

## BHTA meeting

~~Wednesday 28<sup>th</sup> February 2018~~

Thursday 3<sup>rd</sup> May 2018

Thank you for the invitation to speak. I last spoke with the group in November 2016, so it's good to be invited back to update you on a number of things.

Before doing so, useful to mention a number of topics....will cover these all briefly, and happy to have detailed discussions in a group or individually:

Challenging times	Health Economics	Clinical evidence
Budget deficits	Resource constraints	Review of community areas
Effective prescribing	Innovation	Issues
Value not cost	Sustainability	

Of course, not forgetting patient focus, which is at the heart of everything we do.

### **BHTA engagement**

Good relationships, with regular discussions – it's good to be here!

Example – new stoma patient tender (acute) – discussed new approach and adopted – benefit to all, with no formal evaluations required.

Stoma garments – guidance for garment levels, incorporated into our review and used going forward.

### **Effective prescribing / realistic medicine + link to health economics**

Key area – Chief Medical Officer, quality strategy, Carter report, GIRFT, etc.

Evidence based.

Patient outcome data.

BHTA role - rather than individual suppliers?

### **Stoma**

Garments report has been completed – just going through approval processes (frustrating slow!).

Short life working group to look at all aspects of stoma – which is effective, efficient, equitable access, etc.

We continue to work with SSF (who will get remit of the SLWG once signed off).

By July 2018 – issue updated Specification documents for manufacturers and DACs.

Is there a separate code of conduct for DACS?

### **GDPR (live on 25<sup>th</sup> May)**

Personal Information Identification.

Updated T's and C's for new tenders, variation process for existing contracts (being issued this week).

### **Best practice tender submissions**

1. Make sure your tender is submitted on time - 3 tenders received late recently for beds and mattresses.
2. Read the questions and answer the question asked – not the questions you wish we'd asked
3. Use the bulletin board to ask clarification questions, but please:
  - a. Read all the documents and then read them again before sending questions. We regularly receive questions only minutes after publicising the contract - 5 minutes for the beds tender!
  - b. List the questions and send as one query....not 2 or 3 separate queries in the space of 5 minutes
  - c. Remember the deadline for questions. We will try and answer questions received after deadline, but we need to be fair with all suppliers. How late can you (suppliers) factor in updates prior to submission deadline?

Important:

- a) We usually give more than the minimum timescales required to by law – so you will have sufficient time to respond.
- b) We usually publish a PIN – so you have even more time to be geared up.
- c) We meet suppliers individually and engage with BHTA.
- d) Where possible, we share documents and specs with suppliers and BHTA, so more than enough opportunity to feed in new products / services, issues, thoughts, etc.
- e) We want as many bids as possible, but need you to be honest about meeting mandatory requirements.
  - a. Walking aids evaluation - 150 passed, 32 failed.
  - b. Catheters evaluation - 91 passed, 48 failed.

Concerns raised by CAP – waste of time and effort evaluating products that clearly do not meet our spec...how can we avoid this?

How can we ensure a better pass rate?

- f) No longer doing spotlight sessions...why? Concern that very little benefit, as very little noticeable improvement in engagement, tender responses, etc.

Plan to have a follow up discussion with BHTA to look at how we best tackle the above

**Innovation**

Innovation – are procurement a barrier?

Really, are we? We review specs before tender, allow changes during lifetime of contract, do horizon scanning, etc.

Whether reality or just perception - how can we overcome the challenges and do this better?

**Community benefits / sustainability**

Will be key areas going forward.

What are you doing? Share with us.

Working towards circular economy.

**18/19 work plan for Paramed team (full plan available via PCS)**

Published to HB’s – still likely change

Resource constraints – Graeme not being replaced – work allocated within the team and some projects moved to other teams – opportunity to meet new commodity owner once handover complete

TENDERS	NP667/17	Bone Conduction Implantable Devices (hearing aids)
	NP564/18	Healthcare Beds, Mattresses & Overlays
	NP514/18	Wound Closure Products
	NP536/18	Antiembolism Stockings, Compression Devices & Pumps & Lymphoedema Products
	NP100/18	Fluid Warming and Patient Temperature Management
	TBC	Denpro Arrangements (Private Sector Arrangement)
EXTENSIONS	NP512/15	Enteral Feeds
	NP579/15	Children's Dental ( Childsmile)
	NP502/15	Dental Sundries
	NP518/15	Hernia Mesh

NP527/15	Cochlear Implants
NP614/14	Single Use Respiratory & Facial Protection & Surgical Headwear
NP565/14	Supply of Pacemakers & Implantable Loop Recorders
NP592/15	Supply of Patient Lifting Equipment

## Our 5 year strategy

**Leverage** benefits

National sourcing led **horizon scanning** service

Lead on sector **commercial** activity

**Extend** current Procurement offerings to Health

**Sharing data** to improve patient pathway and **rationalise demand**

Contract and Supplier management **fully integrated** across Health

Influencing the **innovation process** within Health

**Expand** the **Primary care** procurement portfolio

## Some challenges for all of us:

Looking at value and link to Health Economics - how to incorporate this into tendering?

Clinical evidence – how best to do this....supplier and / or trade association?

## P4H

Did you attend? If you did, thank you!

Was it useful?

Likely to be an annual event – your feedback can influence what we do