# Integrated Transfusion Services

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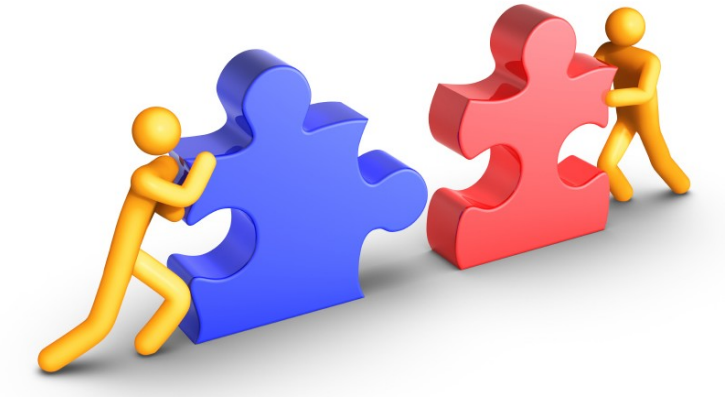


# Integrated Transfusion Services

Integrated Transfusion Services (ITS) is a range of initiatives that will transform the way NHSBT delivers services to and works with hospitals:

- NHSBT and hospitals harnessing their joint expertise to deliver transfusion services to patients through much more integrated working practices
- Examples of the key areas where integration can be achieved include stock management and testing services
- Enable more effective and efficient management of blood and component stocks throughout the entire donor to patient supply chain
- Helping hospitals to adapt transfusion services in response to the wider Pathology Modernisation changes affecting them

# Background

Analysis carried out by NHSBT Oct – Dec 2011 considered:

- Productivity, efficiency and service delivery of NHSBT's blood supply chain operations
- Potential for extension of NHSBT expertise and IT systems into hospitals to improve efficiency and service to patients, and make best use of donations
- How wider pathology modernisation could affect the current configuration of transfusion labs
- How NHSBT services such as Red Cell Immunohaematology (RCI) and supply chain management will need to develop to meet future needs
- On the basis of the findings NHSBT Board approved the establishment of a programme of activities in January 2012, known as Integrated Transfusion Services (ITS)

# Integrated Transfusion

***Supply chain management***

***(S&OP and performance framework)***

***Stock Management***

***Transfusion Innovation***

***Integrated Offering***

# Project 1 - stock management

- To transform the relationship between NHSBT and hospitals by implementing a new operating model for the provision of blood products.
- Based on a collaborative approach towards the setting of stock levels and the adoption of fully integrated working practices between NHSBT and hospitals

**A new operating model:**

- Service Level Agreements (SLAs) to define performance targets (inventory, waste, service)
- Hospital stock replenishment process managed by NHSBT
- Optimised, less frequent routine deliveries and reduced need for ad-hoc deliveries
- Operational management and ownership of fridges remains with hospitals as well as ownership of blood

**Enabled by:**

- Simulation tools for setting of stock levels
- Segmentation / differentiated approach:
  - Product: Based on shelf life and volume/demand patterns
  - Hospital: Based on clinical and logistics requirements
- IT controlled, systematic method of managing blood stocks across the entire distribution network
- IT solutions and links between NHSBT and hospitals to provide complete transparency and visibility of stock across the supply chain

# Stock Management – next steps

- Select and deliver up to three stock management pilots with hospitals, commencing August 2012
- Validate assumptions, costs and benefits
- Desk analysis/testing with pilot sites and other hospitals to further validate stock management model
- Implement hospital stock management subject to successful pilots
- Procure and implement stock management IT system to address previously established need (audits) and support ITS service delivery

