



Lord Philip Hunt





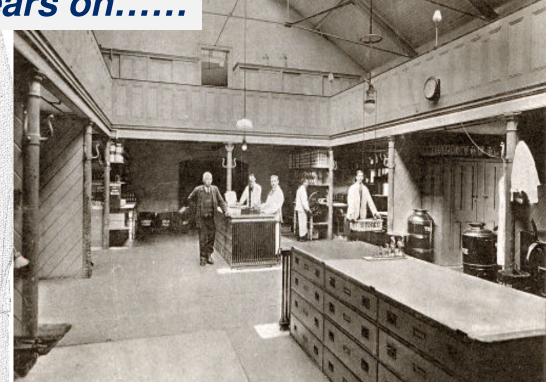
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66 years on.....



THE NEW

NATIONAL HEALTH SERVICE





The NHS resilient and popular



COUNTRY RANKINGS

Top 2* Middle

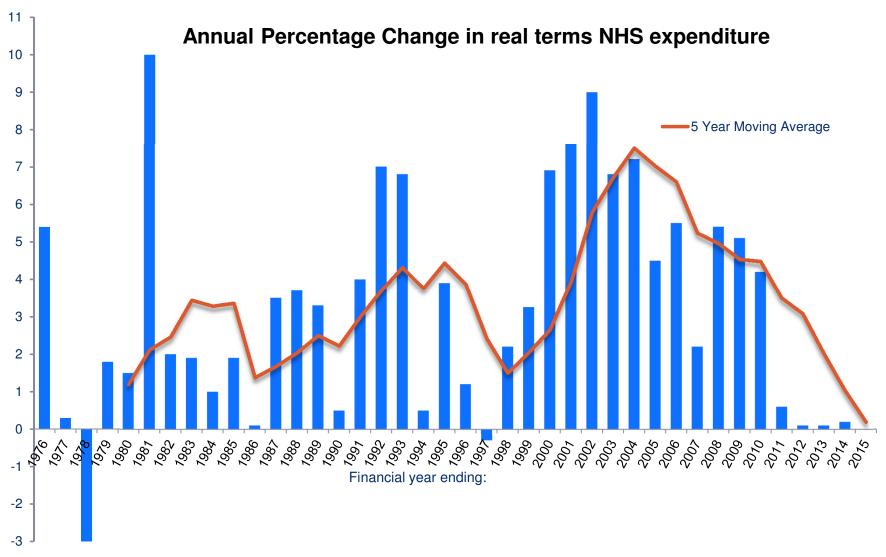


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	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508



