**Transcript of FTC Q&A for Internalised Stigma Procurement**

15 August 2025, 01:02pm

**BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 0:10  
So let's get started. Thank you all for coming and for your interest in the new Empowerment Programme. In terms of some background for those of you that perhaps weren't involved in the first round, the information is all on the website about what the previous empowerment programme did around internalised stigma. So we had a community of practise with a pan-London community of HIV organisations, who worked to create the empowerment framework in order to inform what the programmes were going to be delivering and how to measure their effect.

I will share in the chat the link to the to the [empowerment framework document](https://fasttrackcities.london/wp-content/uploads/2024/03/Framework-Empowerment-programmes.pdf), since currently what is there on the web page for the news is the link to the page about the framework, but the framework itself is linked in down the page. So just to make sure that you've all got the actual framework itself, it's there in the chat now.  
We've provided you with the information there. I'm also going to include in the chat the PDF of the service specification. I've just been checking back because it should have been linked to the ad. So I have to hold off on that one. I'm getting it linked today. The information is all there in the ad, but you may want more detail which comes through the actual specification. No, it's not like it's not going into the chat, I'm afraid, but I’ll make sure that it's circulated to everyone that needs it as well.

So today is just to give you an opportunity to ask questions, I'll provide a bit of an overview just in terms of what we're looking for. And I will also include what we're going to be looking for within the scoring of the bids as well, so that you have that understanding. Procurement shouldn't be a mysterious process that happens behind doors despite the fact that it often feels that way. And having worked in all of your positions for the last 25 years in the voluntary sector, I appreciate the frustration with opaque procurement processes. So that's why I wanted to make sure you all have the chance to talk it through and think about how we work collaboratively on this.

As was mentioned in the in the ad, what we're looking for is to bring together a group of programmes to be able to deliver on interventions to address internalised stigma. That may be one to one, it may be group, but what we're very keen to do, given the fact that you know the focus of our work is getting to zero, is to consider those people with the highest need. The first round of empowerment programmes that we delivered from that framework we developed, were delivered across the sector in a variety of different ways.

The report for that is also on the [Fast Track Cities website](https://fasttrackcities.london/addressing-self-stigma-reflections-from-the-community-empowerment-programme/), so you can look at that too. What we found then is a lot of variety in terms of how it was delivered, whether it was it online, some of them were through workshops, some through media and magazines, some in house within organisations, some within clinics.

But what we want to make sure we do this time is narrow that focus a little bit, as we don't really want to have just a bunch of workshops about stigma in the voluntary sector for people that are already accessing HIV services in the community. We anticipate that those people are already dealing with some of those issues around stigma. They're already engaging with services and therefore, they're moving along that journey already.

The focus that we have prioritised (due to the knowledge we now have around those who have disengaged from care in quite high numbers; those who are sporadically or imperfectly engaged in care, perhaps with a detectable viral load; that are still having issues around their diagnosis or what HIV means to them and are therefore at risk of ill health for themselves, of onward transmission to others) is that we support those people with the highest need. So what we're looking for within this programme are approaches and interventions that sensitively address the highest need for those who are most at risk of those issues. While we're not specifically wanting to drill down into the minutiae of who those people are because clearly the issue of internalised stigma can be there for anyone that's been diagnosed, but as we see across the board, intersecting health inequalities make that challenge more likely. So if you're a white British born gay man, your challenges are likely to be less than a person of colour who's come from another country who has no community or links with anybody here, or who might be an MSM who is married to a woman and with a family.

So it's about addressing the complexities that relate to that stigma. So thinking about intersectionality is one of the key things we want to do. And to that end, that's where we've suggested that the approach that probably is going to be needed is something that considers collaboration and the diverse expertise of different organisations or the people that work in those organisations. We would ideally like to see approaches that prioritise different needs, different lived experiences and while we recognise that often services are geographically located and cover specific areas, we also want to make sure that there is a degree of accessibility and equity across London so that we don't leave any area with no support in this aspect.

