28th December 2017

Dear Bidder,

**Request for Quotation: Barts Health Procedures of Limited Clinical Value (POLCV) Audit 17/19, Ref: PRJ592**

I am writing to you on behalf of Newham CCG (lead commissioner), and NEL Commissioning Support Unit (NEL CSU), (collectively referred to as The Commissioners within this document). We currently have a requirement for an Audit of POLCV activity at Barts Health, the details of which are set out in the Annex A to this RfQ letter.

We need our chosen supplier to commence the audit at the start of Feburary 2018.

Please note the attached (Annex C) Terms and Conditions for the Supply of Services will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a ‘bid response document’ to the following email box nelcsu.welcpod-procurement@nhs.net **by 11:59 pm on Friday 12th January 2018** with the following information:

* Full name and address of supplier, our reference number and your contact details;
* Details of services to be supplied including details in response to the requirements set out in the Annex A / the evaluation criteria to this letter and a referee (preferably public sector);
* Expected delivery / start / finish date, and a project time table;
* Tender Response Document Questionnaire (Annex B);
* Confirmation of acceptance of the terms and conditions of contract (Annex C);
* Financial submissions/Total price excluding VAT (Annex D);
* Conflict of Interest Declaration (Annex E);

The following timetable of this Request for Quotation exercise is as follows:

|  |  |
| --- | --- |
| **Description** | **Date** |
| Request for Quotation (RfQ) Issued | 29 December 2017 |
| Deadline for Clarification Questions | 9 January 2018 |
| RfQ Submission deadline | 12 January 2018 |
| Internal Assessment and Moderation of written Proposal | 16 January 2018 |
| Interview/ Presentation Invitation to top 3 scoring bidders | 17 January 2018 |
| Interview/Presentation Day | 19 January 2018 |
| Approve Contract Recommendation | w/c 29 January 2018 |
| Successful and unsuccessful bidder notifications | w/c 29 January 2018 |
| Contract Award | w/c 29 January 2018 |
| Contract Mobilisation  | w/c 29 January 2018 |
| Contract Commencement  | 12 February 2018 |
| Final Presentation of Audit Report  | Mid March 2018 |

The CCG is seeking quotations from a number of suppliers. The following criteria will apply to the selection of the successful supplier:

**Table 1: Evaluation Criteria**

| # | Evaluation Criteria | Responses/Weight |
| --- | --- | --- |
| **1** | **Pass /Fail Questions**  |  |
|  | 1.1 | Your average turnover over the past two years must be £250,000 or more. Please provide your annual accounts for the last two years as evidence.  | **Yes / No** |
|  | 1.2 | Please confirm that you have undertaken at least two projects of a similar nature, size and complexity, with **brief details, including references and contact details for the relevant organisations**.Project 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please note The Commissioners will take up references, and an unsatisfactory reference may lead to a ‘fail’ on this question | **Yes / No** |
|  | 1.3 | Please confirm that you can complete the project within the timescale outlined in the specification | **Yes / No** |
| **2** | **Proposed Approach** | **70%** |
|  | 2.1 | Clear Methodology showing how clinician input will be maximised. | 20% |
|  | 2.2 | Project Delivery Plan with evidence of deliverability | 15% |
|  | 2.3 | Proven experience and capability in this audit field or similar audits (provide details of previous experience of carrying out similar projects) | 15% |
|  | 2.4 | Evidence of Quality Assurance for your organisation, including consistency of approach | 10% |
|  | 2.5 | Demonstrated ability to work to deadlines and organisational capacity to undertake the work given other commitments | 10% |
| **3** | **Price** | **20%** |
| **4** | **Presentation/Interview**  | **10%** |
|  | **Proposed Approach + Price + Presentation/Interview** | **100%** |

Each scored section in Table 1 will be scored based on Table 2 below.

