

Total Orthopaedic Solutions framework - a detailed guide for NHS providers

NHS Supply Chain: Orthopaedic, Trauma and Spine, and Ophthalmology

Provided by Collaborative Procurement Partnership LLP (CPP)













Total Orthopaedic Solutions framework - a detailed guide for NHS providers

Executive summary

The following document outlines the process that customers typically follow when engaging with NHS Supply Chain: Orthopaedic, Trauma and Spine, and Ophthalmology for orthopaedic support. The process reviews current orthopaedic spend with a view to transitioning to the Total Orthopaedic Solutions framework and transacting via NHS Supply Chain.

Our approach delivers benefits to NHS providers by:

- Providing an OJEU compliant route to market therefore removing the need for local procurement teams to undertake their own tenders.
- Providing access to competitive national pricing which has, to date, delivered in excess of £60 million in cash releasing savings.
- Supporting Lord Carter's recommendations to remove unwarranted variation.
- Providing solutions that deliver quality patient outcomes.
- Ensuring clinicians are central to the decision making process.
- Providing robust analysis of trusts' full orthopaedic spend, identifying quick wins and longer term rationalisation opportunities.
- Providing a fully supported end to end process from Category Managers (CMs), Clinical Engagement and Implementation Managers (CEIMs) and NHS Supply Chain Account Managers.









This document provides background to NHS providers on how to access the NHS Supply Chain Total Orthopaedic Solutions framework for orthopaedic products, equipment and services. It outlines how the needs of your individual trust will be met throughout the process, by working collaboratively.

1. Introduction and background

Lord Carter's report published in 2016 identified the need to reduce product variation and deliver bigger savings in NHS procurement. This led the Department of Health and Social Care (DHSC) to design a new NHS Supply Chain operating model.

On 1 April 2018, Supply Chain Coordination Ltd (SCCL), the management function of the new operating model went live. The new NHS Supply Chain service is designed to help the NHS deliver clinically assured, quality products at the best value through a range of specialist buying functions.

It aims to leverage the buying power of the NHS to negotiate the best deals from suppliers and deliver savings of £2.4 billion back into NHS frontline services by the end of 2022-23.

NHS Supply Chain manages the sourcing, delivery and supply of healthcare products and food for NHS trusts and healthcare organisations in England and Wales.

It provides a single point of access to products ranging from bandages and gloves through to implants and MRI scanners.

The new model includes 11 specialist Category Tower Service Providers (CTSPs) delivering clinical consumables, medical capital equipment and non medical products. These specialist buying teams are procurement experts who will ensure that they are delivering quality products, which are right for patients. This focus is at the core of their commercial decision making.

2. Total Orthopaedic Solutions

Collaborative Procurement Partnership (CPP) is the CTSP for this specialist area. The team includes highly skilled and knowledgeable colleagues with first hand experience of orthopaedic theatres and patient care, as well as commercial and product specialists from the orthopaedic industry. They are experienced in working in theatres with clinical leads up and down the country.

The team work closely with the national Getting it Right First Time (GIRFT) programme, designed to improve the quality of care within the NHS and reduce unwarranted variation.

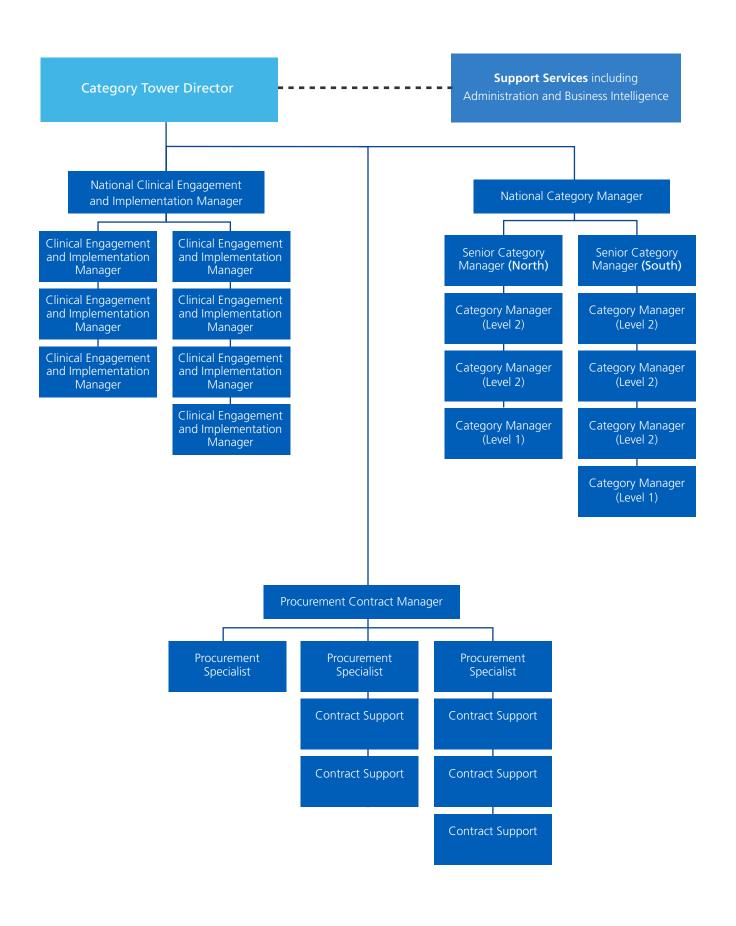
Our Total Orthopaedic Solutions framework provides an OJEU compliant route to market removing the need for local procurement teams to undertake their own tenders.





















