

‘Partnership’ for Improved Stock Management in North Staffordshire

Andrew Clarke

BSMS Average WAPI 4/01-3/02

Hospital Cluster	A, B & O
High Teaching	1.2
High DGH	1.0
Mod Usage	1.1
Low Usage	1.3
Private	6.9

BSMS Annual Report 2001-2002

- Key Observations on the blood supply system
 - Hospitals: Stock movement within large trusts of two or more hospitals and between private and NHS hospitals

NBS Service Agreement with non-NHS Hospitals

- 3.23 Reduction of wastage
 - 3.23.1 The Purchaser will strive to make an arrangement with one or more local NHS Purchasers to assist in the management of the time expiry of stocks of blood in the control of the Purchaser. Such an agreement may include the transfer of short-dated stock to the Purchaser for use by the Purchaser

University Hospital of North Staffordshire

- 1300 bed Teaching Hospital
- Transfused 16,450 units 2002/3
- Main blood usage
 - Medicine (21%)
 - Haematology (18%)
 - Surgery (17%)
 - Locomotor (14%)
 - Cardiothoracic (13%)

North Staffordshire Nuffield Hospital

- 30 bed Private Hospital
- Transfused 415 units 2002/3
- Main blood usage
 - Elective THR & TKR surgery (often postoperative)
 - Anaemia post chemotherapy

Contract with NSNH

- Provide blood components
 - Small handling charge if product transfused
 - Accept red cell return
 - Issue stock with longest shelf-life available
 - Full charge if returned with <10 days shelf-life
 - 30% charge for loss of value if returned with >10 days shelf-life remaining
 - Receive copy of blood fridge charts
- Provide antibody identification service

Advantages for NSNH

- No red cell wastage through outdating
- Rapid product delivery
- Reduced stock holding
- Access to HTC

Advantages for UHNS

- Income generation

NBS Service Agreement

- 2.4 Transfer of Components and/or Services
 - The NHS trust must make it a strict condition of supply that hospitals/laboratories are to make no profit on blood & components supplied to them. The non-NHS Purchaser must be placed on notice that Blood & Blood Components may not be resold at a price greater than the purchase price from the Provider

Advantages for Partnership

- Standardisation of practice
 - Essential in the event of severe blood shortages
 - Proposed cessation of blood collection from donors who have previously received a transfusion
 - Introduction of a vCJD test that may act as a disincentive for the public to donate blood
 - Implementation of UHNS Guidelines for the Postoperative Transfusion of Patients
 - Cell Salvage
 - HaemoCue analyser in theatre

TKR red cell usage audits

- Crossmatch to transfusion ratio
 - UHNS 1st Apr - 30th Sept 2002 (82 cases)
4.7:1
 - NSNH 1st Aug - 31st Jan 2003 (50 cases)
7.8:1

Disadvantages for UHNS

- Increased red cell wastage through outdating

BSMS April 2002 - Sept 2002

Red Cell Issues

Statistic description	All Units
UHNS TOTAL	7979
'High Teaching' TOTAL	8304.6
UHNS Monthly AVERAGE	1329.8
'High Teaching' AVERAGE	1400.8

BSMS April 2002 - Sept 2002

A,B&O Red Cell Wastage

Statistic description	Units	Total Cost
UHNS TOTAL	226	£22,548.02
'High Teaching' TOTAL	129.7	£12,944.23
UHNS Monthly AVERAGE	37.7	£3,758.00
'High Teaching' AVERAGE	22.0	£2,198.08

Problem for 'Partnership'

- Red cell shelf-life
 - Delivery 03/12/02, 20 A+ SAGM expiry 19/12
 - Delivery 03/02/03, 30 A+ SAGM expiry 20/02
- Components issued on a FIFO basis in order to ensure proper rotation of stock & to ensure that older units are issued before newer ones

Summary

- ‘Partnership’ compliant NBS & BSMS
- Overall reduction in wastage
 - BSMS should recognise partnerships, particularly if sending report to Chief Executive
 - NBS FIFO counterproductive
- Joint HTC ensures sharing of best practice