TRENT REGIONAL HEALTH AUTHORITY

NATIONAL BLOOD TRANSFUSION SERVICE
RECHARGING POLICY

Report of the Working Party of the Trent Regional Authority

January 1986

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RENAAH

SUMMARY

1 This report presents the findings of a working group established to assess the advantages and disadvantages of running the supply function of the Blood Transfusion Service on a commercial basis by charging District Health Authorities for blood and blood products supplied.

2 The working group consisted of Regional and District Officers and Consultant Haematologists and was chaired by a member of the RHA.

3 The report concludes that it would be advantageous to recharge District Health Authorities with the cost of blood products but not whole blood.

4 The working party recognised that a system of recharging for blood products is likely to be implemented, with effect from 1 April 1987 between the Blood Products Laboratory and Regional Blood Transfusion Centres. The report recommends that any local recharging system must incorporate these arrangements.

5 It is recommended that the prices to be charged for blood products manufactured at the Regional Blood Transfusion Centre should be derived from the Regional Blood Transfusion Centre cost accounts.

6 It is recommended that the prices to be charged to District Health Authorities for blood products manufactured at the Blood Products Labortory should be based on the charges established by the latter, but that these should be adjusted if necesary to ensure that they include the cost of plasmapheresis incurred by the Regional Health Authority.

7 The report recommends that the budget for the existing supply of blood products manufactured at the Regional Blood Transfusion Centre should be transferred from the Regional Health Authority to District Health Authorities.

8 The working party considers it essential that, in the event of a recharging system between the Blood Products Laboratory and Regional Blood Transfusion Centres being established, there should be a distribution of funding from the DHSS to Regional Health Authorities in respect of that part of the Blood Products Laboratory's manufacturing process supported by income generated from the charges levied. It is recommended that such a funding adjustment should be redistributed to District Health Authorities.

9 It is recommended that funding adjustments should be distributed to individual District Health Authorities on the basis of current usage of blood products.

10 The report recommends that the proposals outlined above should take effect from 1 April 1987, subject to final clarification of DHSS and Blood Products Laboratory policy.

1 INTRODUCTION

1.1 The Trent RHA Regional Executive Team at its meeting held on 7 January 1985 (RET 85/1) agreed that a Working Group should be convened to study the advantages and disadvantages of running the supply function of the Blood Transfusion Service on a commercial basis by charging District Health Authorities for blood and blood products supplied. The "Central Laboratory Functions" eg antenatal and reference to continue as a regional specialty.

2 REVIEW OF EXISTING PROCEDURES

2.1 Blood products used by District Health Authorities within Trent Region are derived from various locations. Certain products are manufactured only at the Regional Blood Transfusion Centre. Some products are not produced at the Regional Blood Transfusion Centres (BTCs) but are made either by commercial producers or by the Blood Products Laboratory (BPL) at Elstree. A few products are made only by commercial suppliers. For further information see para.8 and Annex 'A'.

2.2 Products manufactured by the Regional Blood Transfusion Centre are supplied to Districts free of charge. The Regional Blood Transfusion Centre is fully funded by the Regional Health Authority.

2.3 Products manufactured by the Blood Products Laboratory are at present supplied free of charge to Regional Health Authorities for onward distribution to Districts. The products are made from plasma which the Laboratory obtains from Regional Blood Transfusion Centres free of charge. The quantity of blood products which a Region can obtain from the Blood Products Laboratory is related to the quantity of plasma it is prepared to supply. A proposal is presently being considered, however, whereby the Blood Products Laboratory would pay RHAs for its supplies of plasma but would charge Regional Health Authorities for blood products. It is expected that this policy will be implemented with effect from 1 April 1987. It is important to be aware that the manufacturing function of the Blood Products Laboratory, which is presently fully funded by the DHSS, would in future be supported by the "profits" on the above transactions, it is therefore considered essential that the resultant savings to the DHSS should be re-allocated to RHAs in order to provide the funds for Regional Blood Transfusion Centres to meet the Blood Products Laboratory's charges.

