

Ref. No: 410
Date: 24/2/23
Subject: Public
Provider details

REQUEST & RESPONSE

Please provide the below listed information:

	Locum	Nurse	Allied Health Professionals	Non-medical / non-clinical
Please confirm which model is in place for managing each staff group: preferred supplier list, master vendor or neutral vendor	Framework Agency Supplier List	Framework Agency Supplier List	Framework Agency Supplier List	Framework Agency Supplier List
If you have a master vendor or neutral vendor in place, please confirm who this contract is with	N/A	N/A	N/A	N/A
Please confirm the contract end date with the provider	N/A	N/A	N/A	N/A
Is your bank managed by an external bank provider (e.g., NHS Professionals, Bank Partners). Please confirm who is the external bank provider and when the contract expires if relevant	No	No	No	No
Is your bank managed via software? If so, please confirm which software.	Allocate and Patchwork	Allocate and Patchwork	Allocate and Patchwork	Allocate and Patchwork