



Dr. M CONTRERAS  
Director

## NATIONAL BLOOD TRANSFUSION SERVICE

NORTH LONDON BLOOD TRANSFUSION CENTRE  
COLINDALE AVENUE  
LONDON  
NW9 5BG  
Telephone: 081-200 7777  
Fax: 081-200 3994

**Strictly Private & Confidential**

MC/cgf

13 August 1991

**Members of the Eastern Division of  
Consultants in Blood Transfusion**

Dear Colleague

I am sorry that I am unable to attend the Divisional Meeting this week. Since I was the only RTD present at the meeting with Mr. Malone-Lee, at the RSM, I feel it is my duty to write to you with my interpretation of the meeting.

My letter to Dr. Gunson on this subject, dated 2 August 1991, is self explanatory. However, I feel that there are other aspects discussed at that meeting which I should share with you.

### **Self-sufficiency in Blood and Blood Products:**

At the meeting, Dr. Gunson and Mr. Ron Wing gave introductory talks stating that BPL needed to be freed in order to improve efficiency and expand its remit. It was also stated that the performance of RTCs left much to be desired with respect to quality. Dr. Gunson stated that we needed more co-ordination if we were meant to be a national service. He then explained the Ernst & Young report. The Touche Ross report, which as far as I know has never been seen by most RTDs, was also summarised (apparently this is the document that recommends the independence of BPL from CBLA). Neither Dr. Gunson nor Mr. Wing mentioned the term "self-sufficiency". I was asked to comment by Malone-Lee and I stated that I was surprised that self-sufficiency was not discussed by the first two speakers and that in my opinion the problem of the NBTS was one of under-funding and of subsidy of BPL. I stated that if we wanted a properly organised National Blood Transfusion Service, the Department of Health would have to pay for it.

Malone-Lee stated that there were no additional monies. I then insisted that many RTCs were under-funded and that a great deal of capital was needed for premises and equipment. I asked where would this capital come from. Malone-Lee replied that it could come from top-slicing but this would not mean having more money than what we already have.

Catherine Hawkins, RGM for the Bristol Region, asked whether we needed as many as 14 RTCs. Could the number be reduced? Dr. Gunson replied that at the beginning the number would stay the same but that later on, the number could be reduced to, say 7. He then expanded that many activities of the NBTS could be centralised and that some machines could be purchased to centralise testing, without leaving them idle for such long periods of time in the day. The possibility was mentioned that some RTCs should remain as collection and processing centres.

Another point that concerns me is that the National Contracting Authority will inherit the CBLA. I am vehemently opposed to having Mr. Ron Wing as Chairman of the NBA. He has preconceived prejudices and a low opinion of RTCs. He thinks that the quality of our derivatives leaves much to be desired. A NBA would improve performance. I got the impression that Mr. Wing blames much on our bad relationship with BPL to RTCs and not to BPL. I think that he sees blood and blood derivatives as a pharmacist; i.e. there should be no differences between platelets and aspirins.

Another aspect that concerns me a great deal is that Harold has not been as strong as I would have wished to fight our cause at the DoH level. He has accepted the new "definition" of self-sufficiency from the Department; he has not fought for more funding and he has totally failed to understand that RTCs are subsidising BPL. He has not managed to obtain a new specification for plasma supplied to BPL nor a staged means of investigating contaminated plasma pools. He has failed to co-ordinate and document the introduction of HCV screening.

My personal opinion is that the idea of an NBA was sold to the DoH on the basis of savings and cost-improvement. The present government and the new NHS are not in favour of centralisation, hence the only incentive for advocating a NBA is cost savings. It is sad to see that the Department will allow such a short time for consultation about the future of the NBTS. At NLBTC we feel that such a short consultation period for such a major change must be unprecedented in the NHS. Furthermore, I cannot understand how this new NBA fits into the new NHS environment.

With best wishes.

Yours sincerely

GRO-C

/Marcela Contreras  
Director