

V. The reorganization of the english national blood service into a truly national service

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In England, hospitals have not been responsible for the collection, processing or screening of the blood supply. They have always relied on the Blood Transfusión Service for supply and safety. Since its creation in 1946 and until 1 April 1994, the English National Blood Transfusión Service consisted of 14 Regional Transfusión Centers (RTCs) and one satellite center, managed independently by 14 Regional Health Authorities.

The National Blood Authority (NBA) was established to oversee and control the collection and supply of blood and blood products in England. As of Summer 1993, the NBA was directly responsible for the running of the Bio Products Laboratory (BPL), a plasma fractionation facility with about 500 staff and processing 450-500 tons of plasma; and the International Blood Group Reference Laboratory (IBGRL) with about 20 people. As of 1 April 1994, the NBA assumed direct responsibility for the management of the 14 RTCs, which, employed approximately 4,000 staff and collected 2.2 million units of blood to supply nearly 400 hospitals with blood products and Transfusión Medicine services such as Immunohematology reference, histocompatibility and immunogenetics etc.

The previous reporting arrangements of the RTCs to their respective RHAs resulted in the development of significant variations in their missions, organizations, activities and costs. A unique opportunity was created for the NBA to undertake a comprehensive strategic review of the English blood transfusión system. However, the diverse organizational history created a range of diverse views regarding required changes. Achieving management consensus on the priorities for change proved to be vital to successful implementation.

The NBA was assigned a series of objectives by the Department of Health which outline, on a qualitative basis, the scope, activities and performance expectations for the new National Blood Service (NBS). These objectives are as follows:

1. To replace and co-ordinate the work of the Central Blood Laboratory Authority (CBLA) and the National Directorate of the National Transfusión Service (NBTS).
2. To maintain and promote blood and blood products supply based on the outstanding system of voluntary unpaid donors.

3. To implement a cost-effective strategy of ensuring an adequate supply of blood and blood products to meet national needs.
4. To ensure the high standards of safety and quality in the blood supply are maintained throughout the blood service.
5. To ensure that blood products meet a consistent standard of safety and quality.
6. To ensure the cost efficient operation of the transfusión centers and the Bio-Products Laboratory both individually and together as parts of the national service.

After taking responsibility for the 14 RTCs, and realizing that much duplication of effort and inconsistency had crept in over the years, the NBA conducted a strategic review of the Service in November 1993, involving a re-examination of the range of activities of the Transfusión Centers from blood collection, through testing, processing and delivery, to specialist services, research and development and administration/management.

The review, which was carried out with the help of external management consultants created a blue print to carry the NBS forward for the next 10 - 20 years. A strategy group, including medical consultants and senior managers (directors) from the transfusión centres, led the project. The Service was divided into 8 key functional areas:

- Identification/Promotion of Transfusión Medicine Best Practice.
- Blood Collection (50% of budget).
- Processing.
- Testing.
- Issue of Components.
- Specialist Services.
- Research and Development.
- Administration and Management (20% of budget).

Working groups of staff experienced in the relevant areas looked in detail at individual areas of operation. The strategic review was completed in 1994 and identified 35 initiatives which would help the NBS to improve, I) the supply of safe blood and blood products; II) efficiency and III) levels of donor care.

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In agreement with National Health Service regulations, a Consultation Document with proposals for the future of the English National Blood Service was widely distributed to hospitals, health services, healthcare professionals, universities, Royal Colleges, blood donors etc. The Consultation Document set out the key proposals and recommendations identified as a result of the strategic review. The three main proposals are:

1. The creation of three Administration Zones - London and the South East, Midlands and South West, and Northern - with one Administration Center in each, based in North London (Colindale), Bristol and Leeds.
2. The consolidation of testing and processing activities leading to the amalgamation of transfusion centers and a reduction from 14/15 to 10.
3. The establishment of mechanisms to ensure that all hospitals are within a maximum of two hours' travelling time for emergency deliveries.

The proposals were approved and the 3 administrative zones were created with the complete elimination of local administrative centers. National initiatives to improve the Service were implemented, e.g. the creation of a national Information Technology Strategy, the implementation of a national Financial and Personnel system, a national Quality Audit system, and programmes to reduce wastage at all levels. Programmes of Continuing Professional Development for doctors, nurses and scientists have been put in place.

In addition to the consolidation of the Zones, it was noted that there were 3 different approaches to the management and to standards. Therefore, 5 years ago the zones were dissolved and the new NBS, a single

national "Blood and Tissues" service, with a functional management structure was created comprised of 10 Directorates: Medical, DDR (Diagnostics, Development and Research), Services to Donors, PTI (Processing Testing and Issues), PCS (Patient and Customer Services), Human Resources, ITF (IT & Facilities), Finance, Corporate Development and Bio Products Laboratory. The statutory functions of the NBS are:

- Manufacture of blood products.
- Collecting, screening and processing of blood and tissues.
- Preparation of plasma fractions.
- Research and development.
- Manufacture of reagents.
- Supply of such products to the NHS.
- Promotion of blood donation.

The NBS is a Special Health Authority within the National Health Service. It employs 5000 staff, has an annual budget of c. £320 million (approx. US \$450 million) and a capital allocation of >£20million/year. It operates from 80 locations (most of them collection bases) and primarily from 14 centers of which only 10 do processing and testing. Some activities are done at fewer locations e.g. NAT, HTLV testing, malaria antibody screening, Methylene-blue treatment of FFP, microbiology reference. The core purpose of the NBS is "to save and improve lives by meeting patients' needs for blood, blood products, tissues and related services." We believe and have evidence to show that the national approach has standardized products and services by concentrating resources, levelling up, improving quality and decreasing duplication and wastage.