

Part One

Overview



Part One provides a summary explanation of key activities and outlines the major achievements of the NBA, as well as issues and challenges faced during the year. It consists of the NBA General Manager's review and a report from the Chair of the NBA Board. It also provides a summary of the major achievements of the NBA over the first five years of operation.

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1.1 General Manager's review

It is now five years since the National Blood Authority was established, during which time we have put together an impressive portfolio of achievements. The small size of our agency has not limited the quantity and quality of our work and I would like to share our achievements with you in this, our fifth annual report.

This year, the NBA has made some significant contributions to both the national and international blood sector through the publication of a number of major guidelines, reports and papers. The *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia*, a major and significant piece of work, was endorsed by Health Ministers. An international benchmarking report *Fresh Blood Products – Production Benchmarking and Demand Drivers* was also published and a poster was presented at the International Society for Blood Transfusion annual conference in Macau.

These publications have been a result of the increasing focus the NBA is placing on the dissemination and exchange of good-quality national and international data. In that vein, the year has seen the development of a national blood sector data strategy, which we will use to guide our work in this space. I am pleased to report excellent progress of a number of data system initiatives, which will contribute to data quality in the sector.

In conjunction with haemophilia groups, the NBA has managed the design and redevelopment of the Australian Bleeding Disorders Registry (ABDR). The ABDR will provide a clinical tool for clinicians and improved data capture and quality nationally.

This will lead to an improved understanding of product use, more effective demand modelling, supply planning and forecasting for products used in the treatment of haemophilia.

A significant step towards understanding patient safety within the blood sector was taken in 2007–08 with the publication of the NBA's *Initial Australian Haemovigilance Report*. Knowing the incidence and understanding the circumstances of adverse events is crucial to facilitating changes in clinical and hospital practices to improve patient safety around blood transfusion. Jurisdictions voluntarily reported agreed adverse events and this information was compiled into a national report. Ongoing work will refine and expand this process, with the aim of being able to publish further national haemovigilance reports against a consistent reporting framework in the future.

The *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia* was endorsed by Health Ministers and implemented in 2007–08. This is a significant piece of work that provides guidance to clinicians on the conditions for which intravenous immunoglobulin (IVIg) can be accessed under the national blood arrangements. Demand for IVIg continues to increase steadily and it is important that supply of IVIg is available to the



'We were thrilled to receive a Highly Commended award in the 2007 Comcover Risk Initiative Awards. This award recognised our continuing strength in contingency planning as demonstrated by the implementation of our Business Continuity Plan following the devastation of our offices by a severe storm last year.'

patients most in need. To support the implementation of the *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia*, the Jurisdictional Blood Committee (JBC) endorsed work to design and develop a National IVIg Management System (NIMS). The NIMS will capture national information around the orders, use and treatment outcomes of IVIg, and will inform demand models and supply planning in addition to furthering clinical knowledge. Work on NIMS is well under way and it is anticipated that a pilot project will be undertaken in 2009.

In trying to gather good-quality national data, the NBA recognises the different systems and processes that are used across the jurisdictions. In conjunction with the Australian Red Cross Blood Service (ARCBS), the NBA is undertaking another initiative that recognises these differences and focuses on data definitions and standards rather than new information technology (IT) solutions. This project, called 'Blood Measures', aims to develop a set of standard measures and data collection points that can be included in any investigation of blood and blood-related products. The project strives to facilitate good-quality research by getting expert agreement on these measures, which can lead to comparable national data.

Internally at the NBA, this year has seen significant progress on the development and implementation of the Integrated Data Management System (IDMS). IDMS will streamline the NBA's operations, improving functionality by centralising the information we need to undertake our core business. In addition, IDMS will serve as a database that will also allow us greater capacity to collect and disseminate national data. Jurisdictions see the NBA's dissemination of data as one of the most important value-adding activities of the NBA.

Patient blood management is the appropriate use of blood and blood components with the goals of optimising patient outcomes and reducing unnecessary exposure to allogeneic transfusion, thereby also contributing to optimum use of blood supply. This is achieved by:

- employing appropriate combinations of medications, technological devices and medical and surgical techniques, and
- using an interdisciplinary team approach.

In February 2008, the NBA started work to develop a framework for consideration of how to increase the knowledge and uptake of patient blood management techniques and strategies. The NBA and JBC see this work as a major focus of our activities over the next several years and it may involve the NBA in research and change management projects with the clinical community, other government bodies, clinical colleges and training institutions.