**Table 2: Scoring criteria**

| **Score** | **Definition** |
| --- | --- |
| 0 | Non-compliant | No response or partial response and poor evidence provided in support of it.  Does not give the commissioner confidence in the ability of the Bidder to deliver the Contract. |
| 1 | Weak | Response is supported by a weak standard of evidence in several areas giving rise to concern about the ability of the Bidder to deliver the Contract. |
| 2 | Minor reservations | Response is supported by a satisfactory standard of evidence in most areas but a few areas lacking detail/evidence giving rise to some concerns about the ability of the Bidder to deliver the Contract. |
| 3 | Compliant | Response is comprehensive and supported by good standard of evidence. Gives the commissioner confidence in the ability of the Bidder to deliver the contract. Meets the Commissioner’s requirements. |
| 4 | Very good | Response is comprehensive and supported by a high standard of evidence. Gives the Commissioner a high level of confidence in the ability of the Bidder to deliver the contract. Exceeds the commissioner’s requirements in some respects.  |
| 5 | Excellent | Response is very comprehensive and supported by a very high standard of evidence. Gives the Commissioner a very high level of confidence the ability of the Bidder to deliver the contract. Exceeds the Commissioner’s requirements in most respects. |

**The Quotation must be submitted in a PDF format, with pricing submitted in a separate file (or submit one priced and one unpriced bid). Quotations received after the above date and time may not be considered.**

*It would be appreciated if you could advise,* within 3 days of receiving this RfQ*, if you intend to submit a bid or your reasons for not submitting a bid.*

If the panel feels at any point that there is not sufficient evidence to score a bidder on any evaluation point then they may, at their discretion, seek clarification from any and all bidders. Bidder clarifications will at all times take account of the commercial confidence of bidders.

If a bidder scores a ‘0’ on any sub-section then they may be eliminated at the discretion of the panel, dependent on how service critical the panel deems that sub-section to be. If a bidder scores ‘0’ on an entire section of the evaluation, the bidder will be automatically eliminated from any further evaluation.

**Quality of Proposal + Presentation & Interview**

Weighted score for each question will be calculated by as follows:

Weight x Score / highest achievable score

Example: assume Bidder A scores 3 for Questions 1.4 which has a weight of 10%, the formula is **10 x 3/5 = 6**

**Price (20%)**

The methodology for scoring price is set out below.

The evaluation of price will be carried out on the Schedule of charges you provide in response to Annex D Table 1

20 marks will be awarded to the lowest priced proposal and the remaining bidders will be allocated scores based on their deviation from this figure. Your fixed and total costs figure in Annex D will be used to score this question.

For example, if the lowest price is £100 and the second lowest price is £108 then the lowes t priced bidder gets 20% (full score) for price and the second placed bidder receives a score proportionate to the difference between the lowest bid price and their bid price.

(e.g. Bid A – 100 x 20 / 100 = 20% (Full score)

Bid B – 100 x 20 / 108 = 18.51%

The pass-mark for the qualitative evaluation (Questions 2.1 – 2.5) element is **50% or a minimum score of 35%**. If a bidder does not attain this score overall then their bid may be rejected. This process ensures that The Commissioners attain a minimum acceptable service quality.

Following submission of bids, an evaluation/moderation meeting will be held. Following the moderation meeting, The Commissioners will invite the **top 3 scoring bidders** who have achieved 50% or over; a minimum score of 35% or above, to a post bid submission presentation / interview meeting to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. The presentation / interview will be scored and will be**held on the 19th January 2018.**

**The scores for quality (including interview/presentation) and price will be added together to obtain the overall score for each Proposal. The Bidder with the highest score will be the preferred Bidder.**

*In the event of a tie (where two or more top scoring Bidders has the same total weighted score including both quality and price), the CCG will select from amongst those Bidders, the submission of the Bidder with the highest weighted score for price.*

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if The Commissioners accept that offer then a legally binding contract will exist between the parties.

Respondents accept that NEL CSU, Newham CCG and Barts Health NHS Trust are all subject to the Freedom of Information Act and government transparency obligations which may require The Commissioners to disclose information received from you to third parties.

