

NATIONAL BLOOD SERVICE STRATEGY REVIEW

ISSUE

1. NHS Blood & Transplant (NHSBT) is currently in the latter stages of a review of its strategy for the National Blood Service (NBS)

2. This review is being carried out by a dedicated team consisting of NHSBT staff, supported by McKinsey & Co. The review will report to the Board of NHSBT on 10th January 2008.

3. The report's recommendations are likely to fall into the following broad areas:

- Immediate priorities;
- · Developments in the medium and longer term;
- Areas where further analysis will be required.

4. Although the review is still underway, early indications are that it will recommend a different configuration to the 3 'super centres' (see para 7), retaining more processing and testing centres than originally proposed.

5. Staff, trades unions, hospitals and other stakeholders have been kept informed of progress on the review and engaged in discussions about the future of the service. The Chairman of NHSBT wrote to all MPs and relevant professional bodies in July 2007 about the review, offering to meet them and discuss any concerns.

NHSBT SERVICE STRATEGY

6. NHSBT published its five-year strategy in December 2006. As it relates to the NBS, this strategy seeks to address the following key issues:

- Assuring the collection of sufficient supplies of red cells and platelets to meet stock targets and forecast demand. The need to address the declining number of blood donors – as a matter of urgency – is central to this. The service offered to donors must change, in terms of convenience (times, locations etc) and the overall donor experience.
- Ensuring that the organisation has the capacity to process blood to the standards required by the relevant licensing authorities (now and in the future). This entails the replacement and/or modernisation of some processing and testing centres to provide the necessary flexibility to meet future safety requirements, such as prion filtration and testing (vCJD).
- Providing a range of specialist services to hospitals
 While these are valued by hospitals, they operate at a loss, so that the core blood supply is currently subsidising these services to the tune of approximately £25 million per annum.



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 Stabilising the price of red cells (currently at £140 per unit) to provide a secure supply of safe blood at a price which represents value for money for the NHS.

7. The strategy proposed the following changes to the configuration of the NBS through consolidation of:

- 11 blood processing and testing centres into 3 'super centres' of which Filton, near Bristol is one (see para 3) - while retaining most of the current stock holding and blood issue network. These 3 centres would serve the South West (Filton), South East (Colindale) and North (Manchester).
- 10 Red Cell Immunohaematology reference laboratories into 5.
- Antenatal screening into Filton.
- Reagents and tissue production into the Liverpool centre.

8. A number of changes are already well underway and will, therefore continue. These include the construction the new centre at Filton which is running on budget and to time (with building works due to be completed in June 2008) and the consolidation of services in the South West into the new facility over the ensuing months.

9. All other changes proposed in the strategy are currently on hold pending the outcome of the review.

10. A loss of approximately 600 posts (out of a total of nearly 5500 across the NBS) was anticipated as a result of the changes proposed.

11. The strategy (and the review which is currently underway) also seeks to address the anomalies in the configuration of the blood service which have arisen, often for historical reasons, so as to ensure a consistent service across England and North Wales.

NBS REVIEW

12. The Board of NHSBT commissioned a review of the NBS strategy in July 2007. This decision was taken in light of concerns expressed by staff, trades unions and some stakeholders and MPs about the evidence base for aspects of the strategy and the ability of the organisation to deliver the goals set out within the agreed timescale.

13. The review is examining the aims and assumptions underpinning the strategy, so that the Board and stakeholders can be assured that:

- the primary challenges are fully recognised across the organisation;
- the current solutions are appropriate to meet these challenges are supported by adequate evidence;
- the organisation has the capability to take all corrective measures which the review shows to be necessary;

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 the necessary steps are taken to engage stakeholders and reflect their views and needs, as appropriate, in confirming and implementing NHSBT strategies.

14. The review consists of two strands – the first looking at the key activities of the blood supply chain and the second, running in parallel, at specialist services.

15. The review does not imply a reduction in the ambition of the original strategy and it is possible that some change projects will need to be accelerated as a result of its recommendations.

TIMING

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16. NHSBT will let DH see their revised plans once the review's recommendations have been agreed by the Board of NHSBT in January 2008. Officials will ensure that MS(PH) sees this.

17. DH officials have been kept informed of progress on the review.

18. The current proposal is for details of the report's recommendations and a likely timescale for changes proposed to be communicated to staff, trades unions, stakeholders and MPs in January 2008 (following the Board meeting). The content of the initial communication will, of course, be subject to the Board's conclusions. Staff, in particular, have been waiting for clarification on changes for some time, so details need to be shared with them as a matter of priority.

STAKEHOLDER COMMUNICATIONS

19. At the time of the launch of the strategy a comprehensive communication programme was undertaken. This included writing to all MP's inviting them to meet with the Chairman and up to 20 did so, including Andrew Lansley. They all appeared satisfied and have not subsequently come back to NHSBT with any major grievances. Your predecessor Caroline Flint also met with the trades unions Amicus and Unison to discuss the proposals at the end of last year.

20. The following engagement events and meetings are taking place throughout the course of the current review:

Staff: NHSBT directors are visiting each NBS centre to talk to staff about the review, with an opportunity for them to ask questions and raise concerns. A fortnightly staff briefing also gives staff details on the specific progress of the review.

Trades Unions: Staff representatives were briefed about the decision to undertake the review at the regular National Joint Staff Committee meeting. Subsequently, two additional meetings were held in October focusing on donor services and laboratory/logistics activities. The purpose of these meetings was for the review team to gain a clear understanding of staff views and ideas on the strategy. A further set of meetings with trades unions representatives will take place in November, at which the review team will give an update on the progress of the review and take any further representations or feedback. This will be followed by a final meeting about the review in December before it reports to the Board.

Hospitals: Three national hospital events have been held to discuss the key challenges facing the NBS and to work with hospital colleagues to identify potential solutions, with an opportunity for them to raise concerns and for these to be fed into the review process.

At a local level, the specialist services team have been meeting hospitals to discuss proposals and possible options for some of the services which the NBS provides.

Professional Bodies: The Chairman and Directors have been meeting representatives of professional bodies on an individual basis throughout the review.

An Expert Panel has been convened to act as a sounding board for review proposals. This is made up of representatives of the key professional bodies – such as the British Society for Haematology, British Blood Transfusion Society and Royal College of Pathologists.

MPs: While all MPs were informed of the review in July 2007, only one – David Blunkett MP (Labour – Sheffield Brightside) – has sought a meeting with NHSBT. This took place in September 2007, with Mr Blunkett requesting further details once the review has concluded. A number of MPs have requested the same detail at this stage.

A number of Overview & Scrutiny Committees have also been briefed – in person and in writing – about the review and its progress. Again, they will be updated once the review has reported to the Board.

21. There has been relatively little interest to date from the media in the proposals set out in the original strategy, but this is likely to change once it becomes clear which of these proposals will go ahead. Local opposition to any changes is likely to be played out in the media, if only at a regional/local level.

NEXT STEPS

22. We propose an meeting between officials and the Minister early in the new year followed by a meeting between the minister and the NHSBT Chair and CEO

27th November 2007