



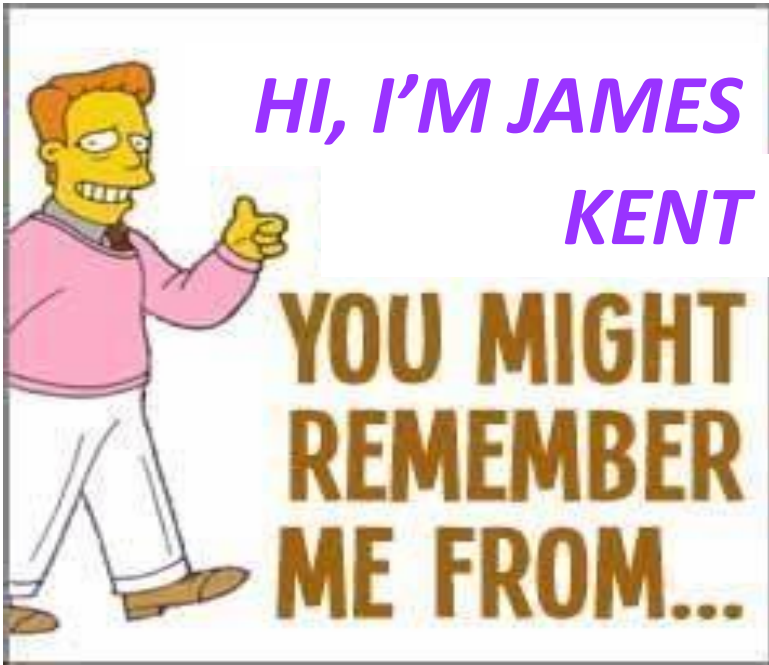
## **Developing systems and processes to deliver best value medicines**

- Evolving SPS guidance and support
- Monitoring uptake of contracts
- Application of intelligence and information

James Kent  
EoE Regional Pharmacy Procurement Specialist  
SPS Procurement Hub Lead

**The first stop  
for professional medicines advice**





To: Pharmacy procurement

From: James Kent

Subject: Ketachloroprophetadine

Message: "I'm sorry, but that drug you wanted has all gone"

To: A.N.Other Pharma

From: James Kent

Subject: Help with Ketachloroprophetadine

Message: "I'm sorry, but that drug you have on contract is OOS"



## Dr James Kent

National Adviser. Strategy Directorate. NHS England.

Beaconsfield, England, United Kingdom

1K followers · 500+ connections

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## James Kent (consultant)

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From Wikipedia, the free encyclopedia

Dr **James Kent** was appointed [special adviser](#) on health to [Theresa May](#) in January 2017. He was formerly a management consultant at [Boston Consulting Group](#) and before that he trained in medicine in Nottingham and worked as a junior doctor in the [NHS](#).<sup>[1]</sup>

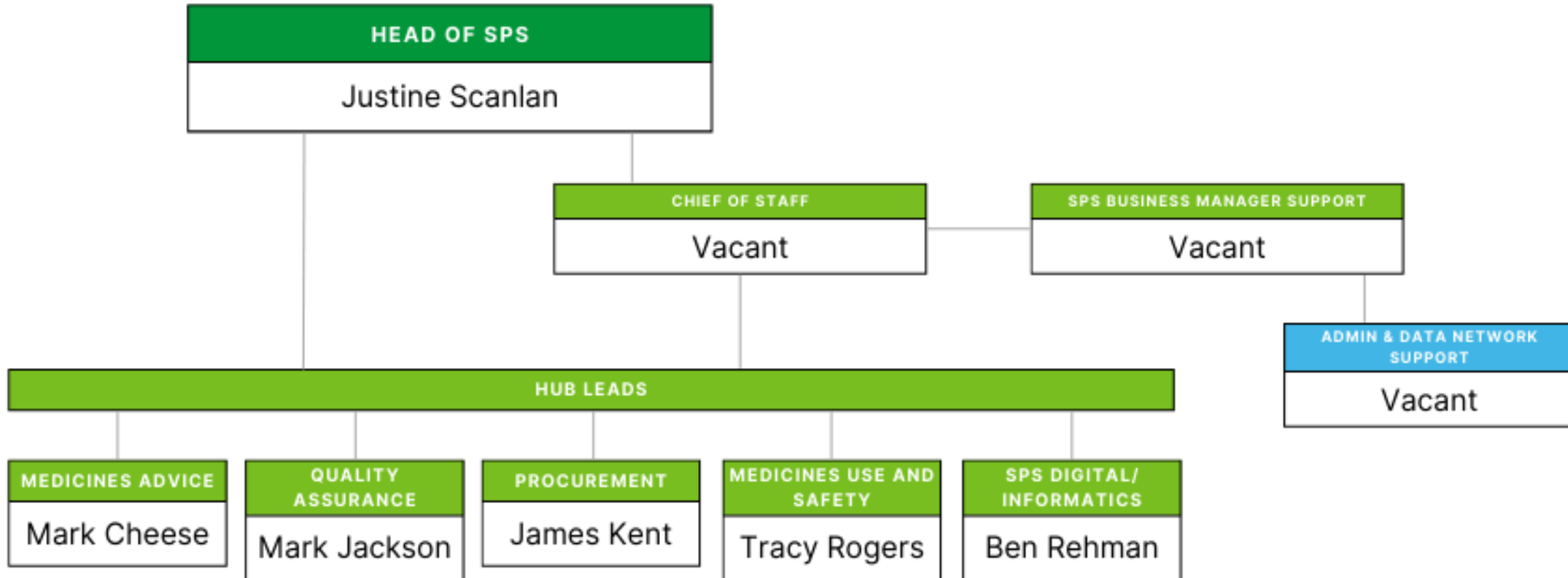
He was appointed Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire West [integrated care board](#) in July 2022,<sup>[2]</sup> but left in September 2022 on secondment to [NHS England](#) where he will be an adviser to [Chris Hopson](#), NHSE chief strategy officer. He was paid in the range £175-190,000.<sup>[3]</sup>

### References [\[ edit \]](#)

- <sup>↑</sup> "[Prime minister hires new health adviser](#)". *Health Service Journal*. 7 January 2017. Retrieved 26 January 2017.
- <sup>↑</sup> "[Former PM's health adviser set to help oversee £2 billion health budget](#)". *Oxford Mail*. Retrieved 3 May 2023.
- <sup>↑</sup> "[CEO quits under-pressure ICS](#)". *Health Service Journal*. 26 September 2022. Retrieved 29 September 2022.

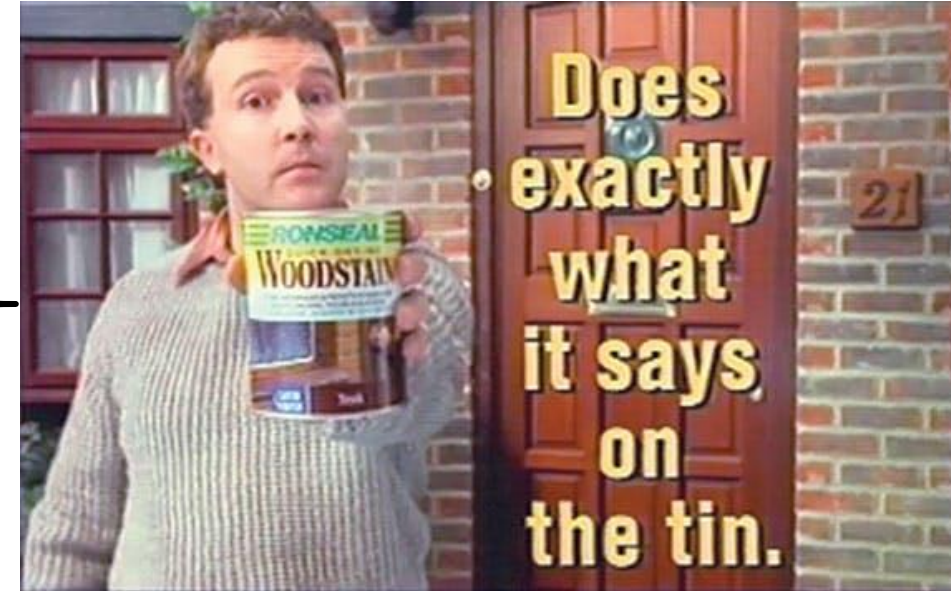
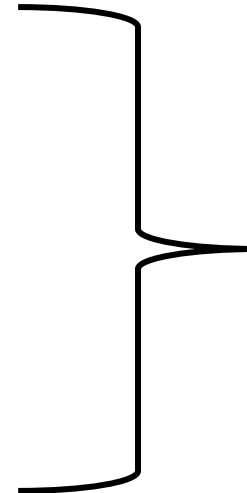


