CONVENZIS

Welcome to the NHS Productivity Conference!

NHS Productivity Conference

Innovating NHS Supply Chain & Procurement

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8th July 2025
15 Hatfields Conference Centre, Chadwick
Court, London, SE1 8DJ

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Chair Opening Address

NHS Productivity Conference

Innovating NHS Supply Chain & Procurement

CONVENZIS

Mr Andrew Taylor
Chair
Independent Patient Choice and Procurement Panel

Pursuing The Art of the Possible in NHS Sustainable Waste Management:

A **Barts Health NHS Trust** Case Study

Agenda

01 | **Barts Health NHS Trust:**
A case study

02 | **Outcome 1**
NHS SBS Framework Agreement:
Sustainable Healthcare Recycling
& Waste Management

03 | **Framework Lot Structure**

04 | **Outcome 2**
Implementation of new waste strategy:
Barts Health NHS Trust

05 | **Scalability &
Next Steps**

Barts Health NHS Trust:

A case study

Saint Bartholomew's Hospital

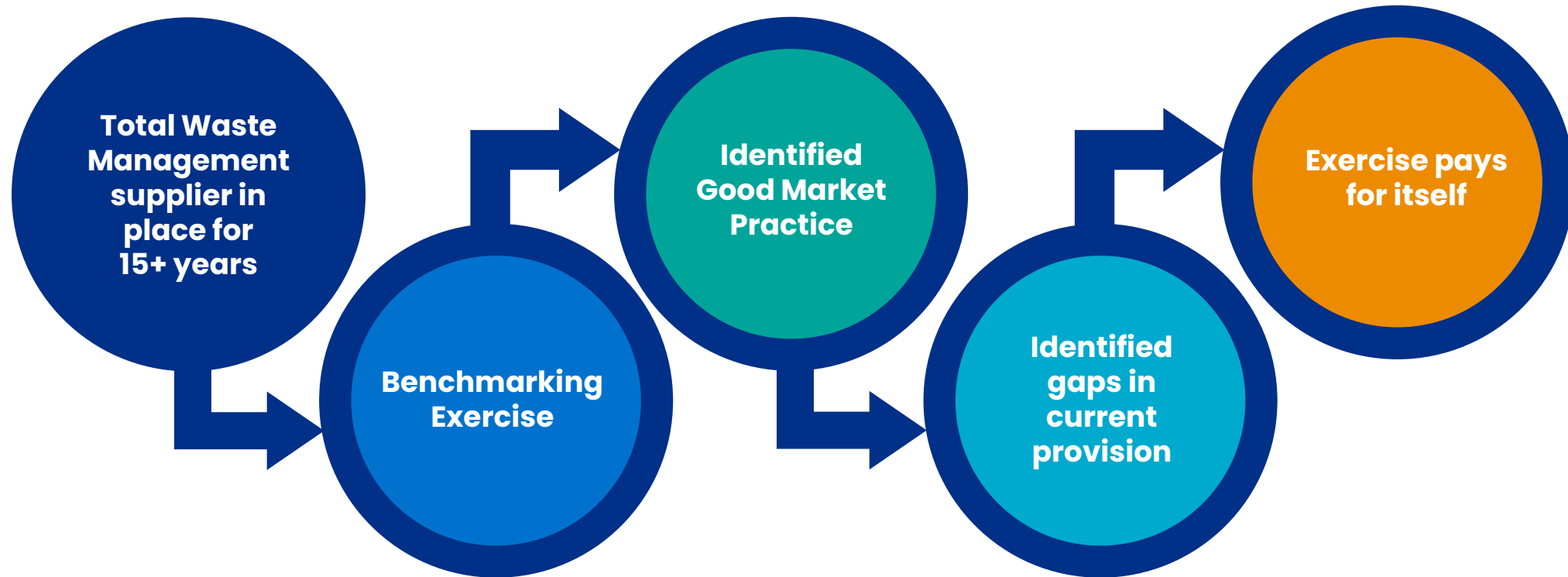The Royal London Hospital

Mile End Hospital

Whipps cross Hospital

Newham Hospital

A meeting of minds

Background – Barts Health NHS Trust

Total Waste Management supplier in place for 15+ years

Benchmarking Exercise

Identified Good Market Practice

Identified gaps in current provision

Exercise pays for itself

Key Drivers for Change

Waste consultancy benchmarking exercise:

What, and how, are we currently doing?

- What works well?
- Where is there scope for improvement?
- What innovation or new technology could further enhance and benefit our waste management moving forward?

Implement benchmarking outcomes & recommendations into the procurement strategy

- Permeating:
  - ✓ Lot structure
  - ✓ Specification
  - ✓ ITT questions
  - ✓ KPIs

Map additional added value

- Waste auditing combined with staff behavioural change programs
- Finding the value in the waste stream
- Embedding low carbon transport options within the tender

Challenges & Opportunities

Challenges

- High cost of Waste Management
- Low Recycling Rates
- Limited Procurement Resources for size of project

Opportunities

- Insourcing management of Waste Service Contracts
- Introduction of a Dry Mixed Recycling Waste (DMR) waste stream
- Income from waste - viewing waste as an asset.

Circular diagram segments:
- Low Rates
- Resources
- Insourcing
- New waste stream
- Income
- Cost

Challenges

Opportunities

Waste Strategy: A Partnership

Barts Health NHS Trust

- Barts brought technical expertise and experience of what works and what doesn't 'on-the-ground'

- Benchmarking report produced roadmap of what achievable sustainable waste management looks like for the NHS and Barts
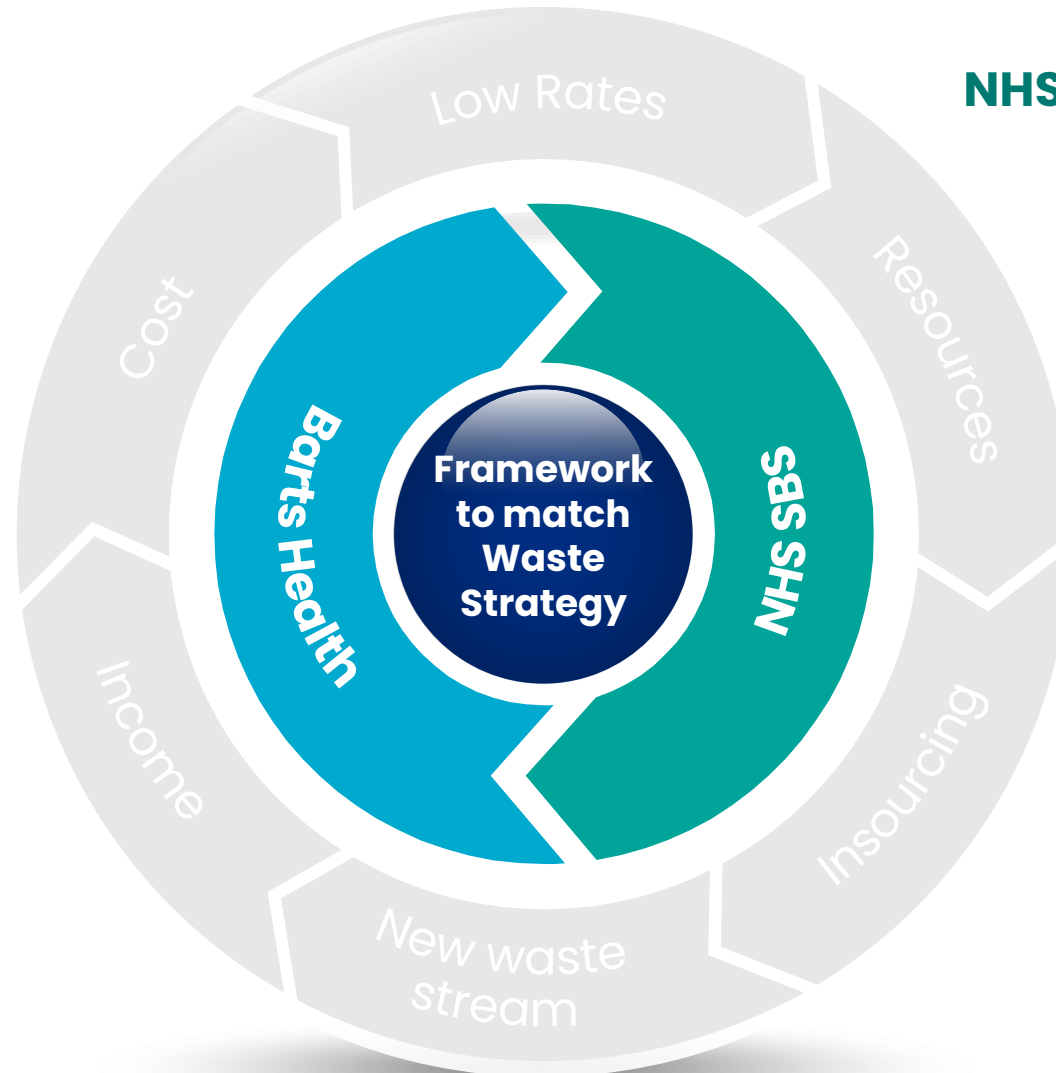
NHS Shared Business Services

- NHS SBS brought the resources, and procurement expertise to deliver a compliant route-to-market

- Ability to deliver a future-proof framework on a national scale for the NHS and wider public sector

Low Rates

Resources

Insourcing

New waste stream

Income

Cost

Barts Health

NHS SBS

Framework to match Waste Strategy

Outcome 1
NHS SBS Framework Agreement:
Sustainable Healthcare Recycling
& Waste Management

Key objectives

SAVINGS

SEGREGATION

RE-USE

FOOTPRINT

Key objectives

Drive Cost Savings & Sustainability Gains

- **Waste Consultancy Services:**
  - Review procurement practices
  - Staff Behavioural Change Programs to support targets.

SAVINGS

SEGREGATION

RE-USE

carbon footprint™

FOOTPRINT

Key objectives

SAVINGS

Drive Cost Savings & Sustainability Gains

- **Waste Consultancy Services:**
- Review procurement practices
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SEGREGATION

Increase waste segregation

- With solutions to increase **clinical waste segregation** to **20/20/60** to reduce the carbon footprint.
- Segregate DMR waste Streams to **segregate resources from waste.**

RE-USE

FOOTPRINT

Key objectives

SAVINGS

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Increase Waste Re-Use

- **Waste Re- purposing Solutions & Technologies:**
- Identify and utilise waste as a resource.
- Increase the recovery of resources.

RE-USE

FOOTPRINT

carbon footprint ™

Key objectives

SAVINGS

Drive Cost Savings & Sustainability Gains

- **Waste Consultancy Services:**
- Review procurement practices
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SEGREGATION

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- With solutions to increase **clinical waste segregation** to **20/20/60** to reduce the carbon footprint.
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RE-USE

Increase Waste Re-Use

- **Waste Re- purposing Solutions & Technologies:**
- Identify and utilise waste as a resource.
- Increase the recovery of resources.

