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**Invitation to Quote**

**Instructions & Requirements Document**

**NHS England and NHS Improvement Commercial**

**Digital Health Technologies Patient Engagement**

**Document owner:** Commercial & Procurement Team, NHS England and NHS Improvement

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**Document History**

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| --- | --- | --- | --- | --- |
| Version | Date | Status | Key Change Made | Author/s |
| 1.0 | 01/11/18 | Final Version |  | Charlie Stephens/Andrew Campan/Shared Business Services  |
| 2.0 | 15/07/19 | Final Version | Additional details relating to the Hive and where further information and guidance is available | Polly Feeney |
| 3.0 | 02/10/19 | Final Version | Updates made following initial user feedback. | Andrew Campan |
| 4.0 | 25/03/21 | Final Version | Updated to reflect new internal sub £150k process | Makaella Allison |

# **Purpose**

This document sets out the process for obtaining quotations for Goods and Services **(the approved budget is up to £22,735.00).**

# **Introduction**

###### This Invitation to Quote (ITQ) has been prepared by NHS England and NHS Improvement (the ‘Authority’). The Authority is looking for a supplier for the provision of patient engagement facilitation to support the launch of the Digital Health Technologies (DHT) policy framework. A policy is due to launch in Summer 2023 - the purpose of the policy is to create a clear pathway for DHTs to access the NHS, helping improve patient access to well-evidenced technologies that support them to manage their health, and helping the NHS meet demand within constrained resources. To inform the policy development, we want to engage with patients through the format of surveys and focus groups. We're keen to capture the patient voice to understand experiences of using DHTs for both experienced and less experienced users of digital technology, identify any barriers and potential risks (e.g. around digital exclusion) and reflect the feedback within the policy. Dr Tim Ferris, National Director for Transformation identified mental health as a clinical priority area to test as a pilot throughout policy development. To engage with patients that interact with care pathways across mental health, we are aiming to conduct patient engagement through an organisation that represents and has patient networks within this clinical area. The proposed length of time for this project is from 22/04/2023 to 30/06/2023. Further details of the project specifications can be found in section 2 of this document.

###### This procurement exercise is being carried out as an Invitation to Quote in accordance with Digital Health Technologies Patient Engagement/BC-16499].

###### The Authority has taken reasonable care to ensure that the information provided is accurate in all material respects. However, the Bidders attention is drawn to the fact that no representation, warranty or undertaking is given by The Authority in respect of the information provided in respect of this transaction and/or any related transaction.

###### The Authority does not accept any responsibility for the accuracy or completeness of the information provided and shall not be liable for any loss or damage arising directly or indirectly as a result of reliance on this ITT or any subsequent communication.

###### No warranties or opinions as to the accuracy of any information provided in this ITQ Pack shall be given at any stage by The Authority.

###### Any person considering making a decision to enter into contractual relationships with The Authority or any other person on the basis of the information provided should make their own investigations and form their own opinion of The Authority. The attention of Bidders is drawn to the fact that, by issuing this ITQ, The Authority is in no way committed to awarding any contract and that all costs incurred by Bidder in relation to any stage of the Tender process are for the account of the relevant Bidder only.

###### In accordance with The Authority’s internal financial instructions and general principles applicable to public procurement, The Authority seeks best value for money in terms of the Contract reached with the successful Bidder.

###### The Authority has endeavored, therefore, to express as clearly as possible in this ITQ the terms on which it would propose to contract with the successful Bidder and in particular the obligations, risks and liabilities which it expects to become the responsibility of the successful Bidder.

This document contains the following sections:

* **1. Instructions**
	+ Project Team Details
	+ Timeline
	+ Supplier Clarification Question process
	+ Evaluation Criteria
	+ Scoring
* **2. The Requirement:**
	+ Background Information
	+ Standards and Service Specification
	+ Essential Skills Deliverables
	+ Deliverables
	+ Proposed Terms and Conditions
* **3. Responding to the ITQ**
	+ Bidders Details
	+ Further Bidder Information
	+ Bidders Response
1. Instructions

Project Team Details and Contract Lead

|  |  |
| --- | --- |
| Name of Team | Tech Policy – Transformation Directorate  |
| Name and Title of Contract Lead | Daniel Revell Ward – Head of Digital Investment Strategy andRebecca Parkin – Senior Tech Policy Officer  |

Timeline

|  |  |
| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue on Contract Finder\* | 29/03/2023  |
| ITQ Clarification Deadline | 12/04/2023  |
| ITQ Closing Date | 24/04/2023 - 12 noon  |
| Estimated Award Date | 01/05/2023  |
| Estimated Contract Commencement Date | 10/05/2023  |

The timeline is indicative and may be subject to change.

