22 June 2017

Dear Bidders,

**Request for Quotation: Barts Health Readmissions Audit 17/19, Ref: PRJ456**

I am writing to you on behalf of Newham CCG (lead commissioner), Barts Health NHS Trust, and NEL Commissioning Support Unit (collectively referred to as The Commissioners within this document). We currently have a requirement for the Clinical Audit of Readmissions to Barts Health, the details of which are set out in the Annex A to this RfQ letter.

We need our chosen supplier to commence the work in the week commencing 7 August 2017 and finish the work on or before 15 September 17.

Please note the attached (Annex C) NHS Terms and Conditions for Provision of Services will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a ‘bid response document’ to the following email box nelcsu.welcpod-procurement@nhs.net **by 11:59 pm on Wednesday 05 July 2017** with the following information:

* Full name and address of supplier, our reference number and your contact details;
* Details of services to be supplied including details in response to the requirements set out in the Annex A / the evaluation criteria to this letter and a referee (preferably public sector);
* Expected delivery / start / finish date, and a project time table;
* Tender Response document (Annex B);
* Confirmation of acceptance of the terms and conditions of contract (Annex C);
* Financial submissions/Total price excluding VAT (Annex D);
* Annex E – Conflict of Interest Declaration.

The timetable for this Request for Quotation exercise is as follows:

| **Description** | **Date** |
| --- | --- |
| Request for Quotation Issued | 22 June 2017 |
| Deadline for Clarification Questions | 30 June 2017 |
| Written Request for Quotation Submission deadline | 05 July 2017 |
| Internal Assessment and Moderation of Written Proposal | 05 – 07 July 2017 |
| Invitation of top 3 scoring bidders to Interview/ Presentation  | 07 July 2017 |
| Interview/Presentation | 14 July 2017 |
| Approve Contract Recommendation | 17 – 20 July 2017 |
| Successful and unsuccessful bidder notifications | 21 July 2017 |
| Contract Award | 21 July 2017 |
| Contract Mobilisation  | 24 July – 04 August 2017 |
| Contract Commencement  | 07 August 2017 |
| Audit Period (Clinical notes audit and presentation to local clinicians) | 07 August – 15 Sep 2017 |
| Final Presentation of Audit Report  | 15 September 2017 |

The Commissioners is seeking quotations from a number of suppliers. The following criteria will apply to the selection of the successful supplier:

| # | Evaluation Criteria | Responses/Weight |
| --- | --- | --- |
| **1** | **Pass /Fail Questions**  |  |
|  | 1.1 | Your average turnover over the past two years must be £250,000 or more. Please provide your annual accounts for the last two years as evidence.  | **Yes / No** |
|  | 1.2 | Please confirm that you have undertaken at least two projects of a similar nature, size and complexity, with **brief details, including references and contact details for the relevant organisations**.Project 1Project 2Please note The Commmissioners will take up references, and an unsatisfactory reference may lead to a ‘fail’ on this question | **Yes / No** |
|  | 1.3 | Please confirm that you can complete the project within the timescale outlined in the specification | **Yes / No** |
| **2** | **Proposed Approach** | **70%** |
|  | 2.1 | Clear Methodology showing how clinician input will be maximised. | 20% |
|  | 2.2 | Project Delivery Plan with evidence of deliverability | 15% |
|  | 2.3 | Proven experience and capability in this audit field or similar audits (provide details of previous experience of carrying out similar projects) | 15% |
|  | 2.4 | Evidence of Quality Assurance for your organization, including consistency of approach | 10% |
|  | 2.5 | Demonstrated ability to work to deadlines and organisational capacity to undertake the work given other commitments | 10% |
| **3** | **Price** | **20%** |
| **4** | **Presentation/Interview**  | **10%** |
|  | **Proposed Approach + Price + Presentation/Interview** | **100%** |