In addition to our new initiatives, we have continued to maintain our excellent work in supply planning and contract management. This financial year has seen the successful negotiation of two new contracts. First, the new imported IVIg contract offers significant value for money by shifting the risk for holding inventory to the suppliers and improving product delivery times to within 24 hours for hospitals. Second, a new standing offer for diagnostic reagents has provided public pathology laboratories with a wide choice of products and the ability to procure the most appropriate diagnostic blood products at competitive prices, quality and service levels. This contract also gives laboratories the flexibility to incorporate cutting-edge products as they become available.

Our work in ensuring supply of blood and blood-related products to Australians relies heavily on our relationship with the ARCBS. Following the successful signing of the ARCBS Deed of Agreement last financial year, this year has focused on an independent business study of the ARCBS, which aimed to, among other things, inform the basis of government funding to the ARCBS, and identify cost options for any improvements to the efficiency and effectiveness of the provision of those products and services. It also makes recommendations on an output-based funding model for the ARCBS.

This year also saw the opening of the ARCBS's new principal site in Brisbane (in Kelvin Grove) which was funded by governments. Negotiations are well under way for the redevelopment of ARCBS principal sites in Melbourne and Sydney.

Our work in contingency planning was recognised this year when we received a highly commended award for risk initiatives in the 2007 Awards for Excellence in Risk Management from Comcover. This award recognises our continuing strength in contingency planning which was demonstrated in reality when our Business Continuity Plan was successfully implemented following a severe storm last year.

The NBA is also involved in contingency planning on a broader level and I am delighted that Health Ministers endorsed the National Blood Supply Contingency Plan (NBSCP) in April of this year. The NBSCP provides clear governance and a decision-making framework for the management of product shortages.

I would like to thank the NBA Board for their guidance during the year. Under their stewardship, the NBA embarked on a number of new initiatives and was able to achieve good progress on all core deliverables

Lastly, I would like to sincerely thank the staff of the NBA whose enthusiasm, commitment and professionalism allows us to deliver all these excellent outcomes.



Dr Alison Turner
General Manager and CEO
National Blood Authority

1.2 National Blood Authority Board Chair's report

I am pleased to present the NBA Board's annual report on its operations during the year ending 30 June 2008, as required under Section 44(2) of the *National Blood Authority Act 2003*.

The NBA Board was established under the *National Blood Authority Act 2003*, with four functions:

1. To participate in consultation with the Australian Government Minister for Health and Ageing about the performance of the NBA's functions.
2. To provide advice to the General Manager about the performance of the NBA's functions.
3. To liaise with governments, suppliers and other stakeholders about matters relating to the NBA's functions.
4. To perform such other functions (if any) as specified in a written notice given by the Minister to the Chair.

Board members are selected by the Australian Health Ministers' Conference (AHMC) and appointed by the Australian Government Minister for Health and Ageing to serve a period not exceeding four years.

2007–08 priorities

In 2007–08 the NBA Board held four meetings. At our meeting in June 2007, the Board advised management on appropriate priority areas for 2007–08 and I am pleased to report significant progress on these items. At that meeting, the Board also agreed to a strategy to strengthen engagement with the blood sector and resolved to initiate a program of inviting stakeholders to meet with the Board and senior management to discuss emerging

priorities in the sector. We also decided to hold every second Board meeting outside Canberra in order to visit and meet with stakeholders to ensure that the Board had current and first-hand knowledge of issues.

Our program of stakeholder engagement started with our Board meeting in Melbourne (October 2007) and continued in Sydney (April 2008). The Melbourne visit provided the Board with the opportunity to visit the facilities of CSL Ltd at Broadmeadows, and in Sydney we visited the ARCBS Clarence Street facilities. The latter visit enabled the Board to appreciate the ARCBS Business Case for the New South Wales and ACT principal site. The Board met in Canberra in February 2008 and we were delighted to meet the Parliamentary Secretary, Senator Jan McLucas, for dinner.

In addition to our detailed work program of sector issues, the Board has reviewed the manner in which we discharge our overall obligations to provide advice about the performance of the NBA's functions. Flowing from our consideration of the Strategic Risk Management Plan, the Board worked with the General Manager on refining three specific initiatives, designed to improve and enhance the operational efficiency and effectiveness of the NBA, namely:

- An organisational capability enhancement strategy to address the particular challenges which confront the NBA as a small specialist agency, including:
 - attracting and retaining the specialised knowledge required;
 - retaining appropriately skilled staff;
 - developing flexibility to respond to peak workloads;

- efficient management of written material and documentation.
- An expanded stakeholder engagement strategy to support and guide the planning and risk management approach by the NBA. This included defining the likely objectives of each stakeholder, their influence and impact on change initiatives and the appropriate level of consultation and involvement in our work.
- Improvement in the ongoing operational reporting and performance assessment by streamlining the monthly internal reporting with the production of a high level balanced scorecard. In particular we now have good integration of all the inputs into our planning process including our strategic risk plan and stakeholder consultation.

