



## NHS Supply Chain

NHS Supply Chain  
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Dear Mr Patel

### **Ishaemic heart disease – coronary artery stents (review): appraisal consultation document (part review of NICE technology appraisal guidance 71)**

As a commentator for the above mentioned appraisal guidance, we wish to take the opportunity to submit our comments as follows:

NHS Supply Chain, established on 1 October 2006, is a 10 year contract operated by DHL Logistics, on behalf of the NHS Business Services Authority. NHS Supply Chain manages the procurement and delivery of more than 500,000 products for NHS trusts across 11 product categories, including national procurement responsibility for cardiology consumables.

NHS Supply Chain was set up as part of the Department of Health's Supply Chain Excellence Programme, which promoted a new commercial landscape across the NHS. The Department believes that partnering with DHL - a specialist supply chain provider - is in the best interests of the NHS, patients and the taxpayer.

NHS Supply Chain's overriding aim is to deliver more than £1 billion in savings to the NHS over the 10 year contract term, through the provision of cost-effective supply chain services to health providers across England. These savings will be redirected back to NHS managers for patient care services.

Under section 4 (sub section 4.3.13) Evidence and Interpretation of the appraisal document, NICE acknowledge that there is no national procurement of DESs at a price premium that would fall below £300. NHS Supply Chain's status places us in the ideal position to potentially establish a national procurement solution for the NHS for drug eluting stents and bare metal stents with a price differential less than £300.

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If NHS Supply Chain were to undertake a tender exercise to establish a national agreement for bare metal and drug eluting stents, it's resultant success would be dependent on the suppliers willingness to co-operate and work with a national procurement body. Any tender submissions would need to reflect the current prices paid by NHS trusts for these products on an individual basis. It would not be of benefit to the NHS to establish an agreement that addresses the price differential but penalises individual trusts by forcing them to pay higher prices for products than they currently pay. Any tender exercise would also need engagement and support from the clinical community.

Establishing a national agreement at the appropriate rates with a price differential below £300 will allow the NHS continued access to this product at cost effective rates.

We hope you find our comments constructive and of use and we would be grateful for details of how these comments will be reviewed and published as part of the appraisal process.

Yours sincerely

