

# Small changes, big differences

DRIVING NURSING LEADERSHIP  
IN PROCUREMENT

Clinical supplies – quality, safety and value at the frontline

Working in partnership





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## Foreword



Say the word 'procurement' to a lot of nurses, and they'll probably start to glaze over. But talk to them about making sure they provide safe care to their patients, and you really have their attention.

What they may not realise is how closely the two are linked – making the right choices about which equipment and supplies the NHS buys can make a huge difference to patient safety. Nurses, midwives and health care assistants use clinical products every day – from dressings through to urinary catheters and continence aids – and they know what works best for patients, and which are easiest to use. That's before you even begin to talk about the opportunity for making savings.

We all know the financial pressure the NHS is under, but nursing staff can feel that they don't have a role in addressing that. Yet a third of what the average hospital spends on its operating costs goes on clinical supplies. Even when nursing staff do have a say in procurement, it's often very late in the process. We want nurses, midwives and health care assistants involved right from the start, and we want them to understand how important their opinions are.

That's what this campaign is about. Because small changes really can make big differences, and everyone in nursing has a part to play in that.

**Janet Davies**  
**RCN Chief Executive & General Secretary**

## Introduction

Nursing staff are on the frontline of patient care, using clinical products and equipment on a daily basis.

They have the potential to add real value to procurement processes by highlighting other crucial aspects of product suitability besides simply cost, such as usability, safety, quality and patient comfort.

NHS procurement processes vary across the devolved health systems of the UK. There are many opportunities to learn from the experience of devolved systems and to share experiences, successes and challenges.

*Creating an inclusive relationship between clinical and procurement staff is a crucial first step.*

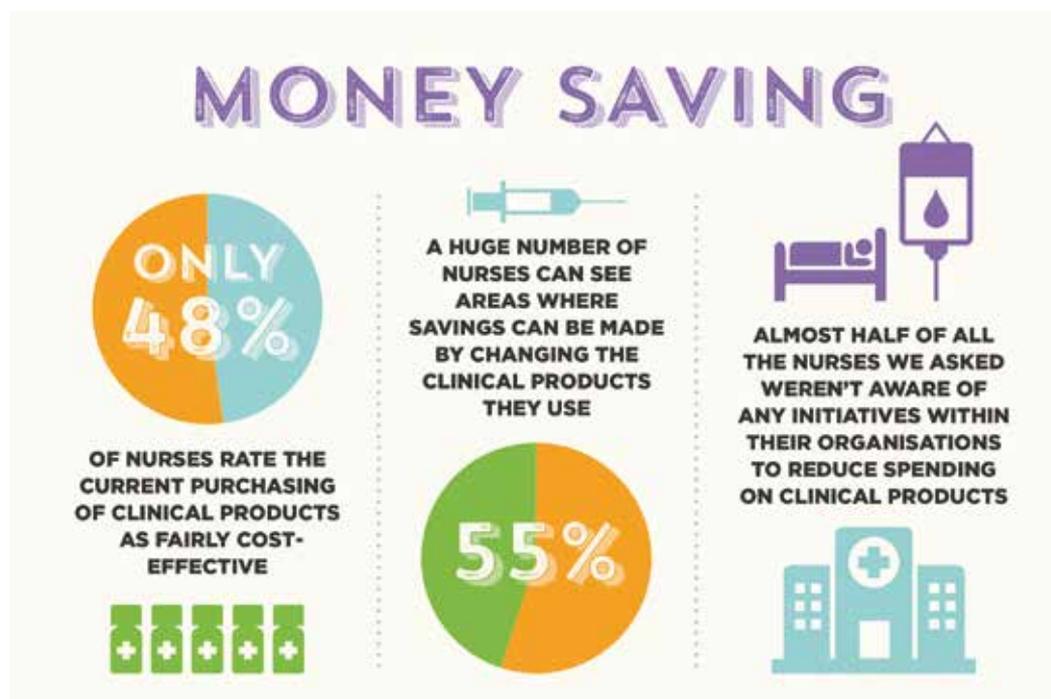
When nursing and midwifery staff are involved in procurement activities, all too often this occurs at a late stage in the process when the impact of nursing experience and knowledge is least effective. Creating an inclusive relationship between clinical and procurement staff is a crucial first step to ensuring both financial and clinical benefits are considered from the outset.

# What is the Royal College of Nursing doing?

The RCN is the largest professional nursing organisation in the UK, and works closely with all UK health systems to share knowledge and experience that support the delivery of patient care.

The RCN performs a knowledge broker role. For example, it runs the RCN NICE consultation gateway, which enables RCN members to contribute to the guidance produced by NICE.

RCN members provide nursing leadership at national procurement forums such as the NHS Supply Chain Clinical Reference Board, and actively engage senior nurse leaders to support the nursing workforce through regional or RCN-led networks.



The NHS spends over **£20 billion** every year in England alone on goods and services<sup>1</sup>. In 2013 the Department of Health and NHS England set out a procurement strategy that aimed to increase efficiency savings on the procurement of supplies.

<sup>1</sup> *Better procurement, better value, better care: a procurement development programme for the NHS*, DH, 2013, available at [www.gov.co.uk](http://www.gov.co.uk)

## The RCN can provide value by:

- enabling nursing staff to share their procurement experience and knowledge
- influencing key national leaders and agencies to create an inclusive approach to procurement
- supporting directors of nursing to influence finance directors, procurement managers, national procurement and logistical agencies, and others, to engage nursing and midwifery staff in procurement activities
- developing resources to raise awareness of the value of nursing and midwifery expertise in reducing wastage and improving patient safety by standardising products
- promoting and encouraging nurse-led innovation
- promoting the value of specialist nurses working in procurement
- capturing financial, quality and safety data as a result of nurse-led initiatives
- encouraging RCN members to share the success of nurse-led initiatives that create efficiencies (financial or staff time) or improve patient safety.

