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**Market Engagement Questionnaire**

**NHS England and NHS Improvement South**

**(South East)**

**Breast Screening Programme for Surrey and North East Hampshire**

November 2020

This provider market engagement questionnaire is an information gathering exercise to inform the recommissioning of the Breast Screening Programme for Surrey and North East Hampshire. NHS England and NHS Improvement will not be liable for costs incurred by any interested party in participating in this exercise.

## Potential Bidder Information

|  |  |
| --- | --- |
| Name of potential bidding organisation(s): |  |
| Trading Status | Public limited company [ ] Limited company [ ] Limited liability partnership [ ] Third or voluntary sector [ ] NHS organisation [ ] Other (please specify) [ ]  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Website address: |  |

**Contact Details**

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Telephone: |  |
| Mobile phone: |  |
| Email: |  |

**Bidding status (if known) – Would you intend to bid as a (more than one option can be selected):**

|  |  |
| --- | --- |
| **Contract-holding provider** | Yes [ ]  or No [ ]  |
| **Consortium** | Yes [ ]  or No [ ]  |
| **Subcontractor** **(No contract-holding partner identified)** | Yes [ ]  or No [ ]  |

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| **If you have identified as a contract-holding provider or consortium, please provide a summary/introduction about your organisation, identify any potential partners/key sub-contractors and provide an indication of the role of each organisation (if known).** **If you have identified as a potential subcontractor of services (and do not yet have a contract-holding partner to work with), please provide a summary/introduction about your organisation and describe the role you see your organisation providing. Your details will be passed on to potential contract-holding providers as part of the recommissioning exercise. If you have already identified a contract-holding partner, please submit a joint response.** |
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| **Please briefly describe any current or previous experience of delivery of this type of service / any current or previous experience in delivering similar services:** |
|  |

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| **Please advise which of the following contract lengths are attractive to your organisation:** |
| Initial term 5 years plus 2 year extension [ ] Initial term 5 years plus 3 year extension [ ] Initial term of 6 years plus 3 year extension☐Initial term 7 years plus 2 year extension [ ] Straight 5 year contract. No extension period [ ] Straight 7 year contract. No extension period [ ] Straight 8 year contract. No extension period [ ] Straight 9 year contract. No extension period [ ] ***Please add to the options provided as necessary.*** |

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| --- |
| **Please briefly explain the reasons you have chosen the contract length/s above.** |
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| **The Commissioners are considering tariff-based, block and cost and volume contract models for the services. Please provide feedback on these potential approaches and any potential opportunities or challenges that you perceive may arise.**  |
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| **Please briefly describe what you see as the key delivery challenges and / or opportunities in relation to the services and why?** |
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| **Please confirm that (in your view) you have the appropriate experience, capability, and resources (including access to equipment) required to mobilise and run the full service from 1st April 2022** |
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| **Would you like us to share your contact details with other provider organisations expressing interest in this opportunity, to help facilitate potential partnering/sub-contracting opportunities?**  |
| Yes [ ]  or No [ ]  |

Please complete this questionnaire and return it via the In-Tend portal by **12:00pm 4th December 2020.**

To register on In-Tend please visit:

<https://in-tendhost.co.uk/scwcsu/aspx/Registration>

In order to return the Provider Market Engagement Questionnaire, you will need to register on the In-Tend portal, 'express an interest', and then upload the completed questionnaire to the placeholder provided.

**THANK YOU**