Each scored section in Table 1 will be scored based on Table below

Table 2: Scoring criteria

|  |  |  |
| --- | --- | --- |
| Grade | Grade Level | Definition of Grade |
| 0 | Unacceptable | The information is omitted AND/OR No relevant details are provided AND/OR The response is relevant to the question but has not been evidenced, leaving the Contracting Authority unable to verify any element of the responseAND/ORThe response provides no confidence that the approach described satisfies the requirements to which the question relates AND/ORThe response is not relevant |
| 1 | Poor | The response does not address in sufficient detail the needs and requirements covered by the questionAND/ORThe Contracting Authority has a very low level of confidence that the Bidder understands the needs and requirements covered by the questionAND/ORThe response provides very little confidence that the approach described satisfies the requirements to which the question relates AND/ORThe Contracting Authority is not confident that the Bidder will be able to satisfactorily meet the contract requirements by delivering this element of its proposal |
| 2 | Fair | The Contracting Authority has some reservations as to whether the Bidder understands the requirements covered by the question AND/ORThe response provides only limited confidence that the approach described satisfies the requirements to which the question relates AND/ORThe Contracting Authority has some reservations as to whether the Bidder will be able to satisfactorily meet the contract requirements by delivering this element of its proposal |
| 3 | Satisfactory | The Contracting Authority is reasonably confident that the Bidder understands the contract requirements covered by the questionAND/ORThe response provides a satisfactory level of confidence that the approach described satisfies the requirements to which the question relates AND/ORThe Contracting Authority is reasonably confident that the Bidder will be able to satisfactorily complete the contract requirements covered by the question to a reasonable standard by delivering this element of its proposal |
| 4 | Good | The Contracting Authority is confident that the Bidder understands the contract requirements covered by the question AND/ORThe response provides a high level of confidence that the approach described satisfies the requirements to which the question relatesAND/ORThe Contracting Authority is confident that the Bidder will be able to complete the contract requirements covered by the question to a high standard by delivering this element of its proposal, and may deliver additional benefits |
| 5 | Excellent | The Contracting Authority is completely confident that the Bidder understands the contract requirements covered by the questionAND/ORThe response provides an extremely high level of confidence that the approach described satisfies the requirements to which the question relates AND/ORThe Contracting Authority is completely confident that the Bidder will be able to complete the contract requirements covered by the question to a very high standard by delivering this element of its proposal, and will (or is likely to) deliver additional benefits |

**The Quotation must be submitted in a PDF format, with pricing submitted in a separate file (or submit one priced and one unpriced bid). Quotations received after the above date and time may not be considered.**

*It would be appreciated if you could advise,* within 3 days of receiving this RfQ*, if you intend to submit a bid or your reasons for not submitting a bid.*

If the panel feels at any point that there is not sufficient evidence to score a bidder on any evaluation point then they may, at their discretion, seek clarification from any and all bidders. Bidder clarifications will at all times take account of the commercial confidence of bidders.

If a bidder scores a ‘0’ on any sub-section then they may be eliminated at the discretion of the panel, dependent on how service critical the panel deems that sub-section to be. If a bidder scores ‘0’ on an entire section of the evaluation, the bidder will be automatically eliminated from any further evaluation.

**Quality of Proposal + Presentation & Interview**

Weighted score for each question will be calculated by as follows:

Weight x Score/total achievable score

Example: assume Bidder A scores 3 for Questions 1.4 which has a weight of 10%: the formula is **10 x 3/5 = 6**

**Price (20%)**

The methodology for scoring price is set out below.

The evaluation of price will be carried out on the Schedule of charges you provide in response to Annex D Table 1

20 marks will be awarded to the lowest priced proposal and the remaining bidders will be allocated scores based on their deviation from this figure. Your fixed and total costs figure in Table A will be used to score this question.

For example, if the lowest price is £100 and the second lowest price is £108 then the lowest priced bidder gets 20% (full marks) for price and the second placed bidder receives a score proportionate to the difference between the lowest bid price and their bid price. (e.g. 8/100 x 20 = 1.6 marks; 15-1.2 = 18.4 marks)

The pass-mark for the qualitative evaluation (Questions 2.1 – 2.5) element is **50% of a maximum score of 25 points**. If a bidder does not attain this score overall then their bid may be rejected. This process ensures that The Commissioners attain a minimum acceptable service quality.

