BSA

THE ORGANISATION OF THE NATIONAL BLOOD TRANSFUSION SERVICE

NOTE OF A MEETING HELD AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, ALEXANDER FLEMING HOUSE, ELEPHANT AND CASTLE, LONDON, SE1 ON 20 OCTOBER 1976

Present

DHSS

Mr P Benner (Chairman)
Dr F D Beddard
Mr D V Chislett
Mr M W Draper
Mr T E Dutton
Mr M E G Fogden
Dr Gillian R Ford
Mr T E Nodder
Dr W d'A Maycock (Consultant Adviser)
Dr R M Shaw
Mr C G Taylor
Dr Sheila L Waiter

SHHD

Dr A D McIntyre

Welsh Office

Dr R T Bevan
Mr J A Morgan

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1. The Chairman outlined the main problems confronting the NBTS which had been identified as:-

   (i) establishing in broad terms what the clinical needs of blood and blood components were likely to be over the next 5 or 10 years

   (ii) deciding how best to meet these needs including what organisational changes, if any, may be necessary.

   It was agreed that this assessment was correct. What was required was first a clinical study of needs and then an examination in conjunction with the field authorities into the means of providing for these needs. The requirements of antihaemophilic globulin (Factor VIII) and albumin were likely to be the dominant factors which would dictate the amount of blood which the NBTS had to collect. Fortunately, studies which were nearing completion in the USA and in Europe would shed some light on the need for albumin.

2. The possibility of arriving at the assessment of clinical requirements by arranging for two or three experts to make their own enquiries and study the literature was discussed. The question of whether an assessment arrived at on this basis would be acceptable to a sufficiently large section of the profession was discussed but it was felt that if SMAC were able to

endorse the conclusions they would be accepted. It was thought to be unlikely that views from large bodies of users would provide any more useful information than could be obtained from two or three experts very close to the subject. A large group with very divergent interests could not be expected to report quickly. It was agreed that whatever form the study might eventually take, it was essential that the cost implications and technological considerations should be firmly in the minds of those making the assessments.

3. The need to educate clinicians in the economical use of blood components was stressed but it was recognised that it was essential to avoid appearing to be dictating clinical practice.

4. It was agreed that once there was a reasonably clear picture of what the realistic demands for blood components were likely to be in the next 5 or 10 years it would be necessary to consider whether the NHS could afford to provide all that would be demanded, taking account of any organisational changes which might be necessary to achieve the objective. It was recognised that any assessment of need for Factor VIII made at the present time would be complicated by the readiness with which haemophilia centres purchased AHG concentrate from commercial sources. The need to do so would, however, diminish as more NHS concentrate became available. The immediate requirement was to obtain sound estimates of the amount of factor VIII and albumin which would be needed, to assess the extent of use of concentrated red cells which might be reached and then to take stock of the position. As the next step Dr Beddard, Dr Maycock, Dr Waiter and Mr Dutton would meet to consider to whom the Department should look for advice on the amount of factor VIII and albumin which would be required and how they should be approached. It was felt that rather than call the experts collectively to a meeting it might be preferable to meet two groups and encourage them to put forward their personal assessment of requirements. Clinicians working in burns units and intensive care units, and anaesthetists, would be best able to forecast requirements of albumin. The Expert Group on the Treatment of Haemophilia could provide estimates of clinical demand for factor VIII in its various forms. A paper on clinical needs should be prepared.

5. It was agreed that SHHD and the Welsh Office should be kept in touch with progress in setting up the study. Their views would also be sought on the paper to be prepared stating the likely clinical needs. It was suggested that it might be useful to refer the paper to SMAC for their endorsement of the estimated needs. The next stage would be to identify the problems in meeting these needs and then to discuss means of overcoming the problems and providing for the clinical requirements.

It was agreed that there was no advantage at this stage in embarking on joint studies with field authorities.

DHSS
28 October 1976