Reduce Carbon Footprint

- **Innovative Technological Solutions:**
- Microwave, Pyrolysis, On-Site Bio-digestors, Aerobic Waste Digestors:
  - **Utilising waste as a resource**
  - **Decrease waste taken for off-site treatment**

FOOTPRINT

carbon footprint™

Framework Lot Structure

Framework lot structure

Lot 1

Recycling and Waste Consultancy

Lot 2

Sustainable Asset Mgmt/ Waste Re-purposing Solutions & Technologies

Lot 3

Clinical Healthcare Waste

Lot 4

Sanitary & Washroom Services

Lot 5

Commercial/ Household Waste & Recycling

Lot 6

Confidential Waste Recycling, Destruction & Disposal

Lot 7

Recycling & Waste Minimisation Products

Lot 8

Sustainable Waste Management Technology

Lot 9

Total Recycling & Waste Management (**TRWM**)

Lot 10

Dedicated Location Specific Lot– **Barts Health NHS Trust**

Lot 11

Dedicated Location Specific Lot

LOT 10 dedicated location specific lot Barts Health NHS Trust

Lot 10.1

Residual & Commercial Household Wastes

Lot 10.2

Cardboard

Lot 10.3

Food Services

Lot 10.4

Clinical Waste (Containers)

Lot 10.5

Non-Infectious Clinical Waste

Lot 10.6

Clinical Waste (Lo & Hi Temp. Destruction)

Lot 10.7

Feminine Hygiene Services

Lot 10.8

Benchmarking & Waste

Lot 10.9

On Site Waste Auditing & Behavioural Change Services

1 supplier awarded on each sub-lot

Lot is developed to meet the waste requirements of Barts Health NHS Trust

Lots are open to other London-based NHS Trusts with similar requirements, via Direct Award only

Innovation & Technology

Lot 8.2
Microwave Solutions
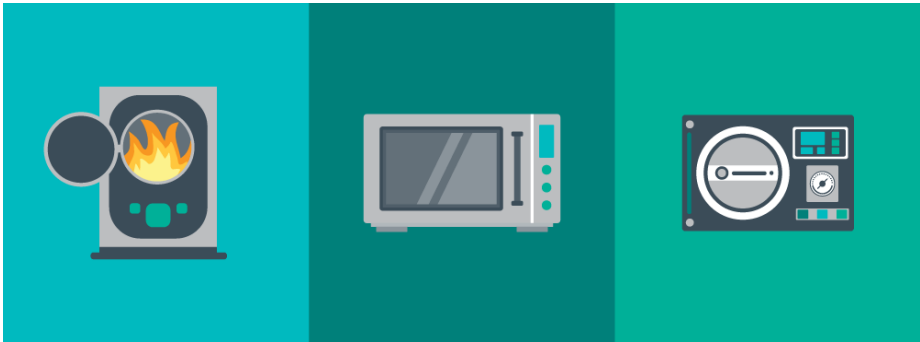
Lot 7.2
Aerobic Waste Digestors

Lot 8.1
Pyrolysis

INNOVATION & TECHNOLOGY
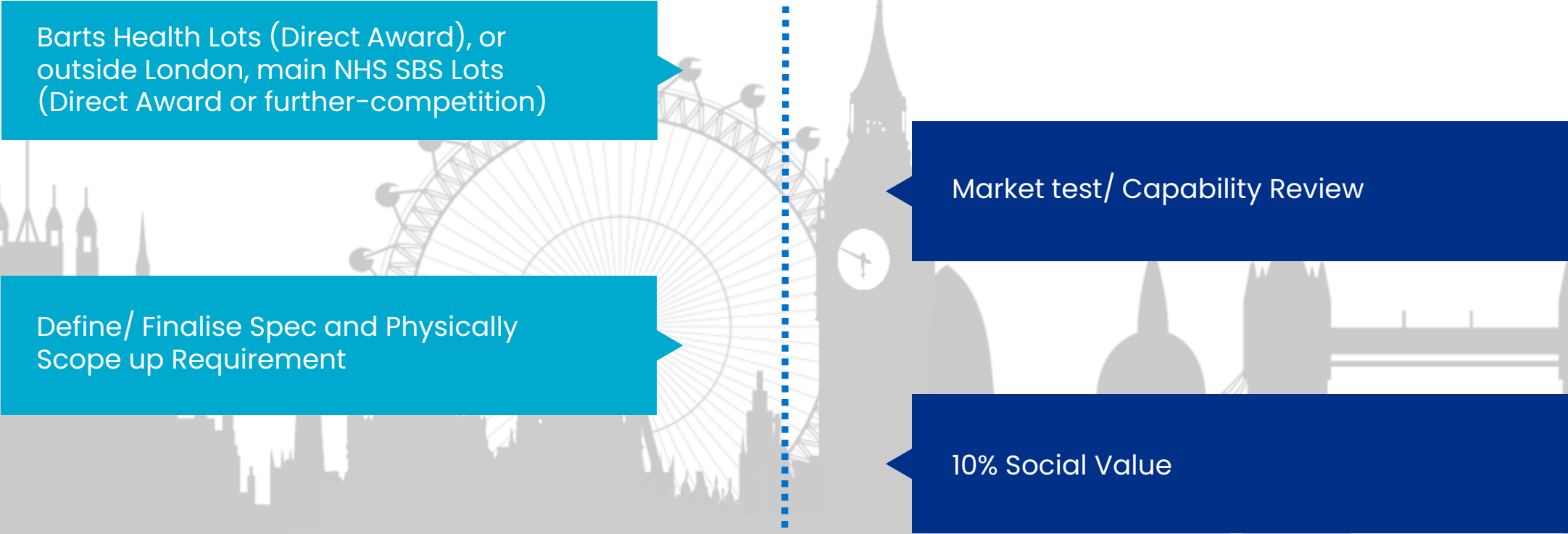
Outcome 2

Implementation of New Waste Strategy:

Barts Health NHS Trust

Barts Health NHS Trust - Procurement Strategy

Barts Health Lots (Direct Award), or outside London, main NHS SBS Lots (Direct Award or further-competition)

Market test/ Capability Review

Define/ Finalise Spec and Physically Scope up Requirement

10% Social Value

Added Value

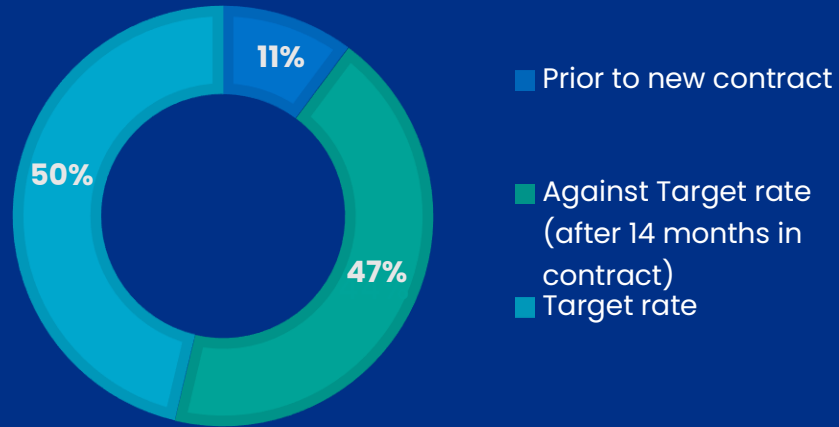Free Confidential Waste Collection

Contract Management/KPIs & SLAs

Networking - Pursuing the Art of the Possible for the NHS

Exploration of **partnerships** – MOJ Walking Frame refurbishment

Advocating – HCSA EIS Award

Outcome: Barts Health NHS Trust New Waste Strategy

Prior to new contract — 11%

Against Target rate (after 14 months in contract) — 47%

Target rate — 50%

Improved recycling rates have been primarily driven by:

- Introduction of new dedicated 'Dry Mixed Recycling' (DMR) service

- Introduction of a new re-usable sharps & pharmaceuticals container service to replace existing single use incinerated rigid plastic containers

- Waste auditing team driving and ensuring waste segregation compliance

+24% Financial Savings
A revenue run rate reduction saving of ca £1.2million (or 24%) annually

−500 tonnes carbon dioxide
A reduction of ca 500 tonnes carbon dioxide emission, helping the Trust to meet its Net Zero carbon emission target

+£3.1 million in Social Value spend over 4 years
Representing 25% of the financial value of the main contracts

# Outcome: Barts Health NHS Trust New Waste Strategy

Waste Avoidance Through Re-use

- Enabled charities and social projects worldwide to save **£1.17 million** by avoiding the purchase of new or second-hand items

- Donated over **1,000 tonnes** of items, diverting them from waste disposal

- Prevented the release of **353 tonnes of carbon emissions**

- Supported more than **40,000** people through the redistribution of surplus healthcare products