Lastly, we expect this programme to work very closely with the current VCS network that we have across London, but particularly with the Fast-Track Cities programmes that are looking to address these same issues. So, I manage the Getting to Zero programme, where we have peer support workers in every London clinic. They will be seeing some of those people experiencing difficulties and challenges and be able to make some of those referrals. So that interface will be key. The clinical teams obviously will be the ones who are looking at where people are not engaging or have disengaged from care and therefore relationships with clinics will be helpful within this. And we're about to launch a new programme in the next month or two which will be working from the clinical side rather than the voluntary sector for the first time, to look at the barriers to engagement in care and how to re-engage people. So clearly that is going to be a key link as will be the Learning to Live Well with HIV courses where we have mostly newly diagnosed people coming to try and adjust to that diagnosis through the partnership between THT, Metro, Positive Easte and Positively UK. So there may be a pathway there that that obviously is an ongoing referral link. So it's thinking about in the round how we continue to think and work more collaboratively as an HIV sector.   
And not just the voluntary sector, but the clinical sector, secondary care and with the previous GP Champions pilot and the new re-engagement in care project, potentially primary care as well.

So that's my bird's eye overview of everything. But the time here is for you to ask questions. So if you raise your hands and I will take the questions as they come, and I will endeavour to answer them to the best of my abilities, to log those questions and the answers, and then to feedback to anybody that couldn't make it.  
I think that covers everything I wanted to say. Go for it.

Steve.

 **Steve Worrall** 9:27  
Yeah, two questions. One is the general one is in terms of the time scale, because the complexity of the programme and also because of the number of parties that potentially can be in or out of any discussions and also the delay between this webinar and when this first was released.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 9:45  
Yeah.

 **Steve Worrall** 9:48  
Could you extend the closing date and it just gives us time to talk to each other properly rather than pulling something together quite quickly and actually not really tackling this issue with the seriousness it deserves. That's my first question.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 9:48  
Yeah.

 **Steve Worrall** 10:05  
And then in just in terms of the application form, some of the question you're asking a lead organisation to fill in, but some of the questions then you talk about social values and diversity and everything else. If you're going for a consortium, it's how do you answer that question? If it's just a lead organisation that's filling in the form? So if you could look at the form once again, that'd be useful.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 10:26  
Yes. So in answer to the extension, how long an extension do you think is going to be necessary in relation to the relevant partnership building. So we've currently got a month pretty much from today to the 15th of October.

 **Steve Worrall** 10:42  
I would ask probably about six weeks, to be honest with you, because we're only starting. Some people have been talking already, but this is almost like a formal kick off and there are partners here on the in the screen that nobody even thought would be interested in discussing anything else like that.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 10:49  
Yeah.

 **Steve Worrall** 10:59  
So if I could ask for six weeks, I don't know anybody else in the group might want, I might think differently, but I think a good six weeks run in would be useful.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 11:05  
Yeah. So I've got. I can see at least one nod. Can people give me a thumbs up? Yeah, I can, OK. Six weeks. I will make a note and get back to you and we will do what we can for that. Yeah. And then in relation to the question there around social value, clearly the focus is on the lead partner to some extent. What I would suggest is that if you're putting in a consortium or a collaborative bid that you focus on the lead and how you work, but then you have some mention of what of maybe a couple of lines from your others. There is no word limit to the questions on the application form. Please don't make it a novel, though - obviously that's one of the things that will help us get through those and judge the right criteria. But yeah, it doesn't need to be all singing all dancing in relation to that. It's just the key points I think that relates to the work that you and the partners do that addresses it. So yeah, don't worry too much around having a robust answer for that one from everybody that might be involved, just a couple of lines from each should be great.  
Sophie.

 **Sophia Forum** 12:27  
Christina was before me, Gary.

 **dan glass** 12:27  
Yeah.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 12:29  
Oh, sorry. Yeah. Sorry, Christina.

 **dan glass** 12:34  
Yeah.

 **Cristina Monk** 12:34  
Hi, Gary. Thanks Sophie. I was just wondering. Oh, I'm sorry, I'm also from Naz if that helps.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 12:40  
Thank you. I was I was about to say if people could introduce which organisation they're from so that everyone else knows. So yeah, go ahead.

 **Cristina Monk** 12:46  
Yes, sorry. Hi guys. I'm from Naz project, London in Hammersmith. I was just wondering if it would be possible for us to get an e-mail with the document that you sent to us the PDF because it's unopenable for me. So it might be an issue with the link, I'm not sure.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 12:54  
Yeah.

