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Supply Chain Modernisation

RTC/User group meetings

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Key challenges

- NHSBT Blood 2020 strategy
 - Need flexibility to respond quickly to changes in volume and component specification
 - Make best use of every donation
 - Make best use of automation
 - Respond to the reduction in red cell demand
 - Maximise the use of equipment and facilities

Proposal

- Move to three manufacturing sites
 - Transfer Manufacturing from Newcastle and Sheffield to Manchester
 - Closure of Sheffield and Newcastle Manufacturing departments
 - Retain Filton and Colindale
 - Investment in Manchester to support transfer of Manufacturing activity in 2017
 - More evolutionary changes to upgrade the Colindale site
 - Move to 24/7 working on all three sites
 - Make best use of every donation
 - Ability to make specialist components 24/7
 - Retain SHUs in current locations (pending further work in East of Pennines)
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What other options were considered?

- **Doing nothing** – whilst we have made strong improvements in improving productivity across Manufacturing in recent years, we face a number of challenges, which means that staying as we are is not an option
 - **Consolidating to four sites** - it would be less economic to have more sites as we would still have excess capacity
 - **Consolidating to three sites, with the third site being Sheffield** – to refurbish the Sheffield site, would cost over £2m more than at Manchester
 - **Consolidating to two sites** - current hospital need is such that we need to maintain three Manufacturing sites. Our recommendation was that it is not currently feasible to have less than three sites.
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Blood Supply Distribution Structure



Blood and Transplant

Key

Testing and Manufacturing and SHU Centres

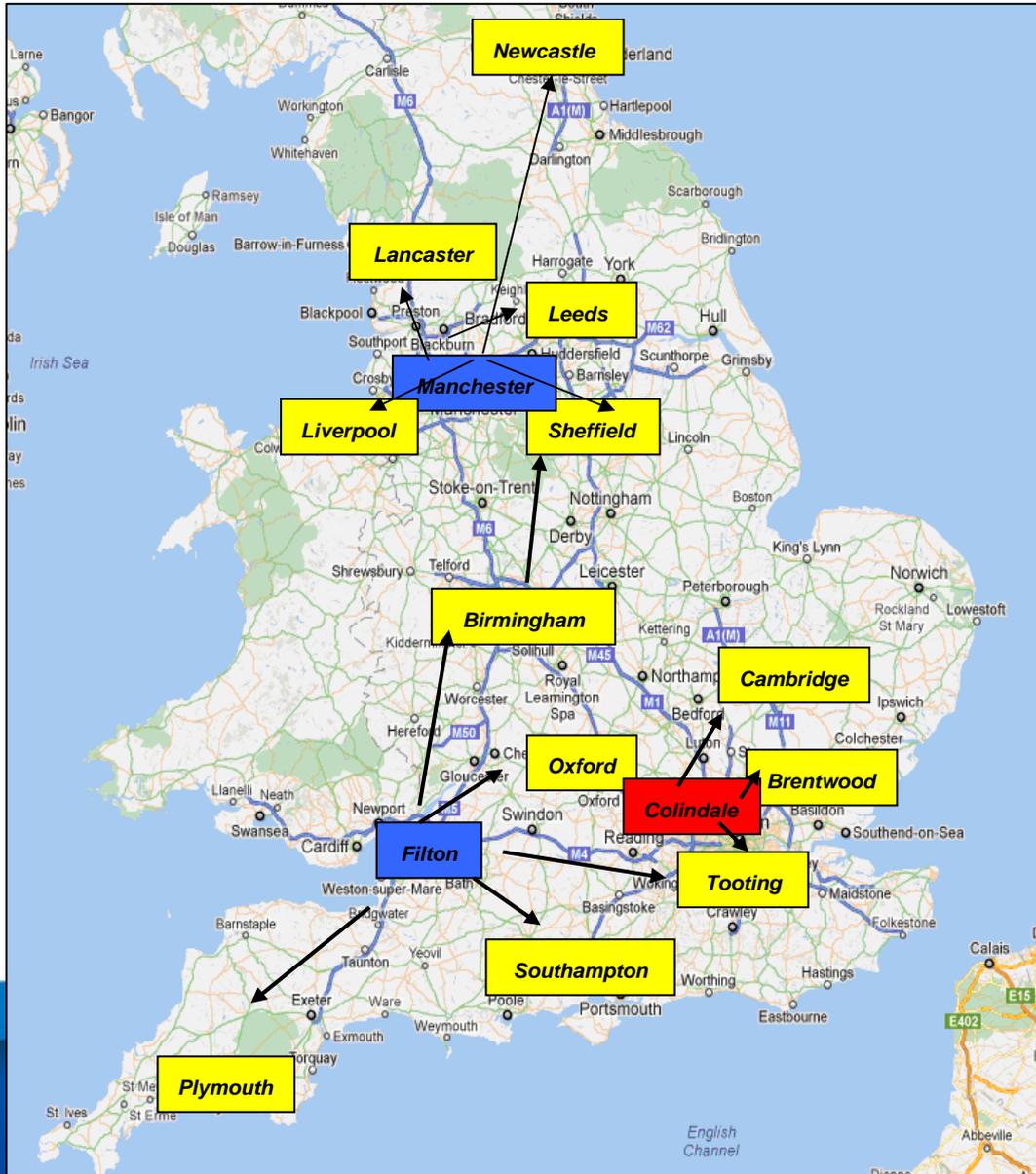
- Manchester
- Filton

Manufacturing and SHU Centres

- Colindale

Stock Holding Units (SHU)

- Lancaster
- Leeds
- Liverpool
- Newcastle
- Sheffield
- Birmingham
- Oxford
- Southampton
- Plymouth
- Tooting
- Brentwood
- Cambridge



Customer engagement *Blood and Transplant*

- We have been working closely with hospital customers and other stakeholders and will continue to do so throughout the coming months to ensure the safe and sustainable supply of blood products
 - We have an excellent track record in ensuring the safe and efficient transportation of blood across England and North Wales. Experience with the transportation of testing samples supports this.
 - Does not impact the service provided by our routine blood stock holding units in the Sheffield, Newcastle and Leeds areas
 - Working with hospital customers to ensure smooth implementation and discussing preferred options for supply of short shelf life specialist components.
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Issues raised to date

- Volume of routine stock to be held in SHUs
 - Same as today or higher
- Contingency routes for poor weather
 - Identify specific alternatives: e.g. South
- Provision of specialist components
 - Granulocytes, exchange units, paediatric red cells/platelets, HLA matched platelets: as today
 - IUTs, washed components: stockholding or retention of some capability
 - Retain irradiation locally
- Contingency in manufacturing
 - Capacity across any two sites to cover for third.

East of Pennines

- Consolidation of Manufacturing activity from Sheffield into Manchester provides a further opportunity to establish the long term options for the Leeds and Sheffield sites
 - We will seek 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 would aim to develop a proposal about the long term future of the Leeds and Sheffield sites by the spring of 2016
 - It is our intention to retain a presence in the Leeds/Sheffield area and Newcastle
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Next steps

- Discussions at HTC's, RTCs and User Groups
 - Individual discussions at hospitals where required
 - Development (and agreement) of plans for provision of specific components
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