

Welcome to Issue 6 of your Supplier Newsletter

As suppliers, we appreciate the role you play within NHS procurement. The aim of this newsletter is to share information, tell you about any changes and developments and update you on how we continue to engage with the wider supplier community.

It's nearly 12 months since we launched our first newsletter, during this time we hope you have found it informative and engaging. Our plans are to continue to develop this forum with a new monthly interim e-bulletin as well as moving the newsletter to a monthly edition later in the year.

As an organisation NHS Supply Chain is nearly fully implemented with the new operating model structure now in place. The only outstanding service still to be transferred is Transactional Services which will be moving in-house next month.

We invite you to share the newsletter with others and suggest any areas you would like to hear more about or if you would like to contribute an article, please email FOM@dhsc.gov.uk.

Once again, we appreciate and thank you for your continued support.

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Interview with Jin Sahota, chief executive of the new NHS Supply Chain on how government procurement reforms are unlocking millions for the NHS

Jin Sahota is the government procurement expert in charge of unlocking billions for the NHS frontline at a time of record demand. He reflects on three years of trying to get hospital procurement teams to work together and the challenge of maintaining supplies amid Brexit uncertainty.



Jin joined the Department of Health as director of supply chain in March 2016 with a key focus on raising commercial standards and capability whilst establishing a positive challenging working environment in the DH Commercial Division.

He joined at an auspicious time - not only was the government commercial function up and running, but just the previous month, Lord Carter had published his report for the Department of Health examining the cost of variation in procurement and practices across the health service. The review concluded that as much as £5bn a year could be saved by 2020-21 through following a "model hospital" plan. After this report, DH's procurement transformation programme - led by Sahota - was set the £2.4bn savings goal by 2020-21 as it developed the new model for buying across the NHS.

Medical supplies and equipment are bought across the health service in three ways. Hospitals can buy their own products, they can group together to buy collectively, or make use of the NHS's own central buying agency. At the time Sahota around 40% of the purchases in the NHS trusts were going through the then-outsourced buying agency, NHS Supply Chain. He identified increasing this share as an immediate priority.

Sahota is head of the government-owned NHS Supply Chain Co-ordination Ltd (SCCL) procurement body and he has freed up millions for the NHS frontline since joining government in March 2016. Sahota and his team in the health department worked to change this through what they called the future operating model for buying. NHS Supply Chain was brought back in house, to be led, while the views of 80 trusts were canvassed to find out what would encourage hospitals to use the organisation.

One key request was for transparent pricing. Previously anything sold through NHS Supply Chain had a margin added to it, to meet the organisation's costs. But "what the trust really wanted was price transparency", he says. "They wanted to know that if we bought it for £1, we were selling it at £1, as opposed to buying it for £1 and selling it for £1.10. They wanted to go away from a margin model towards a centrally-funded model, which is what we've been able to put in place."

The group also worked to reduce the number of different products being purchased across the NHS in England, after a sample of 22 trusts revealed that in one year they used 30,000 suppliers, 20,000 different product brands and more than 7,000 people were able to place orders. "There was confusion as to what is the right product." However, just like

procurement reforms in government, Jin could only persuade, not compel, buying teams to change, and he realised the way to get hospitals on board was through clinical reviews. A clinical evaluation team of NHS lead nurses was established to do this and - crucially - was not told the prices of products. This meant the team could convince hospitals to streamline their inventory with arguments on quality not price, says Sahota. They produced 32 clinical reviews covering 69 product types.

All this work has led to early progress. SCCL has only been back in the Department of Health and Social Care for 10 months, but Sahota has already overseen an increase in the amount spent through it from 40% to 51% of all NHS purchases. Overall, the programme has saved a cumulative £344m so far, and "we are on the trajectory to deliver the £2.4bn", he says.

Such a shift is "not because we waved a magic wand it's because of the focus that we put on engaging with trusts", Sahota says. "Instead of saying, 'we're here and if you want to buy something, come and buy something', we've got bespoke account plans for each of the trusts, we're building up pictures of what can be done, and we're helping them switch products - which we know is not easily done."