Following submission of bids, a moderation / evaluation meeting may be held. Following the moderation meeting, The Commissioners will invite the **top 3 scoring bidders** who have achieved over 50% of a maximum score of 25, to a post bid submission clarification meeting / interview to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. The interview / presentation will be scored. The interview / meeting will be**held on Friday 14 July 2017.**

**The scores for quality (including interview/presentation) and price will be added together to obtain the overall score for each Proposal. The Bidder with the highest score will be the preferred Bidder.**

*In the event of a tie (where two or more top scoring Bidders had the same total weighted score including both quality and price), the CCG will select from amongst those Bidders, the submission of the Bidder with the highest weighted score for price.*

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if The Commissioners accept that offer then a legally binding contract will exist between the parties.

Respondents accept that NEL CSU, Newham CCG and Barts Health NHS Trust are all subject to the Freedom of Information Act and government transparency obligations which may require The Commissioners to disclose information received from you to third parties.

This RfQ letter and your response do not give rise to any contractual obligation or liability unless and until such time as The Commissioners issue a letter referencing this Request for Quotation with a signed contract and a valid Purchase Order number accepting your quotation. The Commissioners do not make any commitment to purchase and shall have no liability for your costs in responding to this Request for Quotation.

## Canvassing and contacts

Bidders shall not in connection with this Procurement:

* Offer any inducement, fee or reward to any officer or employee of NEL CSU or Newham CCG and Barts Health NHS Trust or any person acting as an advisor to NEL CSU or Newham CCG and Barts Health NHS Trust in connection with this Procurement
* Do anything which would constitute a breach of the Bribery Act 2010
* Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact NEL CSU, Newham CCG or Barts Health NHS Trust staff, except the Project Team, or to contact NEL CSU, Newham CCG and Barts Health NHS Trust advisers or other NHS/DH bodies as part of the procurement process. Any enquiries made to persons other than the NEL Commissioning Support Unit Project Team will be regarded as prima facie evidence of canvassing.

## Conflicts of interest

In order to ensure a fair and competitive procurement process, The Commissioners require that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of The Commissioners.

Potential Applicants should notify The Commissioners of any actual or potential conflicts of interest in their response to the RfQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify The Commissioners by completing the Conflict of Interest form (see Annex D) for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of The Commissioners, they reserve the right to exclude at any time any potential Applicants(s) from the Procurement process should any actual or potential conflict(s) of interest be found by The Commissioners to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

Examples of potential conflicts of interest are (without limitation) as follows:

* A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for the CCG, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;
* A Bidding organisation is providing services for more than one Potential Bidder, in respect of this Procurement.

The ‘Conflict of Interest Declaration’, provided in Annex D, must be completed by an authorised signatory, in his / her own name, on behalf of the Bidding organisation and attached in response to this section of this RfQ.

The Commissioners should be immediately notified, in the event that any actual or potential conflict of interest comes to a potential Bidder’s attention at any time following the submission of the potential Bidder’s ‘Conflicts of Interest Declaration’ and bid documents.

If you have any queries about this letter or the requirement, please contact the under signed at nelcsu.welcpod-procurement@nhs.net

If you are unable to meet this requirement or are otherwise not intending to provide a quote, I would be grateful if you could let me know as soon as possible.

Yours sincerely,

*Jean-Claude Simba*

**Jean-Claude Simba**

**Procurement Manager**

NEL Commissioning Support Unit

**Annex A**

**Service Specification for Readmissions Audit of Barts Health NHS Trust 2017/19**

## 1.0 Background and Rationale

The following is a specification for a review of readmissions at Barts Health Trust. The specification is drawn from the PbR Guidance 2017/19 and is considered to be consistent with the rules set out in the guidance.[[1]](#footnote-1)

The 30-day readmission rule was introduced in 2011/12 in response to a significant increase in the number of emergency readmissions over the previous decade. The rule provides an incentive for hospitals to reduce avoidable unplanned emergency readmissions within 30 days of discharge. This has been retained as a national variation for 2017/19.

