

Medical and Surgical Equipment Sub-Group

SIMPLE PRO-FORMA FOR THE CONSIDERATION OF CAPITAL PRIORITY REPLACEMENT MEDICAL DEVICES/SYSTEMS

TITLE/SCHEME REFERENCE –

<u>Submission Date:</u>	
<u>User/Care Group:</u>	
<u>Named Scheme Lead:</u>	
<u>Business case team:</u>	
<u>Contact Number:</u>	
<u>Care Group authorisation:</u>	
<u>Care Group priority:</u>	
<u>Brief Summary of Need:</u>	

<u>Description of Equipment being replaced:</u>	
<u>Current site of usage:</u>	
<u>Current asset life:</u>	
<u>Impact on Estate*:</u>	YES/NO
<u>Impact on Decontamination*:</u>	YES/NO
*Further investigation is required if consequential issues are identified by the Care Group	

Description of replacement equipment as proposed:

Supplier/s:

Device type/ Model:

No. Requested:

**Details of accessories
required:**

**Details of consumables
required:**

Care Group Financial Information:

Capital Cost(£'s):

**Preferred route for
acquisition:**

Purchase/Lease/Hire/Loan

Accessory cost (£'s):

**Annual Maintenance
costs (£'s):**

Maintenance provider:

**Technical training
required?**

Y/N

**Training funded by
CG?**

Y/N

**Further revenue
impact/s (£'s):**

**NBV checked via
Finance:**

**Branch code(s) for
Non-Capital costs:**

**Care group financial
sign off agreed
YES/NO (Electronic
signature)**

Finance Comments:-

<u>Procurement Recommendation:</u>			
<u>Official quotes:</u>			
<u>Procurement Lead:</u>			
<u>Single tender waiver required*</u>	Y/N	<u>PAQ received?</u>	
<u>Preferred option:</u>		<u>Expected asset life</u>	
*Refer to single tender waiver form			

<u>IT Recommendation:</u>			
<u>Impact on I.T</u>	Y/N		
<u>WES document</u>			
<u>I.T approval lead</u>			

<u>Risk Assessment:</u>			
<u>Has a risk assessment been documented:</u>	Y/N		
<u>If Yes – Score:</u>			
<u>Describe the impact of non-replacement:</u>			

<u>Additional Comments:</u>	
<u>EPR Impact to be addressed:</u>	
<u>Technical/Engineering overview:</u>	

- **Please complete all sections of this pro-forma business case before submission**