The NHS Long Term Plan set a target for greater use of SCCL, seeking to get its share of NHS purchases up to 80% by 2022. "What I hear more often [from trusts] is: can you stop giving us a choice and just dictate the thing, because then we wouldn't have this other 50% still being done in a different way". Although that day might come - "when you get about 80% of the market share, what's the point of doing something different?" - unlocking those cash savings remains his immediate priority.

"In 2021, we will be delivering £600m cash-releasing savings per year. That's £50m in cash-releasing savings per month that go to frontline services. It doesn't come back to me, it doesn't go back to the department, or even government. It goes back to the NHS, to frontline services where it belongs. That's phenomenal. We are on that trajectory, and it's great to be part of it."

This is not to say it has all been plain sailing. Sahota has had five different ministers overseeing the plan since he joined government, and the programme has also been buffeted by a snap election and Brexit planning. Although he calls government "the best place I've worked for a very long time", Sahota has also had to adjust to life in the civil service. "When I joined from the private sector, somebody said it will take six months for an approval," he says, smiling. "I laughed, thinking that would never be the case. But I've learned to really understand why things happen in a certain way and never to think it is for no reason."

Sahota says SCCL has "deferred some parts of our development that were non-critical, the nice-to-haves" to free up time to focus on ensuring supply of medical devices and clinical consumables after EU exit.

The organisation is well prepared "with the known variables that we have in front of us". Having developed contingency plans, Sahota is now working to ensure they can be activated as needed. "We're working with all our suppliers and ensuring that there are levels of preparedness on their side," he says, adding that: "We're in a better position than we could be if we hadn't started on those plans some time ago," he says.

Leaving the EU only adds complexity to already tangled web of different players across both government and NHS that Sahota has to work with. "It is a challenge and it's one of the reasons why I came in, but it's not insurmountable," he says. "It's not difficult in terms of complexity, it's just complex. You need to respect it as a complex thing but then deal with it in your own way - and make sure that you don't allow the complexity to win."

Working with suppliers

Jin acknowledged there was some nervousness from suppliers to the procurement reforms as they "saw the landscape that they've enjoyed was going to change" through increased clinical evaluation of products.

However, he said that "slowly but surely, we had advocates in the system" as suppliers realised that the changes could make their job easier. "They said, 'this is actually going to help us, because instead of going to sell to different trusts, we could actually channel our products into a [procurement] category management that speaks the same language as us."

NHS Supply Chain worked to "make sure the suppliers understand what we're doing and why we're doing it" - ranging from large suppliers like BD, Baxter and Johnson & Johnson, to SMEs. "We've met 243 suppliers just in the last seven months face to face. That's a lot of suppliers, and when we get SMEs in, we do them in batches of 20. That's the level of engagement it takes to get them to understand that this is actually an advantageous system."

The above is a shortened version of the interview, to read the full interview written by Richard Johnstone from Civil Service World, [click here](#).



The Strategic Supplier Relationship Management (SRM) team play a key role in how the new NHS Supply Chain operating model continues to develop and high on the agenda is their commitment to ensuring suppliers have a good understanding of the new model, how they can get involved, ask questions in relation to any challenges or uncertainty - all to help them make well informed decisions for their business needs.

2019 has started exactly how 2018 ended with regular meetings with suppliers, SMEs and trade associations.

Over the last few weeks the team have been travelling regionally across England, hosting a series of SME engagement sessions.

Recently the team were in Manchester, Newcastle and Milton Keynes. This commitment will be continuing, ensuring as many SMEs as possible remain engaged and informed. This follows on from the work undertaken in 2018 in York, Bristol, Birmingham.

If you would like to find out more or request information on future sessions please email amy.hoath@dhsc.gov.uk.



Working collaboratively with Johnson & Johnson Medical Devices

The commercial team from Johnson & Johnson Medical Devices UK & Ireland Ltd, were delighted to invite Peter Hawkins, Adam Blake and Shiraaz Essop to their kick off meeting at the end of January. The discussion focused around supplier engagement, the operating model and how the NHS Supply Chain and Johnson & Johnson (J&J) could partner better together for the benefit of the healthcare system and patients.



