

£400k savings on gloves

MORE than £400k has been saved by the seven Trusts involved in the Working Together Partnership by combining forces on the purchase of examination gloves and agreeing to standardise the product rather than having numerous different brands at differing prices.

The core principle of the project was that all the Trusts should use a standard product that was fit for purpose but that by using the buying power of the Working Together group savings were also achieved at the same time as standardising on a quality product.

A pioneering e-auction that took NHS spend, as a region, to the commercial market was used for the first time in the NHS by the seven Trusts' Procurement leads and NHS Supply Chain.

The auction allowed glove suppliers to bid for the total gloves contract for the seven Trusts for the next 12 months. The business is worth more than £2m per year. The e-action created additional competition between suppliers to further reduce the price which resulted in a

saving of more than 24% on the previous purchase prices. The Clinical Reference Group ensured the glove suppliers who were involved in the bidding had products which met the required quality standards.

The glove selected is a new generation with superior resistance to previous gloves on the market. It also far exceeds the minimum standard required as it has improved sensitivity through new production processes.

The savings will be retained by the individual Trusts for reinvestment in patient care.

Sir Andrew Cash, Chief Executive Lead for the Working Together Procurement project said: "TThis was a ground breaking procurement exercise for the NHS and credit is due to the Medical Directors, procurement leads and project management team whose robust and unified approach has resulted in significant savings for the NHS. The decision to have joint procurement for examination gloves was carefully considered

by the Working Together Clinical Reference Group and agreed with the seven Trusts Medical Directors.

A cross-Trust nursing workshop is also being held to look at other simple consumables which we could standardise and save money without any loss of quality or impact on patient care. These products could include dressings, bandages, needles and syringes."

Medical directors and procurement leads are also looking at other potential consumable opportunities with high value spend, such as haemostats on which we spend over £329k each year and disposable wipes which are worth over £1m. Further updates will be provided in the next newsletter.



Welcome to the second edition of the Working Together newsletter



Working Together is a partnership involving seven hospital Trusts in South Yorkshire, Mid Yorkshire and North Derbyshire. Working together on a number of common issues will

allow the Trusts to deliver benefits that they would not achieve by working on their own. The aims of this innovative partnership are to strengthen each organisation's ability to:

- Deliver safe, sustainable and local services to people in the most appropriate care setting.
- Meet commissioner intentions to improve the health and wellbeing of the people being served in the most efficient and effective way.
- Make collective efficiencies where the potential exists.

The Partnership has been underway in earnest since January this year and already we have achieved some real benefits for patient care, use of resources and sharing good practice. The first collective

procurement of goods has resulted in a significant saving which will be retained by the Trusts to reinvest in patient care. An innovative agreement to share information is now enabling doctors and other healthcare professionals to access test results much quicker across the seven Trusts and a number of other projects are now progressing under the guidance of clinicians in all of the organisations.

I hope you find the work outlined interesting and in October we will also be launching a website which will contain more information about the projects.

Patients benefit from sharing of test results

VITAL patient reports and tests will be able to be shared quickly and securely across the seven NHS Trusts involved in the Working Together Partnership thanks to a unique information sharing solution.

As part of the agreement, ICETM OpenNet is in the process of being rolled out following extensive testing and piloting across the seven Working Together Trusts. The system, which is already in use in several large NHS Trusts across the country, enables multiple organisations to share patient reports and test results securely.

Where GPs already have access to relevant tests and results for patients in their practice for their local Trust, then where available, they will also be able to access tests and results from the other six Trusts for their patients through the OpenNet system

Dr Mike Whiteside, a Consultant Physician at Doncaster and Bassetlaw NHS Foundation Trust, said: "The implementation of ICE OpenNet will make a huge difference to me as an emergency medicine consultant. When a patient presents in A&E or is transferred



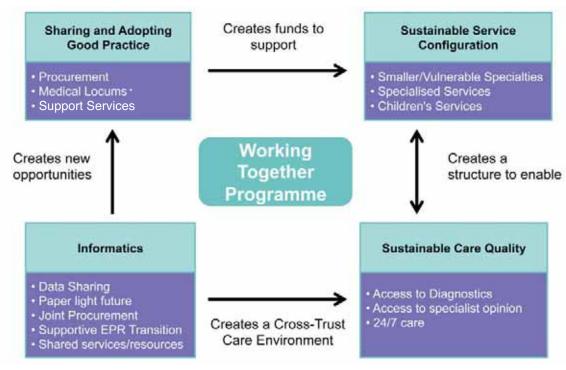
through to the Medical Assessment Unit, we often have an incomplete medical history to work with and often run a battery of tests because we do not know about a patient's previous treatment.

