**NHS Isle of Wight Clinical Commissioning Group**

**Request for Information (RFI)**

NB: Please ensure that you answer this questionnaire after reading the Aims and Objectives below. All responses will remain confidential.

1. Complete your response and return via In – Tend eTendering Portal Qualification Envelope at [**https://in-tendhost.co.uk/soepscommissioning**](https://in-tendhost.co.uk/soepscommissioning) by **12:00hrs on 30th March 2017**

**Provide your company details:**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Name of Respondent** |  |
| **Respondent Email** |  |
| **Respondent telephone contact** |  |

|  |  |  |
| --- | --- | --- |
| **Organisation Type – place “X” in one box** | NHS Trust / Foundation Trust |  |
| PRIVATE Limited Company |  |
| PUBLIC Limited Company |  |
| Limited Liability Partnership |  |
| Social Enterprise |  |
| Other |  |

|  |  |
| --- | --- |
| **Is the organisation a small medium enterprise?,** (SME defined as employing fewer than 250 people and where annual turnover does not exceed circa £42m) **Please state “Yes” or “No”** |  |

**NB: This is not an Expression of Interest for any Tender at this time**

**Dual Energy X-Ray Absorptiometry (DXA) Scan Service for, The NHS IOW Clinical Commissioning Group (CCG)**

**Specification of requirement.**

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NB: This is only a Request for information and dependent on the information and responses received - procurement may or may not follow.

This is a process designed to help the Commissioner form a view of the best way to commission the service and is not the beginning of a Tender exercise.

**Requested Information**

Please respond to each of the questions below.

|  |  |  |
| --- | --- | --- |
| **1** | **Please confirm you have read and understood the Specification and Aims and Objectives of the service (above) and confirm below whether you can meet the requirements of this service?** | |
| **Yes** | **No** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **2** | **Risk to the Services Provider**  Please indicate the areas you consider to be of potential risk for a Provider. Is there any information that the Commissioners can provide to reduce this risk – please detail? | |
| **SERVICES PROVIDER RISKS** | **MITIGATION / COMMISSIONER INFORMATION** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **4** | **Risk to the Commissioner**  Please indicate the areas you consider to be of potential risk for Commissioners. Is there any information that the Commissioners can provide to reduce this risk – please detail? | |
| **COMMISSIONER RISKS** | **MITIGATION / SERVICES PROVIDER INFORMATION** |
|  |  |

|  |  |
| --- | --- |
| **5** | **Other Supplier Feedback – Maximum 750 words**  Use the space below to inform Commissioners of any other points you feel would inform this process.  NB: Please adhere to the requested word count - only the first 750 words of your answer will be forwarded to Commissioners. |
| **RESPONSE** |