This RfQ letter and your response do not give rise to any contractual obligation or liability unless and until such time as The Commissioners issue a letter referencing this Request for Quotation with a signed contract and a valid Purchase Order number accepting your quotation. The Commissioners do not make any commitment to purchase and shall have no liability for your costs in responding to this Request for Quotation.

## Canvassing and contacts

Bidders shall not in connection with this Procurement:

* Offer any inducement, fee or reward to any officer or employee of NEL CSU or Newham CCG, and Barts Health NHS Trust or any person acting as an advisor to NEL CSU or Newham CCG, and Barts Health NHS Trust in connection with this Procurement
* Do anything which would constitute a breach of the Bribery Act 2010
* Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact NEL CSU, Newham CCG, or Barts Health NHS Trust staff, except the Project Team, or to contact NEL CSU, Newham CCG, and Barts Health NHS Trust advisers or other NHS/DH bodies as part of the procurement process. Any enquiries made to persons other than the NEL Commissioning Support Unit Project Team will be regarded as prima facie evidence of canvassing.

## Conflicts of interest

In order to ensure a fair and competitive procurement process, The Commissioners require that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of The Commissioners.

Potential Applicants should notify The Commissioners of any actual or potential conflicts of interest in their response to the RfQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application it should immediately notify The Commissioners by completing the Conflict of Interest form (see Annex E) for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of The Commissioners, they reserve the right to exclude at any time any potential Applicants(s) from the Procurement process should any actual or potential conflict(s) of interest be found by The Commissioners to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

Examples of potential conflicts of interest are (without limitation) as follows:

* A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for the CCG, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;
* A Bidding organisation is providing services for more than one Potential Bidder, in respect of this Procurement.

The ‘Conflict of Interest Declaration’, provided in Annex E, must be completed by an authorised signatory, in his / her own name, on behalf of the Bidding organisation and attached in response to this section of this RfQ.

The Commissioners should be immediately notified, in the event that any actual or potential conflict of interest comes to a potential Bidder’s attention at any time following the submission of the potential Bidder’s ‘Conflicts of Interest Declaration’ and bid documents.

If you have any queries about this letter or the requirement, please contact the under signed at nelcsu.welcpod-procurement@nhs.net

If you are unable to meet this requirement or are otherwise not intending to provide a quote, I would be grateful if you could let me know as soon as possible.

Yours sincerely,

D Williams

Dorothy Williams

Procurement Officer

NEL Commissioning Support Unit

**Annex A**

**Barts Health Audit Specification – Procedures of Limited Clinical Value (POLCV)**

## 1.0 Background and Rationale

Schedule 1b Procedures of Limited Clinical Value (POLCV) is the WELC CCGs’ statement on Procedures not routinely funded or requiring prior funding approval. It is expected that Barts Health adheres to this, as well as referring clinicians.

The POLCV General Principle is that City & Hackney, Newham, Tower Hamlets, and Waltham Forest (WELC) Clinical Commissioning Groups will commit NHS resources where there is clearly articulated need in terms of symptoms and/or clinical signs and the proposed intervention is demonstrably effective in relieving these.

NELCSU is proposing a clinically led audit of compliance against the current policy to ensure that activity is undertaken in line with the POLCV policy.

The procedures can be grouped in to three categories:

1. Never funded
2. Funded with criteria – prior approval required
3. Funded with criteria – no prior approval required

A simplified version of a claims script was run against 2016/17 and 2017/18 (part year) data, to assess the levels of activity that could potentially fall in to these categories.

This showed that across the 12 CCGs, there was £7.6m spent on these procedures in 2016/17, and £2.3m in the first four months of 2017/18. In 2016/17 the highest levels of activity were for the following five procedures, all of which require criteria to be met (£4.6m, 2,900 spells, around 2/3 of the total potential POLCV procedures):

* Tonsillectomy
* Cholecystectomy
* Varicose veins
* Carpal Tunnel
* Grommets

See Appendix 1 for full list.

