**North East London CCG**

**NEL Community Lymphoedema and Complex Wound Care**

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| **Name of organisation submitting the EOI Form:** |  |

Please provide confirmation that your organisation can demonstrate the following essential criteria to deliver the subject service:

[Commissioners to list all the essential criteria to deliver this service below]

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| **No.** | **Question** |
| 1. | Please evidence clinical leadership and experience of delivery of Lymphoedema services. |
| Response |  |
| 2. | Please evidence you experience of a working in an integrated way with multi-agency organisations, including but not limited to Social Prescribing Services, and working with local Tissue Viability Services. |
| Response |  |
| 3. | Please evidence your ability to train health care professionals in all aspects of lymphoedema and wound care including the correct use and fitting of dressings and hosiery. |
| Response |  |
| 4. | Please confirm and evidence that your organisation has the infrastructure and ability to be able to mobilise and deliver services from multiple accessible premises and home visiting within the North East London area. |
| Response |  |
| 5. | Please evidence your previous experience of managing a dressing budget, monitoring and controlling costs, creating financial savings from influencing community services and all prescribers where appropriate. |
| Response |  |
| 6. | Please confirm that your organisation has the capability and resources to deliver these services as stated within the planned timeframe eg June 2022. |
| Response |  |

**Contact Name and Role:**

**Organisation:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

The duly completed form must be submitted via this project on Pro-contract.

Please note that the commissioners/contracting authority/customer must not be contacted under any circumstances. All communication must be made only through the messaging facility on Pro-contract e-tendering portal.