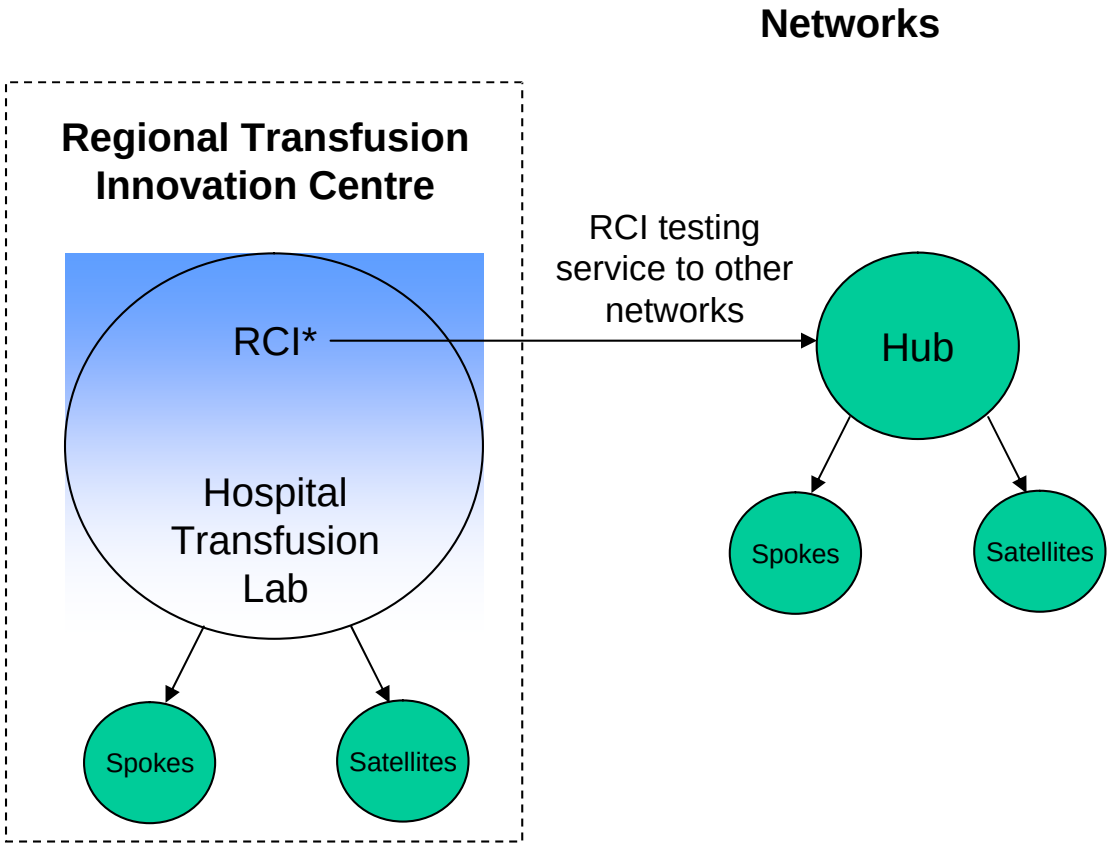
**Expected benefits**

- ✓ **Reduced hospital wastage**
- ✓ **Reduced transport costs**
- ✓ **Improved customer satisfaction**
- ✓ **Better visibility of demand**
- ✓ **Lower age at issue of red cells**

# Project 2 - Transfusion Innovation

## Develop in partnership with hospitals and transfusion community

- An outsourced transfusion service through the creation of Regional Transfusion Innovations Centres (RTICs)
- Integrate the RCI laboratory
- Utilise high throughput technology
- Hold buffer stock
- Lead innovation through:
  - Scientific and medical training
  - Quality and regulatory compliance
  - IT and technology innovation
  - Better blood transfusion
  - Procurement and logistics




* RCI testing to be undertaken across a maximum of 10 centres to maintain viability

# Transfusion Innovation – next steps

- Develop RCI services to respond to:
  - On-going reductions in hospital transfusion laboratory capacity and capability
  - Emerging Hub and Spoke transfusion delivery models
- Define NHSBT offer, refine assumptions and extent of integration
- Implement framework for the identification, management evaluation of opportunities
- Identify targets, monitor market and respond to opportunities
- Potential soft start - joint working and testing trials

**Expected benefits**

- ✓ **Improve quality and safety for hospitals and patients**
- ✓ **Help address reductions in hospital transfusion lab capacity and capability**
- ✓ **Reduced cost of transfusion services for supply chain**

