

Transformational Government – Enabled by Technology

Cabinet office - November 2006

NHS blood and transplant (NHSBT) response to paper

Introduction

1.1

The following is a first response to the proposals highlighted in the above paper and how it will affect the long term strategy of NHSBT. This paper is a combine response from the three operating divisions of NHSBT: National Blood Service (NBS) UK Transplant (UKT) and Bioproducts Laboratory (BPL). It must be highlighted that the following comments do not constitute a commitment to such developments by NHSBT. Such a commitment is dependent on funding, strategic planning and a solid business case before any future development can take place.

1.2

In principle, the idea of putting the customer first, through greater choice and personalisation, as well as reducing the burden on individual government areas by sharing best practice, consolidating services etc. makes good sense and we do support the general principles of this paper.

1.3

In fact, NHSBT have been working hard, within our own sphere of influence, to work towards many of the underlying principles outlined in the paper. This has included:

- A. Moving our legacy system PULSE, to an architecture and platform much more compatible with languages of today (PULSE Renewal).
- B. Working with NHSIA on the Exeter system to develop shared data links.
- C. Testing transactional services for donors via Government Gateway (Blood Donor On Line)
- D. Developing and benchmarking our National Contact Centre with the wider industry.
- E. Developing the Blood Stocks Management Scheme, (providing stock information direct to hospitals).
- F. Using the Arms Length body review to provide new potential opportunities to consolidate our IT/contact centres/web presence further.

Comments

Customer Group Directors (Paragraph 26 –30) “To sponsor the customer insight and research into the needs of the customer group”

2.1

For our hospital customers, if there is a customer group director appointed that is related to NHS management, PCTs, GP practices etc. there may well be some potential links with NHSBT customer groups. However, on our organ and blood donor side it is hard to see how their needs ‘fit’ the type of groups mentioned so far (older people, farmers, offender management). We would see this rather as cross selling a concept. e.g. on a web site for farmers, we would provide a link, to say ‘how to volunteer in your area to be an organ donor or blood donor’.

Improve efficiency (Paragraph 33)

Point 2 – Consider a national public service number

3.1

This is not compatible with providing good donor or hospital services. To provide a good service to our customers, a direct link is needed for them to contact us with regards to all aspects of NHSBT.

Point 7 – On line access to their records

3.2

Although ‘Blood Donor On Line’ is providing this for blood donors, for other donors (organ, bone marrow etc) data is not yet available on line. Also, any future development, would have to balance the demand for on line access with the medical confidentiality and safety of our blood/plasma/bone marrow/organ supply.

For our hospital customers we already provide the Blood Stocks Management Scheme, (an online record of stock information for participating hospitals) This service is expanding and developing all the time, however , as yet it is not a complete electronic transactional service.

3.3

Best practice for patient records is to link a product to patient across our entire range (Plasma products, blood, organs through to bone marrow). However, patient records currently live within the hospitals and as yet there is no electronic link to the donor end. Without hospitals computerising their patient records and subsequently developing a compatible IT link, this would be unachievable in the short and medium term.

Shared services (paragraph 39 - 40): "Shared Services provide public service organisations with the opportunity to reduce waste and inefficiency by re-using assets and sharing investments with others."

4.1

We understand this to mean similar services, (regardless of which parent body they operate on behalf of), should combine their resources. Potentially, NHSBT could expect to combine its Contact Centre facilities with any other public body with similar requirements. The issue as we see it is, who will determine what the similarities may be? In principle, as long as a true understanding of what NHSBT and its customers/donor requirements are is taken fully into account, this could be achieved.

4.2

An example of what an incompatible partnership would be is, say combining NHSBT with NHS Direct, as fundamentally these are two quite distinct services. They are aimed at completely different customers and provide completely different services. However, a partnership with other Blood Services and combining its two operating divisions UKT and NBS, could provide sufficient synergy to warrant a merger which could yield positive improvements to the customer at a reduced cost.

4.3

The same principles apply to our web presence. Where the customer has an associated link we could share a web presence. But where there is a disconnect or differences then a joint presence should be avoided.

4.4

This does not mean to say that the back end support could not be shared. Search engine maximisation, secure access, money exchange facilities etc could be shared, but branded in an appropriate way for the customer.

For example NHSBT are developing secure access facilities with Government Gateway, the same secure access provider as the Inland Revenue. This is a trial for 'Blood Donor On Line'. (A new service for blood donors to amend their records over the web). This development once fully tested, could use the same back end support in terms of secure access to also provide the ability for hospitals to order blood and tissues on line, maybe even pay the bills electronically. This access could ultimately allow our production of plasma products to become a true e-business, taking orders and payment from all over the world.

**Supplier Management & Innovation (paragraphs 50 & 51):
“Public perception remains that many of government
suppliers have a patchy track record on delivery”**

5.1

We understand this section as improving contract management, sharing best practice, benchmarking etc. NHSBT would welcome such a system. Indeed we would be happy to receive any help or advice on how this could be improved. Similarly, innovation is part of what we do and we would be happy to share our knowledge and experience with others.

**Timetable for Change (paragraph 52 - 56):
The proposals are that changes should be implemented
during 2007 - 2011.**

6.1

NHSBT have many visionary ideas, including moving towards delivering services that are not just on line but via mobile technology, interactive TV, etc. However, all this is limited by budgets and time. So any future plans need to fit within our strategic direction, budget constraints and business planning.

Other points

7.1

This paper is focused on 'Government' and it's relationship with the citizen. Although blood and organ donors may know NHSBT is part of the NHS, they do not actually perceive us as being a Government body in the same way as Local Authorities or the Inland Revenue may be seen. And as such there may be some conflict with being publicly aligned to, say, the Inland Revenue, but this does not mean we could not benefit from this. However, the branding, packaging of the proposition to donors etc. needs to be carefully managed to ensure no loss of confidence

7.2

Many of the recommendations focus on accessibility, security of access and simplification. For the blood donor services we offer, this is directly related to the 'Blood Donor On Line' work. However, if we look at the hospital end of our business in terms of plasma products, blood products and organ donation, there is definitely some substantial work to do in the e-business transactional area.

7.3

The main themes seem aimed at becoming more customer centric (In terms of NHSBT donor or hospitals, GPs and wholesalers). This was already the NBS, UKT and BPL individual strategies and is likely to form the NHSBT key strategy.