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I-O Service Development Support Programme Application Form

BMS are looking to provide practical support and expertise to NHS Cancer Centres who deliver Immuno-Oncology (I-O) treatments to enable them to develop their own IO service development plans.

This support is described by the '*I-O Service Development Support Programme Description*' document and it is delivered by a third party with appropriate expertise in this area

Support will be provided as a Service Donation (formerly known as Medical Education Goods & Services) from BMS.

Please note this is a Great Britain only activity.

What is a Donation?

Donations are benefits in-kind or services freely given for the purpose of supporting healthcare, scientific research or education, with no consequent obligation on the recipient organisation, institution and the like to provide goods or services to benefit the company in return.

In general, donations are only permitted if they:

- Are made for the purpose of supporting healthcare, scientific research, or education
- Do not constitute an inducement to recommend and/or prescribe, purchase, supply, sell or administer specific medicines
- Are prospective in nature
- Do not bear the name of any medicine (please note, they may bear the name of the company providing them)

Donations and grants to individuals are prohibited.

Overview of the Application Form

To help us undertake an assessment of your request and respond to you in a timely manner, please complete the form as per below.

Please note that submitting your request for a Donation does not constitute a guarantee of support. Donations are awarded subject to availability and assessment of the stated criteria for the Programme by the selection committee.

This application form consists of the following sections, each of which must be completed for your proposal to be considered:

1. Organisation and Contact Information
2. Supporting Information
3. Declaration

1. Organisation and Contact Information:

Please provide details of the NHS organisation making the application:

Legal name of the organisation:	
Country:	
Address:	
Primary contact name (person making the application):	
Primary contact phone:	
Primary contact email:	
Request Date:	
Donation Start Date:	After 1 st July 2023
Donation End Date:	Before 31 st December 2023

2. Supporting Information

Please answer the following questions to support your application. The information will be used by the selection process to review donation applications:

About the Trust / Cancer Centre	
1. The current breadth of use of Immuno-Oncology treatments - which tumour types are being treated?	
2. The depth of experience - average number of I-O treatments per month	
3. Which best describes your I-O service model:	
<ul style="list-style-type: none"> • Specialist Cancer Centre • Cancer Centre within a large single sited Acute Trust • Cancer Centre within large multi sited Acute Trust • Cancer Centre supporting multiple separate Acute Trusts 	Yes/No Yes/No Yes/No Yes/No

The Trust's I-O Service Development Plans

1. Please explain your rationale for why you need to develop your I-O Services (from patient, staff, and service perspectives)

Answer (*max 300 words*):

2. Please describe who is leading your I-O service improvements (clinician(s), nurse(s), service manager)

Answer (*max 100 words*):

3. Please briefly outline what you currently envisage to be the changes you want to make to your I-O services

Answer (*max 300 words*):

4. Please briefly describe the 'support in principle' that you have from key stakeholders (e.g. Finance, Commissioners) for the need to develop I-O services?	
Answer (max 50 words):	
5. You will typically already be working on I-O service development, to ensure that you are able to make the most of the support, please could you confirm that you will be able to provide:	
i. Weekly review and direction from the core I-O service leaders (average 30 mins)	Yes/No
ii. Access to the cross functional stakeholders (pan tumour, AOS, finance, information, commissioner, etc) who contribute to the planning and delivery of I-O services	Yes/No
iii. Weekly input from the project leader who is responsible for preparing the plan and case – c.2 hours per week	Yes/No
iv. Support from Trust Information and Finance teams	Yes/No

3. Declaration

Confirmation of the following statements is required to ensure our full compliance with the ABPI Code of Pharmaceutical Practice and anti-bribery legislation.

- Please note BMS is subject to applicable laws, codes of practice or voluntary reporting related to the collection and reporting of any payments or transfers of value to certain healthcare providers and teaching hospitals and others (collectively, "Financial Transparency Requirements, and the Institution shall cooperate with BMS in its compliance with applicable Financial Transparency Requirements. BMS will disclose any information that it believes is necessary to comply with Financial Transparency Requirements. If requested, the Institution shall promptly provide BMS, in the format BMS requests, with all Information that BMS believes it needs to comply with Financial Transparency Requirements.
- There will be no personal benefit to the recipient(s) at the healthcare institution or practice.
- The recipient is a healthcare institution, practice, or organization/association of healthcare professionals (not an individual HCP or any other individual).
- All materials independently developed by the Programme recipient to communicate details of the Programme will be clearly marked, from the outset, to indicate BMS involvement.
- No BMS product or medicine will be mentioned as part of the service/goods associated with the Donation.
- This programme will maintain patient confidentiality at all times and will comply with data protection legislation.

Please confirm the above certification statements are correct	Yes / No (delete as appropriate)
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Once you have completed this form, please email it to MedicaladminUK@bms.com