

## Healthcare People podcast, brought to you by NHS Professionals

Edited transcript of Series 1, Episode 6.

### Managed service providers: delivering extra workforce value

*Hello, I'm Jamie Garnett from NHS Professionals, and welcome to Healthcare People. This is the podcast where we talk about everything health and care workforce: the challenges, the opportunities, and the future. In this series, we'll discuss the workforce pressure points for NHS trusts and integrated care systems and look at where positive change is possible.*

*This bonus episode gives a brief insight into how a managed service provider like NHS Professionals can support NHS trusts to maintain a cost effective and fully compliant supply of quality temporary staff. Featuring Karla Boddy, Chief Customer Officer at NHS Professionals.*

### Managed service providers: purpose and benefits

KB: When a trust, or any other customer, takes on a managed service provision, what it in essence means is it's not just somebody providing the bum on the seat in the context of recruitment. It is a full end-to-end process, it's taking the service and running it for you as if it were you running it.

JG: *The temporary staffing service?*

KB: The temporary staffing service. And with a managed service provision, there are many things that make it successful. But the biggest thing that makes it successful is if the customer collaborates with us. So simply putting out a service to fill a job is not necessarily a managed service, that is just you going to an agency or you're going out for some supply, you've got a supply chain. This isn't about a supply chain, this is us working with you. This is our strategizing with you. This is us future-proofing your solution. This is us putting ourselves shoulder-to-shoulder with you to solve the staffing issues of your trust. And a managed service provision does that because not only do you have that frontline team that would have been there anyway - let's not take it away from the trust that would have the frontline team in staffing and temporary workforce - but the engine room behind that, that allows this to be scalable, sustainable, flexible, all of the good things that we've just discussed, is the part that makes a managed service provision different from a normal just supplier and customer relationship.

JG: *Is one of the benefits of having a managed service provider, the idea of, I call it bandwidth, by taking on the end-to-end function, you are helping a trust that's under severe operational pressure and is also having to implement very complex strategy - that's a lot of load, right, that is pressure on that bandwidth. Is having a managed service provider helping to release that, to widen that bandwidth, and therefore kind of help the trust do its job better?*

KB: Absolutely. I am a big believer. And I've always described my job to people in a way that says if you take it out of the healthcare system for the moment - if you're O2, or Vodafone, why are you worrying yourself about recruitment? You need to be worried about your customers and the service that you're delivering, the service you're marketing and the technology behind it, you need the bandwidth as you put it - I mean I've picked the right industry there - you need the bandwidth in order to focus forward on that. And you need services beneath you that then support that endeavour, and doing that yourself in my view isn't the right thing. The right thing is to give it to somebody who's an expert, to somebody who's invested, and whose entire purpose is to service that industry for that particular piece of technology or service or workforce or whatever it might be. And for me, it allows you to

future-proof what you're doing because somebody is always thinking for you in an arena that you're either not qualified to or you don't have the bandwidth.

### **The case for investment**

*JG: Okay, so I'm imagine I'm a trust CFO and I hear those arguments, but I see the bottom line and clearly, you know, you're not going to get this service for free, there is a price attached to a managed service provision. What would you say to that CFO that was saying, look, I love it, but there's no there's no money for this. What would you say to them?*

KB: Firstly, I'd probably challenge in the right way of how they're comparing how they would deliver it, to how we would deliver it. And I think that that would give you the delta on what's going to be happening here. So CFO from said trust may just purely look at six people who he pays or she pays the cost of their wages and then they look at the solution that NHS Professionals or another bank provider can provide and it doesn't marry. But what that doesn't give you is the output on some of the strategies that are probably agreed about the migration, about how we make sure returners have got a place to go, about how we support vac [vaccination] centres. You've made other things that would have and will cost you money, somebody else's problem. So I would challenge in the right way a CFO, if she or he came to us and said that it wasn't cost-effective, because I think that if you actually lift the hood, and do the analysis on the cost savings that it would bring you over time, not to mention, you know, the opportunity, it will be very difficult to dispel the fact that MSP is a very, very good idea.

### **Transitioning from internal bank to managed service provider**

*JG: The other challenge could be, perhaps, imagine now I'm the CPO...*

KB: You're good, Jamie.

*JG: I'm switching, I'm doing that thing we talked about earlier about skilling up. I've just been trained, so now I'm now a CPO. Perhaps their challenge would be look, we have an established and very large and well-regarded in-house bank. How do we make that switch? If it ain't broke, don't fix it. What would you say to that?*

KB: I think our biggest competitor is the in-house bank. I'm not going to sit here and try and defend it because firstly, my colleagues who work in those trusts within the staffing sector, I'm not here to judge the brilliant job that they're doing. But I think that if you allowed us to show you the opportunity that outsourcing a bank can bring compared to what you're doing today...and we've always said this, and actually it's a conversation that we have within the ExCo [Executive] of NHSP, is how do we get data-driven insights to help customers make a decision? That's really difficult because customers don't want you in their data when you're not their supplier. But actually, the answer [to the] validity of an MSP, is often in that conversation. So what I would say to the CPO who sits in front of me who runs a stellar bank internally at the moment is, can we come and have a look? Can we come and talk to you and see what you're doing and how you're doing it? And look at the data? Because there's no doubt the people they have delivering the service will be brilliant. That's not the bit that's in question. It's about the opportunity the bank can bring.

### **Managed service provider opportunity in new era of integrated care**

*JG: You've mentioned about collaboration with managed service providers, and it's one of the keys to a really successful managed service provision is collaboration. It goes from transactional, not so transactional, more towards a really genuinely collaborative relationship? What do you think within the context of the NHS in 2023? And the strategic*

*priorities we have and the operational pressures, what would you single out as the biggest opportunity MSPs represent to trusts?*

KB: I do think integrated care systems - and we couldn't have got through this podcast without mentioning it could we Jamie - ICS is a huge opportunity for managed service provisions as trusts try and navigate what that means for them across a multitude of different verticals, staffing being one of them. It is incredibly important as a managed service provider that you have, that we have, in this case, a good share of an ICS because we would genuinely believe that that is going to solve some of the staffing issues across an ICS. And we've got examples, I won't name them, just for fairness, but there's three or four, where we are either the majority bank provider within the ICS, the sole, or most of the way there. Equally, on the flip side, we are few and far between on other ICSs and that's a challenge, which is why I think it's the biggest opportunity right now.

...But if you could have an ICS that has a model that has either your managed service provision, or you know, National Bank - which for the listeners' purpose is effectively a supply layer that's not agency, but it comes from NHS Professionals, but we don't set up as a managed service provision, it's just a supply of workers - if you take in different parts of this modular service, and if you've got some on MSP, you've got some on National Bank, you might have some internal, the more that is with, say, NHSP, the more opportunity you have, because you can collaborate and you can create collaborative banks and you can have much more quick staffing workforce strategic conversations because you've just got a single provider there. So we are an enabler to workforce working within ICSs.

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