# ITS - key milestones 2012 / 13

- Commence first stock management pilot by Summer 2012
- Commence review of RCI development opportunities April 2012 and define potential offer and approach
- Engage with interested hospitals on opportunities for RCI integration throughout 2012/13
- Appoint supplier to design sales and operational planning and supply chain performance framework - Autumn 2012

# ITS - customer involvement

Customers will be key in defining requirements, testing propositions and supporting roll-out. There will be many ways to be involved, such as:

- ✓ Stock Management pilots and desktop simulations
- ✓ Development of Transfusion Innovation proposition, including future of RCI services
- ✓ Customer representative groups
- ✓ Stakeholder groups e.g. NBTC, DH Pathology Forum

# ITS Any questions ?

# The role of the NHSBT Customer Services Manager

# A bit of history

- The Hospital Liaison Manager role was created as a pilot in 1997 to “form a communication bridge” between the National Blood Service and Hospitals following the outcome of the BAIN report – this post had a very broad remit including provision of data to RTCs (9 HLMs plus 3 dedicated to diagnostics)
- 2001 The Hospital Liaison - Transfusion Liaison Nurse role was established and link roles were replaced by Patient Clinical Team consultants (10 posts 1-linked to each RHA region in each team) these were intended as dedicated posts for Better Blood Transfusion replacing all non scientific BBT support to this area

# A bit of history

- 2006 PCT team changed away from RHA mapping but kept a focus on specialist areas of Transfusion, Better Blood Transfusion, supporting RTCs & BBT evidence
- Introduction of RTC admin posts x 6
- Change of role within Nursing BBT team with the inclusion of scientific posts in addition to nursing posts
- TLN role change to Transfusion Practitioner, introduction of additional BBT education post
- All of the above changes necessitated a review of the HLM role as it was becoming too broad and was overlapping with the TP role in the BBT team

# Role review 2010/11

- In 2010 therefore we reviewed the HLM role (the JD had not changed since 2001) - we looked at both hospital and NHSBT requirements
- The original HLMs were not best utilising their skill set and the RTC support was being delivered via the BBT teams so there was role duplication & confusion
- It was clear that these scientific posts were predominantly providing technical advice and customer service support to the Transfusion Laboratory Managers in hospitals
- The RTC datasets were now delivered via the BSMS
- Educational support was being provided by the BBT education post & through learnblood transfusion developments
- An additional TP post was put into London Region to support the largest RTC

# Role change 2010/11

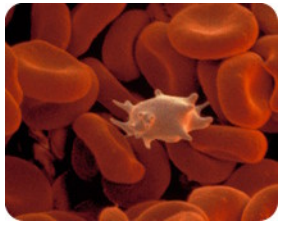
- To give the HLMs back some clear objectives and remove duplication, NHSBT has used this role to capture and translate feedback from customers regarding service improvements – the title was changed to CSM to reflect this
- We wanted to use this post to take a leadership role in driving forward the service improvements that we were being asked to deliver at the hospital interface – this post provides the Customer Advocacy
- *So is it working –what has this role helped to deliver ?*

