



SENATOR THE HON JAN McLUCAS

Parliamentary Secretary to the Minister for Health and Ageing

SPEECH

**Keynote Address to the National Blood Sector Conference and
launch of the National Blood Supply Contingency Plan
By Senator Jan McLucas, Parliamentary Secretary to the Minister for Health and Ageing
Sydney 6 November 2008**

I was very pleased to accept the National Blood Authority's invitation to launch this important conference today. It is also an excellent opportunity to announce the publication of Australia's first National Blood Supply Contingency Plan.

The theme of this conference, *Better Blood Management - What's Stopping Us?* aims to highlight best practice initiatives across the sector, both within Australia and internationally. The program balances clinical and administrative content with the aim of forging stronger and more productive links between policy and practice. The aim is to achieve a sustainable blood supply, delivered by a world class blood management system for the Australian community.

I am delighted to see that this conference has attracted such a strong field of Australian and international speakers. I would like to extend a warm welcome to you all and express my personal appreciation for the time and effort you have invested to share your knowledge and expertise at this conference.

I would also like to extend a warm welcome to all delegates. Occasions like these create a genuine opportunity to reflect and explore ideas with colleagues about what you do each day and how you might be able to do it even better.

I would like to thank the National Blood Authority for investing in this event and creating this opportunity that I know we will all benefit from greatly.

Before launching the contingency plan, I would like to take a moment to say a few words on behalf of donors and to stress the importance of stewardship of this precious human-derived product.

Australia is, indeed, in a very enviable position. We have one of the world's safest and best managed blood supplies, and a national spirit of generosity. This generosity translates to a genuine appreciation of people who serve and contribute positively to our community. In no better way are these honorable traits demonstrated than by the generous donation of life-saving blood.

In September, National Blood Donor Week provided an ideal opportunity for all Australians to recognise and celebrate those who donate blood and acknowledge the professionals, including many in the audience today, who have helped Australia build one of the safest and best managed blood supply systems in the world.

Next year marks 80 years of Australia's excellent blood collection, distribution and transfusion services. In recognition of this significant achievement, the Australian Government has nominated 2009 as The Year of the Blood Donor.

This presents an exceptional opportunity for those responsible for shaping the future of our blood transfusion services. We can continue to lead the world in ensuring that we use our precious donations with informed expertise based on the best science and the utmost respect.

We are indeed very fortunate that more than 500,000 individual Australians donated blood in the last year, and I would like to formally record the Australian Government's sincere thanks for the generosity of each and every donor.

The challenge facing us today is how to draw on the Australian spirit of generosity to inspire even more individuals to donate on a regular basis. This is vital if we are to address the ever increasing and potentially unsustainable demand on Australia's blood supply.

Around 20,000 blood donations are required each week to ensure that there is enough blood for people who need it. As you know, all fresh products have a limited shelf life and this demand is increasing with the advent of new products and services.

Many of you will be involved in the complex logistics associated with the provision of blood products to patients 24 hours a day, 7 days a week, 365 days a year and accept, with genuine gravity, the very real responsibility that donors place upon you to manage the product with care and use donations wisely.

There is clearly a dependent relationship between supply and demand but each requires distinctive strategies to optimise product use.

A successful and sustainable future demands exemplary stewardship from all players in careful management of both supply and demand issues. We have a significant challenge to reduce unnecessary demand through world class management of this precious product and the application of the best available evidenced-based medical practices.

From a supply perspective:

- We must help people understand the limitations of supply. Each and every donation is a precious commodity that should be treated as such. It should not be given as therapy without clear evidence of its benefits and it should not be given as therapy without clear understanding of its risks.
- We must think seriously and innovatively about how best to attract and retain new donors. One in three Australians will need blood or blood products in their lifetime, but only 3.5 per cent of the eligible population donate blood regularly. This is not sustainable as our population grows and as our population gets older.
- We must avoid unnecessary wastage – Wastage of this precious gift is an unacceptable failure in the stewardship of our products. It is not something to be discarded casually because it was left out of a fridge for too long. I call on everyone – from the manufacturer to the hospital porter, the blood bank scientist, the ward nurse and the prescribing doctors - to understand and consider the longer term sustainability of this precious resource. In particular, we must address the ordering and prescription of too many units and discontinue outdated prescribing practices.
- A sustainable future also means we must ensure ongoing improvement to the processes used for collection, testing, manufacturing and distribution to maximise outcomes from the generosity of donors and government funding.
- We must also have reliable inventory reporting at the hospital and accredited health provider level with optimum stock levels considered and agreed on the basis of good quality information to minimise the risk of an inability to supply.

