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Planning

## **Cheshire End of Life Domiciliary Care**

NHS Cheshire Clinical Commissioning Group

F01: Prior information notice

Prior information only

Notice identifier: 2021/S 000-012517

Procurement identifier (OCID): ocds-h6vhtk-02b857

Published 3 June 2021, 10:45pm

### **Section I: Contracting authority**

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

NHS Cheshire Clinical Commissioning Group

Bevan House, Barony Court

Nantwich

ST4 4LX

#### **Contact**

Stephen Evans

#### **Email**

[Stephen.Evans5@nhs.net](mailto:Stephen.Evans5@nhs.net)

#### **Telephone**

+44 782872500

**Country**

United Kingdom

**NUTS code**

UKD6 - Cheshire

**Internet address(es)**

Main address

<https://www.cheshireccg.nhs.uk/>

**I.3) Communication**

Additional information can be obtained from the above-mentioned address

**I.4) Type of the contracting authority**

Body governed by public law

**I.5) Main activity**

Health

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## **Section II: Object**

### **II.1) Scope of the procurement**

#### **II.1.1) Title**

Cheshire End of Life Domiciliary Care

#### **II.1.2) Main CPV code**

- 85000000 - Health and social work services

#### **II.1.3) Type of contract**

Services

#### **II.1.4) Short description**

The Prior Information Notice (PIN) is issued by NHS Cheshire Clinical Commissioning Group (CCG) who is looking to recommission End of Life Domiciliary Care. Please note that this PIN does not represent a formal stage in the procurement process and will play no part in any subsequent evaluation process.

#### **II.1.6) Information about lots**

This contract is divided into lots: No

### **II.2) Description**

#### **II.2.2) Additional CPV code(s)**

- 85323000 - Community health services

#### **II.2.3) Place of performance**

NUTS codes

- UKD6 - Cheshire

#### **II.2.4) Description of the procurement**

The CCG are looking to commission a new model of care for domiciliary support at end of life, through a lead provider arrangement. By commissioning a new single service model, the CCG

aims to improve end of life experience and outcomes for the population of Cheshire by:

- Improving access to domiciliary support at end of life (24/7 care)
- Increasing integration between services so that care joins up seamlessly and we're better able to support patients with palliative and end of life needs, including supporting their carers/families.
- Improving communications and coordination of care through greater electronic recording and sharing of key end of life information
- Enhancing workforce knowledge, skills and confidence in palliative and end of life care

This notice is voluntary and does not mean that the Awarding Authority accepts that the Regulations apply to this intended procurement to any greater extent simply by virtue of the publication of the notice or utilisation of a particular procurement process.

## **II.3) Estimated date of publication of contract notice**

3 June 2022

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## **Section IV. Procedure**

### **IV.1) Description**

#### **IV.1.8) Information about the Government Procurement Agreement (GPA)**

The procurement is covered by the Government Procurement Agreement: No

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## **Section VI. Complementary information**

### **VI.3) Additional information**

The CCG is looking to commission a new model of care for domiciliary support at end of life, through a lead provider arrangement.

The contract to be awarded will be until 30th September 2023.

The contract value will be £2,624,060 for a full year. Any subsequent time period up to 30th September 2023 will be in addition and pro-rata to this.

There will be no transfer of care to new providers for existing patients. For the avoidance of doubt the intention is for new patients.

Across Cheshire there are currently a number of different models of end of life care in the community, in addition to the Continuing Health Care (CHC) Fast Track option, for people who are rapidly deteriorating and entering a terminal phase of illness.

With variation in commissioned domiciliary end of life services, there are currently gaps and duplications in delivery, with no one coordinator organising care; revisiting changing needs, and adjusting provision accordingly. Patients and their carers/families are experiencing fragmentation and poor communication between services, which in turn is leading to some patients being unnecessarily admitted to hospital during their final months of life. In addition, the offer of training and education in palliative and end of life care to domiciliary care workers is limited, meaning there is poor staff engagement, high-levels of 'burnout' and a high turnover of the current workforce.

These known inefficiencies, coupled with identified inequities in quality of care are the driving force behind the CCG's desire to commission in a more integrated way, to improve end of life experience and outcomes, not just for the dying person, but also those close to them.

The successful provider will be expected to take full contractual responsibility for the delivery of a range of integrated services, to enable those people who choose to be cared for, and die, in their own home, to achieve their individual wishes and preferences at end of life.

By commissioning a new single service model, the CCG aims to improve end of life experience and outcomes for the population of Cheshire by:

- Improving access to domiciliary support at end of life (24/7 care)
- Increasing integration between services so that care joins up seamlessly and we're better able to support patients with palliative and end of life needs, including supporting their carers/families.
- Improving communications and coordination of care through greater electronic recording and sharing of key end of life information
- Enhancing workforce knowledge, skills and confidence in palliative and end of life care

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