

# The National Blood Service



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL  
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# executive summary

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## Background

- 1 The National Blood Authority - a special health authority of the NHS - runs the National Blood Service and is responsible for the collection and distribution of blood components in England and North Wales. The availability of blood is essential to the NHS, and many people owe their lives to transfusions that were made possible by voluntary donations of blood.
- 2 Since its creation in 1993, the National Blood Service has been reorganising to effect the change from a regional to a national service, and aspects of this process led to some concerns among users and employees. In August 1997, the Secretary of State commissioned a review of the clinical concerns raised about the Service's proposals to transfer processing and testing of blood from Liverpool to Manchester. The report led to the dismissal of the Service's chairman and chief executive. The National Blood Service completed its transition to a national organisation in April 2000.



### The National Blood Service

Was set up in 1993, and in 1994 took over the services previously run by individual regional health authorities.

Is responsible for collecting, processing and testing blood components and distributing them to hospitals.

The Service operates:

- 15 blood centres (until April 2000 organised into three zones);
- The International Blood Group Reference Laboratory; and
- The Bio Products Laboratory

Some 5,300 people are employed by the National Blood Service.

In 1998-99 it:

- Collected 2.4 million voluntary blood donations from 1.9 million people;
- Supplied blood for around 800,000 transfusions; and
- Spent £241 million

- 3 The emergence of variant Creutzfeldt-Jakob disease has led the government to make two changes to the way the Service operates:
  - It extended the use of leucodepletion - the removal of white cells - for all blood destined for transfusion, by 31 October 1999, to reduce the theoretical risk to recipients of donated blood of human to human transmission of the disease. The Service reports that leucodepletion results in a one per cent loss of donations, and costs £60 million a year.
  - It required the Bio Products Laboratory, which had used British plasma to manufacture blood products, to obtain all its plasma from non-UK sources. This has lost the Service income of around £25 million a year that it received for supplying plasma to the laboratory. From 1999-2000, the Service has recovered that loss through prices for blood components charged to hospitals. Ministers have yet to decide on the future role of the Bio Products Laboratory.
- 4 We focused on how well the National Blood Service performed and the action it was taking to improve its efficiency and effectiveness. We excluded the Bio Products Laboratory from our examination because of the consideration currently being given to its future. We obtained most of the evidence for our findings by undertaking a census of blood bank heads at NHS hospitals; conducting interviews and examining documents at the National Blood Service and the NHS Executive; and commissioning a survey of the public to determine attitudes towards blood donation. Also, in examining safety issues, we placed reliance on the inspection and licensing work of the Medicines Control Agency.

## Overall Conclusions

- 5 The National Blood Service has taken a long time to complete the transition to its national role, although there are clear signs that it is now doing so. Since its establishment, it has had to cope with the emergence of variant Creutzfeldt Jakob disease.
- 6 Responses to our census and current data on collection of blood from donors and delivery to hospitals indicate that the Service is performing as well as, and in many areas better than, it was before its establishment as a national service. There were restrictions in the supply of blood to hospitals in 1998-99, and the Service acted promptly to avoid any repetition in 1999-2000. There are also effective measures in place to ensure that blood is safe for transfusion. Users were broadly satisfied with the service provided and the responsiveness of the organisation.
- 7 Information provided by the National Blood Service indicates that, between 1995-96 and 1998-99, the Service cut its costs by some 5.4 per cent in real terms. The National Blood Service's current performance indicators have, however, a number of weaknesses that prevent them from forming a complete and appropriate basis for accountability to the NHS Executive, or for the direction and management of the Service's business. There is scope for improving or developing performance indicators for overall efficiency and for other areas of its work, such as meeting hospital demand, wastage, safety and promotion of the optimal use of blood in hospitals.

# Recommendations

- 8 Building on the improvements brought about since the creation of the National Blood Service, particularly in supply and safety, we identified a number of areas where the Service could make further changes. Our detailed conclusions are set out on pages 14, 24, 30 and 36 our recommendations are at paragraphs 9 to 14.

## On meeting hospitals' demands for blood, medical advice and support

- 9 Hospitals need medical support and advice on transfusion matters so that they can put into practice measures developed to reduce transmission error and use blood more effectively. We recommend that the Service increases further the number of hospitals it involves in clinical audits to widen awareness of good practice.
- 10 Because the results of scientific and medical research projects have not routinely been widely disseminated, there is a risk that hospitals will not be aware of findings that could improve patient care, and that full benefit will not be derived from those projects. We therefore recommend that the Service uses more active ways of disseminating information, for example through post-graduate lectures, or by publishing results on its website, to enable the findings to reach a wider audience.
- 11 The Service employs a number of mechanisms that aim to secure responsiveness to users. But users' complaints are not subject to the same central monitoring and control as are those from donors. Without such management, there is a risk that users' complaints may not be given the priority they merit and that remedial action may be delayed. To ensure that the National Blood Service takes speedy and appropriate action in dealing with users' complaints, we recommend that the Service sets targets for responding to them; and monitors performance against those targets and the action taken to deal with the cause of the complaints.

## On encouraging people to give blood

- 12 The Service currently collects sufficient blood to meet hospital demand. But, unless it continues to recruit and retain a substantial body of regular donors, there is a risk that collections may decline. Our survey of public attitudes to donation highlighted groups likely to donate and approaches that might continue to attract new donors. But retaining donors is a considerable challenge. Some factors that put donors off, such as the fear of needles, are largely outside the Service's control, although it can influence other factors, such as the time it takes to give blood. We recommend that, to keep the number of donors lapsing to a minimum, the Service (i) addresses further the factors that inhibit donation, for example by reducing the time it takes to donate blood; and (ii) sets more demanding donor care performance targets, for example for the proportion of donors waiting longer than 30 minutes before registration and screening.

## On managing efficiency and performance

- 13 The National Blood Service has improved the efficiency of its operations. To improve further, and keep blood prices charged to the NHS to a minimum, the Service needs to:
- examine and harmonise best working practices across its operations in order to ensure that it is able to operate at consistent levels of efficiency
  - apply its improved procurement practice to cover all the classes of goods and services it uses to secure further economies; and
  - make fuller use of its unit cost information and of new or improved approaches by (i) comparing unit costs across the Service, and investigating differences to identify good practice; and (ii) comparing its performance with that of other blood suppliers - in the other home countries and elsewhere - and with other organisations engaged in similar collection, testing, or distribution activities in the public and private sector.
- 14 Unless the Service has relevant performance indicators, it will lack the information it needs to identify and deal with aspects of its activities that require attention. The Service's senior management recognise the importance of good performance indicators, and set up a working group that identified indicators relating to donor care. However, other activities and aspects of the Service are not at present represented in the performance indicators; and there is a lack of measures of efficiency that would provide the Board, managers, the NHS Executive and users with the information they need. We recommend that the Service undertakes a comprehensive review to establish which performance measures (including measures of efficiency) would provide useful indicators of success or warnings of failure for the purposes of management and accountability. This should lead to it adopting high level indicators, with targets, supported by indicators and targets tailored to local needs and circumstances.
- 15 The National Blood Service welcomes the broad thrust of these recommendations, and plans to encompass them in the design and implementation of the new management structures and systems, which is currently taking place.