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| **Thrombectomy services request for capital to support bi-plane procurement in 2024/25** | | | | |
| This form is being used for expressions of interest for bi-plane capital investment requests in 2024/25. By returning this form you are confirming that the Trust can proceed with procurement and installation within this financial year.  Once completed submit this form to [england.npoc-trauma@nhs.net](mailto:england.npoc-trauma@nhs.net) by the **29th July 2024.** | | | | |
| 2024/25 | Remember to attach: | | Full Business Case  Quote (within last 12 weeks)  Evidence of system/trust capital if enabling works are required  Executive board approval\* | |
| This initial request for readiness must be submitted with the full business case and executive sign off confirming that the bi-plane will improve thrombectomy services, increase access to thrombectomy services and contribute towards improved stroke outcomes for the local population.  Following a review of bids received, additional information may be requested.  **The value of bids received may exceed the available budget in 2024/25, so please** **provide as much information as possible to support prioritisation.**  Please ensure a timely response to ensure requests can be processed in a timely manner.  **Submission of this form will not guarantee investment**. | | | | |
| **Trust information** | | | | |
| Trust name | |  | | |
| Site of thrombectomy service | |  | | |
| Projected activity | | 24/25: 25/26: 26/27: | | |
| Clinical Lead | |  | | |
| Operational/Directorate Lead | |  | | |
| Rationale for request (no more than 500words) | | | | |
| *Guidance*  *What is the predicted impact on the service delivery (hours of operation / additional procedures undertaken etc.?*  *How will the second biplane support the suitability model?*  *How does this address inequalities?*  *Limitations without access to a second biplane* | | | | |
| Trust readiness | | | | |
| Has a designated suite in the Trust already been agreed? | | Yes  No | If no, what is the timeline for being ready? |  |
| Is the suite ready for installation of the bi-plane? | | Yes  No | If no, what is the timeline for being ready? |  |
| Has local capacity been agreed for enabling costs? | | Yes  No |  |  |
| Quote | | | | |
| Bi-plane machine | |  |  |  |
| Total amount of quote for machine | | £ | Date of the quote |  |
| Total Cost of accessories | | £ |  |  |
| Which company? | |  | Is this date within the last 12 weeks?  Due to rising inflation, quotes older than 12 weeks may not be accepted and will therefore cause delays. | Yes  No |
| **Approvals and Sign offs** | | | | |
| Executive Board | | Yes  No | Date and evidence of Approval |  |
| Executive Sponsors | | (name and role) | Date and evidence of Approval |  |
| Director of Finance | | (insert name and role) | Date and evidence of Approval |  |
| Clinical Director Sign Off | | (name and role) | Date and evidence of Approval |  |
| Person who completed this form | | (name and role) | Date this form was completed |  |