

## Content

Department Name: MPH Procurement Team

Process Name: Medical Electronics Procurement

### Change History:

Version	Draft	Date	Author	Comments
0.1	Y	07/06/2024	Jenny Poole	First draft issued following mapping meeting.
0.2	Y	09/07/2024	Jenny Poole	Revised draft issued following review meeting.
1.0	N	22/07/2024	Jenny Poole	Sign off received from Claire Hills, final map issued



**Improvement team**

● **Improve health** ● **Better care** ● **Lower costs**

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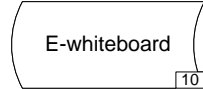
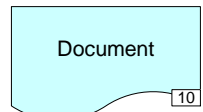
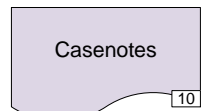
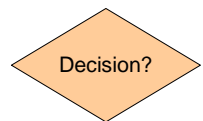



<b>Map 1</b>	MPH Procurement – Medical Electronics – Purchase Requisition – Map No 1 – As Is .....	<b>Page 5</b>
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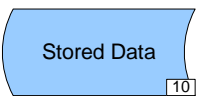




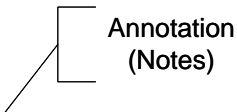
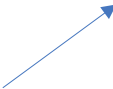





**Improvement team**


● **Improve health** ● **Better care** ● **Lower costs**


# Legend


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity <b>excluding</b> patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate <b>Diary/Whiteboard Updates</b> , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link <b>to</b> another map
	Symbol used to indicate a link <b>from</b> another map
	Symbol used to illustrate link to <b>maps</b> within other Visio documents
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple <b>issues</b> , numbered accordingly
	Symbol used to illustrate multiple <b>ideas</b> , numbered accordingly