## 2.0 Purpose of the Review

Acute providers and commissioners must work together to clinically review a sample of readmissions to determine the proportion that could have been avoided. The review team should recognise that some emergency readmissions are, in effect, planned for and therefore should not be considered avoidable unplanned readmissions.

The review team must be clinically led and independent, and reviews must be informed by robust evidence. Relevant clinical staff from the provider trust and primary care services must be included as well as representatives from the commissioning body, local primary care providers and social services. Appropriate consideration should be given to information governance with regard to protecting the confidentiality of patient medical records.

For each patient in the sample, the review team should decide whether the readmission could have been avoided through actions that might have been taken by the provider, the primary care team, community health services or social services, or a body contracted to any of these organisations.

The aim is not to identify poor quality care in hospitals but to identify actions by any appropriate agency that could have prevented the readmission. The analysis should also look at whether there are particular local problems and promote discussion on how services could be improved, who needs to take action, and what investment should be made.

As per the PbR guidance we suggest retaining in the sample any patients whose costs would be excluded from the policy, so that any gaps in service or other issues affecting their post discharge care can be identified. These cases would need to be disregarded when setting the threshold. Where this proposal is adopted the sample and pulling lists will be adjusted accordingly.

## 2.1 Definition of Avoidable

The PbR guidance 2013/14 contains an emergency readmissions review proforma at Annex F. Most of these data items are included in the clinical review with the exception of questions 18-20 which can be addressed in the second part of the review process.

## 2.2 Definition of an Emergency Readmission

The definition of an emergency readmission is any readmission that:

* Happens up to 30 days from discharge from initial admission
* Has an emergency admission method code
* Has a national price.

## 3.0 The Review Process

## 3.1 Audit Methodology

Sample size: 1000 patient records to be audited, drawn from a pulling list of 1250 stratified by age group. The number taken from each site will reflect the volume of readmissions at each site.

Case notes may be electronic or paper or a mix of both but all must be available on the day of the audit to the surveyors to ensure complete records are audited.

Sample selection: The notes to be pulled will be identified by North East London Commissioning Support Unit, and pulled by Barts Health staff. All readmissions from specific weeks will be chosen, spread throughout the year, and we expect this will be consistent across all four sites.

Sample frame period: Emergency readmissions at Barts Health between April 2016 to March 2017.

Source of Referral Codes: Emergency admission method code of 21-25, 2A, 2B, 2C or 2D (or 28 if the provider has not implemented CDS 6.2)

Timescale: All audits to be completed and reported by 15 September 2017

Outside of scope: Please see list of exclusions below.

## 3.2 Exclusions

For 2017/18 there will continue to be exclusions from this policy that apply to emergency readmissions following both elective and non-elective admissions. These exclusions were informed by clinical advice on scenarios in which it would not be fair or appropriate for payment to be withheld. Commissioners should continue to reimburse providers for readmitted patients when any of these exclusions apply. The excluded readmissions are:

* any that do not have a national price:
* Maternity and childbirth
* Cancer, chemotherapy and radiotherapy
* Patients receiving renal dialysis
* Patients readmitted after an organ transplant
* Young children (under four years old at the time of readmission)
* Patients who are readmitted having self-discharged against clinical advice
* Emergency transfers of an admitted patient from another provider, where the admission at the transferring provider was an initial admission
* Cross-border activity – where the initial admission or readmission is in Northern Ireland, Scotland or Wales

## 3.4 The Audit Process

The audit process will comprise three steps:

1. An initial meeting involving the audit team together with provider and commissioner representatives which will determine and agree the objectives of the review, its process and how the results will inform the outcome.

2. The case note review will take place over an appropriate time period.

• Part 1: A case note review undertaken by the external clinicians only. This will be held on the provider premises where the relevant case notes will be available. Notes for those patients whose readmission is identified as potentially ‘avoidable’ will be set aside for subsequent review with local clinicians during Part 2, as well as a sample of those identified as ‘not avoidable’.