 **Cristina Monk** 13:02  
But I get endpoint security block page anytime I try.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 13:02  
OK. How bizarre, OK. Yeah, I will do that straight after. So I'll send that out to everybody here, but also to everybody that we originally emailed to so that you've got both of those. Thank you.

 **Cristina Monk** 13:27  
OK, fantastic. Thank you so much.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 13:29  
You're welcome. Oh, now, Sophie, you've now got bumped to 2nd place after Jide. But you your hand was up first, so I'm going to come back to you. Jide, you'll be a gentleman and let Sophie go first. You go on, Sophie.

 **Sophia Forum** 13:42  
Thanks, Jide. Thanks, Garry. Yeah. So I just have, I think maybe one question may probably two there. So obviously it's great we've got this pot of money, pot of funding, it's not a huge amount of money.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 13:49  
Yeah.

 **Sophia Forum** 14:00  
And I'm just wondering like in terms of, I'm processing quite a bit here in terms of organisations that have direct links to clinics and those that don't or did and no longer do. So two questions, is there a minimum size of a partnership or if two organisations were to come together?

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 14:18  
Yeah.

 **Sophia Forum** 14:27  
That would be fine. And is there a sort of exclusion if an organisation isn't linked to a clinic? Given I'm sensing that there needs to be a link into a clinic at some point because it's about re-engaging people into care.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 14:44  
So the processes and the approaches that you choose will find ways to work with networks and partners. So if this is somebody coming to this programme with no current integration within the clinical network and with the peer support workers, then we will make that connection. The great thing about the fast track cities group of programmes is that we can link those and ensure that there are clear pathways and that everybody understands what's being done and where those pathways lead to and where those needs can be met. So the whole point with Getting to Zerois obviously there's the peer support in clinics, but it's also the referrals into the voluntary sector support services that have been funded to meet those additional unmet needs. This programme would fit into that then.

 **Sophia Forum** 15:33  
Yeah. No, no, I appreciate that. I mean, I probably have a call with you off here, to be honest, Gary, about some, you know, intricacies of it all. But it's just that you know, if that is a factor of a partnership that isn't going to exclude automatically exclude.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 15:38  
Yeah, of course. No.

 **Sophia Forum** 15:52  
Scope for funding.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 15:54  
No, we've already had one proposal through from a group of people that have no links and no current involvement with any of the fast track cities programmes. We welcome that because the fact is obviously we want to increase the collaborative partnerships that happens across London and the more people are involved, the more chances there are that people's individual and diverse needs can be met, and so the greater variety and diversity of applicants, the better. As far as we're concerned in terms of the way that happens and the number, it's just going to be limited by how far the money will go.

I suppose in an ideal world we wouldn't want to just bungthe £200k at one organisation that says oh, I can do all of this! We need and we want to prioritise partnership working, and want to see how those particular challenges for people with intersecting characteristics and inequalities are addressed in a way that isn't just the usual pathway, because clearly for the people experiencing significant degrees of internalised stigma, the usual pathways are not the route that they would be taking.

The other thing to mention with this is that because of that, we've also said that it can be up to two years. It's not a large amount of money, but our expectation and hope, with some confirmation this week, is that we will be refunded next year. We were told at the beginning of this year that the funding for fast track cities was going to come for this year and to be continued over the next three years. Unfortunately, that was before the announcement about NHS England and the ICBs, so we had to then take with a pinch of salt everything that came before that because the landscape was dramatically changed. I have been led to believe this week, though not given anything in writing, that the three years of funding was still there, which would mean that what we can do at next year is then increase the grant by 50% of it's original value, as we've done with Getting to Zero. So we had 18 months of programme funding then added a 50% extension for another nine months on to those programmes. So we would hope and expect to do with the same with this. That was part of the rationale for saying that it could be delivered initially for up to two years, which also takes into account the challenging complexity of engaging with people who are experiencing significant stigma. It's not a case of saying, oh well, in month one and two we'll advertise, in month three, we'll start doing workshops and then we'll do a workshop each month - that's not going to cut it for these demographics, there's going to need to be 1 to 1 support for many, which may link into some small group work to build confidence, community and connections so that people start to really be more engaged in their medical healthcare, but in their well-being through the voluntary sector as well.  
So it's that idea that some people may come up with a project plan that covers this for a year and has a specific focus. Others may look to having it run for longer.  
It's going to be up to what you propose and what we then can put together. So as we did with Getting to Zero, we received bids for a total amount of money that was four times the amount that we had to spend. And once we'd found the number of highest quality proposals that we liked, we went back to the organisations and said we love what you've said here, but this organisation is duplicating what you have here and this organisation is doing that. Can we start to look at maybe taking this out or adding in a different partnership, reducing some of your money, and think about whether you reduce the time or the scope of what you do. And so if we need to, we may have some negotiations with applicants where a bid is exactly what we'd like to do, perhaps not in the way that might be feasible to put together a collaborative partnership. So it's not the case that you'll send something in and we'll say no, that won't work. We'll try and work flexibly, if you're able to as well. So yeah, I hope that helps and clarifies your original questions.  
Lovely.