The agreement also provides access to competitive national pricing which has delivered in excess of £60 million in annualised cash releasing savings to the NHS to date. We look to secure effective solutions for all NHS trusts and over the initial four years of activity, we have secured over 43% of all spend in scope across the English NHS. This has been achieved through a solution based approach which has seen continual efficiency improvements.

There has been no requirement for further fragmentation of the market through additional competitions and bespoke pricing arrangements. In conducting work in this way, we enable NHS trusts to benefit from one another by ensuring that prices secured for one trust are available for all NHS trusts who wish to purchase under the same conditions.

Being at the forefront of the changing landscape and working closely with national initiatives, programmes and professional bodies ensures that options presented to clinical teams are future proofed and in line with national thinking and best practice.

There are approximately 300,000 products available on this framework and the list of suppliers is available in Appendix A.

The framework is spilt into 10 lots and the supply route is eDirect. More information is available in Appendix B and on the NHS Supply Chain website:

https://www.supplychain.nhs.uk/product-information/contract-launch-brief/total-orthopaedic-solutions/

Benefits of the framework

GIRFT

Effective procurement across orthopaedics is fundamental to realising value and facilitating efficiency improvements across the NHS. This broad and complex category requires that we work with orthopaedic departments across the country in order to achieve the required savings and deliver relevant solutions. Clinical engagement is at the heart of the national strategy. To ensure success, it is crucial that the NHS allows this engagement to take place as early as possible and throughout these processes. By doing so we will improve the working environment for our clinicians and support staff, whilst also improving patient outcomes and experience.

Professor Tim Briggs CBE, National Director for Clinical Improvement NHS England and NHS Improvement









The National Spinal Services GIRFT report demonstrated wide variation in implant prices across England. This is in part due to a lack of transparency around pricing. The use of the GIRFT spinal categorisation which places spinal implants into categories with the same evidenced base outcome, will allow trusts to gain best value for the NHS. CPP processes centre around effective clinical engagement and it is imperative in spinal surgery, that the decisions regarding procurement have clinical input. 33

Mr. Mike Hutton, National Clinical GIRFT Lead, Spinal Surgery.

Choice and value: The NHS Supply Chain framework provides access to a comprehensive portfolio of suppliers offering a wide range of product options, giving trusts the opportunity to select products that are clinically acceptable and offer value for money whilst delivering quality patient outcomes.

The efficiencies of our service provide trusts with a compliant route to market via a framework agreement offering a wide range of suppliers and products available via the NHS Supply Chain online ordering system, enabling significant back office savings.

Crucially, surgeons and clinicians are at the heart of the decision making process with focused methodologies that enable informed decisions to be made.

Clinical assurance: 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. CaPA's Quality Assurance Framework outlines the requirements of effective and consistent clinical and product assurance within the procurement process. The assurance framework gives clear direction on expectations regarding supply of products and services to the NHS which meet the required quality standards, provide value for money, and meet the needs of patients, carers and users. The underlying principle of the framework is to continually improve patient safety, service quality and outcomes for patients. We also work closely with our consultation groups and other relevant parties drawn from the NHS, so that we can be sure the products we are providing are fit for purpose in every way.

Dedicated support: NHS Supply Chain provides dedicated Account Managers who will help to solve any issues on your behalf and ensure high service levels are always met. Our Category Managers (CMs) and Clinical Engagement and Implementation Managers (CEIMs) are procurement and product specialists in their product fields who can give expert advice on new and alternative products and give guidance and support to identify savings opportunities. Our implementation team will help you set up the new processes and provide any training required when introducing new products/new suppliers. In addition, our customer service team can provide dedicated and knowledgeable advisors and service managers when you need them.

3. Lots within the framework

The Total Orthopaedic Solutions Framework Agreement includes 10 individual lots:

Orthopaedic Hip Arthroplasty: Primary and revision joint replacement including fractured neck of femur, hemiarthroplasty, bespoke and custom made implants.

