

Guidance for heads of procurement on the implementation of EU Exit actions: February 2019

To be read in conjunction with the [Operational guidance letter relating to EU exit actions for medical devices and clinical consumables \(MDCC\)](#).

Planning for longer lead times and trust actions for certain products

As set out in the letter, NHS trusts are being asked not to stockpile MDCC products, as this does not increase overall supply available to the NHS but could in itself cause local shortages in the supply chain.

However, where organisations rely on receiving product directly from the EU on a short lead time basis (ie 24 to 72 hours), they will need to allow for the potential for longer lead times.

You should review the product levels held locally for critical items (excluding everyday consumables such as rubber gloves or wound dressings) used for unplanned/emergency procedures where you typically rely on next day delivery to top up stock. Trusts should plan for lead times of around three days longer for these products. Further guidance on how this should be undertaken is provided below.

The following paragraphs explain the impact and actions you need to take for products normally stocked by NHS Supply Chain, products shipped via NHS Supply Chain e-Direct and Blue Diamond, and products that are imported from the EU directly to NHS organisations.

Products stocked by NHS Supply Chain

For products normally stocked by NHS Supply Chain, additional warehousing capacity has been brought on line to support a centralised stock build.

Product lines and supply routes have been assessed and sorted into two categories: those products independent of EU supply chains (Category 1), and those dependent on EU supply chains (Category 2).

For planning purposes, NHS Supply Chain has been gathering details from trusts on any increases in the range and volume of products that they plan to obtain via NHS Supply Chain, using a 'demand capture process'.

The centralised stock build for EU exit contingency has been developed based on historical customer usage patterns, and accounting for the volumes that trusts have indicated that they

would order from NHS Supply Chain in the future (via the NHS Supply Chain Demand Capture Forms received to date).

While a further additional contingency has been added to the centralised stock build, this has been modelled to provide emergency short-term coverage, and not as an enduring solution for trusts that have not notified NHS Supply Chain beforehand.

In view of this, it is essential that any trusts planning on increasing demand for product via NHS Supply Chain over the next six months complete and submit a 'Demand Capture Form' to NHS Supply Chain as soon as possible. You can access the Demand Capture Form [here](#).

The incorporation of additional demand, identified through the NHS Supply Chain 'demand capture process', will be managed in a phased way to provide a smooth switch over.

Given the uncertainties around EU exit and the potential for disruption to supply of product from the EU, NHS Supply Chain will look to transition demand for products sourced from the EU first.

Arrangements for supply chains that do not have an EU touchpoint will be confirmed once the impact of EU exit on supply chains is clearer.

NHS Supply Chain will confirm transition arrangements with trusts by mid-March, identifying where phasing of products is to be applied.

Products that are received from the EU via NHS Supply Chain E-Direct, Blue Diamond, or direct from supplier, trusts should review their procedures to accommodate the potential for increased lead times of up to three days.

In order to consider the impact of longer lead times of up to three additional days, trusts should review their current procedures and make adjustments as necessary to mitigate against this. This could include planning elective lists further in advance, identifying local system partners with whom you might share supplies, testing emergency scenarios in which a stock item is not available and considering in advance options to use alternative products that are available.

Trusts should also review their current procurement and requisition processes to help plan for the longer lead times, for example by:

- updating your catalogues and supplier profiles
- ensuring that relevant staff know that they need to allow for the possibility of longer lead times in certain areas.

As far as possible, NHS Supply Chain will aim to maintain the current delivery patterns and lead times for Blue Diamond and E-Direct orders but to support this activity, NHS Supply Chain will build an additional three days into their e-catalogues, to allow for the potential for longer lead times.

For those areas in your trust where there are unplanned, emergency procedures that may require next day delivery of MDCC products to top up stock, trusts are asked to take further actions to ensure local resilience by:

- Identify the products used for unplanned procedures, typically products used off the shelf which are re-stocked next day.
- From the list of products identified in the previous point, remove 'standard' products which would be centrally stocked by NHS Supply Chain (eg rubber gloves, sutures, aprons, etc) and of the remainder identify products that are considered higher-risk (eg specialist products that are low volume but high value such as loan kits, heart valve transcatheters, negative pressure wound therapy systems, etc) which suppliers typically ship direct to trusts from an EU warehouse.
- Of those higher risk products, identified in the previous point, plan to increase the locally held stock of products and sizes available for this unplanned, emergency work to increase your coverage by a suitable number of days.

We recognise that direct delivery from EU distribution centres to care providers in the UK by suppliers is a widely used supply model. However, this delivery model is commonly used for specialist products in the following areas of care.

Please note that this list is for guidance and is not intended to be an exhaustive list, you should review other clinical areas to identify if these models are relied upon in your trust, including:

- orthopaedics
- ophthalmology
- neurosurgery
- cardiology
- for elective procedures where loan kits or specialist equipment is utilised.

Ability to receive deliveries overnight and at weekends

The letter asks trusts to assess their ability to receive stock deliveries outside of their normal goods receipting hours. This information will help NHS Supply Chain and industry to schedule deliveries and even out spikes in demand.

Please select, using the table below, whether or not (**Yes** or **No**) your trust is currently able to receive deliveries at the below times and days, assuming a start date of 28 March 2019 and a duration of up to six months. Please return the completed table by 1 March to the MDCC central team (mdcc-contingencyplanning@dhsc.gov.uk). Trusts will be given two weeks' notice if deliveries will be required outside of normal good receiving hours.

Ability to receive deliveries in your trust:

	Weekdays (Mon-Fri)	Saturdays	Sundays and bank holidays
Daytime (8am-6pm)	N/A	Y/N	Y/N
Evening (6pm-10pm)	Y/N	Y/N	Y/N
Night (10pm-12am)	Y/N	Y/N	Y/N
Overnight (12am-5am)	Y/N	Y/N	Y/N
Early (5am-8am)	Y/N	Y/N	Y/N

Trusts must be prepared to receive goods 24 hours per day, seven days per week. We will do our best to avoid out of hours deliveries and where this is necessary give as much notice as possible.

Further queries

Please direct any queries to:

Region	Regional contact
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	england.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

NHS Supply Chain Demand Capture Form can be accessed [here](#).

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