# You said.... We did....

✓ A 7 day shelf life for platelets

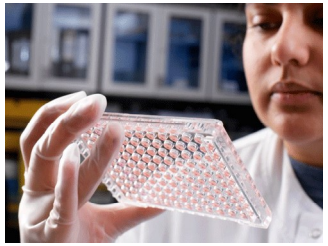
✓ Electronic Interfaces

✓ Routine weekend deliveries



✓ More Group A & AB platelets

✓ Revised recall process



✓ Electronic access to test results


✓ Extra platelets on vehicles


✓ Extend RCI Opening hours

✓ OBOS

# Where do these roles go from here ?

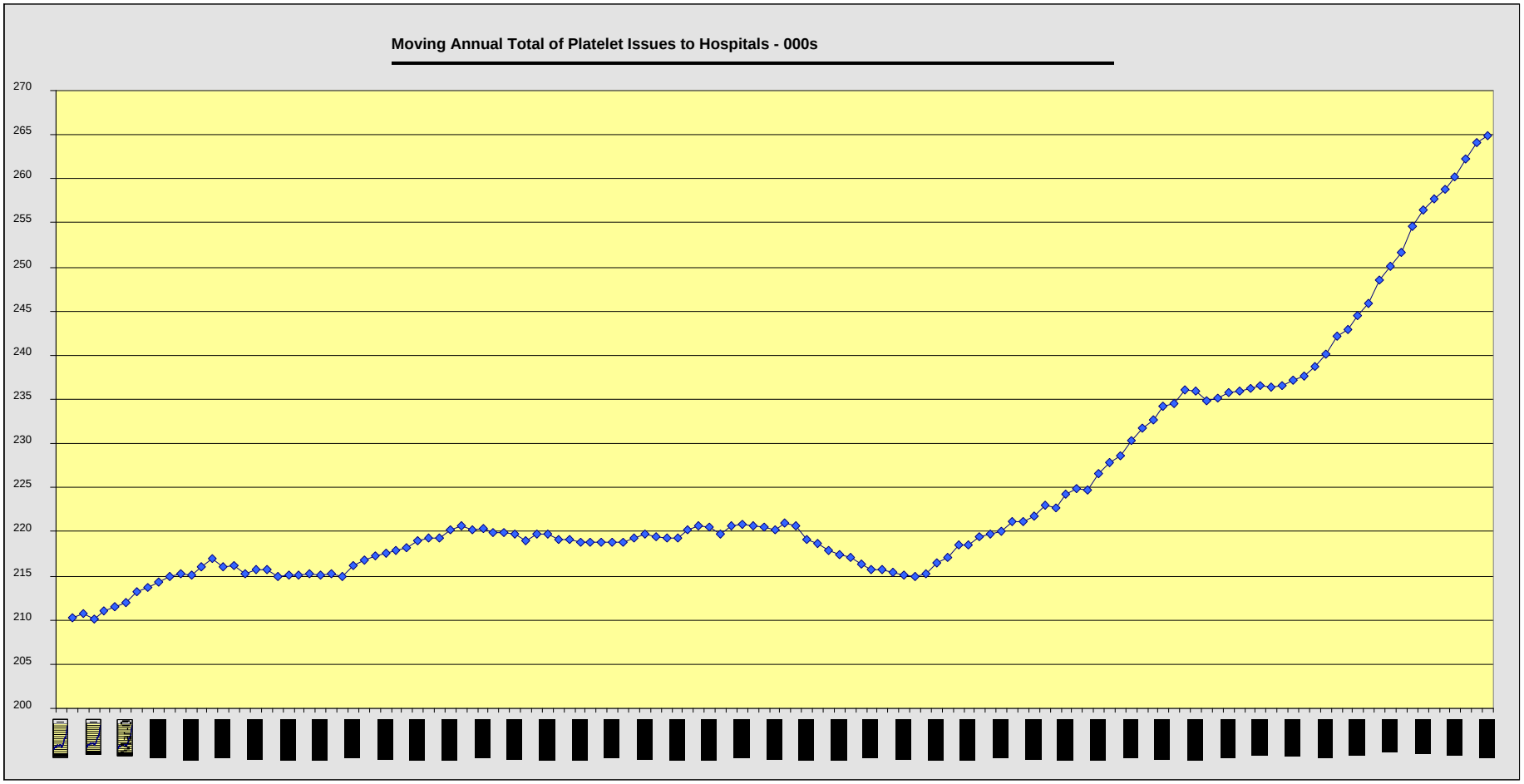
- The NHSBT CSM & other roles each need to have clear role definition so they can focus on their specific objectives -
- Due to their Transfusion Laboratory background, knowledge & skillsets some of the CSMs will be increasingly required to support ITS as well as some of the other key changes we are delivering such as electronic reporting
- The NHSBT BBT team now includes admin, nursing, scientific and medical roles to provide direct support to RTCs
- With financial constraints, an ageing population and ongoing increases in platelet demand – this resource needs to be focussed and we would welcome the opportunity to discuss with the RTCs how best to utilise these roles in the future