Supplier Clarification Question Process

All clarification questions relating to this ITQ must be submitted via the procurement portal route (Atamis) within 3 (this can be amended according to the project timeline) calendar days of receiving the ITQ. Clarification questions received after this time will not be responded to. All Clarification questions will be responded to within 2 (this can be amended according to the project timeline) working days of the date received.

All clarification questions received via other routes will not be reviewed and responded to.

**Please Note: -** To ensure an open and fair process is followed, all bidders will receive a copy of the question(s) and answer(s).

Evaluation Criteria

The purpose of evaluation in the procurement process is to establish which supplier(s) have submitted the best quotation; ensuring that the assessment of quotes is undertaken in a transparent, fair and consistent manner so that an effective comparison can be made.

The Authority, reserves the right to accept or reject all or any part of the quotation if you have failed to provide the information requested in this quotation or you have submitted any modification or any qualification to the terms and conditions of contract.

The Authority does not bind itself to accept the lowest priced, or any quotation, nor guarantee any value or volume and shall not be liable to accept any costs you have incurred in the production of your quotation.

The Authority will check each quotation and submission for completeness and compliance with the requirements in this Invitation to Quote document, thus, you should ensure that you carefully examine this document in full.

Quotes will be evaluated on the following Quality and Costs basis;

|  |  |
| --- | --- |
| **Section** | **Weighting (%)** |
| Technical/Quality | 60 |
| Sustainability and Social Value | 10 |
| Commercial | 30 |

A weighted scoring system will be applied to the response, the high-level evaluation criteria are given below:

|  |  |
| --- | --- |
| **Question** | **Weighting (%)** |
| 1: How do you meet the standards and service specifications requirements? | 15% |
| 2: How do you meet the essential skills requirements? | 15% |
| 3: How do you intend to deliver the project or service? | 15% |
| 4: Are you able to meet the delivery timetable and how will you ensure it will be met? | 15% |
| 5: How will you support meeting the requirements of this ITQ with social value and environmental commitments in mind, both in terms of the projects and as an organisation?For more information on the social value model - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940828/Social-Value-Model-Quick-Reference-Table-Edn-1.1-3-Dec-20.pdf>  | 10% |

**Scoring**

**Bidder information**

The ‘Bidders Detail’ will be ‘For Information Only’ and not scored.

The ‘Further Bidder Information’, will be given either a ‘Pass/Fail’ for each section.

**Quality**

The Authorities evaluation system is based on the familiar “weighted scoring approach”, in which the officer scores responses to the quality questions according to a pre-agreed scoring system 0-4 (see table below). The scores for the sections are then added together to give a total quality score for the quotation response.

| **Score** | **Interpretation** |
| --- | --- |
| 4Excellent | The Tenderer’s response provides full confidence that the Tenderer understands and can deliver the Requirements well and addresses all of the requirements set out in the question.   |
| 3Good | The Tenderer’s response provides a good level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses all or most of the requirements set out in the question.  |
| 2Satisfactory | The Tenderer’s response provides a satisfactory level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses at least some of the requirements set out in the question. However, the response is lacking in some areas. |
| 1Poor | There are weaknesses (or inconsistency) in the Tenderer’s understanding of the services and/or Tenderer's response fails to address some or all of the requirements set out in the question. |
| 0Unacceptable | No response and/or information provided is deemed inadequate to merit a score. |

**Scoring Cost**

The financial weighted score is calculated by using the following formula:

Tenderers Price Weighted Score = Lowest Total Cost offered Tenderer Total Cost

 30 (% weighting)

(Lowest Total Cost divided by Tender Total Cost multiplied by 30)

The financial score will be calculated to two decimals places.

