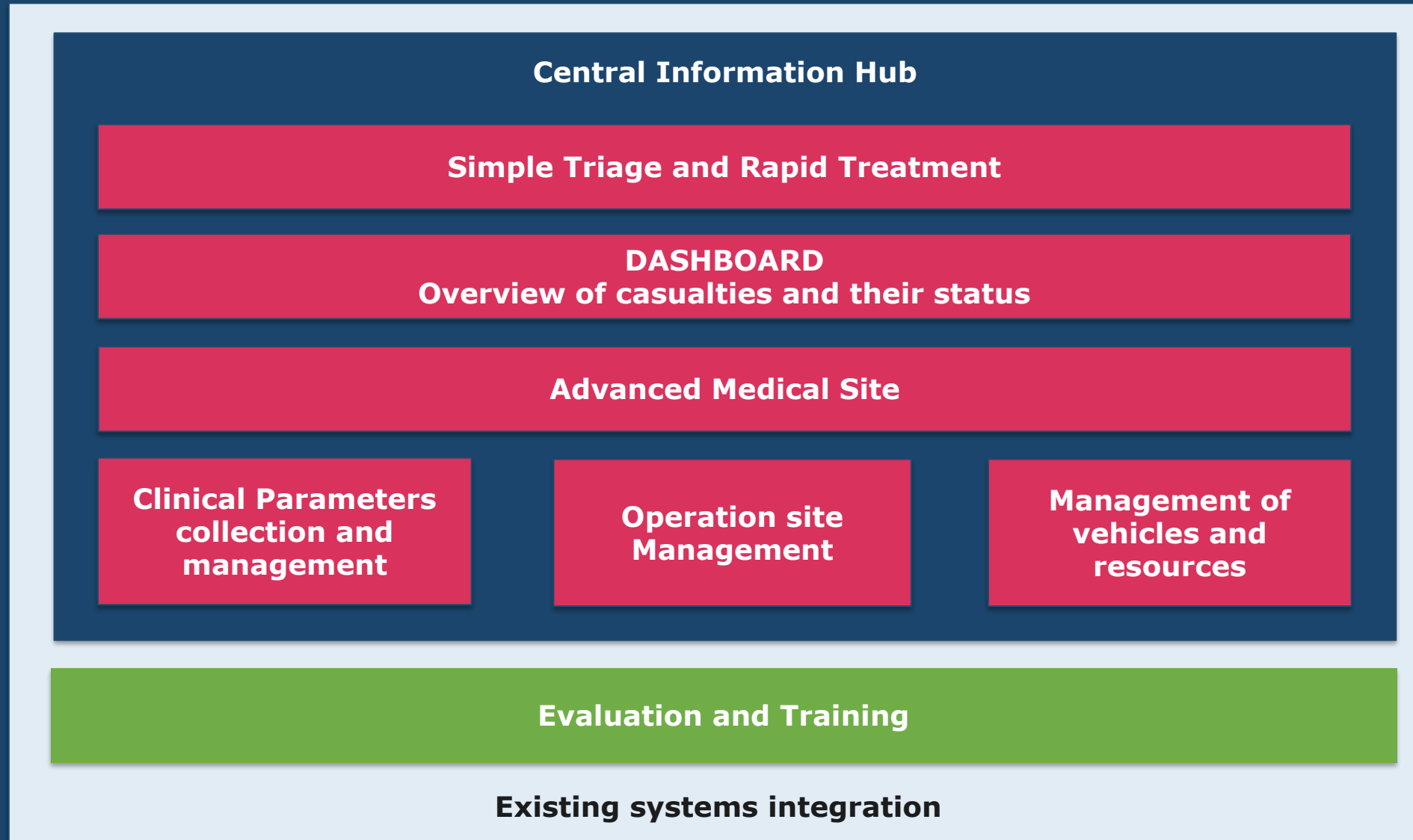
Requirements - examples

- **Operational – during the PCP**

  o Provide the solution in **all languages** of the procurers – English, Spanish, German, Italian, Greek, Turkish

  o **Develop prototypes** in two iterations (phase II) and test them with end users (n = 10 per pilot)

  o Fully develop the systems and test them extensively with end users (e.g. as part of national or international simulation events to be agreed with the procurers in phase III)

  o Ensure all equipment necessary for the solution to work (e.g. mobile devices, tags) is made available during the simulation events (plan for at least 10 end users per pilot)

  o Collect data in collaboration with the procurers to evaluate the solution's effectiveness