Scalability & Next Steps
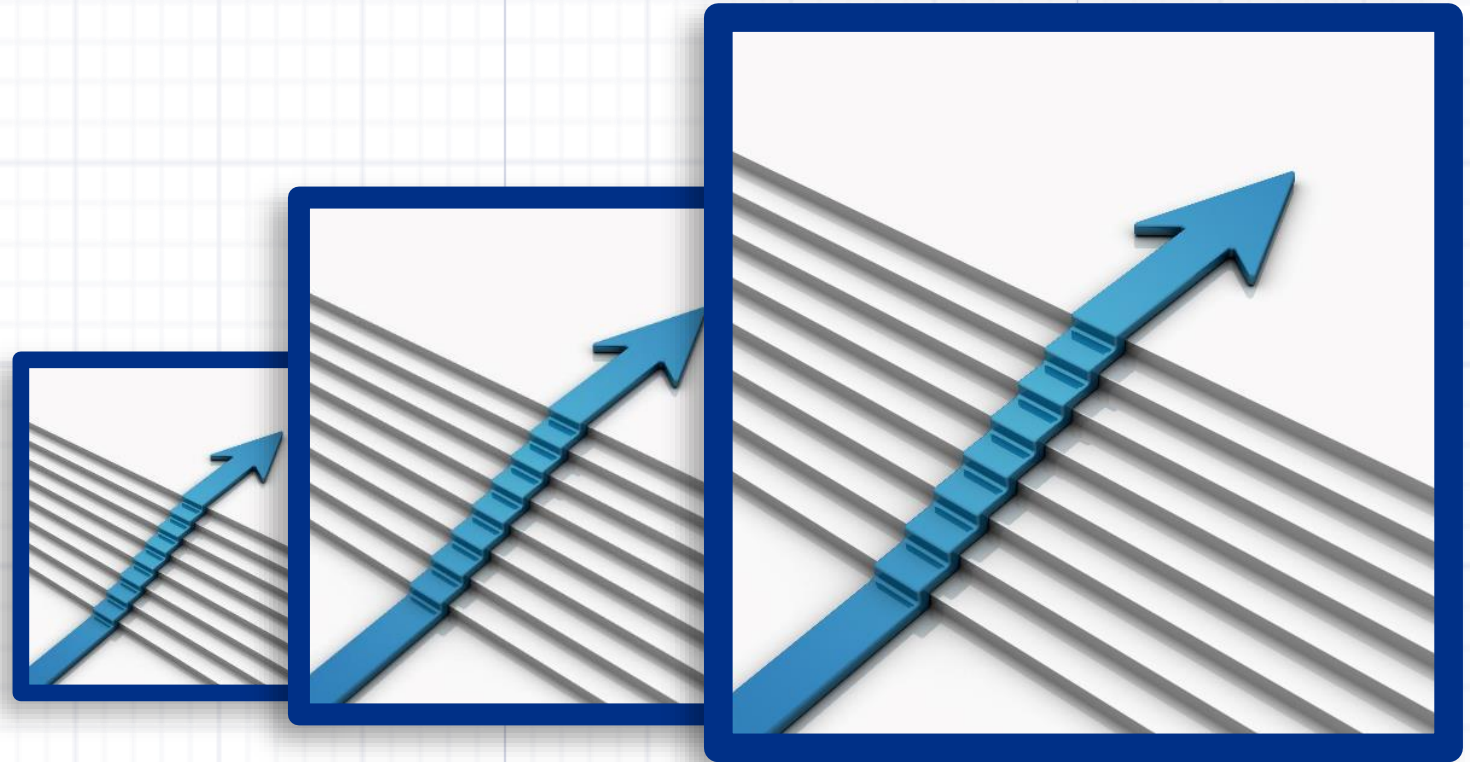
Scalability & Next Steps
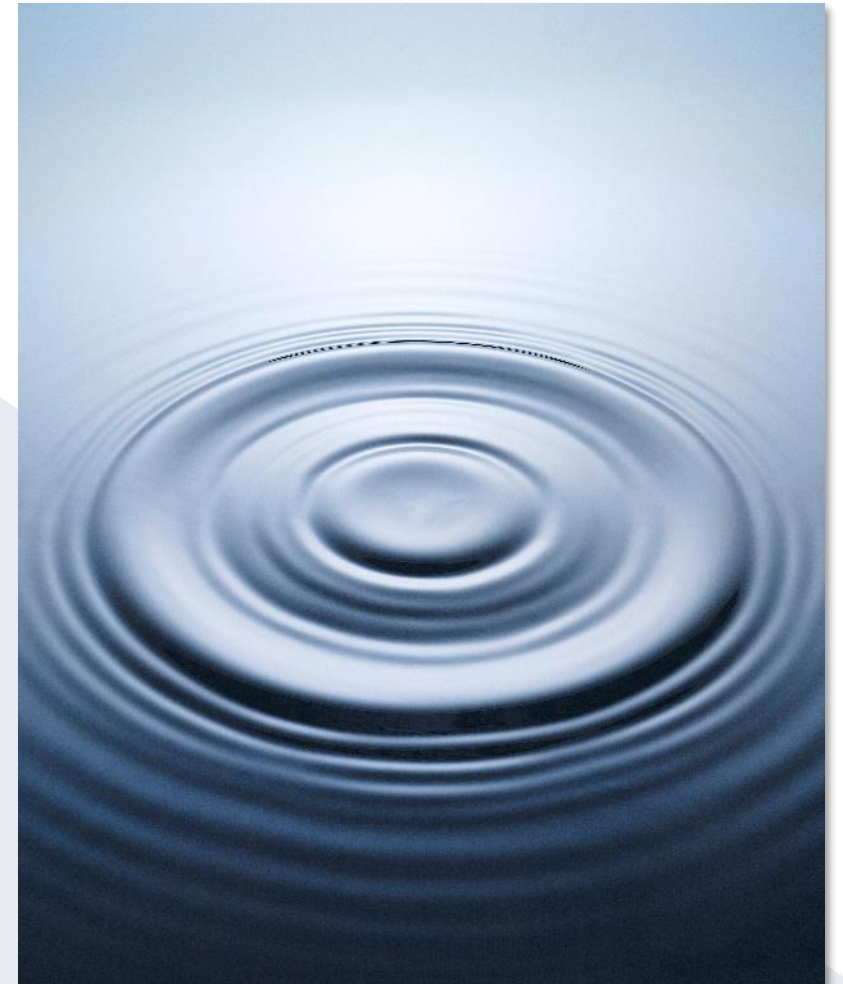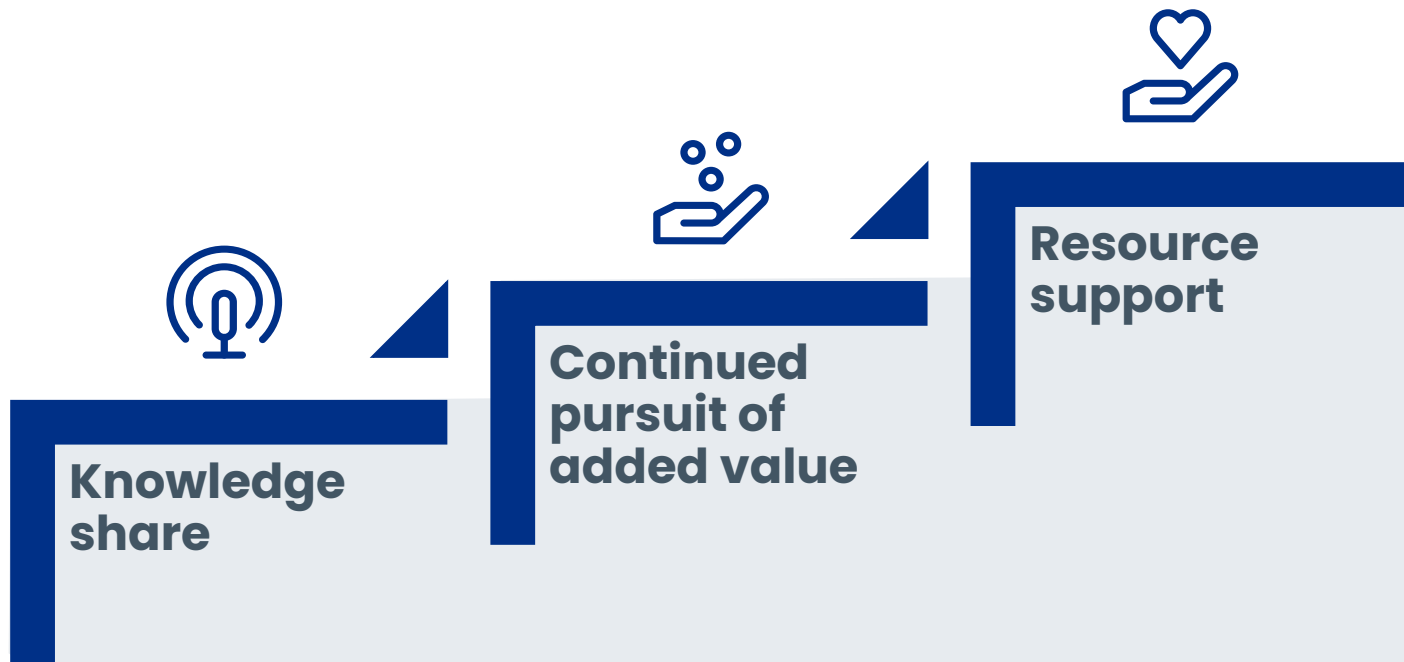
Knowledge share

Continued pursuit of added value

Resource support

Thank you

sbs.hello@nhs.net

NHS Shared Business Services was created in 2004 by the Department of Health and Social Care to deliver the most cost effective and highest quality corporate services to the NHS. A unique joint venture with Sopra Steria, a European leader in digital services and software development, we make life easier for NHS employees, patients and suppliers, and deliver value for money to the taxpayer.

Proud members of the NHS family, we provide finance & accounting, procurement, workforce, digital and expert advisory services to more than half the NHS in England. Committed to being a force for good, we are dedicated to acting responsibly and sustainably at organisational, team and individual level. Sharing common values and unity of purpose with the rest of the NHS family, our solutions are underpinned by cutting-edge technologies and our teams' expertise, in-depth understanding of the NHS, and commitment to service excellence.

For more information, please visit **www.sbs.nhs.uk**

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Chair Morning Reflection

Mr Andrew Taylor
Chair
Independent Patient Choice and Procurement Panel

RLDatix

More value from the solutions that you already have

Driving productivity & savings through smarter use of technology and teams

Who we are

RLDatix

George Webb
Clinical Planning & Rostering
Specialist
RLDatix

Mike Hampson
Acute & Community – Safe
Staffing Specialist
RLDatix

Leading Provider to the NHS

98%

Most adopted
rostering solution
amongst the NHS

230+

Organisations use
RLDatix's workforce
management solutions

ALLOCATE

QCS Quality Compliance Systems

RLDatix

Why This Matters – Right Now

£35BN NHS Productivity target
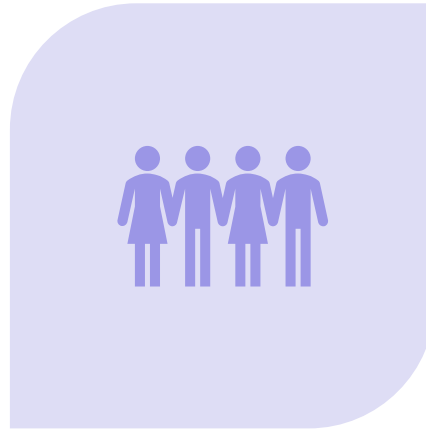
Workforce Shortages, Rising Demand
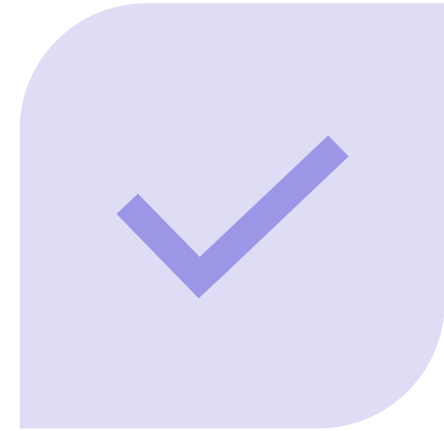
Every Procurement Decision Must Drive Better Outcomes

RLDatix

Workforce Data Can Be Overwhelming

Effectiveness

Net Hours Balance %

Roster Approval Lead Times

Wrong Grade Type %

Safety

Unfilled Roster %

Missing Charge Cover %

Wrong Grade Type %

Temporary Spend

Bank/Agency/OT Usage %

Bank Fill Rate %

Agency as a % Temp Spend

Unavailability

Unavailability %

Sickness %

Working Day %

RLDatix

How do you identify if it's a problem?

Identifying the Problem – Oversight Report

Understand the solution - The Workforce Efficiency Assessment (WEA)

Free and fast

Objective, multi-professional view

Identify Opportunities for Improvement

Actionable Recommendations and Guidance

The last assessment resulted in opportunities to make savings of £2.17M

How we can help

Identify the Problem
Workforce Oversight Report

→
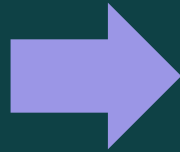
Understand the Solution
Workforce Efficiency Assessment

→
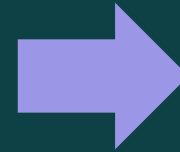
Actionable Insights
RLDatix Support

Real Results from the NHS

£350k
Reduction in agency spend

Great Western Hospitals NHS Foundation Trust

Zero
theatre cancellations over 12months

Bolton NHS Foundation Trust

233
hours saved each day across all clinicians

Midlands Partnership NHS Foundation Trust

RLDatix

How much could your organisation save?

Questions?

Let's Get Started

Drop by stand 1 to sign up

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Keynote Presentation

NHS Productivity Conference

Innovating NHS Supply Chain & Procurement

CONVENZIS

Madeleine Kerr
Senior Strategy Implementation Lead, Medical Technologies and Innovation Directorate
Department of Health and Social Care

MedTech Value Based Procurement

Policy in development

Today's goals

VBP challenges and solutions

Materials

Delivery plans

Still to solve together

What is Value Based Procurement?

✓ Shifts focus to how a product or solution can best deliver improved outcomes, reduce total costs of the patient pathway and provide long-term benefits

✓ A way to ensure we invest taxpayers' money in products that offer the best value

✓ **A way to ensure that providers and patients have access to the best available products to improve patient care – lever for value based health care**

Not reinventing the wheel but making good practice routine:

Joined up with NHSE Commercial and Social Value, NHSSC VBP, NICE and more!

Department of Health & Social Care

NHS spends around £10bn on medtech a year

Definition: Medtech is any instrument, apparatus, appliance, software (including digital and AI), material or other device, together with any accessories to be used for **diagnosis, prevention and treatment**.

£10.1bn exports
11th among comparable countries

Around **154,000 UK jobs**

Above average pay in Life Science roles

£34bn turnover
Industry reported 5% growth p.a.

