

# **NHS Camden Clinical Commissioning Group (CCG)**

## **An Integrated and Accountable MSK Programme of Care**

Memorandum of Information (MOI)

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# **1 PURPOSE, STRUCTURE AND NEXT STEPS FOR APPLICANTS**

## **1.1 Purpose of this document**

The purpose of this Memorandum of Information (**MOI**) is to provide potential Bidders with sufficient information on this NHS Camden Clinical Commissioning Group (herein after referred as Contracting Authority) Procurement to submit a completed Pre-Qualification Questionnaire (**PQQ**).

The PQQ is designed to secure the necessary reassurances about the capacity, capability and eligibility of potential Bidders to satisfy the minimum requirements of this procurement.

This Memorandum of Information (MOI) provides an overview of the Contracting Authority's Procurement to provide an integrated and accountable MSK programme of care and details of the:

- Procurement and its objectives;
- Contracting Authority's service requirements;
- Procurement process;
- Procurement commercial framework; and
- Procurement governance and administration requirements.

The aim of this MOI is to provide potential Applicants with sufficient information on the Procurement to enable them to make an informed decision about whether they wish to participate.

## **1.2 Organisation of this document**

This MOI is organised into the following sections:

- |            |  |
|------------|--|
| Section 1: | Purpose, Structure and Next Steps for Bidders<br>Detailing the purpose and organisation of the MOI, and the next steps for potential applicants.                                       |
| Section 2: | Introduction and Overview<br>Detailing the background and objectives to the Procurement, the scope of services to be procured, the factors critical to the success of the Procurement. |
| Section 3: | Commissioning Organisation<br>Details of the Commissioning organisation.   |
| Section 4: | Procurement Process Overview<br>Detailing the steps involved in Contracting Authority's Procurement.   |
| Section 5: | Commercial Framework<br>Detailing the key commercial terms and other legal and contractual arrangements for the Procurement.   |
| Section 6: | Governance and Administration<br>Detailing key governance and administration requirements of the Contracting Authority Procurement.  |
| Section 7: | Glossary of Terms and Abbreviations<br>Providing a glossary of the terms used in the MOI.  |

Annexes:        Annex A - Glossary  
                  Annex B - Conflict of Interest form

### **1.3 Next Steps for Applicants**

Potential applicants wishing to participate in Contracting Authority's Procurement must have registered an expression of interest and submit a PQQ by 1700 hours on 2 May 2016 via the Pro-Contract e-tendering portal at <https://www.supplying2nhs.com>

The Commissioner reserves the right (at its sole discretion) not to consider any Expression of Interests and PQQs received after the deadline.

## **2 INTRODUCTION AND OVERVIEW**

### **2.1 Background and Context of the Procurement of an integrated and accountable MSK programme of care**

#### **2.1.1 Definition**

Camden CCG is a statutory organisation created by the Health and Social Care Act 2012. The CCG was established on 1 April 2013.

35 GP practices in Camden are members of Camden CCG and together with Camden Council we care for a population of around 200,000 people (information from 2012 census).

Camden CCG is responsible for planning and purchasing most health services for more than 200,000 residents in the London Borough of Camden. The services we purchase include:

- Planned hospital care such as outpatient appointments and operations
- Urgent and emergency care such as accident and emergency services, NHS 111 and GP out of hours services
- Community Health Services such as district nursing and therapy services
- Mental health services

In Camden we commission services from five main local providers:

- The Royal Free London NHS Foundation Trust
- University College London Hospital (UCLH)
- Camden and Islington NHS Foundation Trust
- Tavistock and Portman NHS Foundation Trust
- Central and North West London NHS Foundation Trust

In our first year as leaders of the local NHS, we carried forward most of our main commissioning contracts from Camden Primary Care Trust. Any new contracts have been tendered in line with NHS procurement rules and EU regulations.

Camden CCG also works as part of the North Central London Strategic Planning Unit covering the five CCGs in North Central London (Barnet, Camden, Enfield, Haringey and Islington).

Camden resident population (ONS Mid 2013 estimates):

Camden	Male	Female	Total	% (Total)
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0 - 4	7,144	6,971	<b>14,115</b>	6.1%
5 - 9	6,163	5,924	<b>12,087</b>	5.3%
10 - 19	11,277	10,965	<b>22,242</b>	9.7%
20 - 29	23,141	24,916	<b>48,057</b>	20.9%
30 - 39	23,222	21,919	<b>45,141</b>	19.7%
40 - 49	15,793	15,301	<b>31,094</b>	13.5%
50 - 59	11,112	10,635	<b>21,747</b>	9.5%
60 - 69	8,399	9,176	<b>17,575</b>	7.7%
70 - 79	4,771	5,886	<b>10,657</b>	4.6%
80 - 84	1,557	2,033	<b>3,590</b>	1.6%
85 and over	1,200	2,214	<b>3,414</b>	1.5%
<b>Total</b>	<b>113,779</b>	<b>115,940</b>	<b>229,719</b>	

## 2.1.2 Context

The local and national context is described in Exhibit 1 and Exhibit 2. (Exhibits also available in slide pack)

### Exhibit 1



## 1.1 National context

**Department of Health's Musculoskeletal Services Framework (MSF)**

A framework that aims to provide patients with **high-quality, effective, and timely advice, assessment, diagnosis, and treatment**

- Recommends achieving this through "**systematically planned services**, based on the **patient journey**, and with **integrated multidisciplinary** working across the health economy"
- Is based on evidence from the **European Bone and Joint Health Strategies Project** (2005) showing that **better integration of, and collaboration** between, primary, secondary and social care can **reduce hospitalisation** and yet, crucially, provide **better care** and a **better service** to patients and carers alike

**NHS's Five Year Forward View**

A set of **recommendations for changes needed** across the NHS to improve care in the near future, including:

- increased focus and investment in **prevention and public health**
- patients having **greater control of their own care**
- **breaking down barriers** in how care is provided – between family doctors and hospitals, between physical and mental health, and between health and social care
- better use of national resources to find the right **balance between specialist and general care**
- options for various **integrated models of care**

**Value-based Commissioning (developed by Michael Porter)**

A method for **measuring performance** aimed at achieving the **best possible patient outcomes per £ spent**

- Currently, **financial success of the system is not aligned with patient success**
- **Value**, i.e. patient health outcomes per £ spent, **unites the interests of all system participants** (patients and providers)
- **Focus should be on better health**, rather than treatment; better health is less expensive for the system than poor health
- **Patient choice is paramount** to encourage continued improvement in value

Source: DH "The Musculoskeletal Services Framework - A joint responsibility: doing it differently", NHS "Five Year Forward View" (October 2014), Michael Porter's "What Is Value in Health Care?" (December 2010), Michael Porter's "Value-Based Health Care Delivery" (March 2012)

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## 1.1. Local context

What is the primary issue facing Camden CCG's MSK Services?

