

24th September 2015

Dear Bidders,

Request for Quotation: Integrated Workforce Investment Plan
Reference: NELCSU/HAR/WP/30061

I am writing to you for on behalf of Haringey Clinical Commissioning Groups.

We currently have a requirement for a programme of Workforce Development to support Integration, the details of which are set out in the Annex A to this RFQ letter. The contract will be held by Haringey CCG, in its entirety.

A chosen supplier will be required to commence the work on the **2nd November 2015** and to finish the works on or before **31 March 2016**.

Please note the attached (Annex B) NHS Standard Contract 15-16 / Terms and Conditions for the Supply of Services [include the relevant terms and conditions as part of Annex B] 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 clinical.procurement@nelcsu.nhs.uk by **9th October 2015** 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;
- Total price excluding VAT (Annex C);
- Confirmation of acceptance of the terms and conditions of contract (Annex B);
- Annex D – Conflict of Interest Declaration.

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

Evaluation Criteria and Tender Response Document

#	Evaluation Criteria		Weight	
1	Proposed Approach			80%
	1.1	Delivery model – Approach to the Deliverables set in Annex A	15%	
	1.2	Learning Outcomes – Approach towards meeting the planned outcomes identified for the Deliverables set in Annex A	15%	
	1.3	<p>Qualifications and Previous experience</p> <p>Information on Provider's qualifications and previous experience of designing, delivering and evaluating similar projects of training.</p> <p>This <i>includes</i>, more specifically, qualifications / experience of working with / understanding the following areas:</p> <ul style="list-style-type: none"> • Organisational change • Integrated approach to service delivery • Inter professional learning and development • Current practices and approaches from Pioneer Sites 	15%	
	1.4	<p>Timeline for delivery of the project</p> <p>A timeline for delivery of the project, encompassing</p> <ul style="list-style-type: none"> • Research and review of available data • Design of the programme • Delivery of the programme • Evaluation and reporting on the programme 	15%	Project Plan
	1.5	Programme Evaluation - Method of programme evaluation and reporting	10%	
	1.7	Organisational capacity to undertake the work – Capacity to undertake the project in the required timeframe, including details of personnel to be engaged on the project (if appropriate) and their CVs.	10%	CVs
2	Price			20%
	Proposed Approach + Price			100%

3	Presentation/Interview - (Optional and purely at the commissioners discretion)	10%
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Scoring Matrix	
Score	Description
0	Unacceptable - no evidence provided.
1	Poor - Evidence provides little confidence and is below expectations.
2	Satisfactory and meets expectations.
3	Good - Evidence provides full confidence standard will be met with full description and evidence of implementation.
4	Exceptional - Evidence provides full confidence with relevant added value and additional services with full description and evidence of implementation and monitoring.

The Quotation must be submitted in a PDF format, with pricing submitted in a separate file. 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.

Following the evaluation process NHS Haringey CCG may, if required, invite all bidders to a post tender interview to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. Questions asked at the bidder interview will be linked to the evaluation criteria issued to the bidders with RFQ document. Scores from the original qualitative evaluation may be revised after the interview. As a date for the interview has not yet been agreed, bidders will be provided with up to 5 days' notice of the date of the interview.

The NEL Commissioning Support Unit (NELCSU) and Haringey CCG reserve the right to award the contract for: **Integrated Workforce Investment Plan** on the basis of Most Economically Advantageous Bid. The provider who attains the highest qualitative score and submits the most competitive cost will be awarded the contract.

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if Haringey CCG accepts that offer then a legally binding contract will exist between us.

Respondents accept that the Haringey CCG is subject to the Freedom of Information Act and government transparency obligations which may require Haringey CCG 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 Haringey CCG issues a letter referencing this Request for a Quotation with a signed contract and a valid Purchase Order number accepting your quotation. Haringey CCG does not make any commitment to purchase and shall have no liability for your costs in responding to this Request for a Quotation.

Canvassing and contacts

Bidders shall not in connection with this Procurement:

- Offer any inducement, fee or reward to any officer or employee of NELCSU or Haringey CCG or any person acting as an advisor to NELCSU or Haringey CCG in connection with this Procurement
- Do anything which would constitute a breach of the Prevention of Corruption Acts 1889-1916
- Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact NELCSU or Haringey CCG staff, except the Project Team, or to contact NELCSU / Haringey CCG or NELCSU / Haringey CCG advisers or other NHS/DoH 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, Haringey CCG requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the CCG.

