



## SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

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14 December 1990

Dr K Calman  
Chief Medical Officer  
Scottish Home and Health Department  
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Dear Ken

### BLOOD DONOR SELF EXCLUSION LEAFLETS

There has been a tradition in Scotland whereby the content of blood donor self exclusion leaflets has been the responsibility of the SNBTS Directors. Although we have always advised SHHD medical colleagues of our deliberations, there has been no requirement for SHHD clearance - the issue has hitherto been regarded as a professional matter. The significant advantage of this approach is the speed at which the SNBTS can introduce change - most often triggered by the WHO and/ or FDA/NIH - and this is further accelerated because we print our own leaflets.

The position in England and Wales is somewhat different. BTS professionals make proposals to DOH and in due course DOH vets and thereafter prints the leaflet.

The consequences of these different arrangements is that the leaflets have not been identical but, more importantly, Scotland consistently introduces change many months ahead of England and Wales. The differences have proved of significant interest to the lawyers in their preparations for the HIV/Haemophilia litigation and although this particular litigation, hopefully, will collapse, we must prepare ourselves, with or without no fault compensation, for future legal tussles in the context of product liability.

Harold/

**PLEASE GIVE BLOOD**

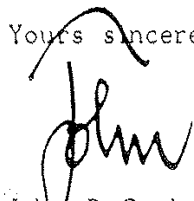
2.

Harold Gunson has most positively responded to my suggestion that there should be established a UK BTS Standing Committee which is responsible to the two "Directorates" for maintaining appropriate specifications on the care and selection of donors. This Committee is chaired by Dr Bill Wagstaff (Director, Sheffield RTC) and Dr Galea and myself are the SNBTS representatives. Dr Galea heads up a small SNBTS group which seeks to ensure that a collective SNBTS input is put into the UK BTS Standing Committee. This development should ensure harmonisation of content but it cannot address the issue of the operational differences - Scotland will continue to be several months ahead in the implementation of change.

It is my understanding that Harold Gunson and his colleagues would wish to be in the same position as their SNBTS counterparts - free from inevitable delays which arise as a consequence of DOH vetting. Harold tells me he plans to discuss this matter with DOH colleagues in the near future and I thought you should be briefed. I would also like to hope you would, if the opportunity arises, add your voice to supporting the move for the UK BTS to adopt "the Scottish system".

Kindest regards

Yours sincerely



John D Cash  
National Medical & Scientific Director

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