

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
Headquarters Office, Ellen's Glen Road, Edinburgh EH17 7QT

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NATIONAL MEDICAL DIRECTOR

Major-General H.C. Jeffrey,
CBE, MD, FRCPE, FRC, Path.

NATIONAL ADMINISTRATOR

Miss Morag Corrie, MA, DSA, FHA

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IN CONFIDENCE

22 October, 1976.

Dr. A.D. McIntyre,
Scottish Home and Health Department,
St. Andrew's House,
Edinburgh EH1 3DE.

Dear Dr. McIntyre,

You will remember the discussion at the BTS Directors' meeting on 1 July at which it was agreed that a paper concerning medical staffing and the future of blood transfusion should be submitted to you.

When the Directors began their discussions it became clear that the issues of medical staffing and of management could be studied separately and that the latter required more urgent attention than the former. I am accordingly enclosing a draft discussion paper on future management of BTS which has been agreed by all BTS Directors. I think it is self-explanatory but if not shall be pleased to explain any points at your request.

I have not sent a copy to Mr. McPhee but shall await your advice on this aspect.

As you will see from the agenda for the Directors' meeting on 26 October the medical staffing question is being pursued and I shall send you a further paper as soon as I can.

With best wishes,

Yours sincerely,



Miss M. Corrie.

FUTURE MANAGEMENT OF THE BLOOD TRANSFUSION SERVICE IN SCOTLAND

1. This paper sets out, as a basis for discussion, the consensus views of Scottish Transfusion Directors on the future management of the Blood Transfusion Service in Scotland. It is written in response to a request by SHHD.

BACKGROUND

2. On 1 April 1974, in accordance with section 19(3) of the National Health Service (Scotland) Act 1972, the Management Committee of the Common Services Agency (CSA) assumed from the Scottish National Blood Transfusion Association (SNBTA) responsibility for the blood transfusion service in Scotland (BTS). Negotiations for the transfer had been conducted between the Scottish Home and Health Department (SHHD) and the Executive Committee of SNBTA. By January 1974 Directors began to be concerned at the lack of information available to them about the CSA and how it would operate; the only documents at that time were circular HSR(72)C2 describing the "likely form and functions of the Agency" and the three short paragraphs headed "reorganisation" in HSR(73)C40.
3. The Directors' disquiet over the lack of concrete information was communicated to the Secretary of the SNBTA by letter on 16 January 1974. It was repeated at meetings held in January, February and March 1974 with senior officers of SHHD. Basically the Directors were concerned that the lack of detail rendered circular HSR(73)C40 unacceptable as a formula for transfer to the CSA. They also called into question the choice of the Agency as the organisation best suited to undertake the management of the BTS in Scotland.

THE POSITION IN 1976

4. The anxiety expressed during these meetings has been realised. The Management Committee does not have within, or available to, it, such independent specialist and other advice as was available within its predecessor, the Executive Committee of SNBTA. This lack of professional expertise and clinical user involvement is considered by the Transfusion Directors to be a retrograde step in the management of the service.
5. For some years before 1974 it had been planned that a small BTS Headquarters should take over the duties of the part-time officers of SNBTA and the medical secretary and administrative officer provided by SHHD. In the event the headquarters was not established until early 1974 at the time of transfer to CSA, when a CSA headquarters office was also established, apparently to undertake on behalf of CSA Divisions duties hitherto carried out within the Divisions themselves. The resultant duplication of effort, made worse by the recruitment of inexperienced staff to CSA headquarters, has been expensive, unrewarding to all concerned and detrimental to effective management. The Transfusion Directors are now in no doubt that the appropriate place for BTS central administration is its own headquarters aided by financial and management accounting and internal audit. This arrangement would be cost-effective(1). Interposing CSA headquarters as a tier between the Directors of CSA Divisions and the Management Committee to which they are accountable has been most unfortunate.

6. During a meeting held on 31 January 1974 (the first of the series mentioned in paragraph 3 above) Mr. E.U.E. Elliott-Binns stated that there would be nothing to prevent BTS transferring to Health Boards or elsewhere at a later date should this prove desirable and it is noted that section 19(6) of the NHS (Scotland) Act 1972 provides for this:

"The Secretary of State may by order withdraw from the Agency any function delegated or referred to it under this section".

After 2½ years' experience and following careful consideration it is the view of the Transfusion Directors that BTS should be administered as a National Service and that its nature renders it unsuited to management by a committee composed entirely of Health Board members and officers and officials of SEHD within the framework of CSA.

PROPOSAL FOR THE FUTURE

7. It is suggested that the service should transfer to a Management Committee responsible to the Secretary of State and having the following membership:

Chairman, appointed by Secretary of State	1
Transfusion Service National Medical Director	1
Transfusion Directors	6
Donor interest (SMBTA nominee)	1
User interest (S of S nominee)	1
Health Board interest (S of S nominee)	1
SEHD Observers (Medical, Executive and Finance)	3

The Secretary to the Committee should be the National Administrator of the BTS.

The Committee would assume the executive authority presently exercised by CSA Management Committee and there would be no further need for the present Co-ordinating Group of Transfusion Directors; the Directors' professional meetings are however essential and should continue. It is hoped that the Secretary of State would continue to receive advice from the Blood Transfusion Advisory Group to the Planning Council.

8. It is submitted that the service could be run effectively through the committee described above using the existing Transfusion Service headquarters plus financial and management accounting and internal audit.

As explained in paragraph 1 above this paper is offered as a draft for discussion. It is presented with the interest of the Transfusion Service in mind and Directors will be grateful for the opportunity to amplify the proposals and the reasons behind them.

(1) Comparative salary costs (1976 levels) of central administration.

	1974	1976	? 1977
	£	£	£
Part-time officers	31,900	BTS 31,000 CSA 30,500	31,000 8,500
		Headquarters*	Finance?
	<u>31,900</u>	<u>61,500</u>	<u>39,500</u>

* proportion attributable to BTS (CSA Treasurer's figure).