Orthopaedic Knee Arthroplasty: Primary and revision joint replacement including partial knees, bespoke and custom made implants.

Orthopaedic Extremities Arthroplasty: Shoulder, elbow, ankle, small joint reconstruction and fracture management through prosthetic arthroplasty including bespoke and custom made implants.

Orthopaedic Internal and External Fixation and Consumables: All trauma specific and implants by









way of emergency trauma and non reconstreuctive and congenital correction implants, external fixation devices and consumables. Elective subspecialty plating and patient care in hand and wrist, foot and ankle, and craniomaxillofacial are also included within this lot.

Spine: Orthopaedic spinal implants and consumables including spine specific cements and substitutes.

Arthroscopy and Sports Medicine: All capital and consumable items required for arthroscopic surgery including all stack systems, hardware and consumables for resection and ablation. All specialist instrumentation, disposables and implants for soft tissue repair and mobilisation.

Bone Preparation: Bone cement, mixing systems, pulse lavage, bone substitutes, cement pressurisers, cement removal and associated products.

Orthopaedic Power Tools and Consumables: Large bone, trauma, high speed and specialist power tools including all loan agreements, purchase options, maintenance and all associated consumables.

Regenerative Technology: All biologic and synthetic bone and soft tissue substitutes and additional products such as platelet separation systems.

Orthopaedic Generic Instrumentation: Generic operating theatre instrumentation required throughout any orthopaedic procedure including bone nibblers, retractors, rongeurs, osteotomes, mallets, curettes.

4. A guide to the process

What you can expect from us

We will work closely with each trust to provide support throughout the process with dedicated Category Managers (CMs) and Clinical Engagement and Implementation Managers (CEIMs).

The CM will work with you to ensure the trust objectives are clearly identified early in the process and the CEIM will engage with your clinicians, drive rationalisation projects and help with product selections.

Together our team will work with local trust clinical, procurement and directorate leads to review all opportunities available to your trust by utilising the framework. Options available will include supporting your trust to complete a full orthopaedic spend review and identify quick wins or current savings options. We can also carry out a full rationalisation of specific product areas (e.g. hips, knees, trauma or spine) should you wish us to do so.

Quick wins are identified by completing a full review of a trusts orthopaedic spend and then benchmarking this against the Total Orthopaedic Solutions framework. The outcome of the analysis identifies opportunities where trusts are able to save money by doing nothing other than providing their consent to migrate to Total Orthopaedic Solutions pricing and transact via the NHS Supply Chain eDirect route. The Total Orthopaedic Solutions Access Agreement will need to be signed and returned by the duly authorised procurement lead to enable our procurement support team to notify suppliers of the appropriate price band to be activated. This ensures the correct catalogue pricing is available to the trust enabling orders to be placed.

The framework allows for commitment to be offered to any supplier for one, two, three or four years at any point over the lifetime of the agreement. Additional discounts may be offered by suppliers for duration or market share commitments. Prices will be fixed for that commitment period once the Total Orthopaedic Solutions Access Agreement has been signed by both the procurement and clinical leads and returned to us. Our CMs will advise on whether offering commitment at this stage will impact on any proposed work plan for consolidation of spend, and as such, may recommend a delay.











The trust or department may wish to undertake a consolidation process for a subspecialty. In doing so you will enter into a clinically focused rationalisation process with our CEIMs.

Clinically focused

Early consultant engagement is paramount to the success in implementing commitment based contracts with NHS Supply Chain. Appropriate stakeholders need to be involved from the beginning of the engagement process due to the nature of the products in scope and the complexities around the commercial and service elements of the category. We have a dedicated team of experienced professionals with orthopaedic clinical, industry, product and commercial expertise who can converse with all stakeholders. Through our in depth and robust processes, we have delivered successful outcomes for a number of years which are centred around the needs of clinical departments.

It is imperative that we have early meetings with clinical leads, to discuss the changing landscape, the end to end processes for complex projects and the national strategy. The assigned CEIM will then maintain direct and regular contact with the clinical lead or appointed subspecialty clinical lead in order to fine tune the options. Our approach includes a focused consultancy which has numerous variables depending on the current position of the trust. The translation of department specific activity into a usable format takes considerable expertise from our CEIMs who use this to build a picture of the activity and clinical approach within a trust. As such, building in the right information is key to yielding a relevant output and delivering a timely project with an optimum contract which is compliant, implementable, adheres to the contract terms and meets the needs of clinicians, the directorate, theatres, procurement, finance and sterile services.

