

**Date of issue: 21 August 2024**

**MHRA Risk and Safety Communications Project - Ref: C302172**

**Early Market Engagement and Request for Information**

**Deadline for RFI responses: 16 September 2024 at 15:00**

How we better reach healthcare professionals with our risk and safety messages?

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**1. Objectives of our Early Market Engagement**

* 1. The Medicines Healthcare products Regulatory Agency (MHRA) is conducting this early market engagement activity to explore potential solutions that could meet the requirements set out in our brief for delivery by one or more suppliers (numbers and approach to be agreed).
  2. This engagement is also intended to alert interested organisations/potential suppliers to our project and provide the opportunity to gain an understanding of and comment on our proposed requirements, as well as to gauge and garner market interest.
  3. This document contains some background, the brief outlining potential service requirements, and the Request for Information (RFI) questionnaire. It is being made available for review by any organisations which may be interested in the MHRA’s Risk and Safety Communications project and/or could offer the required services to support the relevant areas.
  4. The MHRA is seeking engagement with the market to enable us to:

1. understand more about the potential supplier market and its capabilities and possible interest, including establishing whether there could be one supplier who could deliver the requirements;
2. decide on the procurement strategy, including competitive procurement approach and using relevant input and advice on the requirements in any potential Invitation to Tender (ITT) to procure services;
3. understand and factor in any service risks or barriers/challenges and the times and requirements for mobilisation.
   1. Responses to the questions in the RFI questionnaire (at the end of document) will be used to help inform the future direction we take both in terms of the solution and any future procurement process. Should your responses be of interest, we may seek further engagement with you (if possible) in order to better inform our approach in any future procurement competition.
   2. This early market engagement activity does not form part of a formal procurement process. If and when a formal procurement process commences any supplier may join the competition (regardless if involved in this engagement activity or not) and all supplier bids will be evaluated on the same basis and equally.
   3. The MHRA does not intend to be bound by any information at this stage and makes no commitment to accept recommendations or suggestions or make any changes pursuant to this engagement exercise. Once published, any Invitation to Tender(s) will contain the final requirements in relation to the services, as agreed by MHRA management.
   4. The information provided herein has been prepared in good faith; however. the MHRA makes no representation or warranty, express or implied, with respect to its accuracy, nor shall we accept any liability. We will not be able to reimburse for any expenses incurred by organisations in reviewing and/or responding to this RFI.

**2. Background to the MHRA/Who we are**

2.1 The Medicines Healthcare products Regulatory Agency (MHRA) is the regulator of medicines, medical devices and blood components for transfusion in the UK, and is responsible for ensuring these products meet safety, quality and effectiveness standards. The MHRA has the clear purpose to put patient safety first. We are an Executive Agency of the Department for Health and Social Care (DHSC) within the UK government.

2.2 We are responsible for:

* ensuring that medicines, medical devices and blood components for transfusion meet standards of safety, quality and efficacy (effectiveness);
* ensuring that the supply chain for medicines, medical devices and blood components is safe and secure;
* promoting international standardisation and harmonisation to assure the effectiveness and safety of biological medicines;
* helping to educate the public and healthcare professionals about the risks and benefits of medicines, medical devices and blood components, leading to safer and more effective use;
* supporting innovation and research and development that is beneficial to public health; and
* working collaboratively with partners in the UK and internationally to support our mission to enable the earliest access to safe medicines and medical devices and to protect public health.

2.3 Further details can be found at [www.gov.uk/mhra](http://www.gov.uk/mhra), with our Corporate Plan defining our strategic direction over the next three (3) years at:

MHRA Corporate Plan: 2023 to 2026 and Business Plan: 2023 to 2024 - GOV.UK (www.gov.uk).

2.4 Risk and safety communications are crucial to help with the prescribing of safe and effective medicines and medical devices to patients, and to provide details of product recalls and other alerts.