The Board was able to provide a broad diversity of views and input on these strategies, incorporating experiences from the public and private sectors in financial accountability, clinical and community health disciplines. The Board's view is that the overall performance of the NBA is highly professional, with a clear commitment to ensuring value for money to funding bodies.

Below is a summary of the major areas of contribution by the Board over the past 12 months.

Fresh blood

Business study of the Australian Red Cross Blood Service

A business study into the operations of the ARCBS was completed in December 2007 and the outcomes were assessed by the Board to help the NBA analyse and prepare options for the Jurisdictional Blood Committee's (JBC) consideration. The Board will actively assist NBA management to monitor and implement the study recommendations. Mr Ken Barker

and I represented the Board on an advisory group to the General Manager for this study.

One of the core observations of the study was recognition of the need for greater communication between the ARCBS and NBA Board members. As a result, the ARCBS Board has been invited to meet with the NBA Board — which I hope will be the first of many such meetings of the two bodies.

Australian Red Cross Blood Service principal site — New South Wales and Australian Capital Territory

The Board was consulted by the General Manager in relation to the ARCBS proposal for a new principal site in Sydney. Board input was also sought before the NBA's assessment of the final cost position for the project and in relation to indemnities sought by ARCBS. Funding for relocation of the NSW and ACT principal site was approved by Health Ministers at their meeting held on 18 April 2008.

Commercial contracts

A new agreement with CSL Ltd

With the current CSL Ltd agreement due to expire on 31 December 2009, the Board has been actively engaged in discussions with the General Manager on the development of policy parameters to govern the new agreement.

Distribution arrangements for plasma and recombinant products

A key strategy in addressing wastage and improving performance within the supply chain is to implement the recommendations arising from the Plasma Fractionation Review for a detailed review of distribution arrangements for blood products.

The Board has worked closely with NBA management to develop the terms of reference for the Review. The JBC endorsed the terms of reference at its February 2008 meeting and supported the proposed governance arrangements. Advice from the Board to include a suppliers' reference group to ensure that key supplier stakeholders could provide input was integral in maintaining our commitment to effective stakeholder engagement.

Defined blood products contracts

Current defined blood products contracts with a range of suppliers are due to expire on 30 June 2009. While all contracts have extension provisions, the NBA, with Board guidance, has commenced work to determine and implement appropriate procurement action for defined blood products after this date.

Plasma industry analysis

During a major trip undertaken by the NBA General Manager and myself this year to the 14th International Plasma Protein Congress in Warsaw, we visited other European countries to engage with representatives of the plasma fractionation industry. I was pleased to see that the NBA, after only five years, has developed a well-recognised international reputation for its thorough and professional approach to plasma industry issues. The quality and price paid by Australia for the range of plasma derived and recombinant products is of leading world standard and reflects our intensive and detailed understanding and analysis of this industry.

Data activities

The Board has encouraged the NBA to develop a detailed strategy for sector data development and management that would provide clarity about roles and responsibilities across the blood sector, and in particular, how the NBA

could best add value. Quality data collections, data linkage projects and data integration across jurisdictions, will allow the sector to take a more professional approach to analysing potential new investments and initiatives. In developing the strategy the Board has encouraged the NBA to ensure adequate engagement by the clinical community — acknowledging the need to ensure that data systems provide the end users with real benefits. The update on this work presented in February to the Board provides a sound framework for ensuring adequate integration of data requirements for the blood sector to the wider health sector data and information frameworks and will now be progressed through an expert blood informatics group consisting of data and systems experts nominated by jurisdictions.

2008–09 focus

The Board has provided advice on the priorities for inclusion in the NBA 2008–09 Operational Plan and during this period will, as part of our overall performance monitoring obligations, maintain a strong focus on the principle of improving the effectiveness and value for money of government investment in the blood sector, particularly in the context of NBA activities in the following areas:

- development of an appropriate methodology for assessment of proposals for products to be added to the supply plan
- ARCBS Deed negotiations in light of the findings from the business study and the learnings from the current Deed
- Plasma Products Agreement (PPA) negotiations to ensure continued best value for money for governments
- development of a patient blood management strategy aimed at improving the appropriateness of use of blood and blood-related products, and

- input to the review of the operation of the arrangements for the National Blood Agreement, now scheduled for completion by June 2009.

