

# Indicative Timescales for the Engagement Process

Total Orthopaedic Solutions 3

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The timing of activities will be determined by the scope of the individual project, but the table below gives an indicative guide as to the sequence and common timescales observed.

Different factors can affect each project, including issues such as the complexity, customer internal discussions, the number of stakeholders we need to engage with, supplier engagement and the availability of key individuals.

Projects may also simply include migration across to the framework or extend to complex rationalisation projects conducted over several weeks.

Timeline	Steps	Detail	Any Considerations
Weeks 1 - 3	<b>Identify and profile the customer(s), Mobilisation</b>		
	Initial contact with trust group	NHS Supply Chain ICS manager included to recognise start of project engagement. Relevant customer information is gathered in readiness for the meeting	
	Advise NHS Supply Chain ICS manager throughout process		
	Internal records opened within NHS Supply Chain and maintained throughout the process		
	Systems implementation informed	Customer ability to place orders via eDirect established.  Any issues to be discussed with NHS Supply Chain ICS manager.	
	Initial customer meeting(s) arranged	Category Manager (CM) and Clinical Engagement and Implementation Manager (CEIM) meet with customer to discuss the scale of the intended project and full service outlined.  Customer to discuss contractual position and barriers across areas of spend.  Agreement to progress secured.	
	Meet procurement and business leads, discuss process and draft scope for the project		
Assessment of compliance, contractual obligations, stock barriers, local culture, clinical barriers			

Timeline	Steps	Detail	Any Considerations
Weeks 4 - 5	<b>Initial Benchmarking</b>		
	From Letter of Authority, obtain usage, analyse 12 months practice with all suppliers	Customer sends a list of all suppliers in scope to NHS Supply Chain and also gives authorisation through a Letter of Authority to obtain up to date 12 months usage directly from suppliers.	Suppliers are given one week to return data in the correct format, via a template from NHS Supply Chain.  Customer should run an internal report against the same suppliers to give an indication of the expected total spend.
	Follow up retrieval of data from suppliers, sense check and amalgamate completeness		
	Data benchmarked by Data Analysis team		
	Sense checked data output from Data Analysis	Timelines agreed for completion of benchmarking and the production of the SER.	Any suppliers who may cause delay will be referred to the customer.  The SER will categorise all expenditure and will form the basis of all activity from that point on.  Analysis will be at line level and compare current expenditure against appropriate banded prices on the framework.
	Finalise Spend Efficiency Report (SER) - Financial overview of practice submitted as SER categorising all spend into distinct subspecialities	Meeting arranged to discuss the process in more detail and the overall customer position, the medium and long term aspirations with all affected stakeholders. Clinical lead notified and the meeting is arranged.	
Meet procurement and clinical leads, work through SER to develop work plan based on outcomes	Recommended work plan discussed with the customer to highlight priority areas of work and to take note of potential quick wins.	Once data is collated and passed to the data team, it will take two weeks to produce the final analysis and SER.  Should suppliers return sales data with items not included on the framework, (but within scope) they will need to be added to the framework to complete this work (this may cause additional delays).	

Timeline	Steps	Detail	Any Considerations
(Subject to clinician availability)	<b>Clinical Engagement</b>		
Weeks 6 – 12	Presentation to consultant group, theatre, finance and procurement leads to give overview, explain full process. Clinical focus and outcome centred, initial concerns discussed.	CM and CEIM present to stakeholders and outline the national strategy, give a briefing on the findings to date.	<p>Access forms are signed by procurement for migration to the framework without commitment. Any commitment to current practice requires a clinical signatory.</p> <p>Customer in readiness to transact via eDirect is confirmed.</p> <p>Suppliers notified and catalogues shared.</p> <p>Clinical lead for each subspecialty project within the agreed work plan is confirmed and direct engagement with relevant CEIM begins.</p>
	SER presented to understand full spend intelligence across the department.	Customer SER is discussed in detail and an interactive, clinically focused session is used to review quick wins, commitment options and potential work plan projects across each subspecialty.	
	As-Is sign up options outlined, based on status quo opportunities and work plan options detailed for subspecialty projects.	Recommendations are offered and discussed, and NHS Supply Chain gives an outline of experience in projects across the country and the processes for consolidation, if required.	
	As-Is access forms drawn up and signed by any relevant party.	Topics include the nature and means for future service provision, clinical, environmental and geographical needs.	
	Transfer customer to NHS Supply Chain agreement; quick wins on status quo supply - implement catalogue	Individual meetings with clinical stakeholders to discuss the detail of the spend area are arranged.	
	Saving delivery, status quo opportunities implemented, catalogues updated, suppliers notified.		
	Work plan developed for agreed projects. (Possible end of project, moving straight to implementation and contract management depending on trust requirements).		
	Arrange group or individual surgeon meetings should there be any issues or concerns.		
	Produce report to evidence potential opportunities and feedback from consultant meeting; if required.		
	Single or various workplans - process commences on rationalisation/standardisation.		
	Work plan leads from affected departments assigned at customer level.		
	Clinical lead assigned at customer(s) based on the sub-specialty project.		
Priority projects agreed and order set.			