Therefore, the bidder who submits the lowest compliant bid (based on the pricing model created for evaluation purposes) will receive the full 30% available. **NOTE: The approved budget is up to £22,735.00.**

# **The Requirement**

The Requirement is detailed below which provides background to the project/business need, the standards or specification required alongside the essential supplier skills and the objectives of the requirement.

**Background Information:**

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| ***Policy background****Digital Health Technologies (DHTs), which include digital apps, interventions and services, are developing fast, thanks to advances in innovation and consumer uptake of digital devices. Rapid, widespread adoption by the NHS of effective and efficient DHTs would benefit patients, health systems and taxpayers. Workforce sustainability can be improved through DHTs by helping patients to self-manage their conditions more independently. In the long run, these may result in patients requiring less face-to-face care.* *Despite their potential benefits, uptake of DHTs varies widely across the NHS and social care and has been slow in some areas. One reason is that pathways for assuring DHTs as sufficiently effective, efficient and good value for money to be adopted across the NHS have not been clear, in contrast to the well-established assurance pathways for medicines. Ambiguity about the levels of clinical and cost effectiveness required for NHS-wide adoption of DHTs have made it difficult for tech developers to follow the assurance process, and difficult for NHS commissioners, clinicians and other frontline staff to make informed decisions on which DHTs they can or should introduce into care pathways. Specifically:* * *DHT developers have been uncertain what they need to do to demonstrate to the NHS that the products they are developing are sufficiently clinically and cost effective to be recommended for NHS adoption. It is not clear how DHT developers should work with NHS partners to monitor the use of promising DHTs with NHS patients and generate an appropriate amount of relevant evidence.*
* *Commissioners have been uncertain which DHTs can be paid for from NHS budgets and what prices to pay, and which DHTs patients need to pay for themselves.*
* *Clinicians have been uncertain which DHTs are the best to recommend to patients and whether DHTs that are already approved by the MHRA for sale in the UK will be funded by the NHS.*
* *Patients have not been able to access the most well-evidenced technologies to manage their health as it has not been clear for clinicians which products to recommend to their patients.*

*To dispel these uncertainties, NHS England (NHSE) and National Institute of Health and Care Excellence (NICE), in collaboration with tech developers, clinicians, commissioners, patient reps and charities, have developed the new policy framework presented in this document. Adherence to the framework by tech developers, commissioners and clinicians should help realise the opportunities provided by DHTs rapidly across the NHS. The purpose of the policy is to create a clear pathway for DHTs to access the NHS, helping improve patient access to well-evidenced technologies that support them to manage their health, and helping the NHS meet demand within constrained resources.* ***Rationale*** *To inform the policy development, we want to engage with patients through the format of surveys and focus groups. We're keen to capture the patient voice to understand experiences of using DHTs for both experienced and less confident users of digital technology, identify any barriers and potential risks (e.g. around digital exclusion) and reflect the feedback within the policy. It would be useful to engage with a range of people, including those who are familiar with using digital in some way to manage their health and those who may have never engaged with digital. By understanding user experiences in more detail, we can ensure the adoption support is designed with patients in mind, improving the likelihood of these technologies being used effectively.* *We want to ensure that we support patients and public partners to have a meaningful and positive experience.* *Dr Tim Ferris, National Director for Transformation identified mental health as a clinical priority area to test as a pilot throughout policy development. In order to engage with patients that interact with care pathways across mental health, we are aiming to conduct patient engagement through an organisation that represents this clinical area.****Research outline*** * *Approximately 2x focus groups of 10-12 people*
* *Both users and non-users of digital health products*
* *Diversity in gender, age, race, ethnicity socio-economic status & level of digital inclusion*
* *1x survey – reaching individuals who have engaged with mental health services*

***Aim*** *The purpose of this investment would be to capture the patient voice within the policy development and generate an understanding of what the end-to-end journey looks like for patients using DHTs. It is important for us to understand this process to capture any existing pain points within the journey and reflect this within the policy development. To do so, it's important that we engage with a range of people, including those who are familiar with using digital in some way to manage their health and those who may have never engaged with digital.* *By understanding user experiences in more detail, we can ensure the policy and adoption support is designed with patients in mind, improving the likelihood of these technologies being used effectively. We want to ensure that we support patients and public partners to have a meaningful and positive experience. By conducting the patient engagement, it will be possible to understand the patient experience and the policy will be tailored to meet the needs of the people who will benefit from it. It would not be possible to understand this without applying for the investment and facilitating the engagement.**Our estimated timelines are to begin the engagement in May 2023 and have collected the data to inform policy development by the end of June 2023.*  |