Potential Applicants should notify the CCG 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 CCG 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 CCG, Haringey CCG reserves 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 CCG 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 CCG 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 clinical.procurement@nelcsu.nhs.uk

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,

Wesley Pearson
Senior procurement Manager
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Annex A

Specification / Project Brief for Haringey CCG – Integrated Workforce Investment Plan

1. CONTEXT

National Context

The Health and Social Care Act 2012 places duties on the key commissioning and regulatory organisations in England to promote integration. It establishes Health and Wellbeing Boards that have a duty to encourage integrated working through Joint Strategic Needs Assessments (JSNAs) and health and wellbeing strategies.

The Care and Support Act 2014 highlights the importance of integration and joined-up care and sets out a duty on the local authority to promote the integration of services. It stresses the role of new funding models, such as integrated personal budgets, coordinated care planning, information sharing and seamless transitions.

Local Context

The integration of health and social care has profound implications for our workforce. Its members will be asked to work in different ways with service users, patients and their carers as well as with new groups of colleagues and, in the future, to cross discipline managerial and supervisory arrangements. The delivery of integrated services will become the core way service is delivered across Adult Services by 2019. Since November 2014, Haringey has been piloting an Integrated Locality Team working with several GPs in our North East collaborative building on the current GP locality based MDT Teleconferences. The pilot is bringing different disciplines together from across health and social care providers as a “test and learn” for Locality Teams. The pilot will be rolled out to all GP collaborative on a test and learn basis from November 2015. The Locality Team is based on a care co-ordination model.

Care Co-ordinators, who will proactively review and monitor residents’ health and wellbeing will be employed by different providers but will work as part of an integrated Locality Team. They will each bring vital health and social care skills and expertise to help maintain the health and wellbeing of Haringey residents. They will also work generically as part of an integrated team so that they develop and maintain a relationship with their patient/service user, increasing efficiency and reducing duplication. By working in an integrated and multi-disciplinary team Care Co-ordinators will ensure they have quick access to the expertise, skills and support of other professions needed for the care of their patients/service users.

2. OBJECTIVES

A continued programme of training and development is required to ensure the workforce across health and social care in Haringey are equipped with the skills and knowledge to deliver integrated services and improve coordination of care to Haringey's residents, in particular those over 65 who are at high risk of hospital admission. This will be achieved by direct engagement of staff across health and social care and by establishing a network of health and social care champions to support the roll out of innovations and best practice in integrated care. Champions will act as change agents taking their knowledge and skills back into their workplace to promote integrated working. This will build on the first phase of Integrated Locality Teams Workforce Development in Haringey which commenced in 2014/15. Ten Listening Events were organised with 115 staff members across health, social care and voluntary services attending. A further 83 online surveys were completed. The aim was to engage with as many staff as possible and draw on their experience of what works well and what needs to improve. The key learning themes that emerged from these events were the need for preparing the right culture for integration and developing the right processes that enable joint working. Following on from the Listening Events, workshops around Skills for Leading Change, Understanding Professional Roles and Joint Assessment and Care Planning were developed and delivered. Feedback from the workshops was extremely positive as staff were able to understand the behaviour required for integration and the barriers that need to be overcome.

By April 2019 integration will take place at the operational and strategic levels with integrated teams, integrated management, integrated commissioning and integrated governance structures combining to provide local people with high quality, efficient and effective services.

The Integrated Workforce programme is being funded by Health Education North, Central and East London (HENCEL). The programme will contribute to HENCEL priorities including:

- Drive forward workforce interventions to support emergency departments.
- Improve care of people suffering with long-term conditions.
- Support individuals and families better manage their own health (especially long term conditions) and enable staff to support self-care and self-management.
- Training for clinical staff caring for older people with complex needs.
- Improved integration of the health and care workforce.
- Develop the public health knowledge of all clinical staff and ensure education and training supports all staff to deliver improvements in public health.
- Contribute to continued improvements in scores from patient surveys on questions relating to staff behaviours and compassion in care.
- Stronger partnerships with charitable and voluntary sector organisations
- Breaking down barriers between primary and acute care
- Integrating physical, mental and social care, especially to support management of long term conditions

3. PROPOSED AREA OF CONSIDERATIONS

The programme of workforce development will be underpinned by evidence based best practice in the area of integrated working. All staff, whether employed through social care or health, will need to understand the notions of wellbeing and preventative interventions enshrined in the Care Act being implemented from April 2015.