- Camden CCG have identified **issues with the current MSK service model**, which are **impacting patient care and experience**
- Assessing **activity-based performance only** does not necessarily reflect patient-outcome based performance
- The **lack of integration of care across service providers** and **lack of focus on patient outcomes** are core to the problem
- In addition, there is **increased financial pressure** across the NHS, as well as pressure to improve patient experience and outcomes
- Camden CCG have been trying to commission an integrated service for **2+ years**, but have been **unsuccessful** thus far, resulting in **loss of knowledge, re-work, inconsistent messaging, and reputational impact**
- There is **pressure for Camden CCG** to prioritise, commence, and complete this transformation now to **improve MSK patient care and experience, increase value and address concerns about their ability to execute**

How is Camden CCG planning to address these issues?

- Camden CCG is looking to tackle the issue by moving to an **integrated and accountable programme of care**, using a **value-based outcome** models
- In **January 2016**, the Commissioning Committee
  - **Approved** a proposal to **move to an integrated programme of care**, over continuing the existing fragmented model
  - **Requested** to see the **full business case**, for approval, at February's Commissioning Committee meeting

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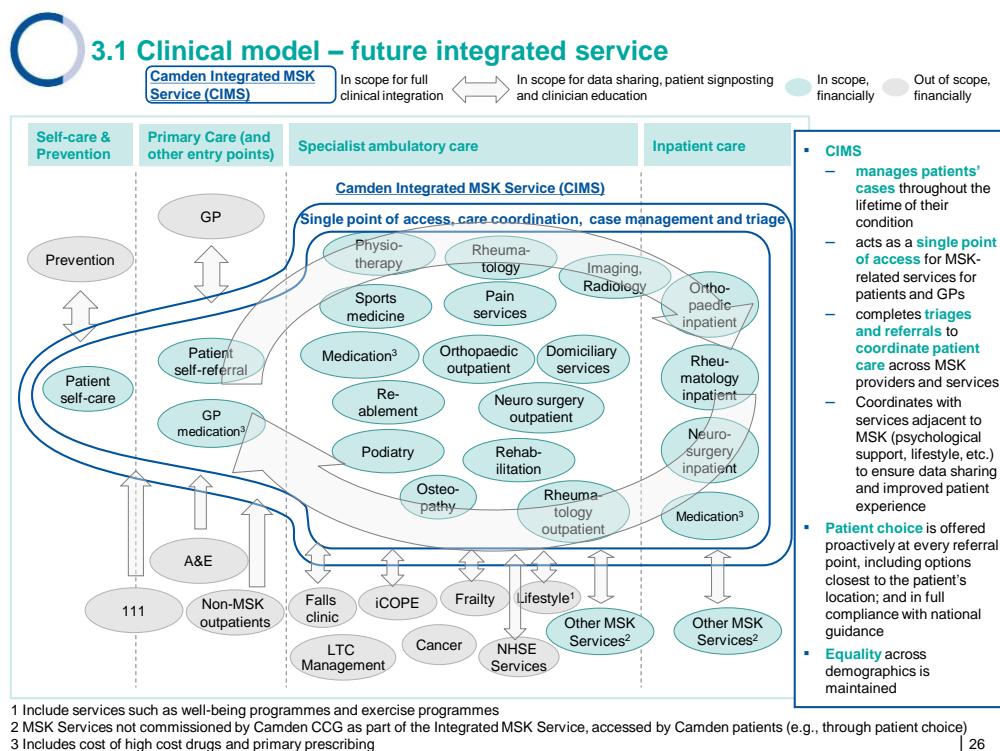
## 2.2 Objectives of Contracting Authority's Procurement

The aim of this procurement is to provide an integrated and accountable MSK programme of care to people in Camden, which will include, but is not limited to:

- managing patients' cases throughout the lifetime of their condition
- acting as a single point of access for MSK-related services for patients and GPs
- completing triages and referrals to coordinate patient care across MSK providers and services
- coordinating with services adjacent to MSK (psychological support, lifestyle, etc.) to ensure data sharing and improved patient experience
- proactively offering patient choice at every referral point, including options closest to the patient's location; and in full compliance with national guidance
- maintaining equality across demographics
- improving MSK patient outcome and experience

The desired clinical model is diagrammed in Exhibit 3 (exhibits also available in accompanying slide pack)

