

NSW Health Procurement Reform

Master Catalogue Solution
Change Management Plan

18 September 2023 – Revised
Timeline slide updated Jan 2024

Plan endorsed 17 October 2023



Master Catalogue Solution

Objective

To develop single State-wide master catalogue for NSW Health, ensuring equal access for public hospitals, one NSW Health standard master catalogue.

This means increased equity of products for patients across the state, and potential cost savings through economies of scale and improved data quality.



Master Catalogue Solution



Project Overview and Benefits

What is the Project

Consolidating 29 customer catalogues to a **single state-wide master catalogue** with state-wide standardised pricing.

The initial focus will be on data cleansing and within Medical Consumables, Pathology, and Prosthesis categories (existing Stafflink HIMF) where NSW Health are most mature within existing catalogues.

Benefits Anticipated

Efficiency Improvement

By purchasing from one standard catalogue at the lowest price, NSW Health can achieve cost avoidance of 2-3% on current purchasing expense and improved productivity within HealthShare catalogue team.

Improved Financial Sustainability

NSW Health Procurement will have transparency, improved data insights, equal ordering access and reduced expense variance for same products enabled State-wide.

Opportunity contract compliance >54%

Opportunity to grow contract compliance above the current 54% on contract.
A Single state-wide catalogue is an opportunity to improve compliance, monitor trends, and ensuring all items have current contracted protections.

Informed State-wide negotiation ability

A single master catalogue allows standardised purchasing and increased equity of products for patients across NSW Health. NSW Health will be able to manage potential cost savings through economies of scale and improved data quality in the competitive market.

Enhanced Purchasing

A single master catalogue allows transparency to evaluate and ensure NSW Health use the best products uniformly across the state based on a combination of clinical choice and good financial acumen.

Reduced free text orders

A statewide catalogue will enable reduce instances of catalogued items being ordered via free text


~20% decrease

- Reduce work-arounds
- Saving time for all procurement staff
- improve data insights and reliability for informed decisions
- Productivity improvement for HealthShare NSW's purchasing team through increased auto-batching and reporting
- Uphold appropriate ordering

Master Catalogue Solution

Change Complexity



Rating	Example	Suggested actions	Master catalogue Solution
High	A new or transformative process/service/technology/culture for the team impacted, requires high-engagement and comprehensive communication. Sponsorship and project roles must be clear and is essential to success. Business readiness/support plans are required for impacted teams.	Implement a robust change management & communications methodology throughout the project. Include change, communication specialist and Business Partners in project team.	
Moderate	A redesigned or additional process/service/technology, requires moderate-engagement and regular communication. Sponsorship roles must be clear and is essential to success. Business readiness/support plans are required for impacted teams.	Consult with change, comms specialist and BP at project planning and pre-go-live phase and on identification of high-level risks. Include regular change/comms check-ins throughout the project or at key milestones.	
Low	A change to an existing process/service/technology for the team impacted, requires minimal-engagement and some communication. Used existing management structures for engagement and communication.	Manage change & communications impacts independently or discusses change impacts risks as they arise where needed with project Sponsor, project team or change & communication specialist	
Information only	No changes to process/service/technology, teams require information only and minimal communication.	Manage change and comms independently. Use existing change/communications templates.	



Case for Change

Reason for change:

- Efficiency improvement and financial savings
- Reduce free text orders (~20%)
- Opportunity to increase contract compliance (increase) from current compliance rate of 54%)
- Increase statewide negotiation power
- Improve transparency and data analytics

Success measures:

- Reduced duplicate HIMF (count)
- Quantity products at best/ warehouse price
- Obsolete items closed / end-dated
- Reduced free texts ordering for catalogue items
- Transparency and reporting insights (dashboard)
- Standardised “how to optimise” process (published)
- Contract compliance >54%

Consequence for not changing:

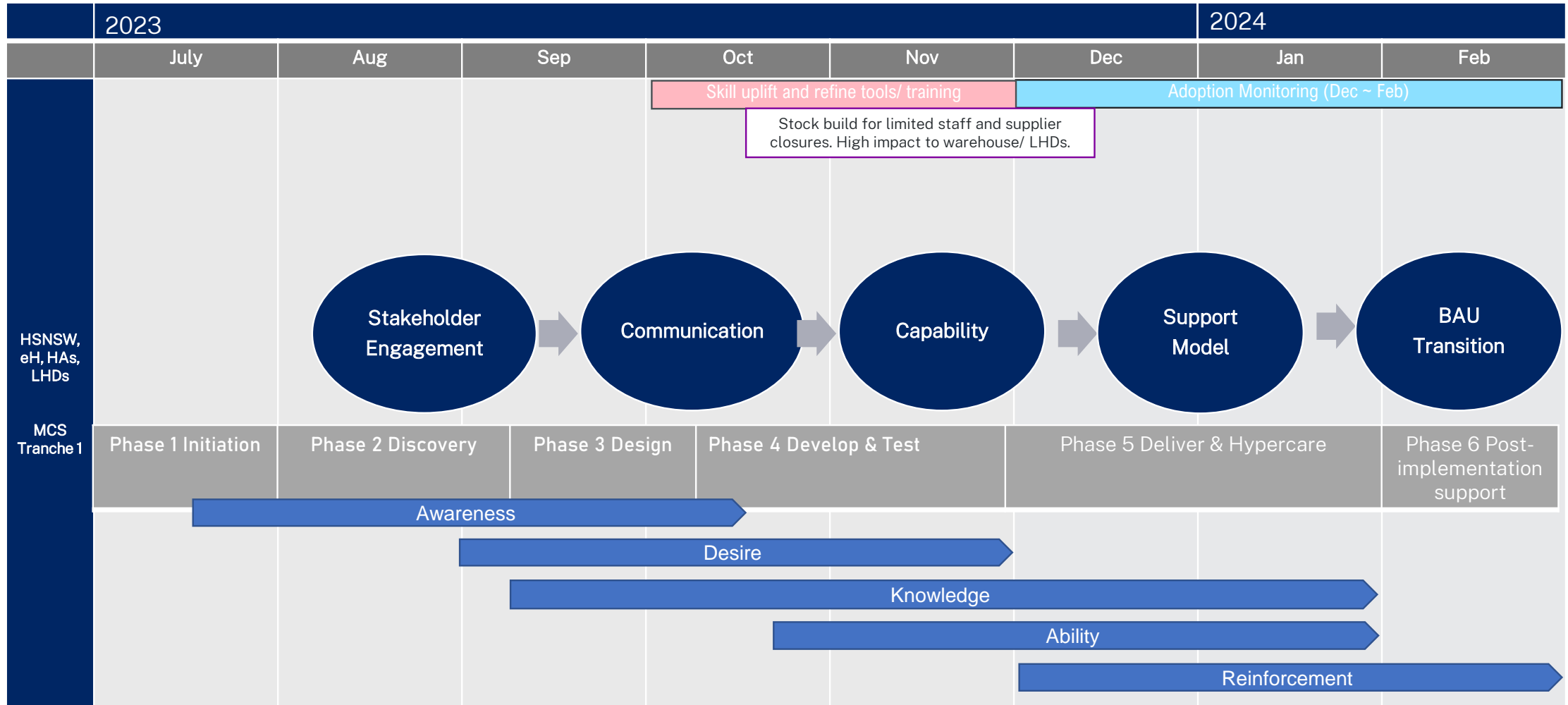
- Avoidable LHD expense/cost wastage
- Continue to have swayed data and free text of catalogued items
- Limit economical scale and market opportunities
- Fail to meet contract compliance (incl. protections)
- Can not maximise system integration
- Benefits are not realised

Benefits for customers (HAs and LHDs):

- Single source of truth
- System enabled equal access to best price available
- LHD greater visibility buying behaviours, local logistics and LHD pricing for Prosthesis
- Reduction in the costly and time-consuming practice of ‘free-texting’ and a rise in catalogue compliance