Jide.

 **Jide Macaulay** 20:53  
Thank you so much. Sophia. You are Sophie, not Sophia. Sophie. You took some of my questions, which is good, and I think I've got my answers. But having said that, thank you for clarifying, Garry the kind of way of sharing of that money.  
But let me move on to the next phase of my question. Can organisations make multiple applications? For example, if House of Rainbow is a collaborator with AB organisation and also with XY organisation, is that possible? That's number one, and I know that you said a lot about intersection and diversity and making sure we pull so many things together. Can that actually be possible in a single application? And thirdly, if an application have been made, is it possible that the reviewers of the panel will get back to the applicant to clarify XYZ, and I know that this is the dreamland because I've worked with this area of application as well and you see an application that is so strong I'm missing something. Can I ask more questions? Is that a possibility, over to you?

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 22:15  
Yes. So you can be ‘polyamorous’ in the procurement as far as we're concerned, if you want to join in as many bids as you'd like, then by all means do it. What we'll be looking for is the right combination and fit of organisations to be able to reach those with the greatest need and so yes, there is no limit for how many you might want to partner with and so do feel free. Clearly there is the potential that one consortium of bidders could come together that ticks all the boxes, does everything that we would want and hope to do and we could and would award them all the money.  
We've not done that yet in fast track cities, as there has not yet been the perfect consortium. All of the work we've done has been to fund different bids and slightly different ways of working. However, what we'd also look for with this is, as we've done with current and previous programmes is to ensure that there is an opportunity that if what we funded were three small to medium sized collaborative partnerships, that we would bring those 3 partnerships together to be able to understand what is going on in each other’s projects, to learn from each other, to learn what's being delivered and potentially then to consider those different approaches are. We're very much committed to a quality improvement way of working, which means that you don't have to get it right straight away. You have some flexibility around what you do and you may try to do something and see if it works and if it doesn't, you may try something else. And so we really strive to be as flexible as possible in how we work.

But, given the fact that we've already had an empowerment programme, we have a framework, we can see where things worked before and where they didn't, this needs to move up and beyond what we've already achieved. So clearly that's something that we can and will happily work with the bidders on and fine tune anything that they want to work on, in a very collaborative and participative way. So there is, there's ongoing support for anybody that's doing this work.  
Was there a second question? Was that just the first one? What was your second part or was that it, that was it good? OK.

*Added response to something Jide asked but I didn’t answer:  
In relation to the point about feeding back to applicants about the quality and content of their bids, we do not have the capacity to be able to evaluate and respond to everyone individually, so unless someone puts in an amazing bid which the panel shortlists, but which might need some minor tweak to work alongside other top scorers, we won’t be able to have communications to suggest changes. This would also potentially disadvantage other applicants.*   
Anna.