4,465 UK businesses (~80% SMEs)
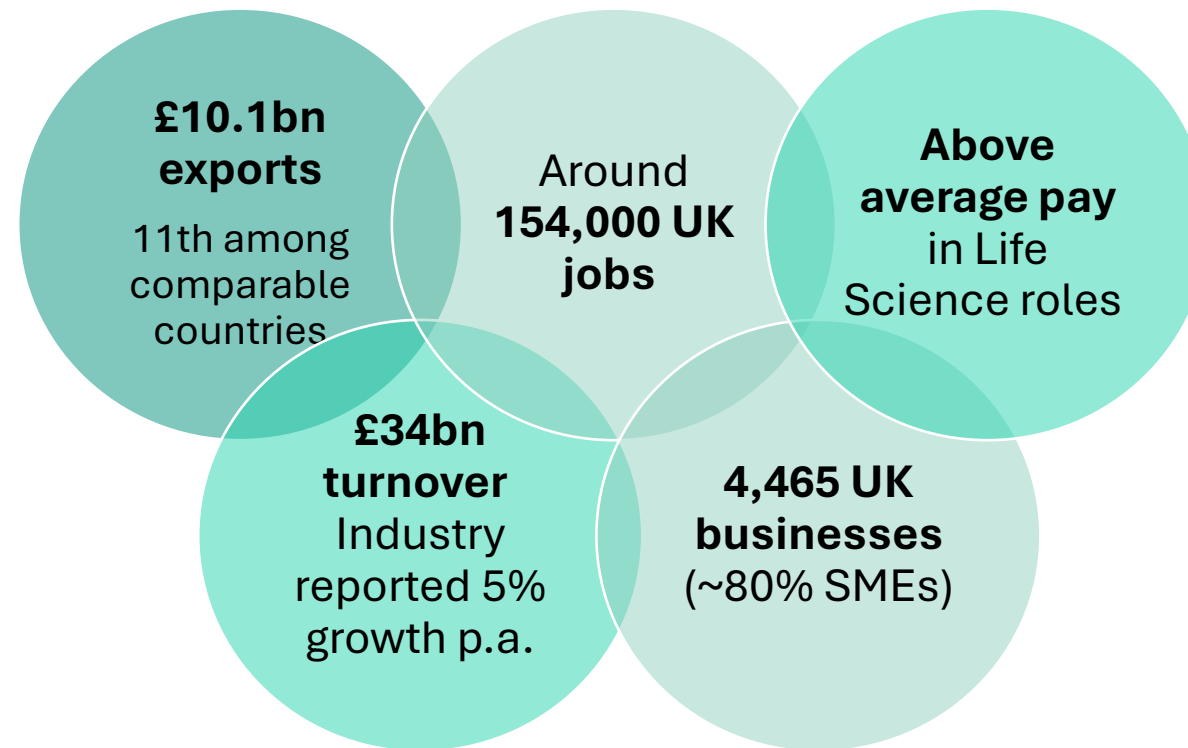
Medtech VBP supports Government priorities

Plan for change:
NHS Fit for the Future
Economic Growth

Industrial
Strategy

10 Year Health
Plan

Life Science
Sector Plan

National
Cancer Plan
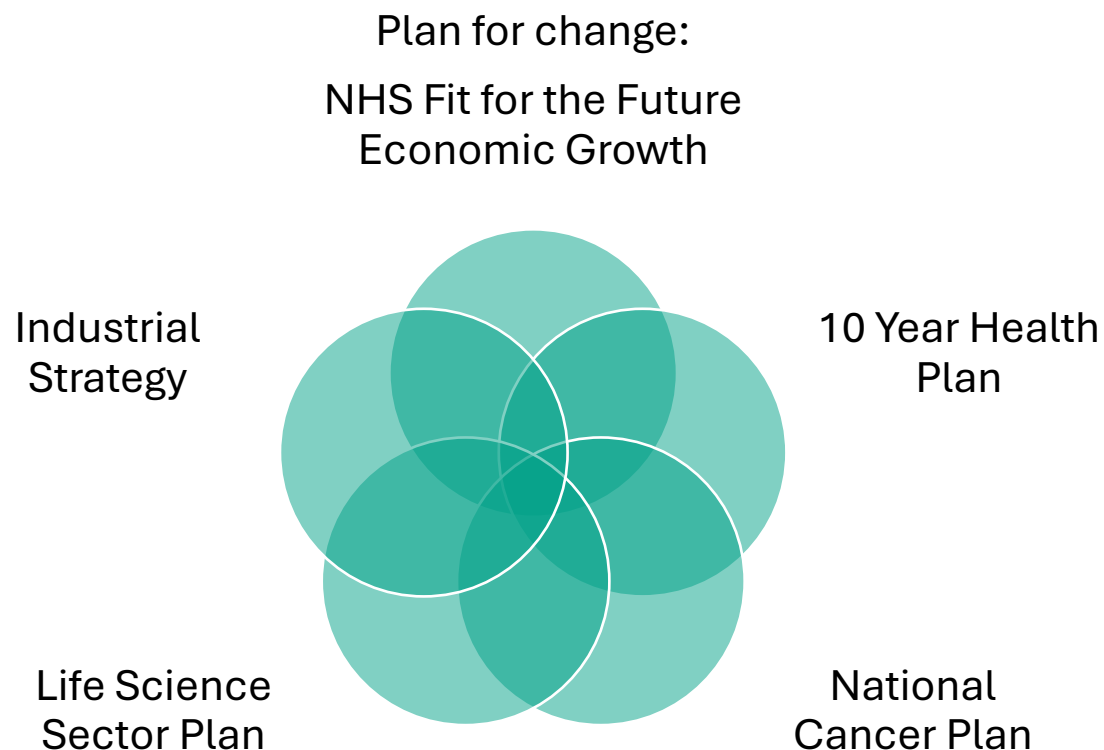
*"We will put the NHS on a sustainable footing by **adopting a new value-based approach**, that aligns resources to achieve better health outcomes."*

*"The era of the NHS' answer always being 'more money, never reform' is over. It will be replaced with **a new value-based approach** focused on getting better outcomes for the money we spend."* **10 Year Health Plan**

*"We further propose changes for public bodies to set at least one award criteria in major procurements that relates to these **social value criteria**."* **Industrial Strategy**

A public commitment

FIT FOR THE FUTURE
10 Year Health Plan for England

*"In other industries, **investing in technology** has led to remarkable new ways of doing business**, boosting productivity** and delivering benefits for customers and companies alike. If the NHS is to achieve the same, we need a fundamentally different approach to procurement that is applied consistently across the health service. **Early next year, we will introduce a standard value based procurement guidance for devices and digital products.***"

***Create a new 'innovator passport' by 2026**. Once an innovation has been robustly assessed by one NHS organisation, further NHS organisations will not be able to insist on repeated assessments. This will help make sure innovations are available to everyone, while also **reducing duplication and inefficiency** across the health service.*

Shifting to consistent VBP practices

Challenges: focus on low cost, inconsistency

Solutions - now: VBP Standard Guidance incl. question bank, scoring and weighting, for national and local application

Solutions - next: Compass – digital solution, Discovery complete, Alpha in Summer, central validated 'value data'

Draft Five Value Domains + Cost

Buyers can **select relevant value domains and questions** from within domains, but have to include min 10% mandated on social value.

10%   **Social Value:** generate wider social and environmental benefits.

Min 50%
- **Efficiency:** improves the patient pathway.
- **Patient and Staff:** supports patient experience and safety.
- **Supply Chain:** has a resilient supply chain.
- **Purpose:** meets the specification.

Max 40%   **Whole Life Cost:** comprising the purchase cost and post-warranty support costs where relevant.

Maximum weight of 40%

Mandated weight of min 10%

Minimum sum weighting from these domains of 50%

WHOLE LIFE COST

SOCIAL VALUE

EFFICIENCY

PATIENT AND STAFF

SUPPLY CHAIN

PURPOSE

Department of Health & Social Care

Draft Domain 2: Efficiency

Definition: Improve hospital and community productivity across the patient pathway.

Question	Validation basis
2.1 Simplify the pathway: Detail how, through the delivery of the contract, you will enable the buyer to safely remove or **simplify steps/ interfaces** from the relevant patient pathway.	The Supplier to provide evidence of the current equivalent delivery of care, with clear identification of which steps are being removed or simplified through introduction of the product/ service.
2.2 Productivity - Hospital: Detail how, through the delivery of the contract, you will enable the buyer to safely **improve hospital productivity.**	The Supplier to provide quantitative evidence of the anticipated impact against a relevant baseline, with qualitative evidence to show that this improvement is feasible in the relevant care setting/s. Indicators may include: length of stay, procedure time, readmission rates, hospitalisation rates, clinical staff time
2.3 Productivity - Community: Detail how, through the delivery of the contract, you will enable the buyer to safely improve **community productivity.**	The Supplier to provide quantitative evidence of the anticipated impact against a relevant baseline, with qualitative evidence to show that this improvement is feasible in the relevant care setting/s. Indicators may include: Frequency of health appointment follow ups, Home visits, Follow-up visits, Burden on social care (reducing resource required in social care setting).
2.4 Measurement: Detail how you will measure and monitor the delivery of **claimed benefits/ commitments** arising through the delivery of the contract.	The Supplier to set out measurement methodology including detail of any access to information or data which the Buyer will need to provide to the Supplier to enable such measurement and monitoring. This should use existing data repositories where possible including but not limited to national implant registries, NICE assessments or recommendations, Health Economic Platforms such as HES to support impartiality.

Draft Supporting guidance

Question	Validation basis	Guidance for Suppliers	Guidance for Buyers	Model answer

2.1 Simplify the pathway: Detail how, through the delivery of the Contract, you will enable the Buyer to safely remove or simplify steps/interfaces from the relevant patient pathway.	• The Supplier to provide evidence of the current delivery of care, with clear identification of which steps are being removed or simplified through introduction of the product/service.	• Consider responses to question 2.2 and 2.3 on hospital and community productivity and 5.3 on ease of use, and mitigate duplication.
		• Recognising that a change in the pathway will require implementation support, Suppliers should provide information on the level of change required and evidence on how they will support this transition through their response to question 5.2 on ease of use.
		• Consider working with the buyer to assess a baseline for the relevant pathway and measure improvements post-implementation of the new intervention (device, diagnostic, or service).
		• Consider pathway analysis and change management workshops as part of the contract.
		• Suppliers should consider the following prompts in their response:
		    ○ Which step(s) in the patient pathway are being removed or simplified?
		    ○ Evidence that simplification/removal is safe for patients and healthcare personnel.
		    ○ How does this simplification/removal create a more efficient delivery of care model?
			• In pre-market engagement with suppliers, ensure there is a collective understanding of baseline practices with consideration of procedures and follow ups in the relevant pathway.
			• Consider the appropriateness of safely removing or simplifying steps in the patient pathway.
			• Consider the impact a change in patient pathway may have on resource, including on other care settings/departments, how well this can be absorbed into existing workloads and what would be required of Suppliers to ease burden of implementation.
			• Selection and validation of this question should consider expected responses for questions 2.2 and 2.3 which focus on improving hospital and community productivity, and 5.2 on ease of use.
			
			• **More supporting detail**
			
			• **Model answers (developing with industry)**
				• Assess the current patient pathway to identify and quantify bottlenecks and/or redundant steps. Specify how the technology reduces these. Include examples of how the technology has done this in similar care settings.
				• Quantify the impact the technology will have on resources for the pathway.
				• Include data on the impact of the technology on treatment or diagnostic activity. This includes referral speed, time to treatment, did not attend rates, reduced process duplication, reduced unnecessary appointments, and saved clinician time via fewer interfaces.
				• Provide evidence of reduced complication events, such as surgical site infections, complications, and follow ups.
				• Provide evidence on improved transfer of care times.
				• Provide evidence of clinical safety being maintained for both patients and NHS staff despite pathway changes, by including the number of adverse events/patient safety incidents associated with the product.

Draft Scoring system

- **Whole life cost** will be evaluated based on the lowest whole life cost receiving a maximum score of 5 and subsequent bids receiving a proportionately lower score with a **maximum weighting of 40%.**

- **The value domains** will be evaluated based on a standard 0-5 score system with a minimum **weighting of 60% (including 10% mandated on social value).**

VALUE SCORE SYSTEM	
Max Score (pts)	Description
5.	Meets the min. requirement for the product and offers two or more additional benefits.
4.	Meets the min. requirement for the product and offers one or more additional benefits.
3.	Meets the minimum requirement for the product.
2.	Meets most of the requirement but with identified concerns.
1.	A number of identified concerns with the product.
0.	Does not meet any of the requirements for the product.

COST SCORE SYSTEM	
Max Score (pts)	Description
5.	Lowest whole life cost option
4.	+10% from the lowest whole life cost option
3.	+20% from the lowest whole life cost option
2.	+30% from the lowest whole life cost option
1.	+40% from the lowest whole life cost option
0.	+50% from the lowest whole life cost option

Department of Health & Social Care

Worked Example

The Buyer has selected the Efficiency and Patient Domains alongside the mandatory Social Value Domain and Whole Life Cost.