The Board has endorsed the desktop project initiated by the NBA to formalise its process of monitoring developments in relation to new techniques, technologies and products that may have applicability to the Australian blood sector. These developments have the potential to affect the blood sector in the short, medium and long term, and will offer scope for improved efficiency, efficacy and safety in nearly every area of the blood collection, processing, fractionation, distribution and use spectrum. The Board has encouraged the NBA to take a very proactive stance on this information and to provide governments with well-researched assessments and timely information on policy options and implications of these changes.

Finally, I would like to acknowledge the contribution of all Board members in providing sound and well-considered advice to the NBA General Manager in what is a complex sector. The sector will continue to face serious challenges in increasing its sustainability in the face of the escalating demand for blood and blood-related products and, in particular, the constant need to ensure value for money in a complex and changing broader health policy environment. I am confident that I speak for my Board colleagues when I say we look forward to continuing our role in the year to come.



Mr Garry Richardson
Chair
National Blood Authority Board



1.3 Biographies of members of the National Blood Authority Board



Mr Garry Richardson

CHAIR

Mr Garry Richardson is a professional independent company director with extensive experience in the health and financial services sectors. He is a Fellow of the Australian Institute of Company Directors.

Before his retirement from his executive career at the end of 1997, Mr Richardson was Managing Director of National Mutual Health Insurance Pty Ltd (now known as BUPA Australia), Australia's third-largest private health insurer for seven years. He was, concurrently, Vice President of the Australian Health Insurance Industry and Board member of the International Federation of Health Funds (based in the United Kingdom).

Since then, Mr Richardson has been appointed to a number of boards, mostly in the position of Chair. These included appointments by both Labor and Coalition governments at State and Commonwealth level:

- Commissioner, Private Health Insurance Administration Council (1998–2007)
- Director, Dental Health Services Victoria (1997–2000)
- Chair, Southern Health — Victoria's largest public health network (1998–2003)
- Chair, Housing Guarantee Fund (2002–07)
- Director, Victorian and National Boards of Australian Red Cross (2005–07)
- Chair, Little Company of Mary Health Care Ltd (2007–08)

Mr Richardson's current appointments include:

- Chair — Health Super Pty Ltd (January 2001 to date)
- Independent Chair — Audit Committee, City of Stonnington (2000 to date)

Mr Richardson was appointed Chair of the NBA Board in May 2007.



Mr Ken Barker

FINANCIAL EXPERT

Mr Ken Barker is currently Chief Financial Officer with New South Wales Health and is responsible for:

- controlling and monitoring recurrent expenditure (\$12.5 billion, 2007–08) and revenue (\$1.7 billion 2007–08)
- establishing New South Wales Health financial management policy and strategy
- overseeing the business management services involving insurance, risk management, taxation, benchmarking of public hospital support services and independent financial review of public and private sector initiatives.

Mr Barker has worked for New South Wales Health for 23 years and, before his present role, was involved in the financial and accounting area of the Department. He has 40 years of experience in the New South Wales Government, previously working for the Police Department, Public Works and Corrective Services.

In respect of the Australian blood service, he has been involved in the government's financial perspectives in:

- the former New South Wales Blood Transfusion Service
- the nationalisation and establishment of the ARCBS
- providing leadership in establishing the national indemnity arrangement for blood and blood products
- providing executive input (including providing evidence) in defending claims for the blood-acquired HIV virus in New South Wales
- providing input into the Stephen Review of the *Australian Blood Banking and Plasma Product Sector*
- establishing the NBA.

Mr Barker was appointed to the NBA Interim Board and has served as a full Board member since the inception of the NBA. He served as Chair of the National Blood Authority Audit Committee from 2003–07.



Mr Rob Christie

COMMUNITY REPRESENTATIVE

Mr Rob Christie has a long history of community service and experience as a health consumer representative in Australia on blood and blood-related product issues and the needs of patients and families with bleeding disorders. His son, Scott, has haemophilia A and is HCV positive.

