



Department  
of Health

From Jackie Doyle-Price MP  
Parliamentary Under Secretary of State for Care and Mental Health

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Councillor Helen Hayden  
Chair, Scrutiny Board (Adults and Health)  
Leeds City Council  
By email to: [steven.courtney@leeds.gcsx.gov.uk](mailto:steven.courtney@leeds.gcsx.gov.uk)

5 SEP 2017

Dear Mr Hayden,

Thank you for your letter of 4 August to Jeremy Hunt about the closure of NHS Blood and Transplant's (NHSBT's) blood donor centre in Seacroft.

I would like to apologise for the fact that the Scrutiny Board did not receive a reply from the Department to its letter of 3 May. The letter was, unfortunately, sent to a mailbox that had been used during the Department's triennial review into NHSBT and is no longer in use. I hope you will accept this as a reply to both letters.

After reading the enclosures to your letter, it would appear there has been a misunderstanding about NHSBT's legal status and the services it provides. NHSBT's legal status is as a special health authority, not an NHS body, accountable to the Secretary of State for Health and supplying critical biological products and related clinical services to the NHS, within a highly regulated environment.

One of NHSBT's functions is to provide a safe, reliable and efficient supply of blood to hospitals in England. For this function, NHSBT depends entirely on altruistic donation from blood donors and is not providing a clinical service to patients. Blood donated in the Leeds blood donor centre is taken to NHSBT's manufacturing site in Manchester for testing and processing before being despatched to NHS hospitals throughout England for transfusion, in line with patient need. NHSBT texts blood donors to thank them and to let them know which hospital received their blood donation.

Due to improvements in clinical practice, the demand for blood is declining each year. Therefore, NHSBT has had to review where it collects blood from. NHSBT's Blood 2020 Strategy, which can be found at [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk) by searching for 'performance and strategy', aims to improve donors' experiences of donating blood,

but also to modernise its blood collection service by making it as efficient, effective and economic as possible, whilst maintaining high safety and quality requirements.

NHSBT has to balance the need for improvements whilst encouraging existing donors, and new donors, to donate at times when NHSBT needs those donors' blood types to meet patient need. For example, NHSBT has to meet a high demand for O negative blood and urgently needs 40,000 more donors from black African and black Caribbean backgrounds as they are more likely to have the Ro subtype that is used for the treatment of an increasing number of patients with sickle cell disease.

NHSBT is directly responsible for its decision to close the blood donor centre at Seacroft, which is not a clinical service change. The Department therefore supports NHSBT's view that the blood collection service is exempt from both scrutiny by local authorities and the four tests for service reconfiguration.

NHSBT is constantly reviewing the clinical evidence when developing its policies and strives to be an open, transparent and learning organisation. I am aware that when considering making significant changes to blood collection sessions, NHSBT first consults with its employees before writing to affected donors, MPs and councils, to make them aware of proposed changes. After the employee consultation period has ended, and the responses have been reviewed, NHSBT makes an operational decision in line with the 2020 strategy. The decision is then relayed to staff, donors, MPs and councils. NHSBT has a good track record in helping support its staff to find alternative jobs within NHSBT or alternative employment elsewhere.

For any proposed changes relating to its blood stock holding units, testing or manufacturing sites, NHSBT additionally writes to local hospitals but, again, this is not a clinical service change.

I hope this letter clarifies the position and also sets out how much importance we place on the generosity of blood donors in Leeds, and in England. I understand that NHSBT has reviewed its communications with the Scrutiny Board and has made improvements to ensure committees like yours are better informed of any planned changes in their area in the future.

If you would like to discuss this matter further, please contact [externalaffairs@nhsbt.nhs.uk](mailto:externalaffairs@nhsbt.nhs.uk) to arrange a meeting with NHSBT's Executive Director of Blood Donation, Mike Stredder.

A copy of this letter has been sent to Mr Stredder and Martin Houghton, Secretary to the Independent Reconfiguration Panel.



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I hope this reply is helpful.

A handwritten signature in cursive script, appearing to read 'Jackie'.

**JACKIE DOYLE-PRICE**