The interaction was highly informative, gave further insight into the current NHS Landscape as part of the operating model and allowed the J&J team to gain a deeper understanding of how to accelerate partnership opportunities with their customer base, as well as helping develop and further strengthen the relationship between the two organisations.

Update on our recent engagement sessions

Over 50 individuals attended the three days of activities delivered by Amy Hoath, Strategic Supplier Relationship Management Coordinator and Peter Hawkins, Supplier Relationship Management Advisor.



Amy and Peter presented on the various milestones achieved since the procurement programme commenced, the features and benefits to SMEs of engaging with the Model and information in relation to Category Tower contact details. Plenty of time was given to questions and answers and as more and more SMEs engage with their respective Category Towers, these experiences of the Model will grow.

All participants valued the opportunity of providing input into the sessions and having an avenue for continued dialogue with NHS Supply Chain and over 85% of respondents to a feedback survey rated the event as 'very good' or 'excellent'.

Here are some of the feedback received from attendees:

'I was able to ask questions and obtain answers in a relaxed, friendly atmosphere'

'Industry experience among speakers'

'The event was pitched just right for my needs'

Further engagement opportunities for 2019 will be announced soon so watch this space...



What some of our valued partners and customers have been saying...

Wirral University Teaching Hospital (WUTH) NHS Foundation Trust

"In reference to the work we have been undertaking to move across as much of our non-pay direct spend to the new operating model...it has been a very positive experience. WUTH adopted this initiative from an early stage as we recognised the benefit of doing this for a few different reasons, for example this would increase our operating model compliance for contracted spend as well as secure supply of goods and services into the Trust in light of the uncertainty around Brexit.

Phase one of this process has seen the Trust transfer across £1.9 million in direct spend which went live on the 14 January 2019 and Phase 2 will include £300K transferring in February 2019. This process has involved high volumes of work from all parties involved who include, NHS Supply Chain Account Manager, Head of Procurement, Procurement Manager, Materials Manager as well as Catalogue Manager, which included regular meetings and calls, to ensure as smooth a transition as possible, but we are hopefully going to see the benefit of this in the coming weeks."

P3 Medical Ltd.

"We have received invaluable guidance through our direct engagement with the NHS Supply Chain Supplier Engagement team. Though a relatively small SME supplier in NHS terms, P3 operates across four towers and numerous product categories and the support we received has helped us navigate our way through the revised structure and to plan and align our business accordingly."

BHTA

"It is important for BHTA members to understand fully the changing landscape of supplying the NHS. We have been fortunate to be able to hold a number of briefing sessions led by Paul Webster and Peter Hawkins which have been well attended by our members. These invaluable sessions have been informative, open and honest covering the opportunities and challenges that affect the supply chain and suppliers. We look forward to working with NHS Supply Chain and the relevant Category Towers in the future."

Barnsley Hospital NHS Foundation Trust

Barnsley worked with our dedicated NHS Supply Chain Account Manager, Bert Jackson on reviewing our G4s spend from a non-contracted provider through to NHS Supply Chain. We carried out price comparisons on like for like products and also potential alternatives with samples being coordinated by Bert and NHS Supply Chain colleagues, in doing so managed to realise £38k savings whilst transferring £225k of demand via a more efficient procurement route. In carrying out this piece of work and its successful result it encouraged us to review our own Direct Spend portfolio."



Unipart Logistics the final element of NHS Supply Chain jigsaw

Following a successful transition process with DHL the incumbent provider on 24 February, **Unipart Logistics** now lead delivery of the Logistics Service for NHS Supply Chain.

Unipart Logistics are responsible for managing all aspects of the logistics service from inventory management to the delivery of everyday consumables and high value products to healthcare providers Unipart also provide the Home Delivery Service (HDS) to all patients and care homes in partnership with Movianto. Movianto is a company which offers dedicated and networked transport services within the healthcare sector.

