

# **ELIGIBILITY CRITERIA**

## **Community Health Improvement Services**

### **The Health Care Services (Provider Selection Regime) Regulations 2023 Direct Award Process B**

**DN709907**

# **ELIGIBILITY CRITERIA**

**Eligibility Criteria (Declaration)** – An Organisation must confirm these criteria to proceed further in their application.

1 - NHS Health Checks (Optional)

**Criteria:                      Declarations for Service 1 – NHS Health Checks**

No 1	<b>QUESTION TITLE</b>
	By selecting Service 1 – NHS Health Checks you are confirming to the Council that your organisation will deliver NHS health checks in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver NHS health checks in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation agrees to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation agrees to the fixed price per NHS Health Check activity delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service at the contract start date or within 3 months.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the NHS Health Check service at the contract start date or within 3 months.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 4	<b>QUESTION TITLE</b>
	By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation will ensure that the required equipment to carry out an NHS health check is purchased and maintained in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure that the required equipment to carry out an NHS health check is purchased and maintained in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	<b>QUESTION TITLE</b>
	By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation will ensure all staff are compliant with the training required as set out in the best practice guidance – see link in description - and in accordance with the service specification.

DESCRIPTION	
<p>Best practice guidance - <a href="https://www.healthcheck.nhs.uk/seecmsfile/?id=1480">https://www.healthcheck.nhs.uk/seecmsfile/?id=1480</a></p> <p>DECLARATION: I confirm my organisation will ensure all staff are compliant with the training required as set out in the best practice guidance at <a href="https://www.healthcheck.nhs.uk/seecmsfile/?id=1480">https://www.healthcheck.nhs.uk/seecmsfile/?id=1480</a> and in accordance with the service specification.</p>	
SUPPLIER HELP	
<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>	
EVALUATOR GUIDANCE	
<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>	

No 6	QUESTION TITLE
	<p>By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation will record all NHS Health Check assessment data in either SystmOne (quarterly) or Pharmoutcomes (monthly) providing Public Health Dorset with the correct data relating to the programme.</p>
	DESCRIPTION
	<p>DECLARATION: I confirm my organisation will record all NHS Health Check assessment data in either SystmOne (quarterly) or Pharmoutcomes (monthly) providing Public Health Dorset with the correct data relating to the programme.</p>
	SUPPLIER HELP
	<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>
	EVALUATOR GUIDANCE
	<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>

No 7	QUESTION TITLE
	<p>By selecting this Service 1 – NHS Health Checks you are confirming to the Council that your organisation will deliver the service in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.</p>
	DESCRIPTION

	DECLARATION: I confirm my organisation will deliver the service in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 8	<b>QUESTION TITLE</b>
	FOR INFORMATION ONLY Complete and submit (upload) the 'Provider contacts for Service 1 – NHS Health Checks' including your organisation's Named Locations of Service Delivery.
	<b>DESCRIPTION</b>
	Complete and submit (upload) the 'Provider contacts for Service 1 – NHS Health Checks'.
	Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the NHS Health Check service.
	<b>SUPPLIER HELP</b>
	This is a mandatory question that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory question that will need to be completed to enable the application to be submitted.

## 2 - Emergency Hormonal Contraception (EHC) services (Optional)

**Criteria:** **Declarations for Service 2 – Emergency Hormonal Contraception (EHC) services**

No 1	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will deliver the EHC Service in accordance with the service specification.
	<b>DESCRIPTION</b>

	DECLARATION: I confirm my organisation will deliver Emergency Hormonal Contraception (EHC) services in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will agree to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation agrees to the fixed price per Emergency Hormonal Contraception (EHC) services delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the Emergency Hormonal Contraception (EHC) services at the contract start date or within 3 months.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

EVALUATOR GUIDANCE	
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 4	QUESTION TITLE
	By selecting Service 2 – Emergency Hormonal Contraception services you are confirming to the Council that your organisation will have premises open at least 35 hours a week over a minimum 5 days.
	DESCRIPTION
	DECLARATION: I confirm my organisation will have premises, including an accessible and private consultation room, that are open at least 35 hours a week, spread over a minimum 5 days, in accordance with the service specification to deliver Emergency Hormonal Contraception (EHC) services.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	QUESTION TITLE
	By selecting this Service 2 – Emergency Hormonal Contraception services you are confirming to the Council that your organisation will ensure staff have DBS checks and training.
	DESCRIPTION
	DECLARATION: I confirm my organisation will ensure staff delivering the Emergency Hormonal Contraception (EHC) Service have Enhanced Level DBS check(s) and be trained in safeguarding children and emergency contraception in accordance with the service specification.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 6	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will have clinical staff that are qualified and professionally registered, trained and available.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will have clinical staff that are qualified and professionally registered, trained and available to deliver the Emergency Hormonal Contraception (EHC) service in line with NICE Good Practice guidance and to supply service users with the medication either as a prescription or under the terms of the Public Health Dorset Patient Group Directions (PGDs) for EHC.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 7	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will record all EHC Service data in Pharmoutcomes and be able to provide Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will record all Emergency Hormonal Contraception (EHC) Service data in Pharmoutcomes and be able to provide Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.