- The service has been in existence regionally since the 1970's
- In its current form since 2013, now over 100 WTE's
- It has developed “organically” since first created
- Organically grown food: 👍
- Organically grown organisations: 👎
- So there were some downsides
  - Funding, hosting,
  - It was not conducive to a unity of purpose
- An SPS reorganisation was required





- 5 elements that directly support the NHS
- Medicines Use and Safety
  - e.g. Patient Group Directions
- Quality Assurance
  - e.g. New generics, imports, aseptic products
- Medicines Advice
  - e.g. Answering queries, providing advice
- Procurement
  - e.g. Maintaining medicines supply
- Plus the Digital Team and a Pharmacy Integration Project



• *We try to do things once, so that you don't have to....*



Well there's two answers to that question:

1) The short answer, with a but...

Or

2) The long answer, with an if...



- It's a 95% vs. 5% split
- 95% of the things we need to happen will take place as expected
  - Orders are placed, drugs arrive, patients get treated
  - So the standard structures in place do what we need them to (CMU, pharma, wholesalers etc)
- 5% of time it goes wrong
  - This is when the “fun” starts. This is mainly what I “do”.
- Problem is the 5% of problem lines can take 95% of your time
- This leaves very little time to work on the processes that underpin the “standard structures”
  - CMU Contracts, suppliers, support for Trusts etc.
  - Planning for future developments
  - But we do try and fit it in as best we can...

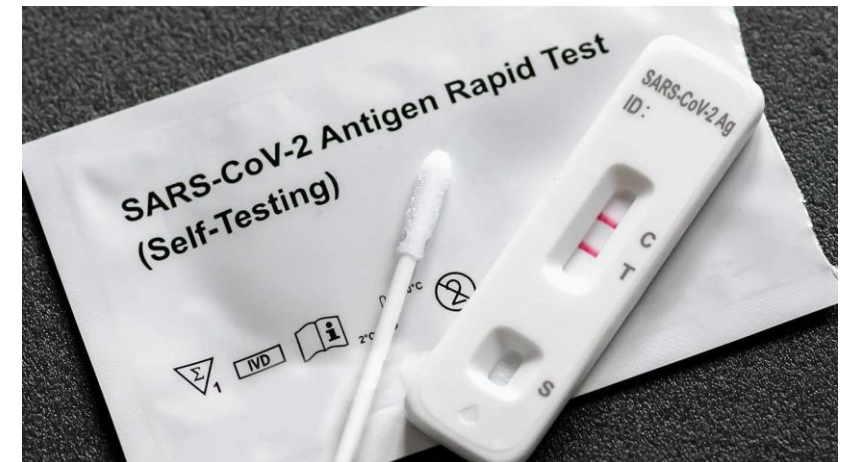


VS





- Everything became very reactive
- Forward planning went out of the window
- Were there any positives???
- SPS recognised as crucial to the NHS response
- Value of Pharmacy Procurement also fully realised
  - At Trust and Regional level



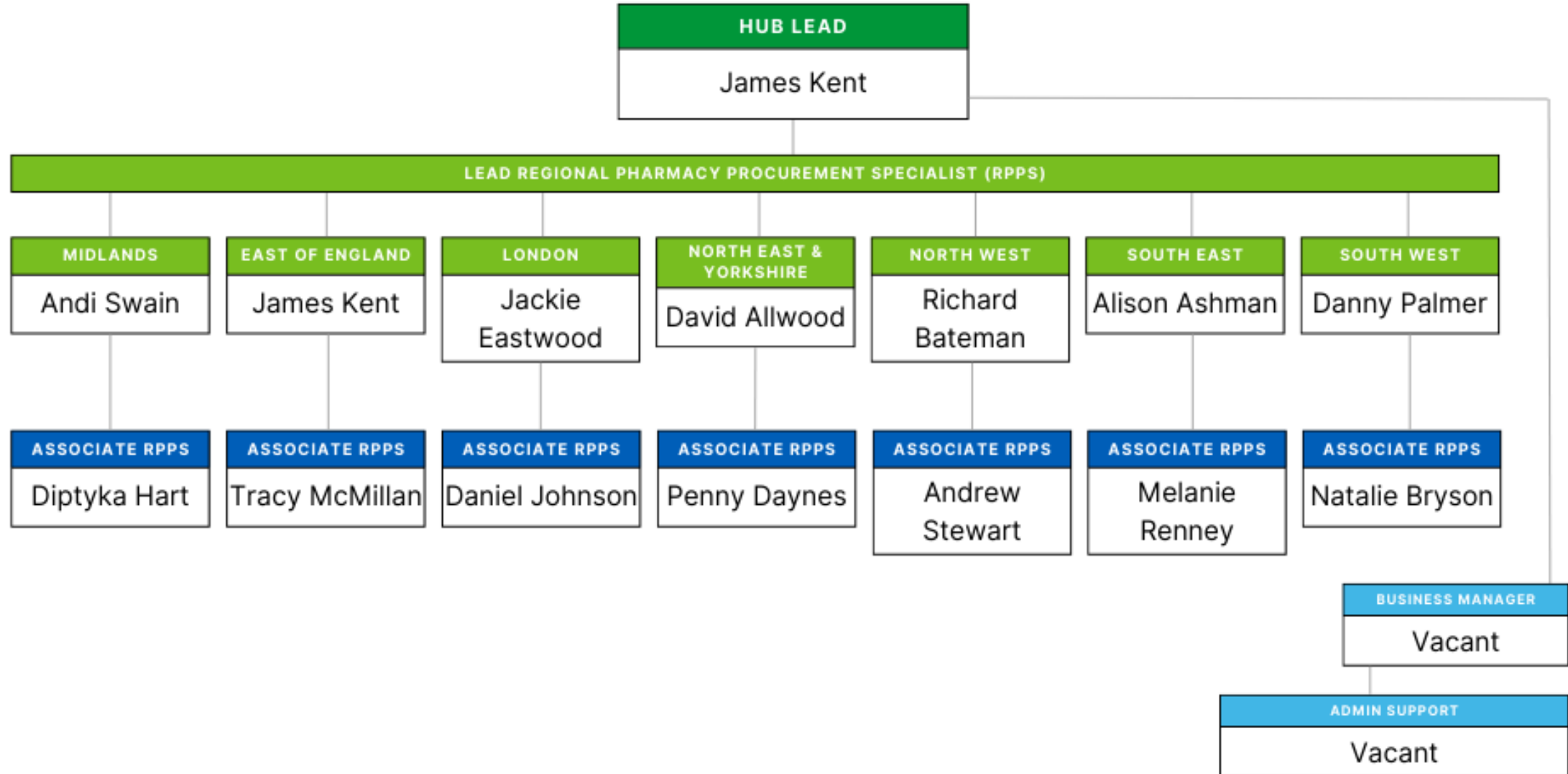




# SPS: Now with added strings....

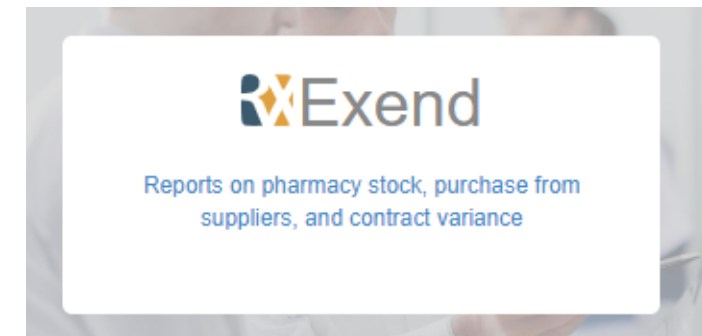


- SPS Transformation initiated
- Clearer and more robust financial flows and arrangements
- Reconfiguration of the main functions to reflect needs of the NHS, especially procurement
- With the new financial arrangements came strings however
- Savings related to medicines prescribing became a priority
- On top of SPS Specification came the SPS/CMU KPIs