2.4 If District Health Authorities require a quantity of blood products greater than can be supplied by the Blood Products Laboratory, they must be obtained commercially. Whilst some regional contracts exist, many Districts contract with commercial suppliers as necessary, paying the market rate for the product. Districts are funded for the present level of commercial purchases. The results of a survey carried out in November 1985 to establish the present usage of blood products, are given at Annex 'B'.

2.5 Over recent years it has been considered desirable, for both clinical and economic reasons, that Districts reduce dependance on commercial suppliers and look increasingly to the Blood Products Laboratory for their supply of the relevant products.

3 SELF-SUFFICIENCY IN BLOOD PRODUCTS

3.1 As part of the drive to achieve self-sufficiency in blood products within the NHS, the quantity of plasma supplied by Regional Blood Transfusion Centres to the Blood Products Laboratory is scheduled to increase substantially.

3.2 In order to provide for the harvesting of the additional plasma from routine blood donations a large financial investment has been undertaken in the Blood Transfusion Service, notably in plasma-pheresis techniques and the SAG-M (Saline Adenine Glucose Manitol) system.

3.3 District Health Authorities presently obtain part of their requirement for blood products from the Blood Transfusion Service, with the balance being obtained from commerical sources. With the advent of self-sufficiency within the NHS for most blood products the need for commercial supplies will be substantially reduced, with consequent financial savings to District Health Authorities.

3.4 It is important that the additional investment incurred by the Blood Transfusion Service is matched against savings achieved by District Health Authorities, both in order to assess the economic efficiency of the investment, and to establish an equitable basis of funding as between Region and Districts.

4 FORMATION OF WORKING GROUP

4.1 Arising from the RET meeting on 7 January 1985 a small Working Party was formed consisting of the following members:-

Dr P F Sewell (Chairman)	- Member of the RHA
Mr R Beardmore	- Regional Supplies Officer
Mr C J M Brady	- Senior Assistant Treasurer, Trent RHA
Mr J A Costley	- Senior Principal Assistant Secretary, Trent RHA
Dr A French	- Consultant Haematologist, Queens Medical Centre, Nottingham
Dr V James	- Consultant Haematologist, BTS
Mr J M Lusby	- District General Manager, Doncaster HA
Mr B M Mayhew-Smith	- District Treasurer, South Lincolnshire HA
Dr D Mitchell	- Consultant Haematologist, Derbyshire RI
Dr W Wagstaff	- Director BTS

4.2 The terms of reference of the Group were to study the advantages and disadvantages of running the supply function of the Blood Transfusion Service on a commercial basis by charging District

Health Authorities for blood and blood products supplied. (The Central Laboratory Function to continue as a regional specialty).

4.3 At the same Regional Executive Team meeting, officers were commissioned to examine the advisability of regional purchasing of blood products.

4.4 At the first meeting of the Working Group members unanimously agreed that there would be advantage in combining the two enquiries within the remit of the Working Group.

4.5 The climate is probably right for consideration of a Regional Purchasing Policy which would be consistent with other initiatives being pursued by DHAs since in the end everyone would benefit due to more equitable and advantageous overall costs coupled to a feed-back of management information.

5 NATIONAL ADVISORY COMMITTEE ON BLOOD TRANSFUSION - SEMINAR

5.1 The National Advisory Committee on Blood Transfusion commissioned a report on a "Trial for Intra/Inter Regional Transfusion Centre/ National Blood Products Laboratory Charging System" as a follow-up to a feasibility study undertaken in 1984. A brief summary of a seminar held to discuss the report is given at Annex 'C'.

6 RECHARGING POLICY

6.1 The deliberation of the working group was hindered by the absence of detail on the possible re-allocation of the present DHSS funding to the Blood Products Laboratory and the lack of information from the Blood Products Laboratory regarding its proposed pricing policy. However, it has been confidently assumed by both the DHSS and the Blood Products Laboratory that the viability of self-sufficiency has been demonstrated in a document presented to the DHSS in July 1983 and subsequently re-affirmed by a re-calculation of financial estimates in July 1984. Therefore, once the NHS achieves self-sufficiency there would be no need for DHAs to purchase the majority of blood products from commercial sources.

