Better visibility of orthopaedic consignment stock helps Airedale NHS Foundation Trust reduce inventory levels by £163,000 (24%)

“
We have invested in the system. When we first saw it, we knew we had to commit to the right level of resource to get the best from it. You have to invest to save.
”

Graham Beck, FIrstLM, MCIPS
Head of Supplies, Airedale NHS FT
Background

Airedale NHS Foundation Trust is an award winning NHS hospital and community services trust providing high quality care for a population of over 200,000 people across a widespread area covering 700 square miles within Yorkshire and Lancashire.

Always keen to adopt new technology to enhance quality of care and achieve greater efficiencies, the Trust is a vanguard site for new care models for enhanced health in care homes¹, using telemedicine to improve patient outcomes and reduce emergency admissions.

Challenge

Embracing new technology has always been at the forefront of Airedale NHS FT’s procurement strategy, with the Trust being one of the first to adopt eDC (electronic demand capture) materials management from NHS Supply Chain.

While the Trust used eDC materials management as an efficient ordering system in Theatres, the Supplies Team realised it did not provide the management information that would enable them to deliver the next phase of efficiencies e.g. implant cost by surgeon versus quality of outcome.

In addition, the Theatre Team had high banded nursing staff whose time was predominantly taken up managing stock and ordering ad hoc items.

To overcome these issues, they needed a system that would give them access to live data and an inventory management system. In addition, to future proof the system and ensure it met the requirements set out in the NHS eProcurement Strategy²; it needed to be GS1 compliant.

Key objectives of the project

- Reduce overstocking of orthopaedic implants
- Deliver cash releasing savings of up to 15%
- Reduce wastage and levels of non-moving stock
- Improve visibility and control of orthopaedic stock
- Better processes to improve product recall procedures and reduce ordering errors
- Release clinical time back to patient care
- Identify opportunities to improve efficiency
- Link procurement and outcome data to improve overall productivity.

“For me, I think the just in time procurement system through NHS Supply Chain is “best in class.” It comes in, it’s all electronic, it’s one invoice, and it’s the true system.”

Graham Beck, FInstLM, MCIPS
Head of Supplies, Airedale NHS FT
Solution

Developing a specification to meet these requirements and achieve their objectives, the Trust’s Supplies Team reviewed a number of options. These included inventory management through their current purchase ordering system ‘Oracle’ and developing the inventory management element of the current Theatre Management System, ‘Theatreman’.

However, their familiarity with NHS Supply Chain’s eDC system meant eDC Gold was a natural evolution, offering GS1 compliance and valuable management information. This gave greater visibility of stock levels and the ability to identify the next phase of efficiencies required.

“The data we are able to obtain [from the eDC Gold system] is already helping us identify non-moving products lines to reduce stock levels or potentially remove product lines all together.”

Shaida Latif-Ali, MCIPS
Logistics Manager, Supplies, Airedale NHS FT

Implementation

Key stakeholders engaged:
• Orthopaedic Medical Director – Executive Director sponsorship through the Right Care Programme
• Theatre Patient Services Manager
• Theatre Nurses
• Materials Management Team.

With eDC already being used in Theatres, the transition to eDC Gold was more straightforward than moving from a completely different system and process.
Implementation (continued)

However, there were challenges created as communication of the change from the Supplies Team did not reach the Orthopaedic Clinical Leads and Theatre Nurses e.g. changing stock levels, materials management taking over of the stock. This was due to the Theatre Patient Services Manager, key project stakeholder, moving onto a new role during the process. This created some disruption when the system initially went live but was quickly resolved by the Supplies Team working closely with the Theatre Orthopaedic Clinical Leads to manage the change.

“We did find it difficult at first because the clinical teams hadn’t been involved. The system just arrived and we were told we couldn’t change anything. However, things are a lot better now that the Orthopaedic Clinical Leads are involved up front.”

Claire Tilley,
Orthopaedic Clinical Lead, Airedale NHS FT

One particular issue was the Theatre Teams’ completely relinquishing responsibility for stock management and ordering of ad hoc items. This was resolved by the Supplies Team being prepared to commit a member of the Materials Management Team to work full time in Theatres.

“Initially there were some teething issues such as stock being put away according to expiry date not sizes, meaning it took the Theatres Team longer to find the implants required.”