 **Anna Brewster** 25:02  
Hi everyone. Can you hear me all right? Yeah, I'm Anna. I'm from the Food Chain. It's not really a question. I guess I just wanted to basically put it out there that we, the Food Chain, are really happy to be approached if we can be of value in any of the joint bids that are being talked about being put together basically where we kind of hit all the categories that you're looking for. We're pan-London, we hit all the categories of those who are experiencing additional barriers to engagement and care and obviously all of our service users are experiencing food insecurity as a symptom of multiple complex barriers, so really happy to be approached, but also, no matter who ends up getting the bid, I'd be really interested in working with that project as like a facilitator or a feeder into it so that the people that are accessing our services can have a way of benefiting from the programme if the Food Chain isn't one of the charities involved in the bid. So I just wanted to sort of say that in this environment where people in this room are probably good thinking about putting bids together, yeah.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 26:09  
Lovely, great point. Thanks, Anna. And clearly that's going to be something that will be true of all of your services in relation to this bid. You know that the opportunity to support people along a journey of empowerment from a place of isolation and real uncertainty around their status necessarily links to that community support that all of the organisations provide, and so we'll be really looking to facilitate and ease people along those pathways and into the most appropriate support to meet their needs. So it's something that is explicit in everything that we do within this and with the London HIV voluntary sector partners. But thanks, Anna. It's a good point.

Any other questions?

Would it help if I just talked you through one of some of the things that we're going to be looking at within our scoring process? Because as I say, that's the bit that normally is held somewhat secretively. And so the questions that are in the application form pretty much map across to what we're looking at. So we have we have 5 areas that we are scoring. We're looking at:

Benefits and deliverables - so you know, how do each of those projects that are proposed aim to address the challenge and what are the measurable outcomes that they're looking to achieve and by when.

Does the proposed partnership ensure equitable access to support interventions across the capital? As I say, whilst we, whilst we're happy to accept bids that are smaller and perhaps focus on a specific area, what we would want to see then is how that fits in with the pan-London approach and where opportunities might be for communication and referrals between the different projects. So it's not to say that if you're based in one ICB area that you have to do something that is going to reach across the city. But if you're focusing in that one ICB area on specific populations, then partnering across the different projects and programmes to be able to have a pathway for that targeted support might be one of the things that we'd look at and have conversations with you about. As part of that partnership, we'd like you to be able to think about, what are the pathways to and from clinics? Because we're talking about addressing internalised stigma, particularly in relation to engagement in care and treatment, then thinking about where any local or capital-wide relationships within clinical services would be helpful. But again, because we have the pan-London network that we already have through Getting to Zero, it may be that your bid aims to link in with that network within with the peer support workers, and to and to work with existing partners in meaningful ways.

The third area is on expertise in the subject area and so, you know, does the bid have the relevant skills and experience in delivering interventions to reduce stigma and is it sensitive to the diverse needs of the people that are that are particularly challenged. Ans if it's a collaborative partnership, what do each of those partners bring in relation to maximising the diversity of the people that they'll be supporting?

The fourth point is on building on what we've already done, so these to use learning from the previous empowerment programme and framework so that what you show in your bid is demonstrate an understanding of what has been helpful and worked, where the challenges are and how you would build on that or innovate to do something new.

And then last but not least, risk identification and mitigation. So an understanding of the not insignificant challenges in working with this subject and with the people that are experiencing significant degrees of internalised stigma, because we need to know that you understand what the challenges are and that you have at least some ideas around different ways of being able to engage and work with people to overcome those barriers. Because you know we can't be in a position where you say, oh, yeah, well, unfortunately the people were too stigmatised to engage with us. We just have to do better than that now and so we need to think about, OK, so what are you going to do? And if this approach isn't the best one, what are your backup strategies? What are the other things that you do? How do you do it differently?

And so they are the five areas that we'll be. We'll be scoring on. We are not explicitly scoring on the social value element that's in the application form, because when we do a procurement, it has to be in there, but in relation to Steve's question at the beginning how robust that has to be, we know that because of the work that you do, you prioritise social value and the work with communities. So that is understood to some extent and it's implicit within the other areas, but it's not an area of the application that we will be explicitly scoring.

So that that is your starter for 10 on what we're looking for, as requested. I will write up the transcript and take up the Q&A S and circulate that along with the Empowerment Framework PDF, as well as the service specification, which expands on what the advert said. I will take back to the team the leadership group, the request to extend the bids, the application process by two weeks.  
Any other questions or comments?

