Frequently Asked Questions for Suppliers
New operating model of NHS Supply Chain

Please note that this is an evolving document that will be updated periodically. This document was last updated on 2 May 2018. If you have a question that you would like answering, please contact FOM@dh.gsi.gov.uk

We have also designed an acronym and term buster to help understand the terms generally being used visit https://www.supplychain.nhs.uk/icc/ to view the list.

General Principles

1. What is the new Operating Model (OM)?
The OM (previously known as the Future Operating Model, FOM) is the design of a new NHS Supply Chain service that will deliver improved procurement and logistics support to the NHS. Working as part of the NHS, the OM will deliver clinically safe, high quality products for the best possible value, and aims to realise £2.4bn of savings in its first five years of operation, which can be used by the NHS for reinvestment in front line services. The OM will achieve this by:

- increasing uptake/volume of products purchased via the national route to market in order to aggregate national demand, and secure value for money for the NHS and taxpayers;
- increasing use by the NHS of a standard range of clinically appropriate products to reduce unwarranted variation in the system; and
- using increased buying power to affect purchasing behaviours and deliver the best products at the best value for the NHS.

2. Will non-NHS organisations be able to use the new NHS Supply Chain?
Non-NHS organisations will be able to procure through the new NHS Supply Chain if they can deemed to be suitable, and their needs appropriate (i.e. they are not going to export medtech abroad). They will be subject to a different pricing model depending on whether they are another public sector organisation or a private company. The various margins/costs for non-NHS organisations have yet to be decided.

3. What do the changes mean for suppliers?
The OM represents a significant change in the way in which the NHS purchases goods, which may impact on suppliers’ ways of working, and we believe that the OM creates good opportunities for suppliers. For example:

- aggregation of demand could offer suppliers larger volume opportunities than the current NHS Supply Chain;
- lowered sales and marketing costs by reducing the number of interactions with Trust procurement teams, as the OM can act as a single point of contact for supplying into the NHS;
- clinical assurance that products are being procured on the basis of user requirements, not simply unit price;
- sales commitment will make business and production planning easier for suppliers;
- Category Tower Service Providers are incentivised to reduce total cost in the system, not just reduce unit price; and
- a streamlined procurement landscape will reduce the burden of multiple tenders.
4. **Does a move towards standardisation and aggregation intend to drive suppliers out of the market?**

No, the OM’s main aim is to re-structure the procurement and supply chain delivery model to simplify the procurement landscape, reduce spend and consolidate purchasing power. The current unwarranted variation of products and prices between Trusts is not sustainable. There are currently over 330,000 products on the NHS Supply Chain catalogue, while an average NHS Trust only uses around 9,000.

The move towards standardisation, aggregation and (where appropriate) commitment will be implemented intelligently to ensure there is a sustainable supply market. Any rationalisation of product ranges will use clinical evaluation to ensure that the needs of the NHS are still met and catered for. However it may be that in the short term there is little change.

5. **Will the NHS Supply Chain be working in the community space?**

Yes, NHS Supply Chain currently works in the community space with our home delivery service for continence products and this will continue moving forward. Longer term, the new NHS Supply Chain is considering opportunities to expand this service. The recent rebranding of the Department to include Social Care has highlighted this opportunity.

**Structure**

6. **How is the OM structured?**

The OM will disaggregate the current NHS Supply Chain service. Fourteen separate contracts are being let to organisations that will manage the service for the next three years. There will be the potential for contract extensions based on meeting performance targets.

In the OM, contracts will be let for the following services:

- Eleven Category Tower Service Providers (buying teams focused on specific product categories);
- Logistics;
- Transactional services; and
- IT services;

The oversight and operational management of the new contracts and services along with customer engagement activities will be delivered by the new management function of the NHS Supply Chain.

7. **Who is the management function of the NHS Supply Chain?**

The NHS Supply Chain management function (formerly referred to as the Intelligent Client Coordinator) will be responsible for Governance, Contract Management and Customer Engagement in the NHS Supply Chain.

