## Annex A: Prequalification questionnaire

NHS England assesses the suitability of those applying to be a purchasing point.

As a first step, interested providers or organisations are requested to complete this questionnaire by ticking all relevant boxes.

Please download the questionnaire and submit for review to [england.CMUpharmacyteam@nhs.net](mailto:england.CMUpharmacyteam@nhs.net). Failure to answer all the questions will result in an application being rejected.

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Name of provider/ organisation** |  |
| **Date** |  |
| **Signature** |  |

1. **Which type of provider or organisation are you applying on behalf of to become a purchasing point?**

|  |  |
| --- | --- |
| Secondary care trust |  |
| Mental health trust |  |
| Hospice |  |
| Prison service |  |
| Ambulance service |  |
| HIV/PrEP service |  |

Please note: If you are a private provider, you cannot become a purchasing point and have access to MPSC frameworks, irrespective of the volume of NHS work you undertake. The exception being Prison Service, HIV, PrEP, and PEP providers contracted to support NHS England and/or local authority commissioned services.

1. **Do you agree to only purchase medicines at MPSC framework prices that are relevant to the services used to provide care to NHS patients?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **Do you commit to purchasing medicines from a MPSC framework where one exists, and a clinically appropriate medicine is available (or from a defined list where full access has not been given)?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **Do you have local policies in place to guarantee all confidential information is stored securely, and that relevant data governance procedures are adhered to?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **Will you be able to provide monthly medicines purchasing data to the MPSC?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **Do you commit to comply with the behaviours expected of a purchasing point?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **Are you an NHS or Independent provider requiring access to PrEP / PEP products only? Please tick the relevant box in the table below**

|  |  |
| --- | --- |
| PrEP - NHS provider |  |
| PrEP - Independent provider |  |
| PEP – NHS provider |  |
| PEP - Independent provider |  |

If you are a PrEP or PEP provider, please provide the below additional information:

* 1. I confirm that the PrEP provider is a commissioned Level 3 sexual health service.
  2. Provide the name of Local Authority which commissions the service.
  3. Provide name and email address of Local Authority sexual health commissioner.