

THE BLOOD TRANSFUSION SERVICECommon Services Agency - (HSR (73) C40)1. General Impressions :

I have read this document with some misgivings, although I appreciate that a combination of circumstances have contributed to the lack of detail, as well as the delay in its circulation. However, at this late hour, we are still in almost complete ignorance of the manner in which the Service is to function within the C.S.A. and the conditions of transfer. This has now become a cause of serious concern not only to those who have the responsibility for ensuring that the functional aspects of the Service are maintained, but also to staff at all levels who have now had the opportunity of studying the Circular and are asking for clarification. However much Regional Directors are prepared to make allowances for the growing doubts regarding the future of blood transfusion, it is becoming increasingly difficult to present rational excuses to one's staff for the delays and lack of precise or meaningful information on how the Service is to operate after April 1st, 1974.

Sooner or later promises must be turned into facts and it is now very much a question of sooner rather than later. The Circular consists mainly of information about the past. The future is referred to in vague terms which no longer carry conviction or give any inkling of how or to what extent the conditions outlined in the Circular will be implemented.

While I am sure we understand and indeed sympathise with the more recent events which have contributed to a number of unfortunate delays and which have led to the disquiet now being felt, the fact remains that because of the passage of time this Circular may pass unchallenged as the main authoritative statement of the conditions under which the Service in Scotland will pass to C.S.A. administration and that it carries the approval of the professional staff. This would be unacceptable, lacking as it does, evidence of policy and without adequate provisions for representation by those who best understand the clinical, scientific and /

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and technical complexities of blood transfusion practice. Such a document of transfer would cast serious doubts on the professional or administrative competence of the existing organisation to meet its statutory commitments to the Health Service. It lacks a realistic indication of function and the reaction of the C.S.A. itself could be extremely unfavourable. The Service could be discredited in the eyes of the profession and of the public, and it is of the utmost importance that a comprehensive document on its functions, policy and relationships, supplementing the Circular should be submitted before the appointed day.

It is therefore, imperative that preliminary and fully representative meetings should be held between the professional (medical, scientific and organisational) and administrative branches of blood transfusion and thereafter with the C.S.A., for the discordant note in the course of transfer would be damaging in the extreme. In spite of the high sounding sentiments, it is questionable if the sensitivity of public opinion has been fully appreciated.

We have heard that a serious application for the post of National Director is at last imminent. It is to be hoped that before interview, the applicant will see fit to visit each Centre so that disappointments and misunderstandings of the past can be avoided and that the applicant is fully briefed on opinion at the periphery. It is indisputable that the status and efficiency of the Service in Scotland has rested mainly on the Regional Directors' and their staff, yet there is no direct mention of their place in the new organisation and there is a growing impression - which incidentally I have indicated on several occasions - that Regional Directors are not being kept fully informed of administrative developments. The impression given by the Circular that there is unanimity on vital aspects of the Service between the administrative and professional areas is, not born out by the facts.

2. Specific Comments :

- (i) In the final discussions on transfer of function to the C.S.A., was professional advice /

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advice immediately available? By that I mean advice from any full-time senior medical or scientific staff from the Regional Centres.

- (ii) The composition and function of the various committees, is apparently still unknown. It is essential that in addition to the National Medical Director, at least one member of the senior staff of the present Regional Centres is included in the management committee of the C.S.A.

It is also important to know the numbers of elected and designated members in the various committees.

- (iii) The composition of the 'panel' referred to in para., 7 requires amplification.

It is not enough to refer to persons with 'specialised interests' in blood transfusion. It is imperative that the Regional Centres are directly and unequivocally represented. Without this such panels are unacceptable.

- (iv) There is no mention of the way in which the financial affairs of the Service are to be operated. My understanding was that this would be a direct responsibility of the Service itself. Is this correct?

- (v) The Circular does not give adequate assurance of acceptable representation at all committee stages - by this I mean individuals actively engaged professionally in the Blood Transfusion Service.

- (vi) I disagree entirely with the view expressed in para., 8 - that the C.S.A. will decide the future function of the S.N.B.T.A. There is already an apparent lack of appreciation of the complexity and importance of blood donors as an integral component of the Service, particularly at a time when it faces a confrontation with the pharmaceutical industry, which could bring the voluntary donor system in this country to an abrupt end. In my opinion the C.S.A. - from the little we know of its composition - is unlikely to be qualified to make such a decision on function. Major responsibilities would be towards donor management and care, and it would require the financial backing to ensure that the voluntary system receives the support it merits. These are social and community functions, and must not be left outwith the advisory structure of the profession.

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(vii) One of the important omissions, which doubtless will be remedied is to emphasise the fact that the Service provides an 'end product' derived from starting material which is given free, and makes a major financial contribution to the Health Service.

South-East Scotland
Regional Blood Transfusion Service.

29th November, 1973

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