**Supplier Boot Camp Report:**

**Storage and Distribution: Pandemic Influenza Preparedness Programme and Emergency Preparedness, Resilience and Response**

**Project Name: PIPP and EPRR**

**Procurement Ref: 16\_07\_04**

**March 2017**

**Document purpose**

The purpose of this document is to:

* Document and publicise the outcomes of the Supplier Boot Camp for PIPP and EPRR Services;
* Provide a public record of the outcomes of the Supplier Boot Camp;
* Ensure compliance with EU and UK procurement legislation.

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# Executive Summary

This Supplier Boot Camp Report for the Pandemic Influenza Preparedness Programme (PIPP) and Emergency Preparedness, Resilience and Response (EPRR) storage and distribution (S&D) re-procurement is readily available to all interested parties.

The Supplier Boot Camp has delivered invaluable feedback to the NHS Business Services Authority (‘NHSBSA’) and the wider stakeholders to support its on-going work to develop the tender documents for this contract opportunity. The level of supplier engagement and participation in the process has been welcomed and is much appreciated.

**Background: General**

The PIPP and EPRR programs are managed and executed through the NHS Business Services Authority on behalf of Public Health England, NHS England and the Department of Health.

The NHSBSA is preparing to go to market for one contract for PIPP and EPRR storage and distribution services. The PIPP and EPRR services are currently delivered by NHS Supply Chain under a Master Services Agreement (MSA) between the NHSBSA and NHS Supply Chain. NHS Supply Chain is the trading name of DHL Supply Chain Limited ("DHLSCL") a wholly owned subsidiary Excel Europe Limited. Under the MSA, NHS Supply Chain provides healthcare products and supply chain services to the UK’s National Health Service (NHS). The timing of this re-procurement exercise is driven by the expiry of the current contract with NHS Supply Chain on 30th September 2018.

**Background: Boot camp**

The opportunity to participate in the Supplier Boot Camp was made publicly available through the publication of a PIN notice[[1]](#footnote-1) and Corrigendum[[2]](#footnote-2) in the Official Journal of the European Union and the opportunity was also published on Contracts Finder[[3]](#footnote-3). The purpose of these notifications being to initiate pre-tender market engagement for this contract opportunity.

During the weeks commencing 14th and 16th December 2016, the NHSBSA, and other members of the Project Team, presented to and met with a cross-section of the market via a Webinar and one to one conference call sessions.

Meeting with a cross-section of the market ensured the pre-tender market engagement was carried out in a fair and transparent manner, to build the profile of the programme and its credibility with the market place.

Interested parties registered to attend a Webinar and were offered individual supplier meetings with the NHSBSA and members of the Project Team.

A presentation was delivered by the NHSBSA and members of the Project Team to all registered suppliers on the morning of 14th December, 2016 and this was then followed by individual supplier meetings. Further individual supplier meetings were held on the 20th December 2016.

Nine suppliers registered to attend the Webinar, of which eight (8) initially requested an individual supplier meeting. Following the Webinar five (5) Individual supplier sessions took place, three (3) suppliers subsequently declined the individual supplier session as they felt they had sufficient information following the Webinar.

The suppliers were as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier Name** | **Registered for the Webinar** | **Requested 121 within stated timescales** | **Attended 121** |
| DHL Life Science |  |  |  |
| National Air Cargo |  |  |  |
| Alloga UK |  |  |  |
| XPO Supply Chain UK Limited |  |  |  |
| CEVA Logistics Ltd |  |  |  |
| Movianto UK Ltd |  |  |  |
| Crane Worldwide Logistics (UK) Ltd |  |  |  |
| FFG logistics |  |  |  |
| TNT UK Limited |  |  |  |

All 1-2-1 meetings lasted for a maximum of 45 minutes.

Each 1-2-1 meeting was structured around both parties asking questions. Suppliers were given an opportunity to raise any questions they had. The NHSBSA had a list of 16 set questions which were asked and answered firstly, following which the suppliers questions were raised.

