

Supply Disruption Alert

16 September 2021

SDA/2021/011

Issued: 26 August 2021

Acknowledge on CAS

Action asap and acknowledge required
actions taken no later than: 21 September
2021

Valid until: Further Notice

Dear Colleague,

Becton Dickinson blood specimen collection - supply disruption

We are writing to update you in relation to the supply disruption to Becton Dickinson's (BD) blood specimen collection portfolio, further to our letter sent on 26 August. We appreciate that the supply shortage has been challenging and thank you for your efforts in managing this issue and for your continued collaboration across local, regional and national networks.

Working closely with DHSC, MHRA and NHS Supply Chain, we have secured 9 million BD tubes from US stocks. MHRA has approved these for use in the UK by way of an exceptional use authorisation (EUA).

BD has now completed improvements to its manufacturing facility in the UK and expects its production capacity to recover through September.

These developments, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as when we wrote to you on 26 August. However, the issue is not yet completely resolved.

While supply remains constrained it is vital to optimise the use of blood tubes and to ensure that testing does not exceed levels recorded during June and July 2021. To support this, we have developed [best practice guidance for primary care and secondary care](#); this encourages clinicians to think twice, check twice and order once. This is also a clear opportunity for the NHS to optimise the use of blood tests not only now but also for the future, improving clinical practice, reducing the impact on patients and helping to build more resilience into the system. Please share this best practice guidance with all clinicians in your organisation who order blood tests.

With the recent developments we are in a position to update the measures set out in our letter of 26 August.

- Testing activity in primary and community care, in line with the best practice guidance, can resume, stocks permitting, from 17 September.
- It is important to avoid an immediate surge in demand for tubes beyond June and July 2021 baseline levels, so as not to potentially create further constraint in the supply chain. We ask that any backlog of tests is worked through over a period of at least eight weeks, prioritising as required, to spread the demand for tubes.
- Acute trusts, community hospitals and mental health trusts should maintain the measures set out in the [letter of 26 August](#) until Friday 8 October. This means continuing to reduce demand by a minimum of 25% compared with the same activity in June and July 2021. These reductions should be made in line with the [best practice guidance](#).
- The situation reporting established for acute trusts, community hospitals and mental health trusts will also continue to Friday 8 October.
- To avoid creating additional pressure on supply, organisations should regularly review their stock holding and upcoming planned care requirements, and aim not to re-stock to more than one week's worth of tubes based on demand in June and July 2021.

All these measures should be undertaken where safe to do so, using your clinical judgement at all times to ensure patient wellbeing.

We will provide a further update before Friday 8 October. Should the supply position continue to improve this is likely to include a return to best practice for acute trusts, community hospitals and mental health trusts. We will update you on the management of supplies on a national basis, which is currently being co-ordinated by NHS Supply Chain.

Yours sincerely,



Professor Stephen Powis

National Medical Director

NHS England and NHS
Improvement



Mark Cubbon

Interim Chief Operating
Officer

NHS England and NHS
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Dr Nikita Kanani

Medical Director for Primary
Care

NHS England and NHS
Improvement

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