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**Market Engagement Questionnaire – Expression of Interest**

**NHS England South West**

**Co-Production Panel (Expertise by Experience)**

This provider market engagement questionnaire is an information gathering exercise to inform the commissioning strategy for a co-production panel in the South West. NHS England will not be liable for costs incurred by any interested party in participating in this exercise.

## Respondents Information

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| --- | --- |
| 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: |  |

**Potential bidding status if known *(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.** |
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| **Please briefly describe any current or previous experience of delivering this type of service and/or similar services.** |
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| **Please briefly describe what you see as the key delivery challenges and / or opportunities, in relation to providing these services, and why?** |
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| **Would you like to attend a market briefing event?** |
| *The event is likely to be held (via MSTeams) w/c 22nd May 2023*  Yes  No  *Further information about the event and confirmation of the date will be shared with those who have registered.*  **Please provide contact details (name, job title and email address) of anticipated attendees below:** |

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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 by **Friday 28th April** **2023**, and return it via the correspondence/messaging function within Atamis.

If you have any queries, please contact Nic Hayward via the correspondence function within Atamis.

Thank you