**![\\ch-fs2\Userdirs_Q-T\SFBarker\Desktop\SCC_Logo_Strapless_Large[1].jpg]()Somerset County Council Contract – Public Health Services**

**Pharmacy Provider Expression of Interest Form**

Somerset County Council (SCC) is inviting pharmacy providers in Somerset to express an interest in delivering Public Health Services from 1st April 2018 to 31st March 2019 (with an option to extend for two further 12 month periods). Providers are able to state, using the tick boxes below, which Public Health Services they are interested in providing.

The specifications for each of the Public Health Services are contained within the embedded contract at Appendix 2. Potential providers should read both the terms and conditions of the contract and the services specifications carefully to ensure they are able to provide the services in accordance with the contract.

**Submission of expression of interest**

In order to express an interest, providers are required to return the following to publichealth@somerset.gov.uk or Public Health, B3 South, County Hall, Taunton, TA1 4DY by **26th March 2018**:

1. A completed copy of this Expression of Interest form;
2. Signed copy of the Declaration at Appendix 1

Once these two conditions have been met, the provider will be deemed to have expressed an interest in providing Public Health Services on behalf of SCC.

**Entering into the public health contract with SCC**

Following receipt of the completed documents, SCC will issue a contract on the terms and conditions contained in Appendix 2.

The provider must arrange for two copies of the contract to be signed by its authorised signatories and returned to SCC. SCC will then sign and date the contract, and return one copy to the provider for its records.

Where the provider operates more than one pharmacy, it is important that each individual pharmacy has familiarised itself with the contract, including the services specifications relating to the public health services which the individual pharmacy has agreed to provide.

Providers are not permitted to undertake business on behalf of SCC before the contract has been signed and returned to SCC. SCC will not be able to pay for services until it has received a signed contract from the provider.

|  |
| --- |
| **Pharmacy Information** |
| Name of provider submitting information  |  |
|  |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Website |  |
| Trading status a) public limited companyb) limited company c) limited liability partnership d) other partnership e) sole trader f) third sectorg) other (please specify your trading status) |  |
| Company Registered number (if applicable) |  |
| Charity registration number (if applicable) |  |
| Registered VAT number  |  |
| Name of partners (if applicable) |  |
| Contact name |  |
| Role in organisation |  |
| Telephone number |  |
| Email address |  |
|  |
| Provide details of your company structure (if applicable) |  |
| Are you Expressing and Interest on behalf of multiple individual branches?(if ‘Yes’ please list branch addresses ( you will also need to state the services which you wish to provide at each branch)) |  |

|  |  |
| --- | --- |
| **Public Health Services** | Please tick each service for which you are expressing an interest (if you operate more than one pharmacy, please list each pharmacy wishing to provide the services using a separate sheet if required) |
| Supervised administration of medication (substance misuse) |  |
| Emergency Hormonal Contraception |  |
| Supply of Champix |  |
| Influenza Vaccination for frontline Somerset County Council Staff Service\* |  |

\*n.b. This Service is subject to change; Service operates from Oct – Feb. SCC will notify those who express an interest in delivering Influenza Vaccination in due course if it is to go ahead in 2018-19

Appendix 1 - Declaration

Provision of public health services

To Somerset County Council

I/We

Carrying on business at

Having examined the Contract, we offer to provide the public health services listed in the completed Expression of Interest Form in conformity with the terms and conditions of the Contract.

Unless and until a formal Contract is prepared and executed, this Declaration, together with SCC’s acceptance thereof in writing, shall constitute a binding Contract between the two parties.

I/We certify that this is a bona fide offer.

|  |  |
| --- | --- |
| **Signed\*** |  |
| **Print Name** |  |
| **Position** |  |
| **Date** |  |
| **Company** |  |
| **Telephone Number** |  |
| **Address & Postcode** |  |

\*Please print and sign and return either via post or scan and send (do not use an electronic signature).

Appendix 2 – Contract

