

NHSBT Board Meeting
July 2018

Corporate position statements

1. Status – Public

2. Executive Summary

This paper sets out the corporate position NHSBT takes in relation to a range of headline issues which are of significance to our stakeholders. These statements inform our media relations, public correspondence, social media and stakeholder communication.

3. Action Requested

The Board is asked to:

- scrutinise the existing position statements
- provide comments and feedback to help refine the messaging
- provide Board endorsement of the proposed positions.

4. Proposal

This paper is intended to ensure that the public position taken by NHSBT to key issues which impact on our stakeholders, or which attract significant public and media interest have been discussed by, and have the endorsement of, the Board. The paper focuses on a small number of the most significant strategic issues and invites the Board to feedback views on the position being taken.

This paper was first considered in January 2018 with an undertaking that it would be reviewed every six months with new issues added/subtract as necessary.

5. Background

NHSBT is experiencing considerable change arising from an evolving policy framework, variations in demand for its products and services, a challenging financial climate and a need to modernise its own infrastructure and operations.

As a public body NHSBT is widely scrutinised by stakeholders and the public who rightly expect the organisation to provide a clear and consistent explanation of its position in relation to these changes.

It is appropriate that the Board has an opportunity to reflect on these public positions and feels able to endorse the approach being taken. Board members should also feel comfortable in adopting the corporate position in

their own dialogue with stakeholders. The headline areas for discussion have been identified in advance of the Board meeting with the Chair and Chief Executive.

6. Position statements

Blood donation:

6.1 Blood supply

- Thanks to our growing number of regular donors we maintain a good supply of blood to meet day to day patient needs and to cope with emergencies.
- Blood is a precious gift from our donors and we only collect what we require to meet the needs of patients. Overall the demand for blood is falling because of improved medical practice such as keyhole surgery, changes in cancer treatments, and a focus on using blood appropriately.
- At the same time there is increased demand for some priority blood types such as O negative, vital in emergencies as it is the only universal blood type which can be safely given to anyone regardless of their own blood type; and Ro which is needed to help treat a growing number of patients with sickle cell disease. Sickle cell disease is most common amongst people from a black African or Caribbean background and Ro donors are also more likely to be black.
- Because we don't have enough donors to collect enough Ro blood to meet the needs of sickle cell patients we often must use O negative or B negative blood as a substitute. This is a less effective treatment for the patient, and has led to a continued period of lower stocks of these blood types than we would like, particularly when bad weather or holiday periods reduce the amount of blood we can collect. That's why from time to time we may call on donors with priority blood groups to come forward urgently to help meet the needs of patients.

6.2. The changing ask of blood donors:

- Red cells have a shelf life of 35 days and platelets no more than seven days, so to keep a constant supply for patients we must spread out donations over the year. This might mean that donors sometimes find it difficult to make an appointment to give blood when they want to. Please be patient and book a later appointment when your blood is needed more.
- We will continue to increase the number of appointment slots for the priority blood types that we need for patients and at times will put on restricted sessions where only priority blood group donors can donate.
- We will be increasing our recruitment of new donors to ensure we find more donors with the blood groups patients need and to replace people who can no longer donate. We also want to protect the health of existing donors by not asking them to donate too frequently.