 Symbol used to Indicate Happy

 Symbol used to Indicate Indifferent

 Symbol used to Indicate Unhappy

 Symbol used to Indicate Worried

 Symbol used to Indicate Angry

 Defects

 Over Production

 Waiting

 Un-utilised Skills

 Transportation

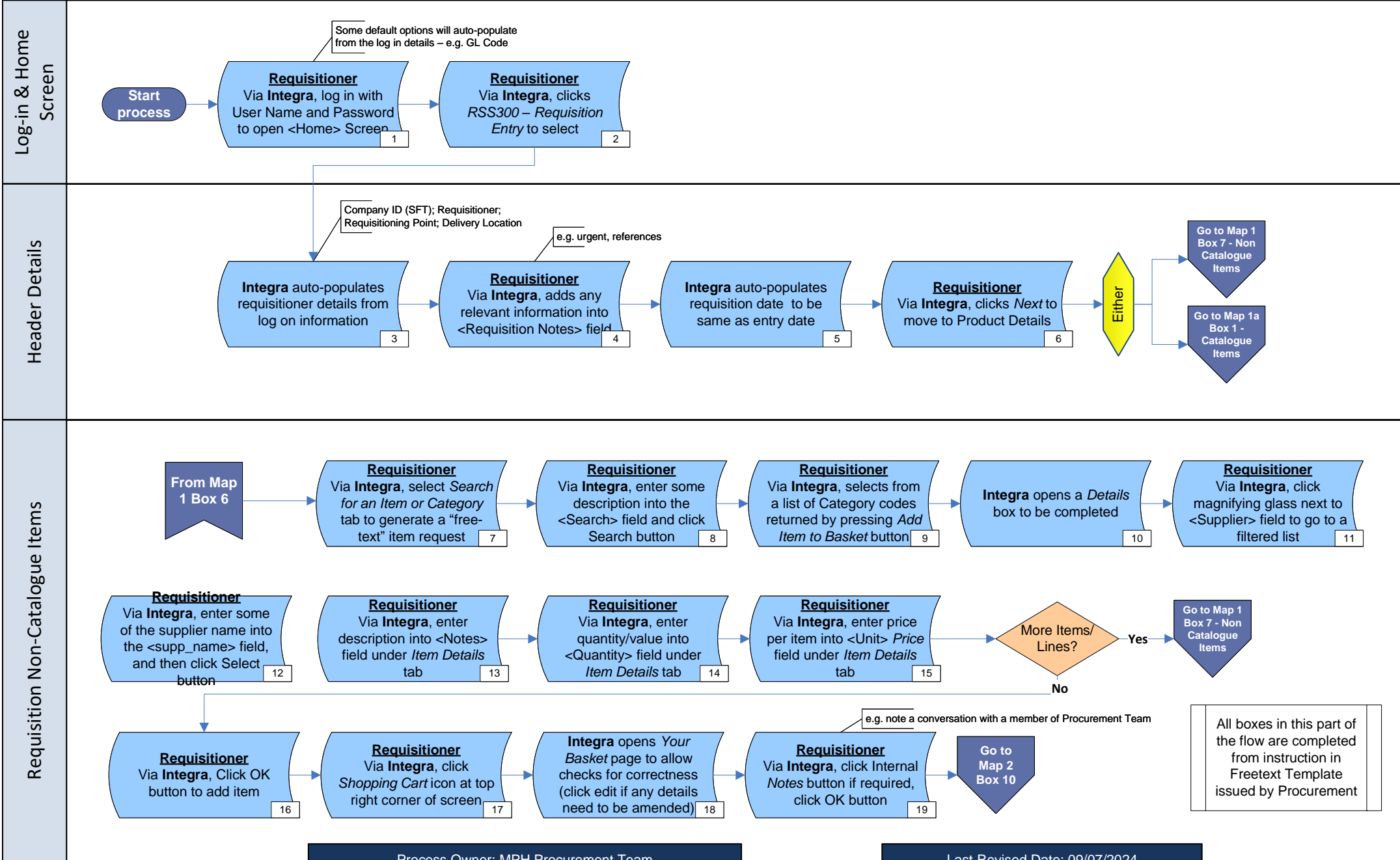
 Inventory

 Motion

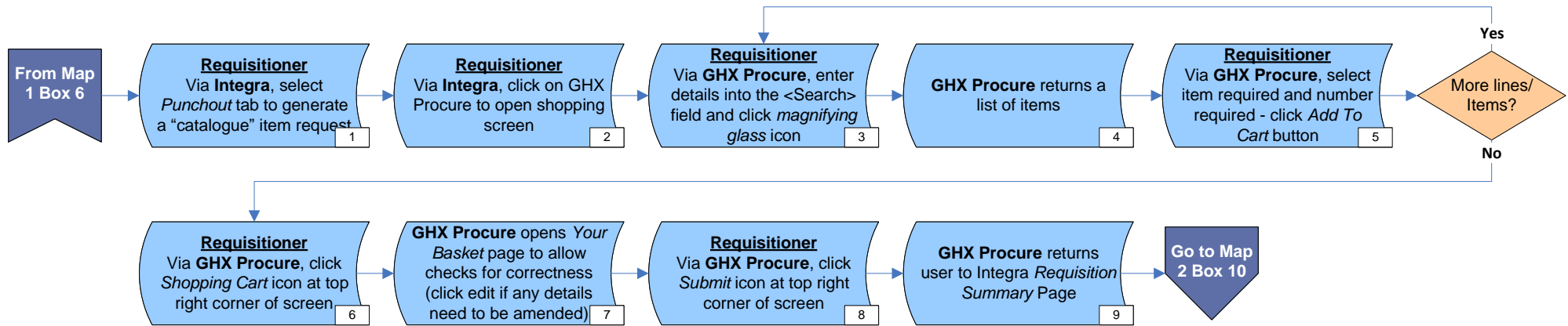
 Extra Processing

# MPH Procurement – Medical Electronics – Purchase Requisition – Map No 1 – As Is

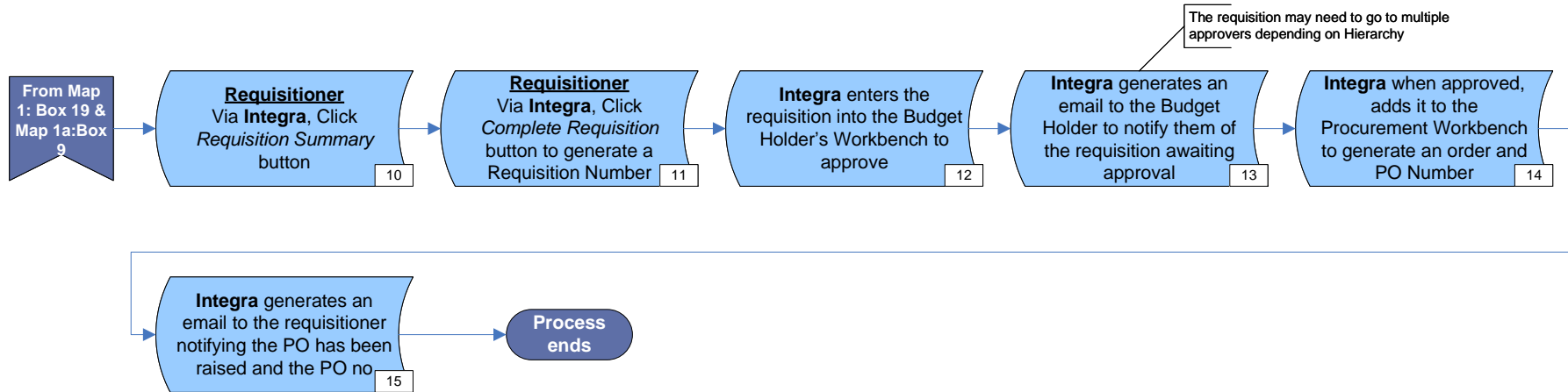
PO – Purchase Order |



Requisition Catalogue Item



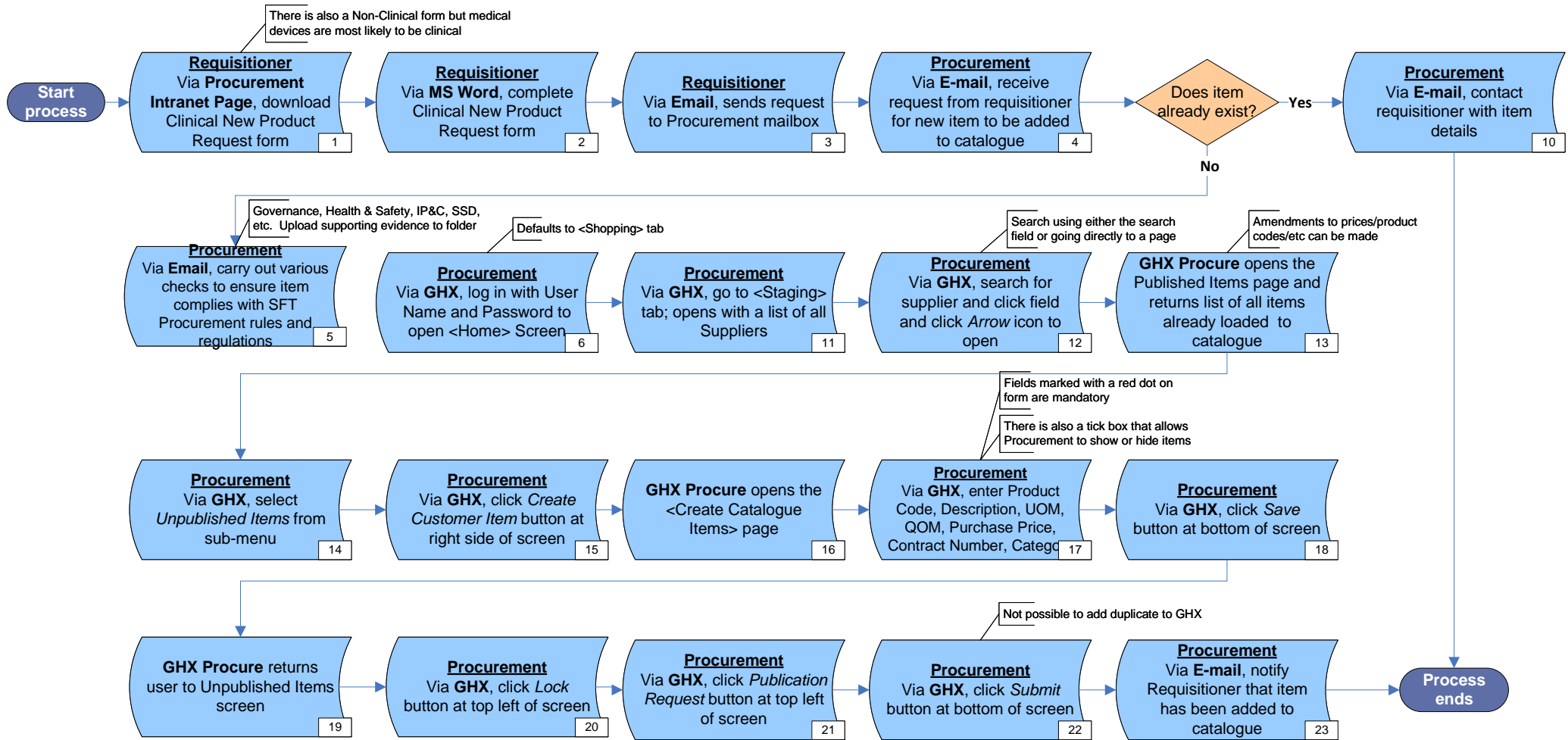
Complete Requisition



Trust SFI's are followed throughout – e.g. if a supply agreement or device is over £10k, then additional forms must be completed and signing off before the purchase can progress

