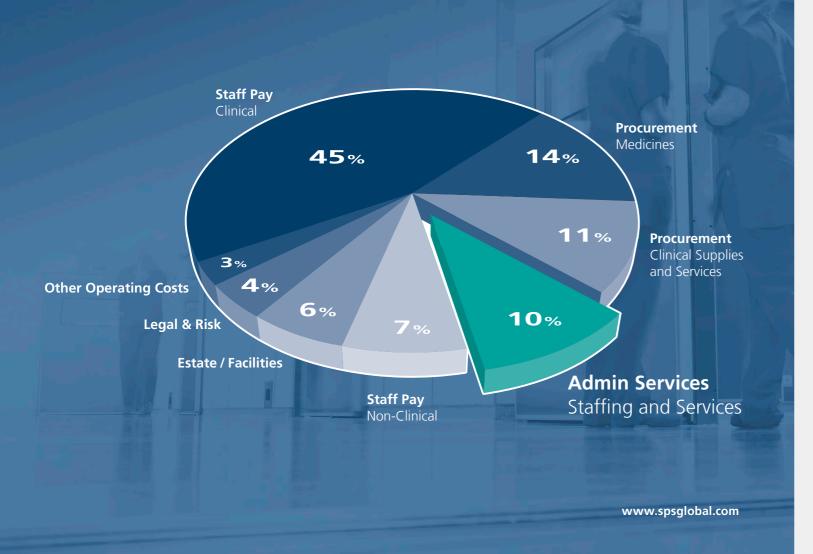
# **THERE IS CURRENTLY AN EXAMPLE 10 SAVINGS GAP** ARE YOU IGNORING THE FOURTH LARGEST AREA OF SPEND?



The fourth largest category of spend at an Acute Trust is typically Administration Services In a larger Trust this equates to £50–60m per annum and several hundred staff

## A huge and untapped savings opportunity



## THE NHS NEEDS £20 BILLION IN EFFICIENCY SAVINGS WHERE IS IT COMING FROM?

Underlying financial deficits in the NHS are growing as we enter a period where funding growth slows and costs, particularly on staffing, continue to increase with rapid inflation.

There are only so many levers that can be used to balance Many Trusts have delivered financial balance through non-Trust finances. Many of the efficiency improvements recurrent savings taking the form of delayed maintenance capable of generating the largest impacts with lowest work, staff vacancy freezes, or delayed investment in impact on service delivery have been made. service transformation, but it is not realistic that this can sustainably continue. These actions cannot improve patient services and effectively add to the pressure on Trust budgets.

## The key levers to impact Financial Sustainability

Many of the available levers have limited potential impact.

	Generate more income	Limited block co
لم لم	Managing clinical pay	Signific pressure increase
4    수	Optimising procurement medicine and clinical supplies	Medicin through <b>been re</b> inflation
	Estate/facilities cost management	Rising re to reali
<b>B</b>	Addressing admin spend	The 4 <sup>th</sup> k — a big
perform	y-related administration services present t nance improvements and cost reductions.	

In a typical Trust this will equate to a £5–20m per annum savings opportunity.

**d** opportunity to generate new funding due to ontracts

cant pressure to increase spend due to inflationary es on staff and threats of industrial action. Accompanied es in income is not forthcoming.

e and clinical supplies where possible are procured n national frameworks but many savings have already ealised and will not result in real term savings against an nary and currency backdrop of rising costs.

eal estate costs (utilities, maintenance, etc.) make it difficult ise revenue savings without significant capital investment.

biggest area of spend has, to date, not been tackled at scale potential lever to pull for recuring savings.

est unexploited opportunity for efficiency savings,

# POOR PATIENT EXPERIENCE IS COSTING THE NHS £904 MILLION PER YEAR

## Better Patient Experience is the key to sustainable costs

Trusts are experiencing decreasing patient experience ratings and financial performance. Services currently provide multiple points of contact and conflicting communications (often not in a patient's native language) as well as being delivered with low levels of automation and digital engagement resulting in patient expectations not being met.

As much as 68% of booking-related administrative activity is wasted effort and doesn't result in patient attendance. Much of this cost and inefficiency is because the process and services have remained unchanged for over 40 years. 80–90% of administration spend is hidden in various divisions, specialties and cost centres, and because no one owns the problem, there is no one to fix the problem.

As volume and complexity of care increases, these support functions become increasingly expensive to deliver.

## And Patients

#### Service not fit for today's patients

Administration services are not fit for today's patients. A lack of choice, conflicting messages, wasted journeys, and long waiting times that are not communicated all contribute to a poor patient experience. This all increases the operational delivery cost and impacts staff experience for hospitals.