**Standards and Service Specification:**

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| ***Outline****We anticipate that the selected supplier will be an organisation with expertise in the clinical area of mental health, that have* *experience in collecting qualitative data and are able to draw on an existing contact list with a diverse range of patients, and able to bring these together to form patient focus group. The patients we require need to be of a diverse range – including patients that have both a lot and minimal experience with health technologies. The organisation will also need to be familiar with and representative of the specific clinical area (mental health) that the DHT framework will initially prioritise.* ***Focus Groups & Survey****To collect qualitative data to inform the policy development, through this contract, we would like to run at least 2 patient focus groups. Ideally, one focus group will include individuals who have experience using DHTs to manage their health, or have had previous experience in doing so. The other group will focus on individuals who do not engage with digital and have not ever (or have very infrequently) used a DHT to manage their health. By structuring the focus groups in this format, individuals will hopefully feel confident to speak up about their experiences using DHTs and will enable us to explore the different experiences people have had when using the technologies.* *As part of the contract, we would also look to circulate a survey, to collect quantitative data. The survey should reach a much higher number of participants, so that we are able to capture a snapshot of what DHT usage and experience looks like at a more representative level. In applying for this contract, we would hope to be able to circulate the survey through the networks of the selected supplier.* *Through both formats of engagement and where we're tapping into people's experiences, in particular around pain points it would be beneficial to capture opportunities to find out what we could do differently. Through the engagement it will be essential to propose some actionable/ tangible next steps that will support patients to feel empowered, capable and motivated to want to use digital to manage their health and what we can do to enable that to happen.* *The supplier should consider how they can recruit participants to represent the patients broadly. This must include ensuring that patients who are less likely to engage with digital tools are adequately represented. It is within the remit of the bidder to determine a suitable inclusion criteria for the participants.****Research questions****Below are suggested research themes to guide the project. These will be discussed with the supplier in a collaborative meeting at the project’s outset. The supplier is encouraged to provide a list of research questions in their response which may include the below or make adaptations to them. The research should be focused on what action could be taken to make change.****Focus group questions****Patient focus groups should set to explore the following areas:** *How capable individuals feel towards being able to use DHTs. Including how this capability can be improved.*
* *What factors determine individual's motivations towards using/ not using DHTs.*
* *How individuals feel towards the idea of being recommended a DHT (emotions).*
* *Whether individuals feel they have sufficient opportunity to use DHTs, and what the barriers are towards using one.*
* *How the NHS can support people to use DHTs to manage their health.*

 ***Survey questions*** ***Questions for people who have experience using a DHT / are digitally included***1. *Do you have a mobile phone that lets you download apps?*
2. *How would you feel if your doctor prescribed a DHT for you to help manage or treat your condition?*
3. *Have you ever used a DHT to manage your health before? For example: apps, wearables, digital consultations*
4. *If yes to Q3, how did you come across the DHT? e.g., suggested by a doctor, recommended by a friend?*
5. *If yes to Q3, do you think the DHT was easy to access and use?*
6. *If yes to Q3, would you recommend the DHT to a friend or family member?*
7. *If yes to Q3, do you feel the use of the DHT improved your condition?*
8. *If yes to Q3, do you think the use of a DHT has improved the management of your condition?*
9. *If yes to Q3, do you feel there’s enough evidence to support the use of that DHT in the NHS?*
10. *If yes to Q3, do you currently still use the DHT. If yes, what do you like about it? If no, why did you stop?*
11. *If no to Q3 and you have been offered one, what influenced your preference not to try the DHT?*
12. *What, if anything, would give you confidence in using a DHT to help treat or manage your condition?*
13. *Would you be more or less likely to use a product that was paid for and recommended by the NHS, and why?*