Current Financial Squeeze



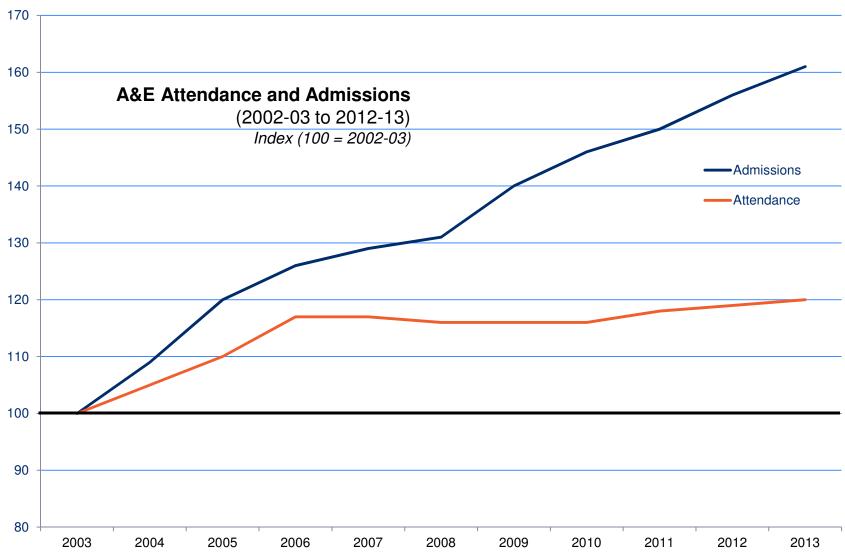


Source: NHS Funding and Expenditure, House of Commons Standard Note SN/SG/724



Increase in demand

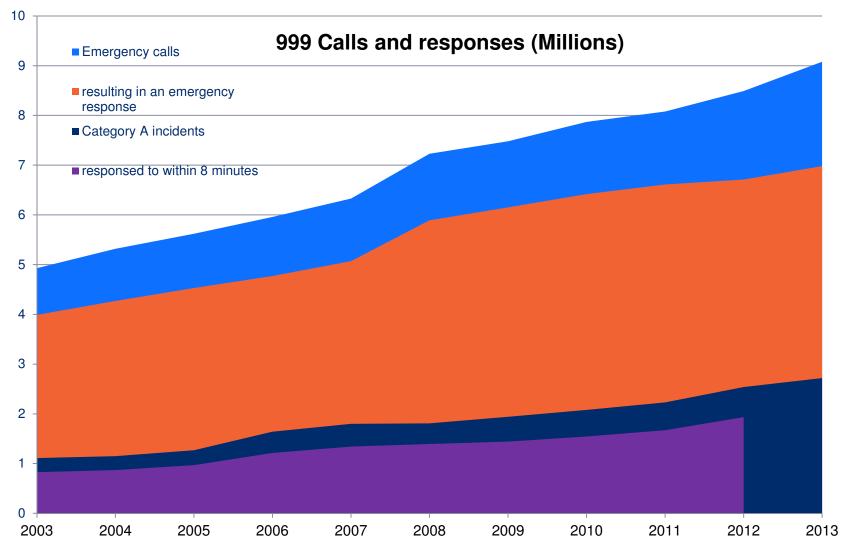






Increase in demand





Source: House of Commons Standard Note SN2197, NHS Activity Statistics: England, p.11.



Drivers of increased demand?

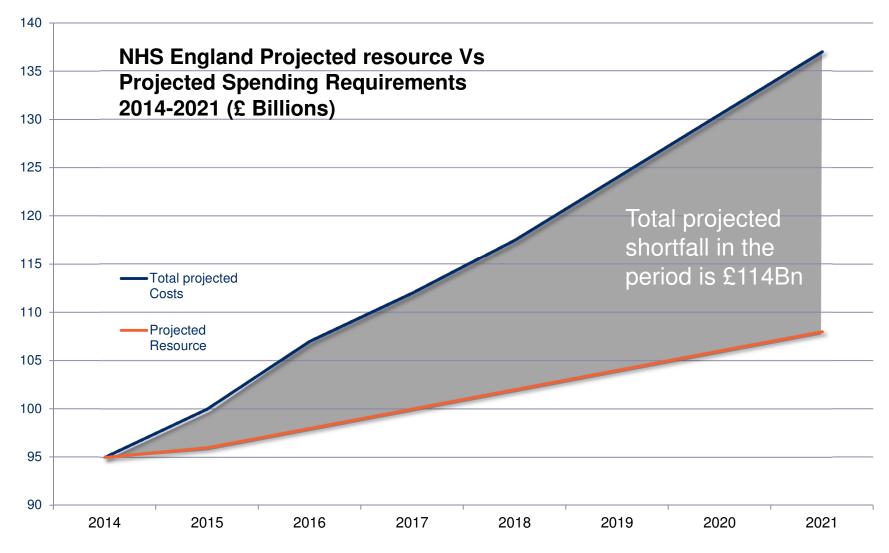


- Technological advances in diagnosis and treatment are the biggest driver of increased cost of care delivery.
- Increased prosperity and expectation along with medical price inflation and increased cost of delivering care account for much of the rest of the increase in demand.
- An ageing population, though a contributor, is a relatively small driver by comparison.