## What more needs to be done?

### The RCN believes that:

- every local procurement team should have relevant clinical expertise at the appropriate time to support effective procurement decision making
- health care organisation boards should include procurement as a regular board agenda item with a focus on clinical engagement/ feedback and quality and safety aspects, alongside financial elements
- the procurement process must include identifying the need for a product, selecting suppliers, awarding contracts, managing delivery performance and potentially ending the engagement of suppliers as part of a continuous process of review
- procurement strategies and decisions should be transparent and patient safety should take priority over the quantity and cost of the item
- procurement processes should be proportionate to the value, complexity and risk of the services contracted, but should not be overly bureaucratic
- procurement practices should be unified for some of the most commonly used items
- benchmarking should be introduced in England to better understand how procurement processes vary and what impact variation in prices

for the same items or services might have

- relationships with suppliers should be harnessed to stimulate new innovation and deliver quality and value
- there should be collaboration between health care organisations

(where appropriate) in order to reduce costs with suppliers

- the boundaries between separate primary care organisations in England need to be overcome, as this will give more scope for clinical input into the procurement process.



# Driving nursing leadership in procurement

**Mandie Sunderland, formerly Chief Nurse, Heart of England NHS Foundation Trust; now Chief Nurse, Nottingham University Hospitals NHS Trust and representative on NHS Supply Chain's Customer Board.**

*The position of nurses on the frontline of patient care, using a vast range of clinical products on a daily basis, leaves them uniquely qualified to offer detailed insight into what items do and do not work.*

Waste has always been an unpalatable word, but in today's austerity-era NHS it is fast becoming a taboo. Nonetheless, getting the best value out of procurement remains a challenge for many trusts.

The reasons are complex, but one of the most common is a lack of true clinical involvement. Often, the entire process of selecting and purchasing items has been managed by procurement departments alone. This approach tends to mean that financial considerations come first when products are chosen, while product usability and clinical suitability are

secondary. This in turn means staff are asked to use products they may find inefficient or ineffective.

The launch of clinical commissioning groups, alongside other changes introduced by the Health and Social Care Act, may prove an unprecedented opportunity to address this problem. The boundaries between hospital procurement and health care commissioning are being dismantled, so there are more opportunities for clinical input into the procurement process.

Evidence shows that nursing involvement can be particularly valuable. The position of nurses on the frontline of patient care, using a vast range of clinical products on a daily basis, leaves them uniquely qualified to offer detailed insight into what items do and do not work.

The implementation of the EU directive on the prevention of sharps injuries within health care settings, from May 2013, is a case in point. Individual trusts were required to identify the existing sharps products used and, where appropriate, to find replacements that

comply with the directive's requirements. Nursing staff were responsible for defining the technical specifications of the products – a central part of the procurement process, and one in which their clinical expertise was crucial.

At Heart of England Foundation Trust, a similar model has been implemented. Traditionally, large numbers of stakeholders were involved in identifying technical specifications for products being procured. This resulted in an extremely lengthy process in which consensus was difficult to achieve, and on occasion several products serving the same purpose were procured.

Now senior nurses are the decision makers on the products generally used by nursing staff. Discussions take place at the trust nursing and midwifery board, to which procurement colleagues are invited on a quarterly basis. This collaborative approach allows any barriers to be identified and addressed and new savings opportunities to be found.

Empowering senior nurses to make procurement decisions has also helped to drive product standardisation across clinical areas. Rather than placing several small orders for similar products, one larger order can now be placed for one product. This results in economies of scale and significant cost savings. Agreeing a standard item during a recent contract renewal for curtains

and glide sheets secured savings of **£106,000**. On a potential contract covering body warming and continence products, potential savings of around **£187,000** have been identified. Standardising examination gloves will deliver another **£100,000** back to the trust.

On top of the financial savings there are also quality and patient safety improvements. Using the same product across the organisation reduces the potential for clinical errors, particularly when it comes to medical devices. The need to train staff on new products should they move wards is also eliminated – another time and cost saving.

*... every £30,000 saved on products equates to one Band 5 nurse.*

If more organisations are to realise such benefits, senior clinical managers will need to drive collaborative involvement in procurement. Nursing directors should be highlighting that every **£30,000** saved on products equates to one Band 5 nurse. They should also be encouraging nurses to take ownership of procurement. The benefits – and the necessity – are now beyond debate.

## How nurses can add value to the procurement process

The position of nurses on the frontline of patient care, using clinical products on a daily basis, leaves them uniquely positioned to:

- share knowledge of what products do and do not work in the clinical environment
- offer feedback on the quality and safety of products
- share insight into which products are best from a patient experience perspective.



### This means that:

- clinical risk is reduced
- patient experience and safety is improved
- product standardisation becomes much easier, leading to economies of scale
- the procurement process becomes more efficient and effective.

# Best practice guidelines

What does good practice for efficiency savings look like in the NHS? How can you make sure that your organisation is doing the best it can? Use our checklist to help identify any areas that might need improvement.

## Did you know that...

Goods and services typically account for **30%** of an NHS hospital's operating costs

In 2011, the National Audit Office identified the potential for

**£500 MILLION**

in savings by embracing more efficient purchasing within the NHS



In 2011-12, NHS trusts in England spent

**£20.6 BILLION**

on goods and services

In England, the NHS spends

**£4.5 BILLION EACH YEAR**

on clinical supplies and services

### Best practice checklist

- Use a mix of national, regional and local contracting that involves clinical staff and ensures the right products are available.
- Include the selection and purchasing of consumables and equipment as a regular agenda item in core clinical meetings.
- Use different communication methods to ensure the procurement team's role is well understood and supported at all levels – from trust boards and chief executives to clinicians and major budget holders.
- Employ or share clinical procurement nurses (or other clinicians) to work to support evaluation, change and review of all clinical products and equipment in use.
- Review the composition of procurement teams. They should be multidisciplinary and at the heart of delivering patient care, providing input in business planning, product review and cost-improvement programmes.
- Ensure clinical staff are involved at an early stage, to deliver the best possible outcomes for both clinical and cost-effectiveness.
- Support the review of new innovations.
- Encourage staff to share information, work transparently and enable others to learn.
- Allow frontline staff to use forums such as clinical product review groups, which empower multidisciplinary teams to work together to choose the right products.
- Help budget holders and clinicians recognise and implement efficiencies in managing their budgets.