No 8	<b>QUESTION TITLE</b>
	By selecting this Service 2 – Emergency Hormonal Contraception (EHC) services you are confirming to the Council that your organisation will deliver the service in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver the Emergency Hormonal Contraception (EHC) services in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 9	<b>QUESTION TITLE</b>
	FOR INFORMATION ONLY Complete and submit (upload) the 'Provider contacts for Service 2 - EHC' including your organisation's Named Locations of Service Delivery.
	<b>DESCRIPTION</b>
	Complete and submit (upload) the 'Provider contacts for Service 2 - EHC'.  Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the Emergency Hormonal Contraception (EHC) services.
	<b>SUPPLIER HELP</b>
	This is a mandatory question that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory question that will need to be completed to enable the application to be submitted.

### 3 - Long-Acting Reversible Contraception (LARC) (Optional)

**Criteria:                      Declarations for Service 3 – Long-Acting Reversible Contraception (LARC)**

No 1	<b>QUESTION TITLE</b>
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will deliver the LARC service in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver Long-Acting Reversible Contraception (LARC) services in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will agree to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will agree to the fixed price per Long-Acting Reversible Contraception (LARC) activity delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service at the contract start date or within 3 months.

DESCRIPTION	
DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the Long-Acting Reversible Contraception (LARC) service at the contract start date or within 3 months.	
SUPPLIER HELP	
This is a mandatory declaration that will need to be completed to enable the application to be submitted.	
EVALUATOR GUIDANCE	
This is a mandatory declaration that will need to be completed to enable the application to be submitted.	

No 4	QUESTION TITLE
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will have adequate healthcare facilities, including premises and equipment, as are necessary to enable the proper provision of the LARC service in accordance with the service specification.
	DESCRIPTION
	DECLARATION: I confirm my organisation will have adequate healthcare facilities, including premises and equipment, as are necessary to enable the proper provision of the Long-Acting Reversible Contraception (LARC) service in accordance with the service specification.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	QUESTION TITLE
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will ensure Chlamydia test kits are available, including treatment, where required.
	DESCRIPTION
	DECLARATION: I confirm my organisation will ensure Chlamydia test kits are available, including treatment, where required.

SUPPLIER HELP	
This is a mandatory declaration that will need to be completed to enable the application to be submitted.	
EVALUATOR GUIDANCE	
This is a mandatory declaration that will need to be completed to enable the application to be submitted.	

No 6	QUESTION TITLE
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will always keep in stock, and therefore be able to supply, the full choice of SDI and IUC devices.
	DESCRIPTION
	DECLARATION: I confirm my organisation will always keep in stock, and therefore be able to supply, the full choice of SDI and IUC devices.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 7	QUESTION TITLE
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will ensure that all healthcare professionals undertaking the full range of contraceptive fitting services hold the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications of the LoC SDI and LoC IUT or have achieved equivalent recognised competencies in accordance with the service specification.
	DESCRIPTION
	DECLARATION: I confirm my organisation will ensure that all healthcare professionals undertaking the full range of contraceptive fitting services hold the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications of the LoC SDI and LoC IUT or have achieved equivalent recognised competencies in accordance with the service specification.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 8	<b>QUESTION TITLE</b>
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will record all LARC service data in SystmOne providing Public Health Dorset with the correct data relating to the programme on a quarterly basis.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will record all Long-Acting Reversible Contraception (LARC) service data in SystmOne providing Public Health Dorset with the correct data relating to the programme on a quarterly basis.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 9	<b>QUESTION TITLE</b>
	By selecting this Service 3 – Long-Acting Reversible Contraception (LARC) you are confirming to the Council that your organisation will deliver the service(s) in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification(s).
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver Long-Acting Reversible Contraception (LARC) services in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification(s).
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No	QUESTION TITLE
10	<p><b>FOR INFORMATION ONLY</b> Complete and submit (upload) the 'Provider contacts for Service 3 - LARC' including your organisation's Named Locations of Service Delivery.</p>
	<b>DESCRIPTION</b>
	<p>Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the Long-Acting Reversible Contraception (LARC) services.</p>
	<b>SUPPLIER HELP</b>
	<p>This is a mandatory question that will need to be completed to enable the application to be submitted.</p>
	<b>EVALUATOR GUIDANCE</b>
	<p>This is a mandatory question that will need to be completed to enable the application to be submitted.</p>