- **Other – related to privacy, security, connectivity, usability, performance**

Use cases

Central Information Hub

Simple Triage and Rapid Treatment

DASHBOARD
Overview of casualties and their status

Advanced Medical Site

Clinical Parameters collection and management

Operation site Management

Management of vehicles and resources

Evaluation and Training
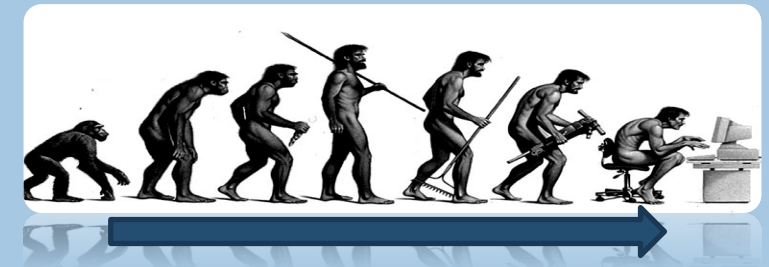
Existing systems integration

WHAT AND WHY?
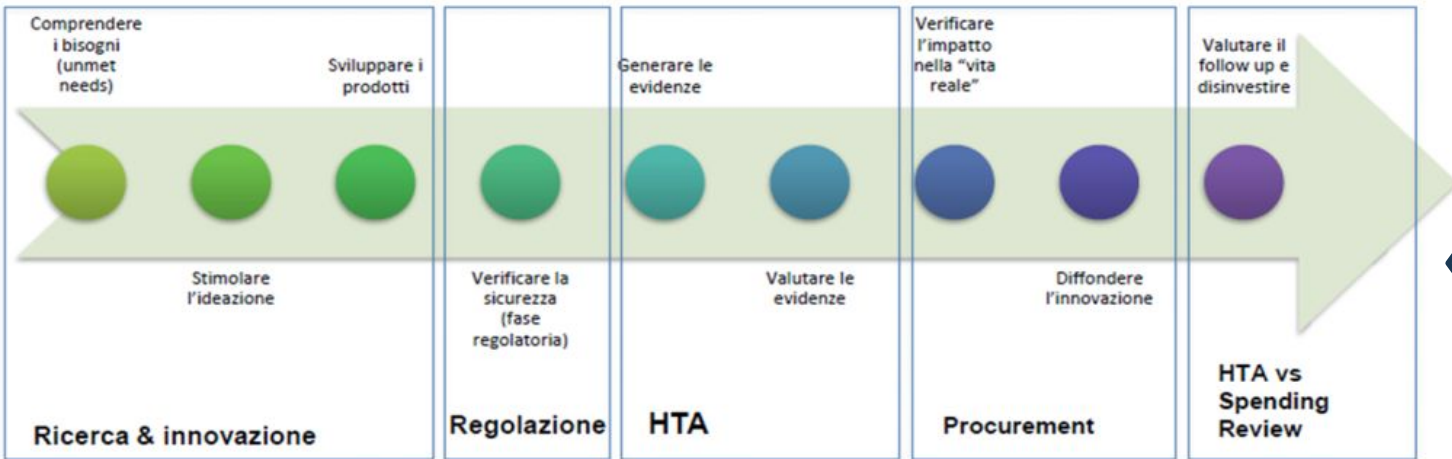
PCP Pre Commercial Procurement
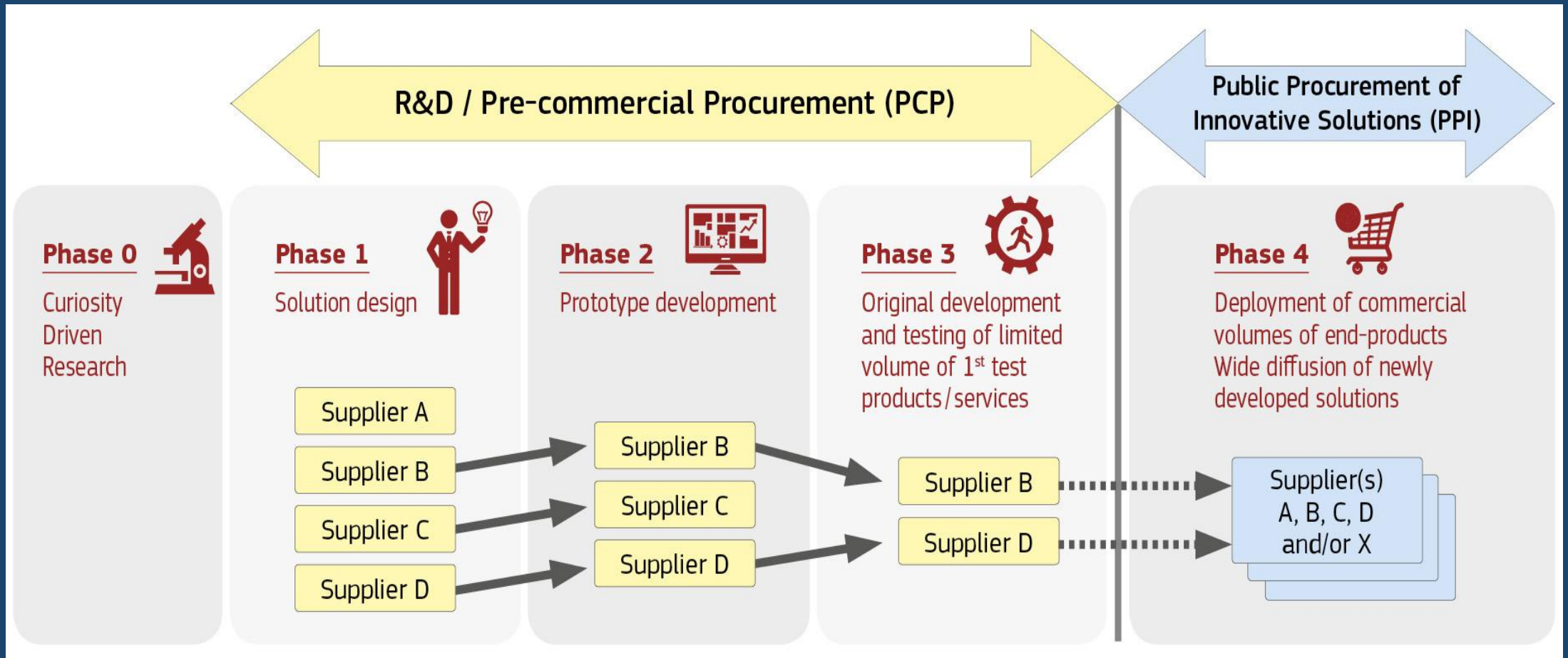**PPI** Public Procurement for Innovative solutions

Innovation Technology cannot be separated from the organization or from its users, but co-evolves with them, contributing to new organizational forms

WHAT AND WHY?

- **Pre-Commercial Procurement** (PCP) is the procurement of R&D services to develop pioneering innovative solutions, before they are commercially available

- **Public Procurement of Innovative solutions** (PPI) happens when the public sector uses its purchasing power to act as early adopter of innovative solutions which are not yet available on large scale commercial basis

- Society faces important **challenges**: Health care, Climate Change, Energy Efficiency, Transport, Security…

WHAT AND WHY?