# Quick wins checklist

We know you don't have time to waste, so how can you quickly make improvements in your organisation? Here are some simple ideas that can have a big impact.



- Talk** with your procurement and supplies team at the beginning of any review process that involves products or equipment.
- Develop a process** for introducing new products into your organisation.
- Establish** a clinical products review group to standardise practice and reduce variation.
- Encourage** all staff to be responsible for managing clinical products in use.
- Make sure** your staff know the cost of the products they are using and **highlight any waste** or inefficiency immediately.
- Share best practice** with your neighbouring organisations and learn from each other.
- Work** with your national contracting partners to **identify new opportunities** to review clinical consumables – for example, NHS Supply Chain, NHS Scotland Procurement and Welsh Health Supplies.
- Only order** what you need.
- Get to know** policies and procedures related to clinical supplies.
- Make sure you **use products correctly** and as intended.
- Become your team's champion**, working with the procurement and supplies team to simplify your ordering, storage and utilisation needs.
- Use Productive Ward** or other methodologies to improve how products move around your organisation.
- Use good communication** to make sure the introduction of a new product gets off to the right start.
- Get involved** in supplier management with your procurement and supplies teams.



### Five essential steps:

Get to know your procurement and supplies team.

Have a process for the review and introduction of new products.

Tell someone if you have an idea or have witnessed waste in practice.

Share best practice with others – and let them share back.

Free up clinical time by getting the right products in the right location.

# Improving patient care through a review of the use of continence care pads



## CASE STUDY

### What is the background?

The risk of pressure ulcers with the use of continence pads is an issue of concern within community health care, and ensuring patients retain their dignity is always a high priority. In September 2012, Shropshire Community Health undertook a review of its community continence care spend in order to address concerns regarding the link between pressure ulcers and the use of all-in-one fixation pants.

### What approach was taken?

NHS Supply Chain and Ontex UK worked together to put a successful proposal to Andrea Davies, Continence Team Leader at Shropshire Community Health. Outlining the clear and achievable changes to the home delivery solution to yield clinical and financial benefits, the proposal also aligned with the trust's carbon reduction strategy, with a two-month turnaround. The objectives were to rationalise the product range and reduce the unnecessary use of all-in-one fixation pants, with an aim to save approximately **£50,000** over the year.

Effective communication was key to ensuring a smooth transition to the new way of working. All patients received a letter advising them of the changes and the reasons for them. Andrea and her team ran sessions across the region for all clinical staff who needed

training on the new products, and provided guidance on how to decrease their usage of all-in-one fixation pants. Clinical product support was provided by Ontex UK, and question and answer sheets were put together to demystify the project for staff.

A key way that cost savings were achieved was through a review of delivery cycles – for example, where patients were receiving two or fewer pads per delivery their delivery cycle was changed to every 24 weeks. This saved on delivery charges and also reduced potential wastage due to stockpiling within a patient's home.

*The project has helped to lessen the risk of pressure ulcers, by reducing the prescription of all-in-one fixation pants for patients where the use of shaped pads may be more appropriate.*

Overall, thanks to the clear communication and inclusion of all stakeholders there was very little resistance to the change.

### **What has been the outcome?**

The project has helped to lessen the risk of pressure ulcers, by reducing the prescription of all-in-one fixation pants for patients where the use of shaped pads may be more appropriate. Shaped pads, which fit inside a patient's own underwear, also allow a patient to retain dignity whilst dealing with a potentially embarrassing condition. The patient remains in control and maintains a normal way of life.

Other benefits stemmed from cross-functional working, with staff competency improving as a result of the product training. There are now better relationships between clinical and other staff, and a steering group was set up with representatives from children's and adults' services; this group now meets quarterly to share good practice and ensure joined-up working. There has been excellent feedback on the service from staff, and patients have reported being much happier with the service.



**£45,000**

was saved between November 2012 and March 2013, with a projected annual saving of **£111,000.**



Andrea Davies,  
Contenance Team Leader

**W**

To view the full case study visit  
[www.supplychain.nhs.uk/smallchanges](http://www.supplychain.nhs.uk/smallchanges)

# Improving patient care by standardising prescription dressings

## What is the background?

Clinicians come across many difficulties in prescribing dressings for patients. The key challenges include delays that lead to frustrated clinicians and poor patient care, wasted dressings piling up in patients' homes, and having no standard practice where prescriptions are based on a wide choice of dressings.

## What approach was taken?

In 2009, Alison Hopkins was employed as Lead Nurse for the Wound and Lymphoedema Service in Tower Hamlets PCT. She was tasked with putting together a business case outlining a new off-prescription route for dressings, as no solution currently existed. Her objectives were to reduce the waste of unused dressings, provide quicker access to dressings, and standardise practice including that of infection control, thereby improving patient care and making significant financial savings. A project team was put together, including representatives from the commissioning pharmacy, procurement and NHS Supply Chain. The proposal was for a centralised scheme for community nurses, GP practices and nursing homes.

Research into similar schemes had shown that most took 40% or 50% of dressings off prescription. The Tower Hamlets scheme took 90% of products off prescription for traditional wound care products, and the remaining 10% was for products that, while they fall under the wound care banner, weren't officially wound care. These included scar dressings, dressings for eczema and tracheostomy dressings.

The business case was signed off, giving six months for implementation.

The Tower Hamlets scheme was put in place with patient care at its heart. The main driver was the need to change the system for the better: what is the problem, and what is the most effective solution to more easily manage and heal the wound whilst providing a beneficial change to the system. It was not about using cheaper products; it was about using the most appropriate products in a timely manner.