6.1 Three recharging options have been considered in some depth:-

(i) Rejection of any system of recharging within Trent Region for either blood (red cells) or blood products.

(ii) Implementation of recharging for blood products but not for blood.

(iii) Implementation of recharging for both blood and blood products.

6.2 It was acknowledged that additional investment in new techniques was determined solely by the drive for national self-sufficiency in blood products which involved supplying to the Blood Products

Laboratory, greater quantities of plasma than could presently be harvested by conventional techniques from the existing number of blood donations.

6.3 It was agreed that recharging for blood products should effectively match the savings achieved in Districts because of reduced purchases of commercially produced products with the investment in the Regional Blood Transfusion Centre in new plasma harvesting techniques. It was also considered that District Health Authorities would generally favour recharging compared with a system which funded the investment by top slicing.

6.4 The Working Group agreed that there would be negligible benefits from recharging for Blood (red cells) in Trent Region. Experience showed that clinicians had a proper regard for its use and that there were no apparent disadvantages in the present system. Recharging would not lead to a reduction in use and did not appear to offer any appreciable advantages.

6.5 It was unanimously agreed that recharging for blood (red cells) itself would be deeply unpopular, both throughout the health service and with the public at large. It was considered that this would be the case even though, in reality, only an accounting system within Trent Region itself was being examined. In the absence of any definite identifiable advantages, it was felt that recharging for blood (red cells) was likely to prove counter productive.

6.6 It was considered imperative that whatever recommendation was ultimately made, cognizance should be taken of the administrative requirements which it might generate. Any system of recharging should be based as far as possible on existing information systems and should avoid unnecessarily involved funding adjustments.

6.7 It was anticipated that with effect from 1 April 1987 a system would be established nationally which could be used for identifying and levying charges on plasma supplied by the Regional Blood Transfusion Centres to the Blood Products Laboratory, and for the identifying and levying of charges for blood products supplied by the Blood Products Laboratory to the Regional Blood Transfusion Centres. The Working Group agreed that any system to be implemented within Trent must incorporate within itself the above charges and recharges but the Group noted that the proposed national system did not extend to recharging for blood as opposed to blood products.

6.8 Accordingly, the Group was unanimous in its opinion that recharging should be considered for blood products only. However, this could be influenced by national considerations in respect of clinical budgeting (see para.11).

6.9 It was noted, however, that there would be some materials required by the Haemophiliac Centres eg FEIBA and AUTOPLEX which would not

be produced by the NHS and it was recognised that there would be a need for these to continue to be supplied commercially. It was stressed that there was no intention to interfere with arrangements which are mainly in respect of special requirements concerning treatment of a few patients whose blood contained inhibitors of Factor VIII.

7 ADVANTAGES AND DISADVANTAGES OF RECHARGING

7.1 In addition to the major considerations set out above, the following advantages and disadvantages were identified with regard to the recharging of blood products.

ADVANTAGES

(a) The cost of collecting, processing and distributing blood products would be reflected in charges, thus ensuring that these costs are taken into account in establishing the true level of demand.

(b) The awareness of the cost of blood products at the District blood bank level may have advantages particularly where this awareness of cost is passed on to the clinicians making the requests for blood products.

(c) Charges to clinicians for their use of blood products may encourage a feedback of information which would assist or suggest developments in the blood products field.

(d) If not contained within a recharging system the use of Albumin (PPF etc) could increase substantially since there is a general unawareness of its high cost.

(e) The Regional Blood Transfusion Centre would be encouraged to reduce plasma collection costs, particularly if it were only able to recover a standard cost for plasma supplied to the Blood Products Laboratory.