## Inequalities

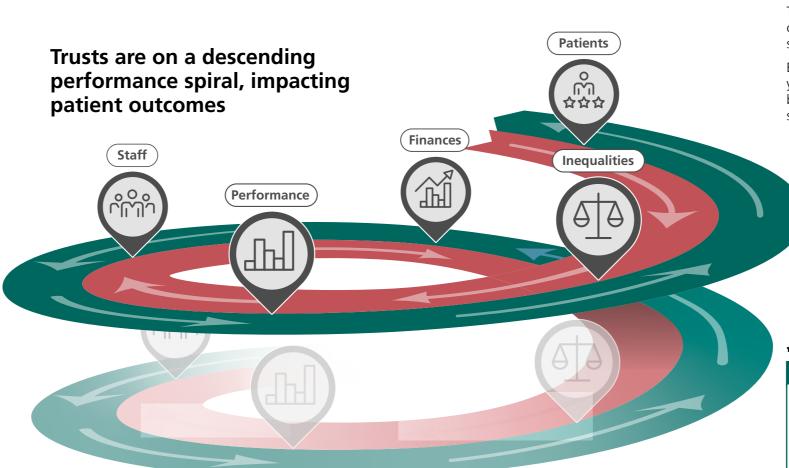
#### ↓ Increasing inequalities

Increasing inequalities are seen across all the NHS: Digital access, language skills and socio-economic gaps all contribute to inequality across the community. New technologies may be better for most but can provide a worse experience for those most in need.

## **Ind** Performance

#### Clinical / Operational challenges

Missed targets, high wait times and a high number of patient complaints are key metrics all Trusts report on. But are administration services measuring and reporting the correct performance metrics? For example, patient experience of the process not the outcome.



## ന്ന് Staff

### Lacking tools to perform

Staff lack tools to perform effectively and there are too many systems, fractured processes, unclear training and undefined career paths that all contribute to high staff turnover and poor wellbeing.

## 🛍 Finances

#### ↓ Large amounts of re-work

Large numbers of unnecessary queries (66%) could be dealt with first time. Inefficiencies across the system and unnecessary waste all contribute to increasingly higher costs.

## ຕໍ່ຕໍ່ກໍ Staff

#### ↑ Administration Careers

Trusts need to professionalise administration roles similar to medical careers. Re-designed job roles will create high performance jobs for high performance employees. Flexible working and reward for hard work provides opportunities and recognition, leading to better retention and recruitment.

## ាំរ៍ Finances

#### **↑** Sustainable Finances and Re-Investment

Fixing administration processes upstream will reduce waste and costs, freeing up funds to drive a culture of continuous improvement to reinvest in the people, services and patients rather than just delivering short term non-recurring CIPS savings.

## **Reversing the spiral**

The NHS needs a reset and taking a patient (customer) centric view of the administration journey can release significant amounts of money to frontline care.

By redesigning the service around the patient, not only will you transform the patient experience and wellbeing of staff, but you also remove the significant waste that is making the service financially unsustainable in the long-term.



#### ↑ Patient centric service re-design

Starting with the patient in mind, it's important to change administration from an operational speciality to a patient first approach. Coordination of care around the person, not just issues, and symptoms is the key to remove duplication and waste for all parties.

## ♣ Inequalities

#### ↑ Personalised care to remove inequalities

By re-investing savings generated from digitised administration, services can be improved for those who can't or won't engage digitally. The benefits of digital can then further personalise care to individual patients, language, disabilities, background, and ethnicity.

### In Performance

#### ↑ Clinical / Operational Excellence

Moving to a'right first time' reporting culture can create certainty for clinical professionals ensuring patients receive an efficient experience.

## **AN OPPORTUNITY FOR SIGNIFICANT EFFICIENCY SAVINGS EXISTS**

High quality administration has the potential to improve patient experience, reduce inequalities, reduce DNAs and promote better care — all delivering better staff wellbeing and financial sustainability.

### There is a significant opportunity to reimagine Administration Services for a modern NHS.



Booking-related administration services present the largest unexploited opportunity for efficiency savings, performance improvements and cost reductions.

Across the UK there is a c.£904m per annum savings opportunity which equates to £5–20m for your Trust.

With a strong track record of delivering services and cost saving within the NHS, we are working with Trusts to build managed services guaranteeing even bigger cost savings.



Over the last 18 months we have worked in collaboration with NHS Trusts to accurately baseline and define the future state for back-office administration services that deliver world class patient experience with guaranteed recurrent savings. Based on our analysis, cost reduction is the result of improving patient experience.

To find out more about our approach to world class administration services and understand the level of guaranteed savings we can deliver for your Trust, please reach out to one of our NHS team.

## Or contact our NHS team



Ryan Reed – Head of Public Sector ryan.reed@spsglobal.com 07387 417 175



Chris Rowland – NHS Programme Director chris.rowland@spsglobal.com 07793 926 211





NHS **University College London Hospitals** 

NHS **Kettering General Hospital** 

NHS Guy's and St Thomas'

NHS Alder Hey Children's

NHS **Liverpool Women's** 



John Carney – Chief Commercial Officer john.carney@spsglobal.com 07818 335 912



Jeroen Hodges – NHS Programme Director jeroen.hodges@spsglobal.com 07801 038 387