All agencies in Haringey are determined to take an approach that is as transparent and as inclusive of staff as possible. There is a commitment to ensuring that staff are able to input into the design of the delivery of integrated services.

4. SCOPE AND SIZE OF WORKFORCE DEVELOPMENT

The scope and size of the workforce across Haringey to be included in the Integrated Locality Team Workforce Development Project are as below:

- 100 Community Nurses (Community Matrons, District Nurses and Health Care Assistants)
- 115 Social care staff (social workers, support workers)
- 30 Allied Health Professionals (Physiotherapists, Occupational Therapists, Integrated Care Pharmacists and Speech and Language Therapists)
- 150 Primary Care Staff (GPs, Practice Managers and Practice Nurses) from 51 GP practices
- 20 Acute Clinicians
- 115 Community Pharmacists from 57 Community Pharmacies
- 100 Voluntary Sector staff
- 50 Community Support Groups
- 20 Managers and Senior Managers within health and social care organisations

5. DELIVERABLES

KEY ACTIVITIES REQUIRED INCLUDING PLANNED OUTCOMES

Key activities will cover two elements:

1. Integrated care training
2. Integrated care champions training

Key Activity 1 - Integrated Care training

5 training sessions includes 2 feedback events for 200 staff members across health and social care (including voluntary sector and commissioners) focusing on:

- Local plans for improved integrated working;
- Care co-ordination and planning;
- Roles and responsibilities;
- Opportunities, challenges and barriers.

It is aimed that the training sessions will challenge staff members to think outside of their services and organisations, including voluntary sector services. The evolving Haringey Integrated Locality Teams will be used to focus the discussions and learning on local issues. As an added value of integrated training staff members will be able to forge relationships with staff across other organisations and disciplines, identifying opportunities for support and resource, removing barriers and integrating health and social care in ensuring best possible care for their patients and service users.

Timetable for Delivery of Integrated Care Training

Nov 15 – Jan 16	Delivery of 5 training sessions
Jan 15 – Mar 16	Delivery of 2 feedback events
Jan 16 – Mar 16	Evaluation including recommendations

Key Activity 2 - Integrated Care Champions Training

5 training sessions for 60 staff members to become Integrated Care Champions across Health and Social Care system building capacity locally to improve understanding of care systems with a particular focus on Care Navigation skills including specific pathway information from different organisations in the locality. The expectation from Haringey Community Education Provider Network is for staff members to be trained to share their understanding on knowledge with the staff members within their organisations as well as others including opportunities for shadowing opportunities. This will be part of the evaluation for this element in the programme.

Timetable for Delivery of Integrated Care Champions Training

Nov 15 – Feb16	Delivery of 5 training sessions
Feb 16 – Mar 16	Evaluation including recommendations
March 16 onwards	Continuing shadowing activity

Haringey CCG will provide venues with appropriate facilities for all training

6. Outcomes

Staff survey demonstrating: 70% achievement of Learning Objectives; and 70% positive learning experience

Training Certificates for participants, as appropriate

General learning outcomes from the Training and Education Programme as described above are:

- Improved understanding of local implementation of health and social care integration
- Improved Knowledge and skills – including those needed for supporting self-care; care co-ordination; care planning and assessment, risk management; promoting independence, understanding of professional roles in integrated teams, medicines optimisation and adherence; and care pathways
- Attitudes and behaviours – including the building of relationships; sustaining communication; improving services; and a shift to an enabling workforce
- Competent Leadership - within teams e.g. Multi-Disciplinary Teams; within Services e.g. Social Care or District Nursing; and across organisations e.g. Health, Social Care, Voluntary and Community Groups
- Language – using a common language that is understood by all agencies
- Removing barriers to change – including personal, systems and structures