**Outcomes**

The key outputs of this report are to:

* act as a public record of the Supplier Boot Camp;
* document for all interested parties the output of the Supplier Boot Camp identifying the key findings, themes and principles;
* for the NHSBSA and wider Project Team to use the findings of the Supplier Boot Camp to assist in the development of the:
  + Business requirements and specifications;
  + The PIPP and EPRR contract based on the Government Legal Services Model Services Agreement (GLSMSA);
  + Selection and Award Criteria for the procurement process.

**Report Content**

This report contains the following:

* Part 2 - Commentary on the presentation delivered by the NHSBSA (copies of the presentation slides can be found at Appendix 2 of this report);
* Part 3 - Commentary of the individual supplier meetings; and
* Part 4 - The 16 pre-set questions and a summary of Supplier responses to these.
* Part 5 – Summary of the questions and themes posed to the NHSBSA by the Suppliers and the NHSBSA responses.

**Next Steps**

In terms of next steps, the NHSBSA has set out the following indicative, non-binding timetable for the procurement process (please note that this may be subject to change):

|  |  |
| --- | --- |
| **Activity Milestone** | **When** |
| 1. Publication of the Supplier Boot Camp Outcomes (this report) | February 2017 |
| 2. Issue of the Contract Notice in the OJEU | 8th May 2017 |
| 3. Invitation to submit an Initial Tender (to shortlisted suppliers) | 26th June 2017 |
| 4. Negotiation phase (if applicable) | August to October 2017 |
| 5. Evaluations and approvals | November – December 2017 |
| 6. Anticipated contract award | March 2018 |

The NHSBSA does not commit (through the answers given or otherwise) to any particular scope of services for the PIPP and EPRR Storage and Distribution contract requirements, does not commit to any timescales, and may delay the start of any procurement process, or suspend, amend or terminate any procurement process that is started, and is not committing to awarding a contract.

The NHSBSA gives no warranty on the information presented within this document or related documents.

The NHSBSA will not be liable for any costs, expenditure, work or effort incurred by a supplier in proceeding with or participating in the Supplier Boot Camp, any other pre-procurement market engagement or any procurement process, including if any such procurement process is delayed, suspended, amended or terminated by the NHSBSA.

# Presentation: Summary

The Supplier Boot Camp opened with a presentation delivered by 4 members of the project team;

| **Attendee** | **Org** | **Role** |
| --- | --- | --- |
| Martyn Underdown | Public Health England | Head of Clinical Countermeasures |
| Steven Carr | NHSBSA, Strategic Sourcing | Strategic Sourcing Manager |
| James Turpin | NHSBSA Supplier Management | DH Services Senior Contract Manager |
| Tim Rickeard | Infomax | ImmForm Technical Service Delivery Manager |

The presentation was based on the slides set out in Appendix 3 of this Report. The topics highlighted by the NHSBSA during the course of the presentation are outlined below.

The NHSBSA explained that the purpose of the Supplier Boot Camp was to:

* Provide the market with an overview of the NHSBSA and its client PHE’s model / requirements for the PIPP and EPRR service;
* Provide an opportunity for suppliers to ask members of the NHSBSA and PHE’s project team questions on the outline requirements and procurement approach;
* Inform the NHSBSA thinking and procurement approach through supplier feedback.

The key messages the NHSBSA gave to the market through the Supplier Boot Camp are set out below:

* Overview of the two Government Programmes – PIPP and EPRR, synergies between the two programmes, size and scope;
* Current and Future state delivery models;
* IT Systems and Integration – how this service fits into the bigger picture;
* Rationale, timelines for the procurement process and transition / mobilisation.

The first part of the presentation focused on the Supplier Boot Camp objectives and the purpose of the 121 sessions with the NHSBSA and Project Team.

This was followed by a high level overview of the UK stockpiles of products in preparedness for public health emergencies and an overview of the current and future state models.

The final part of the presentation focused on the procurement approach, this covered;

* the expected OJEU procedure to be used (Competitive Procedure with Negotiation);
* collaboration / contract management approach;
* the procurement timeline and the use of the Bravo Solutions e-tendering web portal.

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# Individual Supplier Meetings: Summary

Individual Supplier Meetings with the NHSBSA and Project Team took place with those suppliers which requested meetings following the completion of the NHSBSA presentation. Three meetings took place on the 14th December 2016 following the presentation and two took place the following week on the 20th December 2016.