• Part 2: The case note review will be complete and the audit team, together with Trust and CCG clinicians, will have the opportunity to discuss the readmissions identified as ‘avoidable’ and ‘not avoidable’. This will be an opportunity to review those case notes and any clinical issues arising. Data can be corrected if necessary at this stage. Clinicians can also record their views on questions 18-20 of the DH checklist.

For each patient a decision should be reached as to whether the admission was avoidable through the actions of either the provider, the primary care team, community health services or social services, or a contracted body to any of these organisations, either through existing services or potential evidence-based service developments.

All decisions on the appropriateness of the readmission for individual patients will be finalised during Part Two.

##  3.5 Audit Team

The survey will be undertaken by a team of external clinicians. Relevant clinical colleagues from the Provider trust and CCG will be involved in the review process during the second part of the audit only.

Appropriate consideration will be given to information governance with regard to protecting the confidentiality of patient medical records.

## 4.0 Outcome of Review

## 4.1 Full Report

A full report of the audit must be delivered to The Commissioners in advance of the Summary Meeting (see below). This report must contain the following:

* Summary of the audit methodology
* Details of the clinical teams undertaking the reviews
* Outcome of the reviews, including a full breakdown by site
* Themes and evidence-based opportunities for improvement within existing services
* Evidence-based recommendations for service developments

## 4.2 Summary Meeting

A summary meeting will then be held for the Audit Team to present the findings to The Commissioners, including local clinicians.

Outcomes from this meeting will be used to inform the reinvestment of the sums relating to avoidable readmissions.

Provider and Clinical Commissioning Group representatives are expected to adhere to the review process.

## 4.3 Setting the threshold

The clinical review will inform local agreement of a readmissions threshold, above which the provider will not receive any payment. This will be undertaken by The Commissioners. The number of avoidable readmissions will be calculated as a percentage of the sample notes reviewed and this will set the threshold for 2017/18. The findings will be used to determine the readmission threshold to be applied to the relevant contract, and to support decisions about reinvestment of the related funds.

Separate thresholds can be set for readmissions following elective admissions and readmissions following non-elective admissions.

## 4.4 Determining the amount not to be paid

This will be undertaken by NEL CSU, Newham CCG and Barts Health NHS Trust.

The amount that will not be paid for any given readmission above the agreed threshold is the total price associated with the continuous inpatient readmission spell, including any associated unbundled costs, such as critical care or high cost drugs.

Where a patient is readmitted to a different provider (from that of initial admission), the second provider must be reimbursed. However, the commissioner will deduct an amount from the first provider.

# Appendix a1

## Key Outputs

|  |
| --- |
| **Full report on the audit of 1000 readmissions** |
| **Breakdown of findings by site** |
| **Robust audit trail to allow local clinicians to follow decisions**  |
| **Evidence-based recommendations for service improvements and/or service developments** |

**The Commissioners reserve the right to withhold payment for any of the key outputs that are not delivered satisfactorily.**

**Annex B**

**Tender response submission**

| # | Pass/Fail Questions  | Response |
| --- | --- | --- |
| **1** | Your average turnover over the past two years must be £250,000 or more. Please provide your annual accounts for the last two years as evidence.  | **Yes / No** |
| 2 | Please confirm that you have undertaken at least two projects of a similar nature, size and complexity, with **brief details, including references and contact details for the relevant organisations**.Project 1Project 2Please note The Commmissioners will take up references, and an unsatisfactory reference may lead to a ‘fail’ on this question | **Yes/No** |
| 3 | Please confirm that you can complete the project within the timescale outlined in the specification | **Yes / No** |