Bidder 1 is ranked in first place overall due to the high scores on the three value domains offsetting a 25% cost premium compared to the lowest cost from Bidder 3.

Domains	Weighting	Bidder 1 High Cost (+25% from lowest cost option)		Bidder 2 Medium cost (+ 10% from lowest cost option)		Bidder 3 Low Cost	
	%	Score	Weighted score	Score	Weighted score	Score	Weighted score
Efficiency	30	5	1.5	3	0.9	3	0.9
Patient	20	5	1	3	0.6	2	0.4
Social Value	10	4	0.4	3	0.3	2	0.2
Whole Life Cost	40	2.5	1	4	1.6	5	2
Total	100		3.9		3.4		3.5
Ranking			**1st**		**3rd**		**2nd**

Implementation

Phase 1

Feb-Aug

Step 1 Feedback
Feedback from advisory board and trusts

Step 2 Shadow testing usability
Compare the process and theoretical result to a live procurement exercise
A) Framework tender with NHSSC
B) Product call offs with Trusts (5+ identified & EOI)

Step 3 Lessons learnt
Refine question bank and guidance
Define scope for pilots: categories and procurement processes

Phase 2

Sept-Jan

Step 4 Pilot
Run VBP on an agreed portfolio of live procurement exercises with varied trust maturity

Step 5 Evaluation
Formal evaluation process reflecting on lessons learnt, understanding the barriers and achieving intended outcomes

Step 6 Lessons learnt
Refine question bank and guidance
Roll out training
Design Phase 3 – national roll out

Phase 3

Jan-March+

Step 7 Roll Out
Informed by stages 1 and 2
- Consultation if needed
- Publication of VBP question bank and guidance
- Levers and incentives for uptake
- Implement evaluation plan
- Iterative training offer

Step 8 Continuous improvement
Ongoing monitoring, evaluation and learning and accountability
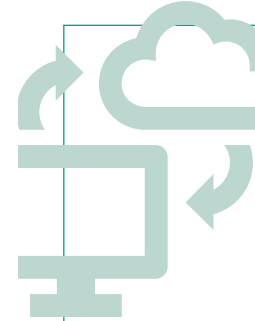Consider further scale up
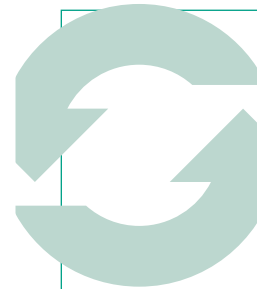
Ongoing considerations for impact and uptake

Changing hearts and minds:

Co-development and engagement – procurement, finance, clinicians, patients

Innovator passport:

Compass pathfinder, sharing validated evidence of value – warranted variation?

Embedding into practice:

Champions, training, financial mechanisms, contract management, risk sharing and outcome-based agreements

Department of Health & Social Care

Hot off the press shadow testing feedback

"VBP brilliant for standardisation across trusts"

"Codifying best practice"

"Good lifecycle costing with outcomes can convince finance"

Even further considerations: tips for specific categories, pre-market engagement bridging

Get involved? Pilots (Sept-Dec)

Thank you and any questions?

✉ madeleine.kerr@dhsc.gov.uk
valueassessment@dhsc.gov.uk

Draft Domain 1: Social Value

Definition: generate wider social and environmental benefits, such as fighting climate change and supporting equal opportunities.

Question	Validation basis DRAFT not for sharing
1.1 Carbon emissions: Describe how you will provide additional environmental benefits in the performance of the contract, including working towards net zero greenhouse gas emissions and use of clean energy and green technologies	PPN 06/20 – Theme 3 Fighting Climate Change, Model Award Criteria (MAC) 4.1. Use the model evaluation question. PPN 002 – Outcome 4 Sustainable Procurement Practices. Model Award Criteria 4a. Use the model social value question structure.
1.2 Packaging: Detail how, through the delivery of the contract, you plan to reduce the amount of packaging provided with the product.	PPN 06/20 – Theme 3 Fighting Climate Change, Model Award Criteria (MAC) 4.1. Use the model evaluation question. PPN 002 – Outcome 4 Sustainable Procurement Practices. Model Award Criteria 4a. Use the model social value question structure.
1.3 Usage and disposal guidance: Detail how, through the delivery of the contract, you plan to create and monitor the use of effective guidance for the proper usage of a product, how to dispose of it correctly and how to extend its useful lifespan, in a digital format.	PPN 06/20 – Theme 3 Fighting Climate Change, Model Award Criteria (MAC) 4.1. Use the model evaluation question. PPN 002 – Outcome 4 Sustainable Procurement Practices. Model Award Criteria 4a. Use the model social value question structure.
1.4 Modern Slavery Risk: Describe how through the lifetime of the contract or Framework Agreement will you identify, mitigate, and manage modern slavery risks and improve the impact you are having in the areas identified at risk of Modern Slavery?	PPN 06/20 – Theme 4 Equal Opportunity, MAC 6.3. Use the model evaluation question. PPN 002 – Outcome 1 Fair Work, Model Award Criteria 1e. Use the model social value question structure.
General application	In the event the same MAC or model award criteria is being used for one or more of the environmental outcomes identified, one model question should be used and the award criteria, including weightings for the question identified.

Draft Domain 2: Efficiency

Definition: Improve hospital and community productivity across the patient pathway.

Question	Validation basis
2.1 Simplify the pathway: Detail how, through the delivery of the contract, you will enable the buyer to safely remove or **simplify steps/ interfaces** from the relevant patient pathway.	The Supplier to provide evidence of the current equivalent delivery of care, with clear identification of which steps are being removed or simplified through introduction of the product/ service.
2.2 Productivity - Hospital: Detail how, through the delivery of the contract, you will enable the buyer to safely **improve hospital productivity.**	The Supplier to provide quantitative evidence of the anticipated impact against a relevant baseline, with qualitative evidence to show that this improvement is feasible in the relevant care setting/s. Indicators may include: length of stay, procedure time, readmission rates, hospitalisation rates, clinical staff time
2.3 Productivity - Community: Detail how, through the delivery of the contract, you will enable the buyer to safely improve **community productivity.**	The Supplier to provide quantitative evidence of the anticipated impact against a relevant baseline, with qualitative evidence to show that this improvement is feasible in the relevant care setting/s. Indicators may include: Frequency of health appointment follow ups, Home visits, Follow-up visits, Burden on social care (reducing resource required in social care setting).
2.4 Measurement: Detail how you will measure and monitor the delivery of **claimed benefits/ commitments** arising through the delivery of the contract.	The Supplier to set out measurement methodology including detail of any access to information or data which the Buyer will need to provide to the Supplier to enable such measurement and monitoring. This should use existing data repositories where possible including but not limited to national implant registries, NICE assessments or recommendations, Health Economic Platforms such as HES to support impartiality.

Draft Domain 3: Patient and Staff (draft)

Definition: improve patient safety, outcomes, experience

Question	Validation basis	
3.1 Patient experience: Detail how, through the delivery of the contract, you will enable the buyer to improve the **patient experience/ quality of life**.	Performance metrics provided by the Supplier showing measurable patient benefits against the current delivery of care. In some cases, this will require a detailed plan with phases for realising the proposed improvements alongside further evidence to prove the feasibility	
3.2 Patient outcomes: Detail how, through the delivery of the contract you will enable the buyer to improve **patient outcomes**.	The Supplier to provide evidence on how improvement can and will be made against products/ services that are commonly used. In some cases, this will require detailed technical information based on clinical trials, etc.	
3.3 Reduce risk of harm - Patients: Detail how, through the delivery of the contract, you will enable the buyer to safely **reduce the risk of harm** and complications to patients (including infection).	The Supplier to provide evidence on how improvement can and will be made against products/ services that are commonly used. In some cases, this will require detailed technical information based on clinical trials, etc.	
3.4 Reducing the risk of harm - Staff: Detail how, through the delivery of the contract, you will enable the buyer to safely **reduce the risk of harm** to clinicians/ healthcare personnel.	The Supplier to provide evidence of how the delivery of the contract would meet the requirements of the question and improve clinician/ healthcare personnel safety compared to the current equivalent delivery of care.	
3.5 Reducing health inequalities: Detail how the use of your product may reduce inequalities in access, experience or outcomes within the target pathway.	The Supplier to provide evidence of how the supplier has given due consideration to device performance across subgroups of the target population. The Supplier to provide evidence of how the device supports equity in access, experience or outcomes across subgroups of the target population. Indicators may include: Equality and Health Impact Assessment; evidence of how digital exclusion has been addressed, evidence of adaptions to support use by those with disabilities.	

Draft Domain 4: Supply Chain

Definition: Ensure a resilient and continuous supply of the product, withstanding supply shocks and protecting continuity of care.

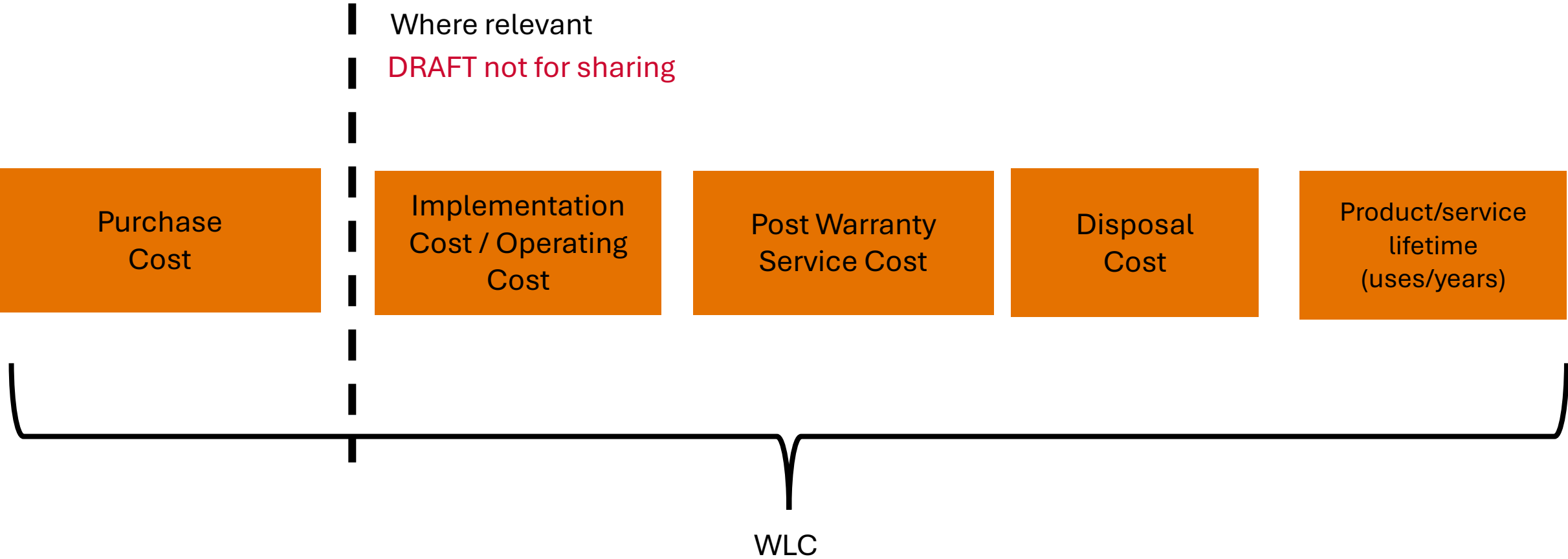| Question	Validation basis
4.1 Circular: Detail how through the delivery of the Contract your product supports a **circular economy**.	Evidence shown on whether the product is reusable, remanufactured, uses recycled materials or is capable of being remanufactured or recycled through an existing supplier-backed scheme. Confirmation of how many times the product can be safely used before disposal.
4.2 Obsolescence: Detail how through the delivery of the Contract you will reduce the risk of technology **obsolescence**.	Clear risk management and long-term mitigation plans should be provided to show how technology obsolescence will be prevented for the key technology aspects of the product/service.
4.3 Interoperability: Detail how through the delivery of the Contract your product is **interoperable**.	Confirmation of whether the product/service is interoperable with complementary products/consumables/digital systems.
4.4 Risk: Detail how through the delivery of the Contract you **mitigate and manage** supply chain risk.	Risk assessments or business continuity plans detailing contingency measures for supply chain disruptions. Data on inventory levels, sourcing diversification, and supplier reliability, UK-based or alternative manufacturing sites, extended shelf-life. Certifications or audits related to supply chain standards (e.g., ISO 22301 for Business Continuity Management).