***Questions for people who have never used a DHT/ don’t have easy access to digital tech*** 1. *Do you use any technology? For example – a mobile phone or computer?*
2. *If you feel comfortable to do so – please can you describe why you don’t use technology?*
3. *Do you think in the future you would consider using a technology eg- a mobile phone?*
4. *How would you feel about using a technology to support your health or manage your condition for example an app that delivers online CBT or a wearable to detect risk of stroke?*
5. *If a doctor recommended a technology for you to use – do you think you’d try it?*
6. *Do you think there would be any advantages or disadvantages of using a Digital Health Technology?*
7. *If you did decide to use a technology, what support would you want in place to be able to help you to use it?*
8. *What, if anything, would give you confidence in using a DHT to help treat or manage your condition?*
9. *Would you be more or less likely to use a product that was paid for and recommended by the NHS, and why?*
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**Essential Skills Deliverables:**

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| *The supplier must be able to recruit participants to include representation from a range of socio-economic and demographic groups (diverse ethnic backgrounds, as well as native English and non-native English speakers) and should include:* * *Participants who have experience engaging with DHTs to manage their health*
* *Participants who have no experience in using DHTs to manage their health*
* *Participants who have engaged in mental health services*
* *Participants with varying levels of motivation towards wanting to use DHTs to manage their health*
* *Participants with a varying level of capability towards being able to use digital tools to manage their health*

*Participants should not only be recruited using online approaches in order to ensure we can reach people who are digitally excluded and seldom heard voices.**The supplier will be required to produce all materials required for the engagement, including the focus group guide and survey design. These should be discussed with NHSE in a collaborative meeting at an appropriate point in the project timeline.**The supplier must be able to present a summary of the engagement in a format that can be used to share across the health sector in an engaging way, with visual representations of findings and actionable recommendations.* |

**Deliverables**:

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| * ***Facilitate and conduct at least 2 x patient focus groups***
	1. *At least 1 x patient focus group with individuals who have experience using DHTs to manage their health*
	2. *At least 1 x patient focus group with individuals who do not have experience using DHTs to manage their health*
	3. *Facilitation support will be required by the supplier to conduct the focus groups*
	4. *A focus group guide must be produced prior to the focus groups taking place to inform participants of the engagement format*
	5. *A short summary highlighting key themes should be produced to indicate focus group findings*
* ***Facilitate and conduct 1 x patient survey***
	1. *The survey must reach a diverse network of individuals who both have and do not have experience using DHTs*
	2. *The survey must reach individuals who are digitally excluded and seldom heard voices*
	3. *The survey must reach a large sample of individuals*
	4. *A brief analytical summary should be provided to indicate findings from the survey*

*Suppliers must be* *have the analytical skills ot analyse the outputs from the focus groups and surveys and extract actionable insights.* *Any outputs for the survey and focus groups can be discussed and developed through conversations with the team at NHSE.* |

**Proposed Terms and Conditions**

The proposed terms and conditions for this engagement are the NHS Standard Terms and Conditions of services: Purchase Order Version.

No amendments shall be considered or accepted in relation to the Terms and Conditions. Failure to accept the terms will result in disqualification.

There are available to view on <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>.

The Purchase Order will serve as the contract.

1. Responding to ITQ

###### When responding to this ITQ, Bidders must ensure that their Tender covers all the information required. Bidders must complete their Tenders within the Authorities procurement portal (Atamis) set out in the "Supplier Response Form". Failure to do so may render the response non-compliant and it may be rejected.

### In evaluating Tenders, the Authority will only consider information provided in the Supplier Response Form.

### Bidders should not assume that the Authority has any prior knowledge of the Bidder, its practice or reputation, or its involvement in existing services, projects or procurements.

### If there are any questions that do not apply to a Bidder, please answer with a N/A and explanation where appropriate.

### Where any section of the ITQ indicates a word limit, any response will be reviewed to that word limit and any additional information beyond that word limit will not be considered. Bidders must provide a word count for each question response.

###### The Authority may at its own absolute discretion extend the Deadline for receipt of Tenders specified in the timetable. Any extension to the Deadline granted under this paragraph will apply to all Bidders.

###### Tenders must be submitted via the Authorities procurement portal (Atamis) no later than the ITQ submission Deadline specified in ‘Timetable’. Tenders may be submitted at any time before the Deadline.

###### Tenders received before this Deadline will be retained unopened until the opening date.

###### The Tender and any documents accompanying it must be formatted in Word or Excel as appropriate and be in the English language.