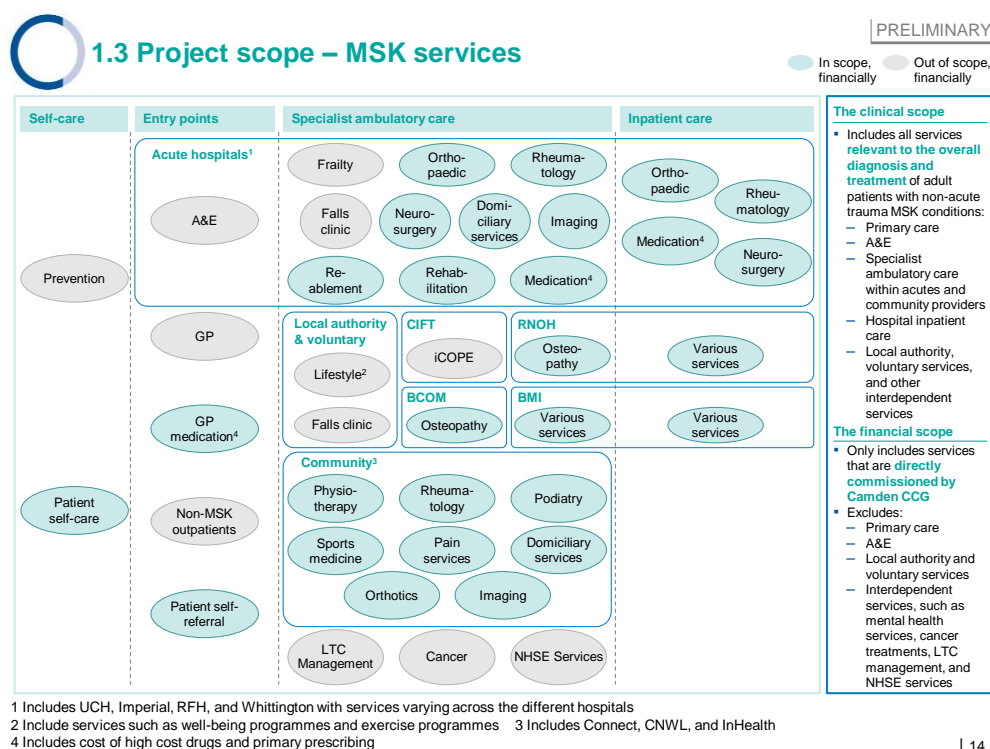
## Exhibit 3



## 2.3 Scope of the Services

The scope of MSK conditions and services are detailed in Exhibit 4 and Exhibit 5 (exhibits also available in accompanying slide pack).

## Exhibit 4





## 1.3 Project scope – MSK conditions and patient demographics

Out of scope

MSK conditions including:	Patient demographic
<ul style="list-style-type: none"> <li>All kinds of arthritis, including:               <ul style="list-style-type: none"> <li>Osteoarthritis</li> <li>Inflammatory Arthritis</li> <li>Arthropathies</li> </ul> </li> <li>Sports Injuries (non-acute)</li> <li>Low Back pain</li> <li>Shoulder Pain</li> <li>Upper Back/ Neck Pain</li> <li>Ankle pain</li> <li>Connective tissue disease / autoimmune disease</li> <li>Carpal Tunnel Syndrome</li> <li>Gout</li> <li>Trigger finger</li> <li>Dupuytren's contracture</li> <li>Osteoporosis</li> <li>Foot pain and deformities</li> <li>Tenosynovitis</li> <li>Fibromyalgia</li> <li>Ganglion</li> <li>MSK related benign soft tissue lesions</li> <li>Emergency MSK Conditions</li> <li>Acute trauma</li> </ul>	<ul style="list-style-type: none"> <li>Adults</li> <li>Patients 16 years old and over, not already in Paediatric care</li> <li>Patients 16-25 years old previously in Paediatric MSK care</li> </ul>

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## 2.4 Bidder Pool

Contracting Authority wish to receive responses to the Pre- Qualification Questionnaire (PQQ) from suitably qualified and experienced providers with the necessary capacity and capability, (or a demonstrable ability to provide the necessary capacity and capability either directly or through robust subcontracting arrangements) to provide the range of services as set out in this MOI in a safe and effective manner.

The Contract Authority wish to enter into a contract with a single lead provider (not a lead integrator) who will be accountable for the whole service.

Potential bidders may bid in partnership with other organisations such that the Clinical Services Supplier may be different to the organising bidder, but the combined bid will, if successful, result in a single Provider accountable for the whole service and a single contract with the winning bidder. Potential bidders must be eligible to enter into the NHS Standard Contract 2016/17

The Commissioner expects that the new service will be underpinned by the systems and processes as described in Exhibits 6 and 7 (Exhibits also available in slide pack)



## Exhibit 6



### 3.1 High level preliminary service specifications

#### Stage-specific expectations

Stage	Provider is expected to:
Prevention, self-care, advice, self-referral	<ul style="list-style-type: none"> <li>Maintain patient facing resource for self-assessment, information &amp; advice (incl. on local wellbeing resources, patient groups and networks, curated national resources, etc.)</li> <li>Ensure access to quick advice over phone or digitally</li> <li>Provide easy ability for self-referral into the Camden Integrated MSK Service (CIMS) over phone or digitally</li> </ul>
Primary care assessment, management, investigation and referral	<ul style="list-style-type: none"> <li>Work with practices to ensure timely assessment and management of MSK problems</li> <li>Support GPs to use the new MSK system</li> <li>Identify, isolate and re-engineer unwarranted variations in GP usage of MSK services</li> <li>Equip GPs with skills and knowledge to deal with MSK problems</li> <li>Provide easy access to specialist advice (electronically or over the phone) and promote its usage</li> <li>Ensure an easy referral process into the CIMS for the GP</li> <li>Ensure convenient data flows and IT interoperability between general practice and CIMS</li> </ul>
Specialist ambulatory care	<ul style="list-style-type: none"> <li>Provide all necessary MSK care and support, until MSK needs have been resolved and can be supported by self-care or GP</li> <li>Ensure referred cases are triaged within 1 working day by a team of qualified professionals</li> <li>Provide access to all diagnostic procedures</li> <li>Provide continuity of care for patients</li> </ul>
Inpatient care	<ul style="list-style-type: none"> <li>Help patients make an informed decision about surgical procedures</li> <li>Proactively offer patients a choice of providers with every referral, including hospital closest to their location; this is compliant with national guidance</li> <li>Undertake patient pre-procedural assessment</li> <li>Do forward planning for post-surgical needs (even before admission)</li> <li>Ensure delivery of high-quality and safe inpatient care</li> <li>Ensure convenient data sharing, including clinical data, with clinicians providing the service</li> <li>Take every opportunity to shorten waiting times (including direct booking to surgery)</li> </ul>