Mr Christie's commitment to the blood sector has resulted in appointments as:

- Life Governor and Board member of the Haemophilia Foundation Australia (HFA) Board member since 1997, including four years as National President
- Vice President of the Haemophilia Foundation, South Australia; Board member since 1994
- Committee member of the Coagulation User and Advisory Group with the Australian Red Cross – South Australia; member since 1995
- Vice President, Finance, World Federation of Hemophilia, Montreal, Canada, since 2004.

In his professional life, Mr Christie has strong business and management experience in the agricultural sector and is a business consultant with Proforma Business Communications.

His community service also includes life membership of the Apex Club in Happy Valley.

Mr Christie was appointed Community Representative on the NBA Board in May 2007.



Associate Professor David Cooper

PUBLIC HEALTH EXPERT

Associate Professor David Cooper is the Director of Emergency Services for the central coast of New South Wales, incorporating Gosford and Wyong emergency departments. These two departments constitute one of the largest emergency services in Australia, with a substantial critical care and trauma case load (95 000 presentations per year).

Associate Professor Cooper is also a member of the Australian Health Protection Committee, which manages health emergencies at a national level. He teaches in the field of disaster medicine at a number of Australian universities, including Sydney, Monash, Charles Darwin and Queensland. He also lectures in disaster medicine to medical students in Indonesia and Turkey.

His previous appointments included:

- Foundation Chair of Disaster Response and Preparedness, Charles Darwin University/National Critical Care and Trauma Response Centre, Royal Darwin Hospital
- Acting Deputy Chief Health Officer, NSW Health
- Director, New South Wales Health Counter Disaster Unit.

Operationally, his experience includes the health response to both of the Bali bombings, the tsunami disaster and the Yogyakarta earthquake, where he led the first AusAID disaster medical team. He also has substantial experience in mass gathering planning including the Sydney 2000 Olympics, Rugby World Cup and, more recently, World Youth Day 2008.

His interest in the blood sector relates to the safe management of blood and blood-related products in critical care and emergency medicine as well as in disaster settings.

Associate Professor Cooper was appointed the Public Health Expert member of the NBA Board in May 2007.



Mr David Kalisch

AUSTRALIAN GOVERNMENT REPRESENTATIVE

Mr David Kalisch was appointed Deputy Secretary in the Department of Health and Ageing in June 2006. He is a member of the department's executive, with responsibility for Portfolio Strategies Division, Acute Care Division, the Mental Health and Workforce Division and the South Australian and Western Australian state offices of the Department.

Since the early 1990s, he has been in the Australian Government Senior Executive Service in the Departments of Social Security, Prime Minister and Cabinet, Family and Community Services, and now in Health and Ageing.

Mr Kalisch is an economist who has worked in a range of social-policy areas of government since the early 1980s. This has included policy advising and program management in diverse areas such as labour markets and employment policy, retirement incomes, family assistance, children's services, welfare reform and, more recently, health services. Aside from these social policy and program management experiences, he has an interest in enhancing organisational capability.

In addition to these appointments, he was Principal Adviser to a former Minister for Social Security and has worked at the Organisation for Economic Co-operation and Development (OECD) in Paris in their employment programs division (1990) and social policy division (1997–98) and at the Australian Delegation to the OECD (1998–99).

Mr Kalisch was appointed the Australian Government Representative to the NBA Board in November 2006.



Dr Peter Lewis-Hughes

STATE/TERRITORY REPRESENTATIVE

Dr Peter Lewis-Hughes began his distinguished career in 1986 with the public health care sector in the Australian Government health department. He assisted in structuring policy development for magnetic resonance imaging (MRI), Interventional Radiology, and the Royal Flying Doctor Service. Dr Lewis-Hughes then served as Private Secretary to the then Health Minister, Dr Neal Blewett AC. Key areas of responsibility included Medicare, pharmaceuticals, health insurance and hospitals.

Dr Lewis-Hughes was appointed to Executive Director of ACT Pathology in 1988.

In 1990, Dr Lewis-Hughes took the position of Business Manager for the Commonwealth Medical Services (Queensland) and successfully helped to develop a user-pays funding mechanism for Commonwealth medical officers. During this period he was also seconded by the then Commonwealth Department of Community Services and Health to co-author, with Dr John Deeble, the National Pathology Directions for the Macklin Review.

He was appointed Director of Strategic Management at the Greenslopes Repatriation Hospital in 1991, where he was responsible for assisting in the preparation and implementation of a blueprint for the privatisation of the hospital.