"With OpenNet, at the touch of a button, I will be able to see all the laboratory (and sometimes radiology) tests and results for a patient across not only my Trust, but also the six other Trusts in Working Together, giving me a more complete diagnostic history to work with. As well as reducing clinical risk and supporting improved care for patients, this initiative will also reduce the number of duplicate tests that take place each year, reducing the cost to the NHS."

More about Working Together

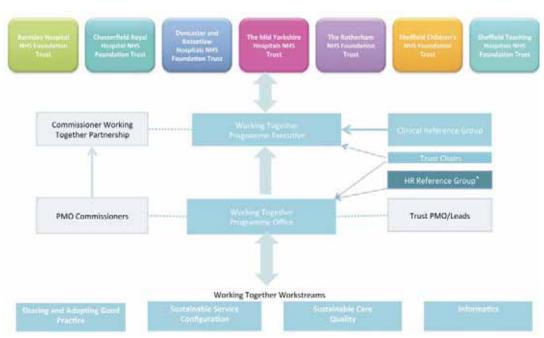
The Working Together Partnership has been underway in earnest since January this year and already by working together, quality and efficiency benefits are being realised for the seven Trusts involved and their respective patients. The diagrams on the next few pages give the detail of how the Partnership works, who is involved and the workstreams which are being developed at present.

Working Together workstreams



^{*}Project now closed. This involved savings for four Trusts on new framework arrangements for medical locums, and sharing good practice on e-job planning and internal medical locum banks.

Working Together structure



^{*}This new group has been formed by the HR Directors to provide strategic and technical guidance that supports the successful delivery of change.

Meet the programme team:



Programme DirectorJanette Watkins
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Medical Director
Dr Des Breen
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Finance Lead: Wayne Lugton

Project Managers:



Ben Chico (Support Services)



Robin Drummond-Hay (Informatics)



Jordan Hope (Procurement)



James Scott (Sustainable Service Configuration and Sustainable Service Quality)



Julie Shaw (Sustainable Service Configuration)



Jonathan Edwards (Procurement)

Programme Assistant:Sheila Glazzard

Workstream - Sustainable Service Configuration

Project - Speciality Collaborative Working - Joint Project (with Commissioners)

Aim

- To deliver safe, sustainable, local and equitable services in smaller specialties, by using a collaborative approach.
- Review the provision across all organisations and reduce high locum costs for a low volume of patients requiring an out of hours service.
- Deliver a sustainable out of hours on call service in:
 - Ophthalmology.
 - ENT.
 - Oral and maxillofacial surgery.

This project brings together clinicians from the above specialities in a series of workshops to explore where out of hours care could benefit from further collaborative working. Some of this will be driven by nationally set directives such as in Ear, Nose and Throat services and some will be locally driven to ensure sustainable models of care going forward.

This project is currently in the exploratory phase and there will be extended staff and stakeholder engagement about possible future ways of working later this year.

Benefits

- Improved sustainability of the out of hours services across providers
- Improved quality of care, by reducing the number of middle grade out of hours locums and increasing specialist input.
- Improved safety through the reduced number of locums and improved continuity of care.
- Balance of local access whilst ensuring specialist input for seven day services.
- Manage within current and future workforce constraints, strengthening sustainability and competiveness of smaller specialties which may be vulnerable to competition under Any Qualified Provider (AQP).
- Efficient use of resources.