- We hope that more of our donors will use the self-service online booking system so we are better able to plan blood collections to meet demand from patients and hospitals. Increasingly we are contacting donors to come in and give blood when they are needed, rather than to make regular appointments themselves.
- We have been making more use of pre-booked arrival times and moving away from walk-in sessions as this helps us to plan the blood supply and collect the right amount of the right types of blood at the time it is required.
- It is important if you have a pre-booked arrival time to turn up or cancel in good time so we can run the session smoothly and efficiently, and offer the booking to another donor.
- The whole blood donation experience takes around an hour, the blood donation part only takes 5-10 minutes.
- We want to make sure you have a great experience when you donate and are making improvements to the process from recruitment through to a texting you know where your donation has been sent. This change has been very popular with donors and colleagues
- We are improving our IT systems so we can continue to manage the blood process from donor to patient safely. This will provide you with different booking in options, enable you to use an app to self-serve and check your eligibility to donate. You may be asked to self-serve in other ways such as by helping yourself to tea and coffee at donor sessions.
- All our donors are valuable to us, and your experience of donating may change from what you are used to. If we don't need you to donate quite so regularly, you can help us in other ways
- We always need people and organisations to help promote donation. You can do this by telling your family and friends of the importance of blood, stem cell and organ donation, sharing content on your social media channels, spreading the word about the blood groups we need more of, encouraging young people to register and become blood donors for life. You can find out more about helping us to promote blood donation at <http://www.nhsbt.nhs.uk/get-involved/promoting-donation-hub/>

6.3 AB female donors:

- The AB blood type can only be given to patients with the same type of blood, and patients with AB blood type can safely receive any of the other seven groups. As a result we don't need a lot of it and we have been collecting too much.
- So that we only collect the blood we need, we are reducing the number of appointments for female AB negative donors. This is because of the complicated extra testing required to check all female blood plasma for antibodies that develop during pregnancy. Although not a danger to the donor, these antibodies can cause a life-threatening condition in patients who receive the plasma. We can collect all the blood plasma

we need to help patients with this blood type more simply from our male donors.

- As a result, AB female donors will find it much harder to make an appointment to give blood in the future
- We know this may be disappointing for donors, but there is some good news. When we collect blood platelets from AB negative donors, rather than whole blood, they are especially valuable because they can be used to help patients with just about any blood type. In fact, these so called 'universal' platelets are the most important type we can collect.
- We really hope that as AB female donors are being asked to donate whole blood less, they might consider becoming a platelet donor at a Donor Centre. The process of donating platelets takes longer than giving blood – but it is just as straightforward - and it is safe to donate more often than you do now.
- This is very important as platelets have a shorter shelf life and have to be used sooner than other blood products. They are used in the treatment of cancer patients and other serious illnesses. One donation of this type can help up to twelve children!

6.4. The implications of the new research and testing for haemoglobin.

- We have been doing a lot of research on the impact of blood donation on the iron levels of our donors. We have found that regular donation has a bigger impact on female donors than men. So, to be safe, we will fix the donation interval for all female donors at no less than the recommended 16 weeks from November 2018. This will help protect the iron levels for all female donors. Men can continue to donate at no less than the minimum 12-week interval, provided there are no other reasons for deferral.
- We are also improving the way we test for iron levels at donor sessions so that we can reduce the risk of people donating when iron levels are too low. This may lead to more donors being deferred.
- The changes to iron testing make it very important that we register more men as blood donors. Currently the majority of our donors are women and this change will potentially have an impact on blood supply. We always need new donors to replace those who can no longer donate – and we particularly need more younger male donors to ensure the donor base is better balanced.

6.5. Blood donor criteria – men who have sex with men:

- Safety is very important to us which is why we carry out a donor health check for each donation. This helps protect the patient and the donor as we will not take a donation if it risks the health of either. We also carry out tests after donation before the blood is given to a patient. Our work over many years means we have some of the safest blood supply chains in the world.
- In 2017 independent experts from the Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) reviewed the evidence about the deferral periods for certain types of high risk behaviour. They

recommended that deferral periods can be safely reduced in some areas.

- These changes offer more people the chance to give blood, without compromising safety of the blood supply to patients. Ministers at the Department of Health accepted the recommendations related to sexual behaviours and these changes have now been implemented.
- Subject to meeting the other donation rules, men who have had specific sexual activity with another man; commercial sex workers and people who have sex with partners in groups known to have a high risk of having an infection that could be passed on during sex (high-risk partners) are now able to donate after three months have passed since the last sexual activity.
- In addition, the UK Government has submitted the evidence for the Committee's full recommendations on deferral periods including acupuncture, piercing and tattooing and flexible endoscopy as part of a wider European evidence evaluation.

