

Handling Supply interruptions across PPS sites

Introduction

This document summarises the core processes that will be followed in the day-to-day management of stock issues within PPS. There are three stock issue processes detailed specifically within this document, which are:

1. Stock issues via NHSSC
2. Stock issues via other suppliers
3. Discontinued stock items or long stock outs

Glossary of terms:

- NHS Supply Chain – NHSSC
- Important Customer Notice – ICN
- Procurement helpdesk – NOESIS
- Inventory Management System – IMS
- Central Alert System - CAS
- Field Safety Notice - FSN
- Materials Managed – MATMAN
- Supply Chain – SC
- Patient level costing - PLC

Enquiries

All alerts, if not received via the helpdesk, must be immediately raised on the helpdesk by whoever receives it. The alert will then be tracked, updated and eventually closed via that helpdesk

This is with the exception of FSNs relating to Pharmaceuticals which would be forwarded by Email to Pharmacy es out of scope for Procurement department.

- 1. End users should also send any alert types to the help desk logging an enquiry**
- 2. All PPS staff will also log any alert types to the helpdesk.**
- 3. ICNs will only arrive via Supply chain**
- 4. FSNs and CAS alerts can arrive into the trust via many different routes such as post, e mail, and from Suppliers if received follow 1 as above.**

1. Stock Issues via NHSSC managed by Mat man

Action	Comment
SC managers check the NHSSC website daily for any alerts affecting PPS	
ICN relating to Product Recall Identified – the SC managers: <ul style="list-style-type: none"> • Raise a Enquiry via the Helpdesk which is assigned to the Clinical Team - category CLINICAL ALERT, priority HIGH • Inform the wider SC manager group via email to prevent duplication 	The clinical team run a report and if used in any PPS site, the SC managers will retrieve and remove any affected stock following advice on Recall notice.
ICN relating to stock shortages – the Supply chain managers: <ul style="list-style-type: none"> • Request the clinical team to a report run to identify the affected users • Check stock availability using IMS – days availability calculated • Coordinate stock movement based on need across PPS sites • Report to the NCL group on the daily 10:30 call • Request and support mutual aid where possible • Monitor stock daily with ongoing mutual aid supported where possible 	In most areas, 10 day max stock levels are set with exceptions in some areas such as theatres who hold less due to high volume and limited space.
Suitable alternatives - the SC managers: <ul style="list-style-type: none"> • Agree alternatives with Trust clinical leads and provide regular updates on the ongoing position • Inform the NCL group on the daily 10:30 call • Place orders as required via PECOS and directly on the NHSSC portal if the item is not on the Trust catalogue • The Clinical Team are not involved at this point but SC Team will run Monthly report where all alternatives can be looked at by the clinical team. • Alternatives are agreed by mainly nurses in charge in that area with the exception of the Whittington where its agreed by CRG chair. All other sites are happy with this. 	List of locally agreed alternatives can be provided to local clinical approval groups as required (identified from orders placed with 'Alternative' in the local reference field) on the Supply Chain website when orders are placed Orders placed on NHSSC portal will include 'Alternative' in the local reference field. This is how alternatives are place so not on Pecos or IMS therefore no need to remove from System. Items out of stock for 2 weeks or less will be ordered via NHSSC. Any item out of stock for longer than 2 weeks will be added to the Trust catalogue as per the agreed PPS process. IMS templates

<p>No Suitable Alternatives – the SC Managers:</p> <ul style="list-style-type: none"> Send an alert to Medical Directors, Chief Nurses and Chief Operating Officers in the Trusts 	<p>will be updated once the Trust catalogue has been updated. This will be checked by clinical teams on a monthly basis.</p>
<p>In the event of the position worsening, the Supply Chain Director will escalate regionally and nationally to seek further information and wider mutual aid.</p>	<p>Escalation</p>
<p>Outcome issue resolved - the SC managers:</p> <ul style="list-style-type: none"> Ensure that clinically agreed alternatives are used first Resume orders with the original supplier in a staggered, controlled way Monitor the position via the NCL group on the daily 10:30 call 	<p>Aim to minimise the risk of overloading the supplier who had the supply issue</p>
<p>Outcome stock discontinued:</p> <ul style="list-style-type: none"> The procurement Clinical Team will provide details via the enquiry of the alternatives to be added to the catalogue permanently (if not already actioned) The IMS system admin team will ensure the IMS catalogue is updated The Clinical procurement team will ensure the change is agreed via the local clinical approval groups as required 	<p>The noesis enquiry logged would inform the Clinical Team that it is a permanent delisting.</p> <p>The Catalogue interface is not working at all sites so manual input still required and this sits with Evolve. Systems team are aware, however even when it is working, the IMS system admin team will manually accept changes (just one simple button but is a daily task)</p>