Each meeting was structured around both parties asking questions.

The NHSBSA and wider Project Team had internally pre-agreed a set of questions for suppliers, and both the questions and key messages are set out in part 4 of this report.

Individual supplier sessions were structured as follows:

* Duration: 45 minutes
* As indicated in the Supplier Boot Camp Information (appendix 1) sent to suppliers attending the Supplier notes were taken from each individual supplier session by the NHSBSA, and the key messages are included in this report to be shared with all interested parties.

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# 4. Individual Supplier Meetings: NHSBSA Questions and response themes

The NHSBSA posed 16 questions to each of the suppliers who attended individual meetings. Each of the questions and the insight provided by the answers can be found below:

|  |  |  |
| --- | --- | --- |
|  | **NHSBSA Question** | **Supplier Answers (Themes)** |
| 1 | What synergies are identifiable between these two elements (PIPP & EPRR) of the service and how could you realize the benefits, if any? | * There are synergies across both areas however each has its respective challenges, typically at the deployment stage. * A strategy for single contract, as predominantly storage, is sensible and would drive more efficiency across both areas e.g. management team, stock flexibility. * The benefit of having as single contract also included efficiencies and cost savings driven by having one management structure. Consolidated management would allow events to be managed more efficiently. * Suppliers felt they could deliver savings through a better use of assets and warehousing space. * Suppliers would require a greater level of understanding of the contract at the tender stage - management and structure makes sense but they are quite different in the service Levels and this must be clearly defined. * Risk of hitting the 5 hour deadline outweighs the costs. It was highlighted that there are different suppliers in the market and that some will specialise in 5hr response. These suppliers would probably be different to a more general logistics organisation. |
| 2 | Pricing models, what is your expectation on this and how would you propose to account for the service provision?  E.g. what is the preferred fee mechanism, fixed fee, open book, cost +, R&R (Gain) | * Suppliers were on the whole comfortable with open book approach for most areas of the contract as well as the concept of cost plus with gain share opportunities. * Whilst there were no issues with open book some suppliers had a preference to other mechanisms such as a fee plus linked to other contractual mechanisms such as service levels, savings and service improvement. This would allow the supplier to bring innovation and better ways of working in the future. Maybe consider closed book at later stage. Would want to come up with a beneficial solution for both parties. * It was indicated that during the transition an open book mechanism would be beneficial as there a lot of unknowns that could be key in influencing the price. * In the context of the requirements driving a fixed cost base as well as a dynamic element any solution would require flexibility and also pool of resource on standby. On this basis a closed book element could be best as it allows the supplier to pull budgets across different contracts. An alternative model suggested an incremental cost instead of fixed cost with open book on the basis this provides flexibility. * Other mechanisms suggested were cost plus margin with revenue share margin to drive efficiencies through innovations. |
| 2.1 | What is the minimum and maximum contract term you would ideally propose to ensure ROI? | * Suppliers generally indicated that 5 years would be the minimum contract term to get return on investment and to get maximum use of assets. * Suppliers indicated there may be a need for infrastructure investment and anything less than a 5 year term would be very difficult to justify any expenditure. * Other market factors would drive their own investment decisions e.g. commercial leases of this nature could be 5 years and negotiation around early termination would impact on the cost. * Feedback on term ranged from the minimum of 5 years (3+1+1) to 10 years and that 7 years could be the optimum period. |
| 3 | How will you build innovation into your bid and expect this to be realised and measured in addition to the core services.  Are there any services which you think would complement or drive efficiencies in this contract. | * There was a view that there was a limit to innovation in the main storage element of the contract as the stock will mainly remain static. * Specifically there could be opportunities to cycle stock, utilising fewer sites for PIPP (EPRR different). Rotating stock from long term to short term was proposed. The use of Wholesale providers for fast moving products may drive efficiencies. * Updating IT could drive efficiencies in the contract. * There may be transportation innovations. * In the delivery of the service the approach to route planning may deliver efficiencies. * In the warehousing solution there may be more energy efficient storage options. * Suppliers would look to the opportunity to build continuous improvement into operational execution and this could be jointly owned/incentivised. |
| 4 | Given we are looking for scalability (ability to flex up and down) and flexibility (location of sites and ability to change services) what do you see as being the biggest challenges in achieving this and managing this? | * The majority of the contract is steady state stock management but there is a challenge to deploying stock and managing pool of labour in an emergency event. * The market can offer flexibility through the number of sites and network. Aites with vacant space can be utilised and suppliers can move stock between sites if needed. * Suppliers indicated their experience of creating felxibile solutions in this sector and flexibility is a key point particularly when managing seasonality swings. * There was an emphasis on sufficient planning and notice being provided. This is an important factor to the market. * Supplier highlighted the drivers that facilities need to ensure there is the capacity to scale up or down. This needs mapping out and should allow for the potential use of . sub-contractors. * Maintaining an equal balance of enough contingency in strategic sites / proposed infrastructure is key. * The proposed business continuity plans need to find a balance to ensure the correct price can be offered. |
