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10th March 2016

## NHS Blood and Transplant's Burden Reduction Planning 2016 - 17

Your Reference: POC-00001007091

Dear Sir,

The purpose of this correspondence is to outline NHS Blood and Transplant's commitment to the concordat governing the collection of data from NHS bodies.

By way of background, NHS Blood and Transplant (NHSBT) is an Arm's Length Body, dedicated to saving and improving lives through the wide range of services we provide to the NHS. These services involve supplying a sustainable supply of safe blood to hospitals in England and North Wales and providing tissues and solid organs to hospitals across the UK.

### Controlling burden and bureaucracy

We continue to work with the Health and Social Care Information Centre (HSCIC) as the national organisation responsible for information which is collected, or extracted from partners across the NHS and through them, publish details of our national collections which include:

- Blood Stocks Management Scheme (BSMS) unique number R00062; involving the collection of data from a variety of sources within hospitals and drawing on this data to produce a number of regular and ad-hoc reports.
- Serious Adverse Events and Reactions (SAEARs) unique number R01063 - organ donation and transplantation sector (Regulations 2012); a statutory requirement under the Quality and Safety of Organs, intended to collect data for Transplantation Regulations 2012.
- Customer Satisfaction Questionnaire unique number R00063; satisfaction monitoring of products and services offered to NHS Trusts by NHSBT.
- National Comparative Audit of Blood Transfusion unique number R00268; a programme of clinical audits which look at the use and administration of blood and blood components in NHS and independent hospitals in England and North Wales.
- Potential Donor Audit unique number R00273; to examine the potential for organ donation at all Intensive Therapy Units in the United Kingdom
- Transplant follow-up data unique number R00280; an assessment at three months post transplant and then each year to assess outcome/function of the patient and the grafted organ.

These arrangements are under regular review and contribute to the HSCIC's annual report. Furthermore, we have recently commenced discussions with the HSCIC around how to best capture this in a Memorandum of Understanding between two our organisations.

### **Implementing processes**

We manage national requests for information using a single, transparent process that collects information where there is a clear business purpose, thereby justifying the administrative burden required to provide it. Examples of this include information collected as part of the National Comparative Audit of Blood Transfusion Programme. This can be seen more holistically as part of a programme in the Healthcare Quality Improvement Partnership's Quality Accounts list. Here, NHS participants are required to report to the Secretary of State with respect to their progress in the auditing process.

An example of the clear criteria used to measure the administrative burden arising from each national request would include the data we use to estimate the time taken to collect and supply the audit information. From this we produce a costing on the burden once the data collection is completed. This burden estimate is being carried out as part of a National Institute for Health Research (NIHR) funded research programme, named AFFINITIE.

We are keen to work collaboratively across the broader health community ensuring that all aggregated and non personal information that we collect is made available for others to use, in the interests of transparency and to avoid duplication. Examples include information provided in the form of written feedback to NHS and independent hospitals taking part in the audits, with other partners wishing to use the collected data being able to do so upon request, providing they are bona fides and legitimate purpose can be established. We would however also consider our ethical position related to any request and do not routinely release data to commercial companies.

Further examples of collaboration would include the Blood Stocks Managements Scheme which is unique in allowing hospitals to compare inventory amongst themselves both in England and across the United Kingdom. BSMS also provides the only end-to-end supply chain information available for NHSBT, Wales and Northern Ireland Blood Services. This is a benchmarking scheme which hospitals use to monitor their performance and compare blood stock levels and wastage rates with other hospitals in size and speciality categories. The data is owned by the participating hospitals. NHSBT runs the scheme on behalf of hospitals but is unable to access parts of the data set without the explicit consent of the Scheme Manager. NHSBT has recently completed a pilot with 8 NHS hospitals to implement a new process which allows us to manage hospitals blood stocks and wastage levels remotely. Our current strategic plan outlines an intention to offer this Vendor Managed Inventory solution to up to 110 hospitals by 2020 reducing the burden on hospitals to manually enter data daily as currently.

We consistently ensure that collections and extractions are aligned with robust professional practice, such as NICE or other professional guidelines and information standards. Our datasets are derived from behavioural standards that are constructed from randomised controlled trial evidence or published medical guidelines. Where such guidelines do not exist, then datasets are designed by expert professionals to arrive at a consensus of best practice.

Review of our national requests for information involves retiring those that are no longer needed or justifiable to ensure the burden upon colleagues is minimised where possible.

### **Technology adoption to reduce bureaucracy**

We continue to endeavour to make better use of technology to introduce more efficient ways of acquiring or sharing information. Where possible, data is extracted from existing electronic sources and with the majority of data submitted electronically using the recipients preferred response medium; PCs, iPads, tablets or smart phones, giving maximum flexibility for the user. We do however have to work around the capability of our partners and if required, make provision so that non confidential data can be returned by hard copy post when necessary. NHSBT is currently planning to work directly with HSCIC to develop a new Clinical Benchmarking Tool for Transfusion which should use existing data extraction mechanisms. This will be used to provide comparative transfusion datasets & reports to both hospitals and NHSBT reducing the need for surveys or audits. Members of the HSCIC Burden assessment team have been involved in the exploratory workshop for this work which is currently being considered by the HSCIC cross government team and will be subject to SCCI approval.. A further example would include the partners we have worked with regarding the Vendor Managed Inventory of blood stocks. The level of integration between NHS organisations regarding blood stock management has had the added benefit of facilitating integrated data collection for BSMS purposes, thereby significantly reducing the burden.

A major transformation programme is underway within NHSBT to replace our core IT system known as PULSE with a number of new platforms. Functionality which has been specified within the Customer Platform would enable a reduction in burden in terms of Customer Feedback and some clinical audit activity. We are also working with HSCIC on a feasibility study called Clinical Benchmarking for Transfusion which would further reduce audit burden on NHS hospitals in the context of Transfusion.

In summary, NHSBT is firmly committed to the key principles outlined in the concordat:

- collecting data which is proportionate and with a clear business purpose
- not duplicating other data collections
- working through the HSCIC as the national base for all data
- reviewing the need to collect the data regularly
- Implementing new processes which reduce the burden on the NHS

We would be happy to meet with HSCIC to discuss this response and if you have any further queries please do not hesitate to contact me directly.

Yours sincerely



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