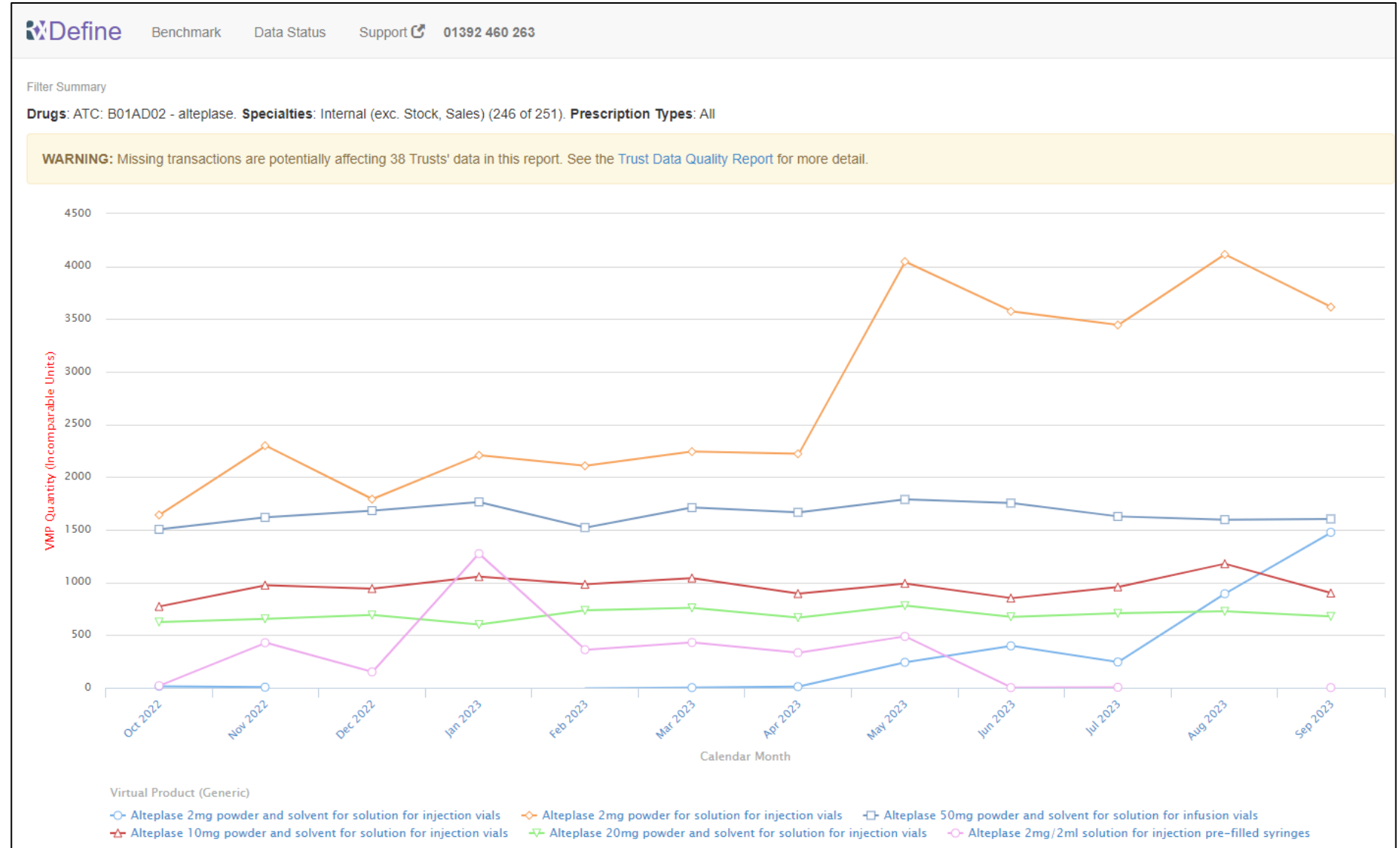


- Define
  - What's been issued
    - **Cost centres outside pharmacy**
  - How much, what total cost, when
  - Used all over the NHS constantly
- Exend
  - How much stock available
    - **Pharmacy locations only**
  - What volumes, where, how long will they last
  - A procurement tool primarily, saved lives during COVID
- Exend+
  - What did you buy
    - **From wholesalers, pharma companies, importers etc**
  - What did you pay, from who, when
  - Another procurement tool, but wider utilisation





