

**Mr J Ian Blenkarn MSc CBiol MIBiol CSci FIBMS GradMCIWM AIIRSM**

Telephone: +44 (0)208 569 8316  
Facsimile: +44 (0)208 847 5994  
Mobile: 07802 431811  
e-mail: blenkarn@ianblenkarn.com

18 South Road  
Ealing  
London W5 4RY

www.ianblenkarn.com

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Mr John Prendergast  
Project Editor, Publications  
Central Office of Information (COI)  
1st Floor East, City House  
New Station Street  
Leeds LS1 4JG

31 July 2006

Dear Mr Prendergast,

Re: **Consultation document: "Safe management of healthcare waste"  
Gateway number 5471**

Thank you for the opportunity to respond to this pre-final draft of the document "Safe Management of Healthcare Wastes".

This letter substitutes for and supplements my invited response using the document Cons\_matrix.doc, as a part of the pre-final peer review process.

I am greatly saddened by the content of the document. It presents a confused and confusing "new vision" for clinical wastes management in the NHS which seeks to make substantial change, much of which can be predicted to deliver no tangible benefit to the NHS and its staff, to the environment, or to the overall standards of waste management from point of arising through to end-disposal. Changes are proposed that will incur massive costs to the service. These include the cost of new containers and of other ancillary equipment necessary to accommodate a new range of colour-coded waste streams, and additionally massive costs for the training and support needed to manage the proposed changes and avoid a massive increase in errors of identification and segregation of wastes with accompanying adverse legal, environmental and safety implications. It seems inevitable however, that with such over-complicated and confused schemata for the management of wastes errors in waste segregation will occur, most likely with a greatly increased frequency and the ever-present spectre of potentially life-threatening infection.

I am concerned that the architects of the document may have been inappropriately swayed by input from the Environment Agency, who might seek to introduce a range of measures that conform to their untried and untested, possibly unapproved, "vision" for clinical waste management in the UK. This is to some considerable extent inappropriate and unacceptable, and although full consultation with the Environment Agency is right and proper in the construct of a guidance document of this kind, it is difficult to envisage the role of Agency in shaping, to the extent that is manifest in the draft documentation, procedures in the NHS.

It is apparent that those drafting the document have limited front-line healthcare experience. I have spoken extensively with colleagues who are of the same opinion, and who will no doubt respond directly. I liken the [incomplete] document to a first-year student dissertation, filled with a bit of everything in an attempt to impress, but constructed without depth of knowledge or understanding. There are entire sections, tables and lists that have been introduced which have value and no place in a document of this kind. Leaving aside specific and technical issues relating to content, other sections are cluttered and



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badly presented. Many of these sections are introduced outside the framework initially released for Public Consultation.

Changing the colour-codes for the largest waste fractions is simply ludicrous. This will surely result in massive confusion and innumerable errors during the transition period and beyond, and is without apparent value. Other issues of similar importance, but which need not be repeated here, were identified and discussed at length in my original response and I append a copy of that initial response to this letter for your reference.

Despite assurances to the contrary, it is difficult to see the results of the formal Public Consultation process. Few material changes have been made to the current draft. In particular, no attention has been paid to a range of vitally important core issues, and to a myriad of practical issues, flagged by a number of respondents.

It is however apparent that substantial change has been made to the document that was initially released for consultation. Much padding has been introduced, a great deal of which has little place in a document of this kind and which adds nothing to the value of the final product. Several entire sections not identified at the Consultation stage are now included, but are presently blank and thus not available for critical review.

It is my opinion that the document has been badly prepared. It requires a complete and thorough reworking. The document seeks to introduce unnecessary and inappropriate change to clinical waste management procedures throughout the NHS that will incur massive but unnecessary costs for the service, will be confusing for front-line staff and others, and may be unsafe. I have additional doubts as to whether it fails properly to meet the aims of the Public Consultation process. I urge an immediate cessation of plans for its release, and a complete roots and branch revision.



Ian Blenkharn

Encl: Response to Consultation, 26 January 2006