Dr Lewis-Hughes was recruited by Queensland Health in 1995 to implement structural reform agendas in key services such as pathology, biomedical engineering services and public health and forensic laboratory sciences. Following the Forster review of Queensland Health in 2005, he was appointed Executive Director of Clinical and Statewide Services with responsibility for development and reform of the Queensland Health blood program, radiology services, medication services and the oral health program. With wide-ranging experience in the health care industry at Australian Government and state levels, Dr Lewis-Hughes is especially interested in contemporary health issues as they relate to strategic and business planning for clinical services across Queensland.

Dr Lewis-Hughes was appointed to the NBA Board as the Public Health Expert in 2003 and appointed State/territory Representative in 2007.



Mr Robin Michael

STATE/TERRITORY REPRESENTATIVE

Mr Robin Michael is a health care professional with 28 years experience. He was General Manager of the Royal Darwin Hospital, Northern Territory, until December 2007 and has returned to Adelaide where he is Chief Executive Officer of Radiology Resources Pty Ltd.

Mr Michael has qualifications in pure mathematics and statistics, computing science and public health. He has managed public and private health services and worked in the government sector. His experience includes:

- management — he has been head of the Metropolitan Health Service for the South Australian Health Commission and Executive Director, Corporate Resources for the South Australian Department of Human Services
- consulting — he has been a Director of KPMG, a partner in Coopers & Lybrand (now PricewaterhouseCoopers) and a partner in Deloitte Consulting.

He has worked in both Australia and New Zealand in health care and enterprise resource planning implementation.

Mr Michael was appointed to the NBA Board in 2005 and he resigned in June 2008.

1.4 The first five years

Five years after the establishment of the NBA, meaningful improvements in the Australian blood sector are now in place.

The challenges in the first year were considerable — not the least being the task of creating an organisation from scratch and tackling the heady expectations arising from the National Blood Agreement. Other challenges included:

- developing and managing new relationships at a national level
- building confidence in the clinical and scientific communities about the roles and responsibilities of the new authority
- demonstrating value for governments early in our existence.

Today, the NBA negotiates and manages contracts covering all the blood and blood-related products used in Australia. We also have a broad international network; coordinate a national approach to blood supply, usage and conservation; manage a diversity of stakeholder relationships; and have recently started work to drive improvements in transfusion appropriateness and blood sector performance analysis.

In the five years of operation to date, the NBA has:

- improved contract management, delivering significant cost savings to all Australian governments
- implemented a diverse and innovative range of supply contingency provisions that have prevented significant stock shortages

- established clear governance decision-making frameworks that integrate blood into the overall decision-making framework for health sector risk planning
- built highly effective relationships with key stakeholders
- delivered a range of safety and quality initiatives such as the recent *Initial Australian Haemovigilance Report (2008)* and the *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia (2008)*
- began data collections on product issues and usage to assist in developing policies relating to appropriate use of products, and a rigorous analysis of future supply and demand
- implemented a range of strategies to reduce inappropriate use of blood products.

Several key policy challenges lie ahead for the NBA in the next several years, namely:

- the successful management of the Review of Distribution Arrangements for Blood Products
- new contracts with CSL Ltd and ARCBS
- finalising new guidelines on appropriate use of fresh blood products
- collection and management of data to understand how we use products
- future directions for patient blood management to reduce patient exposure to donor blood and ultimately deliver better outcomes for patients.



Dr Alison Turner, Ms Louise Morauta, then Chair JBC and Professor Dick Smallwood, then Chair NBA Board at the opening of the NBA premises in July 2003.

The achievements shown in Table 1.1 have been possible because of a commitment to six principles, namely:

- detailed analysis of costs, options, international comparators and stakeholder concerns
- meticulous planning of resources and activities against clear goals
- seeking creative and innovative ways to achieve better outcomes
- a high-level of stakeholder involvement and communication, both in the planning and designing phases, as well as implementation
- careful management of cautious implementation
- regular monitoring and review for all the projects undertaken.

The success that this approach produced is now allowing us to embark on a slightly more adventurous approach to our responsibilities and five years out we are looking forward to delivering on actions that will further demonstrate our leadership in the blood sector. We accept that this will be dependent on the quality of our engagement with our stakeholders, and clear, consistent and regular communication of government priorities and objectives with these stakeholders.

We look forward to these challenges and the next five years.