R&D / Pre-commercial Procurement (PCP)

Public Procurement of Innovative Solutions (PPI)

Phase 0
Curiosity Driven Research

Phase 1
Solution design

Phase 2
Prototype development

Phase 3
Original development and testing of limited volume of 1st test products / services

Phase 4
Deployment of commercial volumes of end-products
Wide diffusion of newly developed solutions

Phase 1: Supplier A, Supplier B, Supplier C, Supplier D

Phase 2: Supplier B, Supplier C, Supplier D

Phase 3: Supplier B, Supplier D

Phase 4: Supplier(s) A, B, C, D and/or X

HOW?

PCP Phase 0			PCP Phase I	PCP Phase II	PCP Phase III
Specification Phase	Preparation Phase	Call for Tenders	Solution Design	Prototype Development	Testing Pilot Systems
			Supplier A		
			Supplier B		
			Supplier C	Supplier A	
			Supplier D	Supplier C	Supplier A
			Supplier E	Supplier D	Supplier D
			Supplier F	Supplier F	
			6 Suppliers	4 Suppliers	2 Suppliers
8 Months		4 Months	4 Months	8 Months	8 Months
User requirements engineering, use cases definitions	Open market consultation, tender preparation	Assessment and selection of offers	Concept design, solution architecture and technical specifications	Development of prototype systems in two iterations	Development and testing of pilot systems

A Win-Win for everyone!

Benefits for taxpayers

- Access to **better public services**;
- More innovative and globally **competitive society**;

- Attractive for **foreign investment**;
- Increased **employment** demand.

Benefits for procurers

- **Solutions steered to public sector needs**;
- **Increase quality of services**;
- Knowledge about **pros/cons of alternative solutions**;
- Procurers get to **select the best option.**