Demand v Resource



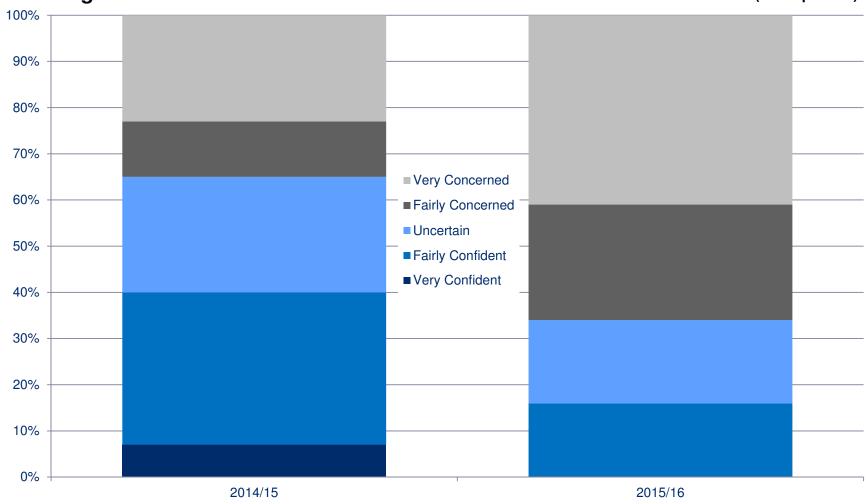




Confident?



The King's Fund asked "Looking ahead, how confident are you that your organisation will achieve financial balance in 2014/15 and 2015/16?" (74 responses)



Source: The King's Fund, Quarterly Monitor Report, Report 11, April 2014.



Reported Deficits 2013/14



	Surplus (£M)						
	Plan	Actual	Variance				
Trusts (acute only) 1	(142)	(311)	(169)				
Foundation Trusts ²	134	(144)	(285)				

¹ Source: Board Meeting, 15 May 2014 Paper F: Service and Financial Performance Outturn Report for the period ending 31 March 2014, para 4.8, p. 20.

² Source: Performance of the Foundation Trust Sector, Year Ended 31 March 2014, slide 4.1



Staff numbers post-Francis



- The Francis report explicitly states that poor staffing levels at Mid Staffordshire led to poor quality care.
- "An extra 2,400 hospital nurses hired since the Francis report, with over 3,300 more nurses working on NHS hospital wards and 6,000 more clinical staff overall since May 2010" – HSJ Feb 2014
- "In its response to the Francis report in November, the Government announced that NHS trusts are planning to employ 3,700 more nurses by the end of the financial year. The RCN welcomes this announcement but warns that the recently published Frontline First report revealed there are nearly 20,000 nursing posts left unfilled." – RCN March 2014



NHS procurement snapshot



NHS PASA established 1 April 2000

NHS
purchasing and
supply
competencies
published

Supply
Management
Confederation
pilots launched
2002

Department

NHS Supply Chain outsourced 2006

First CPHs established 2005

NHS Shared

Business

NHS procurement KPIs launche 2002

NHS procurement – Raising our Game Better Procurement Better Value Better Care:

A Procurement Development Programme for the NHS

NAO report published 2011

SCEP

launched

2004

Services established 2005

Purchasing and Supply Controls Assurance Standards 2002 DH Procurement Capability Review