6.6. The infected blood inquiry:

- The Government has announced a Public Inquiry into infected blood supplied by the NHS before 1991 and the importation of plasma and plasma products during the 1970s and 1980s.
- This is an historical issue and our work over many years means the UK now has one of the safest blood supply chains in the world.
- We have offered our support to the Inquiry and will also support any of our employees or former employees who may be asked to submit information or give evidence.
- Safety is at the forefront of everything we do. We follow rigorously the relevant regulations and guidelines to protect both donors and patients. We are subject to regular inspections by independent regulators.
- Modern safety standards are very rigorous. Today, each donor completes an extensive donor health check questionnaire before each donation. This is designed to exclude anyone with infections.
- In addition, all donations are routinely tested for hepatitis B, hepatitis C, hepatitis E, human immunodeficiency virus, syphilis and for first time donors, human T-lymphotropic virus, before they are released into the supply chain. If any blood donation tests positive for infection, it will be immediately removed from the blood supply chain and will not be issued to patients. The donor is given support and advice.

Organ donation:

6.7 Opt-out across the UK:

- NHSBT supports any initiative which leads to more organ donors and more lives saved. We welcome the Government's commitment to the lifesaving power of organ donation, and we will ensure that the new legislation in England and Scotland is implemented effectively

- The new legislation will help to ensure that everyone makes a decision about organ donation, and makes sure that decision is respected. We hope that people will take time to think about organ donation and decide whether they want to give the gift of life after they die by donating their organs.
- Three people die every day across the UK in need of an organ transplant due to a shortage of people saying yes to organ donation. That's why the law about organ donation is changing. In the past people had to let us know if they wanted to donate. Now everyone will be considered to have said yes to organ donation unless they make it clear that you don't want to. It is their decision.
- Whether they are for or against organ donation, people should act today by telling their family about their wishes and contact us so we can record their decision.
- By talking with their family, people can be sure everyone understands whether they want to give the gift of life, and nobody else will have to make that decision on their behalf when they die

6.8 Organ donation – BAME donation

- Increasing the number of people from black and Asian communities who become organ donors after death and who donate a kidney during their lifetime is an important priority for NHS Blood and Transplant.
- People from Black and Asian communities are more likely to develop high blood pressure, diabetes and certain forms of hepatitis than white people. This makes them more likely to need a transplant.
- Three out of 10 people (30.6% 31 March 2018) waiting for a transplant across the UK are from a black, Asian or minority ethnic background. 35% (2017/18) of people waiting for a kidney are from these backgrounds. These patients wait significantly longer for a kidney transplant than white patients. Sadly, many will die waiting.
- 1 in 5 people who died waiting for a transplant in 2017/18 were black, Asian or minority ethnic.
- Although many Black and Asian patients are able to receive a transplant from a white donor, the best match will come from a donor from the same ethnic background. Unfortunately, donation rates from these communities are a lot lower than for white people.
- The Government made a commitment in 2017 to increase donation among black and Asian people. NHS Blood and Transplant fully supports this aim.
- By increasing the number of black and Asian deceased organ donors (62 in 2017/18) and living organ donors (86 in 2017/18) each year who are, we will narrow the waiting time gap and save and improve more lives

