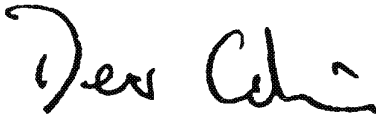


# **NORTHWESTTHAMES**

*regional health authority*

24 October 1991

Sir Colin Walker  
Chairman  
East Anglian Regional Health Authority  
Union Lane  
Chesterton  
Cambridge CB4 1RF



## Proposals for A National Blood Authority

I write further to the meeting of Regional Chairmen to summarise my concerns about the proposals for a National Blood Authority.

First, from a managerial perspective, I am concerned about what appears to be another level of bureaucracy with all the costs of a new authority, apparently without any benefits which could not be achieved without a National Blood Authority. The timing is particularly unfortunate as there must be a major risk of the establishment of a National Blood Authority cutting across the benefits which we have derived from contracting in 1991/92. As in most Regions, this has been a painful process but we have now begun to get Units to recognise the cost of collecting, producing and supplying blood and blood products. Moreover there is the additional clinical benefit in that clinicians will be encouraged to use blood and blood products only when necessary, thereby reducing the risks of side effects whilst sustaining optimal clinical benefit.

I believe that there is a danger that in addressing the problems of the Blood Products Laboratory we are at risk of compromising the work of the blood transfusion service. BPL faces problems that to some extent result from the refusal of the Department of Health to enforce "self sufficiency" which, as you know, is a policy of the Council of Europe. Self sufficiency was agreed partly on clinical grounds when imports from countries with paid donors were more likely to be infected, although this seems to be no longer the case. However, it was also agreed on ethical grounds, based on the argument that affluent western countries should not need to import from less developed countries.

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BPL is now placed in the position of being uncompetitive. The Department of Health has not enforced self sufficiency and imports to the UK continue from non-European countries. The multi-national companies concerned offer products at reduced prices and often with the added benefit to the purchasing clinician of further support for their work - for example, through research funding.

As a consequence of this North West Thames is subsidising BPL to the tune of approximately fl.5 million in 1991/92 as they pay us this much less than it costs us to collect and supply plasma. This is of course an issue for every RHA but more so for Regions such as ours which invested, as requested by the Department of Health, in plasma collection.

Finally, I am extremely worried at the pace at which this proposal is being handled. I understand that a majority of the Directors of the Regional Transfusion Centres oppose the proposal and that they are developing an alternative view. The Regional Directors of Public Health are due to discuss this issue at their meeting on 31 October and I would urge that full consideration is taken by the Department of the views of Transfusion Directors and Directors of Public Health who are, after all, those most concerned with the provision of our blood transfusion service.



GRO-C

SIR WILLIAM DOUGHTY  
Chairman

cc: Duncan Nichol  
Michael Malone-Lee