| 5 | What are your initial thoughts on timescales to implement a solution on this scale. Consider the IT transition and stock transfer, staff training, warehousing capability.  What are the typical timescales for each stage to attain a go-live date of 30th September 2018. It is currently expected that the contract will be awarded by April/May 2018 and should also allow for sufficient time for any transition/testing. The NHSBSA is particularly interested in whether these timescales are considered as achievable. Suppliers can suggest alternatives timescales which may differ to those indicatively stated. This information will be used to inform the project timescales. | * The market highlighted the importance of early engagement to facilitate the transition. * Typically a transition period of 6 months would allow sufficient time to: * review systems, * correctly handle any transport issues * negotiating new lease terms (key risk for any new real estate) * sourcing and fitting out of warehousing * Regulatory requirements * IT/systems testing * The 6 month timescales would also reflect the requirements of c4-6 months for IT interface development testing and the relocation/implementation of the project which were seen as two key risks in the implementation phase. * It was clear that there must be consideration around the timescales in the context of maintaining a level of readiness. The transition bcomes more difficult as stock is held in multiple locations. * The proposed May to September period could prove challenging. |
| 6 | In your experience when bidding for contracts of this nature is there anything that has created an issue / or barriers to success during the procurement process? | * There was an emphasis from suppliers that they would require a lot of data at next stage of the process. * Suppliers raised their requirement to have sufficient time to review and consider the legal contract terms. * Some concerns were raised about the exit provisions with the incumbent supplier and these could be a barrier if they are not clear or correctly managed. * The general feedback was that any issues would come out through procurement process. |
| 7 | Are you able to give us examples of where the solution you propose has been successfully implemented and is it similar in scale? | * Examples were provided but they are confidential to each supplier. |
| 8 | Suppliers are invited to highlight the key risks and/or considerations the NHSBSA should factor in and how can they be mitigated during the following stages:  For examples:   * Transition and implementation of the product/solution from the incumbent * Timescales (overall to the project and against any key milestones) * Data migration from the existing systems to your proposed product * Highlighting any dependencies on your delivery from the NHSBSA (i.e. where the NHSBSA will be required to complete an action to allow you to deliver the services, e.g. firewall permissions.) * Running of the contract   What dependencies do you envisage you would have upon NHSBSA/Incumbent. | The following areas were raised as key risks and considerations:   * It interface testing / deployment * Critical path around MHRA licences * Transition / implementation * Timescales * Data migration * Co-operation with incumbent provider |
| 9 | How would you expect to develop your systems to work with exiting NHSBSA systems? E.g. data migration/set up. | * The market indicated they do a large number of interfaces each year and some suppliers have the skills in-house. * Suppliers indicated it was difficult to answer at this stage and would require full visibility of systems. * Suppliers suggested that during the procurement process they would recommend IT personnel attend sessions to understand what is required in the design. |
| 10 | What testing across any aspect of the service would be carried out ahead of going live? | * Feedback demonstrated that testing would be carried out ahead of go live as long as there is ample time (e.g. 6 months). * Areas of testing to consider included 3 initial test sessions – inbound logistics, warehouse management, test event situation. |
| 11 | Please identify any areas/requirements which your solution might not be able to meet?  NB/Prompt The NHSBSA would also like to understand whether the requirements appear unreasonable or unachievable. | The following were raised as potential areas which may need addressing:   * Transport – may need to sub-contract * Temperature monitored / controlled vehicles. Must have clarity in the requirements * Need visibility of technology * MHRA * Standby resource |
| 12 | In addition to transport services please identity whether you would need to sub-contract any aspect of the contract (storage, warehousing, systems, and delivery). | Based upon the information presented there were limited responses. Suppliers highlighted areas which may need to be sub-contracted but they would be clear once the full requirements are clear. Areas discussed were:   * EPRR or look at doing it differently; * Systems – licence instead of own. |
| 13 | What are your initial thoughts on meeting the proposed response times (5 hour to any location) and how are these achievable through your existing infrastructure? | The market acknowledged EPRR could cause some challenges and would address through the following:   * A solution will be best identified if there is visibility of potential locations / delivery points – driven by data which will be required at the procurement stage. * Consider partnering with a wholesaler or UK based national courier company. * The provision of a robust and experienced event management solution. |
| 14 | Do you currently have any sites that meet the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) and how could you have this in place for the commencement of the contract? | On the whole the suppliers confirmed they currently have sites which are MHRA approved and they have previously built solutions which could meet this requirement. |
| 15 | How would you propose to maintain response times during peak fleet times?  Prompt – question is focused on understanding labour and transport capability during these times. | The suppliers presented a number of solutions:   * Ensure appropriate base level. * Work with sub-contractors at short notice * National contracts * Fleet in place * Peak times – scalability * Peak fleet –builds tailored solutions |
| 16 | Have you got everything that you need from us to be able to make a bid / no bid decision? | The suppliers indicated this was a good opportunity and there was interest in participating although it was acknowledged suppliers may need some investment. The suppliers specifically requested more data be made available and that there is transparency around the information. |

