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**Market Engagement Questionnaire – Expression of Interest**

**NHS England South West**

**Plasma Exchange Services (PLEX) – Devon & Cornwall**

This provider market engagement questionnaire is an information gathering exercise to inform the commissioning strategy of Plasma Exchange Services in Devon and Cornwall. NHS England will not be liable for costs incurred by any interested party in participating in this exercise.

## Respondents Information

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| Name of potential bidding organisation(s): |  |
| Trading Status | Public limited company [ ] Limited company [ ] Limited liability partnership [ ] Third or voluntary sector [ ] NHS organisation [ ] Other (please specify) [ ]  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Website address: |  |

**Contact Details**

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

**Bidding status if known *(more than one option can be selected):***

|  |  |
| --- | --- |
| **Contract-holding provider** | Yes [ ]  or No [ ]  |
| **Consortium** | Yes [ ]  or No [ ]  |
| **Subcontractor** **(No contract-holding partner identified)** | Yes [ ]  or No [ ]  |

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| **If you have identified as a contract-holding provider or consortium, please provide a summary/introduction about your organisation, identify any potential partners/key sub-contractors and provide an indication of the role of each organisation (if known).** **If you have identified as a potential subcontractor of services (and do not yet have a contract-holding partner to work with), please provide a summary/introduction about your organisation and describe the role you see your organisation providing.** |
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| **Please briefly describe any current or previous experience of delivering this type of service and/or similar services.** |
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| **What existing relationships do you hold with the hospitals / NHS Trusts across Devon & Cornwall (and the rest of the South West Geography?)** **What existing relationships do you have with other local groups/stakeholder groups relative to these services? For example, Integrated Care Boards, Clinicians, Local Authorities etc** |
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| **Please briefly describe what you see as the key delivery challenges and / or opportunities, in relation to providing these services, and why?** |
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| **Please confirm that (in your view) you have the appropriate experience, capability, capacity and ability to commit resources required to mobilise and deliver these services, across Devon & Cornwall.** |
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| **Would you like us to share your contact details with other provider organisations expressing interest in this opportunity, to help facilitate potential partnering/sub-contracting opportunities?**  |
| Yes [ ]  or No [ ]  |

Please complete this questionnaire by **Wednesday 12th April** **2023**, and return it via the correspondence/messaging function within Atamis.

If you have any queries, please contact Alex Searle via the correspondence function within Atamis.

Thank you