**3. Introduction to Requirements**

* 1. The MHRA’s current risk and safety communication approaches have been in place for many years, and while there have been some enhancements over time, this is the first major strategy review we have undertaken to help inform the future of risk and safety communications work across the MHRA.
  2. The MHRA has operated a regular bulletin in the form of the Drug Safety Update (DSU) since 2007, alerting healthcare professionals (HCPs) such as General Practitioners/doctors, nurses, and pharmacists to safety issues with medicines and providing advice on the ways medicines may be used more safely. DSU is dispatched by a trusted third-party provider on a monthly basis by email to a wide list of HCPs; the provider uses their own database of contacts. This current distribution method does not achieve the rates of engagement that we would like nor some of the functionality features we would be keen to explore e.g. other communication methods.
  3. We also communicate about a wide group of medical products, including medical devices, innovative health technologies, and blood components. These safety notices are currently operated through a variety of routes, and we would like to explore a more consistent approach to our email messaging.
  4. We communicate both directly with HCPs and through their relevant administrative staff or other organisation representatives. A fuller list of the audience of HCPs that we might need/want to target can be found in heading 4.5 below.
  5. This work is part of our ambition for continuous improvement and our strategic priority to deliver effective, consistent, and engaging risk and safety communications to those who need it, when they need it, and in an accessible format that meets their needs. It is underpinned by the first strategic priority of the [MHRA’s Corporate Plan 2023-26](https://www.gov.uk/government/publications/mhra-corporate-plan-2023-to-2026/medicines-and-healthcare-products-regulatory-agency-corporate-plan-2023-to-2026), ‘to maintain public trust through transparency and proactive communication’, and the [MHRA’s Business Plan 2023 to 2024](https://www.gov.uk/government/publications/mhra-corporate-plan-2023-to-2026/medicines-and-healthcare-products-regulatory-agency-business-plan-2023-to-2024) objective to ‘Develop a new risk communication strategy to ensure more coordinated, proactive risk and safety communications to patients, the public and healthcare professionals, by end Q4.’
  6. Our strategy on risk and safety communications has been informed by the 16-week consultation completed in January 2023, which sought information on the effectiveness of our current risk and safety communications and how these could be improved. The open consultation period was followed up with some interviews and focus groups, and submission of some written responses to garner feedback. General Practitioners, nurses, pharmacists, dentists, midwives, specialty care doctors, technicians and other registered medical professionals, including professional bodies and the Royal Colleges, were asked to provide views on four key themes.
  7. We had participation across the four UK nations and from primary care, secondary care, community care, NHS patient safety groups, and experts in patients’ safety and quality improvement. Over 800 HCPs provided us with actionable information and insights on how our current risk and safety communications were received and/or utilised, as well as views on how we can improve to further support the provision of timely advice.
  8. The responses were collated and a final report was published – see [Consultation on how MHRA communicate with healthcare professionals to improve medicines and medical devices’ safety - GOV.UK (www.gov.uk)](https://www.gov.uk/government/consultations/consultation-on-how-mhra-communicate-with-healthcare-professionals-to-improve-medicines-and-medical-devices-safety).
  9. The feedback was grouped into four themes, highlighting where the MHRA needs to develop its approach to deliver more impactful and actionable risk and safety communications. The four themes that emerged from the consultation are:
* Communications – we need to be clearer and more explicit on who should be receiving and actioning MHRA safety communications
* MHRA websites - we need to make information on our websites (GOV.UK, Yellow Card and other MHRA products) easier to find and simpler to navigate
* Awareness and education – we need to do more to raise awareness of the role and remit of the MHRA and to create educational materials suitable for HCPs and patients
* Engagement with HCPs – we need to provide avenues for continual engagement with HCPs and to strengthen relationships with their professional bodies.

See section 4 for expected in-scope activities.

* 1. Insight from the consultation is informing the development of our new three-year Strategy for Risk and Safety Communications, which is due to be published later in 2024.
  2. Our ambition is that:
* our trusted advice reaches those who need it, in a timely fashion to keep patients safe.
* every healthcare professional is able to understand how the latest information from the MHRA affects their patients and the care of them.
* patients and caregivers have accessible, easily understandable information to inform their decisions on medical products.
* the UK public recognise MHRA as a respected and trusted voice for the latest safety information related to medical products used in the UK.
* our approach to risk and safety communications continues to be informed by the needs of providers, HCPs and patients, and for everything we do to be evaluated with defined routes for feedback and opportunities for further improvements.

**4. Potential Scope of Requirements/Brief**

## Risk and safety communication is a critical part of the MHRA's work, with the potential for a major and immediate impact on public health and safety, and consequently our corporate reputation. It is essential therefore that we issue effective communications via appropriate channels to relevant audiences to support patient safety and public health.

