

## Key Messages Regional Customer Boards – March 2022

### Regional Focus – London

- The region had a more condensed agenda than the other the regions this time, due to time limitations, therefore not all key points below were discussed in London
- Detailed discussion around pricing and the pricing pack which has been developed was had. Key points included:
  - a. The aim of the pack was to start to provide visibility on the process to mitigate price increases. There was an awareness that the first pack would be short on detail, however acknowledgement was given that NHS Supply Chain may not have communicated this effectively
  - b. Request has been made to break the figures down to trust level and also provide additional detail on mitigation and get trusts to stand beside NHS Supply Chain in strategic supplier discussions
  - c. Early notice of price increases, the ambition is to notify trusts as soon as we have received a notification from suppliers, this will be at a more macro level, but will allow trusts to build this into their forecasts
  - d. Horizon scanning, what categories are at risk of further pricing pressures
- Adam Blake provided an update of performance in the region, key points included:
  - a. Savings as a percentage of revenue has dropped to 3.8%. There is £2.7m at an advanced stage in the pipeline for this financial year. Trusts were asked to work with NHS Supply Chain to complete these before the end of the financial year
  - b. Clinical Procurement Groups have not been reinstated and NHS Supply Chain doesn't have the same clinical access it had before Covid
  - c. The minimum level of savings being looked at has risen, which has removed a significant pot of smaller savings opportunities. Feedback was given that sometimes smaller opportunities take a lot of resource, trusts are also looking for more intelligent procurement which stands them in good stead for the future.
  - d. Jodi Chapman requested an ICS to work with NHS Supply Chain to look at pathways and patient outcomes where there are clinically assured products to make the system move faster. Members fed back that they are doing this by default and fully support Value Based Procurement
  - e. Request was made for best practice to be shared more effectively across the five ICSs in London, with suggestion that a list be collated of who was working on what
  - f. Update on the net position of savings versus cost pressures was discussed
  - g. Performance across London on returning roll cages has generally improved, however there are issues in London North West
  - h. There is £5.1m of opportunities at the scoped stage, trusts were asked to progress these as quickly as possible with their CRM
  - i. Members were asked if they would support the creation of a TR report across the region to support mutual aid. This has been done in the East of England and it is being utilised very effectively. The Chair and all members agreed to this as a very sensible approach. Authorisation is needed from every trust, Adam would start this process off with ICS procurement leads and would update at the next meeting

### Key points

- Update on NHS Supply Chain's Target Operating Model was given, key points included:
  - a. The process looks to address the future needs of trusts and ICSs
  - b. Several themes have been consistent to date
  - c. Greater visibility and greater input into key strategies
  - d. Simplification of the model as it is today and improved management of the supplier market
  - e. Better connection with patient pathway and driving value
  - f. Resilience and connected supply chains
  - g. Several pain points which are being worked into the transformation plan
  - h. Market engagement sessions with potential CTSP providers have taken place, these will conclude towards the end of March, ITT will then be issued
  - i. A new ten-year vision is being worked on for the organisation, further input will be sought on this
  - j. Chris Holmes attended the National Procurement Forum to ask for support on the logistic tender
  - k. Further input sought on NHS Supply Chain's Clinical Value Proposition



- Brian Mangan joined the meeting to provide an update on the Value Based Procurement Programme, key points included:
  - a. Working with NHSE/I on system level guidance for efficiency savings, stakeholder group being established with first meeting on 9 March 2022
  - b. Engagement with organisations such as NICE, developing a common language of value
  - c. Toolkit has been developed with the CTSPs, each one now has a VBP lead
- Members of the Resilience Working Group, provided an update on its progress, key points included:
  - a. Reassurance was given that demand management and stock issues are being discussed
  - b. Lots of work has been done on ICNs with improvement being made, an Early Inform has now been introduced and well received
  - c. Issues around being framework communications is causing problems
  - d. Requests raised are being picked up and acted on which is delivering progress
  - e. Stock availability and issues will continue to arise along with cost pressures
  - f. A separate communication meeting happened, with decision that a comms pack would be developed to share out with all trusts
  - g. Discussion is ongoing around service levels, Chris Holmes and his team are working with UCLH and Oxford on this, further update will be provided on this when there are
- Jason Shirtcliffe joined the meeting to provide an update on the Lead Reference Trust programme, key points included:
  - a. Lead Reference Trusts should be the heart of any strategy, there is option to extend across a wider group of trusts
  - b. Website has been developed; trusts can register their interest in a particular category. A pipeline can be built up
  - c. Escalation processes have now been introduced to ensure two-way engagement. Level of conversation can be assessed at Category Council session
- Phil Nettleton joined the meeting to provide a further update on the Operational Excellence Contract Launch programme to the group, following the request at the last meeting. Key points included:
  - a. Progress has been made since the last update, there are 27 pain point areas which have now been ranked with input from trust colleagues
  - b. Nine areas out of the 27 are being focused on where the most impact will be made, a governance plan is then being implemented
  - c. There will be a twelve week intensive period to drive the nine projects with full programme support to make continual improvements

### **Request of NHS provider organisations**

- a. Request was made for any ICS who would be willing to take part in a Value Based Procurement pilot to contact Brian Mangan Directly [brian.mangan@supplychain.nhs.uk](mailto:brian.mangan@supplychain.nhs.uk)
- b. Review and sign Lead Reference Trust Charter
- c. Trusts were urged to return roll cages; the cost of replacement is rising which creates additional cost in the system and may impact service going forwards if there are not enough cages in the system
- d. All trusts are encouraged to ensure they have suitable representation on the monthly customer webinars to ensure they are receiving all relevant communications