- Alteplase
- All forms
- England
- Last 12 months
- VMP Units



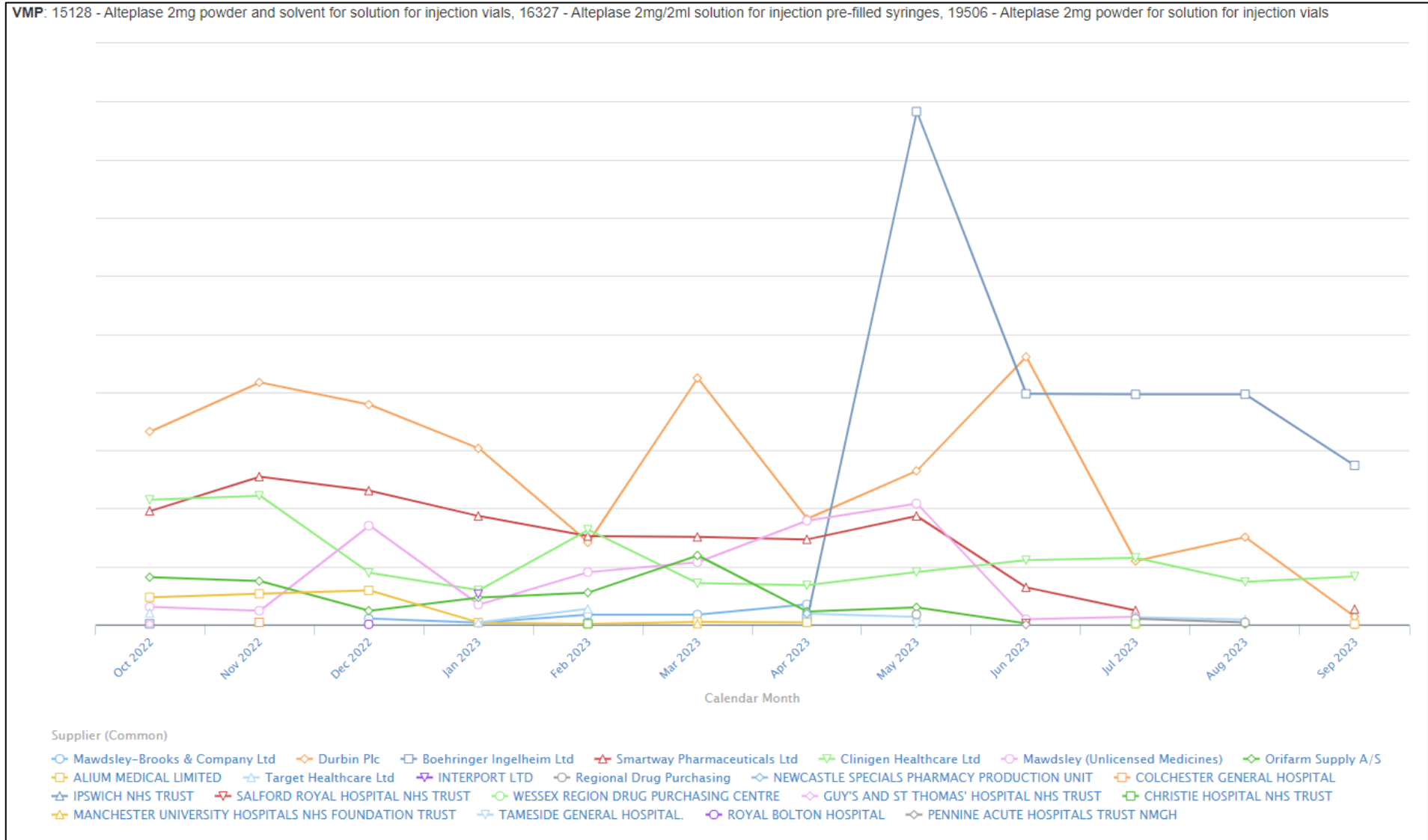


- Alteplase 2mg vials
- EoE
- Current stock and usage

							Days Remaining (based on use Last Fortnight)	
							All Stock	Active Stock
							All Stock	Agg
Trust	VMP	Stock Level (VMP Units)		Avg. Daily Use (VMP Units)				
		Total	With Est. Usage	Last Year	Last Fortnight	All Stock	Agg	
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST <small>Oldest stock data extracted about 24 hours ago</small>	Alteplase 2mg powder for solution for injection vials	490 vial	490 vial	0.73 vial	0.71 vial	686	686	
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	32 vial	32 vial	1.8 vial	0 vial	∞	n/a	
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	24 vial	24 vial	0.43 vial	1.3 vial	19	19	
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	11 vial	11 vial	0.071 vial	0.071 vial	154	154	
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	33 vial	33 vial	0.57 vial	1 vial	33	33	
NORTH WEST ANGLIA NHS FOUNDATION TRUST <small>Oldest stock data extracted about 7 hours ago</small>	Alteplase 2mg powder for solution for injection vials	40 vial	40 vial	0.34 vial	0 vial	∞	n/a	
MID AND SOUTH ESSEX NHS FOUNDATION TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	225 vial	225 vial	6.8 vial	8 vial	28	28	
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST <small>Oldest stock data extracted 1 day ago</small>	Alteplase 2mg powder for solution for injection vials	7 vial	7 vial	0.18 vial	0.71 vial	9.8	9.8	
WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST <small>Oldest stock data extracted about 6 hours ago</small>	Alteplase 2mg powder for solution for injection vials	2 vial	2 vial	0.049 vial	0 vial	∞	n/a	



- Alteplase 2mg
- VMPs
- Purchase data
- By supplier
- Last 12 months





- Spend Analytics
- Contracts
- Better Value Procurement
  - In-contract
  - Off-contract
  - Reason codes to be added
- Other BVP reports
- Off-contract claims



## Exend+

Spend Analytics  
Analysis of purchasing

Contracts  
Compare procurement data against CMU contract data to minimise off-contract spending

Search Contracts

- [England](#)

Better Value Procurement

- [Better Value Procurement, Off-Contract Reasons](#)
- [Supplier Monitoring](#)
- [Contract Variance Report \(CMU equivalent\)](#)

Other/Previous Better Value Procurement Reports

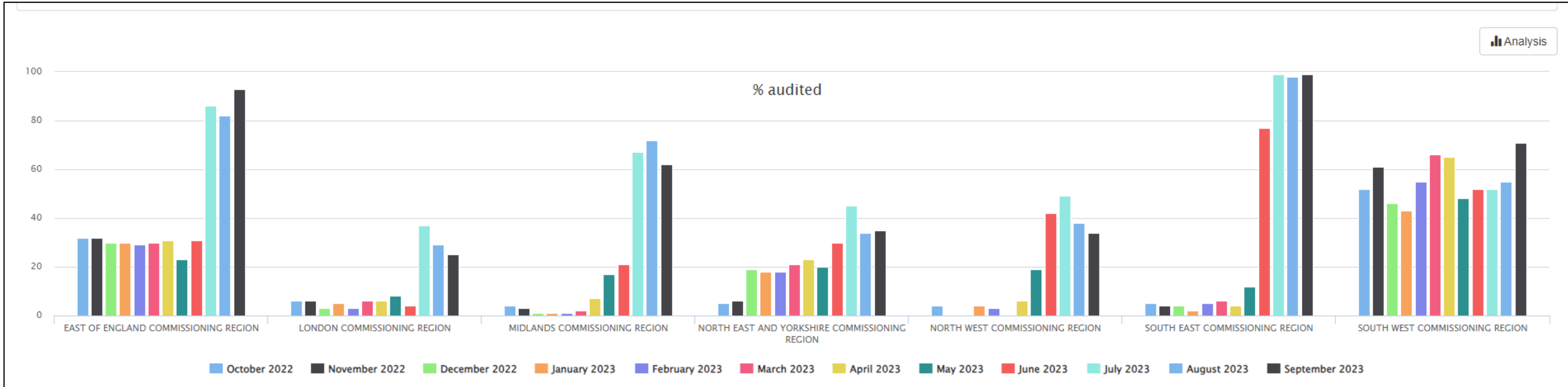
- [Paid vs Contract Price](#)
- [Overlabelled vs Contract Price](#)
- [Homecare vs Contract Price](#)
- [Paid vs Indicative Price](#)

Off-Contract

- [Off-Contract Claims](#)



# Exend+: BVP/Off-contract Reason Codes

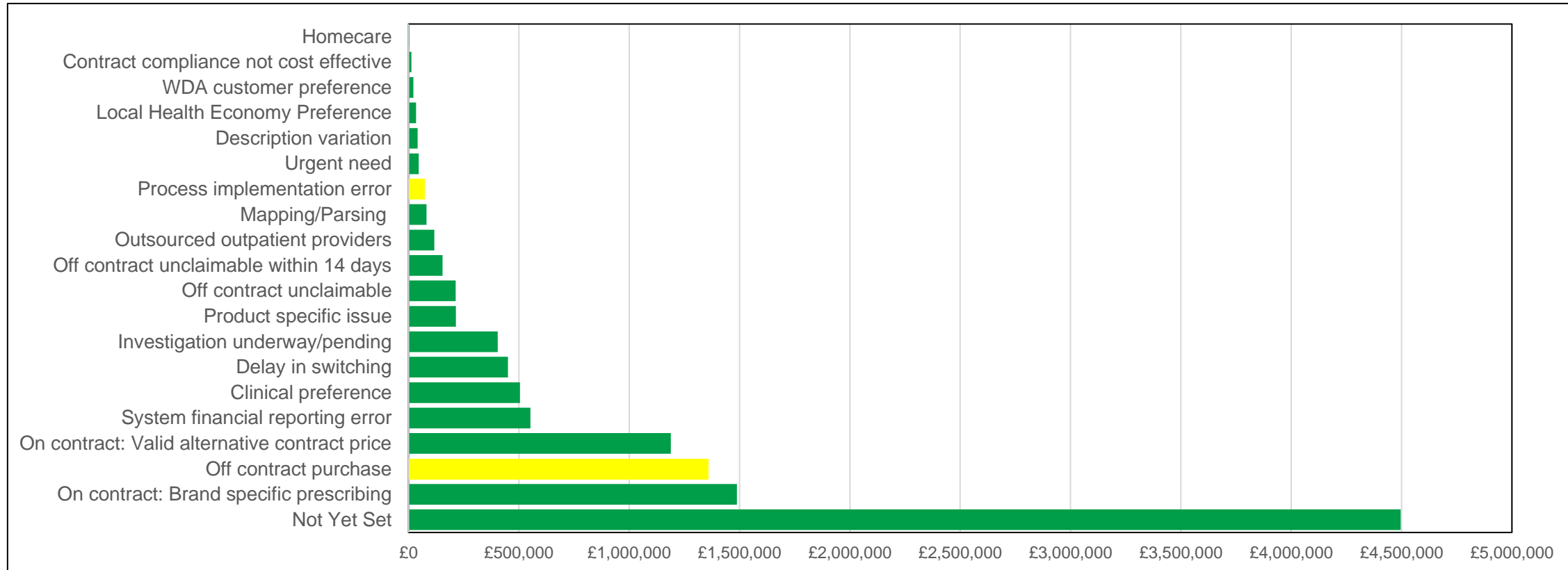


- Lines coded reached 57% in September (by Trusts working with RPPS team)
- This equated to 60% of the total drug value ( £7m of total £11.5m)
- Set of standardised coding reasons/explanations issued to Trusts to support uniformity of approach

