

## PUBLIC PETITIONS COMMITTEE CONSIDERATION OF PE1426 – ScotsERVS's RESPONSE

### **•In addition to the oral evidence you provided at the meeting are there any additional comments that you would like to make in relation to the petition?**

In response to the petition and the questions raised, we would like to clarify that in this joint venture ScotsERVS is fully committed to a long term view. Our common sense of purpose in improving equity of access demonstrates a clear alignment between the existing short-term operational targets of the donor milk bank as well as the proposed longer term strategic direction set out in the proposal. From the beginning of our involvement in 2011, ScotsERVS has as a charity absorbed all transport, equipment, IT, personnel and vehicle associated costs of this venture (compared to the financial implications which face the NHS from any other transportation alternatives). We support raising public awareness of the milk bank service and most importantly we have provided parity of access to date for all health boards wishing to access the current milk bank resources regardless of distance from NHSGGC on demand with no charge. All deliveries exceed NICE defined critical transport conditions and regulations for the Transport of Infectious Substances 2011–2012 using Hazard Analysis and Critical Control Points (HACCP) including temperature and time limit to ensure that the donor milk remains frozen. We've improved the efficiency of that provision by enabling health boards out with NHSGGC to reliably provide access to available milk bank resources by utilising our transport service. Our involvement enables NHSGGC and receiving neonatal units to improve their compliance with NICE guidelines as frozen raw and processed expressed milk or biological samples from donors are transported to and from the milk bank as quickly and safely as possible. ScotsERVS has a documented SLA agreement in place with RHSC that ensures all of our training and procedures maintain the microbiological and nutritional quality of the milk and allow accurate identification of all samples. We have invested at **our cost** UN3733 transport materials, secure specially designed tamper-evident drop-tested pi650 containers and the triple packaging system suitable for use in all our available modes of transport. We keep records of inventory distribution and use consistent monitoring processes, including live recording of journey routes and delivery times as well as our service guarantees to pick up and deliver to pre-confirmed named staff or clinicians within neonatal units as part of our transport remit; thus ensuring that these valuable resources are not only received but immediately stored in compliance with milk bank guidelines.

Our extensive insurance coverage also means ScotsERVS meets all its responsibilities to both the public and the NHS. Our commitment in this venture to such a degree demonstrates how we already enable a substantial reduction of associated collection and delivery costs while additionally providing sustainable means of improving public awareness and new donor acquisition. ScotsERVS additionally also supports milk collection from donors based throughout Scotland making it a more equitable, efficient and sustainable service.

The benefits gained from our pragmatic approach to supporting the NHSGGC Donor Milk Bank demonstrates that ScotsERVS have developed a reliable transport and supporting systems which has been crucial in not only addressing the needs of healthcare users but in also growing public awareness and understanding of what is one of the most effective interventions and resources available to clinicians to improve infant nutrition and well-being and reduce the possibility of adverse effects.

### **•The Committee would interested to hear from you on what operational changes you believe would be necessary if a national milk bank was to be established.**

Operationally, we feel ScotsERVS natural progression with a National Milk Bank would require some additional transitional funding to support any improvements or changes we would implement in our organisation. Additionally, the milk bank and ScotsERVS would have to be supported and funded in a national advertising campaign to improve levels of public awareness and recruitment of donors on a level similar to current excellent initiatives /campaigns supporting breast feeding and blood /organ donation in the Scottish media to generate and provide ongoing resources.

As for ScotsERVS, the fundamentals and framework of our transport infrastructure are in place with proven success. We have demonstrated since our NHS working partnership began in 2011 excellence in practice and the capability required to support the supply and demand of all of the milk bank's transport needs regardless of location. Our aim is to continue this standard of service for a National Milk Bank. Our

organisations share core principals – a resolve to ensure that the NHS remains free at the point of delivery and continues to strive for the highest possible standards in clinical excellence and patient care. Our service to the NHS developed through addressing public and healthcare need as highlighted by previous parliamentary actions – our provisions of service is designed not only to combat inequality of healthcare access but to actively save the NHS funds that can be reinvested: it is well documented the NHS currently relies on expensive couriers or taxis for the majority of its transportation needs.

Our model of improvement is built around our existing strengths. We already have the core capability and infrastructure. We have the training, the people, the legal framework and most importantly, we have the drive and determination to continue to benefit the community by exceeding the expectations of both our NHS colleagues but also the all-important recipient service users. The focus on going forward operationally, is developing our resources further in line with any expansion plans. We have a clear strategy in place to physically enable us to cope with the demands of a national service – out of the 16 neonatal centres in Scotland, it has to be noted that in our partnership with the milk bank so far, we have already delivered within guaranteed time-scales repeatedly to the 12 units who requested milk, including provision of daytime services which was not within our original budget. ScotsERVS has the ability to consistently meet every demand made of us to an extremely high standard - and we are determined to continue to do so. However, some investments would be required in key areas such as fleet management and storage facilities, resources, IT equipment and lone worker support, volunteer recruitment and training and funding to enable administrative assistance to support the implementation and administration of the service's expanded day-to-day tasks thus allowing adequate provisions to function and thrive going forward.

