

DESIGN YOUR BESPOKE HOME DELIVERY SERVICE



Name: _____

Position: _____

Trust: _____

Contract End Date: _____

Number of own home patients: _____

Number of care home residents: _____

Are nursing homes included in this figure? Yes No

Disposable Continence Care Products

Shaped pads Pull-up pants Rectangular pads Fixation pants
All-in-ones Belt-fixation briefs Male products Underpads

Special requirements:

Washable Continence Care Products

Adult bodyworn Children's bodyworn Bed protection

Preferred supplier(s):

Children's nappies and pull ups

Preferred supplier(s):

Delivery

Domestic delivery cycle:

Cost per domestic delivery:

Care home delivery cycle:

Cost per care home delivery:

Preferred delivery partner(s):

Special requirements:

Information Technology

Home Delivery Data via Modem Link

Yes

No

More Information

HARTMANN Online via the NHS NET

Yes

No

More Information

Clinical Screen

Yes

No

More Information

Online Product Requirement Forms

Yes

No

More Information

HARTMANN OLAP (Online Analytical Processing)

Yes

No

More Information

Special requirements:

Cost Management

Quarterly management report meetings

Yes

No

More Information

CASH software

Yes

No

More Information

Cycle optimisation programme

Yes

No

More Information

Environmental strategy

Yes

No

More Information

Automated Call-Back

Yes

No

More Information

Cost Management (continued)

Special requirements:

Customer Service

Dedicated customer service officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Data input	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Freephone/Fax/Post	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>

Special requirements:

Education and Training

Nurse Advisor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Centralised product training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Bespoke clinical training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Clinical Website	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>
Continence Care Training Programme	Yes <input type="checkbox"/>	No <input type="checkbox"/>	More Information <input type="checkbox"/>

Special requirements:

