

Meeting Report
NHS London Customer Board for Procurement and Supply
Grange Rochester Hotel, Vincent Square, London, SW1P 2PA
Wednesday 20th September 2017

Present:		
Chair	Colin Gentile	Chair, London Customer Board Chief Financial Officer, Kings College Hospital NHS Foundation Trust
Board Members:		
	Maya Guerrero	Clinical Lead, Clinical Evaluation Team
	Lucie Jaggat	Director of Procurement and eCommerce, Bart's Health NHS Trust
	Roger Kirkham	Clinical Lead, Clinical Evaluation Team
	Tracey Leforte	Group Director of Procurement, MSB Group Southend University Hospital NHS Foundation Trust Mid Essex Hospital Services NHS Trust Basildon and Thurrock University Hospitals NHS Foundation Trust
	Mario Varela	Managing Director, London Procurement Partnership
Apologies:		
	Lorraine Bewes	North West London Collaboration of Clinical Commissioning Groups
	Stephen Bloomer	Chief Financial Officer, Whittington Health
	Geraldine Cunningham	Associate Director of Cultural Change, Bart's Health NHS Trust
	Steven Davies	Deputy Chief Financial Officer, Moorfields Eye Hospital NHS Foundation Trust
	Mike Dinan	Director of Financial Operations, Royal Free London NHS Foundation
	Matthew Hopkins	Chief Executive, Barking, Havering & Redbridge University Hospitals NHS Trust
	Jackie Hunter	Procurement Programme Director, University College London Hospitals NHS Foundation Trust
	John Goulston	Chief Executive, Croydon Health Services
	David Lawson	Chief Procurement Officer, Guy's & St Thomas' NHS Foundation Trust
	Marcus Thorman	Chief Financial Officer, The Royal Marsden NHS Foundation Trust
In attendance		
	Mark Brian	Head of Account Management Capital, NHS Supply Chain (Part 2 only)
	Andy Harris	Procurement Delivery Manager, NHSBSA
	Will Laing	Business Partner – Health, Crown Commercial Service
	Hamish Makanji	Head of Customer Engagement (London), NHS Supply Chain (Part 2 only)
	Tom Mason	Programme Lead – Shelford Group, NHS Supply Chain (Part 2 only)
	Juliette New	Engagement Manager – Healthcare, GS1
	Mark Vallentine	NHS Supply Chain
Customer Board Exec:		
	Catherine Barker	Stakeholder Coordinator, NHSBSA
	Sindie Clark	Stakeholder Manager, NHSBSA

Part 1

20/09/1 Closed Session

- 1.1 Justine Henson joined from the DH and provided an update on the FOM, key highlights included:
- Survey has been conducted to measure understanding of the overall FOM, sent to 194 HoPs with 54 responses.
 - Office Solutions is progressing well and is on track for seamless transition for October go-live. Question was raised as to whether managed services would be a possibility in the future. It was agreed that NHSBSA and CCS would discuss. Andy Harris to arrange a meeting to address.
 - Logistics Tower now has eight evaluators but more would be welcomed.
 - Branding, members were asked if they would support rebranding from NHS Supply Chain, it was agreed that an email would be sent to gauge opinion.
 - The DH request for further data is likely to be recalled, as Trusts advised that the data is already submitted through PPIB tool.
 - The next phase of engagement will look to FDs and Clinicians.
 - A meeting will be held on 31st October for HoPs with NHSI and DH to look at what a procurement department should look like under the FOM. HCSA are involved as a partner. Justine asked members to consider what should be on the agenda.

Part 2

20/09/2 Welcome and Introductions / Declarations of interest

- 2.1 The Chair welcomed everyone to the meeting and introductions took place. The Chair asked for members to advise of potential conflicts of interest, members should complete the form even if it is as a nil return. The Chair asked Sindie to chase members after the meeting.

20/09/3 Receive minutes from London Customer Board meeting 16th May 2017

- 3.1 The Chair took members through the minutes from the last meeting; minutes were approved with no amendments.

20/09/4 Action Report

- 4.1 Sindie Clark took members through the open actions, updates below:

22/02/17 5.1.3b	A date has been planned for October
22/07/17 5.1.3a	Meeting planned for 2 nd October
16/05/17 6.1.3	Full Trust Impact Statements will go out 4 – 6 weeks prior to go live
16/05/17 6.2.1a	Event was held in London last week with good attendance, further events are planned
16/05/17 6.2.7	Comms have been done via CSU's not CIO's which has been flagged as a risk, there is a steering forum in London which Steve Dunkerley sits on which an update can be obtained from
16/05/17 6.2.1e	Colin has agreed to facilitate access to the FDs' forum which he attends. Andy Harris should be removed from this action.
16/05/17 6.2.2	Will agreed to share the workplan

20/09/5 Update from the National Customer Board

- 5.1 The Chair pointed members to the update slide in the pack which references the items discussed at the last National Customer Board meeting. Key points were:
- Focus is now on the transition to the FOM
 - Variability in funding in support of the procurement department development

The next National Customer Board will be held on 22nd September 2017.

20/09/6 Governance

- 6.1 It was agreed that the paper contained within the pre-read addressed all current queries in relation to the sharing of the Customer Board pack with stakeholders outside of the official membership
- 6.2 The workplan is now agreed and work will move forward to implementation.

20/09/7 Overview of progress against agreed priorities

7.1 NHS Supply Chain

7.1.1 Hamish provided an overview of current performance, key points:

- £245m savings have been achieved to end July, with £252m forecast by end of December.
- The biggest drivers have been Commitment Discounts and Net Price reductions.
- London's share of savings is 16% slightly down from where it should be.
- Compare and Save continues to be the biggest challenge in the London region around 1% down on the National picture. Work is being done with the NHSBSA on clinical engagement.
- There has been strong year-on-year sales performance in the London region with biggest drivers being direct spend opportunities and Shelford workstreams.
- Customer Satisfaction score has dropped slightly yet the National Promoters Score is at an all-time high, since the introduction of the metrics. Some work is being done to understand what this means.
- The top and bottom performing Trusts were discussed and Hamish advised that the closer work with St Georges was progressing well with an increase from 1.5% to 4.1% savings mainly due to NCP, and migration of volume to NHS Supply Chain.
- Price Increases were discussed with Exam Gloves, Oncology and Contract Launch – Underpads being the main items. Lucie Jaggard noted that she was seeing pressure from suppliers with direct price increases.

The Chair asked where London needed to focus in order to achieve the potential savings. It was noted that the main areas were Compare and Save and Product Matching. Of the 50% – 60% of product matches available, NHS Supply Chain is competitive on around half but switching is not happening as quickly as it should. Trusts who are behind are being targeted with no escalations needed at the moment but there may well be by December.

7.1.2 Personnel Changes

Hamish advised members that there has been some re-mapping of territories to the STP footprint which has meant two Trusts will have new Account Managers. Imperial College Healthcare NHS Trust will now have Adam Blake, and Lewisham and Greenwich NHS Trust will have Lisa Jones.

7.1.3 Nationally Contracted Products (NCP)

There has strong take up of the programme with some small amount of leakage due to delisted products in the first few weeks.

- Vinyl and Latex have now completed the procurement process and the total volume has been awarded to HPC with £250k savings nationally ensuring 12 months price stability. Launch is due for 3rd November 2017, Trust impact statements will be circulated six weeks prior.
- Next three will be Underpads, Temporary Shoes and Toilet paper in Q4.
- The overall pipeline timeline has been delayed due to some issues in the procurement of Pulp and Nitrile Gloves,
- Other areas have been assessed where there has been a sole award that can be added to the NCP programme, resulting in 29 products moving in from October.
- Andy Harris highlighted that work is underway, alongside Trusts, to develop the capacity and capability of suppliers to deliver the 80% market share.

7.1.4 High-Cost Tariff Excluded Devices (HCTED)

Hamish provided an update on the current situation, with it being noted that the Trusts listed on the pre-read paper are still being worked on; Bart's Health NHS Trust is working on a larger cardiology competition which needs to be embedded before attempting to do more. Royal Berkshire NHS Foundation Trust should not be listed in the London region as it sits under the South region.

It was requested that it would be useful to see a list of Trusts that have already migrated.

7.1.5 **Shelford update**

Tom gave an update on current Shelford Group activity around Sutures and Haemostats with papers already shared in the pre-read pack. He highlighted that a key point of focus is the breakdown of the domination of the market by one supplier – monopoly.

Sutures - Members discussed the difficulty they have experienced in making a wholesale switch in the sutures area. Roger Kirkham commented that University Hospital Southampton NHS Foundation Trust had tried to switch all sutures at the same time and had failed. When the reasons for failure were analysed it became clear that there was a need to successfully switch skin deep sutures first to gain the confidence of clinicians in the product and supplier before moving to more contentious areas. It was also noted that Barts switched by moving through each speciality, one-by-one over a period of many months, achieving a 60% conversion. The Board supported this phased approach but acknowledged that this could be quite resource-heavy.

Haemostats – Members were advised that there is now a case study live on the NHS Supply Chain website; <https://www.supplychain.nhs.uk/Home/Product%20News/Publications/Case%20studies>, which can be used to generate Trusts' interest to facilitate roll-out. It was noted that the level of support would differ and that alternative support would need to be sourced, e.g. Newcastle has offered to work with Trusts wishing to pilot Haemostats. An analysis is being undertaken as part of the 'Compare & Save' project. Question was raised concerning whether the supply of Trusts that had started to switch would be affected. Hamish confirmed that supply is absolutely fine for Shelford members, but that any other Trusts should contact NHS Supply Chain before switching to ensure that sufficient supply is available.

Gloves - Members were also advised that the recommendation from Shelford is to switch 80% purchases to Ansell which carries around £1.4m savings opportunities across the NHS. Around 60% of Shelford Trusts have now switched giving £900k savings. Newcastle and UCLH have demonstrated a successful migration, but with mixed uptake. Clinical choice has been an on-going consideration.

MSK Orthopaedics (Hips and Knees) – this is an 18 month programme which has made good progress although there has been some slippage. Originally an annual commitment was planned where there would be £1.5m savings opportunity, however there has been some push back from clinicians and some Trusts are committed elsewhere so the programme has been unable to honour the commitment required. The plan is to now look at a longer-term commitment supported by an agreement in principle (AIP)/Memorandum of Understanding (MOU) with sign-up from key stakeholder across the Trusts before Shelford programme resources are ploughed into participating Trusts to influence the required change in behaviour.

7.1.6 **Capital**

Mark Brian provided members with an overview of the current status, key points:

- £33m ahead of savings target
- The overall savings target should be met by end of September
- London is doing well at getting capital plans signed off, where there is a delay in the Trust then the capital team is well engaged in helping where possible
- Maintenance and how Trusts procure will be included in the dashboard going forwards

There is a Capital workshop scheduled for 18th November and the Capital team is struggling with attendance. It was agreed that Mark Brian will provide Sindie Clark with a simple brief outlining the benefits of attending (by w/e 6th October) for dissemination across the patch by Customer Board members.

Tracey Leforte asked what work was being done in the robotics field and whether it would be incorporated into the Capital Strategy. It was noted that a framework is in the pipeline and Mark would advise the Board of the relevant timelines.

7.2 **GS1**

Mark Vallentine, NHS Supply Chain and Juliette New, GS1 provided members with an update on the Scan4\Safety programme.

- 7.2.1 The eProcurement Strategy is part of NHS Supply Chain's Service Improvement programme. There have been 37 improvement releases this year, as a result of direct customer feedback, e.g.
- In / out stock EDC Gold, on-line catalogue, 'email me' button released soon for when a product is out of stock, data fields have been amended to support GS1 functionality.

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- 7.2.2 Scan4Safety – members were given an overview of the programme and progress that NHS Supply Chain has made to date.
- NHS Supply Chain is fully aligned to the UDI timelines for medical devices, effective 2020
 - The benefits are patient-centred, organisational and global
 - Systems have been updated to GS1 keys
 - 50 PEPPOL suppliers have now been accepted with a further 100 running parallel which will go live soon
 - 120k GTINs live which will increase dramatically as now working with DH
- 7.2.3 Members noted that they are generally very supportive of the programme but are struggling with finding the funding to start the process. Members were advised that they should undertake a state of readiness review ready for the next round of funding. Ideally Trusts should:
- Appoint an Exec Lead
 - Appoint a Clinical Champion
 - Have reviewed current state of readiness; there is likely to be a member of staff already with responsibility for this type of activity, e.g. PAS Administrator reviewing patient wristband compliance, and sending a sample to GS1 in order to facilitate discussions with PAS providers, review of master data for accuracy
 - Have an outline business case & strategy

It was also noted that GS1 can assist Trusts by coming in and talking to them as a starting point. Juliette noted that the GS1 programme had seen an increase in traction across the London region, including STPs, with some Trusts approaching GS1 for support in terms of assessing & developing procurement readiness. The Chair expressed a keenness to access this support, on behalf of his Trust. It was agreed that Juliette would seek more information regarding Trust Impact Statements in terms of benefits, and would initiate a conversation should the additional funding be authorised by DH. She asked the Board to note that GS1 would publish documentation produced by demonstrator sites, including checklists to support Trusts.

