



London Procurement  
Partnership

# NHS London Procurement Partnership (NHS LPP) Clinical AI Framework

## Roundtable session 25 September

# Agenda

- Introduction to NHS LPP
- Aims of the Framework
- Value Based Procurement presentation - DHSC
- Progress to date
- Interactive session - Your Solutions and problem solving
- Final questions and Close



# More than NHS London Procurement Partnership



Not just **London**-

- National routes to market
- National commercial delivery support
- London and BoB ICS and Kent and Medway ICS Members

Not just **NHS**- Our frameworks are for the whole of public sector



Not just Procurement:

- Contract management
- Social value & sustainability
- Clinical assurance



Not just LPP- Work in alliance with North of England Commercial Procurement Collaborative (NOE CPC)

# What do LPP & NOE CPC do?

Frameworks and DPSs
<u>Focusing on specific areas:</u>
<ul style="list-style-type: none"><li>● Clinical digital solutions</li><li>● Technology (ICT)</li><li>● Estates and Facilities Management</li><li>● Business Services</li><li>● Healthcare Services and Pharmacy</li><li>● HR and People</li><li>● Workforce</li></ul>

NHS Services
<u>Consultancy and Professional Services including:</u>
<ul style="list-style-type: none"><li>● Procurement support</li><li>● Sustainability and Social Value</li><li>● Contract Management Services</li><li>● Commercial support</li><li>● Support for members - workplan analysis</li><li>● Savings initiatives</li><li>● Atamis support</li><li>● New hospital programme</li><li>● Frontline Digitisation procurement support</li></ul>

Supplier Services
<u>Including:</u>
<ul style="list-style-type: none"><li>● Frameworks</li><li>● Dynamic purchasing systems</li><li>● Training offer</li><li>● Bespoke social value and sustainability offer</li><li>● Developing forum to share/discuss potential initiatives &amp; innovation</li><li>● Developing curated pipeline</li></ul>



## What are the aims of the framework?

- To provide access to existing and emergent technologies in AI and any other associated delivery services
- To provide a smooth legally compliant route to market
- To provide a range of clinical and non-clinical capabilities to meet key outcomes in the 10 year plan
- To support organisations at any point in their AI journey
- To ensure the framework remains relevant throughout its lifespan as innovation and technology develops
- This will align to DHSC and NHSE standards now and in the future
- NHS LPP will provide clinical oversight of the framework development
- This framework will be an endorsed route to market by the NHS Central Commercial Function

## How will it help?

- It helps NHS organisations in their response to the NHS 10yr Plan and supports greater efficiency
- It brings together the latest technology in the market place to support NHS and other public sector organisations in an easy to use, compliant procurement vehicle
- We intend to provide innovative procurement options to allow for 'Proof of Concept' deployment in organisations prior to full deployment – this levels the pitch for suppliers

## Keeping the framework relevant

- The pace of change in this sector is rapid so we intend to open the framework annually to allow new market entrants to qualify thereby giving the widest choice possible to the NHS whilst supporting the supplier community developments
- Implementing a framework catalogue approach, where suppliers are able to add products throughout the duration of the framework.
- A framework catalogue will allow for a compliant direct award process (where certain criteria are met)

## **Meeting Standards (noting they are emergent)**

- Recognising standards and accreditation processes are ongoing across the NHSE and DHSC and incorporating these into the framework as they emerge
- We will endeavour to provision the framework to have two main categories, clinical and non clinical. Suppliers will need to meet relevant standards and accreditations for each.
- We will make future provision within the framework to allow suppliers to expand their offering into other categories as standards are set nationally and suppliers/solutions become accredited.



## Progress to Date

- NHS LPP have held previous supplier roundtables and incorporated feedback so far
- Updated categories – Defining Operational workflows vs. Clinical workflows. Inclusion of problem statements in framework guidance to help navigate the categories to use.
- Re-writing new T&Cs – this will include a schedule for pilot and proof of concepts. The T&Cs will be simplified where possible and will include an order form for awarding contracts. A draft will be released at PME stage for supplier comments
- We will continue to listen and work transparently with suppliers in development of this framework
- Inclusion of DHSC Value Based Procurement.



