**NHS North East London ICB**

**Business Intelligence Software for Medicines Optimisation**

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| **Name of organisation submitting the EOI Form:** | **NHS North East London (Part of North East London Health and Care Partnership)** |

Please provide confirmation that your organisation can demonstrate the following essential criteria to deliver the subject service:

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| **No.** | **Question** |
| 1. | Please demonstrate the track record your organisation has in delivering business intelligence software for medicines optimisation services to ‘place based’ medicines optimisation teams in terms of prescribing data, prescribing indicators, benchmarking activities, intervention recording, drug cost savings, risk reporting, and peer support to Medicines Optimisation Teams. Please could you also provide details of the levels of cost reduction that you have achieved.  |
| 2. | Please evidence that your organisation has the necessary pharmaceutical, prescribing and ‘place based’ primary care expertise to lead on Medicines Optimisation priorities and produce, deliver and support the implementation of training and initiatives to medicines optimisation teams, and PCN healthcare professionals |
| 3. | Please evidence your experience of working with medicines optimisation teams, PCN healthcare professionals and medicines optimisation teams within care homes. |
| 4. | Please evidence that your organisation has the accreditation, the infrastructure and the resources to mobilise and deliver a business intelligence software for medicines optimisation from 1st April 2023 to the subscribing organisations located within the seven local authority areas and the Corporation of the City of London that make up NHS North East London area? |
| 5. | Please provide evidence of how your service supports medicines optimisation, reduction of costs and please can you quantify it? |
| 6. | Please confirm the source of data you use to create bespoke reports and benchmark comparisons across different geographical areas. |

**Supplier Response:**

| **No.** | **Response** |
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**Contact Name and Role:**

**Organisation:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

The duly completed form must be to the NEL ICB Contracts Team using the e-mail below:

nelondonicb.contracting@nhs.net

Please note that the commissioners/contracting authority/customer must not be contacted under any circumstances. All communication must be made only through the messaging facility on Pro-contract e-tendering portal