Learnings from the HSJ Integrated Care Summit 2019
Interactive Discussion Groups

Session Theme:

Driving efficiencies through clinically led procurement to maximise value across the NHS

Session Leader:

Dr Phil Lewis; Procurement Director

Yvonne Pirwitz: Operations Director

Questions Posed

Question: HST are engaging Trusts at STP level to meet local needs and drive volume/ value commitment. Is this approach better than the national routes to value-based procurement?

Question: Within the categories of Cardiology and Audiology, what is the groups' understanding on value-based procurement (system cost/benefit)?

Outcomes and Learnings

- Working with ICS leadership to engage and align clinicians is seen as a positive step
    - Clinical engagement should be done at ICS/STP level
    - A 'top-down' approach (example discussed where a Trust executive told clinicians to get the list down from 12 products to 4 products, with no exceptions to procure outside the 4) can work locally within a Trust. However, this approach doesn't work nationally for 300 trusts given regional dynamics and geographies.
    - Messaging matters: Trusts have limited funds, so positioning procurement in context of the bigger picture and patient outcomes is ideal
- National specifications don't work for everybody; the way to make them work is if management and clinicians are in synch
    - A distinction was made between consumables and implantables; the former being more suitable for a national specification, and the latter not suitable due to clinician preference
    - Clinician training/education was noted as an obstacle to range management of implantables

    - Over-specification (using a product with more features than is necessary) was discussed; the consensus was that the NHS should buy products that represent the most suitable functionality for the patients being treated
    - Home monitoring was discussed as an example where the NHS needs to be able to follow through to fully obtain the benefit (e.g., for a Trust to fully realize the benefit, a Trust would have to change its internal processes to ensure there are staff to look at the data, change how patients are booked, etc.); if those changes can't be made then the Trust may be spending money on something it can't use
- Evidence-based information is well-received by clinicians as part of efforts to change procurement practice
    - GIRFT involvement/clinical leadership is viewed positively in that it provides clinicians with a picture of clinical variation and patient outcomes
    - Clinicians and Trust leadership are interested in both product cost and patient outcomes, which should be presented holistically in any procurement activity