**Bedfordshire Talking Therapy Service**

Name of bidder (this will be the name of the organisation in whose name the purchase order will be raised; invoicing must therefore be the same as this name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Quality (60% of total score)

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| 1. **Please describe how you will fulfil the service specification. How will people get referred to the service, what you will do with referrals, how you decide whether to accept a referral or not**
 |
| 250 words maximum |

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| 1. **Please describe what treatment you will offer**
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| 250 words maximum |

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| 1. **Please describe what your discharge procedure**
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| 250 words maximum |

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| 1. **Please describe what you would do if things do not appear to be going as expected during treatment**
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| 250 words maximum |

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| 1. **Please describe how you will ensure that you recruit enough therapists to provide the service and the qualifications and experience they will have**
 |
| 250 words maximum |

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| 1. **Please describe what risks you anticipate in operating the Bedfordshire Talking Therapy Service, and how you will mitigate these.**
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| 250 words maximum |

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| 1. **Please describe your business continuity arrangements and how you will operate the service if locally there are restrictions as a result of covid 19.**
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| 250 words maximum |

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| 1. **Please give details of your understanding and application of, data confidentiality and information governance issues, and how you will ensure that the reporting described in the specification will be delivered in a timely way and will be validated.**
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| 400 words maximum |

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| 1. **Please attach a copy of your mobilisation plan describing your actions and priorities, including your communications plan with relevant stakeholders. Please confirm that if appointed, you can mobilise the scheme from 1/4/2021.**
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| 400 words maximum |

**Price (40% of total score)**

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| **Please confirm that your price is expressed net of VAT:** |
| Yes/no |
| **Please provide details of your price, broken down according to pay and non-pay costs:** |
|  |

Thank you.

Please submit to zillah.turner2@nhs.net no later than the closing date given in the service specification and ensure you have a receipt.