

Within NHS Integrated Care Boards (ICB), each individual Trust typically has its own dedicated Digital, Data and Technology (DDaT) services.

DDaT services can often be seen as a blocker by clinical staff, where they slow, or even stall, access and availability of key healthcare and basic working applications as well as sources of clinical data due to licence or purchasing availability.

The improvement in managing technology licences, and an effective procurement process supporting clinical need, can vastly reduce any impact, ensuring that DDaT can be viewed as an enabler for patient care, rather than a blocker.

Challenges

Lack of data on application usage can lead to over or under-delivery of licences to end users, resulting in either increased cost to the Trust or staff missing functionality to perform their roles.

Licencing and procurement solutions on a 'Trust-by-Trust' basis **miss the** opportunity for 'at scale' purchasing power across an ICB, resulting in higher costs than necessary.

Limited flexibility to scale supplier services up and down in-line with changing Trust requirements, and no ability for customisation, result in slow adaptation to changing patient demand and care requirements.

Lengthy procurement processes, involving multiple contracts, result in delayed purchasing and license acquisition, ultimately affecting service to patients.

Solution approach

Capture and analyse application usage data to identify the appropriate licence balancing to enable both cost efficiency and required functionality.

Identify where Trusts within an ICB have need for similar or identical purchases. Procure contracts as an ICB to increase purchasing power and leverage economies of scale.

Implement flexible licencing models within an ICB to allow leveraging of licences and services across trusts to match alternating demand. This also provides an opportunity for customisation through bulk purchasing power.

Standardise and consolidate procurement processes and contracts across Trusts to ensure rapid licencing, access and functionality required for patient care.

Benefits

Costs can be reduced and clinical staff time better utilised by leveraging purchase power across the ICB

- Optimised licencing tiers and allocation of licences negates wastage and allows reallocation of budgets for patient impact
- Leveraged economies of scale across Trusts reduce costs and allows flexibility and customisation of solutions to better support patient care and experience
- Consolidated procurement processes and contracts for all Trusts within an IBC reduce the duplication of effort and lead time of purchasing, enabling clinical staff to focus more effort on patient care.

Authors



Paul Fountain Edgar Health & Social Care Lead contact@masonadvisory.com



Geoff Izzard Health & Social Care Advisor contact@masonadvisory.com



Liam Lebeter Health & Social Care Advisor contact@masonadvisory.com

About Mason Advisory

Mason Advisory has offices in Manchester and London and employs over 100 staff, with plans to continue its expansion. We enable organisations to deliver value through digital & technology transformation, solving complex business challenges, and helping clients set strategy through the intelligent use of IT resources including architecture, cyber, operating model and organisational design, service management, and sourcing. We operate in sectors such as financial services and insurance, legal and law, government, health and social care, emergency services, retail, FMCG, logistics and distribution, transport, and not-for-profit.

Contact us

To get in touch, please email contact@masonadvisory.com or call +44 333 301 0093



MANCHESTER

Landmark St Peter's Square 1 Oxford Street Manchester M1 4PB

LONDON

Bush House North West Wing Aldwych London WC2B 4PJ