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COVID-19 vaccination programme

Community Pharmacy Expression of Interest Process: How to Submit an Expression of Interest

Autumn/Winter 2023-2024

This document describes the steps pharmacy contractors should follow in order to submit their expression of interest for the 2023/24 COVID-19 vaccination enhanced service using the Health Family Portal.

Version 1.0, 4 August 2023

Guidance on use of the Health Family Portal to submit expression of interest forms

This information must be read in conjunction with the <u>Community Pharmacy</u> <u>Expression of Interest Process</u>.

- 1. **Registration.** All Pharmacy Contractors who wish to propose a site for participation in the Autumn/Winter 2023 2024 Covid-19 vaccination campaign must first register on the Health Family Portal. To do this:
 - a. register as a new supplier at https://health-family.force.com/s/Welcome. Fields in red are mandatory.

| Welcome to the Health Family Single eCommercial System Read more | |
|--|---|
| Supplier Login Buyer Login Click here to watch our Video th User Agreement | ster here ner shows now to register |
| - Health Family eCommercial System | A |
| 1.2 Access to and use of the System by each Registered User, in any way, shall be subject to you at all times observing an Terms of Use and with the terms of use at <u>Health Family eCommercial System Terms of Use</u> (All User TOUs), and any furth presented in the Portal. In these Terms of Use, "TOUs" refers collectively to these Terms of Use, the All User TOUs and su event that there is any conflict between any such further rules, these Terms of Use and the All User TOUs, the order of pr further rules, these Terms of Use, and the All User TOUs. | d complying with these her rules expressed and ich further rules. In the recedence shall be: the |
| 1.3 The aim of the parts of the Public Website which are available to Registered Users (Portal) is to support DHSC and member with undertaking the following, including in relation to sustainability, information security/assurance, Supplier policies, supply | ers of the Health Family chain spend, contracts _* |
| Agree Do Not Agree Cancel | |



Please enter all fields below to register, then click Submit (mandatory fields are marked red)

| First Name | | Last Name | |
|-------------------------------------|------------------------------------|----------------------------------|----------------|
| Company Name | | Email | |
| Company Address 🥝 | li li | Company PostCode/Zipcode 0 | |
| Country 🥝 | None 🗸 | Company Website | |
| Company Registration Number @ | | Contact Telephone | |
| Company Duns Number 🧿 | | VAT Registration Number 🧿 | |
| | Please enter the characters in the | image below (not ca | se sensitive): |



b. set up your password once you receive the email from Health Family Portal.

2. Finding and registering for the opportunity.

a. Login to your account through 'Supplier Login' using your email address and new password and select 'Find Opportunities'.

| Welcome to the Supplier Portal. You can access or | ur user guide here. | |
|---|---|--|
| Contact the helpdesk on 0800 9956035 and by en To get started, please select from one of the follo | nail at support-health@atamis.co.uk if you have any questions about ho wing options: | ow to operate the portal. |
| | | |
| Wy Proposals and Quotes | Q Find Opportunities | Message Centre |
| | - The opportantico | |
| | | |
| View opportunities you have either registered interest in or have been sent by your customers | Search for opportunities to tender. | View messages you have sent or received. |
| View opportunities you have either registered interest in or have been sent by your customers. | Search for opportunities to tender. | View messages you have sent or received. |
| View opportunities you have either registered interest in or have been sent by your customers. | Search for opportunities to tender. | View messages you have sent or received. |

b. Search for the 'opportunity' by pasting "C173469" in the search bar, then selecting the opportunity ("Community Pharmacy Expression of Interest Process, COVID-19 Vaccination Programme Autumn/Winter 2023 – 2024") when it appears.

| Health Family Supplier Portal | | | | | Home |
|---|---|-----------------|------------------------------------|----------------|----------|
| Cl Search | by: Recently Published • | Status: | Status | ¥ | Map View |
| Linda Brady Test 05.05.2023 (C Contract Description for Linda Brady Test Contracting Authority: NHS North of England Co | 142655) st 05.05.2023 mmissioning Support Unit (hosted by | NHS England) Op | ens: 05/05/2023 Response Deadline: | 10/5/2023 12:0 | 00 |

c. Register for the opportunity.



