

Update for Scrutiny Board (Health) on changes to the National Blood Service – July 2008

The context of the changes was that the NBS was an Arms Length Body (ALB) which in 2005 merged with UK Transplant into a Special Health Authority, NHS Blood and Transplant (NHSBT), following the ALB review. NHSBT have been charged by the Arms Length Body Review with making substantial savings over the next few years and the NBS are using this process to reconfigure processes and upgrade their estate. In November 2006, a strategic plan NHSBT 2006-2010 was approved by the NHSBT Board which agreed changes to all three sections of NHSBT, the majority of which relating to the NBS by virtue of the relative size of this section of the organisation.

The changes take place against a background of increasing costs of blood relating to newer technologies, emerging threats (blood borne viruses and especially vCJD prions), falling donations, fixing of the price of blood in the UK, and the outsourcing of plasma from the USA. In addition the estate which NBS has inherited over the years was largely built during the Second World War, and is now in serious need of upgrading. This is of importance as the Medicines and Healthcare Products Regulatory Agency which inspects premises require standards (“Good Manufacturing Practice”) to be the same as those of pharmaceutical industry premises and many of the NBS estates have been served notices for major, cost prohibitive renovation or closure.

In the autumn of last year there was a review of the plan due to a number of concerns including the lack of wider consultation, and Leeds PCT fed our concerns into that process. The new plan is considered to be robust and acceptable to the Regional Transfusion Committee and the local Blood Bank Managers and is summarised below:

- Leeds Blood centre will now retain its red cell immunology lab which had been threatened for closure and relocation. All back up support for difficult cases and emergencies will still be available locally and no problems are now foreseen.
- By 2010, testing and processing will move to Sheffield or Manchester. This is essentially a back office change. Leeds will still collect and depot blood collections. The plans for this appear robust and no problems are foreseen.
- There will no longer be 3 megacentres for blood services in the UK. This is a good thing as more local services are being retained.
- By 2010 the NBS will pull out of routine antenatal screening services (blood group antibodies and microbiology screening) in a planned way with their support. A minority of hospitals use the NBS to provide this service. Leeds TH use their own in-house testing. Some of our neighbouring PCTs use the NBS for this but all are in the process of setting up themselves or sourcing local providers. The NBS has a commitment that it will not pull

any testing until a satisfactory local solution has been reached. The NBS will continue to do more complex antenatal issues.

- There will be some redundancies and relocation of staff inevitable as a consequence of the service modernisation.
- A big issue remains relating to blood donors. Leeds was one of the first in the country to have a blood donor programme in the 1930s. Donations are falling nationally and will have an impact on services if they continue to fall. Blood use in hospitals has been declining but has plateaued. The NBS is investing in a big donor recruitment investment programme including minority ethnic groups and non traditional donor groups to meet the changing needs of the population. There will be a big TV campaign shortly. Local 'blood drives' may be an option and there is a need to develop closer working between the NBS, LA and NHS locally to recruit donors and this is something the OSC may be able to assist with.