Specific learning outcomes for Integrated Care Training will include:

- Increased understanding of the local plans for integration
- Improved knowledge of different roles across the sectors especially along a care pathway
- Respect developed for the roles of other professionals, staff groups and care providers including support staff and voluntary staff
- Improved communication skills for all staff
- Exploring opportunities for new role development across health and social care services/boundaries
- Improved skills to deliver care co-ordination
- Increased ability to solve problems

Specific learning outcomes for Integrated Care Champions Training will include:

- Increased local capacity for local leadership
- Increased understanding of local plans for integrated care and ability to navigate
- Increased integration between health and social care, acute and primary care services
- Increased understanding of roles and responsibilities in relation to navigation
- Increased number of appropriate/timely referrals
- Improved patient experience, particularly regarding the handover between acute, primary and social care

Delivering within a budget envelope of £35,000 - £50,000

Additional information can be found via the following web link:

<http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>

Proposed Timetable

Task / Description	Dates
RFQ Issued	25/09/15
Deadline for submitting any Clarification questions	02/10/15
RFQ Submission deadline	09/10/15
Assessment of submissions - qualitative and financial (including any clarifications to bidders if required)	12/10/15
Presentations (<i>TBC</i>)	TBC
Successful Contract Award / unsuccessful bidder notifications	27/09/15
Contract commencement	2/11/15

Annex B

NHS Terms and Conditions for Supply of Services



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Annex C

Financial Submissions

Finance Envelope – The financial envelope available for this work is within the range of £35,000 - £50,000

The following format is for guidance only. Please attach your financial proposal in an easy to read format, meeting the requirements of the Service Specification as outlined in this document.

Phase	Name	Grade	Day Rate	Discounted rate	No of days	Cost

Other ad-hoc costs / Alternative costing arrangements:

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

All prices exclude VAT

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

Haringey CCG is 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 (20%) for price with other bidders aggregated against that.

ANNEX D

NEL Commissioning Support Unit and Haringey CCG - Conflict of Interest Declaration

[To be completed by an authorised signatory, in his / her own name, on behalf of the potential Bidder, on company headed paper]