Claire Tilley,
Orthopaedic Clinical Lead, Airedale NHS FT

This has enabled teething issues to be resolved quickly helping build confidence of Theatre Nurses in the system as well as strengthen the relationship between the Theatres and Supplies Teams.

“Having experienced materials management staff on site all the time is great because they are so on the ball with all the information at their fingertips. You really need that with this system.”

Claire Tilley,
Orthopaedic Clinical Lead, Airedale NHS FT
Project stages

The system went live after 10 weeks but there was a 12 week period following this where NHS Supply Chain training and support was available. The key stages in this process were:

1. Supply chain review
   a. It was essential to understand the current processes and identify issues to be resolved prior to going live with the eDC Gold
   b. Due to eDC already being in place and there being one site and location, the review at Airedale NHS FT only took half a day but this could take longer if the setup is more complex and the change is bigger and potentially more disruptive.

2. Pre-implementation
   a. Once the implementation was agreed following the supply chain review, a project charter was developed covering legal aspects, expectations and key milestones
   b. Like any major project, processes were agreed and defined with potential risks identified
   c. After the operational kick off meeting between Theatres, Supplies and NHS Supply Chain in week four, the project moved into the implementation phase.

3. Implementation
   a. Once it was established that the systems were aligned, the Trust’s orthopaedic store was set up within eDC Gold
   b. With stock definitions complete, the catalogue for the store was bulk uploaded into eDC Gold by NHS Supply Chain’s Implementation Team
   c. This was another key milestone in the project with a “go” / “no go” decision required before loading bar code data into the system and delivering training for the users (offline)
   d. A first stock check was then undertaken over the weekend by the Supplies Department and NHS Supply Chain prior to the system going live at the start of week 10, to ensure baselines for the system were in place.

4. Post-implementation (transition)
   a. Training and support was available from NHS Supply Chain full time for weeks 10-12 to ensure issues were resolved quickly to minimise impact on Theatres
   b. This support then gradually reduced over the remainder of the project, in line with the Trust’s confidence in eDC Gold
   c. A final stock check was run in week 22 prior to the eDC Gold system being signed off by the Trust and NHS Supply Chain.
Outcomes achieved so far

Levels of consignment stock held in the Trust have been reduced by £163,000 so far, which is also reducing wastage.

eDC Gold provided a cash releasing saving of 7% within its first twelve months of being implemented.

Going forwards; the system will provide the evidence required to work with suppliers to move orthopaedic stock from consignment to Trust owned.

- These reductions are expected to take unit prices below the lowest NHS price benchmarks
- This has improved relationships with suppliers with more stock likely to be owned, delivering cost savings for the supplier which they can pass onto the Trust through lower unit prices.

Cash releasing savings predicted for year two are an additional 15% from utilising the data within eDC Gold.

Supplies are in the initial stages of sharing the usage data from the eDC Gold system with the Lead Surgeon for Orthopaedics, in order to review where non-moving products can be rationalised to increase efficiency without risking patient safety.
The predicted saving offered by NHS Supply Chain for purchasing and replenishing our consignment stock is fantastic; this would not have been an option without the eDC Gold system being in place!

Graham Beck, FInstLM, MCIPS
Head of Supplies, Airedale NHS FT

There are **better controls on stock** with the Materials Management Co-ordinator being on site all the time, removing the opportunity for some supplier representatives to make changes to consignment stock.

Releasing clinical staff back to patient care has contributed £70,000 towards the Trust’s cost improvement programme.
Learnings

- Be prepared to invest time and resource to get the best from eDC Gold.
- Engage with clinical leads, theatre managers and materials management from the outset.
- Ensure key stakeholders have cascaded communication to their frontline teams, in order to reduce the chance of issues arising when the system goes live.
- More training prior to the system going live would have helped to reduce some of the early teething issues.
- Data is king when it comes engaging clinicians in procurement.
- There is better communication and relationships with suppliers as eDC Gold is enabling more consignment stock to be owned by the Trust.
- eDC Gold is constantly evolving, meaning teams may have to wait for upgrades sometimes but it also means the capability of the system will grow as more trusts adopt it.

"It all does come down to communication. Now we have resolved the teething problems and it is all sorted out, everyone knows how it works, it’s much better."

Claire Tilley, Orthopaedic Clinical Lead, Airedale NHS FT

Next steps

- Looking to expand eDC Gold into trauma and other key areas.

References


Further information

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