6.9 Corporate:

6.10. Corporate - transformation and in particular CSM

- It is essential that NHSBT continues to invest in its infrastructure to ensure that it is able to continue to provide a safe sustainable supply of blood and organs long into the future. Investment in IT systems is helping to ensure we can meet the needs of our customers, patients and donors.
- The Core Systems Modernisation (CSM) is a complex programme to replace the application which supports the supply and distribution of blood, blood components and human tissue to the NHS. The project was initiated in 2016 because the supplier of the existing hardware on which the application runs indicated that they would no longer manufacture the hardware after 2017 and the current hardware will be end of life in 2020.
- Delivery timescales were initially set on this assumption. However, the suppliers have since indicated that they will continue to upgrade and support their products beyond 2020. As a result a decision was taken in 2017 to slow the pace of the CSM programme to allow for the complexities of integration with the legacy system to be addressed. The overall scope and objectives of the programme remain the same, but they will be delivered over a longer timescale.
- Because the detailed planning of the longer timescale programme is yet to be fully completed the delivery risk has been flagged to the NHSBT Board who are monitoring progress closely. The cost of the project to date is £23m - extending the programme will help spread future costs and risk profile of the programme.
- The complexity and sensitivity of this programme has always been recognised. At the outset external advice was sought on the best approach to migrating to a new system whilst minimising risk by keeping the existing system running. An agile approach was adopted to allow new infrastructure and software to be developed and released in a managed way which allowed technical issues to be identified and addressed – with the learning being incorporated into future phases of the work.
- The CSM project is being delivered by a dedicated and hard-working team of specialist and technical people. The views and insights of the development team have been, and continue to be, essential to the agile process.
- To date a significant amount of software has been developed and much of this is being tested and refined. Whilst much of this work is still to be deployed, significant progress has been made. The creation of a new donor database for 4.9m donor records, continuously synchronised with the legacy system has now taken place. We are already using the system to automate a number of our communications with donors and planning blood donation sessions using the new system.
- The Board will be taking key decisions on the release of other elements of the programme in the course of this year, notably taking live more of the already built Customer Relationship Management (CRM) system, which will allow us to better mobilise and offer a more effective service to donors at blood donation sessions.

6.11 Efficiency savings and implications:

- NHSBT recognises that the NHS is facing considerable financial challenges and that frontline services and patient care are under strain.
- We will ensure that we continue to provide the best possible service at the lowest possible costs. We are acutely conscious that every penny we save can be invested in frontline patient care and over the last five years have saved £90m and have plans to reduce expenditure by a further £5m in 2018/19.
- We are exploring every avenue to ensure that the way we provide a safe supply of blood, tissues, stem cells and organs to the NHS remains amongst the lowest cost in the world.
- NHSBT charges hospitals for blood to meet the cost of collecting, processing, storing and distributing the blood from our donors. Falling demand for blood has an impact on NHSBT's income.
- A price increase for 2018/19 has been negotiated with the National Commissioning Group to help meet the shortfall in the cost of supplying blood to the NHS. The unit price increase for red blood cells from 1 April 2018 will increase from £124.46 to £128.99. This will be offset by the continuing decline in demand – so overall the cost of blood to the NHS will remain the same.
- The Triennial Review of NHS Blood and Transplant challenged our Diagnostic and Therapeutic Services (DTS) to find new and innovative ways to increase income. Increasing income enables us to invest in improving our service, products and outcomes for patients at minimal cost to the NHS.
- DTS is already a world leader in many areas of its work and we will be exploring ways to capitalise on our expertise in new areas and develop new partnerships. DTS increased sales by £2.5m over the last year, a growth of 7% over the previous year.
- ODT is funded by each of the UK Health Departments, based upon population. Funding has been flat since 2015/16. ODT continues to see an increase in donors and, if the 2017/18 plan is achieved, this will result in an increase of 11.7% since 2015/16.
- NHSBT's strategy is to increase the number of donors further and we will work to achieve this within the available funding. Should opt out deliver a very significant increase in donors it will be increasingly challenging to contain costs within the current levels of funding.

6.12 Brexit

- As an arms-length body it would not be appropriate for NHS Blood and Transplant to comment on any aspect of Government policy.
- NHS Blood and Transplant (NHSBT) is examining any relevant issues which may arise following the United Kingdom's exit from the European Union (EU).

- We are working closely with DHSC to prepare for all potential outcomes, including the unlikely scenario in which no mutually satisfactory agreement can be reached.
- NHSBT plans are well developed and have been designed to provide the flexibility to respond to a negotiated agreement, as well as preparing us for the unlikely eventuality of leaving without a deal.”

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