## The MHRA needs to reach as many HCPs as possible, across all four nations in the UK, and across all sectors of health and care. The MHRA operates subscription lists and direct cascade routes but does not have a comprehensive list/database of HCPs, nor the provisions for active maintenance to add, remove, or amend details (we would not be able to share any contacts we hold). In respect of the DSU distribution, our third-party provider uses its own database of contacts, which it actively maintains.

## We issue several communications a month (ranging from 2 to 12) including the DSU, with one round-up bulletin of all of our risk and safety communications. Examples can be found on our website of [Drug Safety Update](https://www.gov.uk/drug-safety-update) and [drug and device notifications](https://www.gov.uk/drug-device-alerts/class-4-medicines-defect-information-orifarm-uk-ltd-concerta-xl-18mg-and-36-mg-prolonged-release-tablets-el-24-a-slash-07).

## This current communication/distribution approach is not optimising engagement rates. Feedback from the consultation highlighted areas we could develop with some suggestions for improvements, including calling for more targeting of the communications an HCP receives e.g. just covering the areas of relevance to a recipient. This may be included in any ITT as a desirable element.

## Our audience is all UK healthcare professionals (HCPs) who may prescribe, administer, implant, or use medicines, vaccines, medical devices, or blood components, including:

* General Practitioners
* Hospital and specialist doctors and surgeons
* Nurses (in all sectors of care, including hospital nurses and those working in GP practices, schools, prisons, and care homes) and Nursing Associates
* Midwives
* Pharmacists (community, hospital, clinical, medicines management, procurement, and specialist) and pharmacy technicians
* Dentists and dental support staff such as dental technicians
* Medical Associate Professions, including anaesthesia associates (AA), physician associate (PA), and surgical care practitioner (SCP)
* Managers in general practice, pharmacy, dental care, and hospitals (both NHS and independent)
* Quality leads in trusts, ICBs and equivalent in Scotland, Wales, and Northern Ireland
* Engineers (in hospital) and equipment stores
* Medical physicists
* Opticians and optometrists
* IVD related areas, biochemistry laboratories
* Clinical pathologists
* Microbiologists
* Phlebotomists
* Point of Care testing co-ordinators
* Allied Healthcare Professionals including:
* Dietitians
* Occupational therapists
* Operating department practitioners
* Orthoptists
* Osteopaths
* Paramedics
* Physiotherapists
* Podiatrists
* Prosthetists and orthotists
* Radiographers

## We communicate both directly and through their administrative staff or other organisation representatives, as appropriate.

## While patients and the public are also an important audience for our communications, our focus for this project is on HCPs as the group who use, administer/implant, prescribe, dispense medicines, medical devices and/or blood components; and who inform patients about the benefits, risks, and instructions for use. Facilitation of direct patient communication may be included in any ITT as an optional requirement.

## We regularly evaluate the effectiveness of our risk and safety communications. Reporting of metrics back to the MHRA is essential for us to be assured of receipt. In scope of the procurement, as part of our strategic aim, we would like to have the opportunity for greater two-way communications so that our audiences feel heard and understood, and we can gather feedback on the communication and action elicited.

## The objective of any proposed procurement competition(s) will be to award a contract to one or more suppliers who can deliver the services of facilitating communication with an up-to-date, actively maintained, UK-wide list/database of healthcare professionals and relevant administrative staff (may also include other organisation representatives), to enable the MHRA to issue information in a timely and quick manner to a very large audience. We would be looking for demonstrable experience and success at conducting similar projects or communications campaigns.

## Our baseline requirements are essential and cover some of our current approaches like an equivalent of the DSU distribution and some of our cascades. Heading 4.9.2 includes an outline of the desirable requirements, which would enhance the service provision and support the MHRA ambitions as above.

