NATIONAL BLOOD TRANSFUSION SERVICE

National Director:
H.H. GUNSON, DSc MD FRCP FRCP(Ed) FRC Path.

Deputy Director (Administration):
R.J. MOORE, PhD CEng MIM FIQA

THE NATIONAL DIRECTORATE
GATEWAY HOUSE
PICCADILLY SOUTH
MANCHESTER M60 7LP.

Tel: 061-236 2263

Fax: 061-236 0519

FILE COPY

HHG/LB

20th June 1991

Mr. M. Malone-Lee,
Department of Health,
Richmond House,
Room No. 516,
79 Whitehall,
LONDON. SW1A 2NS

Dear

I enclose with this letter the proposals from the National Directorate for the future management of the NBTS. These should be read in conjunction with the Ernst and Young report which I sent to you on 30th May 1991.

I look forward to the meeting on 8th July 1991 to consider this matter.

With kind regards.

c.c. Mr. J. Canavan
Mr. C. Dobson
Dr. H. Pickles
Mr. R.A Wing

PROPOSALS FROM THE NATIONAL DIRECTORATE FOR THE FUTURE MANAGEMENT OF THE NBTS

1. Ernst and Young, in their report on the Structural Review of the NBTS, have identified a number of key activities which they regard as essential or cost-effective to be carried out centrally. These are listed in Appendix 1.

2. In order that these activities could be met, they propose, as their preferred option, the creation of a Central Contracting Authority by unifying the CBLA (ex BPL) and the National Directorate to be named the National Blood Authority.

3. This option has our support.

4. In our view, the advantages which will accrue from the establishment of this Authority are:

   4.1 it will provide a structure to meet NHS needs to maximum advantage through competitive contracting with Regional Centres and possibly with other non-BTS suppliers

   4.2 the removal of the present artificial split responsibility for the cellular and plasma components of the blood donation

   4.3 it will provide a structure which will be able to harness and co-ordinate the professional expertise in the Transfusion Service

   4.4 it will allow local managerial flexibility

   4.5 Regional Centres will have autonomy in determining clinical need for cellular and related products

   4.6 the local relationship between purchaser and provider will be maintained

5. The remit for the proposed National Blood Authority has been outlined by Mr. Ron Wing (Appendix 2). We endorse his views.

6. It is important that the executive of the Authority has sufficient professional expertise and authority:

   6.1 to provide leadership and advice, as required, on medical and managerial activities in Regional Centres

   6.2 to ensure that the manufacture of products from donations and apheresis meets agreed standards of quality, safety and efficacy. This requires an on-going audit of activities and systems to ensure maintenance of standards in accordance with the requirements of the MCA

6.3 to ensure that procedures and specifications set-out in national and international guidelines are applied uniformly throughout the Service and that new procedures are introduced on an agreed date

6.4 to determine the quantity and type of fractionated products to meet the clinical needs of patients

6.5 to attain maximum efficiency in the Service

6.6 to establish cost effectiveness. This will need the calculation of costs on a uniform basis if cost variations between Centres are to be minimised

6.7 to devise and manage national strategies for donor recruitment and retention in support of local effort

6.8 to determine the capital requirements of Regional Centres and advise the Authority on the distribution of capital, revenue development and research and development funds

6.9 to represent the NHS internationally for co-ordination of agreed policies on transfusion medicine and at the scientific level

7. We recommend that a feasibility study is conducted to determine the best way to implement this proposal.

H.H. GUNSON
R.J. MOORE

20.6.91.

APPENDIX 1

Extract from Management Summary
Ernst and Young Report

SUMMARY OF KEY ACTIVITIES OF NBTS WHICH ARE CONSIDERED ESSENTIAL OR COST-EFFECTIVE TO BE CARRIED OUT CENTRALLY

1. The maintenance of donor confidence through nationwide donor selection standards.

2. The presentation of an attractive and coherent image of the BTS to donors.

3. The need, through accurate comparisons of performance and promotion of best practice, to ensure a cost-effective service for purchasers.

4. The need, through quality audits which complement the work of the Medicines Inspectorate, to guarantee a consistently high quality product for purchasers.

5. The critical requirement to address the provision of blood and its products in a comprehensive way; recognising, and taking into account for the benefit of the NHS as a whole, the cost relationships which exist between plasma on the one hand and cellular products on the other.

6. The need for cost-effective mechanisms to balance local short term supply and demand variations.

7. the need for longer term planning regarding the size, shape and nature of the BTS.

APPENDIX 2

NBTS Proposal for CBLA/NBTS to merge to form a NATIONAL BLOOD AUTHORITY

COMMENTS BY MR. R. WING, CHAIRMAN, CBLA

The proposal for the formation of a N.B.A. based primarily as a policy and contracting authority with both fractionator processors (eg BPL) and the RTCs for collection and supply has significant merit. This should ensure that the criteria of self-sufficiency can be achieved economically whilst establishing consistent and high quality standards. The Authority will need to give the assurance of comprehensive service and quality to patient care and to the protection of donors and their "gift" to the NHS.

This should ensure that current operating costs will fall and that new economic technologies can be introduced rationally and the following reference criteria will apply to the Authority.

1. To effectively optimise the collection and utilisation of human donor blood and its components, cells and plasma to meet the criterion of UK self-sufficiency at local and national level economically, whilst avoiding waste and without excessive contributions from UK unpaid volunteer donors.

2. To be accountable for the establishment and consistent application of effective ethical and quality standards to co-ordinate research and development activities and ensure relevant state of the art technology is consistently utilised, and assure both donors and recipient patients of the high safety standards employed. Ensure participation at appropriate European and International (incl. WHO) institutions. Be responsible for special laboratories as necessary, e.g. IBGRL.

3. To establish common accounting and information systems, practices and policies. Appraise the demand on and economic functioning of the service and thus establish firm volume and price contracts for collection of blood, blood components and plasma from RTCs and placing contracts for fractionation and processing as required.

4. To establish a national investment policy in concert with the service and agree rational and economic capital investment programmes avoiding duplication or the creation of excessive capacity or resource.

5. Will ensure a proper flow of information to Ministers, Regions and all interested parties, and promote recruitment of blood donors as agreed on a local and on a national basis.

This methodology will allow maximum local flexibility and accountability whilst ensuring national policies and requirements for the products, within self-sufficiency criteria, are met. Also, to determine that safety, quality and economy are efficiently and ethically met so that all parties may be reassured and protected.