Benefits for suppliers

- Opportunities to **gain leadership in a sector or to enter new markets**;
- **Retention of IPR ownership**;
- Testing under **real world conditions**;
- **Shortening time-to-market** for innovative products/services.
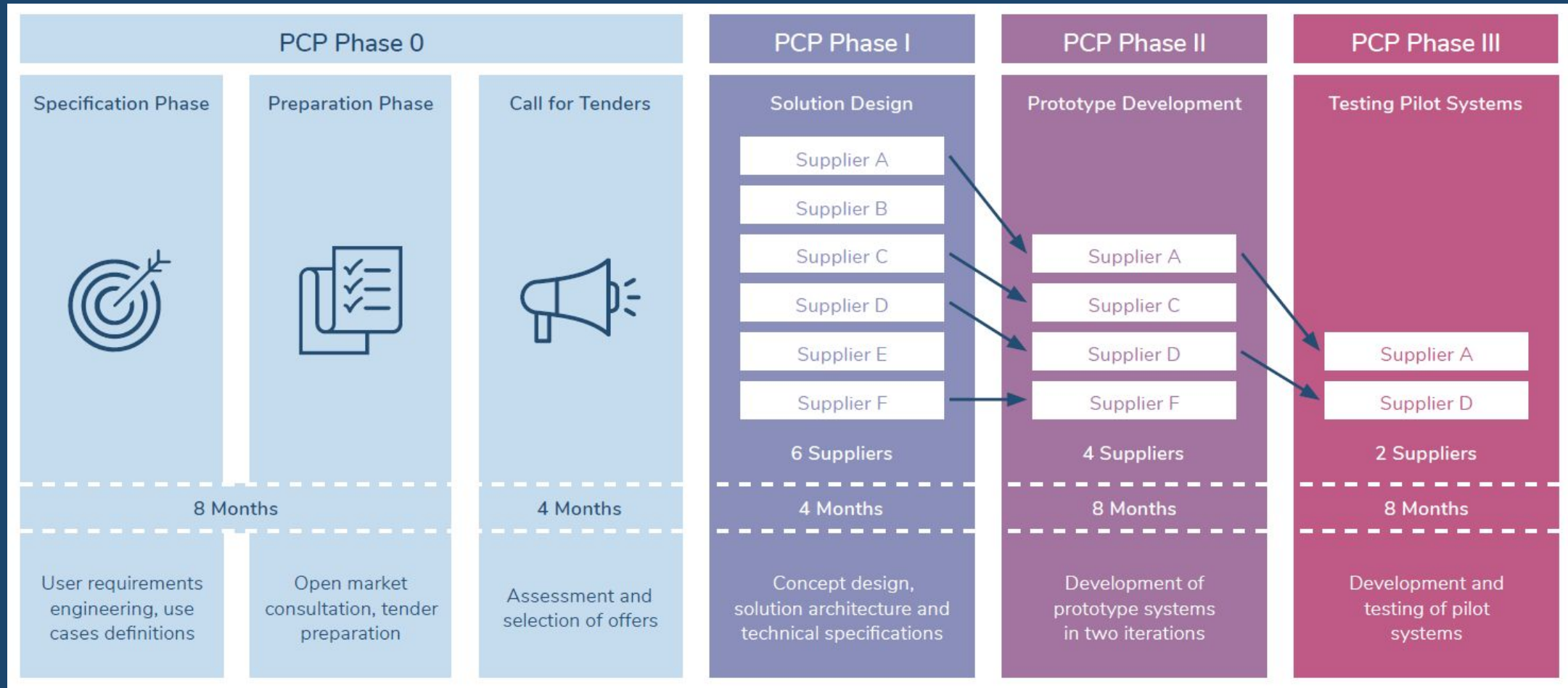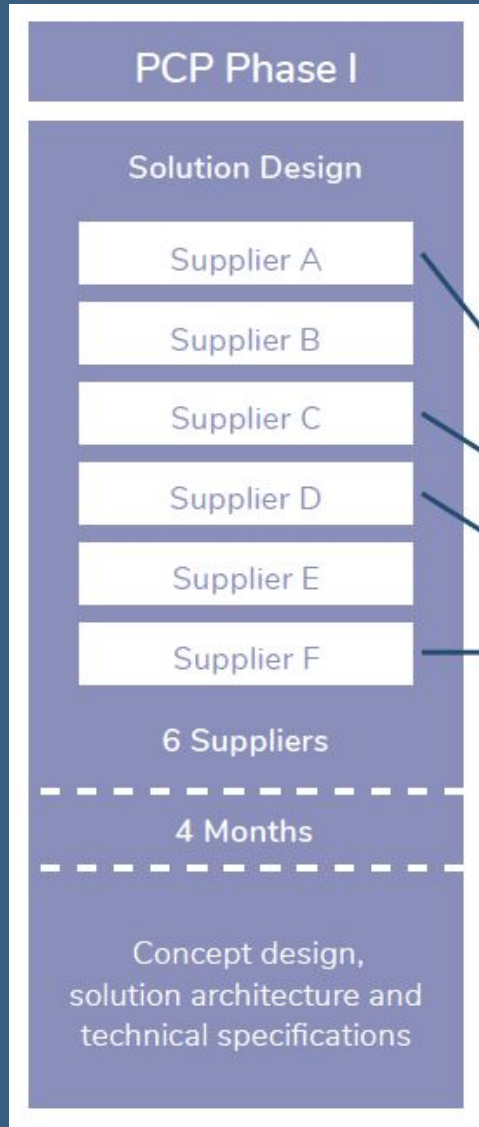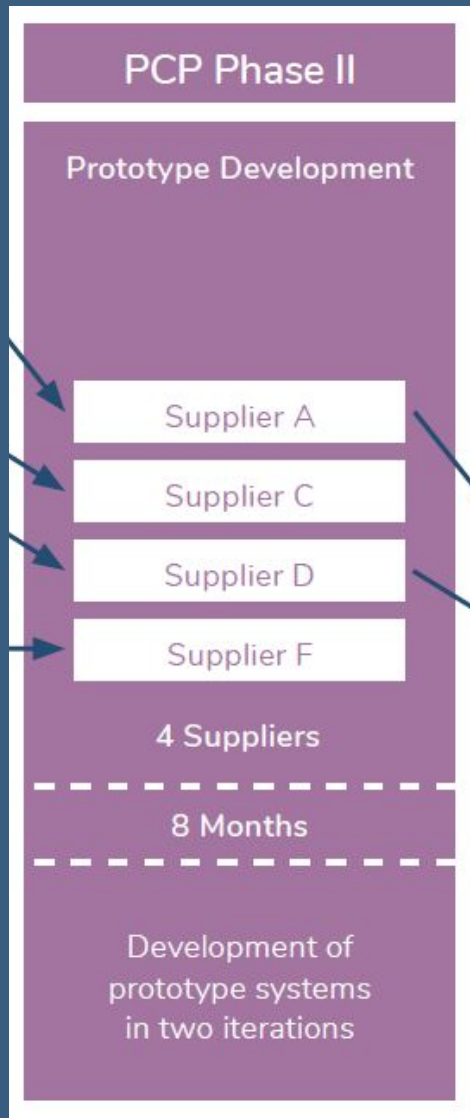
PHASE I

