SUBMISSION FROM NHS NATIONAL SERVICES SCOTLAND

Introduction

NHS National Services Scotland is Scotland’s largest shared services body, supporting Scotland’s health by delivering shared services and expertise that help other organisations to work more efficiently and save money. We provide national strategic support services and expert advice to all of NHSScotland. We also play an active and crucial role in the delivery of effective healthcare to patients and the public.

In the following submission, NHS National Services Scotland has restricted its comments to those questions which are most relevant to its experience and understanding of shared services, specifically:

- **How are opportunities for sharing services being identified?**

- **What is hindering moves toward developing shared and innovative service delivery models? In areas where moves to alternative service delivery models are not being pursued, what efforts are being made to standardise, streamline and simplify existing methods of delivery?**

- **How are the tensions between potential savings and possible job losses being resolved?**

- **What legislative barriers are there to developing shared and innovative service delivery models to their full potential?**

- **In what ways can innovative delivery methods and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems?**

Our Services

Some of the services we provide are highlighted below. For the purposes of providing a response to the committee’s call for evidence we have focussed on those that have most potential to support the wider public sector:

- **Central Legal Office** - expert legal advice to NHS Boards, guiding them through different aspects of the law.
- **Counter Fraud Services** – deterring, and detecting fraud throughout the NHS, so that more money can be spent on direct patient care.
- **Health Facilities** - expert advice to help the NHS provide the highest quality healthcare environment and equipment. We develop and monitor professional and technical standards in areas as diverse as decontamination, construction, equipment and domestic monitoring.
Health Protection - effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting all the people of Scotland from infectious and environmental hazards.

Information Services - information and analysis underpinning day-to-day decision-making and future planning of the NHS.

National Information Systems Group – helping NHS Boards develop IT solutions to healthcare problems, from initial advice to buying or building software, to managing IT services.

National Procurement - using the combined buying power of NHSScotland to get the best deals on goods, services and technology.

Practitioner Services - helping patients get care from GP’s, dentists, opticians and pharmacists in many ways. These include paying for their treatment, helping them find their local practitioner and transferring their records.

Evidence

*How are opportunities for sharing services being identified?*

Based on our expertise in IT procurement, the Scottish Government has commissioned NHS National Services Scotland to lead the procurement of the Scottish Wider Area Network.

We are also currently actively working with two local authorities and the Improvement Service on the potential for shared services. The key areas of opportunity are:

- Information Services
- Procurement, Logistics & Fleet
- Soft and Hard Facilities management
- Counter Fraud activities
- Legal services

*What is hindering moves toward developing shared and innovative service delivery models? In areas where moves to alternative service delivery models are not being pursued, what efforts are being made to standardise, streamline and simplify existing methods of delivery?*

In our experience, the main challenges are:

- The history of shared service initiatives, which has had varying degrees of success.
- Conflicting priorities and initiatives, (national and local, operational and strategic).
- Complex operating environments.
- Employment terms and conditions.
- Concerns about local economies and employment if efficiencies are pursued. See Question 4.

There are a number of areas that could be explored to address these challenges:

- The creation of an effective Scottish Authorising Environment charged with and
accountable for progressing a shared services agenda would increase support and commitment. It could, in turn, increase the likelihood of success and ensure that initiatives are aligned. (This would involve top leadership from Government, SOLACE, COSLA, Health, Third Sector and Unitary Bodies and chaired by a Minister).

- Active engagement between Health Board Chairmen and COSLA, could create an environment where joint initiatives and goals could be identified and progressed.
- Complex operating environments could be addressed by initially concentrating on a few areas of synergy and common business functions, such as information services, fleet, distribution and facilities. Much of this is already provided on a national basis by NHS National Services Scotland to NHS Boards. These could be further developed as cross-cutting functions across the public sector.
- Employment Terms and Conditions. There are a number of different sets of Terms and Conditions that apply across the public sector. Within the NHS at least, this has been standardised, with most staff under national Agenda for Change Terms and Conditions.

**How are the tensions between potential savings and possible job losses being resolved?**

In many cases outside the health sector, much of this work suitable for a shared services approach is already outsourced. Shared services options could provide public bodies with a value-for-money alternative to compare against those existing arrangements.

Concerns could also be partially addressed by distinguishing between a “shared” model and a “centralised” model. Shared services can still be based locally. For example, NHS National Services Scotland operates over 22 locations across Scotland, with SMEs accounting for 80% of our suppliers.

NHS National Services Scotland has established a workforce pool which utilises staff, who are “displaced” or “at risk”, on short term assignments and projects where there is immediate need. This has increased the flexibility of our workforce and is helping equip staff for new opportunities as they arise. This approach has required close partnership working with trade union colleagues and is working successfully.

**What legislative barriers are there to developing shared and innovative service delivery models to their full potential?**

As an example, under current legislation, NHS National Services Scotland is constrained to providing services only to NHSScotland.

However, a consultation draft of the Public Services Reform (Functions of the Common Services Agency of the Scottish Health Service) Order 2013 will shortly be laid before the
Scottish Parliament. The purpose of the Order is to allow NHS National Services Scotland – with the agreement of the Scottish Ministers, a Scottish public body or a local authority - to provide services to them. The Order makes enabling provision and so does not impose any obligation on relevant bodies to take services from NHS National Services Scotland. Nevertheless, it is hoped that this will facilitate greater use of shared services across the public sector in Scotland.

In what ways can innovative delivery methods and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems?

By providing cross cutting services on a national basis, organisations such as local authorities would be able to focus on their core services, e.g. education, housing etc, rather than being concerned with support services. Streamlined processes and economies of scale, has the potential to release resources for reinvestment in those core services.