# 5. Individual Supplier Meetings: Supplier Questions themes and NHSBSA Answers

During the individual supplier meetings suppliers were given opportunity to ask NHSBSA questions relating to the presentation delivered and the Managed Infrastructure Services and procurement. The table below summarises the themes that arose and the NHSBSA answer:

|  |  |
| --- | --- |
| **Supplier Questions (Themes)** | **NHSBSA Answer** |
| **Warehouse Sites / Stock / Locations** | |
| Are the sites standalone or combined with other NHS sites? | Looking for suppliers to use their expertise, we don’t have an issue with multi-user or dedicated sites, as long as the requirements are met e.g. MHRA, response times |
| The presentation referred to sites being compliant with the Human Medicines Regulations but what about MHRA | As above. |
| Number of sites? | As long as the supplier can demonstrate that the KPI’s can be met there are no restrictions on the number of sites. |
| Is there any guidance on volumes in set geographical locations or is this down to discretion?  What is the position on holding all the stock in one facility versus having several sites? | Where products are stored is up to the supplier as long as the delivery profile and SLA can be met. Ensuring adequate contingency and business risk management plans are in place. We are looking for innovation, no view on how many sites. There will be a storage and distribution plan that would be agreed between the supplier, the BSA and PHE.  For clarity - to hold a single product in one location could present a risk (e.g if there was a flood, fire or temperature excursion) of all stock being lost for that product. Supplier’s strategies must minimise this risk e.g. holding products across multiple sites. |
| Current locations – are these the current providers assets? Are they dedicated sites or is there any opportunity to transfer them? | Current providers or their sub-contractors assets. Multi-user sites so limited opportunity to transfer / novate leases. |
| Are other UK Countries sourcing their own locations through their own procurement process? | Yes |
| Is there visibility on where the 16,000 locations are? | Yes, the locations are known. However, prior to a pandemic it is not clear what locations would need to be delivered to. A lot may be pharmacies, with a route to market. 16,000 is to give an indication of the scope, the requirements will be in the tender pack. |
| Can PIPP / EPRR be co-located with NHS Stock | No issue with this being explored as innovation. |
| Who has liability for the stock and insurance? | The Authority hold the title of the goods but the supplier would be expected to cover the cost of insurance, within the contract finances. |
| Is there an intention to rotate PIPP stock with NHS Supply Chain | We are looking at stock cycling opportunities; the challenge is what products, when and how frequently. Could not undermine the UK market. |
| Who is responsible for procuring new stock following an event? | Procurement is by a separate division, this contract is for storage and distribution only. |
| At what stage will activity data be available around product cycling? | This is an area that we want to develop but it is not happening currently. |
| Is there a programme to replace products with different expiry dates? | Yes, but this is an area for innovation |
| How far does the service provision cover? Will the service incorporate Scotland and Northern Ireland? | The service is predominately in England and the 5hr response covers England only. In respect of EPRR, other UK Countries have their own stock but are backfilled from England and there is a standard drop off (24hr response) to pre-determined sites. For a Pandemic, these would come into England and are then distributed to other UK Countries, who control their own stocks. However, this process could change. |
| **Transition / mobilisation** | |
| How will this work – migration to a new solution | It is envisaged that we will hold viable stock levels with the incumbent |