Our responsibilities do not stop there. From a demand perspective:

- We must better understand where we use blood products - There is no national data set on how these donations are used in our health sector. What proportion of product is used in different clinical situations? Without knowing this our capacity to predict demand will remain poor. Without knowing what the trends are, in real time, for use of product for each indication, we will not have any early indicators of an emerging supply crisis. It is critical that governments and health care providers work closely together to resolve how this information can be captured, shared and monitored to understand demand. Importantly, our capacity to predict demand is also hindered by significant variations in blood use, across jurisdictions and clinical specialities, that cannot be supported or explained by robust clinical evidence.
- We must ensure all use is appropriate use and work collaboratively to reduce the overall volume of transfusions that are required. Internationally this is being pursued through an approach known as patient blood management. All states and territories have implemented a range of activities to increase the appropriateness of use. However, the ability to make a sustainable impact will require us all to work collaboratively. I urge the clinical community, academic community and governments to better understand the overall risk-benefit equation for patients receiving a blood transfusion. All patients should be managed in a more evidence-based and holistic manner to reduce the likelihood of transfusion. For example, treatment of iron deficiency anaemia with iron therapy rather than transfusion could reduce the need for a significant proportion of red cell transfusions. An audit in one state found 25% of transfusion episodes were in this category, with the majority in stable patients. Many of these transfusions may have been avoided with appropriate iron therapy.
- We must reduce the growth in demand for blood products. We must accept the challenge that growth can not continue at an average rate of around 10% per annum and take real steps to ensure that any growth reflects real evidence-based clinical need and is not driven by historical practice.
- We must improve our understanding of the nature of transfusion related adverse events that are occurring in Australian hospitals. While not significantly different from international experiences the available data suggest that there could be improvements in the appropriateness of product use, and finally,
- We must provide improved and appropriate information to patients on the risks and benefits of a blood transfusion just like any other clinical intervention so that they can make informed choices.

Each and every one of us has a real and pressing obligation to fulfil our responsibilities, in terms of accountability for the human, financial, clinical and other resources associated with managing blood donations.

Australia is already leading the way in how we manage and run our blood supply within the Asia-Pacific Region, and hosting World Blood Donor Day will provide the opportunity to showcase this.

But I challenge all of us – from patients to doctors, from blood collection staff to distribution staff, from the states and territories to the commonwealth, to work collaboratively to demonstrate genuinely respectful, judicious, world-class stewardship and use of these precious gifts of human blood.

These challenges were brought into sharp relief when the National Blood Supply Contingency Plan was activated for the very first time in September this year. It outlined the critical importance and current difficulties associated with accurately establishing appropriate stock levels in all locations across Australia.

This experience also highlighted the failure of our current blood usage information to inform us, accurately and in real time, about blood usage trends. For example, we were not able to establish exactly where and why demand was increasing and why we encountered difficulties at that particular time. Donation levels were better than the previous year.

Our challenge is to fully understand why this happened. Having this information in a timely and efficient way is likely to help us to identify trends early and react appropriately.

The National Blood Supply Contingency Plan itself however, was not developed to *predict* a crisis, but to *manage* it in a nationally consistent and equitable manner. The plan guides and supports state and territory emergency arrangements in relation to blood and blood products in the event of a crisis.

Importantly, it recognises the significance of the clinical community in deciding where blood should be directed at the local level on a priority basis. As such, it provides a guided framework for local decision making rather than imposing specific treatment regimens on clinicians.

The plan acknowledges that each patient's treatment will need to be clinically determined, but should also be mindful of the capacity of the facility to provide treatment to all of its patients.

I am very pleased to officially launch Australia's first National Blood Supply Contingency Plan and would like to thank the NBA and the numerous clinical, corporate and government stakeholders who contributed extensively to its development.

You will find a copy of the Plan in your satchel. While refinements and additional annexes are still required, this document provides a solid foundation to continue to build contingency planning capacity and expertise in the Blood Sector.

I commend to you The National Blood Supply Contingency Plan and declare the National Blood Sector Conference of 2008 open!