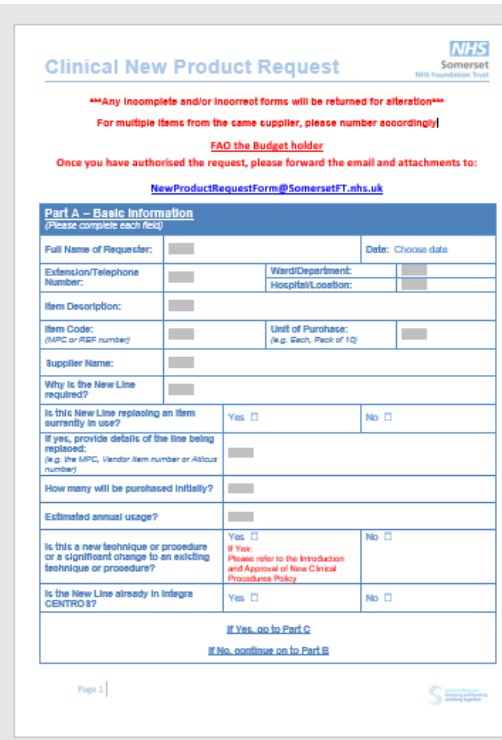
# MPH Procurement – Medical Electronics – New Product Request – Map No 2 – As Is

QOM – Quantity of Measure | SFT – Somerset Foundation Trust | UoM – Unit of Measure |



Trust SFI's are followed throughout – e.g. if a supply agreement or device is over £10k, then additional forms must be completed and signing off before the purchase can progress

New Product Request Form, completed by Requisitioner



**Clinical New Product Request**  
NHS Somerset NHS Foundation Trust

**\*\*\*Any incomplete and/or incorrect forms will be returned for alteration\*\*\*  
For multiple items from the same supplier, please number accordingly!**

**FAO the Budget holder**  
Once you have authorised the request, please forward the email and attachments to:  
[NewProductRequestForm@SomersetFT.nhs.uk](mailto:NewProductRequestForm@SomersetFT.nhs.uk)

**Part A – Basic Information**  
(Please complete each field)

Full Name of Requirer: [ ] Date: Choose date

Extension/Telephone Number: [ ] Ward/Department: [ ]  
Hospital Location: [ ]

Item Description: [ ]

Item Code: [ ] Unit of Purchase: [ ]  
(N/A or RFP number) (e.g. Each, Pack of 10)

Supplier Name: [ ]

Why is the New Line required? [ ]

Is this New Line replacing an item currently in use? Yes  No

If yes, provide details of the line being replaced: [ ]  
(e.g. the MPC, Vendor Item number or Alltiscus number)

How many will be purchased initially? [ ]