| Could you provide clarity around the incumbent supplier and how you would envisage existing assets (Warehouse, vehicles, IT systems) to transfer or would they need to be built from scratch? | We would be looking for the new supplier to provide a Warehouse Management System. The current sites are owned by the incumbent so would not be transferring. There is only a small amount of IT that would transfer. |
| Could you provide more detail on mobilisation? | The process for the pandemic influenza preparedness stocks would follow well documented Government phasing (similar to the World Health Organisation phasing). A Pandemic would be declared by the World Health Organisation, and we would provide a response to the notice including the nature / type of response. We would give the Service provider details of the products and where they need to be delivered to. The process will be detailed in the tender pack. |
| **Transportation** | |
| The presentation mentioned vehicles, are these temperature monitored or controlled? | Ideally vehicles should be ambient temperature controlled; however there may be exceptions for deployment situation. There will be more clarity from the MHRA moving forward and at ITT stage there will be a detailed specification available. |
| What are the requirements regarding temperature controlled vehicles? The presentation mentioned controlled ambient and ambient, are these the same? | Please reference above. |
| **Contract** | |
| Presentation included 3+1+1, is this fixed | This is the standard contract duration and was proposed following some benefit analysis. This is an area where we want feedback and to understand the drivers for a longer contract duration e.g. investment in infrastructure. |
| Approval |  |
| **Commercial Model** | |
| Fee mechanism | Using the Supplier Day to test the market. |
| Risk Transfer |  |
| Management Structure – TUPE implications? | TUPE may apply to a small number of contract management staff (less than 15) but not the wider support staff. |
| **Other** | |
| What is the approval process | This is a gated process and a Final Business Case will go to relevant stakeholders and the Cabinet Office. |
| Is there a Government Strategy for immunisation giving staff working on the contract early treatment in the event of a pandemic? | No, there is no early treatment available. A pandemic specific vaccine would need to be manufactured and would take approximately 6 months to become available. Specific groups would get the vaccine first e.g. at risk groups and Healthcare providers |
| Testing to check the process – how does this look as a working project? Is there an option to agree a time of year to minimise the impact on the supplier base? What sort of notice will be given? | There will be two different types of test, for Pandemic and Emergency, and we need to agree when the testing will be undertaken.  Pandemic – will be a regular test, dependant on the number of sites, a month to test sites (once or twice a year) and we will advise co-ordinate with suppliers for dates and timings date. We will either test all, or elements of the service.  Emergency response – we will agree when testing takes place and advice the management but not the warehouse. |

# Appendix 1 - Pre Tender Market Engagement Documents

Please see below the embedded document which was provided to suppliers which registered an interest in taking part in the pre-tender market engagement (double click to open).



# Appendix 2 - Supplier Boot Camp Presentation Slides

Please see below the embedded Supplier Boot Camp Presentation slides from the 14th December 2016 (double click to open).



**Document Ends**

1. <http://ted.europa.eu/udl?uri=TED:NOTICE:408216-2016:TEXT:EN:HTML&src=0> [↑](#footnote-ref-1)
2. <http://ted.europa.eu/udl?uri=TED:NOTICE:423033-2016:TEXT:EN:HTML&src=0> [↑](#footnote-ref-2)
3. <https://www.contractsfinder.service.gov.uk/Notice/c1d03007-4ad3-4618-8b51-79374e06b093?p=@QxUlRRPT0=NjJNT08=UF> [↑](#footnote-ref-3)