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## Exhibit 7



### 3.1 High level preliminary service specifications

#### General expectations

Area	Provider is expected to
Patient empowerment	<ul style="list-style-type: none"> <li>Empower patients at every stage (e.g. provide information about condition and outcomes, empower to make decisions)</li> <li>Give information about potential route to complain and escalate</li> </ul>
Clinical integration & MDT	<ul style="list-style-type: none"> <li>Ensure that clinicians across the integrated pathway work as one team (MDT), regardless of provider entity</li> <li>Enable convenient data sharing and IT interoperability between all members of MDT (incl. patient records)</li> </ul>
Seamless experience and case management	<ul style="list-style-type: none"> <li>Ensure patients have seamless experience (e.g. all providers have access to patient history; no unnecessary referrals)</li> <li>Organise a single point of contact, convenient for patients (through phone and online access)</li> <li>Provide case management for all patients (with patient having access via phone or digital resources)</li> </ul>
Services outside CIMS	<ul style="list-style-type: none"> <li>Ensure appropriate utilisation by the patient of services outside CIMS (e.g. psychological support; lifestyle support, etc.); with seamless process where possible</li> <li>2-way information flows with important outside providers (incl. provision of patient cases where appropriate and consented, integrating information on patient progress in patient case)</li> </ul>
Quality and patient experience monitoring	<ul style="list-style-type: none"> <li>Ensure continuous robust collection of patient feedback and provision of patient satisfaction data</li> <li>Ensure robust and detailed provision of data on complaints</li> <li>Ensure timely provision of a set of process KPIs (e.g. waiting times, referral rates, etc.)</li> <li>Ensure periodic clinical audits</li> <li>Instil culture of continuous improvement and continuous learning</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>Track, measure, analyse, report and actively manage patient outcomes</li> </ul>

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In addition, the winning bidder will need to ensure interoperability with MSK service providers to meet patient choice and ensure convenient access for the majority of the people of Camden. This is outlined in Exhibit 8 (also available in slide pack)



### 3.2 General requirements with respect to interoperability (4.ii)

**Interoperability<sup>1</sup> between an inpatient service provider and CIMS makes the patient journey seamless** and includes at the minimum

- Ability to list the patient directly to the inpatient procedure
- Access to stored patient health records and care plan, including scalable semi-automatic or automatic two-way data exchange (e.g. through an IT solution providing a “bridge” between different provider’s IT systems)
- Support for the integrated MSK care plan
- Obligation to provide data (for Providers) and present the data (for the Integrated Service) about waiting times and outcomes for specific procedures, to enable more informed patient choice

**Interoperability does not affect the patient choice:**

- Patients will still be presented with a range of secondary care provider options, as per national guidelines, regardless of whether they are fully interoperable<sup>1</sup> or not with the Integrated Service
  - as interoperability includes the ability to book patients directly, it is likely that waiting times will be shorter and the booking process easier for patients choosing fully interoperable providers

**Interoperability does not require the acute provider to formally be part of the provider entity**

- A hospital can be interoperable with the service, yet not formally part of the provider entity

**Any acute provider shall be able to request interoperability with the Service**, and the Service should consider this request in good faith and not turn it down unreasonably

- The Service should make it as easy as possible for any provider to achieve interoperability (e.g. have universal standards for data exchange; have standardised procedures for direct listing, etc.)

**The Service should be able to request interoperability from acute providers with significant volumes** of Camden patients; these requests should be considered in good faith by the acute providers and not to be turned down unreasonably

<sup>1</sup> Interoperability in this context means extended interoperability - to a certain degree all providers should be interoperable with CIMS

## 3 Commissioning Organisation

### 3.1 The Scheme

Bids will be sought for the provision of an integrated and accountable MSK programme of care from sites within Contracting Authority area. Please see Exhibit 9 for the scope of the Contracting Authority area

## Exhibit 9

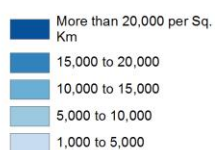
Resident population density by Lower Super Output Area (mid 2013 ONS estimate)



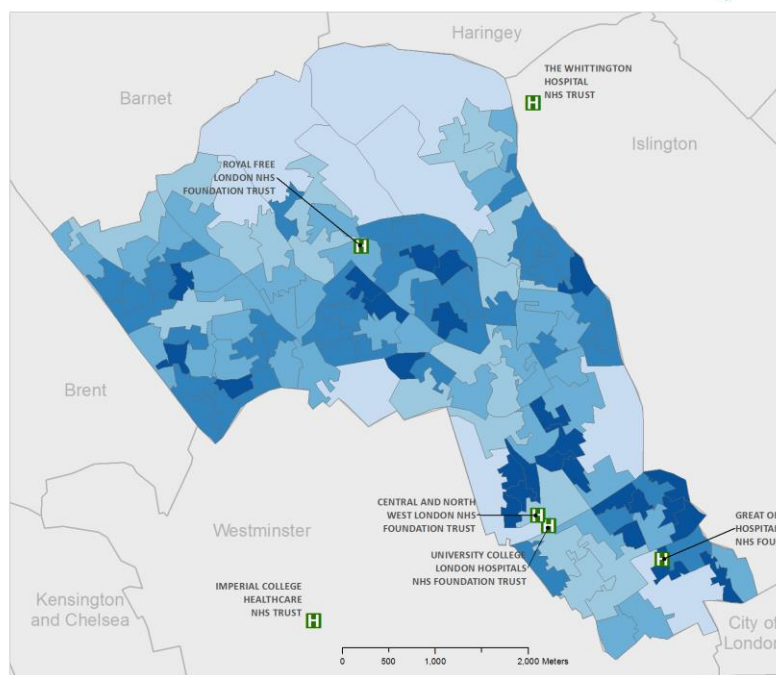
NHS Camden CCG



Resident population per Sq. Km



Generated by NEL CSU  
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Contains National Statistics data  
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## 4. Procurement Process - Overview

The MSK procurement timeline is summarised in paragraph 4.2 Procurement Timeline below.

### 4.1 Context

The service to which this MOI relates falls within Part B of Schedules 3 to the Public Contracts Regulations 2006.

### 4.2 Procurement Timeline

The indicative timeline for the integrated and accountable MSK procurement is set out in Table 5 below.