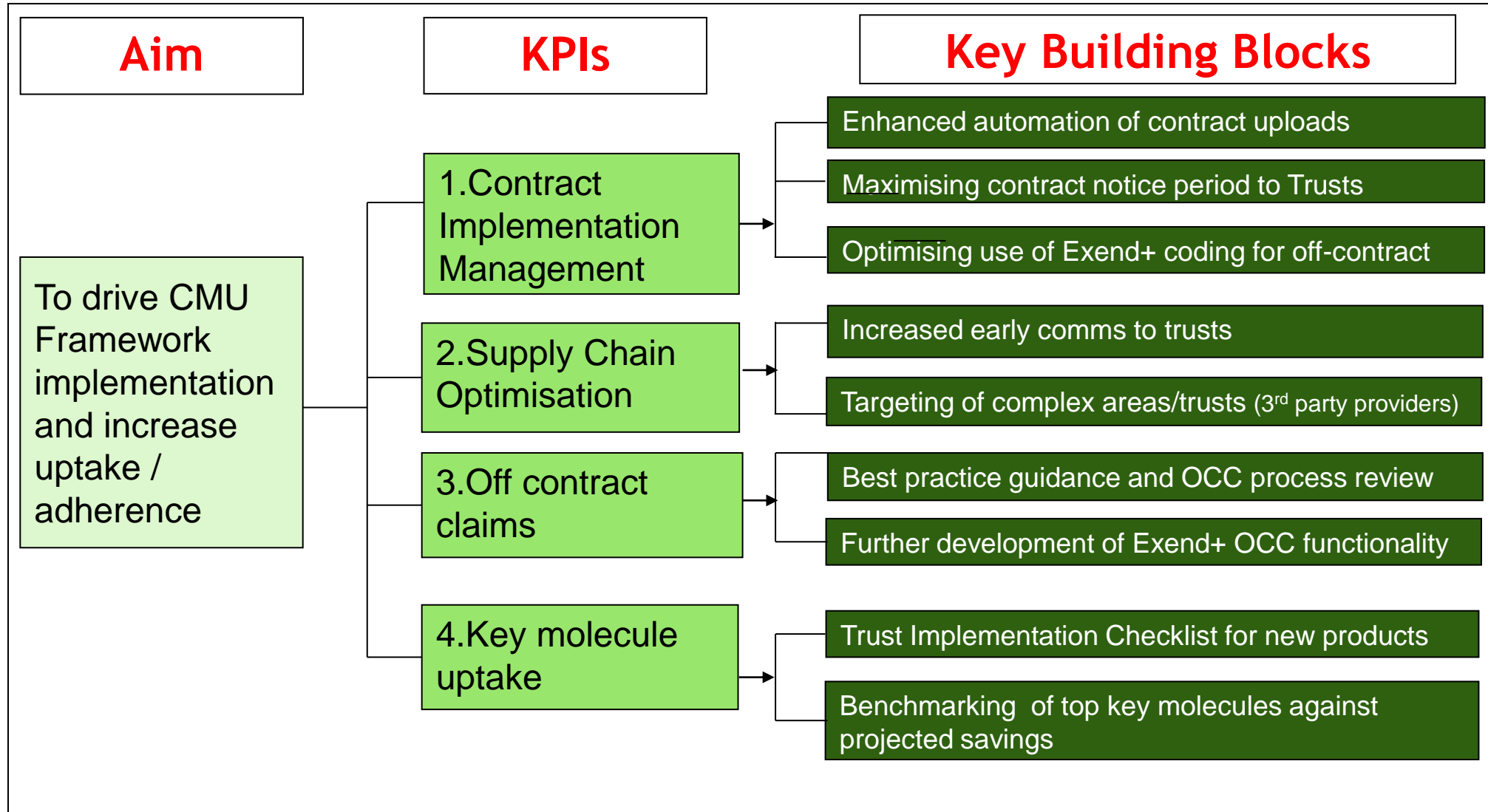




# Reason Codes September 2023



- 5654 out of 9745 reasons codes added
- 19% of coded lines = “off-contract purchase” much of which could become OCCs
- “Process implementation error”: £2.5m in last 12 months





## 1. Contract Implementation: Generic Tender Adoption

**Measure: 100% contract purchase switches enacted by week 4 framework go live date by March 2025**

### Work completed

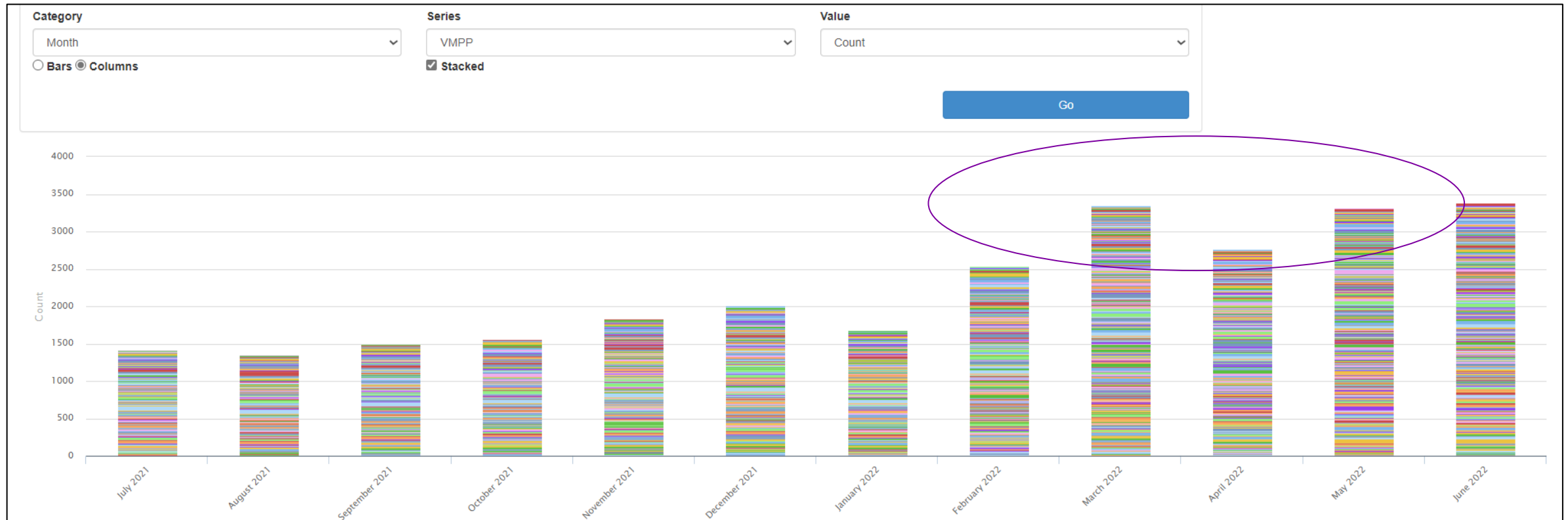
- Contract Management Technology Group (CMTG) has been established
  - Pharmacy System Suppliers (Rx-Info, JAC, EPIC etc)
- Provision of data to minimise work at Trust level
  - Extended stability
  - Pharmaceutical Issues such as excipients & displacement values
- Exend+: coding rates increasing, preparations in place for Wave 14b
- Contract Implementation Checklist (new products)

### Next Steps

- Contract award notice periods need to be optimised
- CMU Digital Update: PharmaQC



- Wave 14b due in CESW region Oct 2023
- Last wave tendered 01/3/22, impact on number of lines shown below
- Plan to use Exend+ to minimise this rise seen immediately after 14b awarded





## 3. Off-contract claim (OCC) management

- Complex process that requires
  - **Time,**
  - **Tenacity,**
  - **Sheer bloody-mindedness to pursue successfully**
- Baseline Trust survey completed
- Exend+ functionality being developed