Draft Domain 5: Purpose

Definition: Ensure the product is fit for purpose, meets the specification, is easy to use, and a robust implementation and after care support is provided.

Question	Validation basis	
5.1: Detail how, through the delivery of the Contract, you will meet the needs and requirements set out in the Buyer's **specification**.	Supplier written confirmation against each requirement	
5.2: Detail how, through the delivery of the Contract, you will support **ease of use** of the Deliverable for the Patient and/or their clinical team.	Sample feedback from product users Independent assessment of ease of use	
5.3: Detail how, through the delivery of the Contract, you will support **implementation** and adoption of the Deliverable by the clinical staff of the Buyer, and any dependencies from the Buyer to deliver a seamless implementation.	Implementation plan including resource plan Supporting case examples of successful implementations within equivalent healthcare settings	
5.4: Detail how, through the delivery of the Contract, you will Safely meet ongoing **after care** support service needs and requirements in relation to the Deliverable.	Supplier written confirmation KPI data of service performance	

Department of Health & Social Care

Draft Whole Life Cost (WLC)

Definition: total costs incurred over the lifetime of a product or service. As WLC is a cost <u>over time</u>, assessments should ensure products are calibrated to the same time period for valid comparison.

| Where relevant
| DRAFT not for sharing

| Purchase Cost | Implementation Cost / Operating Cost | Post Warranty Service Cost | Disposal Cost | Product/service lifetime (uses/years) |

WLC

Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

Heather Tierney-Moore OBE
Chair
NHS Supply Chain

Convenzis

Chair Afternoon Reflection

NHS Productivity Conference

Innovating NHS Supply Chain & Procurement

Convenzis

Mr Andrew Taylor
Chair
Independent Patient Choice and Procurement Panel

North East and Yorkshire Regional Mobile and Data Procurement

Lisa Cunnington and

Martin Johnson-Umpleby

Who are we?

Lisa Cunnington
Regional Lead for Supplies Resilience, Productivity and Efficiency
And Neurosurgery Network Manager
NHS England – North East and Yorkshire

Martin Johnson-Umpleby
Regional Head of Productivity and Efficiency
NHS England North East and Yorkshire Region and
National Deputy Chair NHS LGBTQIA+ Network

North East & Yorkshire Hospital Trusts

Productivity and Efficiency within the Region

Regional Executive Committee

Regional Productivity and Efficiency Board

Regional Workforce Productivity and Efficiency Group

Regional Procurement Productivity and Efficiency Group

Regional Job Planning Improvement Committee

Regional Clinical Operational Groups

Regional Medicines Optimisation Group
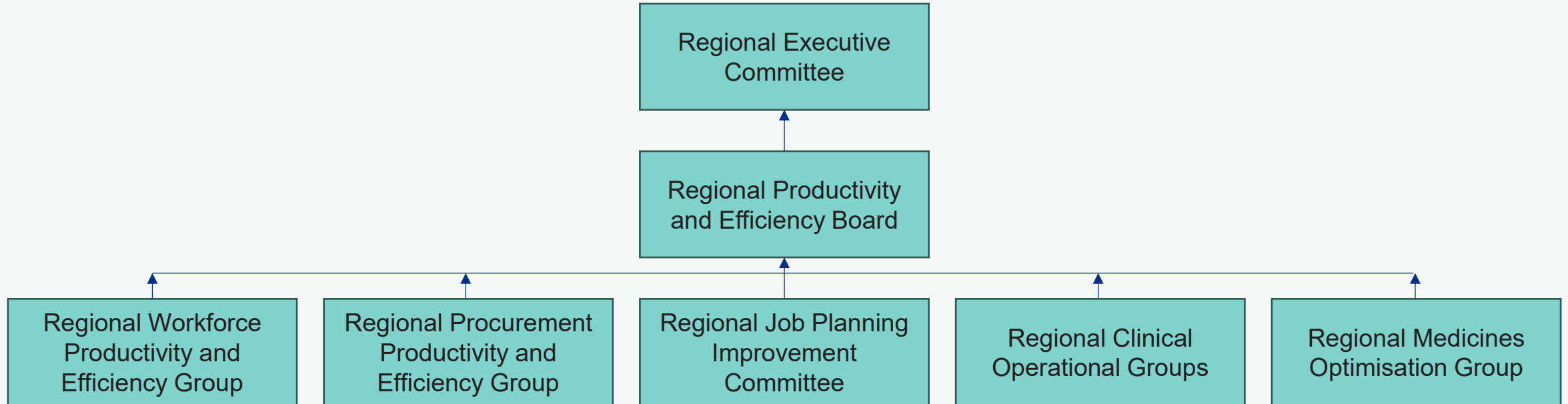
Mobile and Data Procurement Programme

NHS England Funded Programme

Outsourced oversight and implementation of programme to London Procurement Partnership (LPP)

Nuvoli: Sole auditor for Crown Commercial Services (CCS)

For NHS Providers audit is free of charge

Takes approximately 15 minutes to completed

Programme Opportunities

Tariff - although may be in contract – provides a benchmark of current costs, projected costs using the new CCS agreement with the same supplier and costs achieved with the cheapest provider (if different to your incumbent).

Inactive Lines – may not be able to swap tariffs due to contractual situation but may be able to negotiate the disconnection of inactive lines.

Data Usage – if data limit is exceeded on a regular basis, money could be saved by adding more data to the agreement.

Unused Handsets – trade in and release the cash straight away.

Social Value calculation – met by recycling and re-using and not buying new.

Behavioural and Policy Breach savings – people might use their work phone inappropriately.

Security – the Mobile Device Management systems and their effectiveness e.g. phones for staff who no longer work for the organisation etc.

Clustering of Contracts – What does this mean?

- Maximise economies at scale with majority of connections with one vendor.

- The majority of contracts will be placed with one vendor and further smaller contracts can be placed with two other vendors, this will provide additional coverage and maximum user flexibility.

- Requires an organisation in region to host the "parent" cluster contract which is low risk, autonomy remains within individual organisation and any discrepancies with invoicing will be addressed at a local level.

- The individual trust will still receive:
  - their own invoice,
  - individual access to the vendor portal
  - their own data bundle
  - maintains autonomy but delivers maximum savings.

- By having each connection on a 30-day rolling term, this allows flexibility to cancel and/or move connections if required and will address any coverage concerns.

- Planned move to the new tariff based on the current Trust's contractual obligations.

Key Stakeholders

ICBs and NHS Providers:

- ➢ Heads of Procurement
- ➢ Head of Digital
- ➢ Chief Information Officers
- ➢ Directors of Finance
- ➢ Directors of Procurement Collaboratives

Engagement

Many encouraging emails / promoting benefits

Individual meetings with each provider to complete audit

Regular progress reports, benchmarking and compliance cascaded through regional governance routes

Regional Workshop to feedback on audit findings and next steps
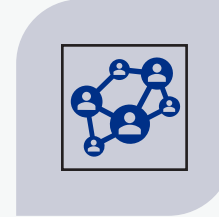
Barriers faced

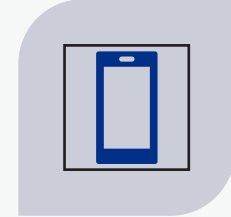LACK OF ENGAGEMENT – NOT UNDERSTANDING THE BENEFITS

MANPOWER AND TIME

DATA SHARING / GDFR

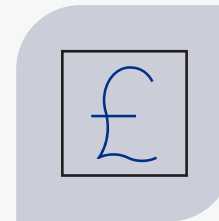NETWORK COVERAGE

TECH BUNDLES

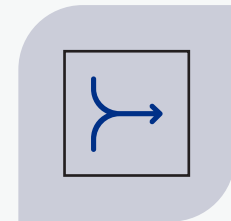SYSTEM CLUSTER V REGIONAL CLUSTER

SILO WORKING

LEADERSHIP – NOT ACTING ON AUDIT FINDINGS

SAVINGS INACCURATELY REFLECT CURRENT STATUS

AMALGAMATION OF NHS ENGLAND WITH DEPARTMENT OF HEALTH

NEY Mobile Landscape

Headline Findings from the Audits

4 ICBs, 34 Organisations (38 audits in total)	33 Organisations Audited

£4.2m Annual Spend	112,670 Connections	36% Inactive	1.6Gb p/m Average	105Tb p/m consumption

£3.22 ARPU

NEY v NHS Trusts across England

Headline Numbers and how they compare

NEY Trusts/ICBs	36% Inactive	£3.22 ARPU	1.6Gb p/m Average	10Tb over the Average
NHS Trusts London	34% Inactive	£4.87 ARPU	1.5Gb p/m Average	
NHS Trusts England	38% Inactive	£4.23 ARPU	1.5Gb p/m Average	

RM6261 – What would the contract look like?

The Contractual Landscape – How will it work?

Single Cluster Contract

Multiple Contract Start Dates.

Long term contract e.g. 36 months + 12 + 12.

30 Day rolling term for each connection and each shared data bundle.

Sovereignty

Complete autonomy with individual Accounts, Invoices, Portal Access and Data Bundle.

Flexibility of Coverage Choice

We will need to give one vendor the majority of the connections (85% to 90%)

However, can spread the users across three accounts if required.

Where the programme currently stands

Approved by CEOs and Deputy Directors of Finance across the four systems

Gone out to market as "mini-competition, currently evaluating the tender submissions from three suppliers

Refreshing audit data status for accurate reflection of cost savings

Working with ICBs and Providers to agree who will act as the lead host contractor for the main mobile supplier

Established a regional oversight and implementation group

One process and potentially one helpdesk to manage all changes in assets and costs

Include not for profit social enterprises providing healthcare within region

Regional Governance

- The North East and Yorkshire (NEY) Oversight Steering Group will:

- Promote awareness, engagement and benefits of joining the clustering agreement.

- Share intelligence across the Trusts, systems and ICBs and provide a two-way mechanism to address concerns, issues and challenges raised.

- Influence and support the development of a region-wide phased implementation plan.

- Develop a mobile device management process that is leading the NHS in maximising the user experience and cost savings.

- Standardise operational policies and procedures, developing a single device policy by user groups and buying collectively to lower costs.

- Agree a reporting and escalation framework to inform NHS England, Trusts and Integrated Care Boards (ICBs) on progress and/or barriers or bottlenecks in achieving the deliverables including commercial savings and performance against work plan deliverables.