Repeat prescriptions were being used excessively in some areas, with some patients' prescriptions not being reviewed on a regular basis. As soon as the process changed at GP level, and prescriptions were no longer given to these patients, this patient group became visible and accounted for.

### Typically these patients fell into one of three groups:

- self-caring patients with leg ulcers: this group was given support, training and appropriate dressings to get them healed and no longer using dressings
- self-caring patients with perianal abscesses: improved patient care led to an improved quality of life
- patients with the debilitating condition hidradenitis suppurativa: typically self-caring and requiring regular expensive specialist dressings.



Alison Hopkins,  
Lead Nurse for the Wound and Lymphoedema Service

**W**

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These three groups had not been visible in the original review and amounted to a significant unmet need. The team worked hard to put solutions in place for these patients to ensure they got the best care to either heal or manage their conditions. There is now a robust process in place to ensure all patients are known about and regularly reviewed.

In 2011 the East London Wound Healing Centre was re-launched as a Community Interest Company (CIC), taking the name Accelerate CIC with Alison Hopkins as the CEO.

### What difficulties were encountered?

Challenges were seen with some of the district nurse teams, where low IT literacy led to difficulties in ordering and planning the stock holding. As an interim measure Alison put in place a buffer store to ensure teams had access to emergency stock.

The issue of community nurses struggling to carry dressings on their visits was helped by the home delivery of bulky products to patients and improved internal processes within the nursing teams.

It soon became apparent that there was some over-ordering by staff, so now all orders are authorised by the Accelerate team. Whilst admin resources are

required to manage this process, this cost is offset by the savings made. This also allows identification of high spend and complex clients, prompting early referral for specialist advice.

Geographical boundaries have posed a challenge. The switch to off-prescription dressings means that those who would ordinarily pay for prescriptions no longer need to. Therefore, any patient who sees a GP in the area, whether or not they live there, would be entitled to off-prescription dressings. This could result in cost pressures should the proportion of out-of-area patients increase.

*“Patient survey feedback has shown that quicker access to dressings has resulted in better overall patient care.”*



### What has been the outcome?



*By the end of the 2013-14 financial year,*

**£600,000**  
*had been saved over a four-year period.*

Excellent patient survey feedback has shown that quicker access to dressings has resulted in better overall patient care. Self-caring patients and carers have been given more regular reviews with clinicians and have the support and training they need to provide effective care.

The results from the practitioner surveys scored between eight and ten out of ten for the following key performance indicators:

- ease of use for patients
- immediate access to dressings
- infection control (consistency in use of items such as aprons and gloves)
- reduced waste
- standardised treatment
- education in wasted nursing time.

# Setting up a clinical swap shop leads to big savings

Stephanie McCarthy, Clinical Procurement Nurse Specialist at Derby NHS Foundation Trust, tells how she organised a clinical swap shop – saving the trust thousands of pounds in the process.



## What is the background?

When I came into post I was made aware of large amounts of clinical stock that were being stored unused in the hospital. Reasons for this included the stock being of too little value to return, being surplus to requirements, or having been incorrectly ordered.

## What approach was taken?

Working with Pete Charvill, Theatre Procurement Lead, we set up a clinical product swap shop in an area of the hospital that was accessible to all staff. Staff were invited to bring any redundant stock from their shelves that may be useful to other clinical departments. Products were donated on the understanding that they would not be re-charged and that many of these products would otherwise have gone out of date, been thrown away or donated to charity. We developed a catalogue and posted this on our intranet. Every item was logged and a cost attached.

We accumulated **£24,000** of stock. Some stock was re-homed before the day of the launch as a result of publishing it on the website. Out-of-date stock was offered to the education teams. On the day of the swap shop launch more stock arrived and was logged by the team.

## What was the outcome?

*At the end of one day we had re-homed £18,000 of in-date stock that would have remained unused.*

At the end of one day we had re-homed **£18,000** of in-date stock that otherwise would have remained unused around the organisation. By the end of the whole exercise we had re-used approximately **£20,000** of stock, either in clinical areas or education. The remaining stock was then donated to charity.

Savings were made on non-pay spend. This ultimately helps the trust achieve its cost improvement plan targets. Making savings through the non-pay route means that the pay budget remains protected and jobs are less likely to be lost.

Removing excess and redundant stock means that stock rooms are now tidier and clearer. We simultaneously created an extensive standardisation programme, which lessened the risk of staff mistakenly using stock that should no longer be used and therefore increased patient safety.

### What does the future hold?

We repeated the exercise on a smaller scale when one of our surgeons put out an appeal for stock to go to Gaza as part of the humanitarian aid effort and we managed to identify approximately **£14,000** of out-of-date or redundant stock to go to the charity. This has now led to the development of an official process for the identification, logging and redistribution of excess stock. We have also commenced a ward stocks project, which has the aim of improving stock rotation and reducing stock levels. On a bi-monthly basis the ward housekeepers, theatre store staff and clinical educators are invited to view the newly available products, with anything else being donated to charity.



- **£18,000**  
In-date stock re-homed
- **£2,000**  
Out-of-date stock to education
- **£4,000**  
Stock donated to charity

## STEPHANIE'S TOP TIPS

- Have a team of staff available to help you – and prepare to get dusty.
- Find a venue that can be used both before and after the swap shop event, as it takes a few days to prepare and clear up.
- Agree what sort of stock you are swapping or you will end up having to dispose of a lot of junk. We have a separate 'dump the junk' exercise for unwanted furniture and equipment.
- Ask staff to bring stock to the venue and complete log sheets in advance of the event.
- Have stock log sheets available at the event as staff will turn up with stock on the day.
- Collate all the stock sheets so you know what value you are starting with.
- Photograph the stock, make up a catalogue and post it on the intranet so people know what is available.
- Divide in-date and out-of-date stock. Remove the out-of-date items to a separate store, and remove anything that shouldn't be used (e.g. non-safety sharps and latex gloves).
- Divide the stock into sections (e.g. airways, intravenous therapy, PPE) and label the tables and boxes so staff can see what is available.
- Invite education staff as they can often use out-of-date items for teaching.