## **Baseline Requirements:**

1. Delivery of one email campaign per month to all relevant contacts on a supplier’s database of HCPs UK-wide using an agreed email template, with additional emails dispatched as required and subject to an agreed additional fee. Initially, there would be no need for any tailoring or targeting of this communication nor any other methods of distribution.
2. Ownership of or access to a database/lists of HCPs for key healthcare areas across the UK – GPs, pharmacists, specialist doctors, nurses, and those in the list in heading 4.5; and demonstration of active maintenance of the details. The database may be owned by the supplier, purchased or licensed for the intended use (including having the ability to make updates) from a third party, or provided by a named subcontractor. Our expectations are that the database/lists may also contain some high level information with the contact details or something more in-depth e.g. profiles with areas of interest/specialisms etc; also the system may/should allow subscribers to directly unsubscribe and/or amend their profile.
3. Design and build of a range of email templates, tailored to specific communication campaigns; user tested and accessible across a range of devices (including mobile devices) and internet browsers, with MHRA branding and custom domain name.
4. A system in place to allow regular feedback of metrics back to MHRA to enable evaluation, including rates for email open and click through; segmented by clinical role.
5. Experience of issuing broad email campaigns to NHS email addresses and dealing with the associated security challenges.
6. Robust systems and procedures in place in accordance with ISO27001 and to ensure UK GDPR compliance (in particular complying with the Article 5 principles) for holding and handling personal data, including for the transfer of existing contacts to any new database (as required).
7. Provision for handling new and changes to subscription and administration requests in-house. A service turnaround time may be specified.
8. Service times of no longer than a 48 hour period between receipt of content from MHRA and the final email communication; allowing for occasional situations when this is shortened when an urgent communication is needed. Please note that the supplier would not be expected to edit/proof-read the content, just to format into the agreed email template.

## **Other desirable areas supplementary to the baseline requirements**

1. Flexibility to scale up the number of communications per month by email – to between 2 and 12 dependent on priorities and any segmentation of the audience.
2. Systems allowing for automated follow-up emails targeted to contacts who have not read or actioned the communication, including those on sub-lists by geographic area, clinical speciality, and sector of care.
3. Functionality to allow recipients to provide more granular feedback and quantitative metrics on action, relevance and free text responses built into the emails, with collation and reporting fed back to the MHRA. This two-way communication would ensure our audiences feel heard and for MHRA to evaluate the effectiveness of our communications.
4. Functionality for the MHRA to tailor defined target lists/groups for specific communications issues based on geographic area, clinical speciality, and sector of care, so that email communications issued are only delivered to those relevant.
5. Functionality to tailor the communications to what the HCPs want to receive based on self-declared interests, roles, or sectors of care.
6. Contact database and sending functionality that is wider than email, including the ability to issue messages through SMS, WhatsApp, Apps, and/or other routes.
7. Ability to issue specific direct communications to patients, the public, or groups representing patients or the public such as charities, with targeting and appropriate personalisation for this population (optional).

## We would also be open to other innovations which could add value and support our ambitions.

* 1. Any work relating to improvements to the MHRA websites and awareness and education is out of scope of this request for information and Requirement.
  2. We envisage a minimum contract period of three years with provision for optional extension(s) up to a maximum period of 6 years.
  3. The budget for delivering the baseline requirements is estimated around £0–50K per year (acknowledging there may also be some additional implementation/one-off charges).
  4. The MHRA wishes to understand the potential supplier market and possible solutions for our requirements to support our risk and safety communications aims, and are using this market engagement exercise to help inform MHRA’s approach and procurement journey.

**5. RFI Procedure**

5.1 The RFI questionnaire below forms part of our early market engagement activity to support the procurement activities around Risk and Safety Communications. Its purpose is to explore market interest to the proposed requirements, potential solutions, identify any critical success factors and/or potential barriers, and inform a potential formal procurement process. The questions are designed to help the MHRA with its potential procurement journey and input into our specifications/ITT for any subsequent tender.

5.2 Participation in this market engagement is voluntary, but we would encourage responses from relevant/interest organisations/suppliers. Please review the background and brief above. This is an opportunity to comment on and input into our proposed requirements and approach. You do not need to provide an answer to every question if particular questions are not relevant or you would prefer not to respond. To maximise the success of any subsequent procurement activity, please be open and honest in your responses and provide as much detail as possible.

5.3 Any proprietary or confidential information, where included, should be kept to minimum and must be clearly marked as such, and the MHRA will try to maintain a duty of confidentiality, but this cannot be guaranteed.

5.4 Responses to this RFI questionnaire will be reviewed by our Comms team. Any details provided in response to this RFI will be used for information purposes only and will not be used to determine the potential suppliers who will be invited to bid, should we proceed to tender; nor offer any advantage to a particular supplier. If upon review of your response, any clarification or additional information is required, we may seek further engagement with you (if possible) as a follow up.

5.5 This market engagement activity does not form part of a formal procurement process. Any resulting procurement activity will be conducted competitively, open to any supplier (regardless of participation in this engagement exercise) with all supplier bids evaluated on the same basis and equally. The results and analysis of this RFI shall not constitute any form of pre-qualification exercise.