### Issues

- Multiple stages between identification of issue and payment that all need completing
- Evidence that some suppliers will resist paying even if requests legitimate
- Some of the reasons given for this are a little “flimsy”
- Payments can be made to Trust finance without pharmacy being aware
- Getting Trusts to change practice and adopt the Exend+ process will take time
- Pharmacy workforce issues will remain a barrier





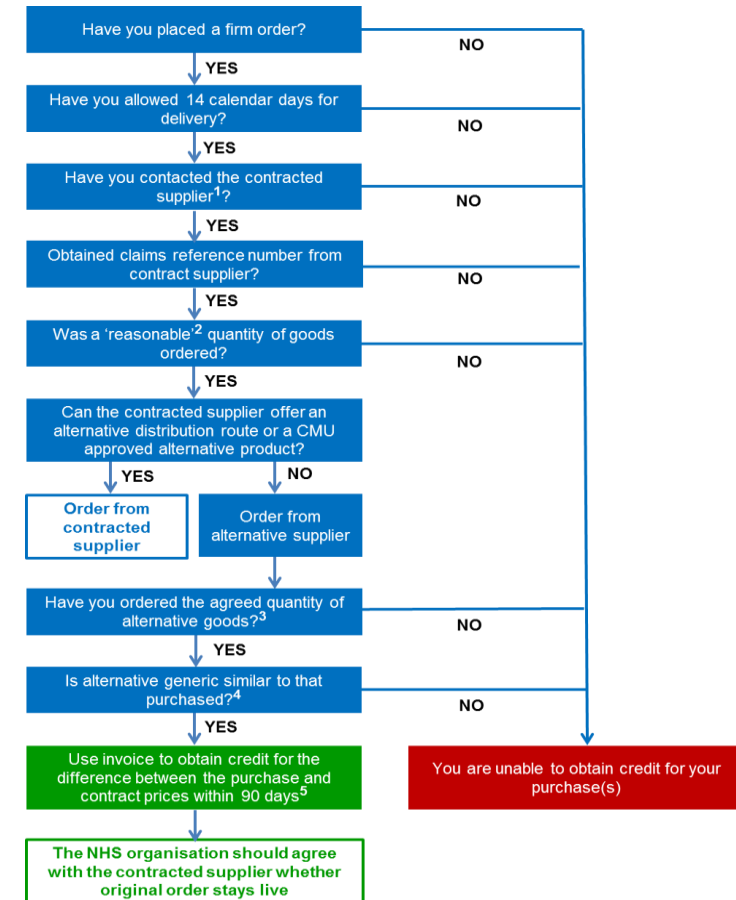
- Baseline audit completed
- 144 responses, mainly acute Trusts
- Main Qs
  - Do you currently have an active off-contract claims process?
  - If yes, to what extent do you currently pursue claimable off-contract claims
    - **Number of claims**
  - What is the total financial value of claims actually recovered in the last 12 months?
    - **£1.8m reported**
    - **Between £0 and £142k / trust**

% Recovered	% Response
None	36%
Less than 10%	24%
10-30%	16%
30-50%	6%
50-70%	6%
70-90%	6%
Over 90%	6%



## Next steps

- Audit results show low level of current claim retrieval
- Substantial amounts not pursued, or claimed but not recovered
- Best performing Trusts to be asked to aid development of “Best Practice” guidance
  - How to manage your orders effectively
  - How to get the best from the supplier
  - How to see process through to completion
  - How to escalate issues / problems
- Current NHS/ABPI/BGMA guidance to then be reviewed
  - Grey areas that need clarifying?
  - FAQs on common areas of contention?





# Exend+ and OCCs



- Exend+ Functionality
- All key stages can now be tracked and reported on
- Who is using the system, who is playing fair and who is playing hard to get?

Year Month	Unclaimed Purchases	Draft Claims	Submitted Claims	Failed Claims	Paid Claims
2023 October					
2023 September	£1,334,375.35 <span>3265</span>	£8,335.00 <span>3</span>	£18,083.38 <span>5</span>		
2023 August	£1,576,537.27 <span>3678</span>	£15,578.95 <span>9</span>	£218.82 <span>1</span>		
2023 July	£1,819,908.67 <span>3875</span>	£9,910.00 <span>10</span>			
2023 June	£891,217.73 <span>2229</span>	£950.40 <span>3</span>			£76.80 <span>1</span>
2023 May	£526,831.46 <span>1199</span>	£1,243.50 <span>4</span>			
2023 April	£347,574.97 <span>883</span>				
2023 March	£288,103.27 <span>925</span>				
2023 February	£284,305.39 <span>777</span>				
2023 January	£319,978.80 <span>854</span>				
2022 December	£401,302.91 <span>977</span>				
2022 November	£265,663.48 <span>728</span>				





## 4. Key molecules – Delivery optimisation

Working on 7 key molecules currently: **Adalimumab, Dasatinib, Fingolimod, Pirfenidone, Icatibant, Lenalidomide, Sugammadex**

- Also tracking Lanreotide and Paliperidone
- Benchmarking data-packs provided at regional, ICB and Trust level

### Current Status

- Horizon scanning and early preparation coordinated by Contract Delivery and Optimisation Group
- Progress being made across all selected molecules.
- Homecare use and 3<sup>rd</sup> party outpatients continue to require extra input
- Stock availability issues affecting several lines: **Icatibant, Sugammadex, Lanreotide**
- Early planning is yielding results
- Financial target is being met

### Next Steps

- Planning in place for next group of products: **Natalizumab, Ustekinumab, Teriflunomide, Dimethyl Fumarate, Eculizumab, Tocilizumab**



## 2. Stock management pre-transition tender

**MEASURE:** decrease pre-transition stock hold to one month

**Focus :** Sugammadex

**Results:** (days of stock on shelf)

Preparation	Jan 2023	May 2023	Aug 2023
200mg inj	16.7 days	15.5 days	14.1 days
500mg inj	37.1 days	31.9 days	23.2 days

- Stock management more successful than with dasatinib (inpatient theatre use only)
- More advanced notification given