# A solution to the issues surrounding infection prevention and control in catheterisation

*Any measures that can be taken to potentially reduce the rates of infection should be given serious consideration.*

## What is the background?

Nurses who work in the community are likely to care for many patients who need a catheter. But infection is a significant and distressing problem, with more than 90% of those catheterised for a long time eventually developing infections of their urinary tract.

## What approach was taken?

“Any measures that can be taken to potentially reduce the rates of infection should be given serious consideration,” says Helen Levers, a senior nurse in infection prevention and control (IPC) at Rotherham NHS Foundation Trust.

In 2012, Helen’s service was invited to pioneer a potential answer to the problem. This involved switching from a saline solution to an antimicrobial cleaning solution developed by infection prevention specialist company Schülke. The product is used to clean the patient before catheterisation takes place or when a catheter is being changed.

Feedback from both patients and nursing staff has been overwhelmingly positive. During the evaluation, trauma associated with the process of catheterisation reduced significantly and there were no reports of associated urinary tract infections.

For the company that developed the product, the ability to trial a product on the ground is essential. While researchers can come up with something that performs well in a laboratory, they need to know how well it works in practice, with both nurses and patients. For example, does the packet open easily? Is the aroma pleasant? Do people like using it? These issues make a big difference to everyone’s experience.

*While it is cost-neutral when compared to saline solution pods, the reduction of both infection and expensive hospital admissions mean that the savings, while difficult to measure, are likely to be substantial.*

## What has been the outcome?

The new solution is now used widely, particularly in community settings. While it is cost-neutral when compared to saline solution pods, the reduction of both infection and expensive hospital admissions means that the savings, while difficult to measure, are likely to be substantial. And significantly reducing infections and making the process of catheterisation easier also means that it’s much less distressing for both patients and their loved ones.

This exercise highlighted the value of the contribution of specialist nurses such as those working in IPC in the evaluation of products that impact directly on improving patient outcomes and experiences of care. Their skills in surveillance, change management and leadership are invaluable when addressing the complex needs of patients and equipment used to support their care.

With thanks to Ruth Nicholls at Schülke UK.

## JASON'S STORY

Among the patients who have benefited from the new approach is 24-year-old Jason, who was involved in a serious road traffic accident when he was 18. This left him with a severe traumatic brain injury and very little sensation from the neck downwards. As a result, he is doubly incontinent and has no bladder control. Since his accident, he has had a suprapubic catheter, which is changed every four weeks by Rotherham's continence team.

Unfortunately Jason has suffered recurrent urinary tract infections and also has post-catheterisation trauma. Over a seven-month period of using the new antimicrobial cleaning solution rather than a saline solution, Jason has had no urinary tract infections. One of the continence nurses who regularly cares for Jason says: "I can't believe the difference this has made. I didn't think Jason would be free of infection for as long as this."



## MARGARET'S STORY

Another patient who was also part of the evaluation is 86-year-old Margaret, who has been living with multiple sclerosis for the last 20 years. With no mobility and doubly incontinent, she has had a urethral catheter for the past 10 years, which is changed every 12 weeks. Like Jason, she has been free of urinary tract infections since swapping to the new solution and has no related unplanned hospital admissions.

**CASE  
STUDY**

# An initiative to consolidate examination gloves usage and save money across trusts



## CASE STUDY

### What is the background?

Achieving best value from public money spent on goods and services across the NHS is paramount. The Working Together Programme is a unique partnership between seven acute trusts in South Yorkshire, Mid Yorkshire and North Derbyshire. Their aim is to work together and strengthen each organisation through inter-trust working to ensure the consistency of supplies for clinical and nursing staff.

It was decided that examination gloves would be the best product to focus on for the first part of the Working Together Programme product consolidation initiative; the potential for savings and consolidation was high, with spend at **£2.1 million** across eight suppliers. All seven trusts in the programme agreed to adopt the products awarded, which was also critical for presenting a united front to suppliers. The main objectives were to agree on one range of gloves across all seven trusts, and to work with NHS Supply Chain to secure a minimum of 5% savings on glove spend.

### What approach was taken?

In the first stage of the initiative, the medical directors from the seven trusts agreed the specification for the gloves. The eight shortlisted suppliers bid for 12 months of volume across the seven trusts. The selected gloves were then tested and introduced to the trusts. Introduction was within a five-week timescale, ensuring plentiful stock of all sizes.

Getting all specialist departments and nursing teams on board across the trust was essential to avoid unnecessary additional consultation. Michaela Fairest, Clinical Procurement Specialist from Sheffield Teaching Hospitals NHS Foundation Trust, which was involved in the Working Together Programme, explains how the chosen glove's use was implemented and advocated at her trust. She stresses that it was vital for nurses and clinical staff to understand why the procurement decision had been made to standardise to one range of nitrile exam gloves across the trust. The rationale behind the move, such as improved staffing and patient safety and the additional efficiencies and savings that would be generated, was clearly and widely communicated.

**W**

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On the improvements for patient safety she says: “I was also able to give them the peace of mind around potential risk factors, such as known irritants, like the type and level of powder used – which met the national standards required to be declared powder-free. In fact, in the case of the chosen Medicare glove, its powder content was way below this national requirement – one of the lowest levels I have ever seen in a nitrile glove.”

### What has been the outcome?

**£400,000** of annual savings (24%) were made on exam gloves, with a single brand of gloves introduced in one box size across all seven trusts (subject to successful implementation across all trusts). The chosen glove was classified as super sensitive and is manufactured using an innovative nitrile process, ensuring excellent strength and protection. This has helped improve both patient and staff safety.