Unipart will aim to build on and, in the longer term, continuously improve the service and systems developed by DHL for NHS Supply Chain over the preceding 12 years. They have also expressed a readiness to work in partnership with the supplier community.

Unipart Group is one of Britain's largest employee owned companies. The group comprises Logistics, Consultancy, Security and Rail divisions as well as specialist manufacturing capabilities. Unipart Logistics - are often known for their heritage in the automotive industry with its highly sophisticated supply chain environment. That expertise now operates across a range of sectors including health and Unipart has a strong track record in helping NHS organisations succeed. Unipart Group Ltd signed the contract to deliver the Logistics service for NHS Supply Chain in August 2018, following contract award earlier that summer.

A message from Fran Burns, Managing Director of Unipart Logistics

'We view suppliers as partners' that was the key message from Frank, Frank is full of anticipation at what he viewed as an exciting opportunity for Unipart to make a difference to the NHS and deliver a service all can be proud of, he described the company's philosophy:

'Unipart Logistics believes in whole supply chain success and we want suppliers to feel a key part of this'

This means that Unipart are focused on continuous improvement of supply chain processes and reducing opportunities for failure. The key emphasis here is on process as key to improving efficiency and Unipart Logistics are willing and able to offer time and resource to help suppliers develop improvements if required.

Becoming part of the family

Last month we caught up with Frank Burns to learn more about the man now at the helm of and leading NHS Supply Chain's logistics service. We explored his personal reflections on joining NHS Supply Chain, the Unipart Way, and the perspectives and innovations Unipart will bring from their previous experience.



What does it mean to Unipart?

The NHS is very important to Unipart and to me personally. The transformation to the new NHS Supply Chain provides an opportunity to deliver innovation and improvement through collaborative partnerships. Unipart has done a great deal of transformation and improvement work with some of the most demanding organisations in the world.

What can Unipart bring from the other sectors in which they operate?

Unipart has great respect for what NHS Supply Chain people are doing today and what they are achieving. We will approach this methodically and we will also be seeking innovative ideas for meeting the significant challenges on the horizon.

What NHS experience can Unipart bring in delivering the Logistics service?

We are not a traditional logistics company. Our heritage is in manufacturing and in the automotive sector, which is respected as one of the most efficient and complex sectors. We've often transferred the learning between our clients in different industry sectors but the common theme for us is the way we work with people.

What changes can we expect to see over?

We see our job at Unipart as understanding the customers real and perceived needs and delivering them better than anyone else. First thing we will do is spend time understanding those needs and then analysing our own processes reversed from supply-chain all the way though warehousing and transport etc. then we'll link them together.

To read the full interview and for other reflections from Frank including; what it means for Unipart to be joining NHS Supply Chain, [the Unipart Way](#), and the perspectives and innovations Unipart will bring from their previous experience. [click here](#).

DXC Technology goes live and joins our NHS Supply Chain family

Friday 1 February 2019 marked a significant milestone as operational IT service delivery successfully transitioned to **DXC Technology** from DHL. The majority of DHL staff supporting service delivery joined DXC thereby providing a continuity of service, minimising risk impacts for all stakeholders.

This achievement is the culmination of six months' hard work, since being awarded the Supporting Technologies and Infrastructure Services contract.

Having been awarded the Supporting Technologies and Infrastructure Services contract back in July 2018, the Supply Chain Technology and Transformation Partners (SCTTP), DXC and PwC, will now focus their attention on transforming the IT that supports the NHS Supply Chain's future way of working.

To inform and guide this DXC have developed a transformation roadmap that maps the business

capabilities NHS Supply Chain ecosystem requires in the future to improve overall service and meet goals.