| # | Evaluation Criteria | Weight |
| --- | --- | --- |
| **1** | **Proposed Approach** | **70%** |
|  | 1.1 | Provide a proposal with a clear methodology, showing how clinician input will be maximized, including:* the level of input, seniority and type of clinician supporting this audit, and their experience in readmissions audits, provide named clinicians and CVs
* the non-clinical key staff involved in the audit, their roles and responsibilities and experience in readmissions audits, provide named staff and CVs
* Process for reviewing each readmission record and criteria for determining whether ‘avoidable’ or ‘not avoidable’
* Timetable for undertaking the clinical review, discussion with local clinicians, production of final report, etc
* Key outputs
 | 20% |
|  | 1.2 | Please provide a Project Delivery Plan * A draft project plan outlining the key tasks, deliverables, risks to delivery and timelines.
 | 15% |
|  | 1.3 | Please demonstrate your experience and capability in this audit field or similar audits * Provide examples of previous readmissions audits (or similar), with evidence of successfully meeting the audit specification.
* State the key outputs from these projects, with examples
 | 15% |
|  | 1.4 | * Demonstrate and evidence Quality Assurance processes for your organisation. Including assurance on consistency of approach to the large number of records to be audited over multiple sites.
* A description of the application of the relevant policies and procedures for your organisation eg Information Governance policies. Please provide copies of the relevant policies
 | 10% |
|  | 1.5 | Please demonstrate ability to work to deadlines and organisational capacity to undertake the work given other commitments | 10% |
| **2** | **Price** | **20%** |
| **3** | **Presentation/Interview with potential provider** | **10%** |
|  | **Proposed Approach + Price + Presentation/Interview** | **100%** |

**Annex C**

**NHS Terms and Conditions for Provision of Services (Contract Version)**

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**Annex D**

**Financial Submissions**

**Financial Envelope - The financial envelope available for this work is within the range of £50,000 – £80,000**

Bidders must provide a breakdown of the total cost here (please note that there should be no heading entitled miscellaneous) and which should include the following:

* Staffing (all on costs must be included)
* Marketing
* Translation
* Management fee
* Overheads (phone, rent, etc.)
* Cost of providing any materials
* Others (if any)

|  |  |
| --- | --- |
| Breakdown of all Cost | Cost (£) |
| **Breakdown of all costs** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Price of the contract**  |  |

All costs must be inclusive of travel and related expenses to the Base locations.

All prices exclude VAT.

***If submitting*** your proposal as a pdf document, please submit your prices in a separate file.

The Commissioners are requesting that bidders submit a breakdown of total cost for all the work / services as detailed in the Service Specification.

**The lowest price (within affordability limits) will be awarded the maximum score for price with other bidders aggregated against that.**

**ANNEX D**

**Declaration of conflict** **of interests (Bidders/Contractors)**

**Project Name: Readmissions Audit of Barts Health NHS Trust 17/19**

**NHS Newham Clinical Commissioning Group and Barts Health NHS Trust**

**Bidders/potential contractors/service providers declaration form: financial and other interests**

This form is required to be completed in accordance with the CCG’s Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

**Notes:**

* All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact nelcsu.welcpod-procurement@nhs.net
* Completed form must be submitted as part of their quotation. Any changes to the COI after the submission of the quotation must be e-mailed to nelcsu.welcpod-procurement@nhs.net
* Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to nelcsu.welcpod-procurement@nhs.net
* Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.
* If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

* the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England;
* a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
* the Relevant Organisation or any Relevant Person has any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions.

**Declarations:**

|  |  |
| --- | --- |
| Name of Relevant Organisation: |  |
| Interests |
| **Type of Interest** | **Details** |
| Provision of services or other work for the CCG or NHS England |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |

|  |  |
| --- | --- |
| **Name of Relevant****Person** | [*complete for all Relevant Persons*] |
| **Interests** |
| **Type of Interest** | **Details** | **Personal interest or that of a family member, close friend or other acquaintance?** |
| Provision of services or other work for the CCG or NHS England |  |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |  |

**Form Completion**

|  |
| --- |
| **I declare that to the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be included in the tender evaluation process, and that giving false information may result in my organisation being disqualified from the process, at this or whatever stage it becomes known to the Commissioners.** |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Bidder:** |  |
| **Date:** |  |

1. https://improvement.nhs.uk/uploads/documents/2017-2019\_national\_tariff\_payment\_system.pdf [↑](#footnote-ref-1)