***It should be noted that the dates are expected dates at the time of issuing this MOI and the Contracting Authority reserve the right to change this timetable in the future. Further details on the timeline for the ITT stage will be detailed in the scheme.***

Stage	Events and milestones	Date
PQQ (2 months)	PQQ documents published	31 March 2016
	Bidders' Q&A events	Week beginning 11 April 2016
	PQQ response deadline	2 May 2016 (at 1700hrs)
	PQQ bidders notified of outcomes	26 May 2016
ITT	ITT documents issued to shortlisted bidders	2 June 2016

(3.5 months)	Q&A events for shortlisted bidders (private)	Dates to be confirmed with Shortlisted Bidders
	ITT response deadline	8 or 15 August 2016
	ITT bidders notified of outcomes (shortlisted to 3)	29 August 2016
	Final bidders' presentations	2 September or 5 September 2016
Contract awarded (1 month)	Unsuccessful bidders notified via Alcatel letter (with 10-day cooling off period)	15 September 2016 – 29 September 2016 (2 weeks)
	Winning bidder confirmed and notified	30 September 2016
	Contract finalized	3 October 2016 – 12 October 2016 (1.5 weeks)
Service Mobilisation (5.5 months)	Mobilisation period	13 October 2016 – 30 March 2017 (5.5 months)
Go-Live	Service commences	1 April 2017

### 4.3 Advert, Memorandum of Information (MOI) and EOI

#### 4.3.1 Advert

National adverts have been published describing, in general terms, the integrated and accountable MSK programme of care being procured by and Contracting Authority and the locations where the services are required.

Adverts have been placed on Contract Finder <https://www.contractsfinder.service.gov.uk> and Contracting Authority's e-tendering portal Pro-Contract (<https://www.supplying2nhs.com>) to encourage responses from as wide a range of organisations as possible. Potential Applicants must register on <https://www.supplying2nhs.com> and express their interest. Expression of interest is completed by the submission of a Pre-Qualification Questionnaire (PQQ) by the stated deadline.

#### 4.3.2 Memorandum of Information

This MOI provides details of the Procurement and should provide potential applicants with sufficient information on the Procurement process to enable them to make an informed decision about whether they wish submit a PQQ.

#### 4.3.3 Bidder information event

To ensure all applicants are given the opportunity to fully understand the requirements of the integrated MSK procurement, a bidder information events *may* be held. The bidder information event will aim to enable all potential applicants to ask for clarification about the nature of the services being procured, the premises requirements and other relevant information. The responses to any questions will be made available to all applicants who have submitted an EOI. The events are tentatively planned to be held on:

- Week commencing 11<sup>th</sup> April (exact date TBC), during the PQQ stage
- June 7<sup>th</sup>, June 28<sup>th</sup>, and July 26<sup>th</sup>, (exact date TBC), during the ITT stage

#### 4.4 The Pre- Qualification Questionnaire and Invitation to Tender

The commissioner has adopted Pro-Contract (<https://www.supplying2nhs.com>) e-tendering portal for all its procurement activities. The tender process will be conducted entirely via Pro-Contract and the tender documentations will be published on this portal. You will need to register onto <https://www.supplying2nhs.com> as a supplier and register an interest on this procurement scheme to access the MOI, PQQ and any other documentations published on the e-tendering portal. If you are already registered, you will not need to register again, simply use your existing username and password. PQQ and tenders **must** be submitted via the above e-tendering portal.

The integrated and accountable MSK programme of care as a health service is categorised as a Part B service to the Schedule of the Public Sector Regulations. For Part B services, there is no requirement to follow the formal publication requirements, however as a best practice EU procurement principles will be followed in this procurement.

The Pre-Qualification Questionnaire (PQQ) and the Invitation to Tender (ITT) forms the Contracting Authority Procurement Process. It is designed to evaluate the capacity, capability, experience and eligibility of potential applicants (in particular minimum levels of economic and financial standing and technical or professional ability) to meet the Contracting Authority's minimum requirements and to provide the services that are the subject of the integrated and accountable MSK programme of care procurement.

##### 4.4.1 The PQQ provides some further information on the Procurement process, guidance on how to complete the PQQ and a series of questions for potential applicants to answer and details of the scoring methodology to be applied will also be included.

The purpose of the PQQ stage is to establish a short list of providers who will then progress to the next competitive procurement stage and be issued with the Invitation to tender (ITT) documents, together with all the supporting requirements. The Contracting Authority will formally evaluate the PQQ responses to determine the shortlist.

The PQQ will be accessible to all bidders who express an interest for this tender via Pro-contract e-tendering portal (<https://www.supplying2nhs.com>). All potential bidders wishing to bid for the integrated and accountable MSK programme of care Scheme must respond to the PQQ before the deadline stated in the PQQ. The **Contracting Authority reserves the right not to consider any submission received after the specified deadline.**

A clarification question and answer process will operate during the PQQ stage and will be explained in the PQQ documentation.

The Pre-Qualification criteria will be a combination of economic and financial standing and technical or professional ability based on quantitative financial and qualitative non- financial criteria and will be in accordance with Regulation 23 of the Public Contract Regulations 2006. Potential Bidders will be responsible for all their costs associated with preparation and submission of the responses to this PQQ. The Contracting Authority will not reimburse these costs.

An evaluation panel will evaluate the responses to PQQ. The Bidder must pass the stated and published threshold to progress to the ITT part of the application process. Bidders failing to meet the threshold PQQ will not be considered further. Potential bidders will be told whether or not they have been shortlisted. **The Contracting Authority reserves the right to vary the published threshold if**

**deemed necessary to progress the procurement and retain sufficient competition in the process.**

#### **4.4.2 Invitation to Tender**

Bidders invited to proceed to the ITT stage of the procurement will be issued with Procurement ITT documentation. The detailed requirements of the ITT, that is the information required from bidders and timescales for the submission of bids, will be included in the ITT documentation. The evaluation criteria against which bids will be evaluated is the most economical advantageous tender.

#### **4.4.3 Bidder Presentation and Interviews**

Bidders who have been successfully shortlisted after the ITT stage of the procurement may be invited to present and attend an interview. Further details will be provided to the shortlisted bidders.

#### **4.5 Contract Award**

Based on the outcome of the Contracting Authority evaluation, recommendations will be made to the CCG Governing Body to consider. Following approval and any standstill period, Contracting Authority and the recommended bidder may enter into the Contract.

#### **4.6 Service Commencement**

Following contract award and in accordance with the Provider's mobilisation plan, the Contracting Authority and the Provider(s) will work together towards service commencement at the contractually agreed date of 1 April 2017.

### **5. COMMERCIAL FRAMEWORK**

Potential Applicants attention is drawn to the following commercial information:

#### **5.1 Contract**

The contract to be entered into by the Contracting Authority and the selected Provider(s) for the Procurement will be based on the **NHS standard contract 2016/17** and any subsequent revisions thereof and will comply with the mandatory requirements of the specification. **Please note the Contracting Authority will not enter into an arrangement with any individual or organisation that does not fully accept this requirement. Caveat responses will be considered as non-acceptance of this requirement.**

The Contract will be separate to and independent of any existing contract currently in place between a Provider and Contracting Authority either separately or jointly.

