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Planning

End of Life Discharge to Assess beds Plymouth

NHS DEVON INTEGRATED CARE BOARD

F01: Prior information notice

Prior information only

Notice identifier: 2025/S 000-064799

Procurement identifier (OCID): ocds-h6vhtk-05ae57

Published 13 October 2025, 2:15pm

Section I: Contracting authority

I.1) Name and addresses

NHS DEVON INTEGRATED CARE BOARD

Aperture House, Pynes Hill, Rydon Lane,

Exeter

EX25AZ

Email

d-icb.contracting@nhs.net

Country

United Kingdom

Region code

UKK4 - Devon

NHS Organisation Data Service

QJK

Internet address(es)

Main address

<https://onedevon.org.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

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

End of Life Discharge to Assess beds Plymouth

II.1.2) Main CPV code

- 85144100 - Residential nursing care services

II.1.3) Type of contract

Services

II.1.4) Short description

4 Block booked end of life hospice beds in Plymouth

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.3) Place of performance

NUTS codes

- UKK41 - Plymouth

Main site or place of performance

It is a requirement that this service must be based in the Plymouth locality. The beds will be for the short-term placement of patients discharged at end of life from University Hospital Plymouth and registered with a Plymouth GP

II.2.4) Description of the procurement

NHS Devon ICB is seeking to procure provision of 4 block booked beds in appropriate hospice accommodation, to support discharge from hospital for patients at end of life from University Hospital Plymouth who are unable, or do not wish, to return to their home address.

It intends to complete this procurement via a Most Suitable Provider Process under the Provider Selection Regime.

It is essential that the pathway supports the timely discharge of people at end of life, particularly for those people rapidly deteriorating for whom there is a limited window for a safe and appropriate discharge from hospital to be achieved.

The provider will be responsible for all medical support and care needs for individuals in these block beds and will be expected to provide Consultant oversight.

The contract will be in place to support during forthcoming winter pressures in the Plymouth locality.

The contract will start immediately on completion of the procurement and will run for 12 months initially, although will include a 6 month break clause. 2 x 6 month extension options will be included should the capacity continue to be required after 12 months.

This service is commissioned on a block contract purchase basis for end of life nursing beds with the following guaranteed activity levels:

4 End of Life Nursing Beds

The current weekly rate for occupied beds is £1,118.38 with a 50% rate pro rata for vacant beds.

II.2.14) Additional information

1. Provider will need to support people being discharged from UHP who are registered with a Plymouth GP.
2. Provider will need to be able to provide 4 hospice beds within the Plymouth area.
3. Provider will need to be able to prescribe and administer medication.
4. The provider will be responsible for all medical support and care needs and will be expected to provide Consultant oversight.
5. Provider will accept the CHC banded fee rate, as above, which is inclusive of all accommodation and care provision as prescribed within the person's Care Plan
6. Provider will need a CQC Rating of 'Good' or above

Additional information about the service specification requirements:

1. A documented care plan that meets the person's assessed needs and comfort will be drawn up and agreed with them, their relatives and relevant professionals. The care plan should follow the recommendation for palliative and end of life care as detailed in current guidance.
2. Staff within the hospice, and other members of the multidisciplinary and specialist palliative care teams work together as appropriate to plan the care. The person (if appropriate) and their relatives are involved in the decision making process, care planning and delivery and are kept up to date with developments.
3. The outcomes of symptom control and end of life care are monitored and are subject to review and reassessment at agreed time intervals with the person and their relatives being involved in the review and reassessment together with the relevant healthcare professionals.
4. The person is assessed regularly, including their hydration and nutrition needs, and interventions to promote comfort and dignity are initiated in a timely and response manner.
5. Pain management medications are prescribed and when administered, their effect monitored to ensure that they provide relief, and that the person is comfortable. This may include anticipatory prescribing to ensure that medication is available in a timely fashion.
6. Pain relief medication is prescribed in line with current best practice guidelines and staff are aware of these.

7. Staff will ensure that the cultural, religious and spiritual needs of the person and their relatives are identified and met in a sensitive manner through connections with members of the local faith community.

8. When the person is believed to be imminently dying, their family and friends are facilitated as far as possible and in accordance with the person's wishes to spend as much time with them as they wish. This includes overnight stays if feasible.

9. There is a room or private space available where relatives are able to talk privately.

10. In the event that relatives are unable to be present, the provider will make arrangements to ensure someone is deployed to sit with the individual so that they are not left alone while dying.

Any providers meeting the basic qualifying criteria will be evaluated against the 5 key criteria set out in the Provider Selection Regime: Quality, Value, Integration, Equalities and Social Value.

Given the nature of the need, in this instance a high weighting will be allocated to local integration.

II.3) Estimated date of publication of contract notice

10 November 2025

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

Section VI. Complementary information

VI.3) Additional information

This is a Provider Selection Regime (PSR) intended approach notice. The awarding of this contract is subject to the Health Care Services (Provider Selection Regime) Regulations 2023. For the avoidance of doubt, the provisions of the Procurement Act Regulations 2023 do not apply to this award.'

The decision to award will be ratified via the NHS Devon ICB Procurement Oversight Group and the intention is to award a contract using the most suitable provider process.

Any provider able to meet all of the requirements set out in this notice and wishing to be taken forward for evaluation should confirm this no later than midnight on 27/10/2025 by email to NHS Devon ICB at devon-icb.contracting@nhs.net quoting reference QJK_MSP_EOL Beds Plymouth_Oct25. Any clarification questions can also be directed to the same address.

Please note - evaluation will commence 14 days from the publication of this notice and it will not be possible to consider any new expressions of interest after this date.