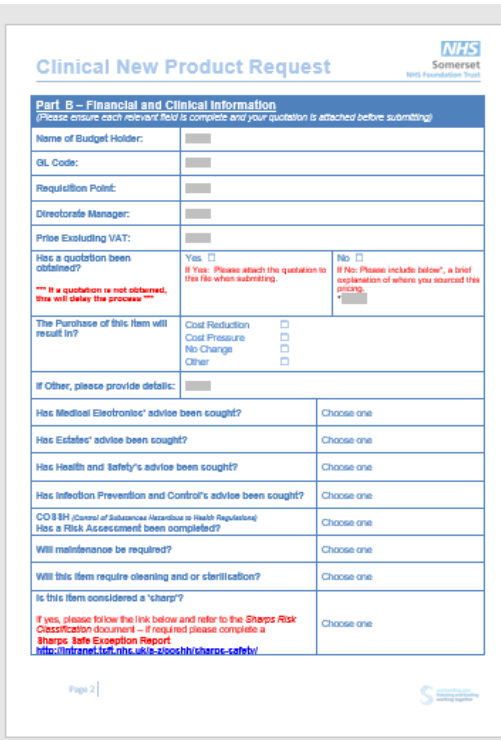
Estimated annual usage? [ ]

Is this a new technique or procedure or a significant change to an existing technique or procedure? Yes  No   
If Yes: Please refer to the Introduction and Approval of New Clinical Procedures Policy

Is the New Line already in Integra CENTRO 1? Yes  No

If Yes, go to Part C  
If No, continue on to Part B

Page 1



**Clinical New Product Request**  
NHS Somerset NHS Foundation Trust

**Part B – Financial and Clinical Information**  
(Please ensure each relevant field is complete and your quotation is attached before submitting)

Name of Budget Holder: [ ]

GL Code: [ ]

Requisition Point: [ ]

Directorate Manager: [ ]

Price Excluding VAT: [ ]

Has a quotation been obtained? Yes  No   
If Yes: Please attach the quotation to this file when submitting. **\*\*\* If a quotation is not obtained, this will delay the process.\*\*\***  
If No: Please include below\*, a brief explanation of where you sourced the price. [ ]

The Purchase of this item will result in? Cost Reduction   
Cost Pressure   
No Change   
Other

If Other, please provide details: [ ]

Has Medical Electronics' advice been sought? Choose one

Has Estates' advice been sought? Choose one

Has Health and Safety's advice been sought? Choose one

Has Infection Prevention and Control's advice been sought? Choose one

COBBH (Control of Substances Hazardous to Health Regulations) Has a Risk Assessment been completed? Choose one

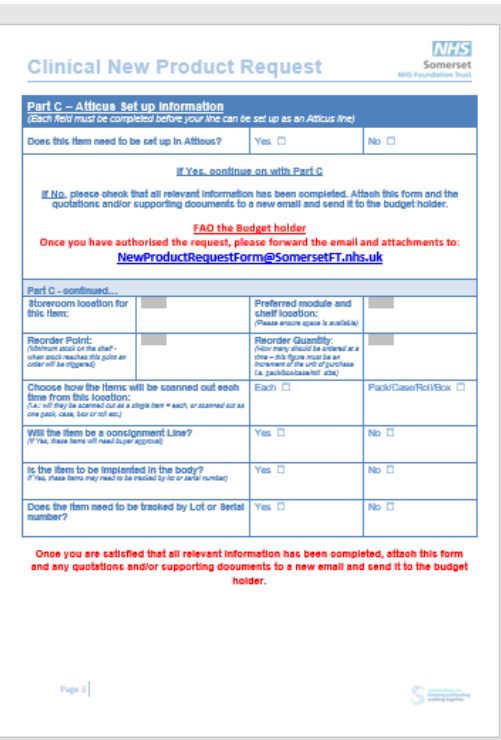
Will maintenance be required? Choose one

Will this item require cleaning and/or sterilisation? Choose one

Is this item considered a 'sharp'? Choose one

If yes, please follow the link below and refer to the Sharps Risk Classification document – if required please complete a **Sharps Safe Exception Report**  
<http://tranet1.tst.nhs.uk/e-2008/hh/sharps-safe/>

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**Clinical New Product Request**  
NHS Somerset NHS Foundation Trust

**Part C – Atticus Set up Information**  
(Each field must be completed before your line can be set up as an Atticus line)

Does this item need to be set up in Alltiscus? Yes  No

If Yes, continue on with Part C

If No, please check that all relevant information has been completed. Attach this form and the quotation and/or supporting documents to a new email and send it to the budget holder.