Engagement focused and supported processes

Having positive engagement from procurement and operational departments is important as it enables us to conduct and effectively complete any rationalisation project for a trust. Having the necessary knowledge on surgical detail enables us to model appropriate options and prevents the need to produce multiple reiterations of the analysis, speeding up the process. Details and information regarding product choice, department activity, changing trends and clinical philosophy will only be held by the clinicians. So, to ensure rationalisation projects are successful we will ask for a nominated clinical lead to engage with the CEIMs on an ongoing and direct basis to ensure this information is at the heart of the process.

We are an extension of your team and your success is our success. Procurement has a fundamental role in delivering a positive outcome and we are resourced to ensure that support is targeted and utilised as effectively as possible. The clinical team are at the heart of the decision making process. We will ensure that they are given the right support throughout in order to make an informed and timely decision.

What we will need from you

To ensure we can maximise opportunities for each trust, our team will need to understand what is currently in place and when existing contracts come to an end.

We will work with you to fulfil your requirements, whether they are to maintain all existing supply options or for wholescale change including the implementation of efficiency programmes. Part of this process will include contacting your current suppliers to gain spend data for the previous 12 months. Nothing will take place unless you have agreed for us to contact them. You can find the authorisation form we need, that confirms your approval, in Appendix B.

Please note: without completion of this form we are unable to progress. Once we receive confirmation of all spend data from all confirmed suppliers, we will begin our analysis.









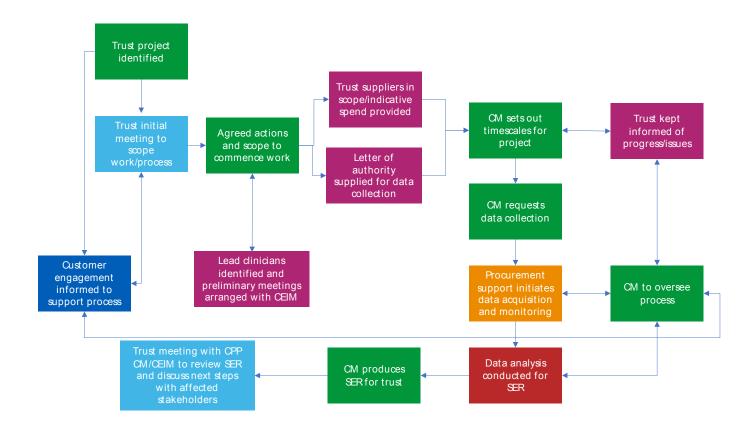


Our analysis will allow us to produce a Spend Efficiency Report (SER) for your trust highlighting:

- Current spend distribution across all categorised areas of spend.
- Current spend versus framework for quick wins.
- Recommended work plan opportunities which can then progress to rationalisation projects, if appropriate.

The team will talk you through all the different options and guide you through the next steps, allowing your trust to make an informed choice on next steps and how to access the opportunities available through the framework.

Initiating the process and establishing the data













Process for acquiring trust data

Timescales for the process

Providing exact timings can be difficult but the table below gives an indicative guide.

Please note that different factors can affect each project, including issues such as the complexity, trust internal discussions, the number of stakeholders we need to engage with, supplier engagement and the availability of key individuals.

Projects may also simply include migration across to the framework or extend to complex rationalisation projects conducted over several weeks.

Timeline	Steps	Detail	Any Considerations
	Identify and profile the customer		
	Initial contact with trust group	NHS Supply Chain Account	
	Advise NHS Supply Chain Account Manager – engagement throughout process	Manager must be included to begin proceedings and facilitate a meeting. Relevant trust information is gathered in readiness for the meeting	
	CRM records opened within NHS Supply Chain and maintained throughout the process		
	Systems implementation informed	Trust ability to place orders via eDirect confirmed.	
Week 1-3		Any issues to be discussed with NHS Supply Chain Account Manager	
	Onsite meeting arranged	Assigned CM and CEIM attend	
	Meet procurement and business leads, discuss process and scope project	a meeting at the trust to discuss the full scale of the intended project and full service outlined	
	Assessment of compliance, contractual obligations, stock barriers, local culture, clinical	Trust to discuss contractual position and barriers across areas of spend	
	barriers	Agreement to progress secured	











Timeline	Steps	Detail	Any Considerations
	Initial Benchmarking		
Week 4-5	Obtain usage, analyse 12 month practice with all suppliers	Trust sends a list of all suppliers in scope to NHS Supply Chain	Suppliers are given one week to return data in the correct format, via
	Follow up retrieval of data from suppliers, sense check and amalgamate completeness	and also gives authorisation through a consent form to obtain up to date 12 months usage directly from suppliers	a template from NHS Supply Chain Trust should run an internal report against the same suppliers to give an
	Data benchmarked by Data Analysis team	Timelines agreed for completion	Indication of the expected total spend Any suppliers who may cause delay
	Sense checked data output from DA	of benchmarking and the production of the SER	will be referred to the trust
	Finalise SER - Financial overview of practice submitted as SER categorising all spend into distinct	Meeting arranged to discuss the process in more detail and the overall trust position with all	The SER will categorise all expenditure and will form the basis of all activity from that point on
	subspecialities	affected stakeholders. Clinical lead notified and the meeting is arranged when availability suits	Analysis will be at line level and compare current expenditure against appropriate banded prices on the framework
	Meet procurement and clinical leads, work through SER to develop work plan based on outcomes	Recommended work plan discussed with the trust to highlight priority areas of work and to take note of potential	Once data is collated and passed to the data team, it will take two weeks to produce the final analysis and SER
		quick wins	Should suppliers return sales data with items not included on the framework, they will need to be added to the framework in order to complete this work (this may cause additional delays)