## 2.0 Purpose of Audit

The audit will review a sample of clinical records to establish for each one whether or not there was adherence to the POLCV policy. This will include checking for prior approval, checking against the criteria for agreeing funding, and identifying any procedures that are never funded.

For each procedure, this will produce a measure of compliance/non-compliance, expressed as a percentage of the total activity.

This measure of compliance/non-compliance will be used to levy a claim against Barts Health each month.

A number of stages will be required:

* Review of data to ensure that the sample is complete, including procedures carried out concurrently with other procedures.
* Clinical review of patient records to determine whether there was adherence to the POLCV policy.
* Review of claims management approach

## 2.2 Audit Methodology

The audit will be undertaken by a panel of external clinicians with relevant expertise. The audit will be supported by the CSU team.

The audit will comply with all current Information Governance arrangements. No patient records will be removed from the premises.

For each POLCV procedure there will be a template for completion to show which criteria were met, where applicable, or whether prior approval was sought and agreed.

Additional information will be collected about the procedures to enable feedback and education to both referring and receiving clinicians. This will include:

* Referrer
* CCG
* Barts Health site
* Consultant

|  |  |
| --- | --- |
| Sample size | 10% of each procedure, drawn from a pulling list of 15%, beginning with the highest volume procedures. The procedures will be grouped by specialty to ensure that multiple concurrent procedures are audited appropriately.Case notes may be electronic or paper or a mix of both but all must be available on the day of the audit to ensure complete records are audited.  |
| **Sample selection** | The notes to be pulled will be identified by NEL Commissioning Support Unit and a pulling list given to Barts Health at least 10 working days in advance of the audit date. |
| **Sample frame period** | 12 month period to the most recent Freeze position |
| **HRGs** | To be specified by diagnosis and procedure coding |
| **Timescale** | All audits to be completed and reported by end February 2018 |
| **Outside of scope** | Malignancy related procedures |

## 3.2 Exclusions

Where there are definitive exclusions to the POLCV policy that can be identified through SUS PbR coding, these will be excluded from the sample.

## 3.3 The Audit Process

The audit process will comprise the following steps:

1. An initial meeting involving the audit team together with provider and commissioner representatives which will determine and agree the objectives of the review, its process and how the results will inform the outcome.

2. The case note review will take place over an appropriate time period.

• Part 1: A case note review undertaken by the external clinicians and coders only. This will be held on the provider premises where the relevant case notes will be available.

• Part 2: The case note review will be complete and the audit team, together with Trust and CCG clinicians, will have the opportunity to discuss the findings. This will be an opportunity to review those case notes and any clinical issues arising. Data can be corrected if necessary at this stage.

For each patient a decision should be reached as to whether the appropriate clinical investigations and procedures were carried out, and whether these were accurately coded.

All decisions on the appropriateness of the clinical pathway for individual patients will be finalised during Part Two.

##  3.4 Audit Team

The survey will be undertaken by a team of external clinicians and clinical coders. Relevant clinical colleagues from the Provider trust and CCG will be involved in the review process during the second part of the audit only.

Appropriate consideration will be given to information governance with regard to protecting the confidentiality of patient medical records.

## 4.0 Outcome of Review

## 4.1 Full Report

A full report of the audit must be delivered to the CCGs in advance of the Summary Meeting (see below). This report must contain the following:

* Summary of the audit methodology
* Details of the clinical teams undertaking the reviews
* Outcome of the reviews, including a full breakdown by HRG, diagnosis and procedure
* Themes and evidence-based opportunities for improvement, for example in pathways, POLCV policy, and POLCV claims approaches

## 4.2 Summary Meeting

A summary meeting will then be held for the Audit Team to present the findings to the CCGs, including local clinicians, and to Barts Health.

Provider and Clinical Commissioning Group representatives are expected to adhere to the review process.

