

Supply Chain Modernisation – Common Themes from Hospital Engagement

Since the decision by the NHSBT Board on 30th July 2015 to progress the Supply Chain Modernisation Project, NHSBT has been actively engaged in a variety of meetings with hospital customers. This has involved presentations and discussion at User Groups, Regional Transfusion Committees and face to face meetings with individual hospitals.

As you will be aware, the Supply Chain Modernisation project involves the consolidation of manufacturing activity from Newcastle and Sheffield into Manchester. These changes are due to be implemented during 2017. In order to accommodate these changes, the Manchester site will undergo refurbishment. 24/7 working at Manchester will be introduced prior to 2017.

The purpose of this document is to provide feedback for all hospitals in relation to the common concerns discussed during these engagement meetings.

Provision of Routine Blood Stock

The changes to manufacturing will not impact on the supply of routine stock components to hospitals from their local Stock Holding Units (SHUs) at Sheffield, Leeds and Newcastle. These SHUs will be restocked using well established stock management processes which are already in use.

Prior to consolidation we intend to review the stock levels held at the local SHUs to determine appropriate stock availability in the new model. Our current stock holding levels are as follows:

- Red Cells: 6-7 days stock
- Platelets: 1.5 - 2.5 days stock (depending on the day of week)
- Fresh Frozen Plasma: 20 days stock
- Pooled Cryoprecipitate: 40 days stock

Routine deliveries will still be provided from the local SHU as currently.

Post consolidation the local Stock Holding units (SHUs) will continue to hold the range of components currently available and will retain the capability to irradiate on site.

Some hospitals have expressed concerns about the impact of the proposal on timelines for the release of platelets. NHSBT plan to investigate the possibility of transporting unvalidated platelets to SHUs which can then be labelled for hospital issue as soon as bacterial screening results are available thereby mitigating any delay to availability..

NHSBT has also been asked about the availability of group AB platelets and discussions are underway to increase the number of AB platelets available.

Specialist Components

The provision of the following specialist components will not change as a result of the proposal:

- HLA/HPA matched platelets - will continue to be sourced nationally
- Pooled Granulocytes – we currently manufacture these on 4 sites and this will change to 3, so NHSBT will be reviewing capacity at each site. These are already supplied using a national model which will continue
- Platelets for IUT – these will continue to be provided on a named patient basis by clinical discussion with H&I in Filton.
- Frozen red cells, thawed and washed - will continue to be supplied from Liverpool.

The provision of the following specialist components may change as a result of the proposal. In each case we will agree with hospitals how we will provide this service:

- Washed red cells – now that these components are predominantly produced by an automated process and have a 14 day expiry, routine stock holding numbers and specification will be reviewed and agreed with hospitals prior to consolidation.
- Washed red cells and red cells for intrauterine transfusion requiring RCI crossmatch – work is ongoing with RCI to develop defined processes. NHSBT are working with hospitals to understand demand.
- Washed platelets including washed HLA and HPA matched platelets – NHSBT are working with H&I and Hospital Services to ensure robust processes are in place so that these can be processed and delivered to hospitals in a timely manner.
- Red cells for intrauterine transfusion – NHSBT is to undertake work to determine whether it is possible for SHUs to stock non-irradiated IUTs and convert to SAGM units if not required.

Improvements to the Service

As a result of the consolidation we will be able to provide a 24/7 service in Manchester to manufacture specialist components to best suit hospital timelines. This is a major improvement to the current system where we are currently reliant on an on call service in all three manufacturing departments in the region.

Transport across the Pennines

Many hospitals have expressed concerns over this issue. The stock holding units will be restocked with routine overnight deliveries using temperature controlled Bulk Movement Vehicles (BMVs). It should be noted that we are working on plans to ensure that as many short shelf life specialist components as possible can be supplied by the local SHU so the need to deliver a component direct to a hospital from Manchester should be a rare occurrence.

For the delivery of routine stocks from Manchester, NHSBT has identified that there are thirteen cross Pennine routes that are suitable for BMVs and whilst not all of these would be available if bad weather was the cause of closures; there are sufficient routes across a broad enough area to assure NHSBT that we will be able to deliver stock to the SHUs.

NHSBT has much experience of transport routes between Newcastle, Sheffield and Manchester as testing samples are currently transported from these sites to the testing laboratory in Manchester.

A review has been undertaken of Trans Pennine delays over the past five years that have impacted on NHSBT movements. In this period we have completed in excess of twelve thousand movements across the Pennines and of these six were disrupted, with none resulting in loss of donations/stock. This gives a frequency of 1.2 disruptions per annum based on an estimate of 2496 movements per annum, which equates to 99.95% assurance of a full uninterrupted service.

The above indicates a very low factor of disruption and would not present a major adverse impact on NHSBT's ability to maintain supply of blood; any disruption would be localised and contingencies could be implemented to resolve the disruption very quickly.

As the disruptions can have many causes, no single set of contingencies can be produced to cover all eventualities and as experience has shown, the best approach is to have a standard set of options, which is adapted as required to suit individual circumstances – some of the options available would include:

- Use of alternative route
- Split journey to inward/outward legs
- Start journeys earlier/later
- Utilise Leeds as a contingency hub -with spare BMV based at site
- Monitor weather reports and use Met Office warning reports to plan in advance
- Identify open routes in advance as alternatives
- Look at different vehicle type better suited to conditions

Impact on Delivery Times

There will be no changes to the SLA routine, ad hoc and emergency times for deliveries to hospitals served by Newcastle, Sheffield or Leeds as these will continue to be provided from the local SHUs.

Leeds/ Sheffield Estates project:

As you will be aware, consolidation of manufacturing activity from Sheffield into Manchester provides a further opportunity to review the long term options for the Leeds and Sheffield sites.

We are currently seeking the views of hospitals, staff and other stakeholders to inform decision making about the long term options for the future of our Leeds and Sheffield sites. We wish to emphasise that this is a completely separate initiative with different timescales on which no decisions have been taken. We also need to be clear that it is very much our intention to maintain a presence in the East of Pennines region.

Summary:

NHSBT want to stress that we wish to work with hospitals to provide a mutually agreeable solution to any areas of concerns so we will be in regular communication via User Groups and RTC meetings.

It is hoped that this communication provides some answers to concerns which hospitals may have. Our intention is to agree stock holding and delivery solutions with hospitals for the outstanding issues. If you do have any other queries or wish to hold a face to face meeting to discuss further, please contact Christine Gallagher, Customer Service Lead for the project, at, christine.gallagher@nhsbt.nhs.uk