

Provision of Community Ophthalmology Service for NHS Nottingham North & East, Nottingham West, Mansfield & Ashfield, Newark & Sherwood and Rushcliffe Clinical Commissioning Groups

INSTRUCTIONS ON COMPLETING THIS TEMPLATE

Providers are asked to complete the following tabs to illustrate all costs associated with delivery of this service excluding VAT.

The Clinical Commissioning Groups reserves the right to request appropriate independent or objective evidence to support supplier responses/statements.

Please note that any false statements or information given that is subsequently found to be untrue will automatically disqualify your application & any ensuing contract award.

The areas highlighted in 'yellow' are where you should enter your answers - attachments can be made where necessary

BIDDER DETAILS:

Name of Bidding Company:

Name of Bidder:

Date of Bid:

Contract bid proposal				
Community Ophthalmology Service	Year 1	Year 2	Year 3	Total
Pay & Non-Pay Costs				
	£0	£0	£0	£0
Expected Contract Value based on estimated activity	£0	£0	£0	£0

PLEASE NOTE:

The Commissioners have set maximum unit costs as detailed under the Activity tabs; any bidder costs submitted exceeding the maximum unit costs will be rejected, your bid will no longer be evaluated and be excluded from the process.

The costs included in the template will be adjusted for the annual national tariff deflator for the duration of the contract starting from April 2018

NON-PAY COSTS

(Please provide details in the boxes below - insert more lines below as necessary)

		Year 1	Year 2	Year 3	Total
	Description	£	£	£	£
	Equipment				£0
	Consumables				£0
	Travel/Subsistence and other staff expenses				£0
	Utilities				£0
	Rent/Rates				£0
	Infection Control				£0
	HR (including training, recruitment, occupational health)				£0
	IT (software/licences and hardware)				£0
	Admin (printing/stationary, marketing, licences, insurances, etc.)				£0
	Provider profit margin				£0
	Other - please specify				£0
	Other - please specify				£0
	Other - please specify				£0
TOTALS		£0	£0	£0	£0

Include all non-pay related costs
include only non-reclaimable vat

PAY COSTS

(Please provide details of all staffing costs in the boxes below - insert more lines as necessary)

	Job Title	Agenda for Change Band	WTE Yr1	WTE Yr2	WTE Yr3	Total Employer Costs Year 1	Total Employer Costs Year 2	Total Employer Costs Year 3	Total
Example	Office Manager	6	0.7	0.8	0.9	£27,549	£32,532	£37,923	£98,004
	Administrator	4	0.3	0.3	0.3	£11,807	£12,199	£12,641	£36,647
									£0
									£0
									£0
									£0
									£0
									£0
									£0
									£0
									£0
TOTALS			0	0	0	£0	£0	£0	£0

Employer costs to include superannuation and NI

TOTAL PAY & NON-PAY COSTS	£0	£0	£0	£0
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Activity Assumptions and Unit Costs - YEAR 1

Below are estimated annual activity level assumptions per annum; using your expected total costs, please calculate the expected unit cost

No.	Service Name	Service Description	Maximum Unit Cost	Activity Assumption	Cost	Bidder Unit Cost
1	COA	Community Ophthalmology Assessment (including Glaucoma Referral Refinement)	£47.00	2,849		£0.00
2	COAG & OHT	Community Ophthalmology Consultant First Assessment for COAG & OHT	£70.00	750		£0.00
3	COF	Community Ophthalmology Follow up	£27.00	1,137		£0.00
4	COLVA	Community Ophthalmology Low Vision Aid Pathway (assessment and follow up contact)	£65.00	101		£0.00
5	PTL	Per triage letter	£2.65	8,955		£0.00
6	COAGF	Community COAG & OHT Follow up	£50.00	930		£0.00
	Total				£0	
Total Cost per Year 1 must match the Total Pay & Non-Pay costs shown in the 'Pay & Non-pay' tab						
Cost						
7	POCR	Post Operative Cataract Review	£50.00	TBC		
No estimates are available as this will be a new service requirment						

Bidders are to note the Commissioners have set maximum unit costs (under column D) . Any bidder costs submitted under column F exceeding the maximum unit costs will be rejected and your bid will no longer be evaluated.

Activity levels have been calculated on assumptions which the Commissioners cannot confirm as these may vary throughout the contract period. Your unit cost will be the contracted price that will apply (adjusted in-line with the annual national tariff deflator) if you are successful in being awarded the contract.

Activity Assumptions and Unit Costs - YEAR 2

Below are estimated annual activity level assumptions per annum; using your expected total costs, please calculate the expected unit cost

No.	Service Name	Service Description	Maximum Unit Cost	Activity Assumption	Cost	Bidder Unit Cost
1	COA	Community Ophthalmology Assessment (including Glaucoma Referral Refinement)	£47.00	4,074		£47.00
2	COAG & OHT	Community Ophthalmology Consultant First Assessment for COAG & OHT	£70.00	1,125		£70.00
3	COF	Community Ophthalmology Follow up	£27.00	3,516		£0.00
4	COLVA	Community Ophthalmology Low Vision Aid Pathway (assessment and follow up contact)	£65.00	135		£0.00
5	PTL	Per triage letter	£2.65	11,940		£0.00
6	COAGF	Community COAG & OHT Follow up	£50.00	11,950		£0.00
	Total				£0	

Total Cost per Year 2 must match the Total Pay & Non-Pay costs shown in the 'Pay & Non-pay' tab

Cost					
7	POCR	Post Operative Cataract Review	£50.00	TBC	

No estimates are available as this will be a new service requirment

Bidders are to note the Commissioners have set maximum unit costs (under column D) . Any bidder costs submitted under column F exceeding the maximum unit costs will be rejected and your bid will no longer be evaluated.

Activity levels have been calculated on assumptions which the Commissioners cannot confirm as these may vary throughout the contract period. Your unit cost will be the contracted price that will apply (adjusted in-line with the annual national tariff deflator) if you are successful in being awarded the contract.

Activity Assumptions and Unit Costs - YEAR 3

Below are estimated annual activity level assumptions per annum; using your expected total costs, please calculate the expected unit cost

No.	Service Name	Service Description	Maximum Unit Cost	Activity Assumption	Cost	Bidder Unit Cost
1	COA	Community Ophthalmology Assessment (including Glaucoma Referral Refinement)	£47.00	4,074		£0.00
2	COAG & OHT	Community Ophthalmology Consultant First Assessment for COAG & OHT	£70.00	1,125		£0.00
3	COF	Community Ophthalmology Follow up	£27.00	3,516		£0.00
4	COLVA	Community Ophthalmology Low Vision Aid Pathway (assessment and follow up contact)	£65.00	135		£0.00
5	PTL	Per triage letter	£2.65	11,940		£0.00
6	COAGF	Community COAG & OHT Follow up	£50.00	12,600		£0.00
	Total				£0	

Total Cost per Year 3 must match the Total Pay & Non-Pay costs shown in the 'Pay & Non-pay' tab

Cost					
7	POCR	Post Operative Cataract Review	£50.00	TBC	

No estimates are available as this will be a new service requirment

Bidders are to note the Commissioners have set maximum unit costs (under column D) . Any bidder costs submitted under column F exceeding the maximum unit costs will be rejected and your bid will no longer be evaluated.

Activity levels have been calculated on assumptions which the Commissioners cannot confirm as these may vary throughout the contract period. Your unit cost will be the contracted price that will apply (adjusted in-line with the annual national tariff deflator) if you are successful in being awarded the contract.

Assumptions

Bidder must outline any assumptions they made in completing the Financial Model Template

Ref:	Assumption detail
1	
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