# CSM role –any questions

# Patient Blood Management event

# Retaining the status quo is not an option

# Platelet Demand

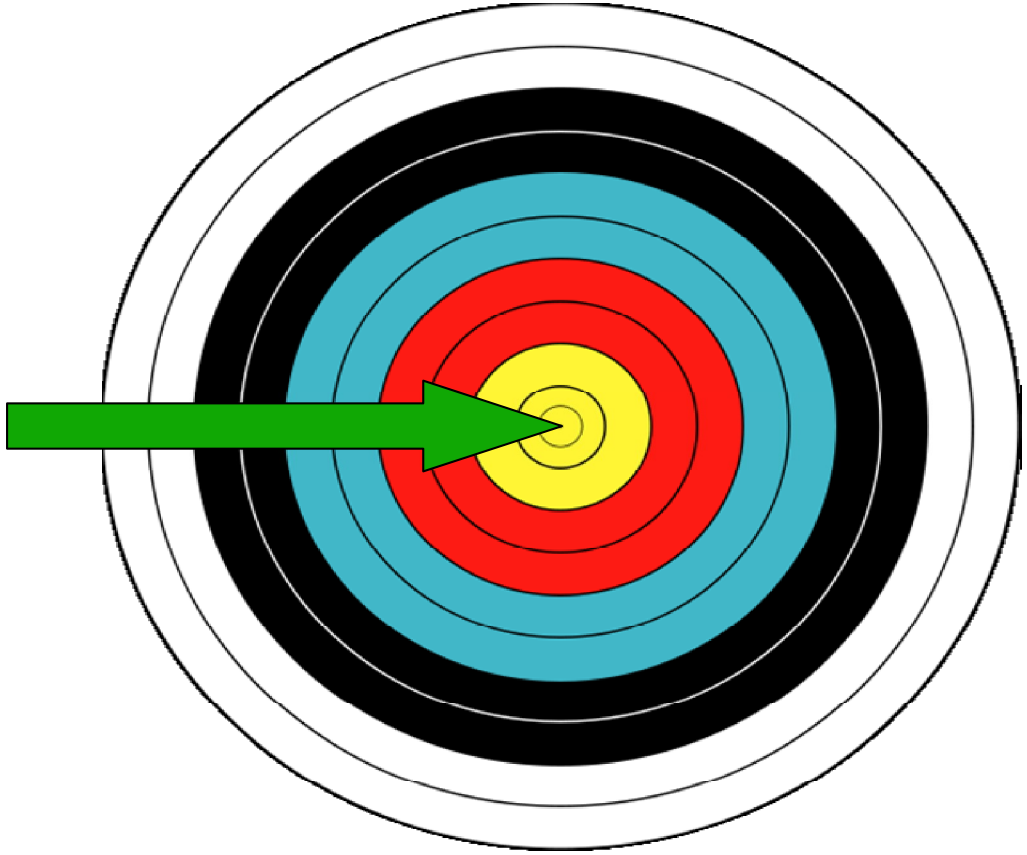



**Demographic data suggests that the ageing population**

**alone will increase demand for all blood components over the next 10 years**

# PBM seeks to focus on key target areas

- Holistic management of patients – transfusion avoidance, benefits vs risk
- Evidence based decision making
- Management of anaemia –whenever possible optimising patient haemoglobin **before** surgery
- Alternatives to transfusion –cell salvage, TEG, cell recovery techniques
- Minimising preoperative blood loss
- Better use of data to drive change **including cost**
- Introduction of transfusion performance measures



# Our Objectives for the event

- To build on our own BBT success
- To learn from countries who have already adopted a PBM approach
- To provide practical examples of best practice
- To engage with influential participants and seek their agreement to adopt this methodology and work in a more directed way in future
- To understand the patient perspective on transfusion practice
- To establish what data we need to implement this approach in England
- To establish how best to use NHSBT resource to support this approach

Thank you