

Message

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Sent: 15/03/2020 21:23:54
To: Alan Wain [alan.wain@supplychain.nhs.uk]
CC: Jin Sahota [jin.sahota@supplychain.nhs.uk]; RILEY, Kim (NHS ENGLAND & NHS IMPROVEMENT - T1520) [/o=MAIL/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e4e05ab884a4307a6a1a94a96828097-kim.riley2@nhs.net]; Steve.Oldfield@dhsc.gov.uk [/o=MAIL/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=75d684462b534ae08fd02329c2d9b325-Steve.Oldfield@dhsc]
Subject: Re: PPE URGENT

Thanks Alan, this is v helpful. Let's pick up tomorrow so that we can learn from this week and continue to get critical stuff to the right place!

Dr Emily Lawson
Chief Commercial Officer, NHS England

I&S

On 15 Mar 2020, at 21:04, Alan Wain <alan.wain@supplychain.nhs.uk> wrote:

Emily

I referred to some of these points this morning on the call. I think that the following are problem areas:

1. Poor communications (1). DHSC has agreed with NHS Supply Chain to limit the supply by restricting the max number of units that can be ordered. For whatever reason, this has not flowed down to the EPRR leads, they are not informing trusts and they are not checking to see if there is a real need for more.
2. Poor communications (2). When PHE guidance changes (e.g. switching to telling those testing to use type IIR masks rather than FFP3) the messages are not getting through to those ordering, so incorrect orders are placed for wrong product. Both of the above should be assisted by the measures that are being introduced this week (I.e. webinars, account managers from our team having an opposite number in the EPRR team and a refined process for resolving supply issues)
3. Bad behaviour from trusts. I asked our teams to pull me a report last week of the quantity of orders and the quantity of product supplied to trusts compared to BAU consumption. I could see a massive variation in the quantities supplied with the biggest differences being an increase of 3-4 times the normal quantities but many with an increase of only a half or three quarters of normal quantity. A further example was last week when David Wathey agreed to relax the restrictions on type IIR masks – during the course of the day, we took orders for one million facemasks!! I know that you said that trusts are getting upset about being challenged on demand but at the beginning of last week we had demand for alcohol hand gel at 4,500% the normal demand. That cannot reflect any physical change in the environment over the course of a weekend.
4. Codes being unavailable. Some product codes are running short but there are substitute codes available either in BAU, EU exit stock or PIPP stock. Our antiquated systems are not good at flagging alternatives and trusts mostly do not like to switch to alternatives. This is where the NSDR should help matters as NHS Supply Chain is not geared up to discuss the clinical merits of all alternatives with those that are ordering.
5. Political overlay. Where codes are running short, we are not able to communicate explicitly with the NHS trusts as all communications are vetted centrally and we have been instructed not to put in writing that codes are running short, or being rationed. This leads to a great deal of frustration at the trust level where they feel that on the one hand they are being told that national stockpiles are available but on the other they see that orders are being denied or restricted.
6. Supplying to new customers. During the course of this response so far, NHS Supply Chain have been requested to set up PPE deliveries for Dentists' distributors, GPs, community pharmacies, social care settings and to set up a whole new supply chain for distribution of new medicines. None of these are our regular customers but we have responded