5.6 Whilst the MHRA expects to proceed to procurement/tender around early October 2024, there is no obligation to do so as a consequence of this early market engagement activity. Any procurement competition would be run in accordance with the Public Contract Regulations 2015 with any notice published on <https://www.gov.uk/contracts-finder> and/or

<https://www.gov.uk/find-tender> and the ITT published on the Atamis e-Souring Portal, where any interested suppliers would need to register to review and participate in the procurement competition.

5.7 Nothing in this RFI document or in any other engagements with potential suppliers, prior to any formal procurement process, shall be construed as a representation as to the MHRA’s ultimate decision and we make no commitment to accept any recommendations or suggestions or make any changes pursuant to this engagement exercise. Once published, any ITTs will contain the final requirements in relation to the services.

5.8 The information provided herein has been prepared in good faith; however. the MHRA makes no representation or warranty, express or implied, with respect to its accuracy, nor shall we accept any liability. Any costs relating to the review of this document and in the preparation and submission of a response to this RFI are the sole responsibility of the respondent.

**6. Guidance for completion of RFI Questionnaire**

6.1 Prior to completing this questionnaire, potential suppliers should read the sections above which sets out the background, the brief outlining the potential service requirements, and other procedural information.

6.2 The MHRA is running this engagement exercise through its e-Souring Portal Atamis so potential suppliers/respondents should register on [Welcome (site.com)](https://atamis-1928.my.site.com/s/Welcome) and submit responses via this system. Access is via free registration on our Atamis e-Souring Portal.

6.3 There are no character/word limits.

6.4 The completed RFI questionnaire should be submitted through the Atamis e-Souring Portal **no later than the deadline of 16 September 2024 at 15:00**. Any questions may also be submitted via the portal, at any point up to 15:00 on 06 September 2024.

6.4 Please do not include additional documents such as company overviews.

**7. Confidentiality and Freedom of Information Act 2000 (FOIA)**

7.1 You may provide information which is confidential or proprietary in nature and which you may wish to be held in confidence. You must give a clear indication which type of material is to be considered confidential and why it is considered to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as "commercial in confidence" will no longer be appropriate. In addition, marking any material as confidential or equivalent should not be taken to mean that the MHRA accepts any duty of confidentiality by virtue of such marking. Please note that even where you have indicated that information is confidential the MHRA may be required to disclose it under the FOIA if a request is received.

7.2 The MHRA has an obligation under the FOIA to disclose, on written request, recorded information held. Information provided by you in connection with this market engagement exercise, may therefore have to be disclosed in response to such a request, unless the MHRA decides that one of the statutory exemptions under the FOIA applies. The MHRA may also include certain information in the publication scheme which it maintains under the FOIA.

7.3 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, the MHRA may consider it appropriate to ask you for your views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the MHRA must comply with a strict timetable and the MHRA would, therefore, expect a timely response to any consultation within two working days.

7.4 The decision as to which information will be disclosed is reserved to the MHRA notwithstanding any consultation with you/relevant party.

The MHRA is grateful in advance for the time and effort taken in replying to this Request for Information.

Regards,

**Corporate Commercial Procurement**

Medicines and Healthcare Products Regulatory Agency  
10 South Colonnade, Canary Wharf, London, E14 4PU

**Supplier RFI Questionnaire Response Template**

Introduction

The MHRA is conducting this early market engagement activity to explore potential solutions that could meet the requirements set out in this brief and to understand more about the potential supplier market and its capabilities and interest.

Please provide the answers below. If a question is not applicable or you cannot or do not want to provide an answer, please leave blank or kindly state N/A; please be open and honest in your responses and provide as much detail as possible. If you would prefer to just provide a general narrative response, please go to question 5; we would appreciate any information/comments. There is no character/word limit per question or in total.

Any proprietary or confidential information, where included, should be clearly marked.

The completed RFI questionnaire below should be submitted through the Atamis e-Souring Portal - please register at [Welcome (site.com)](https://atamis-1928.my.site.com/s/Welcome) **- no later than the deadline of 16 September 2024 at 15:00**. Any questions may also be submitted via the portal, at any point up to 15:00 on 06 September 2024.

Name of Supplier:

## 1. Relevant experience and expertise of issuing broad email campaigns to relevant audience (e.g. healthcare sector) to enable the MHRA to issue information in a timely and quick manner to what could be a very large audience (many with NHS emails). Also, the potential capability for facilitating two-way communications to allow feedback and ensure audiences feel heard.