8. **What is the role of the management function?**

The management function for the new NHS Supply Chain will be:

- the central service delivery management function for the OM;
- the focal point, co-ordinator and main driver of the commercial objectives for the OM;
- a key enabler for delivering better service, quality and savings under the OM;
- the overseer of clinical evaluation within the towers through the Clinical and Product Assurance function
- responsible for ensuring a consistent approach across all towers; and
- a central co-ordination point for customer and supplier interface.

The management function will be operating as a private company, solely owned by the Secretary of State for Health. As a private company it will be able to have more flexibility in its day to day operations; however it will be part of the wider NHS family and will work firmly in line with government objectives.
9. **Who is SCCL?**
Supply Chain Coordination Limited (SCCL) is a company registered in England and Wales, to act as the management function of the NHS Supply Chain. SCCL has been set up as a Limited company wholly owned by the Secretary of State.

10. **What is the role of the Category Towers?**
The Category Towers are the category specialist procurement function of the OM. There are 11 Category Towers, which are being awarded in a phased approach. They will undertake the clinical evaluation of products and run procurement processes on behalf of the NHS. These providers will use category management techniques to create strategies that sustainably provide the NHS with clinically assured products at the best value.

11. **How will logistics be provided?**
There will be one single national logistics provider under the OM. The warehouses, systems, vehicle fleet and all other assets currently used by NHS Supply Chain belong to the NHS and will be operated by the new provider. There will be different delivery mechanisms depending on a product’s circumstances, however all products stocked in NHS Supply Chain warehouses will be delivered through the logistics provider.
Initially from the contract start date of 1 October 2018, suppliers and customers will continue to receive the level of service they currently enjoy. As the volume of products through the OM changes and services develop, the logistics infrastructure will change to meet demand, ensuring service is maintained and the future needs of the NHS are met.

12. **How will transactional services be provided?**
Transactional services will be delivered initially using current assets, systems and technology. The services provided by the transactional services provider will include:
- accounts payable – ensuring prompt and accurate payments to suppliers of the OM
- accounts receivable - invoicing and receipting of payments from Trusts
- query management - rapid resolution of any invoicing or payment queries from either suppliers or Trusts.
Under the OM there are two main objectives for transactional services:
- maintain and deliver current Transactional Services using existing systems, networks etc., including delivery against any ongoing projects at that time; and
- collaborate with customers to ensure services are developed and improved over the contract term.
A single transactional service provider will provide a consistent service across all Category Towers.

**Implementation**

13. **What incentive will Trusts have to use the OM?**
The OM was designed with input from over 80 NHS Trusts. An important requirement was product cost transparency. The current NHS Supply Chain model adds a variable margin to the cost of products to cover operating costs. As the OM will be centrally funded from 1 April 2019, the price of goods will be passed onto Trusts with no additional margin. In addition to transparent pricing, due to the central funding coming from a ‘topslice’ of the NHS England budget, in effect Trusts will have already paid for all the overheads.

14. **How will the OM meet the needs of clinicians?**
The OM will have Clinical and Product Assurance functions embedded within it, both at procurement Category Tower level and within the management function of the NHS Supply Chain. This will ensure that quality products are supplied at the best value to the NHS. Clinical evaluation at the Category Tower level will be responsible for clinical engagement and
evaluation of products. The Clinical and Product Assurance function will provide assurance and ensure the evaluation process at the Category Tower level is consistent.