**£400,000**  
of annual  
savings were  
made on exam  
gloves.

## TOP TIPS



- Ensure you are fully informed and that you take time beforehand to fully scope and agree the specification that the awarded product must meet. This will help reduce risks at the point of selection. It will also give the selected product the greatest chance of being accepted.
- Allow time in the plan to ensure that suppliers buy in to the value proposition, to give them confidence that being chosen will result in all of the expected volume being purchased.
- Maintain end-user confidence in the process by making both old and new products available for a limited period, to ensure against any unforeseen product availability issues.
- Avoid selling unrealistic expectations to your trust board, colleagues and staff.
- Seek independent procurement advice: this will aid the process.

# The Traffic Light Support System for effective clinical product procurement



*Empowering our nursing teams on the real differences they can make regarding purchasing and the potential it has to drive efficiencies, savings and improved patient safety is paramount – and the Traffic Light Support System does this in a simple and engaging way.*

Mandie Sunderland,  
Chief Nurse, Nottingham University  
Hospitals NHS Trust

## What is the background?

With **£4.5 billion** spent by the NHS each year on clinical supplies, and with constant pressure on budgets, NHS Supply Chain was keen to develop a process by which staff at all levels could be involved in better, more informed decisions around which products to use.

## What approach was taken?

Helping to raise awareness around more efficient use of clinical supplies is not a new concept. One popular approach already used by some trusts, the unit-cost labelling of supplies in stock rooms, has helped to increase awareness of costs but feedback confirmed some tweaks were necessary. The approach was seen as too time-intensive to manage, and staff were at risk of becoming blind to a sea of stickers.

A simpler, quicker and more visual solution was developed, using fewer, more visible stickers with a longer shelf life to be used as part of a flexible process that could be tailored to each site.

NHS Supply Chain's Clinical Nurse Advisor Karen Hudson and Shelley Scothorne from their Communications team devised the Traffic Light Support System – a simple red (think), amber (consider) and green (go) sticker system for labelling clinical supplies in the stock room.

The purpose was to help raise awareness of the cost of clinical supplies, identify where relevant alternatives are available, and encourage staff to think before using the most expensive items.

Pennine Acute Hospitals NHS Trust (PAT) agreed to support a three-month pilot of the system. Working with NHS Supply Chain, scoping of the project started in May 2014.

PAT's project team led the pilot which included the Head of Procurement, Chief Nurse, Assistant Operations Manager and Senior Supplies Assistant from Materials Management. Aware that the system needed to work across different types and sizes of stock rooms and storage areas, they identified 11 suitable sites and wards for the pilot.

When selecting the clinical supplies to be targeted for the pilot, the team focused on small, consumable, easy-to-use and frequently used items. As supplies are often selected from trollies in wards, the system needed to work in static storage areas as well as mobile ones.

Eye-catching, wipeable stickers, a user guide and posters were included in the toolkit.

The pilot ran from July to November 2014. It was reviewed on implementation, after six weeks, and at the end. Relevant teams were provided

with regular updates throughout the pilot to ensure engagement.

### What has been the outcome?

At the beginning of the pilot, a survey of participants revealed a disengagement around effective purchasing, highlighting the importance of the project to put procurement back into the spotlight in a simple but impactful way.

A survey of the nursing teams involved at the conclusion of the pilot identified that the Traffic Light Support System had raised awareness of the cost of clinical supplies, with over half of the teams stating that a red sticker on a product drawer would highlight that there may be a cost-effective alternative and that they would think twice before using that product.

#### The results also showed that:

- the system had great potential to help with standardisation
- the majority of teams were not always aware of the cost of clinical supplies, as they were not directly involved in purchasing decisions. This pilot gave them the opportunity to make savings and improve patient safety, with cost awareness in mind

- good practice was shared across the trust, with the potential for significant impact with minimal time and effort required
- as well as achieving its primary goal, in every area the Traffic Light Support System was piloted, other new and innovative ways to drive efficiencies and savings were discussed.

**W**

Want to implement the system in your trust? To download the full case study and your user guide, and to order your free Traffic Light Support System starter pack, visit [www.supplychain.nhs.uk/trafficlights](http://www.supplychain.nhs.uk/trafficlights)



Left to right:  
Natalie O'Mahony, Assistant Operations Manager, PAT; Karen Hudson, Clinical Nurse Advisor, NHS Supply Chain; Shelley Scothorne, Clinical Communications Executive, NHS Supply Chain; Sue Buckley, Sister, PAT; Sheila Smith, Senior Supplies Assistant, PAT



# Devising a solution to improve patient safety in the use of commodes

## What is the background?

With commodes often costing hundreds of pounds, having to replace them frequently can become a serious issue for hospital budgets.

In NHS Lothian, commodes are routinely cleaned with a strong bleaching agent to avoid the spread of infections, such as *Clostridium difficile* and norovirus, but this treatment was gradually staining, rusting and eroding any metal. Staff were also finding some parts awkward to remove and reassemble for cleaning purposes.

“We were having to replace our commodes very regularly – sometimes as often as every three months,” explains Healthcare Associated Infections (HAI) Patient Safety Co-ordinator, Ann McQueen. “It was a huge concern for the staff and we were all thinking hard about what to do.”

## What approach was taken?

After raising the issue at one of NHS Lothian’s regular meetings between infection prevention and control and procurement, staff decided to investigate alternative models, organising a full-scale evaluation that would eventually involve gathering the views of frontline staff and patients.

Before drawing up a shortlist, staff from infection control, procurement, and manual handling developed their own criteria to judge contenders.

## They decided that the new model must be:

- sturdy and long-lasting
- able to withstand being cleaned regularly by strong bleaching agents, with non-corrosive parts
- quick-drying after thorough cleaning
- free of gaps where infection might lurk
- easy to handle, dismantle and reassemble
- simple and comfortable for patients to get in and out of, with good brakes.