Timeline	Steps	Detail	Any Considerations
Weeks 6 - 12	Supplier day organised (if needed).	<p>NHS Supply Chain has various proven formats for supplier days, depending on the area of spend.</p> <p>These events are recommended for clinical teams to review products and services from across the market ahead of making longer term decisions.</p> <p>Should one be required, communications will be agreed and communicated via NHS Supply Chain.</p>	<p>Clinicians may need notice of between six and eight weeks to attend supplier days.</p> <p>Format, locations, dates and logistical arrangements are determined for any face-to-face sessions.</p>
	<p>Templated procedure-based analysis to begin - key stage to enable an informed award and process dependant on subspecialty project - estimate between 15 and 60 hours to develop templates.</p> <p>Regular engagement with clinical and procurement lead is required.</p>	<p>CEIM to engage on a continual basis with nominated clinical lead in developing the templates to ensure that the true current position and objectives and ambitions for the short, medium and long term are factored into the work.</p> <p>A crucial phase which will consider any required changes in clinical practice and the requirements of consultant support staff, such as theatres, stores and procurement. Environmental, Value Add services and Sustainability outcomes to be considered.</p>	<p>CEIMs work around clinician availability and so direct contact is required for the term of the project.</p> <p>Potential barriers highlighted at the start of the process are confirmed and service-based requirements which are important to the department are discussed and defined.</p>
	<p><b>Detailed Options Analysis</b></p> <p>Component level characterisation and selection of comparable products - common components, implants, procedures</p>	<p>Finalised document agreed by clinical lead as a true representation of the current practice and future requirements.</p>	
	<p>Templates populated by CEIM - shared with lead clinicians and accurate baseline agreed. Evidence and implant characteristics considered</p>		
<p>Templates populated with alternative product and supplier options and sent to suppliers to populate</p>	<p>Certain templates will be required to send to suppliers to request their alternatives. This is to give suppliers ownership and a focussed return which is catered to the requirements of the clinical team in question.</p> <p>The prices included will be subject to those within the commercial structure of the framework agreement.</p> <p>Suppliers can offer more competitive pricing but in doing so must amend the framework commercial discounts / options before it can be made available to any individual / group of NHS trust(s).</p>	<p>Important that procurement leads on rationalisation project are aware of the end-to-end process and commercial parameters of the framework to enable a joined up discussion with suppliers.</p>	

Timeline	Steps	Detail	Any Considerations
<p>Weeks 10 - 12</p>	<p>Financial impact report produced - identifying options for further consideration; rationalised supply base/alternative supply and service options.</p>	<p>Working closely with the lead clinician, our CEIM will model the returns into several options centred around the portfolios and ability of suppliers in scope to cater for the needs of the department. Gaps are filled in to ensure all procedural requirements are met and the master data set is produced ahead of the supplier day.</p>	<p>It is imperative the right stakeholders are involved in the process to ensure meaningful adoption of the subsequent contract.</p>
	<p>Supplier day confirmed, and structure finalised and communicated.</p>	<p>At the supplier event, (in which the format has been determined and communicated earlier in the process), suppliers are tasked with demonstrating their offerings from a product and support perspective.</p>	<p>Departments must collectively understand what is important to them in selecting a supplier to work in partnership over the coming three to four years, which will improve the efficiency of the department and allow for improvements in the patient journey and outcomes.</p>
	<p>Clinician meeting alongside supplier day to consider options - including split business and market share, clinician specific allowances, component realignment, service solutions.</p>	<p>Initial commercial findings based on initial analysis will be discussed among the project group at the start of the meeting and as such, the supplier sessions can focus purely on clinical / departmental interests.</p>	<p>Initial financial assessment will yield multiple options which will be recorded within NHS Supply Chain internal records.</p>
	<p>Options - scenarios ascertained and data rerun, analysed and subsequent report delivered to key personnel.</p>	<p>It is recommended that each affected consultant attends each suppliers' session and that at least one senior representative from orthopaedic theatres and sterile services also attends the day.</p>	
	<p>CM and CEIM present scenario analysis followed by clinical meeting to determine outcome/options.</p>	<p>Throughout and at the end of the supplier event, discussions will focus on products and service confidence. Consultants will opt for several focussed options in product mix which will form the basis of further iterations of analysis to be conducted by the CEIM in close contact with the lead clinician.</p>	