Concept design, solution architecture and technical specifications based on procurers' requirements, use cases and process models
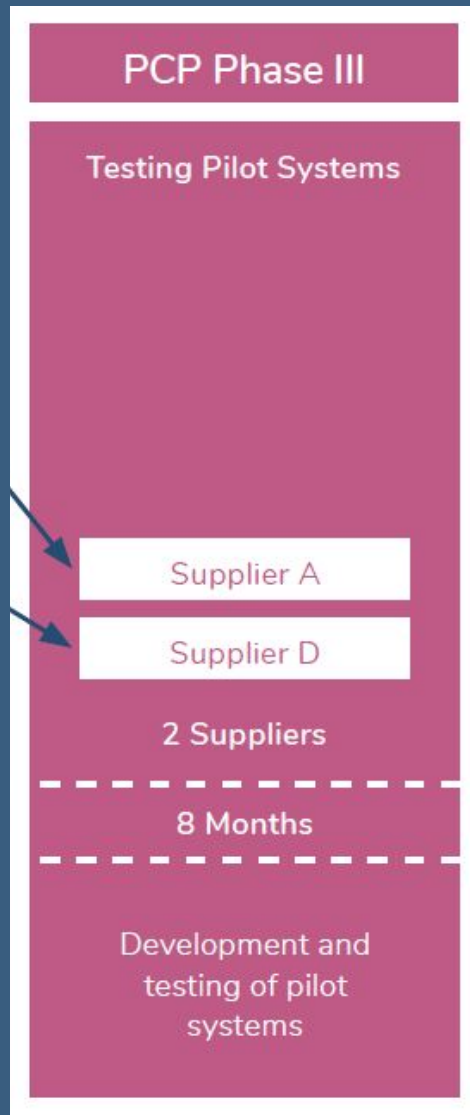
- **6** suppliers expected to be awarded

- **Expected output**:
  - Detailed report describing the solution and a detailed plan for the prototyping and testing activities in Phases II & III.