It was noted that the Scan4Safety savings will be in the £millions but audits are currently being carried out and data will be published as soon as it can. Initial findings have shown savings of £1.2m in theatres alone within the Trust demonstrator site. There is a GS1 UK Healthcare conference planned for 21st – 22nd November where the CE's of the six demonstrator sites will be presenting that members are encouraged to attend. Juliette agreed to circulate details of the conference and the slides that were presented at the NPF recently to Sindie Clark for circulation to Board members.

- 7.2.4 Will Laing noted that CCS has PEPPOL frameworks that do not have great take-up. This was highlighted in some information produced by CCS for DH. Will Laing to speak to Gillian Fox at NHS Supply Chain to explore ways of getting better use of the framework.

7.3 Crown Commercial Services

7.3.1 Crown Market Place

Will Laing provided members with an overview of Crown Market Place which is an e-platform (similar to Amazon) for government support by Treasury. CCS are wanting to understand the procurement process in order to automate it and make it fit for purpose and are looking for NHS representatives to be available for consultation by the development team. Lucie Jaggar agreed to assist in the first instance but would also look for other London Trusts to be engaged.

7.3.2 HCSN update

This agenda item was covered earlier in the agenda under the closed session. Question was raised if a representative from NHS Digital should be asked to speak at the board. Members agreed that it would be useful but probably better at the LPP Stakeholder Board, and Mario could feedback to the Board

7.3.3 Dashboard

A new dashboard has been created which is included in the pre read pack. Members gave generally positive feedback but recommended that the report should start with opportunities and if possible be shorter. Further feedback on the content and format should be provided to Cheryl Joyce at cheryl.joyce@crowncommercial.gov.uk.

7.3.4 **Workforce**

Peter Lawson presented the proposal to the National Customer Board in July. The proposal was well received and the document has been shared in the pre-read pack. The first nomination is the Lancs Cluster with invitations for others to participate. Members to indicate their interest to Will Laing.

7.3.5 **Collaboration**

CCS is working more closely with NHS-owned collaboratives on initiatives such as mobile telephony and workforce and especially LPP in the London area as they are closer to customers and can provide scale of commitment and take customers to CCS. Work to date has shown savings opportunities in the market with a similar degree of discipline as highlighted by the Carter Review, maximising savings to NHS in a more effective way.

7.4 Increase connectivity to and engagement with customers across the regions

7.4.1 **Involvement of clinicians in procurement**

Rose Gallagher was unable to attend, due to a prior engagement but will be attending the December meeting.

7.5 Facilitate, support and input to national solutions

7.5.1 NHSI are looking to attend regional meetings once they have appointed the regional HoPs in October.

7.5.2 NPF –none of the members in attendance had been at NPF. David Lawson to update at the meeting in December.

7.5.3 PSDN – Bart's Health NHS Trust is due to be assessed in October and peer reviewers have now been appointed. NPF have been working on profiling the workforce with a view to producing a learning & development plan. A suite of training courses has been issued. Lucie Jaggat to provide a more detailed update at the December meeting.

7.5.4 Trusted Customer update

Paper is included in the pre- read pack. There have been two recent events which were well-received with good attendance. All future events are now on hold due to the imminent announcement of the Category Towers.

A mapping process is nearing completion which maps existing Trusted Customers into the FOM Towers to ensure that all sectors are included.

There is now a regional representative for Mental Health and Community and also for the Ambulance sector to fill the gaps that existed. Andy Harris has been working with the Clinical Evaluation Team to triangulate accessing stakeholders through CET events.

7.5.5 STPs – The recent survey sent by the Customer Board team has not had a great response. The general feeling being that STP's should be engaged with outside of the board. It was also noted that LPP are gathering data on STP's, Sindie to liaise with Mario.

20/09/8 AOB

8.1 The Chair asked members what could be done to ensure better attendance at the Board. It was noted that in previous years the Board had met prior to the LPP Stakeholder Board and this was an option that could be explored. The Chair also asked Sindie Clark to explore holding the meetings at LPP.

8.2 It was noted that the two members of the CET will attend future meetings

8.3 The Chair thanked members for their contribution, and informed them that the next Board would take place on Wednesday 13th December 2017.