Timeline	Steps	Detail	Any Considerations
Weeks 13 - 14	<p>Clinical trials and workshops, if required.</p> <p>Suppliers organised and pricing arranged for trial.</p>	<p>To gain more confidence in certain products and the service provided by suppliers, clinicians may look to conduct clinical dry bone workshops in which they are able to handle instruments and implants and discuss product platforms in more detail.</p> <p>Consultants may also request a clinical trial in line with trust policy.</p>	<p>Should clinical trials be required, the prices paid for products will be in line with the framework agreement and particularly equal to the prices that the customer(s) would pay, should they progress to award the business to said supplier.</p> <p>Trials must be time bound, and suppliers must submit line level reports on all utilised products to NHS Supply Chain. Instrumentation used in trials must be provided on loan and hire free by the supplier.</p>
	<p>Customer decision made - clinically led and approved by department, finance and procurement.</p>	<p>Final product and supplier mix options are agreed, and the customer has followed internal sign off processes. Consignment or stock levels determined ahead of supplier face to face debrief meetings. Suppliers invited to debrief meetings at the customer(s).</p> <p>NHS Supply Chain issue Access Agreement forms for relevant signatures ahead of this meeting.</p>	<p>Internal records updated with finalised and agreed saving figure, NHS Supply Chain ICS Manager updated on intended award.</p> <p>Note: any delays in coming to a final decision may affect implementation and overall commercial outcome.</p>
	<p>Award (meetings with suppliers dependant on level of business / subspeciality / sub lot of products)</p>	<p>NHS Supply Chain CM / CEIM chair supplier debrief meetings in which each affected supplier is invited to a face-to-face meeting.</p> <p>Clinical lead is invited but not essential for this meeting. Procurement lead must attend, and it is advisable that the theatre lead for the subspeciality is also present.</p>	<p>Ahead of the meeting, information will need to be available or highlighted for discussion with each supplier:</p> <ul style="list-style-type: none"> <li>• The award decision</li> <li>• Products selected</li> <li>• Stock and associated equipment requirement</li> <li>• Implementation plan to be requested in relation to training and support in the run up to the live date, over the first three months and six months; and</li> <li>• named contacts for account management and ongoing support.</li> </ul> <p>Dates agreed - timelines for incoming and outgoing suppliers must be strictly adhered to.</p> <p>Contact details for lead personnel given to suppliers to engage with over this period - recommended procurement lead (as overall project lead for changeover), theatre lead, stores lead and sterile services' lead.</p>

Timeline	Steps	Detail	Any Considerations
Weeks 15 - 16	Suppliers notified - SLAs drafted, Access Agreement and Call-Off Order forms signed and shared with suppliers	Formal notification to suppliers sent in the form of the commitment-based Call-Off Order Form.	Customer is encouraged to develop a Service Level Agreement (SLA) with the supplier.
	<b>Implementation</b>		
	Systems implementation	Outgoing suppliers notified of new banded prices to be in place by live date.	Commitments are in place as per the terms of the framework agreement and subject to each party adhering to their contractual obligations.
	Catalogue management	Implementation plans in place and mobilised.	
	Supplier implementation plans (entering and exiting)	NHS Supply Chain update all catalogues for incoming and outgoing suppliers.	Supplementary service requirements which are specific to the customer needs must be highlighted and recorded. Failure to adhere to these service requirements may result in early termination of the agreement.
	Training organised and agreed.		
	Stock management including instrument, implant consignment, storage		
	Commitment forms signed		
SLAs signed			
Continuous	<b>Realisation of Benefits / Contract Management / Contract Compliance</b>		
	Overseeing implementation.	Contract management facilitated by the procurement lead(s) with the assigned CM from NHS Supply Chain, as requested.	NHS Supply Chain is available to support suppliers and NHS trusts throughout the contract term.
	MI data collection.		
	Review meetings.		
	Issues resolved.	Supplier MI data collected on monthly basis to track uptake, activity, pricing and overall compliance.	Subsequent projects may run consecutively but consideration should be given to the level of change and potential disruption to the department across all affected stakeholders.  Work plans should be effectively managed to ensure this is limited and responsible in relation to the interests of the department and patients.