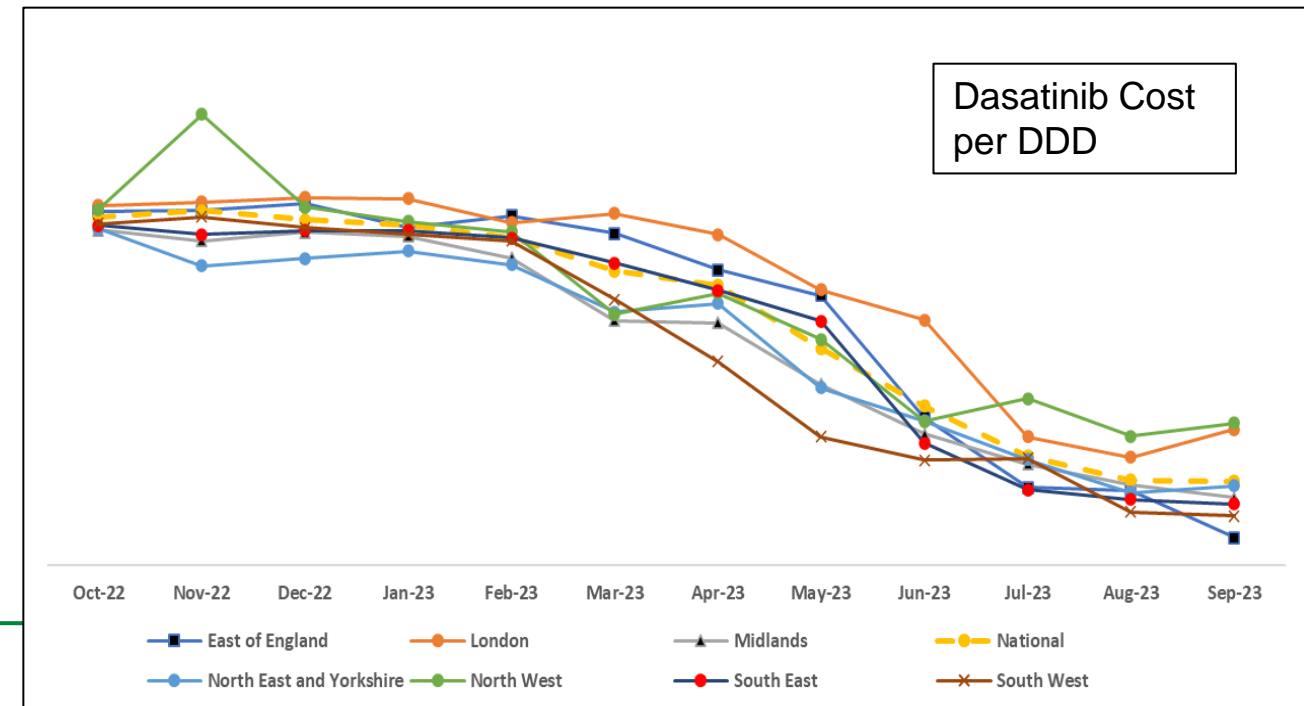
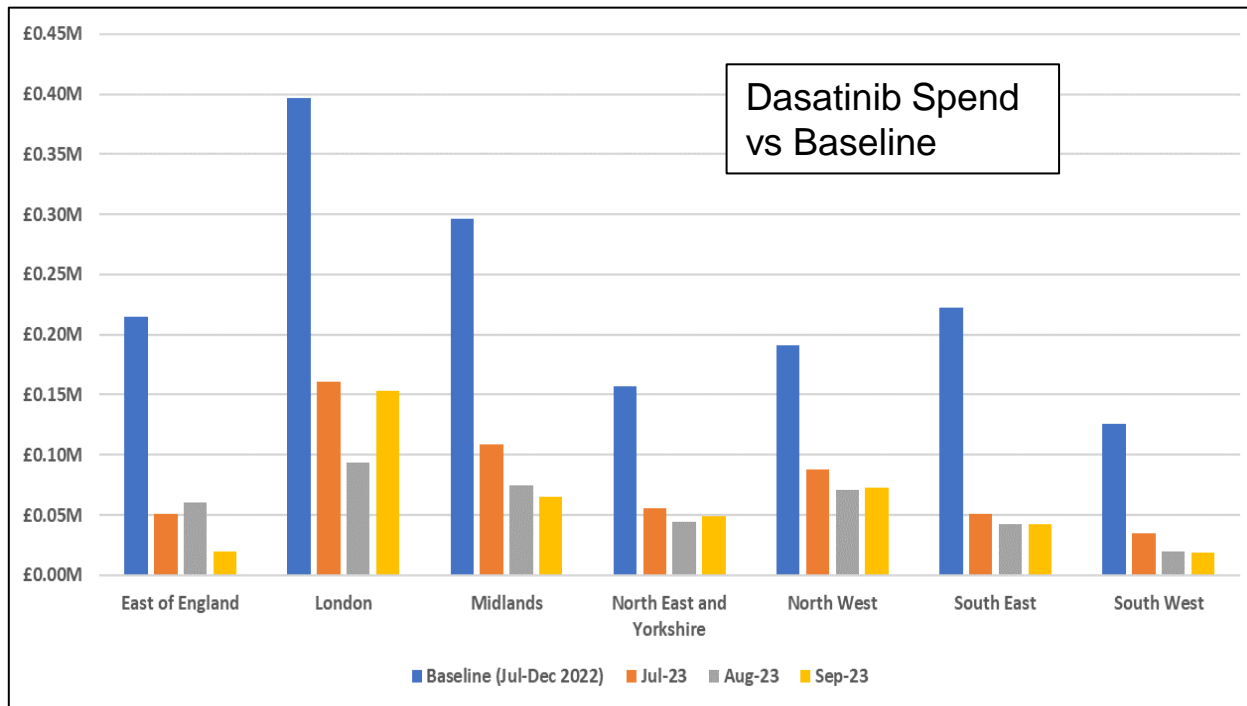
### Next Steps

