FEEDBACK FROM 'BLOOD MATTERS' (12/6/98 AT ROYAL COLLEGE OF PATHOLOGISTS)

Barry Savery presented Mike Fogden's Overheads

Overheads

1. Cash Report - Taking the NBS Forward
2. Cash Report - summary - will report by 31 October 1998
3. Concentration of issues facing NBS (supply, safety, structure, standards, staff)
4. Supply - impact is Waiting List Initiative - monthly increase - challenge for NBS.
5. Supply - how to achieve?
6. Safety - leucodepletion, NAT testing, plasma, MCA inspections
7. Structure - 14 into 3, zones, centres, functional management
8. Standards - have come a long way in getting national standards. Need to operate across functions. Review role of Watford. NBA is the legal entity (statutory authority). The Service operates as the NBS (Blood centres + BPL)
9. Staff - some conflicts between national and local, terms and conditions
10. Summary

Q&A / Comments

A Robinson - referred to Harold Gunson.

B Savery - Sec of State still in honeymoon period. Appointment of Chief Exec unlikely to be before October at earliest.

J Gabra - All felt need for change. Strategic views geared by "bee in bonnet". Have to be conscious of what the real issues are

A Robinson - Chairman does not want us to be scapegoat for failure of the WLI, therefore Collection Challenge.

T Snape - Strategy Group - is this just NBS?

B Savery - It will involve BPL.

N Anderson - Bleed by appointment? (M Fogden concept)

A Robinson - Has advised Chairman to view as many sessions as possible.

F Boulton - Chairman came from outside the Service. It is interesting that the first thing he has identified is collection strategy. If we are successful in raising collection rates, testers/processors working already at saturation. Need to strengthen collections as well as processing/testing.

A Robinson - Collections is the core business - impacts on all areas.

B Savery - Leucodepletion is mammoth challenge

L Williamson - What are we looking for in our new Chief Exec? Feeling isolated - can we attract someone from within the NHS rather than from industry?

B Savery - Will be open situation, will be advertised.

A Robinson - both I and Barry have had input into the job description. Get confidence back that we are part of the NHS.

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Barry Savery - National Pricing

- Explained difference between NBA and NBS - NBA is legal entity (like Health Authorities, NHS Trusts) with a Board, but operates overall as NBS with 2 constituent elements: - BPL (operates with commercial competition), Blood Centres (internal market)
- £200M - ¾ Centres, ¼ BPL
- WTE - 5,500 in all

Overheads

1. National pricing: history
2. RTCs had 14 different costing systems - 14 different pricing systems; some specialist services funded by RHAs, others by product pricing; some R&D expenditure in product pricing, other R&D funded by regions; wide variation in prices
3. National initiatives (i)
4. National initiatives (ii)
5. Benefits - single price fairer to all
6. Progress to date - National Working Group (report available) - National pricing from 1.4.99 for red cells, platelets, whole blood, clinical FFP.
7. Proposals (i)
8. Proposals (ii) - National Contracting Group - NBS representatives are Sue Knowles, Steve Morgan, Barry Savery and an Ops Director (either Terry Male or Peter Garwood).
9. Proposals (iii)
10. Proposals (iv)
11. Proposals (v)
12. Proposals (vi)
13. Summary

Q&A / Comments

F Boulton - need to get to local colleagues, negotiation on prices is at NCG. Discuss clinical/service issues at local level. Need to have meaningful discussions on clinical issues. Need to be empowered to take things back locally and make clinicians feel there are in touch.

A Robinson - fair and even distribution.

H Doughty - Is there going to be central funding and will it continue in subsequent years?

B Savery - Prices will go up but hospitals will be funded in base year. When we negotiate nationally (leucodepletion, FFP, NAT etc) we may have to double our prices. Told by the DoH to put cost onto prices. We have to justify it. Will DoH fund the increase and will this get to purchasers?

N Smith - What will range of increase be?

B Savery - 10-20%.

S Knowles - what is basis of costing model?

B Savery - Any national costing model will need changes. Need to share this with colleagues so they can pass on to the haematologists.

D Pamphilon - Will NBS inflation be the same as NHS inflation? We are passing on more - this is illogical.

B Savery - Under present system this is down to individual negotiation - power of local Trust. Sensible to move to NHS inflation. One less thing to quibble about.

T Wallington - Thought process must be given now.

A Robinson - Links to CMO Initiative on appropriate use of blood.

? - national price for the various services we offer?

B Savery - Break even in Zones will disappear. Emphasis taken away under national pricing.

N Smith - How will we inform haematologists?