(f) Comparisons could be made with the price of plasma and blood products on the commercial markets. It is stressed that the Blood Products Laboratory have agreed to keep a watching brief on commercial prices and have given an undertaking not to be undercut on the total package of blood products provided.

(g) The costing systems set up might be used to evaluate the most effective ways of raising plasma production.

(h) The general improvement in costing systems and management information should facilitate better decision making in all areas and at all levels leading to improved management efficiency.

(i) The implementation of a charging system would necessitate examination of the relationship between cost and volume of production and encourage accurate forecasting of requirements for plasma and blood products. However, it is acknowledged that this is not possible for all products eg platelets which show a high variation in demand and have a short shelf life.

7.2 DISADVANTAGES

(a) There are administrative costs of setting up and maintaining charging systems.

(b) District Health Authorities may have difficulty in controlling the levels of demand from individual users of blood and blood products.

(c) As with any charges relating to blood, the proposals might be regarded by the public as an erosion of the principles of free donation ("the gift relationship"). It may be argued that this problem has already been dealt with by the introduction of handling charges to the private sector (HC(85)8) refers.

(d) Charging may lead to a concentration on financial controls with an adverse effect on the existing educative and co-operative approach between consultant haematologists and Regional Blood Transfusion Centres over the use of blood.

8 STRUCTURE OF RECHARGES

8.1 It is important that the titles of blood products to be incorporated within the recharging system are clearly defined and understood. The major items are given below but other items may be included from the comprehensive list at Annex 'A' which identifies the point of manufacture and method of distribution.

a) Manufactured at Regional Blood Transfusion Centre
- Platelet Concentrates
- Platelet Rich Plasma
- Cryoprecipitate
- FFP for Clinical Use
- Paediatric FFP
- Buffy Coats

b) Manufactured at Blood Products Laboratory (distributed via Regional Blood Transfusion Centres)
- Factor VIII
- Albumin 4.5% - 400 ml
- Albumin 4.5% - 100 ml
- Albumin 20.0% - 100 ml
- Albumin 20.0% - 5 ml
- Anti-D Immunoglobulin

8.2 The principal objective of the pricing policy should be to set a level of charges such that it recovers the cost of blood products manufactured at the Regional Blood Transfusion Centre, together with the net charge levied on the Regional Blood Transfusion Service by the Blood Products Laboratory for blood products which it manufactures. It is understood that there are no products which are made both by the Blood Products Laboratory and the Regional Blood Transfusion Centre. No difficulty should arise, therefore, regarding different costing methods being applied to the same range of products.

8.3 With effect from the financial year 1985/86, a revised cost account has been in use for National Blood Transfusion Service. This will enable unit costs to be produced for both blood and blood products. It is proposed that the unit cost information derived from this cost account should form the basis of the charge for blood products manufactured at the Regional Blood Transfusion Centre. Only revenue costs will be identified in the cost account. It is considered that any decision as to the inclusion within the recharge of the Blood Transfusion Centre's capital expenditure (other than on plasmapheresis equipment) should await the outcome of the debate on capital accounting in the NHS which is taking place nationally within the finance discipline.

8.4 In the case of blood products manufactured by the Blood Products Laboratory, it is envisaged that the Regional Blood Transfusion Centres will be charged a nationally agreed unit price for each blood product unit, but will receive a credit in respect of plasma supplied by the Regional Centres to the Blood Products Laboratory. It is suggested that the recharge from the Regional Blood Transfusion Centre to District Health Authorities should be based on this net cost to Region. The manufacturing process at the Blood Products Laboratory will result in a by-product of surplus material (mainly immunoglobulin) which it has been established can be sold commercially on the international market. It is anticipated that funds accruing from this source will be reflected in Blood Product Laboratory prices to Regional Blood Transfusion Centres. However, this will need to be confirmed when the Blood Products Laboratory's final policy is known.