- Share best practice, case studies and learning across our systems to reduce duplication of effort and improve contract management.
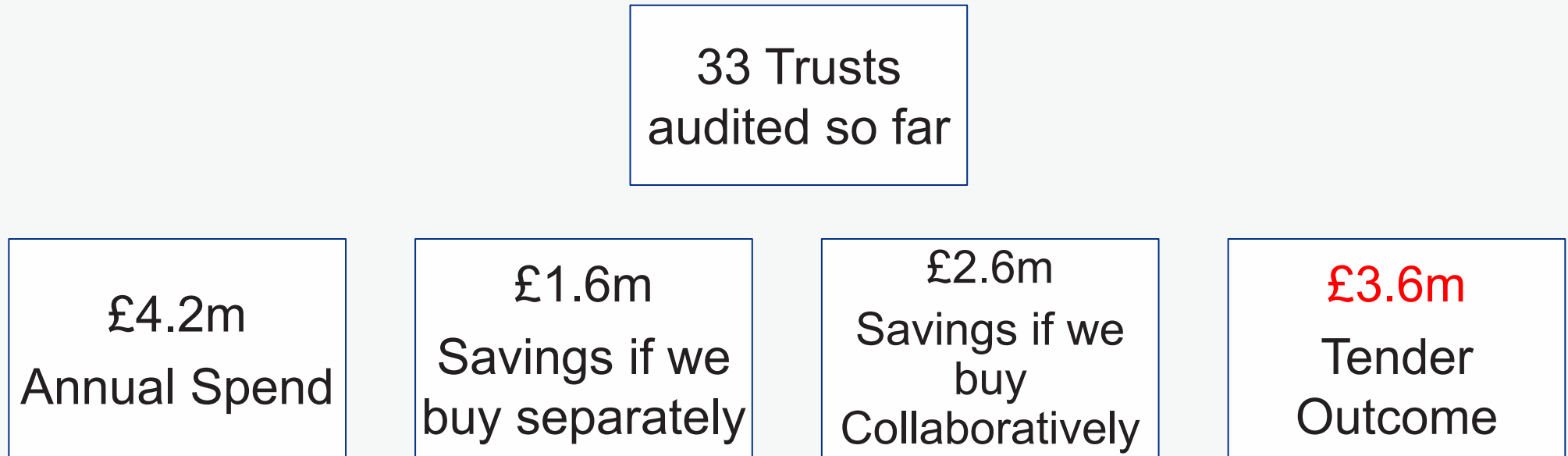
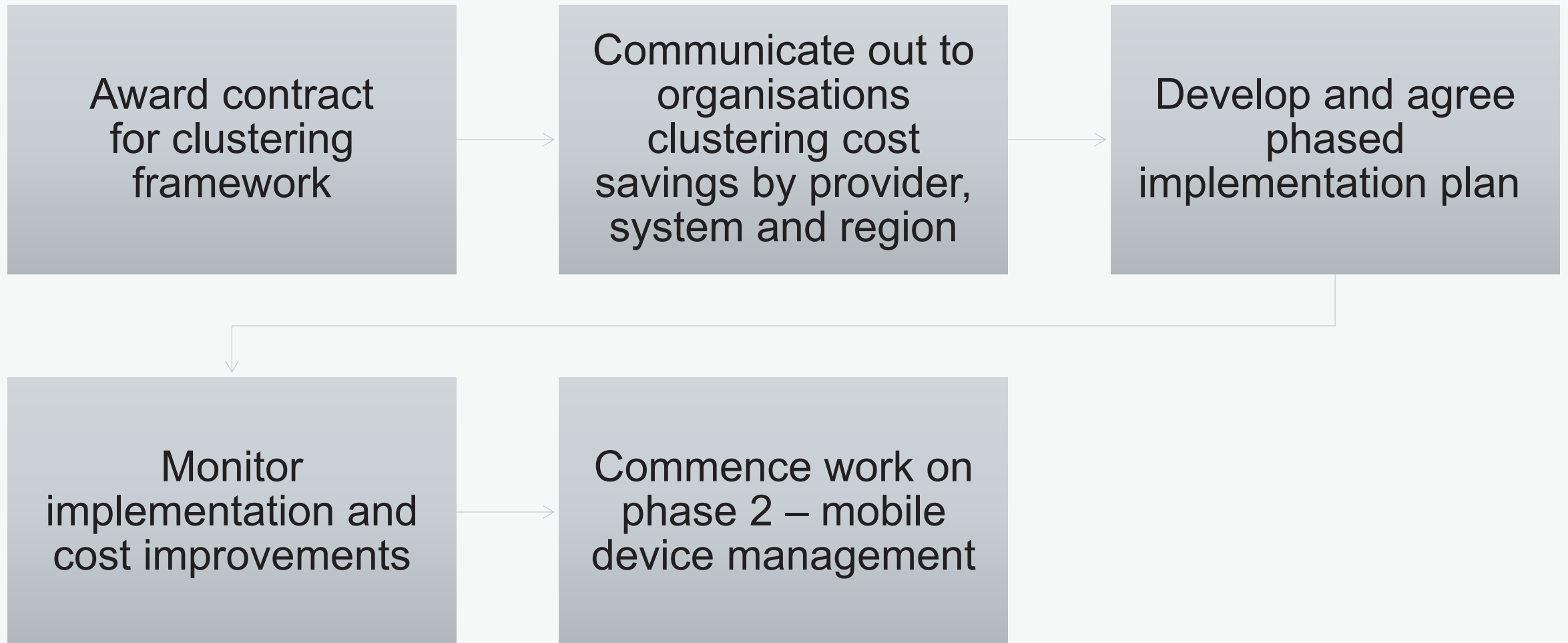# North East and Yorkshire Oversight Steering Group

Membership:

Regional Director of Commissioning & Transformation NHS England - North East and Yorkshire Region (Chair/SRO)	Director of System Coordination, NHS England – North East and Yorkshire (Deputy Chair)	Regional Head of Productivity and Efficiency NHS England – North East and Yorkshire	Regional Lead for Supplies Resilience, Productivity and Efficiency - North East and Yorkshire, NHS England	Interim Regional Chief Operating Officer, NHS England - North East and Yorkshire Region
SRO Chief Information Officer for each system	ICS Procurement Collaborative Director or nominated deputy	Senior Service Manager – Technology/Director of Digital and Technology from each system	Director of Finance or nominated deputy from each System	Nuvoli are the sole auditor for Crown Commercial Services (CCS)
	Senior Category Manager, NHS London Procurement Partnership	Category Manager, Clinical Digital Solutions, NHS London Procurement Partnership		

Expected Savings

Headline Numbers – the collaborative opportunity

33 Trusts
audited so far

£4.2m
Annual Spend

£1.6m
Savings if we
buy separately

£2.6m
Savings if we
buy
Collaboratively

£3.6m
Tender
Outcome

Next Steps

Award contract for clustering framework

Communicate out to organisations clustering cost savings by provider, system and region

Develop and agree phased implementation plan

Monitor implementation and cost improvements

Commence work on phase 2 – mobile device management

Phase 2 - What could collaboration look like?

Best in Class – Our potential as a region

Collaborative Approach to Management of Devices:

➢ Single device policy, standardise devices by user groups

➢ Buy collectively to lower costs

➢ Manage Mobile Device Management (MDM) as a single discipline

➢ Re-use, Re-furbish, Re-sell as one organisation

➢ Standard Group policies on MDM and compliance, Leavers and Joiners, Device Upgrades, Fair Usage

Question and Answer Session

Thank You

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in **company/nhsengland**

🌐 **england.nhs.uk**

MAPPING THE DIGITAL MAZE:
A DATA-DRIVEN APPROACH TO
DIGITAL PROCUREMENT

ORCHA

Go find the needle…

ORCHA

Navigating the Digital Health Maze: Key Challenges

- **High Compliance Costs & Complexity** – Assessing whether a digital health product meets regulatory and security standards is time-consuming and resource-intensive.

- **Duplicate assessments** are being conducted across healthcare systems, leading to increased costs and unnecessary burdens for both the system and suppliers.

- **Inefficient Product Comparisons** – Manually evaluating and comparing solutions across key criteria (e.g., compliance, functionality, usability) slows down decision-making.

- **Risk of Non-Compliant or Ineffective Solutions** – Without robust assessment, organisations risk investing in tools that fail to meet clinical, security, or operational requirements.

- **Lack of Market Visibility** – It is difficult to identify what digital health solutions exist and understand their capabilities.

- **Procurement Bottlenecks** – Without a streamlined way to vet and approve solutions, the adoption of digital health tools is delayed.

ORCHA

Our experiences...

With 1,000s of digital health products on the market, identifying the right solution for our needs is like finding a needle in a haystack.

Digital Programme Manager- NHS

Digital transformation is crucial, but without clear, up-to-date information on available solutions, we struggle to make informed decisions at pace.

Transformation Director- Sweden

Assessing compliance and security credentials for digital health tools is both costly and time-consuming. We need a faster, more efficient way to vet solutions.

Compliance Manager- Netherlands

Procurement and governance teams are overwhelmed. Without a centralised way to compare digital health products, we risk delays and inefficiencies in adopting the right technologies.

Procurement Lead- NHS

ORCHA

Digital Procurement Catalogues: Do It Once For Everyone

- **Market Scan & Insight** – a **comprehensive, regularly updated database**, enabling NHS teams to quickly **search, filter, and assess** available options.

- **Reduced Compliance Burden** – regulatory compliance assessments of over **2,600 assessed products** and the ability to request a compliance check for any missing solutions.

- **Streamlined Procurement** – accelerates decision-making **by offering structured comparisons** across compliance, functionality, usability, and cost—helping NHS teams **find the right solution faster** and with greater confidence.
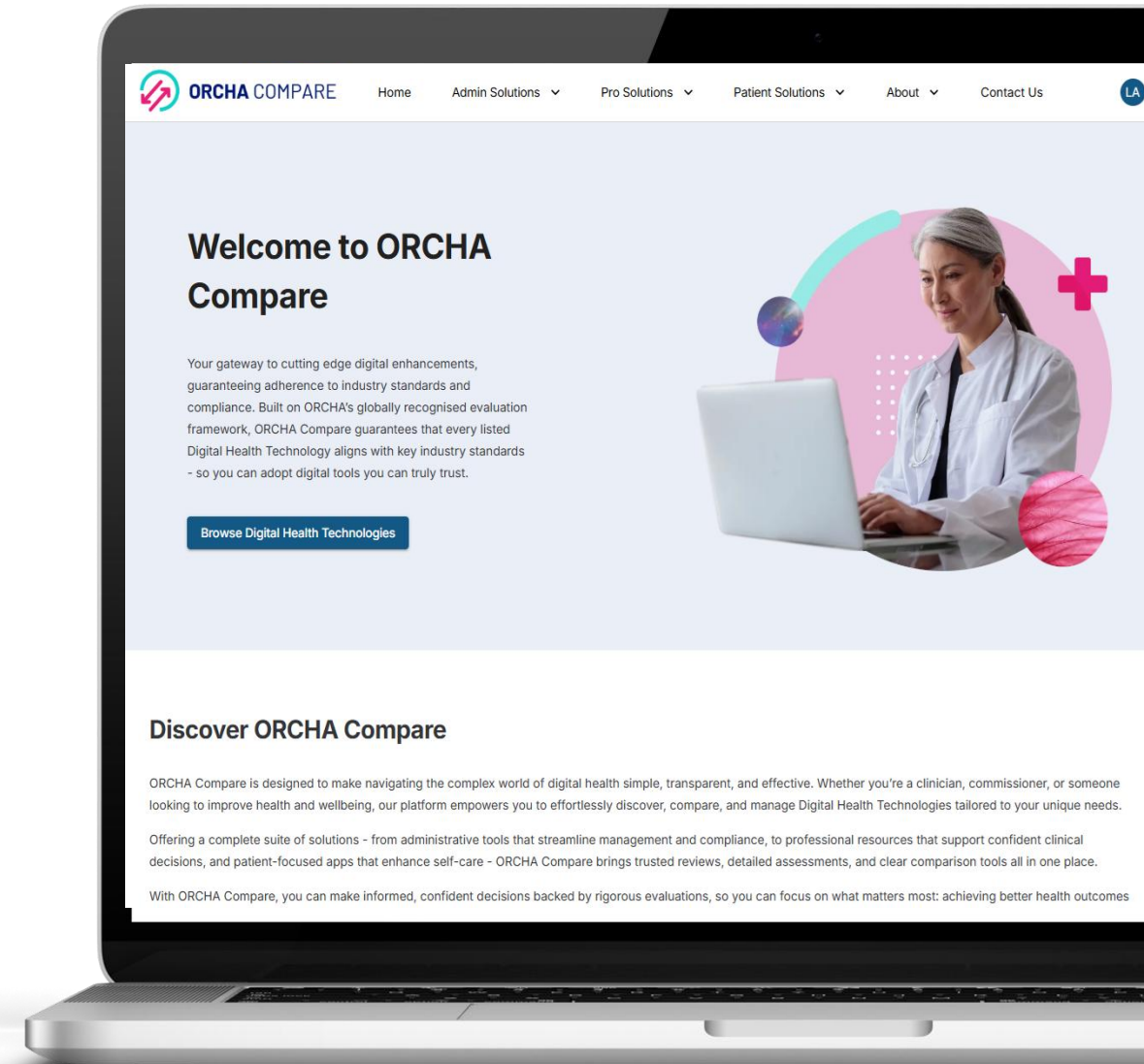
Global Baseline Review

What we look for

This Global Review has been adopted globally and has been used in over 28,000 assessments and has been through 7 iterations.
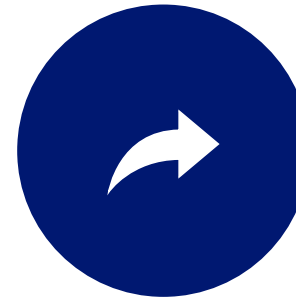
Data & Privacy

GDPR, Privacy Policy, Data Use, Data Storage, Existing Standards (ISO 27001)

Professional Assurance

Medical Device Status and Conformity, Evidence and Effectiveness, Evidence Standards Framework & Clinical Involvement

Usability & Accessibility

Apple HIG / Android App Quality, WCAG 2.0 AA / WCAG 2.1 AA, ISO 9241 & Bug Management

ORCHA COMPARE

Example: Ambiant Voice Technology in General Practice

- Use ORCHA Compare to identify the top 3 scoring products in the market

- Request DTAC documentation and demos from each

- Offer these as 'preferred' , whitelisted tools for General Practice to use confidently

- Collect DPIAs, Clinical Safety documentation and evaluations from local GP early adopters that can be used as templates by other GP practices.