A Robinson - notes on 'Blood Matters' meeting will be put into Blood Matters newsletter. Health Services Circular.

J Gabra - April 1999 - will be important to have a PR exercise - not linked to failures.

A Robinson - Will have support from Ministers downward.

C Chapman - Can we have repeat of the Blood Matters meeting in the North?

A Robinson - will discuss this with Chairmen of the ZBUGs.

S Knowles - What about a 'roadshow'?

C Chapman - This will bring the NBS closer to the local haematologists.

T Wallington - If, and when, we go to leucodepletion, need to have a PR exercise.

T Snape - Remoteness of hospital haematologists - high need for communication.

A Robinson - Roadshow using replacement teams to present the issues.

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Peter Flanagan/Lorna Williamson - Blood Safety Issues

- nvCJD - plasma; SEAC risk assessment; universal leucodepletion; NAT; Virally safer FFP
- Blood Products and Blood Components - Article 129 - EC now has authority to set minimum standards that all European Blood Transfusion Services must meet; these measures shall not prevent any Member states from maintaining or introducing more stringent measures.
- NAT - current position
- SEAC risk assessment: summarised comments received at Blood Matters meeting.
  - tendency to think of this as a nonsense
  - identify why SEAC are concerned re blood and nvCJD
  - potent reason is potential for nvCJD epidemic
  - damage already done - BSE/banned beef
  - having removed the 'feeder' it will die out
  - is there a mechanism whereby a vector will sustain the epidemic - blood transfusion?
  - fear of the unknown
  - given number of unknowns, unwise to dismiss this as irrelevant
- Oct 97 - nvCJD linked to BSE - potential for many infected donors; infectivity of TSEs in buffy coat (Brown) - B cells
- Nov 97 - Secretary of State commissioned feasibility study - report ready in Feb 98. Leucodepletion Programme Implementation Board set up.
- Need 12 months for universal leucodepletion - 'ramping up' - will have mixed economy of standard/leucocyte depleted products
- £80M per year (purchase of filters is major cost)
- France, Portugal, Ireland all implementing leucodepletion
- Benefits - good clinical trial data on CMV is good as seronegative
- Insufficient data with HTLV

- May be benefit in reduction of post-operative infection - protocol being developed
- How should hospitals wish to manage stocks during period of mixed economy?
- No patient selection - or target patients - who will decide? Which patients?
- Are users happy to accept as CMV safe for all patient groups?

Q&A / Comments

M Gesinde - Some users would still rather have CMV neg products - convinced it is better.

P Flanagan - (i) If you supply leucodepleted product, what is view of clinician re CMV negativity; (ii) we wish to say it's CMV safe (label). CMV safe is not the same as CMV seronegative.

S MacLennan - Some prepared to pay for both

L Williamson - Will take time to build confidence. Clinical trial? - helpful to understand what they want. May see demand fall if we leucodeplete.

S MacLennan - 'Ramping up' will be a problem. Hospitals will say if we can't provide, will they have to do it themselves. Fear of being sued if we should be providing leucocyte depleted product and we cannot supply.

A Robinson - MSBT - bedside filtration not an option in enhancing risk. We will say from a certain date that everything will be leucodepleted. Must have quality control. Will alter all our working practices. Educate users; stick to current guidelines; don't try and differentiate beforehand.

T Wallington - Must proceed in a way that doesn't introduce other dangers.

D Pamphilon - Will hospitals be charged for leucodepleted products during 'ramping up' stage?

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Sue Knowles - Summary of presentations by BUGs

- Opportunities to collaborate
- Communication problems between haematologists as well as between the NBS and hospitals.
- We've created multiple communication channels and have made things worse.
- Lots of support for creating bridges
- Joint posts in every hospital!
- Support for maintaining Blood User Groups
- Ted Gordon Smith reported that their remit continue and be extended

Sue Knowles - Summary of CMO Initiative (presented by Mike McGovern at 'Blood Matters')

- 6 July at St Thomas' Hospital - 3 of the 4 CMOs - supporting us in kickstarting appropriate blood usage; chaired by Miles Irving, introduction by Baroness Jay
- Health Services Circular - directive that hospitals have to follow SHOT and have a HTC.
- AR and SK with both be at the Seminar (both part of NBS Strategy Group) - how can we make the best use of this opportunity.
- Objectives - specific advice for service; exploit what we know; address areas of concern; develop central policy; promulgate - Health Services Circular
- Summary - exploit current concerns; improve practice, service and care; raise profile of Blood Service; support clinicians; strengthen confidence in Service