Potential bidder Name	Current Bidder Name	Current Bidder Email Address	Current Bidder Phone Number	Current Bidder Fax Number	Current Bidder Website	Current Bidder Address	Current Bidder City	Current Bidder State	Current Bidder Zip	Current Bidder Country	Current Bidder Currency	Current Bidder Language	Current Bidder Time Zone	Current Bidder Date Format	Current Bidder Time Format	Current Bidder Payment Method	Current Bidder Payment Terms	Current Bidder Payment Due Date	Current Bidder Payment Frequency	Current Bidder Payment Amount	Current Bidder Payment Description	Current Bidder Payment Reference	Current Bidder Payment Status	Current Bidder Payment History	Current Bidder Payment Notes	Current Bidder Payment Comments	Current Bidder Payment Details	Current Bidder Payment Information	Current Bidder Payment Data	Current Bidder Payment Record	Current Bidder Payment Log	Current Bidder Payment Audit	Current Bidder Payment Review	Current Bidder Payment Approval	Current Bidder Payment Action	Current Bidder Payment Result	Current Bidder Payment Outcome	Current Bidder Payment Effect	Current Bidder Payment Impact	Current Bidder Payment Consequence	Current Bidder Payment Implication	Current Bidder Payment Significance	Current Bidder Payment Importance	Current Bidder Payment Relevance	Current Bidder Payment Applicability	Current Bidder Payment Suitability	Current Bidder Payment Feasibility	Current Bidder Payment Viability	Current Bidder Payment Possibility	Current Bidder Payment Probability	Current Bidder Payment Likelihood	Current Bidder Payment Chance	Current Bidder Payment Odds	Current Bidder Payment Risk	Current Bidder Payment Hazard	Current Bidder Payment Danger	Current Bidder Payment Threat	Current Bidder Payment Peril	Current Bidder Payment Menace	Current Bidder Payment Doom	Current Bidder Payment Disaster	Current Bidder Payment Catastrophe	Current Bidder Payment Calamity	Current Bidder Payment Tragedy	Current Bidder Payment Misfortune	Current Bidder Payment Infortune	Current Bidder Payment Unluck	Current Bidder Payment Bad Luck	Current Bidder Payment Evil Fortune	Current Bidder Payment Foul Fortune	Current Bidder Payment Ill Fortune	Current Bidder Payment Omen	Current Bidder Payment Portent	Current Bidder Payment Sign	Current Bidder Payment Symbol	Current Bidder Payment Token	Current Bidder Payment Emblem	Current Bidder Payment Mark	Current Bidder Payment Label	Current Bidder Payment Tag	Current Bidder Payment Brand	Current Bidder Payment Stamp	Current Bidder Payment Seal	Current Bidder Payment Marking	Current Bidder Payment Identification	Current Bidder Payment Recognition	Current Bidder Payment Acknowledgment	Current Bidder Payment Confirmation	Current Bidder Payment Verification	Current Bidder Payment Validation	Current Bidder Payment Authentication	Current Bidder Payment Authorization	Current Bidder Payment Permission	Current Bidder Payment Consent	Current Bidder Payment Assent	Current Bidder Payment Agreement	Current Bidder Payment Accord	Current Bidder Payment Understanding	Current Bidder Payment Comprehension	Current Bidder Payment Knowledge	Current Bidder Payment Wisdom	Current Bidder Payment Intelligence	Current Bidder Payment Insight	Current Bidder Payment Perception	Current Bidder Payment Sensation	Current Bidder Payment Feeling	Current Bidder Payment Emotion	Current Bidder Payment Sentiment	Current Bidder Payment Mood	Current Bidder Payment Temperament	Current Bidder Payment Disposition	Current Bidder Payment Character	Current Bidder Payment Personality	Current Bidder Payment Nature	Current Bidder Payment Essence	Current Bidder Payment Core	Current Bidder Payment Heart	Current Bidder Payment Soul	Current Bidder Payment Spirit	Current Bidder Payment Mind	Current Bidder Payment Intellect	Current Bidder Payment Reason	Current Bidder Payment Logic	Current Bidder Payment Sense	Current Bidder Payment Faculty	Current Bidder Payment Power	Current Bidder Payment Force	Current Bidder Payment Strength	Current Bidder Payment Energy	Current Bidder Payment Vigor	Current Bidder Payment Vitality	Current Bidder Payment Life	Current Bidder Payment Existence	Current Bidder Payment Being	Current Bidder Payment Entity	Current Bidder Payment Object	Current Bidder Payment Thing	Current Bidder Payment Matter	Current Bidder Payment Substance	Current Bidder Payment Material	Current Bidder Payment Element	Current Bidder Payment Component	Current Bidder Payment Part	Current Bidder Payment Piece	Current Bidder Payment Bit	Current Bidder Payment Bit	Current Bidder Payment Drop	Current Bidder Payment Crumb	Current Bidder Payment Scrap	Current Bidder Payment Fragment	Current Bidder Payment Remnant	Current Bidder Payment Leftover	Current Bidder Payment Residue	Current Bidder Payment Waste	Current Bidder Payment Debris	Current Bidder Payment Rubble	Current Bidder Payment Trash	Current Bidder Payment Garbage	Current Bidder Payment Junk	Current Bidder Payment Refuse	Current Bidder Payment Litter	Current Bidder Payment Filth	Current Bidder Payment Dirt	Current Bidder Payment Grime	Current Bidder Payment Gunk	Current Bidder Payment Sludge	Current Bidder Payment Muck	