Chief Executive Sponsor:

Gavin Boyle Chesterfield Royal Hospital NHS Foundation Trust



Medical Directors Sponsors: Gail Collins Sewa Singh David Black



Project ManagerJulie Shaw
julieshaw5@nhs.net

Commissioner LeadsDr Richard Cullen
Chris Stainforth

Project - Children's Services - Joint Project (with Commissioners)

Aim

- Development of an agreed service model for children's surgery, taking into account patient demand, available surgical /anaesthetic skills, suitable facilities including potential for peri-operative transfer, compliance with commissioning and clinical standards and which addresses variability across the region in case mix, difficulties maintaining expertise, and potential overloading of specialist centres with routine referrals.
- Development of an agreed service model for the children's urgent and emergency pathway, taking into account patient demand, medical workforce availability, alternative models, geographical location, meeting relevant standards and which addresses: severe medical workforce shortages (especially at middle grade) leading to heavy agency usage, expense and potential risk, and longer-term unsustainability of rotas especially out of hours, the avoidance of unnecessary admissions, through use of primary care, community in/outreach.

This project is bringing clinicians together in a series of workshops to explore where quality and efficiency gains could be achieved through further collaborative working. Some of this will be driven by nationally set directives and some will be locally driven to ensure sustainable models of care going forward. This project will work closely with the Strategic Clinical Network. A stakeholder engagement event is planned for later this year.

Benefits

- Improved safety, effectiveness and continuity of care through reduced agency / locum usage and stable workforce.
- Reduced cost through substantially reduced agency / locum usage.
- Full compliance with appropriate clinical and commissioning standards.

Chief Executive Sponsor:

Stephen Eames The Mid Yorkshire Hospitals NHS Trust



Medical Directors:Gail Collins - (Surgery)
Derek Burke - (Urg and Emer Care)



Project ManagerJames Scott
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Linda Daniel

Commissioner LeadsDr Tim Moorhead

Phil Mettam

Workstream - Sustainable Care Quality

Project - Radiology

Aim

Provision of agreed service models to improve access to care.

- Interventional Radiology Address current inconsistent provision of some radiology interventions which are available to patients at some Trusts but not at others.
- **Workforce** Explore the opportunity for normalised rotas, to further reduce clinical risks.
- Explore opportunities for regional rotas to enable 24/7 access, joint pathways and recruitment.
- Develop consistent access to both imaging reporting and acquisition, shared approach to ensure that appropriate clinical opinion can be accessed 24/7 to enable effective clinical decisions, and to avoid consequent delays. Also, to maximise operational workforce capacity to ensure effective use of estate and equipment.
- **Demand and Efficiency** acceptance that capacity issues are multi-faceted, and that there is a need to explore nonworkforce aspects, including demand forecasting, reduction of avoidable demand, and assuring good practice both in terms of clinical and administrative systems.

This project brings together healthcare professionals from the seven Trusts in a series of workshops to explore where benefits could be achieved from further collaborative working.

There will be extended staff engagement about possible ways of working later this year.

Benefits

- Improved safety & effectiveness and reduced cost, through reduced agency / locum usage and a stable workforce.
- Increased speed and efficiency re reporting, facilitating faster decisions and discharge plus 24/7 healthcare provision.
- Equity of access to interventional radiology procedures.
- Better use of existing resources.

Chief Executive Sponsor: Diane Wake Barnsley Hospital NHS Foundation Trust



Medical Directors
Sponsors:
Richard Jenkins
(Intervention)
Jugnu Mahajan
(Workforce / Demand
and Efficiency)



Project ManagerJames Scott
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Commissioner LeadsDr Nick Tupper
Chris Stainforth

Project - GI Bleeds

Aim

To improve the provision of care between Trusts to patients with acute GI bleeding and which addresses:

- variable out of hours cover for emergency bleeds.
- variable elective/emergency capacity.
- variable access to interventional radiology.
- no commonly agreed care/referral pathway.
 - out of hours.
 - when no service can be provided.
 - escalating expertise.
- vulnerable areas with small consultant numbers.
- adherence to NICE guidance.

This project brings together healthcare professionals from the seven Trusts in a series of workshops to explore where benefits could be achieved from further collaborative working.

There will be extended staff engagement about possible ways of working later this year.

Benefits

- Equity of patient access to specialist GI bleed management at the appropriate time.
- Improved safety & clinical effectiveness.