SCTTP will determine how technology can enable the delivery of these capabilities into the business to:

- Build a robust, agile platform for future change in a coordinated, cost efficient and rapid fashion
- Deliver further value and enhanced services for all our users through the introduction of industry-leading practices, innovative technology solutions and new ways of working

The first three transformation projects are Enterprise Integration Platform (EIP), Order Management System (OMS) and Warehouse Management System (WMS); together they are delivering the following benefits for suppliers:

- Enhanced service responsiveness through transparency and visibility of orders
- Improved analytics to support suppliers' demand and supply planning to meet customers' needs
- An opportunity to better leverage the non-stock channels for direct deliveries to customers

DXC are working with the Supply Chain Executive team (SCET) to finalise the FY19/20 transformation programme plan that will be the way in how they deliver these new capabilities.

Novation of all Authority Contracts builds up momentum

The NHS Supply Chain Novation team have been registering all NHS Framework suppliers to manage the Novation process for the current Authority Contracts. The supplier registration is required onto 'Bravo Solutions' so that the subsequent Novation and Variation Agreements can be issued.

To date 499 novation agreements have been returned.

Bravo Solutions an e-procurement system has been adopted to manage the novation process, it has been configured for the distribution and receipting of the Novation and Variation Agreements.

The Commercial team have been registering suppliers since December 2018 to enable suppliers access to the system. The deadline for returning signed Novation and Variation Agreement is 28 February.

Suppliers that do not return the Novation Agreement will subsequently remain on a 'dormant framework' meaning they are able to fulfil existing orders, but would be unable to seek new business through NHS Supply Chain

If you have not yet registered it is important you do, [click here](#).

Welcome to our eSourcing Portal

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Preparations continue in the event of a 'no deal' EU Exit

The Government continues to work to secure an EU exit resolution, but time requires that some actions need to be taken now to ensure that effective contingency arrangements can be in place ahead of 29 March. To this end, Professor Keith Willett, EU Exit Strategic Commissioner, Medical Director for Acute Care and Emergency Preparedness, NHS England, recently wrote to all NHS Trust Chief Executives and Heads of Procurement setting out the actions they need to take so that they can continue to access the products they need if the UK leaves the EU without a deal.

Professor Willett's letter sets out the contingency measures that have been put in place for the healthcare system nationally and the additional actions that Trusts are being asked to undertake as a priority.

Centralised stock build

Levels of stock holding in the national procurement and logistics operation, NHS Supply Chain, have been increased for medical devices and clinical consumables routinely held in the UK distribution network. This stock build provides additional resilience to enable NHS Supply Chain to fulfil orders placed by customers in the normal manner with priority being given to clinical products.

Delivery of products to customers is envisaged to follow normal patterns, however, subject to the variation in the flow of supplies that may result, some flexibility might be required in terms of delivery windows, including night-time or weekend deliveries.

Dedicated NHS shipment channel

It is recognised not all suppliers have the capability to hold stock of their full product range in the UK and routinely supply product directly from distribution centres in the EU to UK care providers or patients. Suppliers operating these distribution models are working on their own contingency measures, however, national contingency arrangements have also been put in place to enable the continued movement of these products. This arrangement will apply to products ordered directly from suppliers or via the NHS Supply Chain 'Blue Diamond' and 'E-Direct' services.

While DHSC is confident these contingency arrangements will ensure continued access to a full range of products ordered on this basis, it should be recognised that lead times (the time from order placement to order receipt) could be longer using this alternative system.

Supplier preparedness

More than 1,300 suppliers of medical devices and clinical consumables have been contacted by DHSC to understand their supply chains, reliance on supply from the EU and proposed contingency measures for a 'no deal' EU Exit, where relevant. Suppliers that have stock holding capability within the UK are working to increase their levels of stock holding to complement the centralised stock build activity with NHS Supply Chain.

Of those contacted, DHSC has identified around 200 suppliers that provide in excess of 80% of products used by NHS trusts (by spend). They are particularly working with these suppliers to establish their level of preparedness, applicability of national contingency arrangements, and where necessary, agreeing specific measures to improve the robustness of their plans. If everyone does what they should do, the supply of medicines and other medical supplies will be uninterrupted in the event of exiting without a deal.