Timeline	Steps	Detail	Any Considerations
(Subject to clinician availability)	Clinical engagement		
Week 6-12	Presentation to consultant group, theatre, finance and procurement leads to give overview, explain full process. Clinical focus and outcome centred, initial concerns discussed SER presented to understand full spend intelligence across the department Immediate sign up options based on status quo opportunities and work plan options detailed for subspecialty projects Quick wins - access forms drawn up and signed by any relevant party Transfer trust to NHS Supply Chain agreement; quick wins on status quo supply - implement catalogue Saving delivery, status quo opportunities implemented, catalogues updated, suppliers notified Work plan developed for agreed projects. (Possible end of project, moving straight to implementation and contract management depending on trust requirements)	CM and CEIM present to trust stakeholders and outline the national strategy and give a briefing on the findings to date. Trust SER is discussed in detail and an interactive, clinically focused session is utilised to review quick wins, commitment options and potential work plan projects across each subspecialty. Recommendations are offered and discussed and NHS Supply Chain gives an outline of experience in projects across the country and the processes for consolidation, if required. Individual meetings with clinical stakeholders to discuss the detail of the spend area are arranged	Access forms are signed by procurement for migration to the framework without commitment. Any commitment to current practice requires a clinical signatory Trust in readiness to transact via eDirect is confirmed Suppliers notified and catalogues shared. Clinical lead for each subspecialty project within the agreed work plan is confirmed and direct engagement with relevant CEIM begins
	Arrange group or individual surgeon meetings should there be any issues or concerns		
	Produce report to evidence potential opportunities and feedback from consultant meeting; if required		
	Single or various workplans - process commences on rationalisation/standardisation		
	Work plan leads from affected departments assigned at trust		
	Clinical lead assigned at trust based on the sub-specialty project		
	Priority projects agreed and order set		











Timeline	Steps	Detail	Any Considerations	
	Supplier day organised (if needed)	NHS Supply Chain has various proven formats for supplier days, depending on the area of spend	Clinicians may need between six and eight weeks' notice to attend supplier days	
		These events are recommended for clinical teams to review products and services from across the market ahead of making longer term decisions	Format, locations, dates and logistical arrangements are determined	
		Should one be required, communications will be agreed and communicated via NHS Supply Chain		
	Templated procedure based analysis to begin - key stage to enable an informed award and process dependant on subspecialty project	CEIM to engage on a continual basis with nominated clinical lead in developing the templates to ensure that the true current	CEIMs work around clinician availability and so direct contact is required for the term of the project	
	- between 15 and 60 hours to develop templates	position and objectives and ambitions for the short, medium	Potential barriers highlighted at the start of the process are confirmed and service based requirements which	
	Regular engagement with clinical and procurement lead is required	and long term are factored into the work	are important to the department are discussed	
	Detailed Options Analysis	A crucial phase which will take into account any required		
Week 6-12	Component level characterisation and selection of comparable products - common components, implants, procedures	changes in clinical practice and the requirements of consultant support staff, such as theatres, stores and procurement		
	Templates populated by CEIM - shared with lead clinicians and accurate baseline agreed. Evidence and implant characteristics considered	Finalised document agreed by clinical lead as a true representation of the current practice and future requirements		
	Templates populated with alternative product and supplier options and sent to suppliers to populate	Certain templates will be required to send to suppliers to request their alternatives. This is to give suppliers ownership and a focussed return which is catered to the requirements of the clinical team in question	Important that trust procurement leads on rationalisation project are aware of the end to end process and commercial parameters of the framework to enable a joined up discussion with suppliers	
		The prices included will be subject to those within the commercial structure of the framework agreement		
		Suppliers are able to offer more competitive pricing but in doing so must amend the framework commercial discounts / options before it can be made available to any individual / group of NHS trust(s)		









