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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 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 requiredExecutive 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  |  |