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**Provider Market Engagement Questionnaire**

**NHS England South West**

on behalf of the following Integrated Care Boards: BSW, BNSSG, Cornwall and Isles of Scilly, Devon & Somerset

**Dental Digital Referral Solution for the South West**

November 2023

This provider market engagement questionnaire is an information gathering exercise, rather than a call for competition in its own right, to inform the potential forthcoming procurement of a Dental Digital Referral Solution for the South West.

The Commissioners will not be liable for costs incurred by any interested party in participating in this exercise.

## Respondents 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: |  |
| Website address: |  |

**Contact Details**

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

**General Information**

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| --- |
| **Please provide a summary/introduction about your organisation, and provide a summary of any current or previous examples of where you have implemented similar digital solution/s, particularly where these have been used for dental referrals. Please include detail on the geographical area / ICB the solution/s are/were operational in.**  |
|  |

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| --- |
| **Bidding status – If you were to bid for these services would this likely be as a contract holding provider, consortium member or subcontractor?** |
| Contract holding provider | [ ]   |
| Consortium member | [ ]  |
| Subcontractor | [ ]  |
| Other | (Please specify) |

**Finance**

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| --- |
| **Please could you outline any financial/cost considerations that the Commissioners would need to consider when determining the likely contract value of the service, including any ‘off the shelf’ baseline costs such as licence costs per user, costs per head of population in the ICB, or cost per referral received?**  |
|  |

**Mobilisation**

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| --- |
| **Please briefly describe the advantages / disadvantages of implementing the dental digital referral solution across the South West in a phased approach i.e. by ICB or dental specialism.**  |
|  |
| **Please briefly describe the advantages / disadvantages of implementing the dental digital referral solution across the South West in a single roll out?** |
|  |
| **What are the key risks / challenges that may be faced during the mobilisation period and what mitigations could be put in place to overcome these?** |
|  |
| **Please indicate your preferred mobilisation period length?** |
|  |

**Challenges / Opportunities**

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| --- |
| **Please briefly describe what you see as the key delivery challenges and / or opportunities in relation to implementing a dental digital referral solution in the South West and why?** |
|  |

|  |
| --- |
| **Would you be happy for us to share your contact details with other provider organisations expressing interest in this opportunity?***Please note this would be to parties who may wish to collaborate e.g. as part of a partnership/subcontract arrangement.* |
| Yes [ ]  or No [ ]  |

Please complete this questionnaire and return it via the messaging system of the opportunity (Project title ‘NHS England South West – Dental Digital Referral Solution for the South West’, Atamis Reference C220732) on the e-procurement portal Atamis by no later than **12:00 noon 20th November 2023.**

In order to return the Provider Market Engagement Questionnaire, you will first need to be registered on the Atamis system. To register, please visit <https://health-family.force.com/s/Welcome> and select ‘Register here’. **THANK YOU**