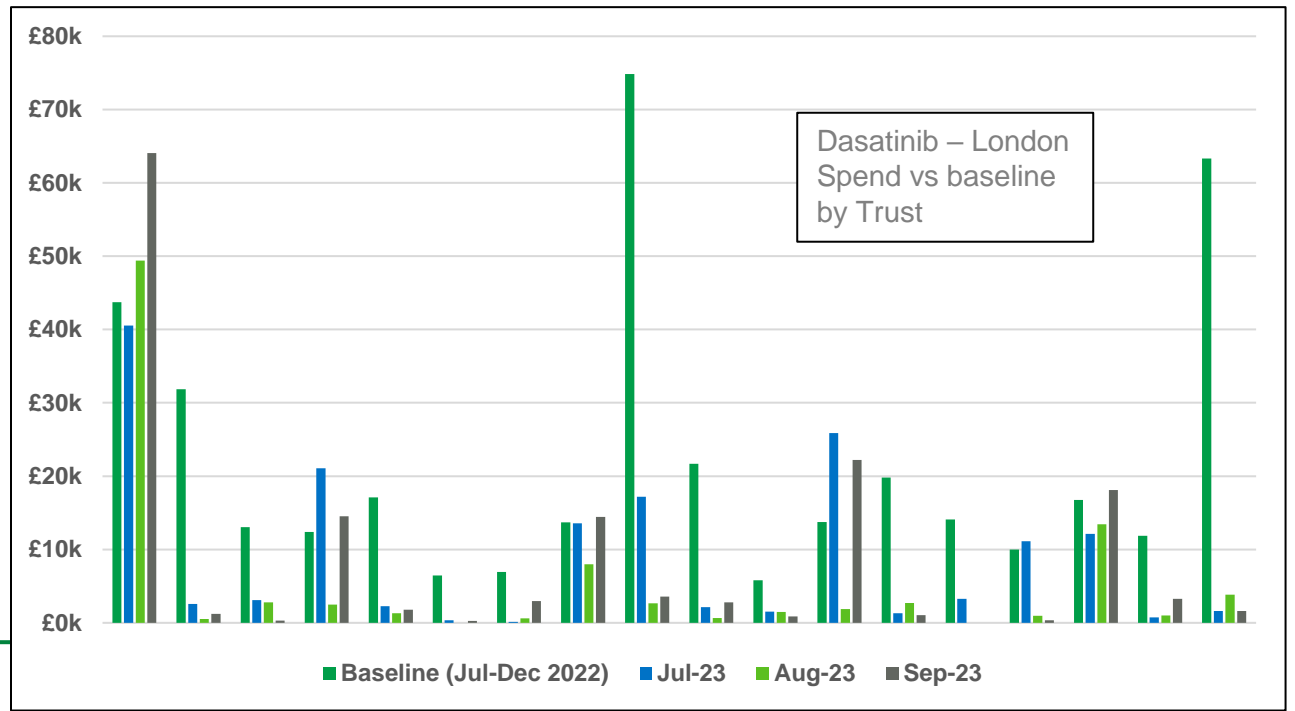
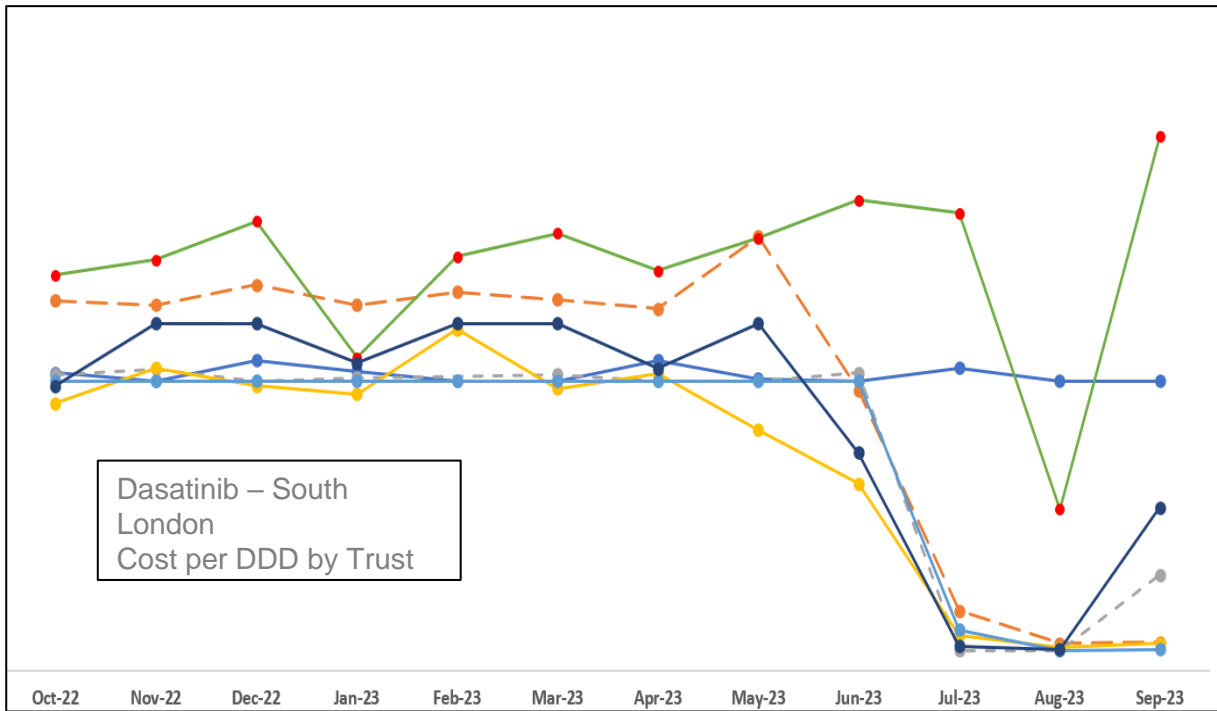
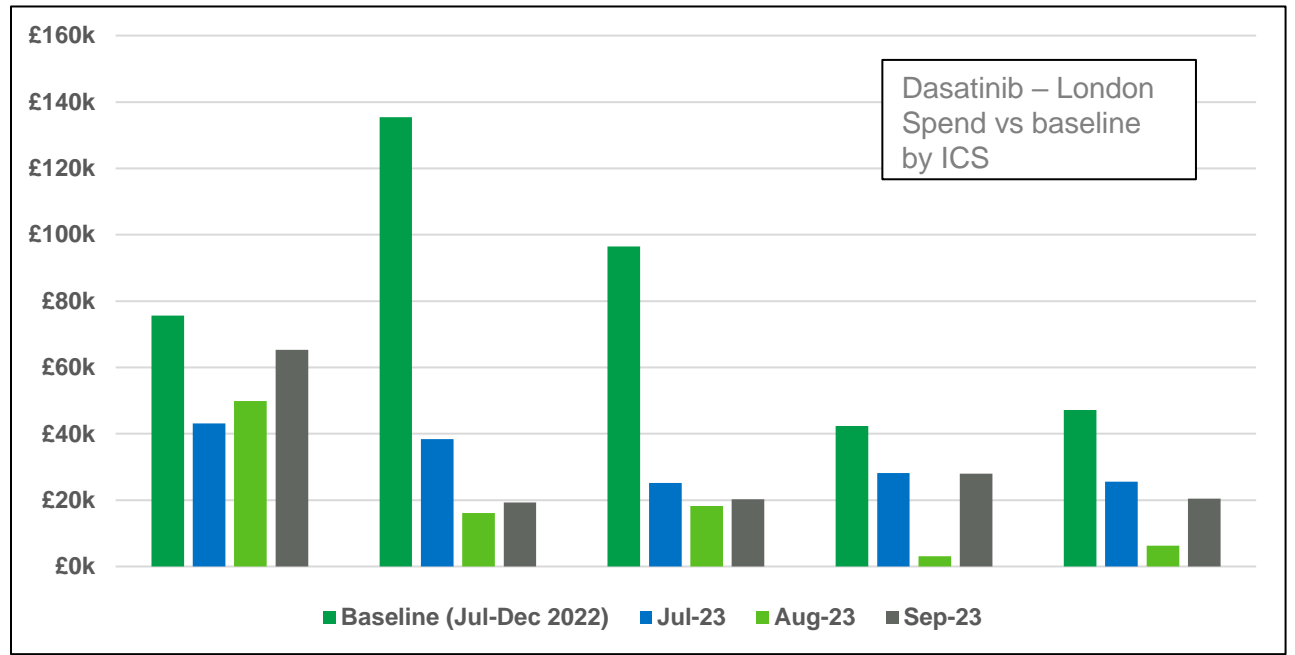
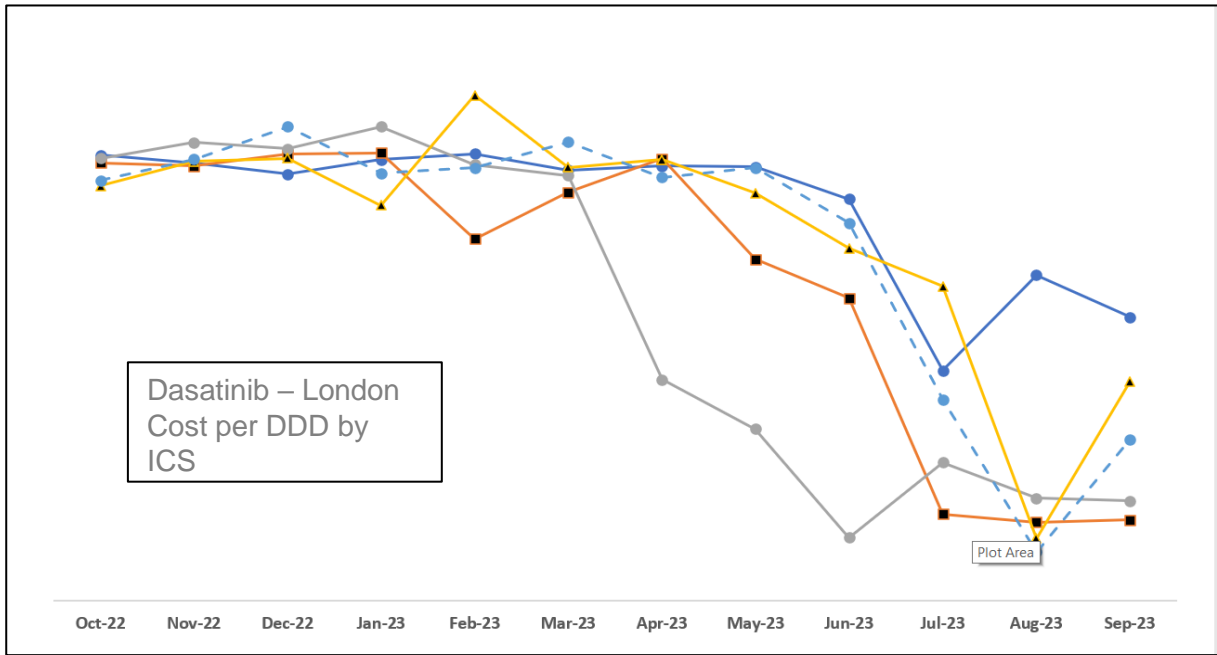
- Natalizumab (Jan 2024)



# Monthly data-pack e.g. Dasatinib

- National/regional, ICS and Trust level graphs for all key molecules
- Spend vs Baseline to show financials (possible vs achieved)
- Cost per DDD to capture changes in prescribing
- Regional and Trust level variation highlighted and tackled
- Targeted approach and benchmarking have brought results







- A lot of changes but SPS and Procurement in a much better place
- Maximising savings opportunities a key NHS driver (again), SPS central to delivery
- Lot's of challenges to manage, not least, Trust level staffing and the CMU reconfiguration
- Better resourced to plan ahead and get on the front foot
- Exend+ opens up a Pandora's box of information
  - OCCs, Product specific issues, Purchasing behaviours
- Overall plenty to be getting on with...