2. Supply interruptions - Non supply chain

Action	Comment
The SC managers: <ul style="list-style-type: none"> • Check emails daily for any FSN or CAS alerts affecting PPS that may have been provided by the supplier directly or by a CAS Officer • Raise an enquiry which is assigned to the Clinical Team - category CLINICAL ALERT, priority HIGH 	
The Clinical Procurement Team: <ul style="list-style-type: none"> • Review all available data to identify the affected users • Close the enquiry and inform the CAS lead or risk management department in the event of no usage within the last 12 months • In the event of usage within the last 12 months, the information is passed on to the relevant SC manager via the Helpdesk enquiry. 	
For MATMAN areas, the SC manager deploys the MATMAN team to visit the affected area and follow the alert instruction.	
For non MATMAN areas, the SC manager: <ul style="list-style-type: none"> • Ensures the area is visited and the requisitioner emailed to inform them of a potential issue and provide them with the alert details • Facilitates removal and return of any stock • Updates the enquiry to inform the Clinical Team that all actions have been taken 	NB The clinical team in the affected area are responsible for disseminating the alert information to affected users and disposing affected goods if they cannot be returned
The Clinical Procurement Team: <ul style="list-style-type: none"> • Closes the enquiry • Informs Trust dedicated parties that all action has been taken • Files the alert on the procurement i:drive 	All listed mail recipients are informed listed below.see page 6

3. Discontinued items or long stock outs

Action	Comment
<p>Inventory management system Clinical staff / end users will:</p> <ul style="list-style-type: none"> • Review outstanding orders every day. • Call suppliers if there are concerns regarding the number of days is 5 or more. • Raise an enquiry via the Helpdesk in the event that an item is no longer available, or alternatives are offered. • PPS Customer Service Team triage it to Clinical Team 	<p>This is for the clinical staff using IMS for items not managed by Mat man such as PLC Items. This is very important as the department are responsible for releasing their own orders, so if orders are not released, then stock will run out. If outstanding orders are not checked by the department and suppliers chased; then again stock will run out. All training relating to this checking process was provided on Roll out of system and continue with new users of the system</p> <p>The enquiry should be raised then assigned to the Clinical Team if the end user discovers, when chasing their outstanding order, that the item is no longer available and provide the information which the supplier may have provided them.</p>
<p>If the stock has been discontinued, suspended or just not available due to shortage of stock the clinical team will:</p> <ul style="list-style-type: none"> • Ensure an enquiry is logged via the helpdesk if they are contacted outside of the system. • Respond to enquires as required. • Work directly with the end users on agreeing alternatives and provide regular updates on the ongoing position • Facilitate the catalogue being updated with the new product (and the old product being removed) including following the new supplier process where relevant. • Request the SC team to reach out to NCL group on the 10.30 daily call as required. 	<p>This process will take some time as it may involve other parties such as trust finance to set up a brand-new supplier</p> <p>End users can request mutual aid using the helpdesk</p>

<p>The SC manager will:</p> <ul style="list-style-type: none"> Request and support mutual aid where possible to the NCL group on the 10.30 daily call Arrange transportation and provide updates to the clinical procurement team and end users Deliver the items to the end user 	
<p>The IMS system admin team will ensure the IMS catalogue is updated</p>	<p>Update by accepting changes within Genesis System</p>

In the event of an MHRA / safety alerts, including severe stock issues the key contacts are below :

Department	Whittington Health NHS Trust	North Middlesex University Hospital NHS Trust	Moorfields Eye Hospital NHS Foundation Trust	Royal Free London NHS Foundation Trust
SC	<p>Mark Lane – Deputy SC Manager & PPE lead, mark.lane1@nhs.net</p> <p>cc John Davidson John.davidson6@nhs.net</p>	<p>Juvan Kurian – Deputy SC Manager, Juvan.kurian@nhs.net</p> <p>cc John Davidson John.davidson6@nhs.net</p>	<p>Carl Williams – SC Manager, carl.williams@nhs.net</p> <p>cc Fazal Malik, Fazal.Malik@nhs.net</p>	<p>Sharma Lobind – SC Manager, sharma.lobind@nhs.net</p> <p>Helen Shanahan – Deputy SC Manager, h.shanahan@nhs.net</p> <p>cc</p> <ul style="list-style-type: none"> Hampstead - Fazal Malik, Fazal.Malik@nhs.net Barnet & Chase Farm - John Davidson John.davidson6@nhs.net
Clinical Engineering	<p>Keith Hamblin – Manager, Department of Clinical Engineering & Medical Physics, keith.hamblin@nhs.net</p>	<p>Drushtee Ramah-Govind – Head of Clinical Engineering, Drushtee.ramah@nhs.net</p>	<p>Ana Sanchez – EBME, ana.sanchez4@nhs.net and moorfields.ebme@nhs.net</p>	<p>Roy Smith – Head of Medical Electronics, Roy.smith1@nhs.net</p>
Central Alerting System	<p>whh-tr.safetyalerts@nhs.net</p>	<p>nmu-tr.CAS@nhs.net</p>	<p>Moorfields.cas@nhs.net</p>	<p>Corrine Graf - Medical Electronics Training Coordinator & Equipment Safety Administrator (CAS Liaison), corrine.graf@nhs.net</p>
Other			<p>Julie Nott - Head of Risk & Safety, Julie.nott@nhs.net FSN Alert, moorfields.fieldsafetynotices@nhs.net</p>	<p>Supply chain Director Paul.pilgrem@nhs.net</p>

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There is also a national guide which is detailed Below in the link which provides escalation routes and contact details should the issue be classed as Severe. These are managed through EPRR EPRR (Emergency Preparedness, Resilience and Response) teams should take when seeking to report and resolve potential or actual disruptions to the supply of medical equipment and consumables. It also sets out the mechanism by which regional EPRR teams can inform NHS Resilience nationally (formerly the national EPRR team).



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Reporting potential