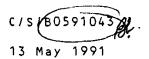


## SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

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Please quote our reference number on all correspondence



Dr Harold Gunson National Director NBTS Gateway House Piccadilly South Manchester M60 7LP

Dear Harold

## UKBTS: MICROBIOLOGICAL DONATION TESTING

I can well understand that last week was a time of preoccupation with the immediate tasks associated with damage limitation, following the unilateral actions of Newcastle RTC.

On the first cold and wet Monday morning after that eventful week, I feel bound to raise with you and colleagues a matter of fundamental importance to the future of the UK BTS.

It has always been the view in Scotland, both in the Scottish Office and throughout the SNBTS, that the introduction of additional microbiology donation screening tests would be subject to Ministerial approval. Our understanding of this issue goes back many years to when SHHD directly intervened to stop one SNBTS Centre unilaterally starting HB Ag donation testing. In recent times, evidence that Ministers wished to acquire a firmer grip on this activity came with the establishment of the Advisory Committee on the Virological Safety of Blood. This development, in principle, was warmly welcomed in Scotland.

In the past months we have witnessed two happenings in the NBTS which unequivocally indicate that our interpretation of the policy referred to above may be seriously flawed. I refer to the unilateral action of BPL demanding ALT donation testing and the most recent HCV episode in Newcastle. It is difficult not to conclude, particularly having witnessed the passivity of the DOH on both occasions, that Ministers no longer wish to be involved in this exercise and that their current intention is to leave such matters to respective Health Authorities. Should my conclusions be confirmed,



/confirmed then I would wish to emphasise that I deplore this development. It will lead to chaos which will become evident in the courts. To the best of my knowledge, this is a development in the management of blood transfusion services which is unique in Europe. There can be little doubt that the impact of the White Paper concepts of the market place are contributing to the development of this chaos.

You will recall that I proposed several years ago that there be established an authoritative ministerial advisory group which concerned itself with <u>all</u> policy issues relating to the safety of blood donations. I do believe this matter now requires urgent consideration. Such a group should not be restricted to virus transmission and must, above all, be authoritative.

It is just possible that this issue, perhaps more than any other, can only be resolved satisfactorily in the UK by the establishment of a centrally managed NBTS, for authority is ultimately achieved by the allocation of funds. It is difficult not to conclude that we are rapidly reaching a situation when all the UKBTS Groups we have established, particularly those associated with BTS Guidelines, should be abandoned. It is every man for himself time and, against the background of the developments on harmonising quality in Europe, the recent episodes in the UK must surely be a matter for grave concern.

I have copied this letter to Dr Calman and Dr Mettors.

Kindest Regards

Yours sinderely

John D Cash

National Medical & Scientific Director

cc: Dr Calman Dr Mettors :