Current Bidder Payment Mud	Current Bidder Payment Slop	Current Bidder Payment Soup	Current Bidder Payment Sauce	Current Bidder Payment Syrup	Current Bidder Payment Jelly	Current Bidder Payment Jam	Current Bidder Payment Paste	Current Bidder Payment Putty	Current Bidder Payment Clay	Current Bidder Payment Dough	Current Bidder Payment Mass	Current Bidder Payment Bulk	Current Bidder Payment Heap	Current Bidder Payment Pile	Current Bidder Payment Stack	Current Bidder Payment Hoard	Current Bidder Payment Treasure	Current Bidder Payment Hoard	Current Bidder Payment Cache	Current Bidder Payment Storehouse	Current Bidder Payment Warehouse	Current Bidder Payment Depot	Current Bidder Payment Hub	Current Bidder Payment Center	Current Bidder Payment Core	Current Bidder Payment Nucleus	Current Bidder Payment Focus	Current Bidder Payment Point	Current Bidder Payment Spot	Current Bidder Payment Place	Current Bidder Payment Location	Current Bidder Payment Site	Current Bidder Payment Area	Current Bidder Payment Region	Current Bidder Payment Territory	Current Bidder Payment Domain	Current Bidder Payment Realm	Current Bidder Payment World	Current Bidder Payment Universe	Current Bidder Payment Cosmos	Current Bidder Payment Galaxy	Current Bidder Payment System	Current Bidder Payment Structure	Current Bidder Payment Framework	Current Bidder Payment Scaffold	Current Bidder Payment Skeleton	Current Bidder Payment Frame	Current Bidder Payment Shell	Current Bidder Payment Container	Current Bidder Payment Vessel	Current Bidder Payment Jar	Current Bidder Payment Can	Current Bidder Payment Box	Current Bidder Payment Case	Current Bidder Payment Carton	Current Bidder Payment Crate	Current Bidder Payment Crate	Current Bidder Payment Basket	Current Bidder Payment Bin	Current Bidder Payment Tub	Current Bidder Payment Bucket	Current Bidder Payment 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Bidder Payment Depot	Current Bidder Payment Hub	Current Bidder Payment Center	Current Bidder Payment Core	Current Bidder Payment Nucleus	Current Bidder Payment Focus	Current Bidder Payment Point	Current Bidder Payment Spot	Current Bidder Payment Place	Current Bidder Payment Location	Current Bidder Payment Site	Current Bidder Payment Area	Current Bidder Payment Region	Current Bidder Payment Territory	Current Bidder Payment Domain	Current Bidder Payment Realm	Current Bidder Payment World	Current Bidder Payment Universe	Current Bidder Payment Cosmos	Current Bidder Payment Galaxy	Current Bidder Payment System	Current Bidder Payment Structure	Current Bidder Payment Framework	Current Bidder Payment Scaffold	Current Bidder Payment Skeleton	Current Bidder Payment Frame	Current Bidder Payment Shell	Current Bidder Payment Container	Current Bidder Payment Vessel	Current Bidder Payment Jar	Current Bidder Payment Can	Current Bidder Payment Box	Current Bidder Payment Case	Current Bidder Payment 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Stack	Current Bidder Payment Hoard	Current Bidder Payment Treasure	Current Bidder Payment Hoard	Current Bidder Payment Cache	Current Bidder Payment Storehouse	Current Bidder Payment Warehouse	Current Bidder Payment Depot	Current Bidder Payment Hub	Current Bidder Payment Center	Current Bidder Payment Core	Current Bidder Payment Nucleus	Current Bidder Payment Focus	Current Bidder Payment Point	Current Bidder Payment Spot	Current Bidder Payment Place	Current Bidder Payment Location	Current Bidder Payment Site	Current Bidder Payment Area	Current Bidder Payment Region	Current Bidder Payment Territory	Current Bidder Payment Domain	Current Bidder Payment Realm	Current Bidder Payment World	Current Bidder Payment Universe	Current Bidder Payment Cosmos	Current Bidder Payment Galaxy	Current Bidder Payment System	Current Bidder Payment Structure	Current Bidder
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Name of authorised representative

Position _____

Date _____

Please identify any potential conflicts of interest that could arise if the potential bidder were to be invited to provide services detailed within the Service Specification for this procurement (taking into account all Bidding organisations), and how these will be dealt with. Examples of circumstances in which potential conflicts could arise include (but are not limited to) where:

- 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.

A conflict of interest shall not be deemed to arise solely by virtue of a person's employment or engagement by a Clinical Commissioning Group or other NHS body (although applicants are requested to disclose such relationships for information purposes only). For example, GPs engaged under a GMS contract will not be considered to have a conflict of interest by virtue of such practising arrangements.

Where there is a potential conflict, responses must clearly set out how these will be managed within the organisation.

If no potential conflict of interest is identified, please state this in the response.

Response

Questions requesting further clarification of any part of this procurement should be sent to the clinical.procurement@nclcsu.nhs.uk email box.