## CASE STUDY



*“We were having to replace our commodes very regularly – sometimes as often as every three months. It was a huge concern for the staff.”*

Ann McQueen,  
Health Care Associated Infections  
(HAI) Patient Safety Co-ordinator,  
NHS Lothian

A list was drawn up, with companies invited to present their products to the group. “It was a very interesting afternoon,” says Penny Docherty, Head of Manual Handling. “We could see that some companies had solved one problem, but created another.”

Eventually three models were selected to be piloted by nursing staff at three different hospital sites, with wards including elderly care and acute medical, over a three-month period. “We made sure we chose busy places, where they were likely to get a lot of use,” says Ann.

*It’s more expensive to buy than its predecessor, but we expect it to last much longer, potentially saving thousands of pounds in the longer term.*

Gill Bowler,  
Clinical Procurement Manager

### **Investing money to save money**

Evaluation forms were created so that both staff and patients could give their feedback. They included questions relating to how comfortable the commode was to sit on, ease of

cleaning, dismantling and reassembling, and manoeuvrability. After opinions were gathered and assessed, a new model – made by Gamma Healthcare – was chosen and is now being rolled out into practice.

Made of white plastic, it’s lightweight and very easy to clean. “It’s more expensive to buy than its predecessor, but we expect it to last much longer, potentially saving thousands of pounds in the longer term,” says Gill Bowler, Clinical Procurement Manager. Each commode is also covered by a five-year warranty and replacement parts are cheap to buy, adding to its cost-effectiveness.

“But perhaps more importantly, it could also save us thousands of pounds in reducing health care-associated infections, as well as avoiding the distress they cause to patients and their families,” says Ann. “Despite our best intentions, we know that we had problems cleaning the previous commodes, but now we can do a much more thorough job.”

Taking around a year to come to fruition, much of the project’s success has hinged on staff from infection control, manual handling and procurement working closely together. “That’s really important,” says Penny. “We tend to look at things from our

own professional focus, concentrating on our own risks. But when you work together on something like this you learn so much about others’ concerns. Next time I’ll be thinking, ‘That could be a problem for infection control’. It broadens your mind.”

Ann agrees, adding: “You need to get the right people around the table to share their expertise and make the decisions. Once you have that in place, everything follows.”

# How to engage the nursing workforce on clinical supplies selection

Engaging the nursing workforce to provide input on patient safety, product quality, innovation and value for money helps to influence the diverse range of clinical products available to them for patient care.

A highly functioning health system has clinical and procurement staff working closely together with common goals and patients as the focus.



## The benefits



# How to set up a product review group

## What is a product review group?

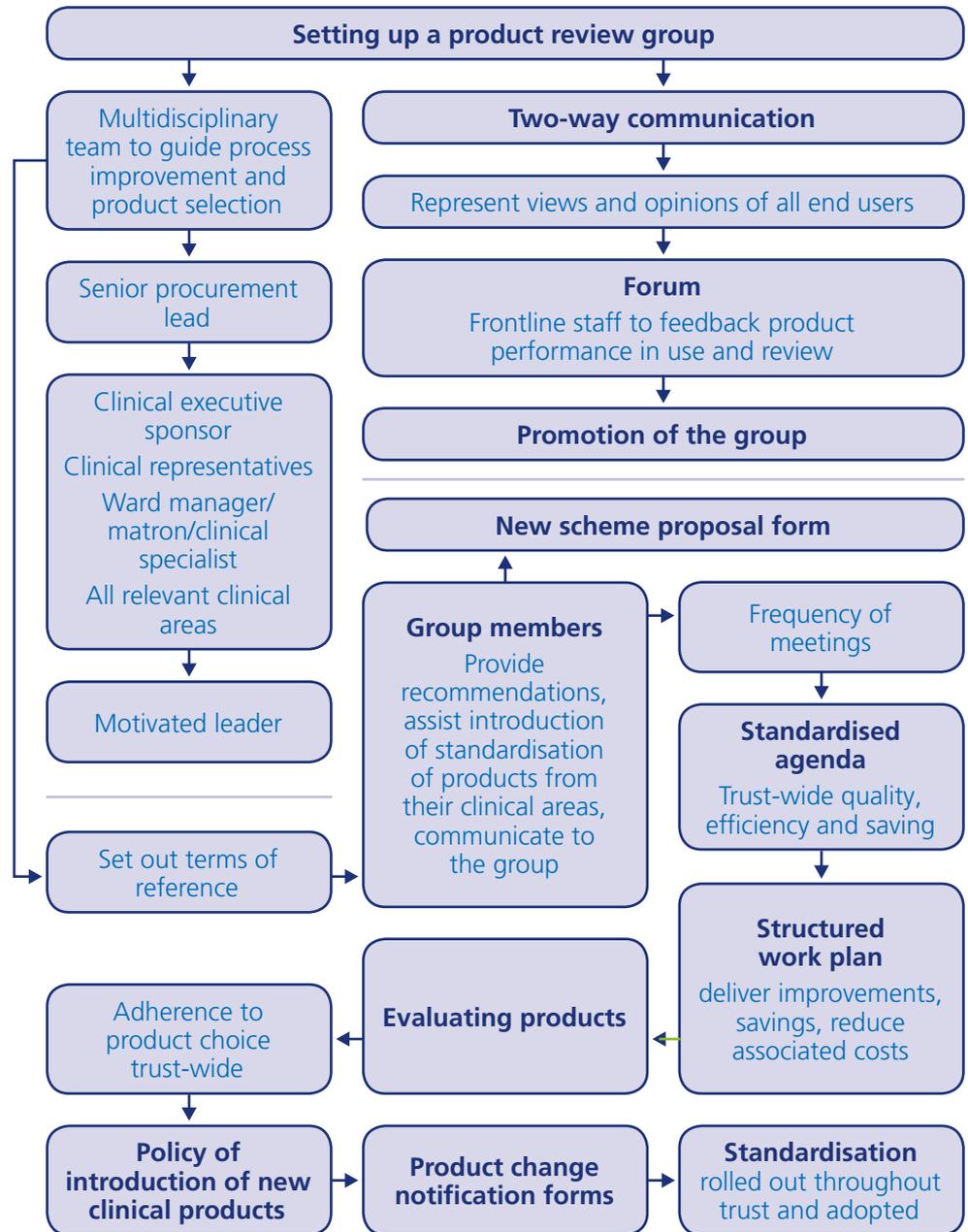
A product review group is a multidisciplinary group supporting the introduction and review of new and existing clinical products in your organisation. It will enable staff to bring ideas and suggestions for new products to the workplace in a uniform and co-ordinated manner.