Timeline	Steps	Detail	Any Considerations
Timeline Week 10-12	Financial impact report produced - identifying options for further consideration; rationalised supply base/alternative supply options Supply day confirmed, and structure finalised and communicated Clinician meeting alongside supplier day to consider options - including split business and market share, clinician specific allowances, component realignment Options - scenarios ascertained and data rerun, analysed and subsequent report delivered to key personnel CM and CEIM present scenario analysis followed by clinical meeting to determine outcome/options	Working closely with the lead clinician, our CEIM will model the returns into several options centred around the portfolios and ability of suppliers in scope to cater for the needs of the department. Gaps are filled in to ensure all procedural requirements are met and the master data set is produced ahead of the supplier day At the supplier event, (in which the format has been determined and communicated earlier in the process), suppliers are tasked with demonstrating their offerings from a product and support perspective Initial commercial findings based on initial analysis will be discussed amongst the project group at the start of the meeting and as such, the supplier	Any Considerations It is imperative the right stakeholders are involved in the process to ensure an effective implementation of the subsequent contract and also to ensure an effectively adhered to contract for the lifetime of the agreement Departments must collectively understand what is important to them in selecting a supplier to work in partnership over the coming three to four years, which will improve the efficiency of the department and allow for improvements in the patient journey and outcomes Initial financial assessment will yield multiple saving options which will be loaded onto NHS Supply Chain CRM system
		and as such, the supplier sessions can focus purely on clinical interests It is recommended that each affected consultant attends each suppliers' session and that at least one senior representative from orthopaedic theatres and sterile services also attends the day Throughout and at the end of the supplier event, discussions will focus on products and service confidence. Consultants will opt for several focussed options in product mix which will form the basis of further iterations of analysis to be conducted by the CEIM in close contact with the lead clinician	









Timeline	Steps	Detail	Any Considerations
	Clinical trials and workshops if required Suppliers organised and pricing arranged for trial	In order to gain more confidence in certain products and the service provided by suppliers, clinicians may look to conduct clinical dry bone workshops in which they are able to handle instruments and implants and discuss product platforms in more detail Consultants may also request a clinical trial in line with trust policy	Should clinical trials be required, the prices paid for products will be in line with the framework agreement and particularly equal to the prices that the trust would pay, should they progress to award the business to said supplier Trials must be time bound and suppliers must submit line level reports on all utilised products to NHS Supply Chain Products utilised in trials must be provided loan and hire free by the supplier
	Trust decision made - clinically led and approved by department, finance and procurement	Final product and supplier mix options are agreed and the trust has followed internal sign off processes. Consignment or stock levels determined ahead of supplier face to face debrief meetings. Suppliers invited to debrief meetings at the trust NHS Supply Chain issue access forms for relevant signatures ahead of this meeting	CRM updated with finalised and agreed saving figure, NHS Supply Chain Account Manager updated on intended award NHS Supply Chain utilise escalation process with Supply Chain Coordination Ltd (SCCL) should there be any delays at the trust in coming to a final decision
Week 13-14	Award (meetings with suppliers dependant on level of business / subspeciality / sub lot of products)	NHS Supply Chain CM / CEIM chair supplier debrief meetings in which each affected supplier is invited to a half hour face to face meeting at the trust Trust clinical lead is invited but not essential for this meeting. Trust procurement lead must attend and it is advisable that the theatre lead for the subspecialty is also present for these meetings	Ahead of the meeting, information will need to be available or highlighted for discussion with each supplier: The award decision Products selected Stock and associated equipment requirement Implementation plan to be requested in relation to training and support in the run up to the live date, over the first three months and six months; and named contacts for account management and ongoing support Dates agreed - timelines for incoming and outgoing suppliers must be strictly adhered to Contact details for lead trust personnel given to suppliers to engage with over this period - recommended procurement lead (as overall project lead for changeover), theatre lead, stores lead and sterile services' lead











Timeline	Steps	Detail	Any Considerations		
	Suppliers notified - SLAs drafted, access and commitment forms signed and shared with suppliers	Formal notification to suppliers sent in the form of the commitment based access	Trust is encouraged to develop a Service Level Agreement (SLA) with the supplier.		
Timeline Week 15-16 Continuous	Implementation	agreement	Commitments are in place as per the		
	Systems implementation	Outgoing suppliers notified of new banded prices to be in	terms of the framework agreement and subject to each party adhering to		
	Catalogue management	place by live date	their contractual obligations		
Week 15-16	Supplier implementation plans (entering and exiting)	Implementation plans in place	Supplementary service requirements which are specific to the trust needs		
Week 15-16	Training organised and agreed.	NHS Supply Chain update all	must be highlighted and recorded.		
	Stock management including instrument, implant consignment, storage	catalogues for incoming and outgoing suppliers	Failure to adhere to these service requirements may result in early termination of the agreement		
	Commitment forms signed				
	SLAs signed				
	Contract Management				
	Overseeing implementation	Contract management facilitated	NHS Supply Chain is available to		
	MI data collection	by the trust procurement lead with the assigned CM from NHS	support suppliers and NHS trusts throughout the contract term		
	Review meetings	Supply Chain as requested	Subsequent projects may run		
Continuous	Issues resolved	Supplier MI data collected on monthly basis to ensure compliance	consecutively but consideration should be given to the level of change and potential disruption to the department across all affected stakeholders		
			Work plans should be effectively managed to ensure this is limited and responsible in relation to the interests of the department and patients		









5. When should you get in touch?

Trusts can get in touch with us at any time but of course the sooner the better, especially when you are hoping to maximise the opportunities available through full rationalisation.

