

## Contract Data relating to Intraocular Lenses and Phaco Machines

Please complete all blue sections as appropriate.

<b>NHS Trust</b>	<b>Milton Keynes University Hospital NHS Foundation Trust</b>
<b>Hospital</b>	<b>MILTON KEYNES GENERAL HOSPITAL</b>
<b>Contact Name</b> (person completing this form)	

	<b>Question Detail – Contracts and Suppliers</b>	<b>Answer</b>	<b>Please Tick as appropriate</b>	<b>Action Required</b>
<b>Q1</b>	Is there a contract in place for Intraocular lenses and/or Phaco machines?	Yes	√	If <b>Yes</b> , please complete Questions <b>Q2 and Q4 to Q9</b>
		No		If <b>No</b> , please complete Questions <b>Q3 and Q4 to Q9</b>
<b>Q2</b>	If <b>Yes</b> , please indicate if it is a Managed Service contract, Framework or other contract and provide details of the Supplier/s.	Managed Service		Please name the Supplier/s here:
		Framework	√	Please name the Supplier/s here: IOLs – Spectrum Phaco m/c – Bosch & Lomb
		Other		If Other, please provide details here:
<b>Q3</b>	If <b>No</b> , please indicate how Intraocular lenses and Phaco machines are procured.	N/A	N/A	Please provide details here:

	<b>Question Detail – Procurement Model</b>	<b>Answer</b>	<b>Please Tick as appropriate</b>	<b>Action Required</b>
<b>Q4</b>	Do you procure Direct as a Hospital or Trust or through a Procurement group?	Direct – Hospital	<input type="checkbox"/>	
		Direct - Trust	<input type="checkbox"/>	
		Procurement Group	<input checked="" type="checkbox"/>	If Procurement Group please complete table <b>Q4A</b>
<b>Q4A</b>	Please indicate the Procurement Group used (please tick more than one if appropriate).	CPP	<input type="checkbox"/>	
		NHS Supply Chain	<input checked="" type="checkbox"/>	
		SBS	<input type="checkbox"/>	
		HTE	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	If Other, please provide details here:

<b>Q5</b>	<b>Question Detail – Current Contracts</b>				
	Please provide details of your current supplier/s with contract dates. Please insert more rows if appropriate to provide details of all current suppliers.				
<b>Product</b>	<b>Current Suppliers</b>	<b>Contract Start Date</b>	<b>Contract End Date</b>	<b>Extension period</b>	<b>Do you intend to utilise the extension period?</b>
	Please indicate name of supplier/s	Please indicate Date	Please indicate Date	Please specify number of years/months	Please indicate Yes or No
<b>IOLs</b>	<b>Spectrum</b>	<b>Oct 2019</b>	<b>Oct 2022</b>	<b>0</b>	<b>n/a</b>
<b>IOLs</b>					
<b>Phaco machine</b>	<b>Bosch &amp; Lomb</b>	<b>Nov 2019</b>	<b>Nov 2023</b>	<b>0</b>	<b>n/a</b>
<b>Phaco machine</b>					

<b>Q6</b>	<b>Question Detail – Volume of Cataract Procedures and Annual Spend</b>			
	Please provide details of your current cataract volumes and annual spend. Please insert more rows if appropriate to provide details of all current suppliers.			
<b>Year</b>	<b>Cataract Volume</b>	<b>Supplier</b>	<b>IOL £ Value (ex. VAT)</b>	<b>Phaco £ Value (ex. VAT)</b>
<b>2017 (Calendar Year)</b>	1178			
<b>2018 (Calendar Year)</b>	1054			
<b>2019 (6 months January to June)</b>	382			
<b>2019 (July onwards)</b>	571			

**Please note: we do not break down spend by procedure so we are unable to provide the other information.**

	<b>Question Detail – Future Procurement</b>	<b>Answer</b>	<b>Please Tick as appropriate</b>	<b>Action Required</b>
<b>Q7</b>	When do you expect to begin the procurement for the contract renewal?	Jan 2022 / Jan 2023	N/A	
<b>Q8</b>	Do you intend to procure Direct as a Hospital or Trust or through a Procurement group?	Direct – Hospital		
		Direct - Trust		
		Procurement Group	Probably	If Procurement Group please complete table <b>Q8A</b>
<b>Q8A</b>	Please indicate the Procurement Group which is likely to be used.	CPP		
		NHS Supply Chain	Don't know yet	
		SBS		
		HTE		
		Other		If Other, please provide details here:
<b>Q9</b>	Do you intend to move towards a Managed Service model?	Yes	Don't know yet	If Yes, please specify when this is likely to happen:
		No	Don't know yet	