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Not applicable

## **BNSSG Sexual and Reproductive Health Clinical Services**

Bristol City Council

F14: Notice for changes or additional information

Notice identifier: 2025/S 000-002816

Procurement identifier (OCID): ocds-h6vhtk-0496d7

Published 28 January 2025, 12:00pm

### **Section I: Contracting authority/entity**

#### **I.1) Name and addresses**

Bristol City Council

Bristol City Council, City Hall, College Green

Bristol

BS1 5TR

#### **Contact**

Mr Anthony Carpenter

#### **Email**

[anthony.carpenter@bristol.gov.uk](mailto:anthony.carpenter@bristol.gov.uk)

#### **Telephone**

+44 0

#### **Country**

United Kingdom

**Region code**

UKK - South West (England)

**Internet address(es)**

Main address

<https://www.bristol.gov.uk/>

Buyer's address

<https://www.bristol.gov.uk/>

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## Section II: Object

### II.1) Scope of the procurement

#### II.1.1) Title

BNSSG Sexual and Reproductive Health Clinical Services

Reference number

DN740945

#### II.1.2) Main CPV code

- 85000000 - Health and social work services

#### II.1.3) Type of contract

Services

#### II.1.4) Short description

Further to the previous transparency notice announcing our intention to source a Most Suitable Provider for Sexual and Reproductive clinical services I am pleased to announce that following a Co Commissioning Board ( consisting of members from North Somerset, South Gloucestershire and Bristol Councils ) decision, that we have Identified the University Hospital Bristol and Weston NHS Foundation Trust as the Most Suitable Provider. The decision consisted of the following three component parts 1. Current knowledge of the provision and the local provider landscape 2. Further knowledge gained from a wider UK provider landscape due diligence and 3. Our Value match process where UHBW were the best match to our criteria.

The scope for this work is as previously advertised and the contractual value will be in a range between £27- 31 million over a seven year period.

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## Section VI. Complementary information

### VI.6) Original notice reference

Notice number: [2024/S 000-037722](#)

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## **Section VII. Changes**

### **VII.1) Information to be changed or added**

#### **VII.1.2) Text to be corrected in the original notice**

Section number

DEFAULT

### **VII.2) Other additional information**

Changed contact person