PAC report published 2011

Necessity not nicety 2009

NHS England

> NHS PASA abolished March 2010



NHS procurement – NAO report issues



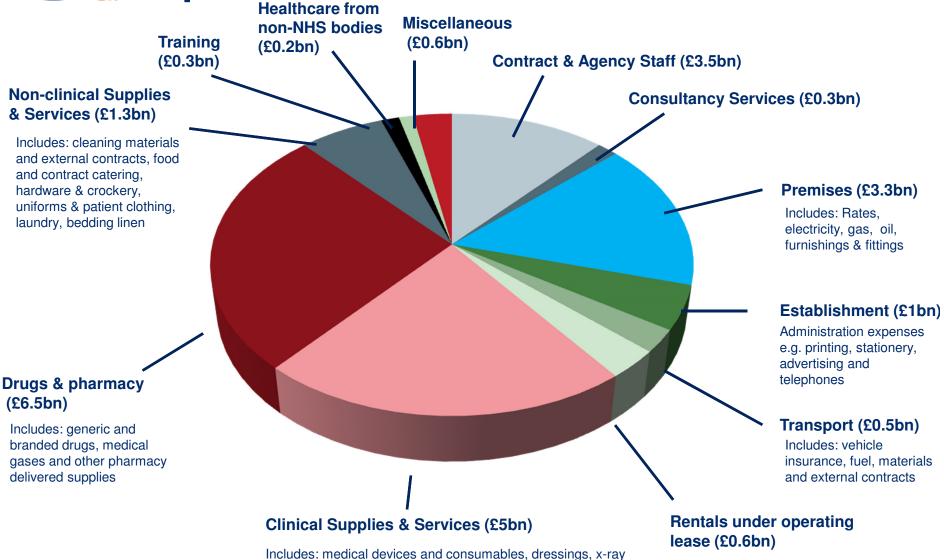
- "Limited data on what is purchased by individual trusts"
- "Trusts pay widely varying prices for the same items"
- "No immediate way of examining variation in prices"
- "No mechanism to secure commitment by hospital trusts"
- "Trusts are often paying more than they need to, even for basic supplies"
- "Some hospital trusts buy much wider range of key commodities than others"
- "NHS....frequently establishing new contracts and framework arrangements which overlap and duplicate each other...."
- "Variation between the highest and lowest unit price paid was around 10%"
- "Much larger savings of up to 30 per cent in some categories"
- "We [NAO] estimate that if hospital trusts were to rationalise and standardise product choices and strike committed volume deals across multiple trusts, they could make overall savings of at least £500 million..."





Acute sector non-Pay spend





materials, laboratory and occupational therapy materials

Source: DH



NHS procurement – Strategy



A balance between the need to improve local capability, data and leadership for the longer term, and the need to drive savings in the short-term





Better Procurement Better Value Better Care:

A Procurement Development Programme for the NHS

August 2013



NHS procurement – Strategy



Short term:

- Develop a proposition to help NHS trusts deliver £1.5-2bn savings
- Increase transparency

Medium/long term:

- Create a new national 'enabling' function (NHS Centre of Procurement Efficiency) home of professional development, data, analytics, diagnostics, benchmarking, best practice, and networking
- e-Procurement strategy





Better Procurement Better Value Better Care:

A Procurement Development Programme for the NHS

August 201





Enablers



- Board level recognition and sponsorship
- Executive authority and influence
- Organisational alignment
- Category management and sourcing strategies
- Supplier Relationship Management
- Rigorous risk management
- Operating Process Management
- Performance management with KPIs
- Data, information and knowledge
- People strategy
- Excellence in governance, planning, programme and change management

Support for NEDs, Execs and HoPs

National strategy and landscape alignment

The Centre for Procurement Efficiency

National Delivery initiatives

National Category Strategies

Key Supplier programme

e-Procurement Strategy (GS1)

NHS Standards of Procurement

NHS Procurement Dashboard

Academy for procurement Excellence

Diagnostics and Benchmarking



HCSA will continue to....



- Act as a voice for the NHS procurement profession
- Input to the development of strategy
- Support the development of future talent
- Engage with industry bodies, suppliers and other bodies. eg GS1
- Champion the good work of NHS procurement
- Maintain an effective professional procurement network
- Arrange high profile Conferences and other events
 - Annual Conference and Exhibition 19-20 November 2014
 - Hilton, Deansgate, Manchester http://www.hcsaconference.co.uk/
- HCSA promoting and supporting NHS procurement across the UK

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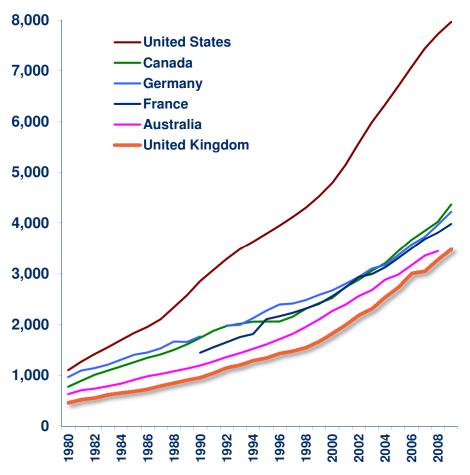
 http://www.healthcaresupply.org.uk/



International Comparison of Spending on Health, 1980–2009







* PPP=Purchasing Power Parity.

Data: OECD Health Data 2011 (database), Version 6/2011.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.