#### **5.2 Contract Duration and Mobilisation**

The Contract will be for a term of five years, with the possibility of extending the term up to a further two years beyond the initial contracted duration, subject to satisfactory performance and by mutual agreement with the Provider.

The Contracting Authority and the successful Provider will mutually agree the period of mobilisation of the Service following the contract award. The mobilisation period is likely to be no more than 6 months. Further information and details on contract mobilisation requirements will be set out in the ITT.

#### **5.3 Transition from existing services (if required)**

The procurement will adopt a policy of local nil detriment which will focus on service delivery from a patient perspective and a smooth transition from one provider to another. The policy will remain that new services contracted through this procurement must be established and integrated with the outgoing provider(s), as appropriate, so that a seamless service is delivered to patients. This will be

discussed by all parties, including the contracted provider and the commissioner, and a full transition plan agreed.

#### **5.4 Clinical**

Contracting Authority is looking for Providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability within the requisite timescale,) to deliver high quality, patient-centred and Value for Money (VfM) healthcare, delivered in a safe and effective manner.

#### **5.5 Equitable Access to an integrated and accountable MSK programme of care**

The Contracting Authority is seeking to improve the access to MSK services for the residents of the Camden borough. In addition, at ITT stage the Contracting Authority will require shortlisted providers to demonstrate how they will be able to meet equity of access and promote equality/non- discrimination within their service provision

- Equity of Access
- Patient and public engagement
- Communications
- Workforce
- Monitoring and evaluation

#### **5.6 Workforce**

##### **5.6.1 Policies and Strategies**

Bidders will be required to provide evidence that all proposed workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK and in addition comply with the provisions outlined in:

- The ACAS Guide to Disciplinary and Grievance at Work; and
- The Equality Act 2010
- Care Quality Commission – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 and Care Quality Commission (Registration and Membership) (Amendment) Regulation 2012

Potential applicants will be required to provide (without limitation) information on the following:

- Recruitment, Health & Safety and other relevant policies including those on environmental protection;
- Procedures for ensuring compliance that all clinical staff, including Nurses and allied health professionals, are registered with the relevant UK professional and regulatory bodies;
- Policy for ensuring clinical staff meet the CPD requirements of their professional and regulatory bodies; Staff handbook setting out terms and conditions of employment for staff;
- Child Protection and Safeguarding Policy
- Equality and Diversity Policy; and
- Policy on engaging with children, young people and their families on service development and evaluation.

##### **5.6.2 Staff Transfers (TUPE)**

TUPE may be applicable to this Procurement and further details will be provided within the ITT Documents.

The Contracting Authority strongly advises that bidders seek independent legal advice in relation to the staff currently employed in the MSK services, and the requirements of the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and other codes of practice.

Where TUPE applies, Cabinet Office statement of practice on staff transfers in the public sector (January 2000 revised November 2007 (COSOP) and the annex to it, "A fair deal for staff pensions"; staff transfer from central government (revised October 2013) and the cabinet office statement entitled "Principles of good employment practice (December 2010) in the provision of services will apply.

### **5.6.3 Training and Development**

The Contracting Authority is committed to the training and development requirements of all MSK Professionals. The Contracting Authority is therefore seeking providers who will be able to demonstrate a track record of commitment to this ethos in the delivery of services.

## **5.7 Health and Safety and Risk Management**

The Service will operate from premises with facilities that meet general health and safety requirements. Compliance will be measured against local and national Health and Safety regulations.

- Clinical Audit – The Provider must have a robust clinical audit process in place
- Infection Control – Providers must meet the requirements of all relevant regulations with respect to decontamination and infection prevention and control and dealing with infection events.
- Health and Social Care Act (2008) (Regulated Activities) regulations 2014, the Care Quality Commission (Registration) Regulations 2009 and Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012.

## **5.8 Premises, Facilities Management & Equipment**

### **5.8.1 Premises**

- Premises from which the current service is provided may be available to bidders subject to negotiation with the landlords, however bidders may be required to propose their own premises solutions.
- The provider will be expected to fund rent, rates, utility and insurance costs for the premises solution.

### **5.8.2 Facilities Management Services (FM Services)**

Providers will be expected to fund any associated FM Services costs applicable to the Service.

### **5.8.3 Equipment**

Equipment used by the current provider of this service may be made available to the bidder subject to negotiation with the existing provider. Providers will be responsible for the provision, cost and maintenance of equipment. Details on the equipment requirements for this Service will be set out in the Service Specification and the ITT and issued to shortlisted bidders.

## **5.9 IM&T and Systems Integration**



The provider will be solely responsible for the provision and cost of all IM&T hardware and software unless otherwise specified

The provider will be expected to capture information and manage it in a secure electronic environment in line with the NHS guidelines for the management and security of information, connecting for Health and the data Protection Act.

The Providers systems must be able to communicate with the NHS systems in a seamless manner. They should include but not be limited to:

- Secure Systems
- Capture confidential patient information and data
- Analyse information for Quality and Performance monitoring
- Report Data for Quality and Performance Monitoring
- Review Data for service improvement
- Capture financial data for payment and reporting
- Capture and review information and data for clinical audit purpose, to monitor clinical effectiveness

Further information on IM&T support will be provided in the ITT documents.

#### **5.10 Payment Mechanism**

At the ITT stage, the Contracting Authority will seek innovative solutions and competitive bids setting out the most economical tariff for the services described in the Service Specification.

Payment will be linked to volume and activity. More details of the payment mechanism will be set out in the ITT.

#### **5.11 Financial Standing**

Financial Standing requirements for the Contracting Authority procurement will be limited, at the PQQ stage to confirmation of identity, solvency and proposed business structure. For organisations with no prior financial record, some additional information on funding proposals will be required with the PQQ. At the ITT stage, bidders will be required to put forward detailed proposals as to how their funding requirement will be met.

