

Submission from AMICUS

Overall

Issues identified with the strategy as a whole

- The review is not transparent.
- Major errors in the calculations used to justify the decision as local senior managers were not involved in the production or checking of these figures.
- Weakens the healthcare provision in Leeds
- Fundamental problems with blood coming back to Leeds site, to go onto Sheffield or Newcastle to test and process, to come back to Leeds for issue. Why not just do it all at Leeds
- No review of support services until 2009, after the front line services have been removed. Maybe this should have been looked at prior to the decision to remove front line services
- No cohesion in the strategy with respect to frontline and backroom services
- The frontline services are being cut as opposed to backroom services. So in response to this vast overspend in the backroom they cut frontline jobs in an area that not only generates all the revenue for the service, but is filled with highly specialised, technically trained staff that cannot be replaced from the wider community.
- Net increase in cost to the wider NHS. The price of a unit stays the same whilst there is an increase in the cost of specialist services, such as crossmatch.
- The removal of antenatal services may result in the hospitals taking this on. Increase in the financial burden placed on the already pressurised PCTs
- In the previous quadrant strategy Leeds was “ideally placed” as it has the best transport links. Also it was chosen as one of the national Nucleic Acid Testing (NAT) laboratory sites, as again it was “ideally placed”. Now Leeds is seen as not ideally placed and no satisfactory reasoning has been shown.
- The McKinsey’s report cost £750 000 and is deeply flawed. Errors have been found in the evidence used to justify the plan. If these errors are present what more errors are not immediately apparent.
- Leeds was not formally visited by McKinsey’s and the area measured. Both Newcastle and Sheffield were.
- In Sheffield and Newcastle the overall area that was measured included garages, offices, laboratories in use and plant rooms. None of these was taken into account at Leeds giving a false impression.
- There are differences in the detailed numbers first presented and what is now being presented with no explanation.
- A 30% over capacity is actually a 30% contingency should one centre fail. i.e. Sheffield in June 2007
- There is no plan should one centre fail. The remaining sites do not have capacity to make up for shortfall.
- One of the strategic heads, Michelle Ashford, stated that “the most effective sites have P,T, and I together” so why are they removing P and T at Leeds and Brentwood
- Leeds City Council and other official bodies have not been informed of the planned change. There would be no discussion with the LCC if the staff had not made LCC aware. How can the strategy have been “discussed with the stakeholders” if the LCC were not aware
- Leeds has the lowest PTI sickness rate of anywhere in the country and is the most efficient centre

Processing Testing and Issue (PTI)

Issues identified within PTI

- Overnight hold is going to be used, the RBC’s are not reaching the current specification.
- Since 2002 there has been an overall reduction in staff in PTI whereas there has been a 50% increase in staff in HR, IT and Finance. Maybe look at these areas first.
- There are different models between the north and the south of the country.

- Leeds has the lowest rate of discarded units in the country. This is due to all departments working to the highest standards of quality.

Processing

Issues identified within Processing

- Performance has not been used as criteria. MHRA thinks our site is suitable and Leeds has been the best MHRA performer for the last few years.
- Leeds Processing and Issue have the best performance in the North with respect to process losses.
- The calculations used to justify the decision are nonsense. They vastly underestimate the capacity here at Leeds.
- A higher percentage of male Fresh Frozen Plasma is produced in Leeds than any other site. Other centres produce more female derived plasma, thereby increasing potential risk of TRALI
- Leeds uses 26% of its Whole blood collection to make Frozen components this is more than any other centre
- There is in place a 16 hour shift rota so we can vastly improve capacity.
- Specialist products such as Intra Uterine Transfusions (IUT's) and Platelets in additive solution are not available off the shelf and must be processed especially. At present this takes place in Leeds but will move to Sheffield or Newcastle. Sheffield floods and Newcastle and Manchester are not always reachable by road. Placing lives at risk. Leeds has the largest teaching hospital in Europe and a brand new regional oncology centre. It would be folly to move these near patient specialist services away from the patient

Testing

- Geographical spread – Leeds has Nucleic Acid Testing (NAT) and the facility was created in Leeds due to it being ideally placed geographically and had enough spare capacity to cope with the increase in workload. As the MHRA has asked, how can these skilled personnel, and their skills, be moved whilst maintaining a service? There has been no answer
- New and emerging technologies would create space in testing, further increasing capacity.
- Leeds has been the reprovisioning site for Sheffield or Newcastle 16 times in the last 12 months
- National figures show that the blood grouping machine run by Leeds specialist staff is the most efficiently machine in the country. This quality of service is due entirely to the staff and quality of their work.

Donor population

- The Leeds site has built excellent relationships with local stakeholders, donors, hospitals, businesses and the local community. This link would be fractured.
- Yorkshire blood for Yorkshire people, again we have excellent community links and the relationship between the NBS as a whole and its donors are already strained. Why potentially make it worse by shipping blood to Newcastle and Sheffield for processing, just to bring it back to Leeds.

It is no coincidence that Leeds is the best performing site in all these areas. We have staff with real understanding and ownership of GMP and the quality systems in place and a real commitment to the service.