



Chair: Dr James E Davison, PhD FRCPCH

BIMDG.org.uk

Future development of the postal USO team
Ofcom
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1st April 2024

Dear Ofcom,

The future of the universal postal service

Please accept this letter as a formal response to the call for input in relation to the future of the universal postal service, in which I detail comments relating to Question 10 in the consultation response form.

I am the Chair of the British Inherited Metabolic Diseases Group (BIMDG), which represents specialist doctors and other healthcare professionals in the UK who care for and support patients with rare genetic disorders that affect metabolism. We wish to highlight two critical healthcare activities that rely on the rapid, daily letter delivery system, that would be jeopardised by the proposed changes to the USO.

Firstly, the NHS newborn bloodspot screening programme ¹ collects a bloodspot card from every baby born in the UK (nearly 700,000 babies born in the UK each year) and is a critical programme seeking to diagnose rare but treatable disorders. The majority of the bloodspot cards collected by midwives are posted by the letter service to the screening laboratories, and rapid delivery is essential so that the tests can be processed, and any abnormal results can be actioned by the healthcare service urgently. Delay in delivery of these samples if the revised USO resulted in a less frequent or slower delivery service would impact on the safe and efficient clinical service, potentially resulting in direct harm to newborn babies if this led to a delay in the instigation of urgent medical treatment. The proposed revised costs associated with rapid delivery services would also result in a significant cost implication to the NHS and newborn screening programme.

Secondly, many patients, both children and adults, who have a rare genetic metabolic disorder, rely on a regular rapid letter delivery service in order to deliver bloodspot cards they have obtained at

¹ <https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/>

home in order to provide regular monitoring of their condition. These bloodspot tests are needed to guide their highly specialised dietary and medical management, and for many patients are obtained and posted every 1-2 weeks. Being able to obtain these at home and post them to the specialist testing laboratories is critical and avoids the need for patients to travel to the specialist hospital for this frequent tests. Again, being able to ensure that samples are delivery on time, rapidly, and via a daily service, is essential in the safe and effective provision of their healthcare. Further, the increased cost proposals associated with the rapid delivery aspect of the revised USO will have a very significant financial impact on this group of patients who are already paying a significant cost for first class postage for this time-critical monitoring test samples.

We submit that it is vital that the implications of the proposed changes to the USO on the delivery of these critical aspects of the national health service are taken in to consideration.

Yours faithfully,

Dr James Davison PhD FRCPCH
Consultant Paediatric Metabolic Medicine
Chair, British Inherited Metabolic Diseases Group

CC:

Joan Ward, Senior Highly Specialised Commissioning Manager/Lead Commissioner Metabolic Clinical Reference Group, NHS England