Chief Executive Sponsor:
Diane Wake

Barnsley Hospital NHS Foundation Trust



Medical Directors Sponsors:David Hicks



Project ManagerJames Scott
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Commissioner LeadsDr Nick Tupper
Chris Stainforth

Aim

- To share good practice and expertise.
- Sharing each Trust's analysis of what is required to enable them to achieve the ten Keogh standards on seven-day care.
- To determine the areas of commonality that address:
- 24/7 senior medical cover for assessing acute admissions
- 24/7 senior medical cover for assessing the current in-patient population

Discussion between clinicians from the seven Trusts around what seven-day services means highlighted that many aspects of these services are rooted in integration across their individual local health and social care systems and lie outside of the remit of the Working Together Group.

Following consultation with the Working Together Programme's Medical Director and the Working Together Clinical Reference Group, the group agreed to focus on the following elements of good practice and expertise:

- 24/7 senior medical cover for assessing acute admissions.
- 24/7 senior medical cover for assessing inpatients.

It is anticipated that the sharing of an analysis for each Trust highlighting achievement of the ten Keogh standards on seven-day care, using accepted NHS IQ tools, will be undertaken as a first step. This will be analysed to identify key themes and areas of convergence/divergence going forward. A sharing event took place in late September, which will look at areas of common interest that could potentially feed into the project as it develops.

Benefits

- Sharing of knowledge and good practice between organisations.
- Potential for opportunities around joint training, recruitment and retention.

Chief Executive Sponsor:

Andrew Cash Sheffield Teaching Hospitals NHS Foundation Trust



Medical Directors
Sponsors:
David Throssell - Sheffield
Teaching Hospitals NHS
Foundation Trust



Project ManagerJames Scott
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Workstream - Informatics

Aim

 To identify the potential areas where collaboration on informatics systems, services or infrastructure between Trusts could take place.

Core projects:

- Orders and Results -Sharing of pathology tests and results between acute Trust providers.
- Cancer Waiting Times

 Implement inter-Trust
 solution to support
 31/62 day cancer
 waiting time tracking.
- Wi-Fi Access Easy-to-use reciprocal
 Wi-Fi access across
 Trust sites for NHS
 supplied devices.
- Videoconferencing -Replace existing room based facilities and implementation of standardised desktop solution.

Benefits

Orders and results:

- Faster access to results from other hospitals.
- Reduced demand for duplicate tests.
- Reduced clinical risks.
- Quicker treatment and improved outcomes.
- Supports follow-up care provided by GPs / local hospitals.
- Supports delivery of care pathways across multiple organisations.
- Reduces demand for direct access to other hospital ICE systems.

Cancer waiting times:

- Data transmitted electronically to another Trust as soon as it is recorded in local systems.
- Immediate access to data on patients under specific clinician care in other Trusts.
- Reduced need for duplication of data entry.

Wi-Fi

- Improves productivity of clinicians and managers who work across more than one Trust.
- Supports re-design of pathway based and integrated care models.
- Reduces need for ad-hoc network access requests across organisations.

Videoconferencing

- Improved quality and availability of dedicated videoconferencing. facilities to support cancer multi-disciplinary teams.
- Reduced time lost travelling between sites for meetings.
- Reduced travel costs.
- Improved participation levels in meetings.

General benefits:

- Good practice 'information sharing' events.
- Information governance / data sharing agreements.
- Workforce development / training /culture change.
- Collaborative forums for informatics directors and IT managers.

Chief Executive Sponsor:

Louise Barnett The Rotherham NHS Foundation Trust



Medical Directors Sponsors:

Sewa Singh through Mike Whiteside (DBH informatics clinical lead)

Project Manager



Robin Drummond -Hay robin.drummondhay@nhs.net)

Workstream - Sharing & Adopting Good Practice Schemes

Projects - Support Services

Aim

To identify the potential support areas where collaboration between Trusts could bring benefits:

- Laboratory services.
- Decontamination.
- Occupational health.
- Payroll, pensions and expenses.
- Lease cars.
- Legal services.
- VAT advice.

Benefits

- Economies of scale leading to reduction in costs.
- Potential for avoidance of financial investment in equipment.
- Maximise equipment utilisation.
- Create a pool of expertise.
- Improve service resilience.
- Process standardisation and simplification.

Chief Executive Sponsor:

Simon Morritt Sheffield Children's NHS Foundation Trust



Project - Medical Locums





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This project is no longer being pursued after initial discussions between the seven Trusts showed there was little benefit to be gained from purchasing collectively.

Project - Procurement

Aim

- To deliver savings by reviewing demand for consumable products across the seven Trusts and using different procurement levers, depending on the supplier market, to reduce the unit cost paid.
- To standardise the product usage across the region committing future demand to suppliers in return for a cost reduction.

Benefits

 To deliver savings by reviewing demand for consumable products across the seven Trusts. Savings would be retained by each Trust for reinvestment in patient care.

See front page story for more details.

Chief Executive Sponsor:

Andrew Cash Sheffield Teaching Hospitals NHS Foundation Trust



Commissioner Lead Chris Edwards

Project ManagersJon Edwards - Jonathan.edwards@supplychain.nhs.uk
Jordan Hope - Jordan.Hope@sth.nhs.uk

Partnership on seven day services highlighted at national event

REPRESENTATIVES from the Working Together Programme attended the first national conference for seven day services early adopter sites in July. The 'Delivering NHS Services, seven days a week' conference was attended by over 300 delegates who shared their learning,

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insights,
improvements
and innovations.
The event
involved a
range of health
and social care
professionals
as well as
patient
organisations
who are

engaged in driving forward and developing seven day services to improve the experience of patient care, safety and outcomes.

Key themes presented in the Working Together poster presentation highlighted the need to develop safe, locally accessible and equitable services which aim to deliver consistent standards of care, improve outcomes and reduce costs through better use of our skilled workforce and facilities.

The support of the Working Together commissioner network, which has been established with representation from nine Clinical Commissioning Groups and NHS England, was also underlined.

Key potential impacts of the seven acute trusts collaboratively redesigning out of hours care highlighted included:

- Improving the quality of care delivered seven days a week, 24 hours a day
- Managing the workload seven days a week, 24 hours a day within current and future workforce constraints
- Avoiding increased costs and improve quality by reducing the levels of locum cover
- Improving work patterns for consultants and addressing the decreasing level of middle grade doctor support

For copies of the presentations and posters go to: www.nhsiq.nhs.uk/improvement-programmes



Healthcare Commissioners work together with Providers to shape future healthcare

THE Eight Clinical Commissioning Groups (CCGs) in South Yorkshire and North Derbyshire, along with NHS England (South Yorkshire and Bassetlaw) and Mid Yorkshire CCGs have formed a similar partnership called 'Working Together' to develop a strategy to take action on sustainability of local healthcare, meeting the needs of an ageing population, maximising productivity across all services, ensuring that services are fit for the future, meeting increased patient expectations and further improving patient care, whilst operating within a challenging financial environment.

The Commissioner Working Together Partnership is working jointly with the eight acute Trusts on a number of common key areas as outlined in the previous pages.

The work programme for commissioners 'Working Together' - supported by Programme Director, Will Cleary-Gray - is split into four areas, each with an executive lead and a GP lead:

Cardiology and Stroke

Leads: Ian Atkinson (Chief Officer, NHS Sheffield CCG) and Dr Nick Balac (Chair, NHS Barnsley CCG)

Children's Services

Phil Mettam (Chief Officer, NHS Bassetlaw CCG) and Dr Tim Moorhead (Chair, NHS Sheffield CCG)

Specialty Collaborative Working

Chris Stainforth (Chief Officer Doncaster and Bassetlaw CCG and Dr Richard Cullen (Vice-Chair, NHS Rotherham CCG)

Out of Hospital Care (combining urgent and primary care)

Dr Steve Kell (Chair, NHS Bassetlaw CCG) and Brian Hughes (Director Operations and Delivery, NHS England - South Yorkshire and Bassetlaw)



"To ensure our patients get the best possible services it is important that commissioners work together. Our aim is to give our patients continued access to high quality, safe and sustainable services whilst addressing the financial challenges we all face.'

Chris Edwards, Chief Officer, NHS Rotherham CCG Eleri de Gilbert, Director at NHS England (South Yorkshire and Bassetlaw)"

For more information about the Working Together Partnership contact janettewatkins@nhs.net