

BIVDA Statement – Blood Collection Tube Shortages

The concern over the supply of blood tubes for diagnostic blood tests is yet another example of how much the health service relies upon In vitro diagnostic (IVD) testing and the resilience of suppliers within this sector to ensure patient care is not disrupted. The pandemic has highlighted this importance and as the industry body for IVDs, BIVDA expects this sector to be viewed and treated as strategic enabler for healthcare rather than a cost burden which must be minimised.

BIVDA supports the view from the IBMS that critical IVD products and critical consumables such as blood tubes which are delivered within a complex, global supply chain should include national oversight and engagement with pathology and procurement experts.

Supply disruption is serious, but it is also to be expected in complex supply chains. Risks can be mitigated, but not removed entirely. The quality, resilience and business continuity of suppliers depends upon their ability to remain competitive yet ensure enough resources to address market requirements. IVD products and critical consumables should not be commoditised through procurement practices, nor based on pure cost.

Risk and resilience should be at the forefront of purchasing decisions. As with all procurement of clinical products, this is not simply a case of using alternatives. This has operational impacts for laboratories in terms of work protocols, accreditation, validation and also will inevitably cause knock on effects and shortages elsewhere, particularly if shortages are raw material or logistics issues. The key is stock management, sufficient on-site stock holding, risk management and demand management within the system.

The actions undertaken by NHS England, and the Welsh and Scottish Health Services, are in fact a logical step, and in our view; exactly the right thing to do. The shockwaves that are apparent could be that this type of action has not been so obviously co-ordinated before, but the lessons that have been learned across networks of people in the NHS, NHS England, the devolved administrations and industry are now being applied more visibly due to the experiences of the pandemic and with the UK leaving the European Union.

A co-ordinated response to managing particular, critical supplies nationally should secure continuity of care and availability of blood tests to patients in need of them. This approach works, and we would encourage resilience, planning and preparedness to feature strongly in developing the Department of Health and Social Care Diagnostics Strategy.

This co-ordinated guidance and actions with responsibilities across clinicians, managers, procurement and industry is to preserve stocks and to ensure that disruption is minimised. In this particular scenario, it is not just the manufacturer of the blood tubes involved in the resolution, but other suppliers of tests and automation in laboratories. This is joined up thinking, and something that should be embedded throughout the NHS.

The key message to use what there is wisely, and avoid non-urgent tests is a message that should already be at the forefront of decisions. Demand can be managed at the point of use, and the system can apply the experiences from the pandemic and Brexit to balance supply and demand through stock management, contingency, and resources to a swift resolution.