6. Working with NHS Supply Chain Account Managers

The key role of the NHS Supply Chain Account Manager is to support your trust procurement department and ensure we have access to the required products and personnel. This will facilitate the project and ensure a timely process. To support this, we need to gather the information outlined below which will help scope the first project meeting and ensure timely progress:

- Understand the trust contract arrangements; any current agreements and when they run until.
- Understand if there are any research agreements in place at the trust; is the trust locked in with certain suppliers that therefore may need to be excluded from within the scope of any potential project.
- Obtain information on current stock levels; consignment, owned and over stock.
- Understand if there are any barriers; amortised agreements including capital equipment or any contractual limitations.
- Identify current ordering systems and potential for eDC Gold.
- Understand which clinicians would need to be involved; does the trust have them on board with any potential project they are key to any rationalisation project.

7. Key contacts

First point of contact:

NHS Supply Chain Account Managers: https://www.supplychain.nhs.uk/contact/account-managers/

Our Customer Services team: <u>customer.service@supplychain.nhs.uk</u>

Category contact: mskinternal@supplychain.nhs.uk









Appendices

All documents in the appendices will be issued to you by the Category Manager at the appropriate time.

Appendix A: Suppliers

Supplier		Lot 1	Lot 2	Lot 3	Lot 4	Lot 5	Lot 6	Lot 7	Lot 8	Lot 9	Lot 10
		Orthopaedic Hip Arthroplasty	Orthopaedic Knee Arthroplasty	Orthopaedic Extremities Arthroplasty	Orthopaedic Internal and External Fixation and Consumables	Spine	Arthroscopy / Sports Medicine	Bone Preparation	Orthopaedic Power Tools and Consumables	Regenerative Technology	Orthopaedic Generic Instrumentation
1	Acumed Ltd			Yes	Yes					Yes	Yes
2	Aquilant Orthopaedics	Yes	Yes		Yes						
3	Arthrex Ltd						Yes		Yes		
4	B. Braun Medical Ltd	Yes	Yes		Yes	Yes			Yes		Yes
5	Baxter Healthcare Ltd									Yes	
6	Blue Surgical				Yes						
7	ConMed UK Ltd						Yes		Yes		Yes
8	Corin Ltd	Yes	Yes	Yes			Yes				
9	De Soutter Medical Ltd						Yes	Yes	Yes		
10	DePuy Synthes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	DP Medical Systems Ltd				Yes						
12	Edge Medical (Biologics) Ltd					Yes				Yes	
13	Eurospine					Yes					
14	Exactech UK Ltd	Yes	Yes	Yes	Yes					Yes	
15	Fannin (UK) Ltd - DCC Vital	Yes	Yes	Yes			Yes			Yes	
16	Globus Medical UK Ltd					Yes		Yes			
17	Guardian Spine Ltd					Yes					
18	Harvard Healthcare Ltd				Yes		Yes				
19	Heraeus Noblelight Ltd, Heraeus Medical Division							Yes		Yes	
20	Hospital Innovations	Yes	Yes			Yes	Yes			Yes	Yes
21	Ideal Med Ltd				Yes						
22	Intavent Orthofix Ltd				Yes						
23	Integra Neurosciences			Yes	Yes	Yes				Yes	Yes
24	JRI Ltd	Yes	Yes	Yes	Yes					Yes	Yes
25	Judd Medical Ltd				Yes			Yes	Yes		Yes
26	K2M UK Ltd					Yes					
27	Karl Storz Endoscopy (UK) Ltd						Yes				
28	KeyMed (Medical & Industrial Equipment) Ltd						Yes				
29	Lavender Medical			Yes	Yes					Yes	
30	Lima Orthopaedics UK Ltd	Yes	Yes	Yes	Yes		Yes				
31	Lindare Medical					Yes					
32	Link Orthopaedics UK Ltd	Yes	Yes								
33	Macromed (UK) Ltd					Yes					