- **4 months**

- Maximum phase total budget: **€840,000** (max. €140,000 per contractor)
  - The offers are ranked according to **quality – price ratio**
  - Contracts are awarded **until the remaining budget for that phase is insufficient** to contract the next best tender

PCP Phase I

Solution Design

Supplier A

Supplier B

Supplier C

Supplier D

Supplier E

Supplier F

6 Suppliers

4 Months

Concept design, solution architecture and technical specifications

PHASE II

Development of prototype systems in two iterations

- **4** suppliers expected to be awarded

- **Expected output**:

  - Prototype specification (v1)

  - Prototype demonstration (v2)

  - Plan for development of a limited volume of solutions for field-testing

  - Updated cost/benefits forecast including a preliminary business plan

- **8 months**

- Maximum phase total budget: **€2,940,000** (max. €735,000 per contractor)

  - The offers are ranked according to **quality – price ratio**

  - Contracts are awarded **until the remaining budget for that phase is insufficient** to contract the next best tender

PHASE III

Final development and testing of a limited volume of services in real world conditions

- **2** suppliers expected to be awarded

- **Expected output**:

  - Implementation in 5 testing sites

  - Overall assessment and success verification

  - Updated cost/benefits forecast, including a preliminary business plan

- **8 months**

- Maximum phase total budget: **€4,620,000** (max. €2,310,000 per contractor)

  - The offers are ranked according to **quality – price ratio**

  - Contracts are awarded **until the remaining budget for that phase is insufficient** to contract the next best tender

SUBMISSION OF TENDRES

ELECTRONIC SUBMISSION

(VIA DEDICATED PORTAL)

DIFFERENT SECTIONS

(ADMINISTRATIVE, TECHNICAL FINANCIAL)

5 MONTHS

TO SUBMIT OFFERS (TBC)

ENGLISH

AS THE OFFICIAL LANGUAGE

ELIGIBILITY & EVALUATION CRITERIA

iProcure Security PCP

- **Open to all types of operators** (companies or other type of legal entities) regardless of their size or governance structure

- **Single and joint tenders**

- **OMC participation voluntary** It is not a prerequisite for participating in the Call for Tenders.

- **Exclusion, selection and compliance criteria** The criteria are still being developed.

- **Focus on quality** The price-quality ration will favour the quality criteria.

Quality / price ratio example

A weight of 80/20 is given to quality and price, respectively

Score for tender = Cheapest Price/Price of tender X ✖ 100 ✖ Price weighting (20%) ➕ Total quality score (out of 100) for all award criteria of tender x ✖ Quality critera weighting (80 %)

Ranked tenders are funded until the phase budget is insufficient to fund the next best tender.

Contract, monitoring and payments

CONTRACTING

Framework agreement with specific contracts in each phase.

MONITORING

During each phase, contract implementation will be **monitored periodically and reviewed against the expected outcomes** (milestones, deliverables and output or results) for the phases.

COMPLETION CRITERIA

Satisfactory completion of milestones and deliverables: Requirement for payment

Successful completion: Prerequisite for passing from one phase to the next.

INTELLECTUAL PROPERTY RIGHTS

SUPPLIERS KEEP OWNERSHIP OF THE INTELLECTUAL PROPERTY RIGHTS

attached to the results generated during the PCP implementation.

A FINANCIAL COMPENSATION

is to be calculated in the financial section of the tender. The **actual price** is the price quoted by the supplier. The **market price** is the price that the supplier would have quoted.

VAT

- The procurement budget is **centralised** with the Lead Procurer (KEMEA) with headquarters in Greece. KEMEA is entitled to a deduction for input VAT. For suppliers from Greece (in the case of joint consortia, the consortium coordinator' headquarters are of relevance) national VAT procedures apply.

- **Suppliers from EU member states**: Invoicing without VAT using the reverse charge procedure. KEMEA's full data and VAT number must be included. Suppliers VAT number must appear.

- **Suppliers from third countries**: VAT is calculated and reported by KEMEA. If the supplier upon import is obliged to report VAT according to the rules of the home country and the invoice contains VAT, that VAT is non-deductible in Greece. Instead, VAT amount is to be considered as a cost of the service.

- Tenderers to calculate if their net amount + VAT is still under or equal to the ceiling amount, and not higher. Example: Budget procured 124k, suppliers VAT 24 %, max. value of the service without VAT is 100k.

NEXT STEPS

Andrea Pagliosa

IT & BI Specialist

AREU
Sistema Socio Sanitaria
Regione Lombardia

WHY AN OPEN MARKET CONSULTATION?

