



FOI Reference	FOI 1617- 124
FOI Title	Medical Equipment

No	Question	Response
Section 1		
1.	What are the Hospital names and locations that form part of the Trust? (Please provide details).	Not held. The CCG is not a Trust. NHS South Gloucestershire Clinical Commissioning Group [CCG] is a commissioning only organisation. The CCG plans and buys healthcare services for the population of South Gloucestershire, but does not provide them.
2.	Which framework is utilized for purchasing such as SBS, NHS Supply Chain or other (please provide details of all that are used).	The CCG uses i) NHS Supply Chain for office supplies; ii) SBS for financial services; iii) Crown Commercial Services – Contingent Labour 1 for agency and temporary staff.
3.	By which method is this procured? (Please state all that applies).	Nationally procured.



No	Question	Response
Section 2		
1.	What is the name of the manufacture used to provide Topical Negative Wound Therapy Treatment for each hospital location? *Smith-Nephew *KCI *Talley *Other (please provide names)	Not applicable. You may be able to get this information from the providers. The main trust serving South Gloucestershire is North Bristol NHS Trust [NBT] and the main community health service contractor is Sirona Care and Health. <ul style="list-style-type: none">▪ NBT: foi@nbt.nhs.uk▪ Sirona Care and Health: customercare@sirona-cic.org.uk
2.	By which method is this procured? (Please state all that applies).	Not applicable.
3.	Is this equipment provided via Hire agreement, Purchase or other? (Please provide details).	Not applicable.
4.	Is the provision of this equipment contracted? Yes or No	Not applicable.
5.	If contracted is the service and maintenance of this equipment included as part of the contract? Yes or No	Not applicable.



No	Question	Response
6.	If No - How is service & maintenance of this equipment dealt with - 3rd party provider or in-house?	Not applicable.
7.	If 3rd party provider please state company name.	Not applicable.
8.	Is the 3rd party service & maintenance contracted? Yes or No	Not applicable.
9.	If Yes what is the contract term? (Including any extension periods).	Not applicable.
10.	What is the expiry date of this contract?	Not applicable.
The following questions are only applicable if the supply of Topical Negative Wound Therapy to the hospital trust is contracted.		
1.	As a result of the tender did you change provider? Yes or No (If Yes please provide name of previous supplier)	Not applicable.
2.	What date did your current contract start?	Not applicable.



No	Question	Response
3.	How long is the current contract? (Including any extension periods).	Not applicable.
4.	When does the current contract expire?	Not applicable.
5.	Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.	Not applicable.
6.	Please provide the financial value for the first 12 months of the current contract in place.	Not applicable.
Section 3		
1.	What is the name of the manufacture used to provide pressure relief alternating dynamic surface air mattresses to the trust? *Hill-Rom *Smith-Nephew *Talley *Direct Healthcare *Karomed *Other (please provide names)	Not applicable.



No	Question	Response
2.	By which method is this procured? (Please state all that applies).	Not applicable.
3.	What is the total number of dynamic mattresses on-site?	Not applicable.
4.	Is this a managed service? Yes or No	Not applicable.
5.	Is the provision of dynamic surfaces contracted? Yes or No	Not applicable.
6.	If Yes is the service and maintenance of this equipment included as part of the contract? Yes or No	Not applicable.
7.	If No - How is service & maintenance of this equipment dealt with - 3rd party provider or in-house?	Not applicable.
8.	If 3rd party provider please state company name.	Not applicable.
9.	Is this 3rd party service contracted? Yes or No	Not applicable.



No	Question	Response
10.	If Yes what is the contract term? (Including any extension periods).	Not applicable.
11.	What is the expiry date of this contract?	Not applicable.
12.	How is the decontamination of these products managed? In-house or 3rd party provider.	Not applicable.
13.	If 3rd party provider please state company name.	Not applicable.
14.	Is this 3rd party service contracted? Yes or No	Not applicable.
15.	If Yes what is the contract term? (Including any extension periods).	Not applicable.
16.	What is the expiry date of this contract?	Not applicable.
The following questions are only applicable if the supply of dynamic alternating air surface mattresses to the hospital trust is contracted.		
1.	Which method is used to tender the contract? (Please provide details).	Not applicable.



No	Question	Response
2.	What date did your current contract start?	Not applicable.
3.	What is the term of the contract? (including any extension periods).	Not applicable.
4.	When does the current contract expire?	Not applicable.
5.	Is the contract purchase, hire or other (please provide details).	Not applicable.
6.	If contracted, when did you last tender the contract?	Not applicable.
7.	As a result of the tender did you change provider? Yes or No (if Yes please provide previous supplier).	Not applicable.