#### 4 - Open Access Needle Exchange Services (Optional)

**Criteria:**                      **Declarations for Service 4 – Open Access Needle Exchange Services**

No	QUESTION TITLE
1	<p>By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will deliver the Needle Exchange Service in accordance with the service specification.</p>
	<b>DESCRIPTION</b>
	<p>DECLARATION: I confirm my organisation will deliver Open Access Needle Exchange Services in accordance with the service specification.</p>
	<b>SUPPLIER HELP</b>
	<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>
	<b>EVALUATOR GUIDANCE</b>
	<p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will agree to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will agree to the fixed price per Open Access Needle Exchange activity delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service at the contract start date or within 3 months.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the Open Access Needle Exchange Services at the contract start date or within 3 months.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 4	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will have premises that are open at least 35 hours a week, spread over a minimum 5 days, in accordance with the service specification.
	<b>DESCRIPTION</b>

	DECLARATION: I confirm my organisation will have premises that are open at least 35 hours a week, spread over a minimum 5 days, in accordance with the Open Access Needle Exchange service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will have a suitable area for the safe storage of stock and returned items.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will have a suitable area for the safe storage of stock and returned items.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 6	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will record all Needle Exchange service data in Pharmoutcomes providing Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will record all Needle Exchange service data in Pharmoutcomes providing Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.



	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 7	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will deliver the service(s) in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification(s).
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver Open Access Needle Exchange Services in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification(s).
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 8	<b>QUESTION TITLE</b>
	By selecting this Service 4 – Open Access Needle Exchange Services you are confirming to the Council that your organisation will ensure all staff delivering the service fulfil all the competencies and training in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure all staff delivering the Open Access Needle Exchange service fulfil all the competencies and training in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No	QUESTION TITLE
9	<p><b>FOR INFORMATION ONLY</b></p> <p>Complete and submit (upload) the 'Provider contacts for Service 4 - Open Access Needle Exchange' including your organisation's Named Locations of Service Delivery.</p>
	<p><b>DESCRIPTION</b></p> <p>Complete and submit (upload) the 'Provider contacts for Service 4 - Open Access Needle Exchange'.</p> <p>Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the Open Access Needle Exchange Services.</p>
	<p><b>SUPPLIER HELP</b></p> <p>This is a mandatory question that will need to be completed to enable the application to be submitted.</p>
	<p><b>EVALUATOR GUIDANCE</b></p> <p>This is a mandatory question that will need to be completed to enable the application to be submitted.</p>

#### 5 - Supervised Consumption Services (Optional)

#### **Criteria:                      Declarations for Service 5 – Supervised Consumption Services**

No	QUESTION TITLE
1	<p>By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will deliver Supervised Consumption Services in accordance with the service specification.</p>
	<p><b>DESCRIPTION</b></p> <p>DECLARATION: I confirm my organisation will deliver Supervised Consumption Services in accordance with the service specification.</p>
	<p><b>SUPPLIER HELP</b></p> <p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>
	<p><b>EVALUATOR GUIDANCE</b></p> <p>This is a mandatory declaration that will need to be completed to enable the application to be submitted.</p>

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will agree to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will agree to the fixed price per Supervised Consumption Services activity delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service at the contract start date or within 3 months.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the Supervised Consumption Service at the contract start date or within 3 months in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 4	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will have premises that are open at least 35 hours a week, spread over a minimum 5 days, with a designated area which provides a sufficient level of privacy and safety for staff and service users, in accordance with the service specification.
	<b>DESCRIPTION</b>

	DECLARATION: I confirm my organisation will have premises that are open at least 35 hours a week, spread over a minimum 5 days, with a designated area which provides a sufficient level of privacy and safety for staff and service users, in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will ensure the service will be provided by staff who are authorised to supply and possess Controlled Drugs and according to the conditions under which these activities may be carried out under as defined by The Misuse of Drugs Regulations 2001 (and subsequent amendments) and any other relevant legislation and regulations.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure the Supervised Consumption service will be provided by staff who are authorised to supply and possess Controlled Drugs and according to the conditions under which these activities may be carried out under as defined by The Misuse of Drugs Regulations 2001 (and subsequent amendments) and any other relevant legislation and regulations.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 6	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will be included in the national consolidated pharmaceutical list.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will be included in the national consolidated pharmaceutical list.