Contracting Authority

Community Pharmacy Expression of Interest Process, COVID-19 Vaccination Programme Autumn/Winter 2023 – 2024

NHS England

| « Back | |
|----------------------------------|---------|
| Register interest View documents | |
| | |
| Contract Ref | C173469 |
| | |

- d. Go back to your home page and click through to 'My Proposals and
- quotes', which should now show a link to select this one.
- 3. Selection of the correct expression(s) of interest to complete.

| Health Family eCommercial System | | | My Settings Logout |
|---|---|--|--------------------------------------|
| Home | | | |
| Home | | | |
| My Proposals and Quotes » C142574 - TCommun | hty Pharmacy COVID-19 Vaccination Service 2023/24 Expression | of Interest | |
| my reposito and daores - 0142014 - 100mmar | | or mereor | |
| C173469 - Community Pharma | cy Expression of Interest Process, COVID- | 19 Vaccination Programme Autumn/V | Vinter 2023 – 2024 |
| All pharmacy contractors who wish to propose a | site for participation in the Autumn/Winter 2023 – 2024 COVID-1 | 9 vaccination campaign must complete the expression of i | interest process (as outlined HERE). |
| Issued By: | NHS England | | |
| Opens Date/Time (?) : Deadline for clarification questions (?) : | 27/04/2023 12:00 | | |
| Closing Date/Time 🔃 | 05/05/2023 17:00 | | |
| Current Date/Time 2 | 05/05/2023 14:59 | | |
| You have Accepted this opportunity and ex | pressed your intention to respond. | | |
| Documentation Messages | Submit Accept Decline | | |
| If you prefer, you can also Work Offline | | | |
| Requirements Sections | Required Questions Remaining | Completion Status 🔃 | Status |

a. You will need to choose which expression(s) of interest (EOI A, B, C) is/are suitable for your proposal:

A for a single pharmacy site: To propose to deliver the service from your single pharmacy.

B for multiple pharmacy sties: To propose to deliver the service from multiple pharmacy premises. In this case you are only required to register on the portal once, and Pharmacy Contractors should complete and upload the provided excel spreadsheet (available to download from your documents file in your Health Family Portal account, and required to be uploaded onto expression of interest B).

C for single or multiple site(s) away from the pharmacy: To propose to deliver the service from premises away from your pharmacy.

4. **Completion of the expression of interest.**

a. Once you have selected EOI A/B/C, click 'Edit Responses' to open up the response fields next to each question (rather than having to click into each question individually). Remember to save after each answer you input.

| Completion Status 🔃 12% | | 1 | |
|--|-----------------------------------|-------------------|------------------|
| If you prefer, you can also Work Offline | | | |
| Back to Summary Compact View | W Edit Responses | Download Response | |
| | | | |
| Requirements | | | Response Summary |
| A1 Lead Contact Name - This should be the person that we can speak to | about this expression of interest | | |
| A2 Lead contact telephone number - Please pl | ovide a UK mobile telephone nun | nber | |
| A3 Lead contact email address - | | | |
| A4 Pharmacy premises ODS code | | | |

- b. You can save the responses and login at a later date to complete (before the deadline).
- c. For EOI B, first you must:
 - i. Go to the Documentation Folder.

| Requirements Sections | Required Questions Remaining | Cor | | | | | |
|---|--|--------|--|--|--|--|--|
| If you prefer, you can also Work Offline | | | | | | | |
| Documentation Messages | Submit Accept Decline | | | | | | |
| You have Accepted this opportunity and expressed your intention to respond. | | | | | | | |
| Current Date/Time 🔃 : | 05/05/2023 14:59 | | | | | | |
| Closing Date/Time 🔃 : | 05/05/2023 17:00 | | | | | | |
| Deadline for clarification questions 🔃 | | | | | | | |
| Opens Date/Time 🔃 : | 27/04/2023 12:00 | | | | | | |
| Issued By: | NHS England | | | | | | |
| All pharmacy contractors who wish to propose a | a site for participation in the Autumn/Winter 2023 – 2024 COVID-19 vaccination | campai | | | | | |

 ii. A list of documents will appear, find "EOI B multiple pharmacy sites AW23 24-SUPPLIER NAME-No SITES" and select
 'Download' (this should download an excel spreadsheet).