###### Price and any financial data provided must be submitted in or converted into pounds sterling. Where official documents include financial data in a foreign currency, a sterling equivalent must be provided. Tender pricing must be provided excluding Value Added Tax (VAT).

Bidders Details:

The following is an outline of what will be required and found on Atamis. Please complete this on the Atamis portal directly.

*Please ensure a response is provided for all the sections below.*

|  |  |
| --- | --- |
| *Company Name* |  |
| *Company Address* |  |
| *Company’s representative name and title* |  |
| *Contact telephone number* |  |
| *Email address* |  |
| *Address for correspondence* |  |
| *Date of Submission* |  |
| *Company Registration Number* |  |
| *VAT Registration Number* |  |

# Further Bidder Information:

*Please ensure a response is provided for all the questions below.*

|  |  |  |
| --- | --- | --- |
| ***1.*** | *Has your organisation met all its obligations to pay its creditors and staff during the past year?* |  |
| ***2.*** | *If your answer to the above is No, have you rectified the situation resulting in your organisation now being able to pay its creditors and staff?* |  |
| ***3.*** | *Is your company or any group company (your Organisation) or are any of the directors/partners/proprietors in a state of bankruptcy, insolvency, compulsory winding up, and receivership, composition with creditors or subject to relevant proceedings?* |  |
| *4.* | *Please confirm that data is stored in line with the General Data Protection Regulations 2018 where applicable* |  |
| *5a.* | *Please confirm that you accept NHS England’s Purchase Order Terms and Conditions in full with no modifications. This offer and any contract arising from it shall be subject to these Terms and Conditions and all other items or instructions as issued in this bidder response.* [*https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services*](https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services) |  |
| *5b.*  | *Please confirm that you accept that any modifications to the Terms and Conditions will be rejected and may result in the bid being rejected.*  |  |
| *6*. | *Please confirm that all invoicing shall be processed through Tradeshift in line with NHS England and Improvements processes.* |  |

Bidder’s Response

Please ensure a response is provided for both the Quality (A) and Commercial (B) sections on Atamis by downloading the attachments and reuploading once completed.

1. Quality

The questions below are for reference only and will be found within Atamis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | 15% |
|  |  |
| How do you meet the outlined specifications requirements? |
| **Supplier Response** |
| The maximum total word count for this section is 500 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2** |  | **Question % Weighting** | 15% |
|  |  |
| *How do you meet the essential skills requirements?* |
| **Supplier Response** |
| The maximum total word count for this section is 500 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3** |  | **Question % Weighting** | 15% |
|  |  |
| *How do you intend to deliver the project or service?* |
| **Supplier Response** |
| The maximum total word count for this section is 500 |
| **Question 4** |  | **Question % Weighting** | 15% |
|  |  |
| *Are you able to meet the delivery timetable and what will you do to ensure you meet these deadlines?* |
| **Supplier Response** |
| The maximum total word count for this section is 500 |

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| --- | --- | --- | --- |
| **Question 5** |  | **Question % Weighting** | 10% |
|  |  |
| How will you support meeting the requirements of this ITQ with social value and environmental commitments in mind, both in terms of the projects and as an organisation?For more information on the social value model - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940828/Social-Value-Model-Quick-Reference-Table-Edn-1.1-3-Dec-20.pdf> |
| **Supplier Response** |
| The maximum total word count for this section is 500 |

B) Commercial

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| --- | --- |
| **Commercial** |  |
|  |  |
| Please provide a cost breakdown to undertake the work in the ‘Supplier Response’ box below. Your breakdown should also include the total cost exclusive of VAT to the Authority.  |
| **Supplier Response** |
| *SUPPLIERS PLEASE DO NOT ENTER YOUR COMMERCIALS HERE – PLEASE COMPLETE THE COMMERCIAL BREAKDOWN AND UPLOAD IT SEPARATE TO THIS DOCUMENT ON ATAMIS.* |

**C) Confirmation**

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| --- | --- |
| **Confirmation** |  |
|  |  |
| Please provide an electronic signature with name and contact details as confirmation the detail submitted is correct and agree to the *NHS England’s Purchase Order Terms and Conditions in full as outlined in ‘Point 5 Further Bidder Information’*:(If using Atamis, this shall be completed electronically) |
| **Supplier Response** |
| *Electronic Signature Insert* *Name:**Job Title:**Date:* |