[Date]

Dear Sirs,

**Letter of Instruction to Suppliers – [Trust Name In Full]**

We can now confirm that [Trust name] is a participant of the following Crown Commercial Services Framework Agreement(s) with immediate effect:

|  |  |
| --- | --- |
| **CCS Framework Agreement** | **Checklist** |
| RM959: Allied Health Professionals, Health Science and Emergency Services | Y/N |
| RM971: Non Medical Non Clinical  | Y/N |
| RM3711: Multidisciplinary Temporary Healthcare Personnel | Y/N |

Please advise your relevant department or colleague that, as of [date of access], uploads to CCS’s reporting tool for management information will need to reflect that all transactions by the Trust are related to the Crown Commercial Services Framework Agreement(s) listed above. Please also note that the Trust will be working with Crown Commercial Service to share spend data and review management information.

Yours sincerely

[Trust contact, job title and contact details]

­­