Bed frames for adults in medical or surgical hospital wards: Late Stage-assessment

Resource impact assessment

At the committee meeting on 20 March 2025, NICE's Resource Impact Assessment (RIA) team gave a presentation to the committee setting out potential costs associated with bed frame features.

Costs were based on the prices of beds provided by NHS Supply Chain and are commercial in confidence. This analysis set out the highest and lowest costs of beds evaluated by the external assessment group (EAG) for each of the criteria outlined below:-

- Beds with exit alarm feature only
- Beds with patient and caregiver connectivity feature only
- Beds with exit alarm and patient and caregiver connectivity features only
- Beds with exit alarm, patient and caregiver connectivity and weighing scales only.
- Beds with exit alarm, patient and caregiver connectivity, weighing scales and electronic medical records features.

As reported in the EAG report, 116,947 general and acute beds are available within the NHS in England. Alongside the highest and lowest costs for beds with the above features, the overall costs of buying 116,947 beds at these prices were shown. This indicated a lowest overall and highest overall cost to replace this number of beds with the feature(s) stipulated. This was to give committee an indication of how prices change when features are included.

During the presentation, the following limitations around the calculations were highlighted to the committee:

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- Costs for the analysis were taken from those provided by NHS Supply Chain.
- Existing purchase volumes and the types of beds bought at present are unknown. The extent to which any savings are realisable will depend on the beds currently being purchased, the amounts being paid and what features are deemed necessary.
- Other features of the beds have not been analysed and these, where present, may result in price differentials.
- The analysis assumes that all beds are replaced with the cheapest or most expensive bed with the feature(s) specified.
- As noted by the EAG, there is a relationship between certain innovative features, where if a bedframe has one feature, it is likely to have the other. As the true cost of each feature isn't known, this means that the costs/savings may not be realisable in real terms.
- The expected life cycle of all bed frames is assumed to be 10 years, in practice this may be more, or less.

Conclusion

Bed frames for use in medical or surgical wards can have many different combinations of features, so it is difficult to estimate how much an individual feature contributes to the overall cost of a bed frame. More information is needed to show if price variation between bed frames for use in medical or surgical hospital wards with in-built weighing scales or bed exit alarms can be justified and the guidance outlines how this should be captured. Potential savings would depend on local current practice, prices being paid, and the considerations for choosing the least expensive option when more than one bed frame model is appropriate for use as outlined in the draft recommendations.