## 4.3 Determining the amount not to be paid

This will be undertaken by NEL CSU, Newham CCG and Barts Health NHS Trust.

## Appendices

**Appendix 1**

Activity for 12 CCGs, for a sample of procedures potentially covered by the POLCV policy (excluding malignancy, where possible).

Categories: C=criteria; PA=prior approval; N=never

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Category |  |  | M1-4 only |  |
|  | **2016/17** |  | **2017/18** |  |
| **POLCV procedure** |  | **Total Cost** | **Activity** | **Total Cost** | **Activity** |
| Tonsillectomy | C | £1,181,764 | 883 | £319,171 | 222 |
| Cholecystectomy | C | £1,871,163 | 729 | £620,354 | 213 |
| Varicose Veins | C | £891,178 | 637 | £152,766 | 121 |
| Carpal Tunnel | C | £390,137 | 352 | £152,718 | 115 |
| Grommet | C | £275,589 | 306 | £83,896 | 95 |
| Circumcision | C | £291,634 | 294 | £74,891 | 59 |
| Bunion (hallux valgus) | C | £727,090 | 248 | £247,985 | 58 |
| Hysterectomy | C | £737,321 | 211 | £270,895 | 71 |
| Trigger Finger | C | £114,804 | 103 | £31,203 | 25 |
| Bartholin's Cyst | C | £72,748 | 88 | £41,139 | 31 |
| Dupuytren's Contracture | C | £301,989 | 83 | £49,702 | 23 |
| Ganglion | C | £76,471 | 76 | £31,680 | 22 |
| Knee Washout | C | £98,794 | 65 | £21,375 | 12 |
| Surgical treatment of Chronic Sinusitis | C | £103,398 | 62 | £25,448 | 13 |
| Rhinoplasty | PA | £95,048 | 51 | £67,783 | 29 |
| Keloid and Scar Revision | PA | £47,200 | 42 | £7,747 | 6 |
| Varicocoele | C | £44,480 | 40 | £10,740 | 8 |
| Breast Reduction | PA | £58,456 | 24 | £31,730 | 8 |
| Breast Augmentation | PA | £59,280 | 22 | £21,651 | 8 |
| Repair of ear lobe | N | £34,203 | 17 | £22,153 | 7 |
| Dilatation and Curettage | N | £16,204 | 16 | £1,751 | 2 |
| Blepharoplasty | PA/C | £15,645 | 15 | £5,285 | 4 |
| Circumcision (non medical) | N | £9,246 | 9 | £1,759 | 2 |
| Abdominoplasty | PA | £22,544 | 9 |  |  |
| Pinnaplasty | C | £13,108 | 8 | £9,835 | 5 |
| Liposuction | N | £5,679 | 5 |  |  |
| Labiaplasty | N | £1,906 | 2 | £997 | 1 |
| Sympathectomy for Hyperhidrosis | C | £1,315 | 1 |  |  |
| **Grand Total** |  | **£7,558,394** | **4,398** | **£2,304,654** | **1,160** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Annex B**

**Procurement Tender Response Questionnaire**

| # | Pass/Fail Questions  | Response |
| --- | --- | --- |
| **1** | Your average turnover over the past two years must be £250,000 or more. Please provide your annual accounts for the last two years as evidence.  | **Yes / No** |
| 2 | Please confirm that you have undertaken at least two projects of a similar nature, size and complexity, with **brief details, including references and contact details for the relevant organisations**.Project 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please note The Commissioners will take up references, and an unsatisfactory reference may lead to a ‘fail’ on this question | **Yes/No** |
| 3 | Please confirm that you can complete the project within the timescale outlined in the specification | **Yes / No** |

