

## NHS Supply Chain National Advisory Board - Key Messages July 2023

### Key points

#### Update on the NHS Supply Chain Business Plan

- Innovation is a focus topic for this year with work being done on a dynamic pricing system
- Quarter two, Gorse Point is being implemented, this will allow tailoring of the service offer to different healthcare providers, there is now stock in place, the decision is being made around implementing some pilot sites. This is the first implementation of the new WMS
- Data is critical, work is ongoing looking at how suppliers are pushed to provide more data

#### eDirect

- This channel is one of the biggest customer pain points
- Ongoing work to resolve pricing issues
- Working towards a commercial strategy with no multiple product prices
- Piece of work to improve supplier performance
- Challenge around consignment stock, there is no agreed lead time through our systems, which leads to inaccurate measures
- Every trust and ICS has a different set of requirements, recognition that change needs to happen. NHS Supply Chain is articulating supplier shipment to the NHS, this will be tested with the ICS leads
- Commitment to make material improvements

#### NHSE Update

- Reflection that the Regional Advisory Forum meetings were very positive with good engagement and examples of collaborative working
- Feedback was very constructive, allowing tricky conversations in a productive way
- NHSE is looking for clarity over their role in the regional meetings, there was a takeaway that members would like early updates on strategy and key initiatives from NHSE through these forums
- From a commercial perspective, three big themes are commercial strategy, in year priorities and comms and engagement
- The commercial strategy is recognised as a significant document focusing on collaborative procurement and how NHSE intervenes at a targeted and appropriate place, this will be launched at HCSA Winter Conference
- There was a comms and engagement session, NHSE will be establishing a CCF Steering Board as well as a quarterly ICS lead meeting

#### Feedback and Escalations from the Regions

- Positive feedback on comms improvement; Resilience Steering Group, SMOG, Clinical engagement
- Concern that the joint Regional Advisory Forums were not as effective
- Acknowledgement and empathy regarding the current NHS Supply Chain reorganisation
- Brief discussion on cost pressures and supply chain disruptions linked to financial challenges
- Discussion on demand management how trusts can support in terms of supply chain resilience
- Very positive feedback on the HCSA Woman's Network
- Positive report from all the ICSs in the North in terms of relationships with NHS Supply Chain CRM colleagues
- There is a need to have a focus on strengthening the clinical voice, particularly when looking at Value Based Procurement
- A Patient Pathway team is being established within NHS Supply Chain which will establish good foundations



- Recognition that many of the ICS leaders are still focused on their trust level operations, there are distinct differences in levels of maturity and potentially a role for NHSE to support

## **The Role of the Regional Advisory Forums and its Members**

- Following discussion at the regional meetings, a revised Terms of Reference was proposed and agreed at the National Board. Suggestion was made that a member of the NHS Supply Chain Commercial Team should be aligned to each of the four Regional Advisory Forums, this was agreed along with the suggestions that there should be a rolling programme of cascade of information out to ICS leaders to share insight

## **Ensuring we are ahead of the plan**

- There will be greater focus on finance
- How is productivity being driven at scale
- ICS leaders should be focused on what is being done at scale, the Advisory Forum has a role to play in breaking down barriers and holding one another to account
- Variation in size, scale and capability of ICB is causing problems with consolidation. Suggestion was made that where the ICB has only one provider services should come together in areas such as Procurement. This will hopefully bring providers together as well and review ICB footprints
- The Chair reflected that work can be done to encourage pan ICS working to improve scale
- Influencing is needed at Finance and CEO level; the system needs to recognise how to support ICS Procurement Leaders
- The role of clinical leadership in standardisation and reducing variation across each ICS, noting that there will be less tolerance for variation going forwards was briefly discussed