Prioritisation of medical products entering the UK

In December, suppliers were informed by government that the preparations were being put in place to mitigate against the potential for severe delays developing on roll-on, roll-off freight services operating across the short Channel straits.

New additional freight capacity has now been secured by Department for Transport (DfT) on alternative routes from the continent to the UK by the UK government. Medicines and medical products on which the NHS depends will have priority access. DfT advise us this capacity will be sufficient to maintain supplies to the NHS and social care.

As suppliers it's important to remain updated with any changes and/or developments to do so [click here](#), alternatively you may also want to register for [email updates](#).

Useful facts on working with NHS Supply Chain

As a supplier working or wanting to work with NHS Supply Chain, it is important that you:

Keep a watching brief on our procurement activities through the procurement calendar on NHS Supply Chain website to ensure that you have the best chance of competing in our tender activities in a timely manner. <https://www.supplychain.nhs.uk/savings/procurement-and-savings-calendar/>

Attend a supplier relationship management meeting and/or event to gain information and build relationships. <https://www.supplychain.nhs.uk/events/>

Work closely with Category Tower Service Providers and engage with them operationally. [See page 11 for contact details](#)

Provide products that meet the requirements of the product specification and are fit for purpose. It is vital for patient care that the NHS has access to products that it needs for health professionals to provide safe care.

For more information on how to work with NHS Supply Chain, [click here](#).

Ways to keep informed

Keeping yourself engaged is an important way to ensure you are fully informed with what is happening.



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Visit <https://www.supplychain.nhs.uk>



Meet the SRM team. Email peter.hawkins1@dhsc.gov.uk or amy.hoath@dhsc.gov.uk

HealthTech Connect goes live

HealthTech Connect is a secure online system for identifying and supporting health technologies as they move from inception to adoption in the UK health and care system.

It is intended for medical devices, diagnostic and digital health technologies that: offer benefits to patients or healthcare professionals that are not already offered by technologies used in the UK or provide a direct system or resource benefit to the UK health and care system

It is not intended to be a catalogue of all available health technologies. Instead, it aims to identify and support health technologies that offer measurable benefits to patients or the health and care system compared to current routine practice in the UK.

Commissioned by NHS England and hosted by NICE Health Tech Connect the system is secure, recognising the confidential nature of the information held.

This information will be viewed by an approved list of national bodies who have specified roles in supporting companies in the development of their products, in evaluating appropriate products and in relevant procurement and commissioning processes.

It will also be used by the Accelerated Access Programme in their work to identify and support products with high potential which should be fast tracked to wide scale adoption.



Go live will initially be a 'soft' launch to provide a period of live testing, the full launch is scheduled for April. For more information, [click here](#).



CaPA continues to play an important role in the development of NHS Supply Chain

The Clinical and Product Assurance (CaPA) function of NHS Supply Chain plays a pivotal role in delivering a clinically assured, safe and optimised product range for our health and care system. NHS Supply Chain seeks to establish a national, rigorous and standardised assurance process for procurement. To support this, CaPA is looking to systematically and consistently apply assurance criteria to each part of the procurement process.

They are providing relevant guidance to support, and tools to measure compliance with relevant regulatory and assurance requirements. The Quality Assurance framework that the CaPA team have developed over recent months is fundamental to this new national standardised approach.

The Assurance framework has received its first update along with associated training for the Category Tower Service Provider teams. The guidance is currently being prepared for external publication and will be available shortly. Any comments or questions are welcomed and should be submitted to CaPA at capa@supplychain.nhs.uk. For more information, [click here](#).

Appointment has been made to the role of Patients Safety and Innovation specialist. This role will support the operationalisation of the Patient Safety agenda within the procurement process working with wider partners as well as supporting the uptake of new innovations via Health Tech Connect.

A second Excellence in Continence Care workshop was held in January between the Excellence in Continence Care and All Parliamentary Group on Continence to align objectives and priorities. It was agreed that a working group would be formed to support operational delivery with three key workstreams being proposed - Pathways of Care, Education and Training and Supply, distribution and commissioning.