Well-informed product evaluation and purchasing are significant ways for hospitals to combat rising expenses, providing nurses with the control they need to play a key role in the standardisation of products, improving patient safety and providing value at the frontline.

**W**

Terms of reference document, product change notification forms, and standard product evaluation forms are available to view at [www.rcn.org.uk/smallchanges](http://www.rcn.org.uk/smallchanges)

## How to set up a product review group



# How to build a case for a clinical procurement nurse role in your organisation

**Liam Horkan, Clinical Procurement Specialist, Colchester Hospital University NHS Foundation Trust.**

The delivery of clinical care requires an ever-expanding, diverse range of clinical products and devices for patient care. Many of these products and devices are used widely across organisations and therefore it is essential that where possible they are standardised to reduce clinical risk and improve patient and staff safety.

## **What is a clinical procurement nurse?**

The development of a procurement nurse who can work across clinical teams and support procurement, finance and service management teams has become more common across the UK. The role of the clinical procurement specialist has become increasingly recognised in NHS trusts, collaborative procurement hubs and national procurement organisations.

The role acts as a bridge between clinical activity and the contracting/commercial requirements of a health care organisation. It requires a wide range of clinical experience, the ability to understand complex clinical treatments, and excellent communication and interpersonal skills.

Clinical procurement specialists can come from a range of clinical backgrounds including theatre, critical care, ward managers or other roles that require engagement across all levels of the multidisciplinary team.

## **What are the benefits of the clinical procurement nurse role?**

The role can demonstrate tangible cost benefits along with improved clinical engagement and can provide a clearer link between trust objectives and patient care standards.

Clinical procurement nurse specialists lead nursing and other clinical teams through change management and decision making processes, ensuring that quality, safety and value are delivered in procurement project outcomes.

A clinical procurement nurse can use their experience of delivering patient care to enhance procurement knowledge and support patient focus in the contracting and product selection process.

## **What functions does the role cover?**

- Liaise between procurement and clinical teams to agree and control standardised products and devices across an organisation.
- Support and co-ordinate complex clinical procurement exercises where critical appraisal or formal clinical evaluation is required.
- Ensure that legislative and regulative health care laws and guidelines associated with medical devices and patient care are considered in the procurement process, communicated correctly across an organisation and included in future planning.
- Develop clinical networks and multidisciplinary input into a clinical products and devices review process through clear protocols, policies and product groups.
- Actively promote research activity to identify new innovations or technologies that can support business case development to improve patient care or outcomes.
- Observe product utilisation in practice, collecting staff feedback, identifying training needs and supporting cost improvement programmes.

## Further resources

**Royal College of Nursing**  
[www.rcn.org.uk/smallchanges](http://www.rcn.org.uk/smallchanges)

**NHS Supply Chain**  
[www.supplychain.nhs.uk/smallchanges](http://www.supplychain.nhs.uk/smallchanges)

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### **National procurement organisations**

NHS Supply Chain [www.supplychain.nhs.uk](http://www.supplychain.nhs.uk)

Crown Commercial Service [www.gov.uk/government/organisations/crown-commercial-service](http://www.gov.uk/government/organisations/crown-commercial-service)

NHS Scotland Procurement  
[www.nhsscotlandprocurement.scot.nhs.uk](http://www.nhsscotlandprocurement.scot.nhs.uk)

Northern Ireland [www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net)

Welsh Health Procurement  
[www.procurement.wales.nhs.uk](http://www.procurement.wales.nhs.uk)

### **Regional NHS collaborative procurement hubs**

East of England NHS Collaborative Procurement Hub  
[www.eoecph.nhs.uk](http://www.eoecph.nhs.uk)

North of England Commercial Procurement Collaborative  
[www.noecpc.nhs.uk](http://www.noecpc.nhs.uk)

NHS London Procurement Partnership  
[www.lpp.nhs.uk](http://www.lpp.nhs.uk)

NHS Commercial Solutions  
[www.commercialsolutions-sec.nhs.uk](http://www.commercialsolutions-sec.nhs.uk)



## Further resources



### **Other collaborative procurement organisations**

HealthTrust Europe

**[www.healthtrusteurope.com](http://www.healthtrusteurope.com)**

NHS Shared Business Service

**[www.sbs.nhs.uk/procurement](http://www.sbs.nhs.uk/procurement)**

North West Procurement Development

**[www.nwprocurement.co.uk](http://www.nwprocurement.co.uk)**

### **Other organisations**

Health Care Supply Association

**<https://nhsprocurement.org.uk>**

Chartered Institute of Procurement and Supply

**[www.cips.org](http://www.cips.org)**

NHS Business Services Authority

**[www.nhsbsa.nhs.uk/SupplierManagement.aspx](http://www.nhsbsa.nhs.uk/SupplierManagement.aspx)**

MHRA **[www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency](http://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency)**

Health & Safety Executive **[www.hse.gov.uk](http://www.hse.gov.uk)**

### **Trade Associations**

Association of British Healthcare Industries

**[www.abhi.org.uk](http://www.abhi.org.uk)**

British Healthcare Trades Association **[www.bhta.net](http://www.bhta.net)**

Association for Anaesthetic and Respiratory Device Suppliers

**[www.barema.org.uk](http://www.barema.org.uk)**

Association of the British Pharmaceutical Industry

**[www.abpi.org.uk/Pages/default.aspx](http://www.abpi.org.uk/Pages/default.aspx)**



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