Safer choices. Smarter procurement.

ORCHA

Post-Procurement: CareNav

- End-to-end digital health app library and distribution platform

- Tailored for population health management and access

- Direct support for PCN DES requirements

- Patient empowerment through digital health

- Fully compliant, independently assessed technologies

Converting just **3% of frequent attenders in primary care** to digital self-management tools would avoid **2,164 appointments** per month per PCN, or 9% of GP Capacity
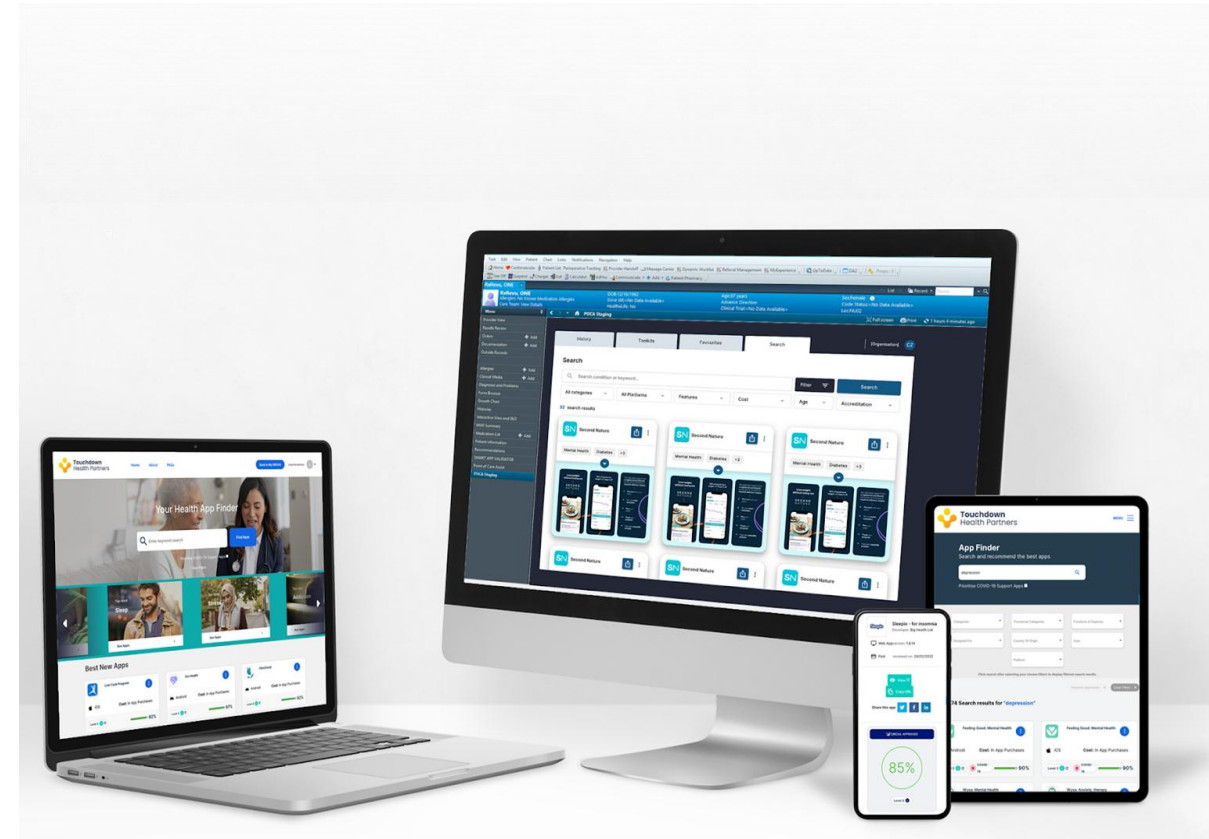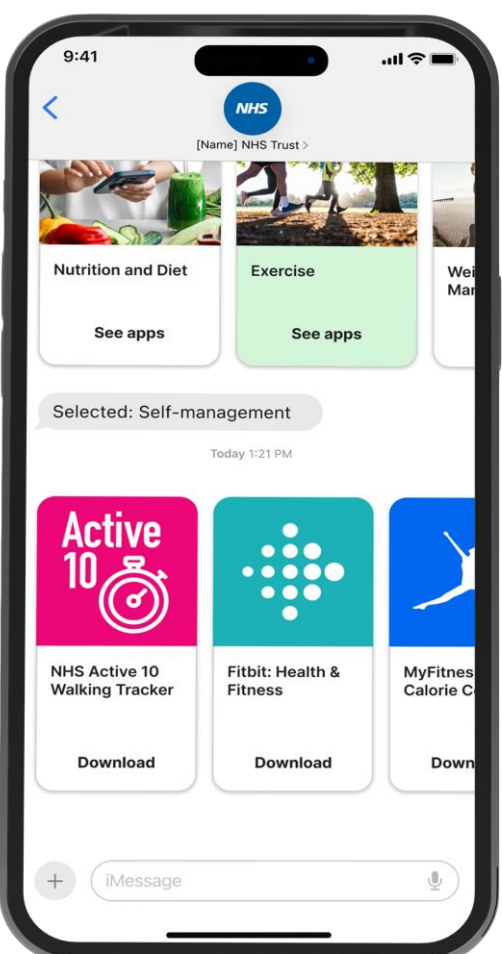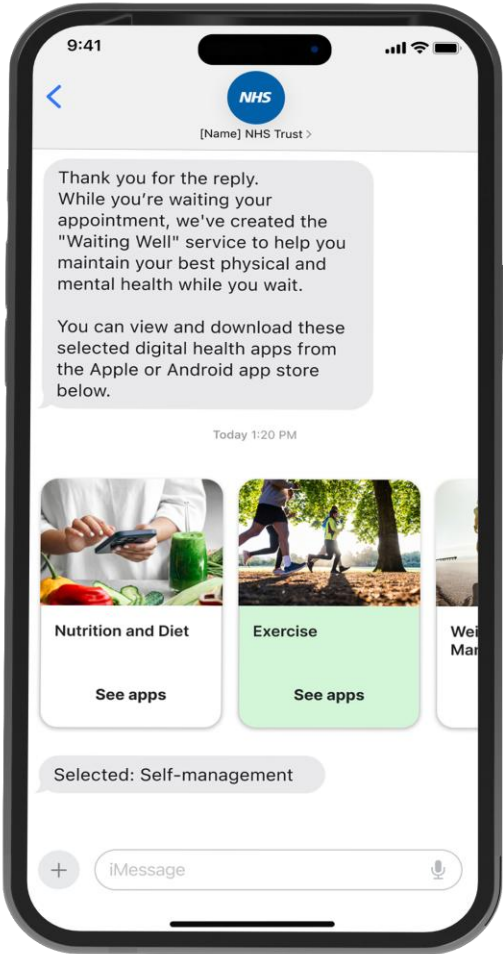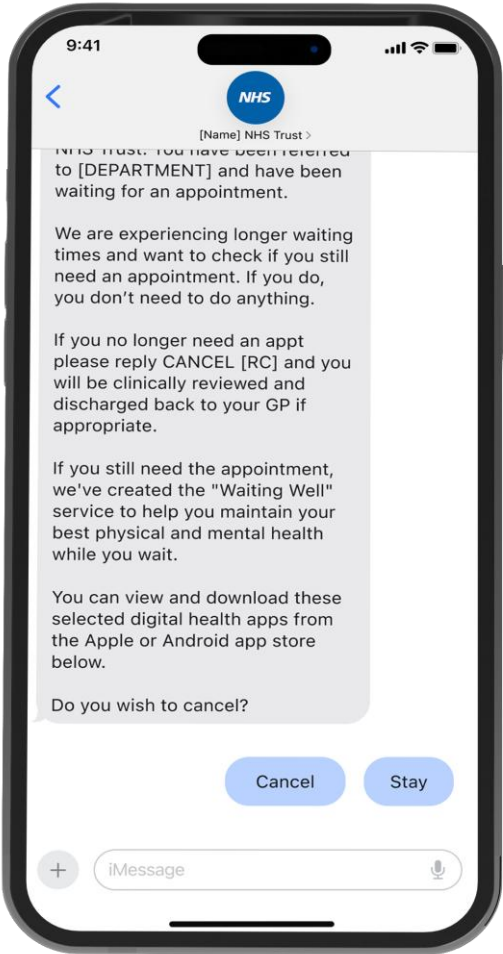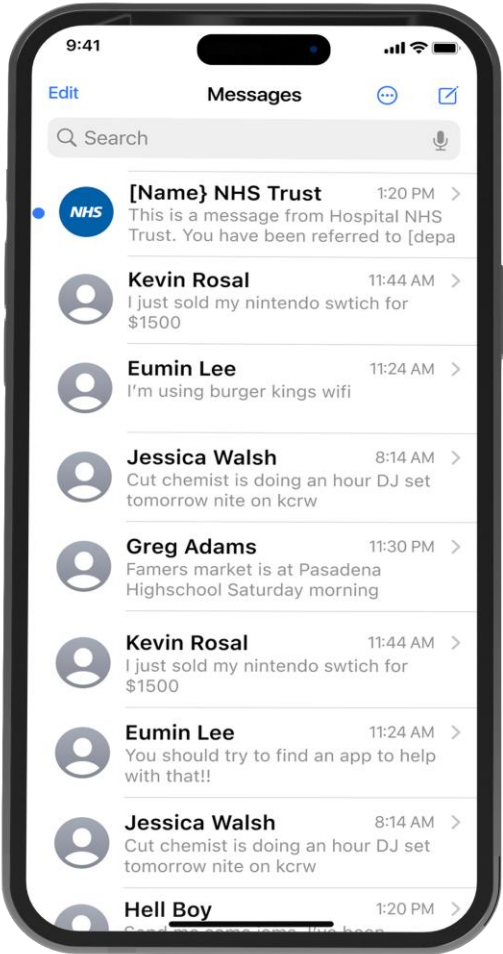
Post-Procurement: CareQ

Patients receive automated digital technologies via SMS or RCS message

All technologies are certified by ORCHA

All delivered without human interaction

ORCHA

The future of NHS Digital Procurement...

- **Data-Driven** instead of opinion-led

- **Collaborative** without the duplication

- **Safe,** without the risks

- **Efficient** without the endless to-and-fro

- **Easy, automated** routes to deployment

"Time to stop reinventing the wheel – and start sharing the map"

ORCHA

THANK YOU

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DELIVERING SAFE DIGITAL HEALTH

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