Further work is in progress to develop a delivery plan and confirm the governance of the group which is expected to report into the Excellence in Continence Care Board. Anyone interested in contributing can register their interest at stakeholdercouncil@supplychain.nhs.uk

The last National Wound Care Strategy Programme NWCSPP board met on 22 January where Terms of Reference were reviewed and agreed. ABHI, SDMA and BHTA are all members of the Stakeholder Council and Supply and Distribution work stream and contribute to the data work stream through joint meetings as appropriate.

The Stakeholder Council was launched in December 2018 with the first Health and Care Professional forum taking place at the end of January. The first supplier event is currently under development those interested in contributing can register their interest at stakeholdercouncil@supplychain.nhs.uk.

The NWCSPP webpage has now been launched, [click here](#).

Useful contact information for our Category Tower Service Providers

CTSP	Products and Services	CTSP Contact	Category Tower Manager
DHL Life Sciences and Healthcare UK	Ward Based Consumables	Nicola Harrington nicola.harrington@supplychain.nhs.uk	Mark Roberts mark.roberts@supplychain.nhs.uk
Collaborative Procurement Partnership LLP	Sterile Intervention Equipment and Associated Consumables	Jane Harrison jane.harrison@supplychain.nhs.uk	Phillip James phillip.james1@supplychain.nhs.uk
DHL Life Sciences and Healthcare UK	Infection Control and Wound Care	Nicola Harrington nicola.harrington@supplychain.nhs.uk	Alan Woodworth alan.woodworth@supplychain.nhs.uk
Collaborative Procurement Partnership LLP	Orthopaedic, Trauma and Spine, and Ophthalmology	Kath Ibbotson kath.ibbotson@supplychain.nhs.uk	Margaret Wilson margaret.wilson1@supplychain.nhs.uk
Collaborative Procurement Partnership LLP	Rehabilitation, Disabled Services, Women's Health and Associated Consumables	Christopher Hassall christopher.hassall@supplychain.nhs.uk	Ben McMurray ben.mcmurray@supplychain.nhs.uk
HST	Cardio-vascular, Radiology, Endoscopy, Audiology and Pain Management	Mark Hart mark.hart@supplychain.nhs.uk	Michaela Russel michaela.russel@supplychain.nhs.uk
DHL Life Sciences and Healthcare UK	Large Diagnostic Capital Equipment including Mobile and Services	Antonia Marks antonia.marks@supplychain.nhs.uk	Chris Lumby chris.lumby@supplychain.nhs.uk
Akeso & Company	Diagnostics, Pathology and Therapy Technologies, and Services	Sue Colbeck sue.colbeck@supplychain.nhs.uk	Liz Salter liz.salter@supplychain.nhs.uk
Crown Commercial Service	Office Solutions	Anne Toone anne.toone@crowcommercial.gov.uk	Michael Shields michael.shields@supplychain.nhs.uk
Foodbuy	Food	Charles Hudson charles.hudson@supplychain.nhs.uk	Samantha Lee samantha.lee1@supplychain.nhs.uk
NHS North of England Commercial Procurement Collaborative	Hotel Services	Stephen Sercombe stephen.sercombe@supplychain.nhs.uk	Tom Brailsford tom.brailsford@supplychain.nhs.uk

Let's get hooked on reducing plastic waste

The devastating environmental impact of plastic waste is becoming increasingly apparent. Public interest in reducing wasteful practices has increased dramatically in recent years. National campaigns including the Daily Mail's 'Turn the Tide on Plastic' and television documentaries, in particular 'Blue Planet 2', have helped to raise the profile of this issue dramatically.

The NHS generates approximately 5.5 kg of waste per patient per day. Of that, 30% is plastic, and 20% of all hospital waste arises from operating theatres. A 2009 audit estimated that each operating theatre creates 2300 kg/year, of which about 40% is recyclable. However, less than 15% of NHS waste is recycled. This means that a huge amount of plastic is currently sent to landfill or incinerated at great environmental and financial cost. To read the full article, [click here](#).

