

THE SCOTTISH NATIONAL

BLOOD TRANSFUSION ASSOCIATION :

A FUTURE IN THE COMMON SERVICES AGENCY ?

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S U M M A R Y

It is postulated, briefly, that the structure of Blood Transfusion Services now operating in Scotland cannot meet the challenge of rapidly changing need for such services and, furthermore, the structure which has been variously proposed within the framework of the Common Services Agency is equally unlikely to meet this challenge by its failure to provide for the needs and interests of the blood donor and the professional and technical staff employed within the service.

A possible alternative structure, compatible with the reorganised framework of health services in Scotland, is proposed.

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The Blood Transfusion Service in Scotland is unique in that it appears to collect more blood from more donors at a lower donation rate than any other service of its kind, anywhere in the world. Nevertheless, the balance between supply and demand is delicate and there can be no doubt in the mind of anyone concerned with the Service that it would not be difficult to create a situation of disastrous shortage.

Blood Transfusion in Scotland has been operated by the Scottish National Blood Transfusion Association which is, in effect, an association of blood donors who covenant their services to medical science (in practice, the National Health Service) in return for a payment which is used to meet the expenses of operation.

The document, HSR (73) C40 expresses the view that the Association is satisfied with the proposed reorganisation of the Health Service as it affects the operation of a Blood Transfusion Service in Scotland. Such a view is, at least, surprising when there has been no clear statement of the future relationship between the donor and the Service.

The part played by the blood donor, in recent years, in the executive function of the Scottish National Blood Transfusion Association has declined into a relatively minor role and has been replaced by a number of appointed executive members who do not represent necessarily the best interests of the donor, the recipient or

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the professional and executive staff employed by the Association. It is not criticism of individual members of the various committees which oversee the functions of blood transfusion in Scotland to state that there has been a lessening of confidence, by senior staff of the Association, in the functional role of the governing executive and in the manner in which that function is discharged. It can be postulated that, were there wider dissemination of information, this same diminution of confidence could become apparent in the donor population, with possibly disastrous results.

Since no proper niche has been discovered for the Scottish National Blood Transfusion Association, since it is essential that the well-being and good will of the donor population be retained and extended, since the future operation of the service is dependent largely on rapid, accurate and confident communication between the professional and executive branches of the service and since the service is to be managed by a new agency of the health service, namely the Common Services Agency, it is suggested that the various committees, now active in the field of blood transfusion, be disbanded and reformed in a manner in keeping with the new overall organisation: the Scottish National Blood Transfusion Association could adopt the executive functions of the Blood Transfusion Sub-Committee of the Common Services Agency and should have a format consisting of the National Medical Director as chairman with the Administrative Officer as secretary and, in addition, the five Regional Directors and Scientific Director as "Ex. Officio" members, five donor representatives (of whom, in the first

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instance at least, one should be the present Secretary of the Association), five nominated representatives of user interests of whom at least one should be a Director of a Haemophilia Treatment Centre and a suitable number of Common Services Agency representatives of whom at least one should represent the interests of the Finance Committee. The fact that one existing committee member is also a member of the Committee on Safety of Drugs is a happy accident of which advantage should be taken in forming the new committee.

Thus the Blood Transfusion sub-committee and the Executive Committee of the Scottish National Blood Transfusion Association could come together in one executive body with its own secretariat and backed by the central administrative machinery of the Common Services Agency. Off this committee, as necessary, could be drawn various sub-committees such as the Management Sub-Committee of the Protein Fractionation Centre and, possibly the Directors' Committee. The chairman should be given authority to convene ad-hoc sub-committees of specialists in various aspects of the medical application of blood and its products and in aspects treating of the motivation and well-being of the donor population. Minutes from meetings of all sub-committees should be available to the parent committee.

The existing constitution of the Scottish National Blood Transfusion Association, suitably amended, could be made to serve the new body which, by Act of Parliament if necessary, should be given sole authority to act as the blood collecting agency in Scotland as a protection against the very real and rapidly growing threat of commercial blood collection and paid donor systems.

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There would be merit, also, in examining more closely the functions of the Service at local, regional and national level, to establish practices which require restructuring in the light of modern development and to preserve, as far as possible, the ability of the professional officers of the Association to operate in an autonomous environment capable of responding rapidly to changing local and national need and able to take a full and active interest in the contiguous areas of medicine and science; such environment being necessary to appeal to the finer instincts of the public at large from which the donor must be attracted and to encourage the highest calibre of graduate, of several disciplines, to find and hold a career within the service. This examination should include examination of the regional divisions to discover if the number and functions of the regions and the areas they serve are in keeping with the distribution of population as expected during 1975-1985 and onward.

The wholly bureaucratic structure evidenced in HSR (73) C40 is unlikely to provide the necessary environment in which effective blood transfusion can flourish. Proof of this is already apparent in the effect of the over-structured committee system which has been functioning with seeming increasing difficulty over the last few years. The very real progress made during this period has resulted from detailed planning by the existing Regional Directors with Executive encouragement during the 1960's and has been brought to its present state largely by the momentum then created. Again, this criticism is levelled at the system rather than the individuals who have tried earnestly to make it work.

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REFERENCES

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 3. "An Administrative Organisation for the Blood Transfusion Service in Scotland", Edinburgh, 1973.
 4. "Common Services Agency : The Blood Transfusion Service", (HSR(73)C40), 1973.
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