15. What are timescales for implementation?
The intention is for the management function to be operational on 1 April 2018. An outline of the timeline is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2017</td>
<td>Category Tower 9, Office Solutions, became operational</td>
</tr>
<tr>
<td>November 2017</td>
<td>The Category Tower Service Providers for Category Towers 1-6, (the Medical Category Towers) announced</td>
</tr>
<tr>
<td>January 2018</td>
<td>The Category Tower Service Providers for Category Towers 7, 8, 10 and 11 (the Capital, Food and Hotel Services Category Towers) announced</td>
</tr>
<tr>
<td>May 2018</td>
<td>Category Towers 1-6 (the Medical Category Towers) will be operational</td>
</tr>
<tr>
<td>July 2018</td>
<td>Category Towers 7, 8, 10 and 11 (the Capital, Food and Hotel Services Category Towers) will be operational</td>
</tr>
<tr>
<td>October 2018</td>
<td>The enabling services (Logistics, Transactional Services, and IT) will be operational</td>
</tr>
<tr>
<td>April 2019</td>
<td>The 'top sliced' funding model will begin, until then the current NHS Supply Chain margin model will continue to operate</td>
</tr>
</tbody>
</table>

Category Towers

16. How will the Category Towers work together?
The Category Tower Service Providers (CTSP) will work on common systems and to common set standards, and will be centrally managed via the management function of the NHS Supply Chain. The central co-ordination will ensure that the Category Towers deliver a consistent service, particularly for suppliers who will operate across multiple towers.

17. Where do my products sit in the Category Tower?
You can find a list of which framework products sit in each Category Tower on the OM webpage: https://www.supplychain.nhs.uk/icc/

18. Will there be services in Category Towers?
The OM is designed to improve the procurement of goods in the NHS. At its current inception it is not planned to procure services, however that does not preclude it from doing so in the future. It is understood that some goods are often procured packaged along with a service. It will be a decision for the CTSPs (in conjunction with the NHS) in designing their category strategy whether it makes commercial sense to procure a product alongside a service, or whether to only procure the product. However, a supplier will need to be able to demonstrate that the service is valued by the NHS, and must be able to be transparent about the cost of the service element.

19. Will I have to develop new relationships with different organisations?
It is likely that suppliers may have to develop new relationship with the CTSPs. However the majority of CTSPs will have experience in healthcare procurement, so it is likely that most suppliers will have relationships from working with them previously. To further ensure continuity with suppliers, existing procurement team staff from NHS Supply Chain will, where applicable, TUPE across to the CTSP from the go live date.

20. Will I have to implement different pricing policies for each Tower?
As is currently the case, pricing policies are category specific. Suppliers are expected to offer up front pricing, with no retrospective volume or value related rebates to ensure transparency.
21. What data will I need to provide to each tower?
There will be an increased requirement to provide supply chain mapping information in line with government guidelines. This will be to ensure that the right category management strategy is put in place for supply chain resilience. There may also be an increase in data requirements as the OM progresses. More information on the requirements will be provided in early 2018.

22. Will there be different ways of working within each tower?
The OM will deliver a standardised service, driven by the management function of the NHS Supply Chain with a single logistics provider, a single transactional service provider, and a single IT system; so that from a supplier’s perspective it will act as a single organisational entity. However within each Category Tower different types of procurement strategies may be employed, for example a mix of framework agreements and commitment contracts.

23. How will decision making focus on value, productivity and efficiency rather than unit cost?
The management function of the NHS Supply Chain will be responsible for managing the contracts of all the Category Tower Service Providers in the OM. The CTSP contracts are based on open book contract management principles set out by Cabinet Office. Under the OM, an approach based on total system cost will be implemented, where operational and other supply chain efficiencies will be taken into account. CTSPs' financial reward mechanism will be based upon a gain share from the delivery of savings. The model includes savings generated across the total system, not just the price of the product. The level of gain share is directly proportional to the level of savings delivered.

