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**Market Engagement Questionnaire – Expression of Interest**

**NHS England South East**

**Complex Terminations of Pregnancy Services (CTOPS)**

This provider market engagement questionnaire is an information gathering exercise to inform the commissioning and contracting of Complex Terminations of Pregnancy Services (CTOPS) across the South East of England. NHS England 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: |  |
| Telephone: |  |
| E-mail: |  |
| Website address: |  |

**Contact Details**

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

**Network Status:**

|  |  |
| --- | --- |
| Proposed Lead | Yes  No  Uncertain at this stage |
| Proposed Network Member | Yes  No |

**Are you interested in delivering:**

|  |  |
| --- | --- |
| MTOPS | Yes  No |
| STOPS | Yes  No |

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| --- |
| 1. **Please briefly describe any current or previous experience of delivering this type of service and/or similar services. If possible, please include whether this is in relation to MTOP and/or STOP services and how many patients you treat annually.** |
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| 1. **Please confirm that (in your view) you have the appropriate experience, capability, capacity and ability to commit resources (staffing and facilities) required to deliver these services within the South East region.** |
| Yes  or No |

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| 1. **Where possible, please state your existing gestation age limits and, if appropriate, whether you would be willing to extend your medical and /or surgical (as relevant) gestation age limits from your existing level to higher gestation limits.** |
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| 1. **Please confirm if you would be willing to, and have the capacity and capability to offer late gestations (23 weeks + 6 days) and if so, up to how many weeks?** |
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| 1. **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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| 1. **Would you like us to share your contact details with other provider organisations expressing interest, to help facilitate potential networking opportunities?** |
| Yes  or No |

Please complete this questionnaire by 12:00pm on **21st July 2023,** and return it via the correspondence/messaging function within Atamis.

If you have any queries, please contact Alex Searle: [Alexandra.searle@nhs.net](mailto:Alexandra.searle@nhs.net)

Thank you