| B | Paste v v v v v v v v v v v v v v v v v v v | B I $ T_{5s} $ $ \times \checkmark f_{s} $ B | <u>∪</u> → A^ → <u>A</u> → Font C | A" = | Ξ Ξ Ε ΞΞ δ ³ /γ → Alignment | Γ ₂ Γ ₂ | · % 9 -∰ Number 5a | Format as Cell Styles Styl | Table ¥ ¥ les | E Delete ~ Format ~ Cells | ⊌ ~ ♦ ~ Editing | , | e Sensitivity s Sensitivity | ~ |
|--|---|--|--|-----------------------------------|---|---|---|--|---|---|--|---|---|---|
| 1 | Please complete one row (from row 8 onwards) <u>Category</u> | PLEASE NOTE - t | his form can only be u ails | ised where the ph | armacy contractor pharmacy (should About your Pharn | wishes to deliver there be an identi <u>nacy</u> | the service from i fied Population N | multiple pharmacy eed) must comple Minimum Requir service. | y premises. Pharn te expression of rements You must | nacy contractors wi interest form C on t be able to demon | no would be inte the Health Famil strate that you c | rested in deliveri y Portal. an fulfil all the rec | ng the service fron quirements to be c | ommiss |
| 3 4 5 | Question | A1 Lead Contact name* | A2 Lead contact telephone number* | A3 Lead contact email address* | A4 Pharmacy premises ODS code* | A5 Trading Name of Pharmacy* | A6 Registered Pharmacy Post Code* | B1 Have you read, and are confident that you can meet the requirements in the ES as currently | B2 Are you able to offer (and then deliver if accepted) at least 100 Covid- 19 vaccinations per week when/if | B3 Are there any ongoing investigations (for example by any NHS, System or GPhC bodies) or restrictions on | B3i If yes: Please provide details* | B4 Did the most recent GPhC inspection of the pharmacy (if one has taken place) result in 'Standards Met' for all five | B4i If no: Please provide details* | B5 Have previou a Covid vaccina contrac termina early?* |
| 6 | <u>Further</u> information | Intel Blacks | 0750700000 | innahlanga | Click here to find | Please differentiate where there would otherwise be duplicates with the same trading | As published here | A final version of the ES will be published when we have more specific information about vaccination | Vac | lle | Regional teams will review the details and make a determination as described in Stage 2 of the EOI Document If you | Vec | Regional teams will review the details and make a determination as described in Stage 2 of the EOI Desument of your | Vac |
| 7 | cxample | Julie Bloggs | 07307000000 | t.net | PIVI430 | rest Pharmacy | AA11 1AA | Tes | Tes | NU | | res | NA . | res |
| 8 9 10 11 12 13 14 15 16 17 18 10 | | The personal speak to | on we can about this on of | | | | | | | | | | | |
| 19 | 1 | 5 | | | | | | | | | | | | |

- iii. Save this to your computer to complete in your own time (please save as AW23-24 EOI-NAME OF CONTRACTOR-Number of sites). Once ready, open the EOI B requirements section, acknowledge the declaration, and upload your saved and completed excel spreadsheet.
- d. No information will be received by the Commissioner until you select 'Submit' on the My Processes and Quotes page. If you are completing multiple expressions of interest (eg A and C) you can submit each expression of interest separately (A then C), or choose to submit after you have completed all the ones you have selected. The system will not allow you to submit an expression of interest until all mandatory questions have been completed and saved within that expression of interest.

| Health Family eCommercial Sy | stem | | My Settings |
|---|--|--|-------------------------------------|
| Home | | | |
| | | | |
| Home | | | |
| My Proposals and Quotes » C142574 - | TCommunity Pharmacy COVID-19 Vaccination Service 2023/24 Expression | on of Interest | |
| C173469 - Community Pharn | nacy Expression of Interest Process, COVID-19 Vacc | ination Programme Autumn/Winter 2023 - | - 2024 |
| All pharmacy contractors who wish to p | ronose a site for participation in the Autumn/Winter 2023 – 2024 COVID | -19 vaccination campaign must complete the expression of | interest process (as outlined HERE) |
| Jacuard Dury | | | |
| Opens Date/Time 7 | NHS England 27/04/2023 12:00 | | |
| Deadline for clarification questions 💽 | : | | |
| Closing Date/Time 👔 : | 05/05/2023 17:00 | | |
| Current Date/Time 🔃 : | 05/05/2023 14:59 | | |
| You have Accepted this opportunity | y and expressed your intention to respond. | | |
| Documentation Mess | ages Submit Accept Decline | | |
| lf you prefer, you can also Work Offlin | ne | | |
| Requirements Sections | Required Questions Remaining | Completion Status 📳 | Status |

e. You can view your response within the system at any time after you have submitted, or you can download and save a copy of your responses at any time (click 'Download Response') within the expression of interest page, but you cannot make changes to your EOIs or withdraw EOIs after you have submitted. You should receive a confirmation message via the system once you have submitted your EOI.

| Completion Status 🔃 : | 12% | | | |
|-------------------------------|----------------------------|------------------------------|-------------------|------------------|
| If you prefer, you can also y | Nork Offline | | | |
| Back to Summary | Compact View | Edit Responses | Download Response | |
| | | | | |
| Requirements | | | | Response Summary |
| A1 Lead Contact Name - | that we can speak to about | it this expression of intere | at . | |
| | | | | |
| A2 Lead contact telephon | e number - Please provide | e a UK mobile telephone n | umber | |
| A3 Lead contact email ad | dress - | | | |
| A4 Pharmacy premises O | DS code | | | |

5. **Support available:** see queries section of this document.

Please do not upload copies of previous expressions of interest submissions. This is a new process and will not refer to or utilise in any way responses to expressions of interest from previous phases of the COVID-19 programme. All those who want to provide the service in Autumn/Winter 2023 – 2024 (regardless of whether they have provided the service in the past) must complete all the mandatory questions as part of this process; the system will not allow you to submit until this is complete.

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This publication can be made available in a number of alternative formats on request.