**Category Tower Service Providers (CTSPs)**

24. Which tower will be managed by which organisation?

<table>
<thead>
<tr>
<th>Category Towers</th>
<th>Awarded To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower 1</td>
<td>Ward Based Consumables</td>
</tr>
<tr>
<td>Tower 2</td>
<td>Sterile Interventions Equipment and</td>
</tr>
<tr>
<td></td>
<td>Associated Consumables</td>
</tr>
<tr>
<td>Tower 3</td>
<td>Infection Control and Wound Care</td>
</tr>
<tr>
<td>Tower 4</td>
<td>Orthopaedics, Trauma &amp; Spine,</td>
</tr>
<tr>
<td></td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Tower 5</td>
<td>Rehabilitation Disable Services,</td>
</tr>
<tr>
<td></td>
<td>Women's Health &amp; Associated Consumables</td>
</tr>
<tr>
<td>Tower 6</td>
<td>Cardio-Vascular, Radiology, Audiology</td>
</tr>
<tr>
<td></td>
<td>&amp; Pain Management</td>
</tr>
<tr>
<td>Tower 7</td>
<td>Large Diagnostic Capital Devices</td>
</tr>
<tr>
<td></td>
<td>including Mobile and Consumables</td>
</tr>
<tr>
<td>Tower 8</td>
<td>Diagnostic Equipment and Associated</td>
</tr>
<tr>
<td></td>
<td>Consumables</td>
</tr>
<tr>
<td>Tower 9</td>
<td>Office Supplies</td>
</tr>
<tr>
<td>Tower 10</td>
<td>Food</td>
</tr>
<tr>
<td>Tower 11</td>
<td>NHS Hotel Services</td>
</tr>
<tr>
<td></td>
<td>DHL</td>
</tr>
<tr>
<td></td>
<td>Collaborative Procurement Hub (CPP)</td>
</tr>
<tr>
<td></td>
<td>DHL</td>
</tr>
<tr>
<td></td>
<td>Collaborative Procurement Hub (CPP)</td>
</tr>
<tr>
<td></td>
<td>Health Solutions Team Ltd (HST)</td>
</tr>
<tr>
<td></td>
<td>DHL</td>
</tr>
<tr>
<td></td>
<td>Akeso &amp; Co</td>
</tr>
<tr>
<td></td>
<td>Crown Commercial Services</td>
</tr>
<tr>
<td></td>
<td>Foodbuy</td>
</tr>
<tr>
<td></td>
<td>NHS North of England Commercial</td>
</tr>
<tr>
<td></td>
<td>Procurement Collaborative (NOE CPC)</td>
</tr>
</tbody>
</table>
25. Who are the CTSPs?

**DHL**
DHL is a leading global brand in the logistics and services industries. With around 350,000 employees in more than 220 countries and territories worldwide, they provide solutions and services to people and businesses securely and reliably. DHL is part of Deutsche Post DHL Group

**Collaborative Procurement Hub (CPP)**
The Collaborative Procurement Partnership is the result of four NHS procurement hubs working jointly to adapt and innovate in order the better meet the needs of the NHS. Joint collaboration enables the CPP to employ the collective expertise of each organisation, facilitate aggregation and influence the market to change the procurement landscape to deliver better outcomes for the NHS.

**Health Solutions Team Ltd. (HST)**
Health Solutions Team is a joint venture between DHL (see above) and Vizient. Vizient is the largest healthcare performance improvement company in the United States, providing insights into clinical, operational and supply chain performance to empower hospitals to deliver exceptional, cost-effective care. Over the past 10 years, Vizient has worked with the NHS across a broad range of process improvement, supply cost management and quality improvement projects.

**Crown Commercial Services (CCS)**
The Crown Commercial Service (CCS) brings together policy, advice and direct buying; providing commercial services to the public sector and saving money for the taxpayer. They work with over 17,000 customer organisations in the public sector and their services are provided by more than 5,000 suppliers.

**Akeso & Co.**
Akeso & Co Ltd is an independent, leading specialist provider of procurement and supply chain advisory and support services to the NHS and healthcare sector. It has a strong client portfolio and track record of delivery. Akeso & Company Ltd has delivered lasting improvement through complex category management projects for over 30 NHS clients in the last 3 years.

**Foodbuy**
Foodbuy is a leading food procurement organisation based in the UK. With over £1bn of managed spend, they bring together the widest range of foodservice and hospitality clients in the world to buy food, and everything associated with it. Foodbuy works closely with their clients to deliver expert procurement services, saving both time and money and enabling them to focus on what really matters to their businesses.

**NHS North of England Commercial Procurement Collaborative (NOE CPC)**
NOE CPC has an established award-winning track record, delivering procurement services over the last decade. Established in 2007, and wholly owned by the NHS, NOE CPC works with NHS organisations to harness their buying power and influence the market in order to put in place competitive framework agreements.

26. When will the CTSPs begin to operate?
- Category Tower 9, Office Supplies, went operational in October 2017.
- Category Towers 1-6, the Medical Category Towers, were awarded in November 2017. They then entered a six month transition phase where they will develop their Category Tower strategies and will be operational from the 8th May 2018.
• Category Towers 7, 8, 10 and 11 were awarded in January 2018. They then entered a six month transition phase where they will develop their Category Tower strategies and will be operational in July 2018.

27. How do I contact CTSPs?
During this transition period, you will be encouraged to maintain engagement with your existing contacts. Full contact details of the CTSP teams will be shared in due course.

Category Strategies

28. What are category strategies?
A category strategy sets out the approach the CTSP will take to procuring products in a specific product category area. Category strategies are a key CTSP deliverable and subject to approval from the management function of the NHS Supply Chain prior to implementation. This will ensure aspects such as resilience, market dynamics and supplier behaviour are addressed to the satisfaction of the management function on behalf of the NHS.

29. How will suppliers be involved in category strategies?
CTSPs will need to ensure that their category strategies reflect the marketplace for their products. CTSPs will need to demonstrate that they have engaged with suppliers to gain their understanding of market dynamics, and the whole system value that products are capable of delivering.

30. When will CTSPs be contacting me?
CTSPs will be contacting the market as they develop their category strategies, however as they will be prioritising products interaction with suppliers will most likely be staggered.

31. How will category strategies be future proofed?
CTSPs will work collaboratively with suppliers and the innovation teams within the Clinical and Product Assurance function to horizon-scan for potential technological improvements, and future product and patient pathway improvements. The category strategies setting out the approach CTSPs will take to procuring products will be living documents that will be updated to reflect changes in the market place.

32. How will it be decided what goes into the NHS Supply Chain distribution centres?
The category strategies developed by the CTSPs taking inputs from customers and suppliers will identify the route to market for products. The route to market is influenced by a number of factors and it is the role of the CTSP, working collaboratively with the Logistics provider and other new NHS Supply Chain elements to develop their strategies to best meet the requirements of the NHS, whilst taking account of financial and capacity implications etc.

33. How will product assurance/total system costs be evaluated?
CTSP’s will be responsible for validating the value of products, and will be required to consult clinicians to ensure that the products being procured meet the needs of the NHS. This process will be standardised across towers to ensure consistency for suppliers into the NHS.

The process will be overseen and assured by the Clinical and Product Assurance Team (CaPA) within the management function.. CTSP’s will also be expected to liaise with other Health organisations where appropriate (i.e. GIRFT, AHSN, etc)
Innovation

34. What part will innovation play in the Category Towers?
Part of the OM’s commercial strategy is to deliver value through innovation. The contracts with each CTSP are designed to incentivise an innovative approach to product selection that can be shown to deliver whole system value to the NHS.

35. What support will the OM have in delivering innovation?
The OM will be partnered with the Accelerated Access Review. This is a health service initiative to create more streamlined channels aimed at “getting patients quicker access to innovative healthcare” by supporting adoption and roll-out of Transformative Products. The OM will provide an infrastructure for adoption of Transformative Products through its customer engagement function, as part of its commitment to support Trusts in migrating to products that deliver best value. Together with the Academic Health Science Networks (AHSNs), the OM has been exploring ways in which it can help with the early stages of the innovative product development cycle. The approach will be for AHSNs to link with the new CTSPs, once their contracts are in place, to build and develop the programme.

36. How can I get innovation to market through the OM?
CTSPs will be designing category strategies through engaging with the market and horizon scanning upcoming innovative products. If you have an innovative product that can demonstrate proven whole system value to the NHS, then you will need to discuss this opportunity with the relevant CTSP. If you are having difficulty in this approach, you will be able to raise the issue with the management function of the NHS Supply Chain.

37. How can you encourage innovation and reduce variation at the same time?
In many cases, innovation will be a better substitute for one or more products on offer. Therefore, innovation and reduced variation are not mutually exclusive, so can operate at the same time.

Contracts, Frameworks, and Agreements

38. What will happen to NHS Supply Chain Frameworks?
Existing NHS Supply Chain frameworks will continue to operate, including beyond May 2018 if applicable. These contracts will remain in the name of NHSBSA until 1st April 2019 when they are expected to be novated to the ICC. However during the interim period the relevant Category Tower Service Provider will act as the agent of the contract. If any NHS Supply Chain frameworks are due for renewal during the transition period, then they will be re-procured in accordance with the usual NHS Supply Chain protocols. This will ensure that routes to market for NHS Trusts remain open.

39. How can NHS Supply Chain Frameworks operate under a new supplier?
NHS Supply Chain currently acts as an agent for the NHSBSA. In the new NHS Supply Chain, this agency arrangement will transfer to the relevant Category Tower Service Provider. Existing frameworks will novate from the NHSBSA to the management function after 1st April 2019, with the consent of all contracting parties.

40. CPP have won three Category Towers, but have their own existing frameworks outside of NHS Supply Chain, which framework prevails?
All CTSPs will review their portfolio of contracting arrangements that cover ones they have put in place prior to the OM, and the ones they will inherit on becoming a CTSP. They will take the decision on which arrangements they will use in the future. This could be:
- their agreements;
- agreements inherited; or
- completely new agreements.
It is expected this will take a period of time and all arrangements currently in place will be available to the CTSPs during the transition period.

41. Am I no longer able to supply product on an existing CPP framework for a Category Tower they have not won?
   Where possible we will look to novate existing frameworks to the management function of the NHS Supply Chain, so that current arrangements can transfer between CTSPs. However, a process of rationalisation will take place to ensure the optimal levels of frameworks are used.

42. Will the new CTSP continue with their work which falls outside of the scope of the OM?
   Yes, whilst CTSPs will not be able to compete with the OM, they can continue to deliver services that are outside of its scope.

43. I have retrospective rebates/bespoke pricing/contract agreements in place that go beyond the move to the OM. Will these agreements be honoured? What is my legal position?
   Existing agreements in place will be honoured, however under the OM there will be a move towards greater transparency. When trading with the management function of the NHS Supply Chain, suppliers are expected to offer up front pricing, with no retrospective volume or value related rebates in the majority of categories. CTSPs will work with suppliers to manage out these types of arrangements, where practicable from existing contractual arrangements.

44. I am not on a supply chain framework, am I locked out of the market?
   No, you will be able compete in a tender process once a framework is renewed, or a new framework is taken to market for tender.

45. What is happening with contracts/frameworks that CTSPs have previously established?
   Contracts/Frameworks put in place by CTSP’s previous to the new NHS Supply Chain, which compete with the model, will be novated to the new NHS Supply Chain. The Novation team have been busy negotiating with CTSPs to novate contracts and frameworks belonging to them that are for goods within the scope of the new operating model and in direct competition with another provider. End of April was a key milestone for the novation team to harvest contracts which had been agreed to be novated.

46. Will anything change with these contracts when they are novated?
   The CTSPs will continue to have access to these arrangements and they will determine if they wish to continue to use them, or whether they replace them over time. A change to all arrangements will be the inclusion of GDPR, although CTSP’s may include the these before novation occurs. This is required as it is Government policy to include GDPR in all Government contracts by 25 May 2018. Any further changes will be made in discussions with Suppliers.

**Communications**

47. Will the NHS Supplier Board still be held?
   Yes, the NHS Supplier Board will continue to operate on a quarterly basis.

48. Will the Supplier Portal still be in operation?
   Yes. The NHS Supply Chain Supplier Portal will continue to be used by the Transactional Services team

49. Will we have to upload data for 11 different catalogues?
   There will be one centralised online national catalogue, which will be governed by the management function of the NHS Supply Chain and managed by the ICT tower service
provider. Suppliers will be required to provide images and product details to support their catalogue entries in a similar way to their current online profile.

50. Will the print catalogue still be used?
This is currently subject to customer research. It is unlikely that a full range print catalogue will be produced, but category specific print brochures will continue.

51. What advertising opportunities exist for me as a supplier in the new model?
The management function communications team will be in touch with all advertising opportunities as they arise.

52. How will I hear about news from all the Category Towers?
The management function communications team will ensure that there is a regular industry facing communications programme.

Small-Medium Enterprises (SMEs)

53. What if I am unable to supply the national demand for my product? Will I be frozen out of the market?
All category strategies are specific to the market conditions, the profile of the supplier base and customer demand. This means national demand will be delivered against a variety of different sourcing strategies. Where appropriate, opportunities for splitting national demand will mean those suppliers with limited production capacity, but who can offer quality and value to the NHS, will not be restricted in their provision of products. However, commitment contracts will be targeting heavily commoditised products, where SMEs are less likely to operate.

54. Will the OM seek to 'drive-out' SME sized businesses through 'e-auction' processes?
All suppliers will have equal and fair access to market opportunities. There is government policy that 33% of public expenditure should be placed with SME organisations, across Tiers 1, 2 and 3. The NHS is working to align with this aspiration and will monitor the supply chain to identify whether there are barriers to SMEs participating in the OM. The communications team will adopt a proactive SME engagement and communication policy.

55. I am an SME and currently engage with one point of contact in NHS SC/CPP. Will I now have to engage with multiple contacts?
If you provide products across more than one NHS Supply Chain framework, you will be familiar with engaging with different buying teams. In the OM, your frameworks may sit across more than one CTSP, but you will retain the same number of face-to-face contacts.

56. Where will SMEs find opportunities in the OM?
There is a determination to remove barriers to trading with the NHS, and to ensure all suppliers, whether Large or SME have equal and fair access to supply opportunities within the NHS. The OM has been structured to simplify engagement with the category specialists, who have specialist knowledge of that product category, and the ability to trade with larger volumes than the current NHS Supply Chain, which will benefit SMEs. SMEs will also benefit from a quicker route for evaluation of innovative products that present total cost system savings.

Trading through the OM will be aligned to the Government’s aspiration for the level of government procurement spending with SME suppliers to reach 33% by 2020.
Other national initiatives

57. Will the procurement exercise align with GIRFT and HCTED approaches in each speciality to ensure consistency? Has that started already?
   The new management function of the NHS Supply Chain is working with colleagues from NHSI and NHSE on both the Get it right First Time (GIRFT) and High-Cost Tariff Excluded Devices (HCTED) initiatives. As part of our efforts to join up and collaborate across the health sector, NHSI executives sit on the SCCL Board.

58. How will NICE be involved in any clinical decision making?
   NICE host the Accelerated Access Collaborative which form a key part of innovation pathway for suppliers. NICE also have the Medtech scan database, containing information on all innovation currently in supplier pipelines, which will be used by CTSP’s to inform decisions.

59. How will the new NHS Supply Chain interact with the Government Life Sciences strategy?
   The new NHS Supply Chain has met regularly with the Office for Life Science, to ensure that the processes fit with the Accelerated Access programme. The programme continues to work with them to integrate the processes with other innovation stakeholders such as NHS England and the Academic Health Science Networks (AHSNs).