1. Do you believe our potential service requirements (as a minimum the baseline requirements) can currently be delivered by the market and fulfilled by one supplier by itself or with the support of subcontractors (in a Prime Contractor contractual model)?
2. Does your organisation have experience of conducting similar email/communications campaigns (i.e. issuing broad email campaigns) in the healthcare sector to NHS email addresses or other sectors, and would you be interested in and have the capacity to support in delivering our potential requirements? Please could you also kindly indicate your expected contracting model if possible e.g. use of subcontractors etc? If you are reviewing these requirements as a potential subcontractor, please outline what services you can offer?
3. What types of capabilities in relation to our potential service requirements, can your organisation provide; and what technologies with functionality can be offered to meet the requirements and deliver the service?
4. Outline experience of dealing with the challenges of pushing out communications to HCPs, including those working in the NHS – especially in relation to the security arrangements (e.g. dealing with NHS email firewalls) plus defined information security standards (for example ISO 27001 and ISO9001)?

1. Does your approach and systems allow for flexibility in terms of frequency and scaling up of email distributions per month, and working to tight timescales to action urgent safety notices?
2. Could functionality be offered in an email build to allow HCPs/recipients to provide direct feedback on a communication, which can reported back to MHRA? Do you have any other recommendations to improve the opportunity to have two-way communications with our audiences so they feel heard/can interact with us?
3. What do you perceive are possible service risks or barriers/challenges to the delivery of our potential requirements/scope?

2. Reach/Access to as many HCPs as possible, across all four nations in the UK, and across all sectors of health and care, to ensure effective and comprehensive communications. Also, the need to implement systems/an approach for actively maintaining the details/lists and to allow regular feedback of metrics back to MHRA to enable evaluation.

1. Please describe what access you have (or can source) to a database/lists of details for HCPs across the UK, and how extensive? Also, could you kindly confirm which subsets of HCPs you can cover (see our list in section 4.5) and how you would get access to the relevant contact details e.g. own database or via a third party and any known limitations e.g. any specific geographic regions or health professions which cannot be covered?
2. If you would need to source the database/lists, do you know of a potential provider/source? If a licensing approach is envisaged, do you know of/expect any restrictions on the use which may impact delivering the requirements?
3. What is your approach to refresh and expand the lists/database given the constant changing landscape to healthcare and those working within it, and in dealing with subscription or contact amendments and updates?
4. Advise on the expected rates of engagement you would hope to achieve – noting this would be based on your experience of past campaigns? Also, what chase-up/follow-up methods could you implement to ensure the messages are delivered and read including to those on any sub-lists, and how would you seek improved engagement rates?
5. Outline your evaluation process for measuring effectiveness of communications (e.g. used in other campaigns and which may work for the MHRA) or intended process and what types of metrics could be offered to the MHRA to enable us to evaluate effectiveness?

3. Targeting and tailoring of communications an HCP receives and establishing sub-lists/subsets of HCPs as appropriate (including segmentation of audience). Work as part of our ambition to deliver communications to those who need it, when they need it, and in accessible format.

1. Could communications be tailored and targeted as follows:

* Frequency by selection – allowing people/contacts to receive content daily, weekly, or monthly
* Meeting different profiles and targeting by clinical field, speciality/specialism, or geographic area
* Subscription services to allow users to customise what they receive e.g. by self-declared interests
* Additional functionality to reach patients, the public, or groups representing them.

## Does the database/lists you might use contain high level/in-depth information on the recipient/contact e.g. profiles with areas of interest/specialisms etc?

4. Sending functionality that is wider than email, including the ability to issue messages through other channels like SMS, WhatsApp, Apps, or other routes.

1. Do you believe you can support and deliver communications (to HCPs) in the following other areas, and if so, what would be your expected reach through these means:

SMS

WhatsApp

Direct messaging through clinical systems

Also, outline any issues or concerns you envisage with these channels in relation to the healthcare sector?

5. General

1. How much time should be allowed for mobilisation and starting the service?
2. Please feel free to provide any other relevant information to assist the MHRA.
3. If you would prefer to just provide a narrative response in relation to this RFI to support the MHRA (rather than responding to the each of above questions), please include here.

**thank you for taking the time to** **complete this questionnaire and engaging in this process.**

Name of authorised representative in block letters:

Position:

For and on behalf of (organisation/supplier name):

Contract email:

Date: