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**Invitation to Quote**

**Instructions, Requirements and Bidder Response Document**

**Invitation to bid for** **the Evaluation of the Lipid and Familial Hypercholesterolemia (FH) National Programme**

**Document owner:** Commercial & Procurement Team, The Academic Health Science Network for the North East and North Cumbria

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# **Introduction**

This Invitation to Quote (ITQ) has been prepared by The Academic Health Science Network for the North East and North Cumbria (AHSN NENC). AHSN NENC is looking for a Supplier for the provision of the **Evaluation of the National Lipid and FH Programme**. A full description of the requirement is found in section 3.

###### This procurement exercise is being carried out as an Invitation to Quote.

###### The AHSN NENC 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 AHSN NENC in respect of the information provided in respect of this transaction and/or any related transaction.

###### AHSN NENC 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 ITQ 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 AHSN NENC.

###### Any person considering making a decision to enter into contractual relationships with AHSN NENC or any other person on the basis of the information provided should make their own investigations and form their own opinion of AHSN NENC. The attention of Bidders is drawn to the fact that, by issuing this ITQ, AHSN NENC 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 AHSN NENC’s internal financial instructions and general principles applicable to public procurement, AHSN NENC seeks best value for money in terms of the Contract reached with the successful Bidder.

###### The AHSN NENC has endeavoured, 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:

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

1. Instructions

Project Team Details and Contract Lead

|  |  |
| --- | --- |
| Name of Team | Health Improvement |
| Name and Title of Contract Lead | Joe Chidanyika CVD Programme Manager |

Timeline

|  |  |
| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue | 30th June 2023 |
| ITQ Clarification Deadline | 10th July 2023 12 noon |
| ITQ Closing Date – all bids must be received by this date. | 14th July 2023 12 noon |
| Estimated Award Date | 23rd July 2023 |
| Estimated Contract Commencement Date | 24th July 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 to [joe.chidanyika@ahsn-nenc.org.uk](mailto:joe.chidanyika@ahsn-nenc.org.uk) by **10th July 2023**. Clarification questions received after this time will not be responded to. All Clarification questions will be responded to within 3 working days of the date received.

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

Please note - The naming protocol for all attachments is:

**Organisation Name\_Artifact\_Question number the attachment relates 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.

AHSN NENC, 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 submitted any modification or any qualification to the terms and conditions of contract.

AHSN NENC 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.

AHSN NENC 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 example: Quality, Social Value, and Commercial (Financial) basis;

|  |  |
| --- | --- |
| **Section** | **Weighting (%)** |
| Technical/Quality | 65% |
| Commercial (Financial) | 35% |

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

|  |  |
| --- | --- |
| **Technical Questions** | **Weighting (65%)** |
| 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 this? | 20% |

**Scoring**

**Bidder information**

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

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

**Quality**

The AHSN NENC 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** |
| --- | --- |
| 4  Excellent | 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. |
| 3  Good | 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. |
| 2  Satisfactory | 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. |
| 1  Poor | 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. |
| 0  Unacceptable | 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 x (financial weighting)

(Lowest Total Cost divided by Tender Total Cost multiplied by financial weighting indicated in the Bidder response section C)

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 available marks.

# **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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| [The NHS Long Term Plan](https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease) has highlighted cardiovascular disease (CVD) as the largest area where the NHS can save significant numbers of lives over the next ten years. The plan outlines detailed strategies to support the prevention of 150,000 heart attacks, strokes and dementia cases. Given these ambitions, the Lipid Management and Familial Hypercholesterolemia (FH) programme delivered by the AHSNs is working collaboratively with healthcare professionals to reduce instances of cardiovascular disease. The [programme](https://www.ahsnnetwork.com/programmes/cardiovascular-disease/lipid-management-and-familial-hypercholesterolemia/) aims to minimise inequalities across England with a focus on *detection and lipid management optimisation*, *access to appropriate medicines, including novel therapies such as PCSK9i* *and Inclisiran,* and *targeted education to healthcare professionals.*  Hypercholesterolaemia is a significant risk factor for CVD, and yet its detection and management remains suboptimal within current NHS clinical pathways. Evidence suggests that improving the detection of patients with elevated lipid levels, and once detected ensuring they receive optimal therapy will have significant benefits for these individuals, their families and the health care system. Nationally, it is recognised that lipid management is sub-optimal in high and very high risk patients across primary and secondary care. Furthermore many patients who are unable to tolerate or do not respond to established treatments such as statins are often not being considered for second stage treatments such as ezetimibe or PCSK9 inhibitors.  The AAC/AHSN programme has been benchmarked through the delivery of a set of programme wide metrics which included measuring:   * The percentage of known cases of FH who are optimally treated * The percentage of GP practices engaged with adoption of the lipid management and FH programmes at stage 5 who have fully adopted the national pathway * The percentage of High Intensity Statins (HIST) prescribed compared to all statin prescribing in primary care * The percentage of Ezetimibe and HIST combined therapy (including the combined drug) prescribed compared to all statin and Ezetimibe prescribing (including the combined drug) in primary care at a population level * The percentage of PCSK9i prescribed as a proportion of eligible population for PCSK9i * The percentage of Inclisiran therapies prescribed as a proportion of eligible population |

**Standards and Service Specification:**

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| This document sets out the scope of the evaluation including methodology, the expected criteria that evaluation partners should address in their bid, along with the timetable, process for submission, scoring and award.   1. **What questions are we looking to answer?**   The evaluation will assess the effectiveness of the delivery and impact of the Lipid and FH programme against the objectives which were defined for the programme. These are:   * To reduce the risk for heart attacks and strokes occurring; * To reduce the risk of admissions and re-admissions associated with cardiovascular disease; * To reduce health inequalities by ensuring a consistent, national approach to lipid management, using a [NICE approved clinical pathway](https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/04/National-Guidance-for-Lipid-Management-Prevention-Dec-2022.pdf); * To provide a pathway to optimise the identification of those with the genetic condition familial hypercholesterolaemia (FH), and * To provide further treatment options to high-risk patients who remain at risk despite maximum tolerated statin therapy.   Whilst it is acknowledged that an evaluation might not answer all these questions, the following are the themes that we would like to explore.  Our specific evaluation questions will include:   * ***Evaluation of the programme’s implementation and impact***: Identify lessons learnt from the implementation of and impact delivered by the programme to inform future development and delivery. * ***Programme contribution towards the NHS LTP CVD 10 year Ambition*:** Has the programme effectively contributed to the national NHS LTP ambition to reduce unwanted variation in care and reduction of avoidable CVD deaths? * ***Programme’s contribution towards research in the CVD evidence base*:** Has the programme been effectively integrated into ongoing clinical and academic research through the translation of sound evidence into practice * ***Development of an effective clinical care pathway, and compliance with national policies NICE guidance:***Has the national clinical pathway been adopted nationally, using NICE guidance to reduce CVD mortality for high-risk patients? * ***Healthcare professionals’ capacity, capability and competence****:* What impact has the education strategy delivered through our key partner HeartUK, had in terms of wider capacity and capability within the system? * ***Patient, public involvement and satisfaction:*** How was the programme’s delivery model co-produced by patients and the public? Are there case studies that articulate the impact of engaging patients and learning from their experience and perspective including equality and diversity considerations? * ***Reduced health inequalities /disparities, regional impact and levelling up:*** What evidence has been gathered to articulate how the programme proportionately targeted patients at highest risk and greatest need? Are there any pilot programmes that show the impact of targeted approaches to reduce CVD health inequalities which shows measurable outputs? * ***Identification of patients at highest risk of developing CVD****:* what are the lessons learnt from the variety of patient search tools available to identify at risk patients and how will this influence future practice? * ***Evaluation of programme metrics***: Have the identified metrics / targets been achieved and what has been the impact of nationally delivered activity against set performance targets in terms of patient benefits?  1. **Proposed methodology**   This project aims to evaluate the effectiveness of the implementation of the lipid and FH programme as well as the impact it has had. A mixed methods approach will be used drawing on a variety of techniques. The evaluation team should develop a methodology that they feel appropriate to address the objectives of the evaluation using both qualitative and quantitative methodologies and analysis. It will be the responsibility of the evaluation team to:   * Develop an evaluation framework confirming indicators/metrics and data sources and to support and secure ethical approval for the proposed research plan as required (depending on the chosen approach). * Utilise existing data sets where available for example to consider the impact of the AHSN programme upon prescribing of lipid therapies and the relationship between engaged v non engaged PCN’s/CCG’s or the impact of changes in lipid therapy prescribing on cardiovascular outcomes. * Develop appropriate qualitative and quantitative measures to address the questions above and identify data sources (including robust comparator data sets if appropriate). * Work closely with the lipid and FH national programme team and respective AHSN regional teams to secure timely access to data required. * Develop an approach for collecting required data that may not be routinely available. * Provide regular updates on progress and escalate any issues that may affect timelines or the quality of the evaluation to AHSN NENC as soon as they arise (including monthly monitoring reports).   The following possible measures have been identified and should be reviewed for their appropriateness by the selected evaluation team with recommended measures presented in their proposed evaluation framework.  ***Quantitative measures***   * Quantitative evaluation of the impact of the lipid and FH programme against set performance indicators.   + Impact of the programme on staff time.   + The percentage of known cases of FH who are optimally treated   + The percentage of GP practices engaged with adoption of the lipid management and FH programmes at stage 5 who have fully adopted the national pathway   + The percentage of High Intensity Statins (HIST) prescribed compared to all statin prescribing in primary care   + The percentage of Ezetimibe and HIST combined therapy (including the combined drug) prescribed compared to all statin and Ezetimibe prescribing (including the combined drug) in primary care at a population level   + The percentage of PCSK9i prescribed as a proportion of eligible population for PCSK9i   + The percentage of Inclisiran therapies prescribed as a proportion of eligible population   ***Qualitative measures***   * Range of case studies that articulate experiences of patients who have been through the clinical pathway   + Influence of the views of patients * Observations relating to funded pilot projects aiming to implement the national pathway * Semi-structured interviews and/or focus groups with clinical and non-clinical staff to understand the acceptability of and satisfaction with implementing in practice the national pathway. * Semi-structured interview and/or focus groups with patients, public and service users to understand the acceptability of and satisfaction with the delivery and impact of the national programme.   These measures are subject to change and will be discussed with the appointed independent evaluator who will be expected to produce their own approach to the evaluation in line with our requirements.  **The work of the independent evaluator should result in:**   * *Inception report* confirming research framework and work plan – 6 weeks from award  *Interim report* presenting an interim output findings summary – October 2023 * *Final report* delivered at the end of December 2023   *\*This should be copy edited and ready for publication and preferably include visual representation of the overall results.*   1. **Value**   Bidders are encouraged to put together a bid that they feel most appropriately answers the questions set out above and provide a cost breakdown by work package and task. We are open to considering a range of cost options. Bids will primarily be judged on quality and their ability to answer the key questions, with 20% of the overall score allocated to cost.  We are looking for bids that answer the evaluation questions and provide best value for public money. Precise funding agreements will be determined based on evaluation of the initial bid, and agreement of outcomes and deliverables.  The Financial envelope for this bid is up to £40,000. |

**Essential Skills Deliverables:**

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| The quantitative evaluation of the impact of the lipid and FH programme against set performance indicators require the skills of the evaluator to be able to:   * Deduce the impact of the programme on staff time. * Deduce the percentage of known cases of FH who are optimally treated * Deduce the percentage of GP practices engaged with adoption of the lipid management and FH programmes at stage 5 who have fully adopted the national pathway * Deduce the percentage of High Intensity Statins (HIST) prescribed compared to all statin prescribing in primary care * Deduce the percentage of Ezetimibe and HIST combined therapy (including the combined drug) prescribed compared to all statin and Ezetimibe prescribing (including the combined drug) in primary care at a population level * Deduce the percentage of PCSK9i prescribed as a proportion of eligible population for PCSK9i * Deduce the percentage of Inclisiran therapies prescribed as a proportion of eligible population   The qualitative evaluation of the programme will require the evaluator to have skills that enable them to:   * Articulate a range of case studies that narrate experiences of patients who have been through the clinical pathway * Explore how funded pilot projects implemented the national pathway * Conduct semi-structured interviews and/or focus groups with clinical and non-clinical staff to understand the acceptability of and satisfaction with implementing in practice the national pathway. * Explore through semi-structured interview and/or focus groups with patients, public and service users to understand the acceptability of and satisfaction with the delivery and impact of the national programme. |

**Deliverables**:

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| * ***Evaluation of the programme’s implementation and impact***: Identify lessons learnt from the implementation of and impact delivered by the programme to inform future development and delivery. * ***Programme contribution towards the NHS LTP CVD 10 year Ambition*:** How has the programme effectively contributed to the national NHS LTP ambition to reduce unwanted variation in care and reduction of avoidable CVD deaths? * ***Programme’s contribution towards research in the CVD evidence base*:** Has the programme been effectively integrated into ongoing clinical and academic research through the translation of sound evidence into practice * ***Development of an effective clinical care pathway, and compliance with national policies NICE guidance:***Has the national clinical pathway been adopted nationally, using NICE guidance to reduce CVD mortality for high-risk patients? * ***Healthcare professionals’ capacity, capability, and competence****:* What impact has the education strategy delivered through our key partner HeartUK, had in terms of wider capacity and capability within the system? * ***Patient, public involvement and satisfaction:*** How was the programme’s delivery model co-produced by patients and the public? Are there case studies that articulate the impact of engaging patients and learning from their experience and perspective including equality and diversity considerations? * ***Reduced health inequalities /disparities, regional impact and levelling up:*** What evidence has been gathered to articulate how the programme proportionately targeted patients at highest risk and greatest need? Are there any pilot programmes that show the impact of targeted approaches to reduce CVD health inequalities which shows measurable outputs? * ***Identification of patients at highest risk of developing CVD****: W*hat are the lessons learnt from the variety of patient search tools available to identify at risk patients and how will this influence future practice? * ***Evaluation of programme metrics***: Have the identified metrics / targets been achieved and what has been the impact of nationally delivered activity against set performance targets in terms of patient benefits?   During the project, the evaluation partner will be required to report on the following areas in the context of formal reporting obligations and on an ad hoc basis as required (e.g. monthly project catch up meetings) providing an update on progress against anticipated milestones, key deliverables, Early results as and when they arise. Spend to date against projected spend. Risk and issue reporting – including the escalation of all risks and issues that could impact on timelines and the overall quality of the evaluation as soon as they arise. |

**Proposed Terms and Conditions**

The proposed terms and conditions for this engagement are the AHSN NENC Terms and Conditions for Procurement of Services 2023.

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

The Terms and Conditions have been sent out with this ITQ.

The Contract number will serve as purchase order number against which invoices may be submitted.

1. Responding to ITQ

###### When responding to this ITQ, Bidders must ensure that their response covers all the information required. Bidders must complete this form and return it to the AHSN NENC by email to [BusinessDevelopment@ahsn-nenc.org.uk](mailto:BusinessDevelopment@ahsn-nenc.org.uk)

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

### Bidders should not assume that AHSN NENC 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 Organisation may, at its own absolute discretion, extend the Deadline for the receipt of responses from what is currently specified in the timetable. Any extension to the Deadline granted under this paragraph will apply to all Bidders.

###### Responses must be submitted via [BusinessDevelopment@ahsn-nenc.org.uk](mailto:BusinessDevelopment@ahsn-nenc.org.uk)

###### by the ITQ submission Deadline specified in ‘Timetable’. Tenders may be submitted at any time before the Deadline. Responses received before this Deadline will be retained unopened until the opening date. The response and any documents accompanying it must be formatted in Word or Excel as appropriate and be in the English (United Kingdom) 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:

*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/Charity 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 The Academic Health Science Network for the North East and North Cumbria*  *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.* |  |
| *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.* |  |

Bidder’s Response

1. Quality (65%)

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | 15 |
|  |  | |
| How do you meet the standards and service specifications requirements? | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 (no attachments / screenshots / hyperlinks) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (no attachments / screenshots / hyperlinks) | | | |

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| --- | --- | --- | --- |
| **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 (no attachments / screenshots / hyperlinks) | | | |
| **Question 4** |  | **Question % Weighting** | 20 |
|  |  | |
| Are you able to meet the delivery timetable and how will you ensure it will be? | | | |
| **Supplier Response** | | | |
| The maximum total word count for this section is 500 (no attachments / screenshots / hyperlinks) | | | |

B) Commercial (Question Weighting 35%)

|  |  |
| --- | --- |
| **Commercial** |  |
|  |  |
| Please complete the costing template provided with this ITQ. Your breakdown should also include the total cost exclusive of VAT to the AHSN NENC.  **The maximum budget available for this contract is £40, 000 (ex VAT).** | | |
| **Supplier Response** | | |
| *Please complete the Costing Template provided and send it as a separate attachment with this completed document. Do not embed it.*  *Please ensure you use the correct naming protocol as stated in Section 2: Instructions* | | |

**D) Relevant experience and contract examples – Pass/Fail**

|  |  |
| --- | --- |
| **Relevant experience and contract examples** |  |
|  |  |
| *Please provide details of up to three relevant contracts in terms of the services required for this ITQ, in any combination from either the public or private sector; voluntary, charity or social enterprise (VCSE) that are relevant to our requirement. VCSEs may include samples of grant-funded work. The named contact provided should be able to provide written evidence to confirm the accuracy of the information provided below.* | | |
| **Supplier Response** | | |
| *Please complete the template below in full for each contract. Bidders who do not provide this information will not be considered in this ITQ* | | |

|  |  |
| --- | --- |
|  | **Contract 1** |
| **Name of Customer organisation who signed the contract** |  |
| **Name of Supplier who signed the contract** |  |
| **Point of contact in the customer’s organisation** |  |
| **Position in the customer’s organisation** |  |
| **E-mail address** |  |
| **Description of contract** |  |
| **Contract start date** |  |
| **Contract completion date** |  |
| **Estimated contract value** |  |

|  |  |
| --- | --- |
|  | **Contract 2** |
| **Name of Customer organisation who signed the contract** |  |
| **Name of Supplier who signed the contract** |  |
| **Point of contact in the customer’s organisation** |  |
| **Position in the customer’s organisation** |  |
| **E-mail address** |  |
| **Description of contract** |  |
| **Contract start date** |  |
| **Contract completion date** |  |
| **Estimated contract value** |  |

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| --- | --- |
|  | **Contract 3** |
| **Name of Customer organisation who signed the contract** |  |
| **Name of Supplier who signed the contract** |  |
| **Point of contact in the customer’s organisation** |  |
| **Position in the customer’s organisation** |  |
| **E-mail address** |  |
| **Description of contract** |  |
| **Contract start date** |  |
| **Contract completion date** |  |
| **Estimated contract value** |  |

**E) Confirmation (Pass/Fail)**

|  |  |
| --- | --- |
| **Confirmation** |  |
|  |  |
| Please provide an electronic signature with name and contact details as confirmation the detail submitted is correct and agree to the *AHSN NENC Terms and Conditions in full as outlined in ‘Point 5 Further Bidder Information’*: | | |
| **Supplier Response** | | |
| *Electronic Signature Insert*  *Name:*  *Organisation:*  *Job Title:*  *Date:* | | |