**FAO the Budget holder**  
Once you have authorised the request, please forward the email and attachments to:  
[NewProductRequestForm@SomersetFT.nhs.uk](mailto:NewProductRequestForm@SomersetFT.nhs.uk)

**Part C – continued...**

Store room location for this item: [ ] Preferred module and shelf location: [ ]  
(Please ensure space is available)

Reorder Point: [ ] Reorder Quantity: [ ]  
(Minimum stock or the point where stock reaches the point at which a new order must be placed. (e.g. pack/case/box/lot etc)) (Point where stock should be ordered or the order must be placed. (e.g. pack/case/box/lot etc))

Choose how the items will be scanned out each time from this location: (i.e. all may be scanned out as a single item or scanned out as one pack/case/box or lot etc) Each  Pack/Case/Box

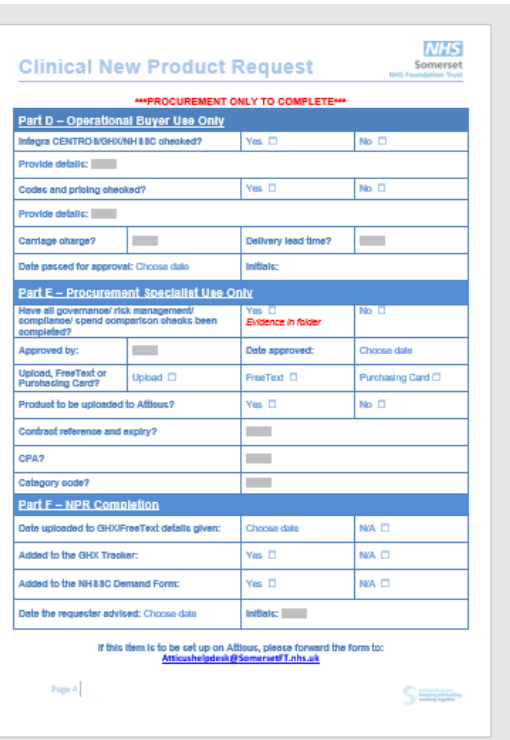
Will the item be a consignment line? Yes  No

Is the item to be implanted in the body? (If Yes, these items will need prior approval) Yes  No

Does the item need to be tracked by Lot or Serial number? Yes  No

Once you are satisfied that all relevant information has been completed, attach this form and any quotations and/or supporting documents to a new email and send it to the budget holder.

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**Clinical New Product Request**  
NHS Somerset NHS Foundation Trust

**\*\*\*PROCUREMENT ONLY TO COMPLETE\*\*\***

**Part D – Operational Buyer Use Only**

Integra CENTRO 1/SHX/NH 1/BC checked? Yes  No

Provide details: [ ]

Codes and pricing checked? Yes  No

Provide details: [ ]

Carriage charge? [ ] Delivery lead time? [ ]

Date passed for approval: Choose date Initials: [ ]

**Part E – Procurement Specialist Use Only**

Have all governance/ risk management/ compliance/ spend comparison checks been completed? Yes  No   
Evidence in folder

Approved by: [ ] Date approved: Choose date

Upload, FreeText or Purchasing Card? Upload  FreeText  Purchasing Card

Product to be uploaded to Alltiscus? Yes  No

Contract reference and expiry? [ ]

CPA? [ ]

Category code? [ ]

**Part F – NPR Completion**

Date uploaded to GHX/FreeText details given: Choose date N/A

Added to the GHX Tracker: Yes  N/A

Added to the NH8BC Demand Form: Yes  N/A

Date the requester advised: Choose date Initials: [ ]

If this item is to be set up on Alltiscus, please forward the form to:  
[Atticus@jedrak@SomersetFT.nhs.uk](mailto:Atticus@jedrak@SomersetFT.nhs.uk)

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