Supply Disruption Alert

26 August 2021

SDA/2021/010
Issued: 26 August 2021
Acknowledge on CAS
Action asap and acknowledge required actions taken no later than: 1 September 2021
Valid until: Further Notice

Dear Colleague,

Becton Dickinson blood specimen collection - supply disruption

Becton Dickinson has alerted us to a shortage of products from their Blood Specimen Collection Portfolio that is impacting across most main blood tube supplies.

Working closely with DHSC, NHS Supply Chain, the MHRA and colleagues from the devolved administrations, given the impact on other parts of the UK, NHS England and NHS Improvement is co-ordinating the NHS' response in England, on a national basis.

The supply position remains constrained and is forecasted to become even more constrained over the coming weeks. While it is anticipated that the position will improve from the middle of September, overall supply is likely to remain challenging for a significant period. We have previously sent information in relation to this issue and will continue to provide updates as the supply situation develops.

The tubes impacted by this shortage are:

1. 5mls Yellow top – SST 2 – clotted sample (e.g. U&E, LFTs etc)
2. Purple top – EDTA (e.g. FBC, HbA1c)

Alternative products are being sought to alleviate these constraints; and all labs that will be switching to these supplies have received samples for testing and validation. However, it will take time for these products to be imported and delivered in volume to services. It is important and urgent that demand is reduced as much as possible and that this letter is acted upon immediately.

There is also significant pressure on a number of similar products. Organisations are asked not to switch to alternative products unless doing so in coordination with the Pathology Incident Director and NHS Supply Chain.

To safely manage demand for these products, NHS England and NHS Improvement issued urgent guidance on recommended actions on 10 August 2021. This letter provides further clarity as requested by colleagues on how to safely reduce demand of all tubes. The guidance and this letter apply to all organisations regardless of supplier to ensure equity of care as well as preserving alternative stocks to support mutual aid.

The following measures should be applied across the NHS in England, all commissioned services and by independent providers of NHS services in England, regardless of which blood tube products they use. We have worked with several partner organisations in the development of these guidelines. It is important to reiterate that enacting these measures must be in line with senior clinical decision making and only where safe to do so.

Primary Care and community care
All primary care and community testing must be halted until 17 September 2021, except for clinically urgent testing. Examples of clinically urgent testing include:

- Bloods that are required to facilitate a two week wait referral
- Bloods that are extremely overdue and/or essential for safe prescribing of medication or monitoring of condition
- Bloods that if taken could avoid a hospital admission or prevent an onward referral
- Those with suspected sepsis or conditions with a risk of death or disability

There are a small number of QOF indicators which require a blood test to be undertaken. Unless clinically urgent, practices should move blood test activity scheduled prior to 17 September to a later point in the year when supply improves.

We appreciate that this temporary position is frustrating for patients and services alike. It may mean practices rescheduling certain QOF indicator checks for later in the year, when supply has improved. Given QOF is an annualised process, there are no current plans to change QOF payment arrangements for these indicators though we will keep this under review.

Acute trusts, community hospitals and mental health trusts
Acute and mental health trusts must reduce their demand by a minimum of 25% for the three-week period up to 17 September 2021. We are asking laboratories to help you in documenting this change.

These reductions should be made in line with the guidance on recommended actions and can include a combination of reducing non-essential (non-clinically urgent) testing, optimising inpatient and assessment unit sampling, encouraging add-on testing to reduce the need for blood tube usage, increasing use of point of care haemoglobin devices, reducing daily testing where possible and ensuring greater senior clinician input in requesting tests. All of these measures should be undertaken where safe to do so.

Daily reporting on blood test activity for urea & electrolytes and full blood count, compared with the same activity data from June and July 2021, will be established to monitor the effectiveness of the reductions. Further information on this reporting will be shared shortly.

Next Steps
All organisations are requested to ensure all clinical staff are aware of these requirements.

These requirements will be kept under review as the supply situation evolves.

If your organisation has taken these steps but is still likely to run out of products within 48 hours, please notify your Pathology Incident Director and your NHS England and NHS Improvement regional team. Organisations are asked to ensure that they are prepared, to provide mutual aid across local and regional systems for those sites experiencing acute shortages.

NHS England and NHS Improvement have made system regulators, including the CQC aware of this guidance and has confirmed with NHS Resolution (NHSR) that any clinical negligence claims which may arise from the above will be captured in the usual way by the respective state indemnity schemes, the Clinical Negligence Scheme for General Practice (CNSGP) and for members of the Clinical Negligence Scheme for Trusts (CNST). Any incidents should be reporting in line with usual guidelines.

These measures are proportionate to the challenge presented by this supply constraint and immediate implementation of this guidance is expected.

We appreciate that this temporary position is challenging and wish to thank you for your efforts in managing this issue and for your continued collaboration across local, regional and national networks.

Yours sincerely,



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NHS England and NHS Improvement



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To:
All GPs in England.
Pathology Incident Directors
Trust Chief Executives
Trust EPRR leads
Trust Medical Directors
Trust Directors of Nursing
Trust Procurement leads
CCG Accountable Officers
CCG EPRR leads
CCG Medical leads
CCG Procurement leads
CCG Directors of Nursing

ICS leads
STP leads