	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 7	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will have all staff delivering the service fulfil all the competencies and training in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will have all staff delivering the Supervised Consumption service fulfil all the competencies and training in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 8	<b>QUESTION TITLE</b>
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will record all Supervised Consumption service data in Pharmoutcomes providing Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will record all Supervised Consumption service data in Pharmoutcomes providing Public Health Dorset with the correct data relating to the programme on a monthly basis.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

EVALUATOR GUIDANCE	
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 9	QUESTION TITLE
	By selecting this Service 5 – Supervised Consumption Services you are confirming to the Council that your organisation will deliver the services in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	DESCRIPTION
	DECLARATION: I confirm my organisation will deliver the Supervised Consumption service in person across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 10	QUESTION TITLE
	<b>FOR INFORMATION ONLY</b> Complete and submit (upload) the 'Provider contacts for Service 5 - Supervised Consumption' including your organisation's Named Locations of Service Delivery.
	DESCRIPTION
	Complete and submit (upload) the 'Provider contacts for Service 5 - Supervised Consumption'.
	Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the Supervised Consumption Services.
	SUPPLIER HELP
	This is a mandatory question that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory question that will need to be completed to enable the application to be submitted.

## 6 - Community-Based Smoking Cessation Services (Optional)

### Criteria: Declaration for Service 6 – Community-Based Smoking Cessation Services

No 1	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will deliver Smoking Cessation Service in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will deliver Community-Based Smoking Cessation Services in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 2	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will agree to the fixed price per activity delivered.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will agree to the fixed price per Community-Based Smoking Cessation activity delivered.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 3	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will ensure adequate staffing to deliver the service at the contract start date or within 3 months.

	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure adequate staffing to deliver the Community-Based Smoking Cessation service at the contract start date or within 3 months.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 4	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will ensure that the required equipment to carry out a Smoking Cessation service is purchased and maintained in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure that the required equipment to carry out a Smoking Cessation service is purchased and maintained in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 5	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will ensure the staff delivering the service have undertaken the National Centre for Smoking Cessation and Training (NCSCT) and have passed the certified practitioner assessment and have reviewed the NCSCT Vaping: A guide for healthcare professionals.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure the staff delivering the Community-Based Smoking Cessation service have undertaken the National Centre



	for Smoking Cessation and Training (NCSCT) and have passed the certified practitioner assessment and have reviewed the NCSCT Vaping: A guide for healthcare professionals.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 6	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will have staff qualified to prescribe any pharmacological products relating to smoking cessation including nicotine replacement therapies (NRT) and drugs approved for use in Dorset under current or future Patient Group Directives (PGD) in line with NICE Guidance.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will have staff qualified to prescribe any pharmacological products relating to smoking cessation including nicotine replacement therapies (NRT) and drugs approved for use in Dorset under current or future Patient Group Directives (PGD) in line with NICE Guidance.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 7	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will have suitable space to ensure client confidentiality when providing a face-to-face consultation.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will have suitable space to ensure client confidentiality when providing a face-to-face consultation Community-Based Smoking Cessation Service.
	<b>SUPPLIER HELP</b>

	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 8	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will ensure the staff delivering the Smoking Cessation Service have Enhanced Level DBS check(s) and be trained in safeguarding children in accordance with the service specification.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will ensure the staff delivering the Smoking Cessation Service have Enhanced Level DBS check(s) and be trained in safeguarding children in accordance with the service specification.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 9	<b>QUESTION TITLE</b>
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will record all Smoking Cessation service data in either SystmOne (quarterly) or Pharmoutcomes (monthly) providing Public Health Dorset with the correct data relating to the programme.
	<b>DESCRIPTION</b>
	DECLARATION: I confirm my organisation will record all Smoking Cessation service data in either SystmOne (quarterly) or Pharmoutcomes (monthly) providing Public Health Dorset with the correct data relating to the programme.
	<b>SUPPLIER HELP</b>
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	<b>EVALUATOR GUIDANCE</b>

	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
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No 10	QUESTION TITLE
	By selecting this Service 6 – Community-Based Smoking Cessation Services you are confirming to the Council that your organisation will deliver the service in person and/or virtually across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	DESCRIPTION
	DECLARATION: I confirm my organisation will deliver the Community-Based Smoking Cessation service in person and/or virtually across Dorset Council and/or BCP Council areas, and in accordance with the service specification.
	SUPPLIER HELP
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory declaration that will need to be completed to enable the application to be submitted.

No 11	QUESTION TITLE
	FOR INFORMATION ONLY Complete and submit (upload) the 'Provider contacts for Service 6 – Smoking Cessation' including your organisation's Named Locations of Service Delivery.
	DESCRIPTION
	Complete and submit (upload) the 'Provider contacts for Service 6 – Smoking Cessation'.  Confirm all <b>Contact</b> details, to include a named contact, phone number and email address, and every <b>Address and Post Code</b> for the location(s) from where your organisation is offering to deliver the Community-Based Smoking Cessation Services.
	SUPPLIER HELP
	This is a mandatory question that will need to be completed to enable the application to be submitted.
	EVALUATOR GUIDANCE
	This is a mandatory question that will need to be completed to enable the application to be submitted.