ScotsERVS's small core team of volunteers have with only negligible funding to date, answered the demand of recipients, donors and healthcare professionals who are determined to access and highlight the benefits of the milk bank's resources to neonate care. ScotsERVS stepped in to provide that support to the milk bank where defined healthcare needs were identified as not being met by any other means. ScotsERVS core principals are the saving of lives, the relief of those in need by reason of age, ill health, disability, financial hardship or other disadvantage to the benefit of the community; by tackling the needs of the milk bank and our work to the benefit of sick children; the materials we carry are truly urgent medical items vital to a patient's care. NICU/SCBU secure neonatal units contain some of the very most vulnerable members of our society and we feel it is our duty to support our NHS Scotland and Milk Bank colleague's expertise in providing the best possible healthcare options to them.

During the petition meeting it was commented that politicians invariably think of money and as a charity, we also have to consider costs and ongoing viability. By adopting and utilising an extremely efficient, streamlined service model based on seeming comparative service collaborations, ScotsERVS have managed what must be considered a truly incredible feat to develop, implement and - considering the limited resources at our disposal - to successfully build, operate and run an on-call flagship emergency grade transportation service constructed entirely from grassroots based largely on public generosity. ScotsERVS was originally funded to only operate within NHS GGC boundaries – yet to date, we are operating daily out with those boundaries to the benefit of other boards who do not contribute as of yet to milk bank costs or even realise our involvement as a member of the third sector supporting the healthcare community – public and often NHS perception is as an organisation working on behalf of or in partnership with the NHS we must in some way be funded or paid for by NHS or Government. As such, it has limited our available avenues for funding to our detriment to date and so the main challenges facing our Service going forth in adapting to sustainably and equitably supporting a National System is purely financial. To further develop our resource framework to support the delivery of an expanded service & care model that could also include the development of further collaborative contracts with similar service providers, we would require transitional funding at this time to enable the changes required.

ScotsERVS offers a unique resource for NHS Scotland – an appropriate and coordinated aid program that supports the capacity of a National System. We already have proven credibility and a track-record of excellence within the health care community built not only on our maintained levels of excellence in practice or our infrastructure that promotes training, safety and quality of service in all aspects, but also on our ability to increase technical efficiency to maximise return on resources: we have provided thus far decisive, effective action in collaboration with NHS GGC Milk Bank to facilitate an immediate address to neonatal healthcare inequality by utilising our trained personnel and specialist transport equipment - to the benefit of

the public and the NHS – without incurring any drain on NHS resources. If a National Milk Bank was introduced, it would assist us in sourcing the means to sustain, diversify and develop our funding and revenue streams. As ScotsERVS is currently funded entirely through public donation, reliance on external assistance when public and corporate awareness of Milk Banking in Scotland and of our own supporting service is incredibly low, it is entirely susceptible to the changing priorities or ignorance of donors and cannot be entirely relied upon solely to provide financial sustainability. The limitations of provision means that although we already provide for an expanded service out with NHSGGC this has been on an informal basis between boards, and we therefore have been unable to seek national-level funding support.

Our charity has had to invariably expand faster than expected to respond to board needs while simultaneously being prevented from being considered for sponsorship, grants or sources of funding on such a level as is required for expansion.. By meeting those costs with only the budget ScotsERVS began with, we've invariably had to restrict both expenditure and necessary growth to instead focus on stretching to do far more with our funds than originally expected.

As we wish to always exceed the demands of working in partnership with NHS Scotland ScotsERVS has even as a separate organisation worked in partnership across its own organisational boundaries entirely in the interests of patients, communities and the wider population. As stated in the 2011 Improving Maternal and Infant Nutrition: A Framework for Action the Scottish Government wants to ensure that all children have the best possible start to life, are ready to succeed and live longer, healthier lives. The Framework for Action was aimed at a wide variety of organisations with a role in improving maternal and infant nutrition in Scotland – we believe the work of our organisation fulfils that criteria and we aim to continue to provide a reliable NHS resource and transport process. However ScotsERVS dedication, hard work and involvement in improving provision and equality of access to vital resources in Scotland has to be recognised and considered for sustainable funding. ScotsERVS provide NHS boards the means to concentrate resources and attention on front line treatment and deliver those services that can be offered more effectively and efficiently on a national basis. While we additionally provide the potential to offer those services and expertise across the wider public sector as part of a strategy to improve equality of healthcare, we are committed to working to ensure our joint purpose of improving infant nutrition and equality of healthcare resources. Our objectives and ways of working demonstrate the core values we add in improving the provision of NHS services; improving health, achieving economies of scale and minimising unnecessary duplication of investments, effort and expertise. ScotsERVS with our continuing involvement, hard work and determination have publicly declared we are fully committed to being an integral part of providing Scottish Milk Banking Services and continuing our support to all neonatal units in Scotland should the NHSGGC Milk Bank be expanded to become a National Resource.

- ScotsERVS's Response to Public Committee Consideration: PE1426. Written By SJ Cameron