Table 1.1 Five years of achievements, 2003–08

National Blood Authority Act supply obligations	Deliverable	Outcome
<p>To provide assistance:</p> <ul style="list-style-type: none"> ▪ in accordance with national blood arrangements to a committee referred to in those arrangements ▪ to the Board ▪ to the advisory committees (if any) established under section 38. 	<p>Provided secretariat services to 53 JBC meetings.</p> <p>JBC focus evolved from strong operational concerns to strategic developmental focus.</p> <p>Board directly engaged in informing strategic advice to the General Manager.</p> <p>Clinical Advisory Council established to provide detailed clinical advice and was instrumental in the development of the blood counts program.</p>	<p>Effective governance framework that supports consolidated policy decision-making and implementation across all jurisdictions.</p>
<p>To carry out national blood arrangements relating to annual plans and budgets for the production and supply of blood products and services.</p>	<p>National supply plan process created and implemented on an annual basis.</p> <p>Presentation of plans delivered progressively earlier to Ministers each year.</p> <p>Suppliers advised of indicative volumes more than six months before the commencement of plan.</p> <p>Mid-year reviews designed and implemented on a regular basis from 2004.</p> <p>Verification procedures for ordering and receipting, negotiated and implemented.</p>	<p>Suppliers provided with improved certainty and clarity of government supply requirements.</p> <p>An improved level of accountability in blood expenditure.</p>
<p>To enter and manage contracts and arrangements for the collection, production and distribution of the blood products and services necessary to ensure a sufficient supply of blood products and services in all the states and covered territories.</p>	<p>New Deed with ARCBS negotiated and signed.</p> <p>New Deed with CSL Ltd negotiated and signed.</p> <p>New contractual arrangements for diagnostics implemented.</p> <p>New Standing Order arrangements for the importation and implementation of IVIg.</p> <p>New Deeds for imported plasma and recombinant products negotiated and signed.</p>	<p>No stock-out of any product in five years.</p> <p>Substantial savings achieved.</p> <p>Improved shelf life of some products.</p> <p>Improved product access for patients.</p> <p>Improved products and product range.</p>

National Blood Authority Act supply obligations	Deliverable	Outcome
To carry out national blood arrangements to ensure that there is a sufficient supply of blood products and services in all the states and covered territories.	<p>Effective management of the development of:</p> <ul style="list-style-type: none"> ▪ <i>Factor VIII and Factor IX Guidelines (2006)</i> ▪ <i>Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia (2008)</i>. ▪ <i>Guidelines on the prophylactic use on RhD immunoglobulin (anti-D) in obstetrics (2004)</i>. ▪ Biostate shortage contingent supply management. 	High-quality, evidence-based guidelines for high cost products developed in consultation with the clinical community and published.
<p>To carry out national blood arrangements relating to.</p> <p>(a) Safety and quality measures.</p>	<p>ARCBS requests to governments for funding for increased levels of leucodepletion, bacterial contamination and sample archiving assessed.</p> <p>Rolled out recombinant fVIII for all patients seeking this product.</p> <p>Obtained funding for ARCBS to implement TGA requirement for changes to haemoglobin tests.</p> <p>Blood standard requirements integrated into hospital accreditation reform.</p>	<p>Product recipients have access to a selection of some of the world's best products.</p> <p>Government approved 100% leucodepletion and 100% bacterial contamination testing of platelets.</p>
(b) Contingency measures and risk mitigation measures for the supply of blood products and services.	<p>Agreed National Blood Supply Contingency Plan.</p> <p>Risk mitigation strategies incorporated into plasma and recombinant products contracts.</p> <p>New management arrangements for National Managed Fund instigated.</p> <p>In-country reserve requirements.</p>	<p>Effective coordination of national management of blood product shortages.</p> <p>Blood sector integrated into health contingency planning.</p> <p>Hierarchy of risk response options.</p>
To liaise with and gather information from governments, suppliers and others about matters relating to blood products and services.	<p>Ongoing horizon scanning project implemented.</p> <p><i>Fresh Blood Products: Production Benchmarking and Demand Drivers</i> released.</p> <p>Strategic workshops initiated for JBC.</p> <p>Created Blood Suppliers Forum, Professional and Community Forum and the CAC.</p> <p>Engaged stakeholders in specific projects, eg ABDR redevelopment, NIMS and product tender processes.</p> <p>Established haemovigilance project working group.</p> <p>Established an EWG to manage the review of guidelines for use of fresh blood components.</p>	All contracts and major projects informed by international research, government, clinical and community needs.

