

## NHS Supply Chain National Advisory Board - Key Messages September 2022

### Key points

- 1.0 NHSE updated that the Corporate Services Return will be out next week. Data will be loaded into model hospital.
- 2.0 Strategic finance colleagues are presenting on inflationary pressures and NHS finances at the National Procurement Forum on the 28 September, there will also be a webinar for all Heads of Procurement.
- 3.0 David Melbourne feedback from the combined Regional Advisory Forum, key points included:
  - a. Resilience is still number one issue, acknowledged that comms are coming out, however not everyone attends webinars therefore perception of lack of transparency. Impact of resilience on workforce
  - b. ICS/system working is inconsistent
  - c. Feedback was given on the re branding of the Customer Board to Advisory Forum. Some colleagues feel it has been diluted and downgraded, David had tried to provide reassurance that there was no dilution. Action was agreed to draft an agreed message on this
- 4.0 With regards to resilience a more detailed discussion was had, key points included:
  - a. Discussion with NHSE regarding sharing a weekly DM threshold with trusts, this is being reviewed by SMOG
  - b. More understanding needed around clinical nuances of products and the impact on patient care
  - c. Impact of communications on behaviours in the market is always considered with acknowledgement that there needs to be transparency, point was made that local behaviour is impacting national supply
  - d. Cross government and cabinet office are looking at wider supply disruption
  - e. Point was made that there are examples of where suppliers can still supply into trusts but not NHS Supply Chain, possibly because they don't have enough stock to supply all. There is a need to drive supplier behaviour
  - f. Update was provided from the recent Resilience Working Group, very emotive discussion, picture on ground doesn't feel better but worse. Question was raised, has demand management become BAU rather than one off. Need some assurance how things will get better and how we will work to make things better. Many trusts have additional staff to cope with covid, most haven't let them go as still can't cope
- 5.0 Discussion was had on the Target Operating Model, key points included:  
Brief discussion was had on the current position, key points included:
  - a. Perceived lack of engagement in specification design, however it was noted that feedback was taken in from a series of engagement events
  - b. Tender specifications are published as part of the process
  - c. Nominated leads have been engaged with
  - d. The group collectively has a role to play in more effective comms
  - e. Several points were drawn together as summary, with agreement that collateral is needed to share and reinforce key messages. The group needs to cocreate what the narrative should be
- 6.0 Jacqui Rock, Chief Commercial Officer at NHS England provided an update, points to note included:
  - a. All parts of the NHS are under similar pressures, challenge of winter pressures
  - b. New minister brings new clarity on priorities
  - c. Procurement Legislation changes coming down the road, trusts need to understand the impact
  - d. Launched CCF beginning of the summer, made some great progress on key deliverables, programme and governance designed, working groups, bake in collaboration and cooperation
  - e. Rolling out Atamis with pace, trusts were thanked for their support



- f. Large NHSE supplier engagement day in November
- g. NHSE – going through significant change as an organisation, 10 Directorates in 7 regions, work completed on directorate design by end of September, phased cohorts over next 12 months, completed by September 2023
- h. NHSE is about relationships, partnerships, and collaboration
- i. NHSE published updated T&C's, this is no longer managed by DHSC
- j. Feedback was given that it is a complicated landscape. Recognition that it's not an optimised model, the way the NHS buys isn't optimised, limited areas we can change quickly, how do we do this as a community, stop buying £15bn of stuff in 220 ways
- k. Under the CCF, Marketplace is one place where we can understand where things are bought nationally, locally etc. people don't where is the most optimal place to buy

70 Hamish Makanji and Chris Holmes gave a reminder and overview of NHS Supply Chain's reporting capabilities, key points included:

- a. BAU activity – as a partner to the NHS, NHS Supply Chain provides as good a level of reporting as anyone else. Reporting has been developed to give greater transparency, not there in all categories but made great steps forward
- b. Visibility of your transactional spend, down to line and req point level
- c. Proactive identification and presentation of opportunities to drive value, whether that's savings, clinical change or other efficiencies
- d. General supporting information – such as more recently the price management information which gives you visibility of and assurance around our price management activities, providing a supporting narrative to the figures you see
- e. Trusts play a critical part in the development and sharing of this information, for example customer savings reports and price management information
- f. Much of this is your information (TR Reports) – it is self-serve, warts and all, factual and accurate
- g. Daily interactions with our supplier partners to understand activity and challenges
- h. Issues arise when supplier partners are unable to give us timely/detailed information about their issues. With multi-nationals, the in-country team often doesn't know of the issues much before they have to tell us
- i. Important to ensure how we get the information first, and then how do we get ahead
- j. Focus remains on getting issues out of suppliers in a timely manner so we can work with them
- k. Looking at long term resilience and how we can improve it by working with suppliers to understand how far up the supply chain we can operate
- l. Part of operating model design is challenging ourselves to be different type of organisation to match what NHS needs. Recognition that NHS Supply Chain is accountable for getting things right, transparency is needed, but things can't be design by committee

8.0 Matt Wynn provided an overview of NHS Supply Chain's transformation programme, key points included:

- a. In the process of migrating customers to new tech, away from legacy systems – not an immediate change for customers, but will enable key developments in customer experience in future, will conclude by end of 2022
- b. New warehouse in the North West – first site for new tech in warehouses, key milestone, roll out will take number of years beyond that, will eradicate legacy IT that is holding back key changes which the system is asking for such as better inventory management, automation, logistics services etc.
- c. Commissioned programme to replace catalogue and front end – we know it causes challenge for customers (Modern Digital Commerce Platform)
- d. Driving data quality, analytics and insight – recognition that we need better data infrastructure
- e. All activities should feed into 1 (or more) of five principals; better at procurement, better at logistics, enhance data, easier to work with, support breadth of healthcare

