**Expression of Interest (EoI) Form**

**PIN Notice – North East London Clinical Commissioning Group (NELCCG) Trusted Assessor Scheme (BHR Region)**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria by ticking the appropriate box:

| **No.** | **Question** | **Yes** | **No** |
| --- | --- | --- | --- |
| 1. | Your organisation is able to demonstrate a proven track record of undertaking assessments and re-assessments to facilitate care home discharges to improve patient experience, clinical safety and patient flow from hospital into residential/nursing care homes. |  |  |
| 2. | Your organisation is able to demonstrate established working relationships with providers of acute service providers and care homes, to enable appropriate flow and pathway management. |  |  |
| 3. | Your organisation is able to secure premises/have access to premises within the NEL CCGs operating areas (Barking and Dagenham, Havering and Redbridge (BHR) region) by the required service commencement date of 13th December 2021. |  |  |
| 4. | Your organisation is be able to commence the service within a four – six week mobilisation period (including staff resources, appropriate IT equipment including IT and telecommunication equipment, etc.) from the point of award of the contract. |  |  |
| 5. | Your organisation can demonstrate that your healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. |  |  |
| 6. | Your organisation acknowledges that TUPE may be applicable to this contract. |  |  |
| 7. | Your organisation will ensure that the service will operate 5 days a week, in line with the service specification which outlines the main aims of the provision, the service to be provided within the contract and the connections to other services in the community. |  |  |
| 8. | This procurement opportunity will be hosted on ProContract, the eProcurement System .Please confirm that your organisation is already registered on or will arrange for registration on ProContract.  Please provide the details of your ProContract account details or anticipated details below.  <https://procontract.due-north.com/Register> |  |  |

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

**ProContract Account Name:**

**ProContract Associated email Address:**

Please email completed form to nelcsu.procurementnorthants@nhs.net by no later than 12noon on Friday 1st October 2021.