 **Sophia Forum** 32:42  
Was it not six week request for?

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 32:44  
Yes, an additional two weeks on the on the four weeks that we currently have. So yeah, it's six weeks altogether it was we've currently got four weeks remaining, but Steve asked for an additional two weeks on top of that. So if I can just check my calendar, it would be.

 **Sophia Forum** 32:53  
Right.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 33:00  
To extend to around the 29th of September, if we took it two weeks exactly from Monday the 15th to Monday the 29th.

 **Sophia Forum** 33:06  
Lovely. OK. Thanks.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 33:13  
Yeah.

 **Sophia Forum** 33:19  
Can I also just say Garry, sorry, which is kind of just being a bit inspired by Anna. So the Sofia Forum are very willing to partner with other organisations and it's just to say that we have our Grows peer mentor programme with mentors for supporting women over the age of 35 onwards, so if anyone is interested, please do reach out just as one of our programmes.

 **dan glass** 33:44  
Mm-hmm.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 33:46  
Yeah. Thanks, Sophie, and just to say so, Jide, Anna and Sophie have all in some ways hit the nail on the head with this. The idea also of this Q&A is an opportunity to think it can be a bit like a procurement swingers party. Throw your keys into the bowl if you'd like to think about the partnerships that could be done. I hope you don't mind me being flippant this Friday afternoon -it's very hot and we're all friends here. So you know, it really think about who's here, what the work is and where those opportunities might be. And as I say, you're not limited to one partnership, Dan. I see that hand.

 **dan glass** 34:24  
Yeah, I'm here for the procurement swingers party too, so it's so good to see you all. And I'd love to chat more and I'll be in contact. But for those who I don't know, it's Dan from ActUp London and it would be a real pleasure to talk more and thanks so much, Garry.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 34:31  
You're welcome. And yeah, Sophie, you mentioned giving me a call separately. I've already had calls with four different organisations about this. If there's anything that you want to ask in more detail and in a in a quieter 1 to 1, please just drop me an e-mail. I am available and I'm happy to take a call and have a chat with you.  
Steve.

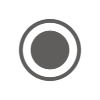
 **Steve Worrall** 35:08  
OK. Just about that then, doesn't that go against the rules of procurement because if you're having conversations with individual organisations about an aspect of a bid and other parties aren't aware of what you're telling them then doesn't that put other parties at a disadvantage or how does it or how does that actually work?

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 35:10  
OK. Yeah. So I won't be telling anybody anything that I've not already said in this or that it is in the in the document. It's just a conversation around if there is any lack of understanding, if there's any questions that would help them to navigate the process. It's not that I will be doing anything or saying anything that isn't in the information, it's more for a clarification and for people to be able to get a sense of how they might approach it in the same way that we've just done here. Or could I do this and could I do that and could I be in two bids, and it's just to say yes or no with all of those. So you know, I've been transparent in relation to the scoring as well. So I'm trying to make sure that there isn't anything that trips up people or disadvantages anybody that might feel uncertain about this process.  
Yeah. So we did check this through with how we were doing. And I can tell you that trying to procure this through the NHS is quite something else but they've approved the process that we did with the understanding that we're not providing any information to people that is going to advantage them over another bidder, for example, yes. So I think that that should cover it, yeah.

 **Jide Macaulay** 36:58  
Sorry, it's not a question I wanted to talk to Anna. Anna, what is your organisation? Please remind me.

 **Anna Brewster** 37:06  
I'm at the Food Chain Jide.

 **BROUGH, Garry (ROYAL FREE LONDON NHS FOUNDATION TRUST)** 37:06  
I should have probably had us all do an introduction when we came in. Really. My apologies for that, it was my bad practise. Are there any other questions? No?  
OK, so what I will do is as promised, I will write up the Q&A's that we've had. I will e-mail them along with the various documents to all of you and the people that weren't able to attend today. And I will take back to the to the leadership group, the request to extend the applications for another two weeks to give you a little bit more time to manage those partnerships. And I also understand obviously that we're in the middle of August and so you probably have a fair number of your teams and people that might have been here but that couldn't because they're always sunning themselves somewhere other than London, but with that, if there's nothing else, then enjoy your weekend the rest of your Friday and the sunny weekend, and I will look forward to hearing from you in due course if you decide to apply.

 **Garry Brough** stopped transcription