National Blood Authority Act supply obligations	Deliverable	Outcome
To provide information and advice to the Minister and the Ministerial Council about matters relating to blood products and services.	<p>Approximately 20 papers have been submitted to AHMC for ministerial approval.</p> <p>Recommended position on barcoding policy for blood products.</p>	<p>Ministers provided with consolidated strategic national policy and funding advice.</p> <p>Ministers provided with accurate and timely advice.</p>
To carry out national blood arrangements relating to the funding of the supply of blood products and services, and the NBA's operations.	<p>Established the NBA with independent infrastructure and services, including IT systems; outsourcing of noncore business systems; appropriate and best practice governance arrangements; and key policies and processes to support the operation of the NBA.</p> <p>Maintained an active recruitment program to address new functions.</p> <p>Implemented an NBA Fellows program to ensure the NBA has access to high-quality advice.</p> <p>Implemented CAC to ensure the NBA has access to high level clinical advice to guide policy and program development.</p> <p>Recognition as high performing agency through:</p> <ul style="list-style-type: none"> ▪ PM's Silver Award for Excellence in Public Sector Management and ▪ Comcover Award for Excellence in Risk Initiatives. Highly Commended in the category of Risk Initiative. 	<p>NBA recognised for public service excellence.</p> <p>NBA recognised for high quality risk management procedures.</p>

National Blood Authority Act — Safety & Quality obligations	Deliverable	Outcome
<p>Ensure that funding and supply contracts for the national blood supply include appropriate obligations on suppliers to meet safety and quality standards and to enforce those obligations.</p>	<p>All contracts comply with this requirement.</p> <p>Requirement for additional pathogen inactivation steps in some CSL Ltd products in new PPA.</p> <p>Co-ordinated supply response for implementation of vCJD mitigation steps.</p>	<p>Australian supply contracts provide some of the world's best products.</p>
<p>Maintain a systematic approach to identify new developments and to provide a clearinghouse and coordination function for information in relation to new developments.</p>	<p>Framework for assessment of new technologies established.</p> <p>Supply contracts to provide information on new and emerging issues.</p> <p>Blood Sector Data Strategy</p>	<p>Framework to ensure that the sector is informed and well poised for timely responses to new and emerging pressures.</p> <p>Standardised approach to information management and data systems development in the blood sector to be implemented.</p>
<p>Facilitate coordination, integration, cooperation and information exchange between the NBA and other bodies with a safety and quality role in the Australian blood sector, and between those other bodies.</p>	<p>Coordinated blood sector input to National Safety and Quality in Healthcare Commission accreditation reforms.</p> <p>Provided input to the Information Strategy for the National Safety and Quality in Healthcare Commission.</p> <p>Designed ABDR with input from NEHTA.</p> <p>Red Cell Utilisation Workshop sharing data between states.</p> <p>Co-sponsored support for market research on red cell prescribing behaviours of doctors (with NSW Government).</p>	<p>Blood issues integrated into health S&Q reform agenda.</p>

National Blood Authority Act — Safety & Quality obligations	Deliverable	Outcome
Provide information and advice to the JBC and to the Ministerial Council (through the JBC).	<p>Provided information on new and emerging products, technologies and procedures to JBC on a regular basis.</p> <p>Established strategic workshops for JBC.</p> <p>Prepared more than 500 papers to JBC.</p>	<p>Sound coverage and management of operational issues.</p> <p>Policy directions to be informed by careful consideration of emerging information.</p>
Act on behalf of the JBC to purchase and organise activities under Clauses 34 (a), (b) and (c).	<p>Started distribution review.</p> <p>Established a better practice fund to develop local ideas to national application.</p>	<p>Four projects commenced under this fund.</p>
Facilitate the development of national information systems for S&Q issues in relation to the Australian blood sector.	<p>Haemovigilance reporting design requirements.</p> <p>Australia's first haemovigilance report to guide sector reform.</p> <p>ABDR redevelopment to provide improved demand data.</p>	<p>Awareness of transfusion-related reactions increased.</p> <p>Australia now meets best international practice in haemovigilance.</p> <p>High-quality, evidence-based guidelines for high cost products developed in consultation with the clinical community and published.</p>

ABDR = Australian Bleeding Disorders Registry; AHMC = Australian Health Ministers' Conference; ARCBS = Australian Red Cross Blood Service; CAC = Clinical Advisory Council; EWG = expert working group; GM = general manager; JBC = Jurisdictional Blood Committee; NBA = National Blood Authority; NEHTA = National E-Health Transition Authority; NMF = National Managed Fund; PPA = Plasma Products Agreement; S&Q = safety and quality; TGA = Therapeutic Goods Administration; vCJD = variant Creutzfeldt-Jakob disease.

National Blood Authority – First Five Years Highlights