The OMC aims to bring the market perspective to a procurement process

➤

It helps the procurers to prepare an effective pro-innovation tendering approach

➤

It enables the suppliers to work in advance and prepare competitive offers.

➤

Participation in the Open Market Consultation is not a prerequisite for participating in the Call for Tenders.

OMC activities

iProcure**Security** PCP

Local Events
Each iProcureSecurity PCP procurer offers an event, preferably in their local language.

International Event
24 March 2022. Webinar in English for market players in addition to the local events. Supplier Pitching session. See next slides for details.

OMC Questionnaire
See next slides for details.

Matchmaking
See next slides for details.

We are aiming to improve the requirements with your feedback prior to the call launch

Complete the OMC questionnaire and let us know your thoughts!

QUESTIONNAIRE	SCOPE DOCUMENT
	(included in the questionnaire)

https://ec.europa.eu/eusurvey/runner/OMCiProcureSecurityPCP

Obtain market feedback

Key for the success of the procurement

Creation of a competitive consortium

iProcureSecurity PCP

We encourage suppliers which cannot cover the whole
iProcureSecurity PCP scope to team up with other organisations.

MATCHMAKING TOOL

Fill in the Market Consultation questionnaire to get support for
your partner search
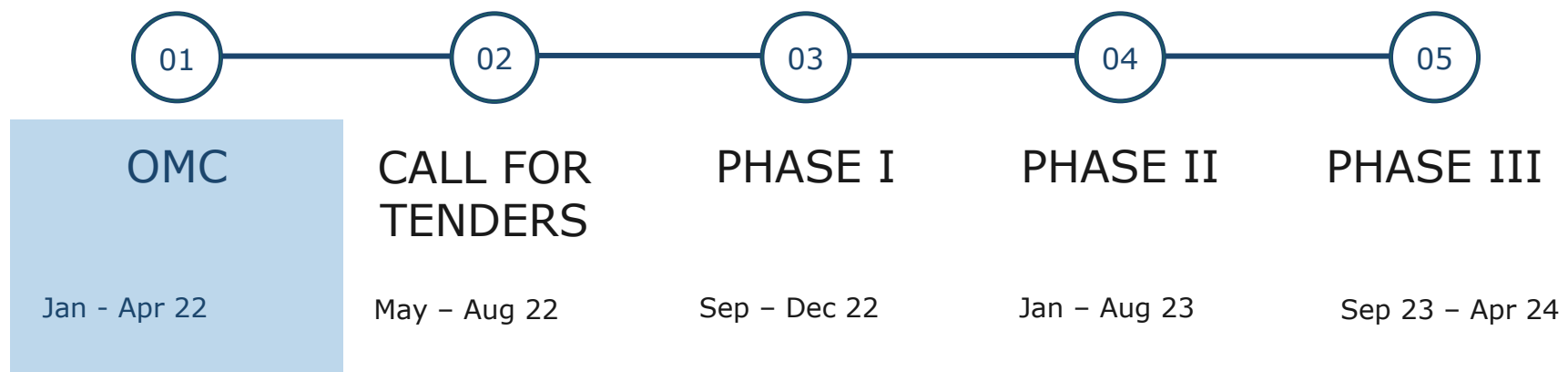pcp.iprocuresecurity.eu/matchmaking/

PITCHING AT THE INTERNATIONAL WEBINAR

Participate in in a dedicated pitching session at the international
event and meet other organisations looking for partnership. If
you have not yet stated a preference while registering for the
OMC, send an email to office@iprocuresecurity.eu

Our Roadmap

Tentative timeline

01	02	03	04	05
OMC	CALL FOR TENDERS	PHASE I	PHASE II	PHASE III
Jan - Apr 22	May – Aug 22	Sep – Dec 22	Jan – Aug 23	Sep 23 – Apr 24

Q&A