#### **5.12 Insurance Requirements**

Providers will be required to have adequate insurance cover. A comprehensive schedule of insurances that the Provider will be required to obtain is set out in the PQQ and the NHS Standard Contract 2016/17 This will typically include Employers Liability, Public Liability, Professional Liability, Corporate medical malpractice, certain property cover, as well as provision for Clinical Negligence insurance covering all staff and operational risk in the facilities from which the service is to be provided. These required insurances are in addition to the individual's medical malpractice indemnity insurance.

The insurance requirements will also require providers to ensure that:

- The Contracting Authority interests are fully protected.
- Members of the public utilising the service are fully protected to the extent that that they have a valid claim against the provider and /or the Contracting Authority
- The provider maintains insurance which at least meets the minimum statutory requirements.

Under the terms of the Contract providers will be required to indemnify the Contracting Authority against any claims that may be made against them arising from the provision of the service by the provider. The Contracting Authority may, (as a condition precedent to execution of the Contract or at any time during the term of the Contract) require the provider to offer evidence that they have sourced and are maintaining in force appropriate (and sufficient) insurance or other arrangements. All the above will require to be evidenced.

### **5.13 Performance Security**

It is expected that no performance security will be required from the Provider for this procurement. However applicants will be asked to confirm their agreement to providing such security in principle, in the event that it transpires that the agreement requires substantive infrastructure/capital spending and expects high activity volumes and such security is therefore required.

## **6. GOVERNANCE AND ADMINISTRATION**

### **6.1 Requirements**

#### **6.1.1 Procurement Costs**

Each bidder will be responsible for its own costs incurred throughout each stage of the Procurement process. NEL Commissioning Support Unit, Camden CCG, NHS England or DH will not be responsible for any costs incurred by any Bidder or any other person throughout this process.

#### **6.1.2 Consultation**

Contracting Authority procurements are subject to on-going patient and public consultation under the NHS Act 2006 (now contained in the Health & Social Care Act 2012). However, the successful provider(s) will be required to work with clinicians and patients to develop outcomes and will be expected to continue this post contract award.

#### **6.1.3 The Public Contract Regulations 2006 (as amended)**

The provision of: The integrated and accountable MSK programme of care to which this MOI relates, currently fall within Part B of Schedule 3 to the Public Contracts Regulations 2006 ("the Regulations") and Annex II B to Council Directive 2004/18/EC. Neither the inclusion of an Applicant selection stage nor any other indication shall be taken to mean that the Contracting Authority intends to hold itself bound by any of the Regulations, save those applicable to Part B services.

#### **6.1.4 Conflicts of interest**

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

Potential Bidders should notify the Contracting Authority of any actual or potential conflicts of interest in their response to the PQQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify the Contracting Authority by submitting a Conflict of Interest form (see Annex B) via Pro-contract e-tendering portal discussion board 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 Contracting Authority, Contracting Authority reserves the right to exclude at any time any potential Bidder(s) from the Procurement process should any actual or potential conflict(s)

of interest be found by the Contracting Authority to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

#### **6.1.5 Non-collusion and Canvassing**

All potential bidders must neither disclose to, nor discuss with, any other potential bidder, or bidders (whether directly or indirectly), any aspect of any response to any of the Procurement documents such as the PQQ or ITT documents.

Each Potential bidder must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS or the DH in connection with the selection of the bidder or recommended bidder or the Provider in relation to the Contracting Authority procurement.

#### **6.1.6 Freedom of Information and Environmental Information Regulations (EIR)**

Contracting Authority is committed to open government and meeting its legal responsibilities under the Freedom of Information Act (FOIA). Accordingly, any information created by or submitted to the Contracting Authority (including, but not limited to, the information contained in the application and the submissions, and clarification answers received from potential bidder and bidders) may need to be disclosed by the Contracting Authority in response to a request for information under FOIA.

In making a submission or application or corresponding with Contracting Authority at any stage of the Procurement, each potential bidder, and each Relevant Organisation acknowledges and accepts that the Contracting Authority may be obliged under the FOIA or the EIR to disclose any information provided to it:

- Without consulting the potential bidder or bidders or
- Following consultation with the potential bidders or bidders and having taken its views into account.

Potential bidder and bidders must clearly identify any information supplied in their response to the application that they consider to be confidential or commercially sensitive and attach a brief statement of the reasons why such information should be so treated and for what period.

Where it is considered that disclosing information in response to a FOIA request could cause a risk to the Procurement process or prejudice the commercial interests of any potential bidder or bidders, the Contracting Authority may wish to withhold such information under the relevant FOIA exemption.

However, potential Applicants should be aware that Contracting Authority is responsible for determining at its absolute discretion whether the information requested falls within an exemption to disclosure, or whether it must be disclosed.

Potential Applicants should therefore note that the receipt by the Contracting Authority of any information marked “confidential” or equivalent does not mean that the Contracting Authority accept any duty of confidence by virtue of that marking, and that the Commissioner has the final decision regarding the disclosure of any such information in response to a request for information under the FOIA.

#### **6.1.7 Confidentiality of the Documents**

Information that is supplied to Bidders as part of this procurement exercise is supplied in good faith. However, Bidders must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the

tenderers of such information, unless such information has been supplied fraudulently by NEL Commissioning Support unit or CCG. All information supplied to tenderers by NEL Commissioning Support or CCG in connection with this procurement exercise shall be regarded as confidential. By submitting an Expression of Interest/PQQ/tender the Bidders agree to be bound by the obligation to preserve the confidentiality of all such information.

#### **6.1.8 Disclaimer**

The information contained in this MOI is presented in good faith and does not purport to be comprehensive or to have been independently verified.

Neither NEL Commissioning Support, Camden CCG, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential Bidder, Bidders, Provider, Bidder Member, Clinical Services Supplier, financiers or any of their advisers, orally or in writing or in whatever media.

Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by the Contracting Authority, NHS England, the DH or any of their advisers.

This MOI is intended only as a preliminary background explanation of Contracting Authority's activities and plans and is not intended to form the basis of any decision on whether to enter into any contractual relationship.

The Contracting Authority reserve the right to change the basis of, or the procedures (including the timetable) relating to, the Procurement process, to reject any, or all, of the submissions and PQQs/Tenders, not to invite a potential bidder to proceed further, not to furnish a potential bidder with additional information nor otherwise to negotiate with a potential bidder in respect of the Procurement, subject to compliance with general EU principles on equal treatment, non-discrimination and transparency and procurement law.

