



**BLOOD TRANSFUSION SERVICE**  
(EDINBURGH AND SOUTH-EAST SCOTLAND REGION)

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RAC/MAC

29th November, 1973

Doctor J. Wallace.  
Regional Director,  
Blood Transfusion Service,  
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Carluke,  
Lanarkshire.

Dear John,

Forgive me for taking so long to respond to your letter & propos the C.S.A. I agree with your opinions and my 'criticism' is that they are too modest. At the same time I try to remind myself that I am at the end of my term of office and it is too easy to adopt the attitude of a belligerent outsider. I have done my best to avoid this and I think you will agree that what I am now saying is not by any means new, but a repetition of opinions I have held - and communicated - for some considerable time.

I still believe that the Service is capable, on its own merits, of becoming a discipline in its own right. Regrettably, however, I have now no faith in the ability of the present organisation to operate the Service or to represent its interests. Its lack of a firm policy may be a measure of the lack of interest or lack of professional knowledge of its members, or simply that they are unaware of anything being amiss, but it could unfortunately have a much more sinister basis and it is on these issues that the removal of doubts, suspicion and misunderstanding is so important. It is on the points of functional policy and decision making that I certainly have failed to get satisfaction, and I am led to believe that others have had the same experience.

What is so distressing is the suspicion which has been aroused that the present Executive has become no more than a vehicle for putting into practice policies which are not in the best interests of the Service, and contrary to the stated views and advice of the Regional Directors. As a result it is in danger of losing the confidence of the professional

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side of the Service - if this has not already happened. When one looks at this in the context that it is the Executive Committee which will be responsible for 'handing over' the Service, the implications are alarming if not grave.

Several events reinforce these doubts :-

1. Paragraph 44 of the Regional Directors meeting of 4th October, 1973 is a serious indictment of the Executive, of its sincerity and of its competence, and therefore of its acceptability as a body for negotiating the transfer of the Service to the C.S.A. The implications of this minute cannot be evaded and in fairness to the Executive must be communicated to them. The Executive may be entirely unaware of the disquiet which recent events have aroused and it may be that a perfectly acceptable explanation will set everyone's mind at rest. It is crucial, however, that there is no misunderstanding regarding policy at the time of transfer. The accusation that it has been 'brainwashed' is extremely serious and the Committee should be asked to answer this. If the charge is groundless, there should be no reason why the necessary assurances regarding the future of the Service cannot be given.
2. The Executive has as you point out, no professional representative and all final negotiations have been conducted, and the relevant documents introduced without the direct participation of the professional staff.

It is not sufficient that we have been asked to submit opinions and comment. Few of these of any significance which are critical seem to have been adopted and as far as I know there has been no real opportunity for debate on the final document.

I feel that decisions have been taken without proper reference to the staff at the periphery and this situation alone inevitably arouses suspicion, particularly when coupled with the gyrations which have occurred and procrastination over recent key appointments.

3. The only avenue for open debate available to the Regional Directors is through the CCC, but this Committee is itself open to criticism because of its reluctance to make meaningful decisions. It could be asked to exercise its authority as the advisory body to the Secretary of State to communicate the disquiet being felt by the Regional Directors and indeed by other members of the staff at an apparent failure of confidence, of leadership and of policy indecision - if not total lack of policy. I doubt if the CCC would be very willing to take such a step, but it could be asked to convey a general appraisal of the Service and its future role to the Secretary of State prior to its exit. The truth would then emerge if the opinion of the CCC was unacceptable to the Executive!

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I am greatly concerned about what can only be regarded as mishandling of the appointments of N.M.D., and to a lesser extent the A.O. The way in which Doctor Cash's appointment has been handled has also been far from satisfactory and the advertisement for his successor is still not published and almost ended in yet another fiasco. The lack of understanding and vacillation displayed by the Executive Committee is quite unbelievable and will now cause considerable hardship. How much of this is attributable to the Chairman or to a group within the Executive or DNSS is a matter for speculation. One is again left with the doubt that there is a deliberate political motive behind the mishandling of these appointments.

4. I have certainly been naive in accepting vague promises for fact. Recommendations and advice from Regional Directors regarding the future administration have been brushed aside.
5. I still believe that the Regional Directors should hold an emergency meeting, to align their thoughts and try to achieve unanimity of purpose. It is important to get facts, since accusations without these would make matters worse. I think this should be followed by a meeting with members of the administrative branch at which specific questions are presented.

I also suggest the formation of a senior professional group - medical and non-medical - from which a representative to agreed Committees would be elected.

If we fail to get satisfaction and we still believe that the interests of the Service and its staff, of the public (donors) and of the users are not being adequately safeguarded, I would agree that an approach to the BMA might be the only course open to us. After all when the discussions on a change of structure were initiated, three points of great importance were accepted by everyone -

- (i) That the Service itself was efficient at that point in time.
- (ii) That its rapid development required a more permanent type of administration.
- (iii) That whatever form the new structure took, the Service must be at least equal in functional quality to that already in existence.

I am sorry to be so pessimistic, but while hoping that the fears that have been expressed are groundless, a point has been reached where the re-establishment of mutual trust is essential. Without this, entry to the C.S.A. would be irresponsible.

Yours sincerely,  
  
 Doctor R.A. Cumming,  
REGIONAL DIRECTOR.

Copies to:  
 Regional Directors  
 Doctor Cash  
 Mr. Watt