## 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.

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 |  |