Contracting Authority shall not be obliged to appoint any of the bidders and reserves the right not to proceed with the Procurement, or any part thereof, at any time.

Nothing in this MOI is, nor shall be relied upon as, a promise or representation as to any decision by Contracting Authority in relation to this Procurement. No person has been authorised by the Contracting Authority or their advisers or consultants to give any information or make any representation not contained in this MOI and, if given or made, any such information or representation shall not be relied upon as having been so authorised.

Nothing in this MOI or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the Procurement, nor shall such documentation/information be used in construing any such contract. Each bidder must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the MOI or other pre-contract documentation.

In this section, references to this MOI include all information contained in it and any other information (whether written, oral or in machine-readable form) or opinions made available by or on behalf of the Contracting Authority, or any of

their advisers or consultants in connection with this MOI or any other pre-contract documentation.

## ANNEX A: GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
Bidder	A single operating organisation/person that has requested a PQQ through the procurement process and is bidding to provide the service.
Bidder Guarantor	An organisation providing a guarantee, indemnity or other undertaking in respect of an Applicant's or an Applicant Member's obligations
Bidder Member	A shareholder or member or proposed shareholder or member in, or controlling entity of, the Applicant and / or that shareholder's or member's or proposed shareholder's or member's ultimate holding company or controlling entity
Clinical Services Supplier	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
Contract	A form of contract, as detailed further in paragraph 5.1, to be entered into between Contracting Authority and Recommended Bidder for the provision of the services
CPD	Continuing Professional Development
DH	Department of Health
FM Services	Facilities management services including "Hard FM" (including services relating to security, fire, utility management, utility breakdown, pest control, landscape maintenance) and "Soft FM" (including services relating to cleaning, laundry, health and safety, portering, waste management, clinical waste management, infection control, linen, gowns and bedding)
FOIA / Freedom of Information Act	The Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time, together with any guidance and / or codes of practice issued by the Information Commissioner, the Department of Constitutional Affairs, the Office of Government Commerce and the NHS in relation to such legislation or relevant codes of practice to which the DH and Contracting Authority are subject
IM&T	Information Management and Technology
MOI	This Memorandum of Information setting out the details of the Scheme and the requirements of the Procurement.
NHS	National Health Service
CSU	Commissioning Support Unit
NHSE	NHS England
CCG	Clinical Commissioning Group
Potential Bidder	A single operating organisation or person that is participating in the Procurement, but that has not at the relevant time been invited to respond to an ITT.
Provider	The successful applicant who has entered into a Contract with Contracting Authority to provide the Services specified in the relevant Scheme.

Term	Description
Relevant Organisation	An organisation(s) or person connected with a response to a PQQ and / or connected with a bid submission including (without limitation): the potential applicant the applicant the Provider; each applicant Member; each applicant Guarantor; and each Clinical Services Supplier each sub-contractor, partner, delivery agent etc. forming part of the consortium / prime contractor relationship
Scheme	The Services to be procured by Contracting Authority as detailed in this MOI.
Service(s)	The Services to be procured by Contracting Authority as detailed in this MOI.
Service user	Person who is receiving the services from the Provider.
TUPE	Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014
VfM	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirement.
DOTAS	<i>Means the Disclosure of Tax Avoidance Schemes rules which require a promoter of tax schemes to tell HM Revenue &amp; Customs of any specified notifiable arrangements or proposals and to provide prescribed information on those arrangements or proposals within set time limits as contained in Part 7 of the Finance Act 2004 and in secondary legislation made under vires contained in Part 7 of the Finance Act 2004 and as extended to National Insurance Contributions by the National Insurance Contributions (Application of Part 7 of the Finance Act 2004) Regulations 2012, SI 2012/1868 made under s.132A Social Security Administration Act 1992.</i>
HMRC	HM Revenue & Customs
Halifax Abuse Principle	<i>means the principle explained in the CJEU Case C-255/02 Halifax and others</i>
Relevant Tax Authority	<i>means HM Revenue &amp; Customs, or, if applicable, a tax authority in the jurisdiction in which the Supplier is established.</i>
GAAR	General Anti-Abuse Rule (GAAR) means (a) the legislation in Part 5 of the Finance Act 2013; and (b) any future legislation introduced into parliament to counteract tax advantages arising from abusive arrangements to avoid national insurance contributions.

Term	Description
OONC	<p>Occasion of Non Compliance means:</p> <p>(a) any tax return of the Supplier submitted to a Relevant Tax Authority on or after 1 October 2012 is found on or after 1 April 2013 to be incorrect as a result of:</p> <p>(i) a Relevant Tax Authority successfully challenging the Supplier under the General Anti-Abuse Rule or the Halifax Abuse Principle or under any tax rules or legislation that have an effect equivalent or similar to the General Anti-Abuse Rule or the Halifax Abuse Principle;</p> <p>(ii) the failure of an avoidance scheme which the Supplier was involved in, and which was, or should have been, notified to a Relevant Tax Authority under the DOTAS or any equivalent or similar regime; and/or</p> <p>UNCLASSIFIED UNCLASSIFIED</p> <p>(b) any tax return of the Supplier submitted to a Relevant Tax Authority on or after 1 October 2012 gives rise, on or after 1 April 2013, to a criminal conviction in any jurisdiction for tax related offences which is not spent at the Effective Date or to a civil penalty for fraud or evasion,</p>



## ANNEX B: Conflict of Interest Declaration

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

**Project Name: An Integrated and Accountable MSK Programme of Care**

#### **NHS Camden Clinical Commissioning Group 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 *Clinical Procurement Team via the Pro-Contract discussion board* for this procurement.
- The completed form should be sent to *Clinical Procurement Team via the Pro-Contract discussion board* for this procurement.
- 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 *Clinical Procurement Team via the Pro-Contract discussion board* for this procurement.
- 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	
<b>Type of Interest</b>	<b>Details</b>
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	

<b>Name of Relevant Person</b>	<i>[complete for all Relevant Persons]</i>	
Interests		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
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

<p><b>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.</b></p>	
<b>Signed:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Bidder:</b>	
<b>Date:</b>	

Questions requesting further clarification of any part of this procurement should be clarified via Pro-Contract discussion board for this procurement (<https://www.supplying2nhs.com>)