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34	Marquardt UK Ltd			Yes	Yes	Yes					Yes
35	Mathys Orthopaedics Ltd	Yes		Yes							
36	MatOrtho Ltd	Yes	Yes	Yes					Yes		
37	MBA Surgical UK Ltd					Yes					
38	MDM Medical Ltd			Yes				Yes	Yes		
39	Medacta UK Ltd	Yes	Yes			Yes		Yes			
40	Medartis Ltd			Yes	Yes						
41	Medtronic Ltd					Yes			Yes	Yes	Yes
42	MicroPort Orthopedics Ltd	Yes	Yes					Yes			
43	NHS Blood and Transplant									Yes	
44	NuVasive UK Ltd					Yes					
45	OMEGA SURGICAL INSTRUMENTS LTD							Yes	Yes		Yes
46	Orthimo Ltd	Yes									
47	ORTHO SOLUTIONS				Yes				Yes		
48	Orthodynamics Ltd	Yes	Yes					Yes			
49	Orthomotion Medical Ltd				Yes	Yes					
50	Orthosonics Ltd	Yes			Yes						
51	Osteotec Ltd			Yes	Yes			Yes	Yes	Yes	
52	Pioneer Surgical Technology BV					Yes		Yes			
53	Platts & Nisbett Ltd										Yes
54	Precision Surgical Ltd										Yes
55	QSpine Ltd					Yes					
56	Silony Medical UK	Yes	Yes			Yes					Yes
57	Smith and Nephew Orthopaedics	Yes	Yes		Yes		Yes				
58	Soverign Medical Ltd			Yes	Yes						Yes
59	Stryker UK Ltd	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
60	Tornier UK Ltd			Yes	Yes			Yes			
61	Wright Medical UK Ltd			Yes	Yes					Yes	
62	Zimmer Biomet	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63	Total Suppliers by Lot	21	18	20	27	22	14	15	14	18	17



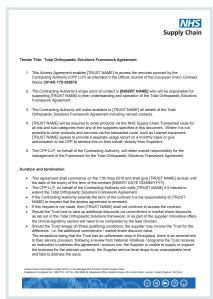


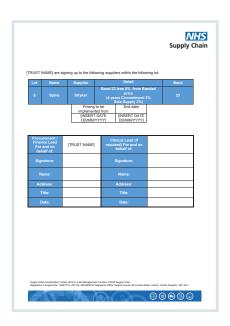


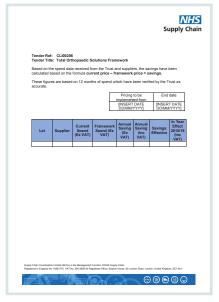
Appendix B: Forms

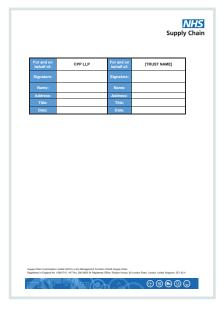
1. TOS access agreement to be completed by trusts













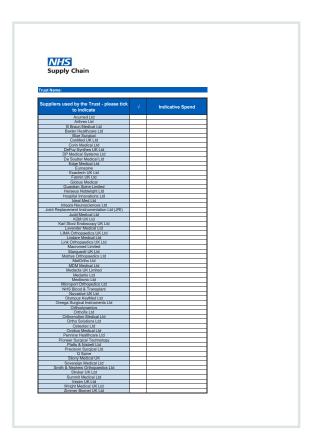


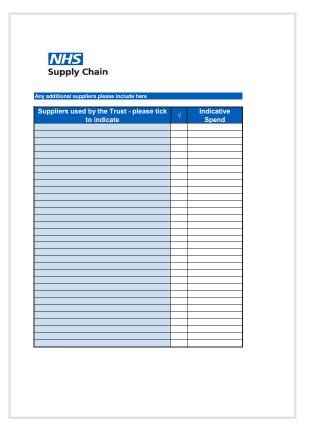






2. Supplier form to be completed by trusts to confirm which suppliers are currently used





3. Approval to gather data from your suppliers - to be completed by trusts



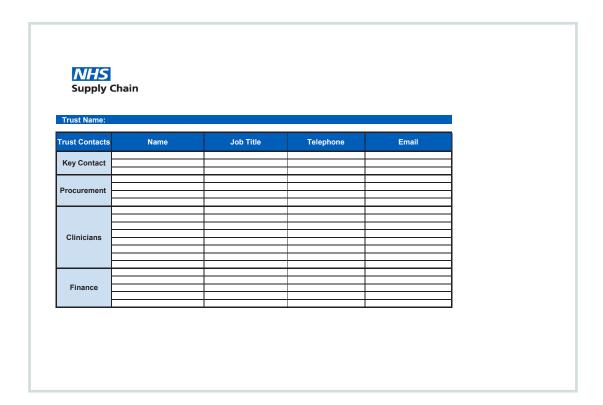








4. NHS trust key stakeholders





















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