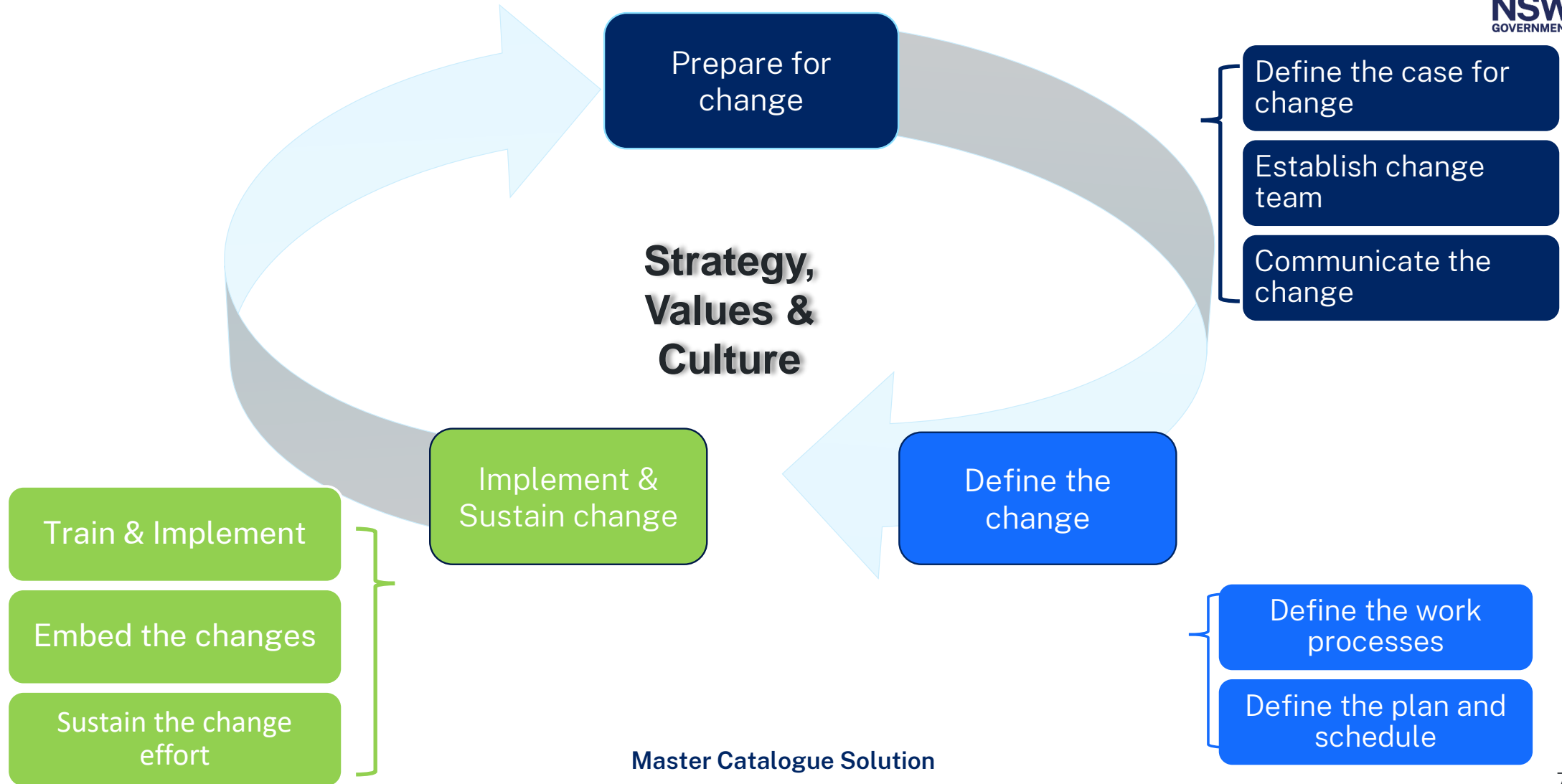


Change Approach





Change Preparation for Success

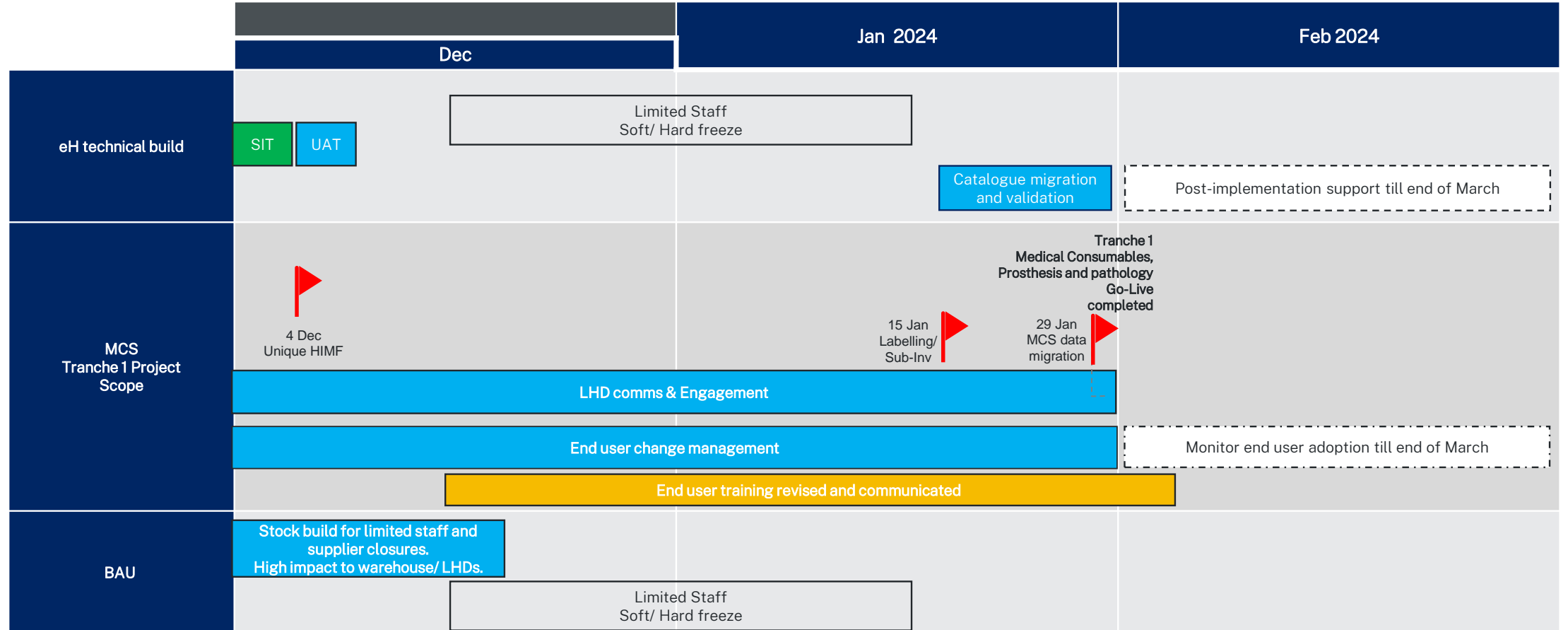


Catalogue Solution High Level Timeline: Tranche 1



Ministry of Health (MoH) are working closely with HealthShare NSW (HS) catalogue team and eHealth NSW (eH) to achieve the accelerated implementation timeline of the single state-wide master catalogue Tranche 1. Tranche 1 is focused on data cleansing (reset base foundation), technical capabilities and existing matured Stafflink categories (all Stafflink items with HIMF) including focus on Medical Consumables, Prosthesis and Pathology categories, in line with the Procurement Reform priorities.

To accurately map out future inclusions in the Master Catalogue (such as Pharmaceutical products), comprehensive discovery phases and pilot need to be conducted first, to better understand pain points of off system catalogues.





Stakeholder Groups Reference Table

<p>HS P&CI</p>	<p>HealthShare Procurement & Catalogue Information Team</p>	<p>HS Purchasing</p>	<p>HealthShare Purchasing Team</p>	<p>Statewide Catalogue Committee</p>	<p>Committee of Statewide Catalogue SME's, Clinical Product representatives, Contract managers & other relevant partners (To be established)</p>	<p>Supplier</p>	<p>Relevant Supplier/Vendor of product to be catalogued or procured</p>
<p>HS P&CI Sourcing</p>	<p>HealthShare Procurement & Catalogue Information - Sourcing Team</p>	<p>HS Category Leads</p>	<p>HealthShare Strategic Procurement Category Leads</p>	<p>Health Agency</p>	<p>Impacted Health Agency/Local Health District</p>	<p>CGU</p>	<p>Clinical Governance Unit</p>
<p>HS P&CI Catalogue</p>	<p>HealthShare Procurement & Catalogue Information - Catalogue Team</p>	<p>HS S&I</p>	<p>HealthShare Strategy & Information Team</p>	<p>HS Inventory Team</p>	<p>Relevant HealthShare Inventory Team (depending on stock holding location)</p>	<p>CEC</p>	<p>Clinical Excellence Commission</p>