| # | Evaluation Criteria | Weight |
| --- | --- | --- |
| **1** | **Proposed Approach** | **70%** |
|  | 1.1 | Provide a proposal with a clear methodology, showing how clinician input will be maximized, including:* the level of input, seniority and type of clinician supporting this audit, and their experience in audits, provide named clinicians and CVs
* the non-clinical key staff involved in the audit, their roles and responsibilities and experience in audits, provide named staff and CVs
* Process for reviewing each record and criteria for determining appropriateness
* Key outputs
 | 20% |
|  | 1.2 | Please provide a Project Delivery Plan * A draft project plan outlining the key tasks, deliverables, risks to delivery and timelines.
 | 15% |
|  | 1.3 | Please demonstrate your experience and capability in this audit field or similar audits * Provide examples of previous audits (or similar), with evidence of successfully meeting the audit specification.
* State the key outputs from these projects, with examples
 | 15% |
|  | 1.4 | * Demonstrate and evidence Quality Assurance processes for your organisation. Including assurance on consistency of approach to the large number of records to be audited.
* A description of the application of the relevant policies and procedures for your organisation eg Information Governance policies. Please provide copies of the relevant policies
 | 10% |
|  | 1.5 | Please demonstrate ability to work to deadlines and organisational capacity to undertake the work given other commitments | 10% |
| **2** | **Price** | **20%** |
| **3** | **Presentation/Interview with potential provider** | **10%** |
|  | **Proposed Approach + Price + Presentation/Interview** | **100%** |

**Annex C**

**NHS Terms and Conditions for Provision of Services (Contract Version)**

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**Annex D**

**Financial Submissions**

**Financial Envelope - The financial envelope available for this work is up to £35,000.**

Bidders must provide a breakdown of the total cost here (please note that there should be no heading entitled miscellaneous) and which should include the following:

* Staffing (all on costs must be included)
* Marketing
* Translation
* Management fee
* Overheads (phone, rent, etc.)
* Cost of providing any materials
* Others (if any, please specify)

|  |  |
| --- | --- |
| Breakdown of all Cost | Cost (£) |
| **Breakdown of all costs** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Price of the contract**  |  |

All costs must be inclusive of travel and related expenses to the Base locations.

All prices exclude VAT.

***If submitting*** your proposal as a pdf document, please submit your prices in a separate file.

The Commissioners are requesting that bidders submit a breakdown of total cost for all the work / services as detailed in the Service Specification.

**The lowest price (within affordability limits) will be awarded the maximum score for price with other bidders aggregated against that.**

**ANNEX E**

**Declaration of conflict** **of interests**

**(Bidders/Contractors)**

**Project Name: Audit of POLCV Activity at Barts Health NHS Trust**

**NHS Newham Clinical Commissioning Group, and Barts Health NHS Trust**

**Bidders/potential contractors/service providers declaration form: financial and other interests**

This form is required to be completed in accordance with the CCG’s Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

**Notes:**

* All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact nelcsu.welcpod-procurement@nhs.net
* Completed form must be submitted as part of their quotation. Any changes to the COI after the submission of the quotation must be e-mailed to nelcsu.welcpod-procurement@nhs.net
* Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to nelcsu.welcpod-procurement@nhs.net
* Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.
* If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

* the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England;
* a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
* the Relevant Organisation or any Relevant Person has any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions.

**Declarations:**

|  |  |
| --- | --- |
| Name of Relevant Organisation: |  |
| Interests |
| **Type of Interest** | **Details** |
| Provision of services or other work for the CCG or NHS England |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |

|  |  |
| --- | --- |
| **Name of Relevant****Person** | [*complete for all Relevant Persons*] |
| **Interests** |
| **Type of Interest** | **Details** | **Personal interest or that of a family member, close friend or other acquaintance?** |
| Provision of services or other work for the CCG or NHS England |  |  |
| Provision of services or other work for any other potential bidder in respect of this project or procurement process |  |  |
| Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG’s or any of its members’ or employees’ judgements, decisions or actions |  |  |

**Form Completion**

|  |
| --- |
| **I declare that to the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be included in the tender evaluation process, and that giving false information may result in my organisation being disqualified from the process, at this or whatever stage it becomes known to the Commissioners.** |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Bidder:** |  |
| **Date:** |  |