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**Publishing Approval
Reference 000366**

26 March 2019

EU Exit contingency planning: National Supply Disruption Response system

Dear colleagues,

As you will no doubt have heard, the European Council has agreed to extend Article 50. If Parliament is unable to agree a deal, we will leave the EU without a deal on 12 April. If Parliament agrees a deal before 12 April, the European Council has agreed to extend our leave date until 22 May to get the necessary legislation passed.

However, the Department has made clear to us that unless and until a Withdrawal Agreement is ratified by the UK and the European Parliament, we must continue to plan for the possibility of a no deal outcome.

Last month I wrote to you to update you on the Government's contingency planning measures to support continuity of supply of medical products in the event of the UK leaving the EU without a deal, and asked you to take some specific actions within your organisations in preparation.

Within my letter I set out the broad range of contingency measures that have been put in place nationally to support continuity of supply, and we are conducting a range of test activities now to ensure that these will be fully operational when the UK exits the EU.

While we have confidence that these measures will provide continued access to medical products, it is important that we in the NHS are fully prepared to respond to any supply disruption incidents that may arise in order to safeguard our patients.

Established processes and systems already exist for responding to serious supply disruption events for medical products, and you should continue to use these channels. However, to enhance this capability at a national level, these processes will be coordinated through National Supply Disruption Response (NSDR) systems set up by the Department of Health and Social Care as part of its Operational Response Centre. The NSDR systems and operations will monitor the supply situation and coordinate actions to address supply disruption incidents.

The following table identifies what actions staff should take locally in the event of them experiencing supply disruptions to products and services. Further detailed guidelines for Heads of Procurement will be provided through established channels of communication.

Workstream	Actions
Medical Devices, Clinical Consumables and Non-Clinical Goods and Services	You should report supply issues to your supplies department in the first instance so that they can seek to resolve these issues through normal supply arrangements. Supplies departments will be able to escalate supply issues to the National Supply Disruption Response unit in the event that satisfactory resolution is not possible.
Medicines	You should continue to manage medicines supply issues as per current processes. Any medicines supply issues (regardless of whether or not they are considered to be related to EU Exit) that you are concerned about, or for which you require further assistance, should continue to be reported via your Pharmacy Department to the specialist Regional Procurement Leads.
Vaccines	For locally procured vaccines you should follow relevant procedures for Medicines (see above). For vaccines that are ordered through the ImmForm website (and centrally procured by PHE), you should continue to use existing channels when you need to replenish stock.
Clinical Trials	For clinical trials and clinical investigations supplies, you should seek to resolve the issue through the sponsor of the trial or the organisation running the clinical trial or investigation. In the event that a satisfactory resolution is not possible, the Trial Sponsor/organisation running the trial will be able to escalate supply issues through the National Supply Disruption Response unit. If it relates to supplies being provided as part of treatment as usual and/or through normal NHS supply routes, then you should follow relevant procedures for the relevant supplies – please see above for Medical Devices and Clinical Consumables, and for Medicines.
Blood and Organs	For issues involving blood, blood products or organs, you should continue to use existing channels via NHS Blood and Transplant.

Tissues and Cells	For issues involving tissues and/or cells, you should continue to use existing channels via the Human Tissue Authority (HTA) or the Human Fertilisation and Embryology Authority (HFEA) as appropriate.
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So that you can promptly identify and manage supply issues, it is important that you take the following actions –

You are asked to:

- ensure you have processes in place for the investigation and management of all supply disruption incidents and prompt escalation through the appropriate national supply disruption channels;
- ensure you have processes in place for monitoring stock positions and supply chain performance that allow for developing issues to be identified, and escalated, at the earliest opportunity;
- cascade this information on the reporting of supply issues and NSDR arrangements to members of staff as relevant.

Thank you for your continued support in the weeks and months ahead.

Yours sincerely



**Professor Keith Willett
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Medical Director for Acute Care & Emergency Preparedness**