# DRAFT Categories for AI Framework

## Direct Clinical Care Support

## Indirect Clinical Care Support

EXAMPLES ONLY

Early  
Diagnosis  
e.g.  
Radiology

Referral  
Manage  
ment

Patient  
Risk  
Assess  
ments

Ophthalmo  
logy triage/  
images

Population  
manageme  
nt

Discharge

Pop Health  
Trend  
analysis

Patient  
Translation

Clinical  
Coding

Managing  
fractures  
and falls

Ambient  
Voice to  
record

Generative  
AI voice  
agent

Image  
Recognition  
& planning  
i.e. wound  
managemen  
t

Predicting  
LOS

Acoustic  
Monitoring

Remote  
Monitoring

Pre Ops

Bed  
Manageme  
nt

Dermatolo  
gy  
triage/imag  
es

Pain  
Assessme  
nt – non  
verbal

?

?

Waiting  
Lists

Patient  
facing  
apps

Patient  
Enabled  
App  
Mgmt

?

?

Supporting Services – Implementation, Configuration, Transformation

# Value Based Procurement

- DHSC Presentation



# NHS Problems

“We want all of us, including ourselves, to focus not on delivery of a product or hitting a milestone but on the benefits those services are intended to deliver and to make sure we are getting the benefits out on the frontline, in partnership with our colleagues in wider NHSE. That means driving implementation, enabling process change, undertaking contract or financial reform, and delivering the full wrap-around transformation” – Vin Diwakar

## Key Problem Areas

- **Excessive Administrative Burden on Clinicians**
- **Lack of Integrated Digital Workflows and Interoperable Systems**
- **Delayed Diagnosis, Poor Early Detection & Prevention**
- **Low Productivity & Inefficient Care Processes**
- **Workforce Skills Gaps**

## Underpinned by 5 key enabling reforms

### New Operating Model



- Merge NHSE with DHSC, central headcount halved by 2027.
- Reintroduce earned autonomy; every NHS provider to be a Foundation Trust by 2035. Some to be Integrated Health Organisations (from 2027) holding population health budgets
- Integrated Care Boards to be strategic commissioners; close Commissioning Support Units. ICBs to aim to be coterminous with strategic authorities

### New transparency of care



- League tables of providers and patient-reported experience measures to be published, to make data easier to understand and more accessible (NHS App) to providers and patients. Maternity care to be a priority
- National Quality Board to be revitalised, and be single authority on quality, supported by Dr. Penny Dash's report.
- ★ AI led warning system building on Federated Data Platform, to identify services at high risk, based on clinical data

### Workforce transformation



- ★ Fewer staff than previous projections but better equipped (AI training for all), releasing £13bn through technology-enabled productivity
- Advanced practice roles for nurses/AHPs; reduce international recruitment to <10% by 2035
- Ultra-flexible employment contracts; eliminate agency staffing by parliament end; prioritise staff wellbeing to save £12b cost of poor wellbeing among NHS staff

### Innovation & technology



- ★ Five "big bets": Data, AI, Genomics and predictive analysis, Wearables, Robotics
- Global Institutes for each bet (NIHR funded) to drive global leadership;
- ★ Regional Health Innovation Zones to bring together ICBs, providers, and industry.
- Clinical trial set-up: 250→150 days by March 2026; participant volunteering via NHS App
- Pro-innovation regulation: MHRA and NICE joint process (Apr 2026) to improve speed of medicines access
- £600m Health Data Research Service

### Finance & productivity



- ★ 2% annual productivity gains; return to pre-pandemic levels by parliament end
- ★ Phase out deficit funding from 2026/27
- Introduce multiyear budgets and require 3%+ of budget for service transformation
- Patient Power Payments: patient satisfaction to influence provider payments
- New capital models including private finance and pension fund partnerships

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# Your Solutions Discussion

## Interactive Session

- Do all of the 5 key areas identified cover all issues?
- What problems do your products focus on resolving?
- What are the benefits and value your solutions bring?



# Thank you and Questions

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