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**Primary Care Medical Services**

**Special Allocation Scheme Service**

**in**

**Bath and North East Somerset, Swindon and Wiltshire**

**Somerset**

**Devon**

**Market Engagement Questionnaire**

**September 2022**

## Potential Bidder Information

|  |  |
| --- | --- |
| 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: |  |

1. **Would you be interested in providing a Special Allocation Scheme (SAS) service in the following areas?** (**more than one option can be selected)**

|  |  |
| --- | --- |
| **BaNES, Swindon and Wiltshire** | [ ]   |
| **Somerset**  | [ ]   |
| **Devon** | [ ]   |
| **All of the above** | [ ]  |

1. **If you would be interested in providing a Special Allocation Scheme service in an identified area(s) please select your bidding status (more than one option can be selected)**

|  |  |
| --- | --- |
| **Contract-holding provider** | [ ]   |
| **Consortium** | [ ]   |
| **Subcontractor** **(No contract-holding partner identified)** | [ ]   |
| **Not known** | [ ]  |

1. **Please provide a summary/introduction about your organisation**

If relevant, please identify any potential partners/key sub-contractors, and provide an indication of the role of each organisation (if known).

If you have already identified a contract-holding partner, please submit a joint response.

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1. **Please briefly describe any current or previous experience your organisation has of delivering this type of service, or services which are similar**

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1. **Please briefly describe what you see as the key delivery opportunities and/or challenges in relation to the services?**

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1. **Where do you think these services should be delivered from and why?**

 **(Example settings might include Primary Care practice, community setting, secure settings, other)**

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1. **How do you think the security element of the service should be handled? (e.g. Commissioner holds the contract, Provider holds the contract)**

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1. **Do you believe there could be any benefits to the service and/or patient by delivering this service in conjunction with other services?**

 **(e.g. benefits could relate to commercial viability, shared staffing, premises, infrastructure, other)**

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| --- |
| Yes [ ]  No [ ]  |

1. **If yes, please identify the services which you feel provide the most opportunity in this respect and any specific proposals you would have in relation to this**

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1. **Please provide feedback on what you consider to be a) a reasonable contract period b) an appropriate payment mechanism structure**

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1. **Please identify factors which would support you to submit a viable bid/prevent you from bidding for these services**

 **(These factors might relate to service requirements, delivery model, finance, contracting, procurement, recruitment, premises, data you would need, other)**

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1. **Do you believe that you have the appropriate experience, capability, and resources (including access to equipment) required to mobilise and run the full service from a start date between 1st April 2023 and 1st July 2023**

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| --- |
| Yes [ ]  No [ ]  |

1. **What is the minimum time that you would need to mobilise the SAS service?**

|  |
| --- |
| 1 month [ ] 2 months [ ] 3 months [ ] Other:  |

1. **Would you anticipate using subcontractors?**

|  |
| --- |
| Yes [ ]  No [ ]  |

1. **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 [ ]  No [ ]  |

**If your organisation would like to attend the Market Engagement please let us know the name and contact details of attendees in the box below:**

|  |
| --- |
| **Market Engagement Attendees** |
| **Attendee 1 name** |  |
| **Attendee 1 email address** |  |
| **Attendee 2 name** |  |
| **Attendee 2 email address** |  |
|  |  |  |

Please submit the completed questionnaire by **12.00 Noon** **on Fri 30th Sept 2022**

If you have any queries, please contact Kath Norton Senior Clinical Procurement Manager via the correspondence function within the Atamis procurement portal

**THANK YOU**