8.5 It is important that the recharge to District Health Authorities in respect of blood products manufactured by the Blood Products Laboratory should include the full cost, both revenue and capital, of the plasmapheresis teams. It is not yet known whether the price which the Blood Products Laboratory will pay to Regional Blood Transfusion Centres for plasma will recognise this. If it does not then plasmapheresis costs, including depreciation of capital equipment, should be added to the net cost referred to in 8.4 above.

8.6 It is envisaged that the responsibility for setting the level of charges should lie with the Regional Treasurer's Department working in liaison with the Director of the Blood Transfusion Service.

8.7 The level of charges should be set annually but with the pattern of costs and usage being examined monthly as part of the management accounting system and with provision for a half yearly revision of charges if this should prove to be necessary.

8.8 Settlement between the Regional Health Authority and District Health Authorities should be on a cash basis. Invoicing should be done monthly.

9 FUNDING

9.1 If a recharging system is implemented between the Regional Blood Transfusion Centre and District Health Authorities, Regional funding of the Blood Transfusion Service would be partially replaced by income generated from the charges levied. The Regional funding withdrawn would need to be re-allocated to District Health Authorities to enable them to meet these charges. Equally if a recharging system is established between the Blood Products Laboratory and Regional Blood Transfusion Centres, DHSS funding of the Blood Products Laboratory's manufacturing function will be partially replaced by the proceeds of the recharges. It is expected that the funding saved by the DHSS would be distributed to RHAs and consideration must be given to the re-distribution of this source by DHAs.

9.2 The recharge to District Health Authorities will consist of two distinct elements:-

(i) The cost of blood products manufactured within the Regional Blood Transfusion Centre and supplied to Districts (see Annex 'A').

(ii) The cost of products manufactured at the Blood Products Laboratory and despatched to the Regional Blood Transfusion Centre for onward transmission to Districts (see Annex 'A').

9.3 The first element is relatively straightforward. The total revenue cost of manufacturing the blood products in question can be identified from the revised Blood Transfusion Service Cost Accounts which will be used to derive the unit costs upon which the pricing policy is based. It is recommended that for these products, the aggregate funding transfer should equal the identified total manufacturing costs. This would exclude any revenue costs specifically associated with plasmapheresis.

9.4 The second element is complicated by the fact that it brings into the equation the financial arrangements between the Blood Products Laboratory and the Regional Blood Transfusion Centre and these are not yet known in detail. It is assumed that the Blood Products Laboratory will charge Regions for blood products which it manufactures but will also pay Regions for supplies of plasma which it receives from them. Central funding of the Blood Products

Laboratory's operation will, therefore, be reduced by the net income which it derives from these transactions and these funds may be transferred to Regional Blood Transfusion Centres. If this is the case it is suggested that this funding transfer, in aggregate, should be passed, to Districts without further adjustment.

9.5 It is recommended that the aggregate funding transfer to District Health Authorities should thus exclude two important elements which are nevertheless to be included in the calculation of unit prices for the purposes of recharging. The first is revenue cost specifically associated with the expansion of plasmapheresis. The second is the capital cost of plasmapheresis equipment, the depreciation on which will be incorporated into the unit price of products manufactured at the Blood Products Laboratory when they are recharged to Districts.

9.6 The investment in plasmapheresis, leading to NHS self-sufficiency in blood products will permit the Districts to reduce purchases of commercially produced blood products. The exclusion of plasmapheresis costs from the funding transfer will ensure that the initial investment in the Regional Blood Transfusion Centre is met from the aggregate savings achieved by Districts. It is important that, wehen the Blood Products Laboratory's pricing policy has been agreed, the level of potential savings in District Health Authorities is reassessed. Comparison can then be made with the cost of plasmapheresis and consideration given to any necesssary adjustment in District Health Authorities base allocations.

9.7 The foregoing assumes that the price paid to Regional Blood Transfusion Centres by the Blood Products Laboratory for supplies of plasma would not include plasmapheresis costs. If this assumption should prove to be incorrect, then either the net income and hence the net funding transfer referred to in 9.4 above would be smaller, (but the recharge from Region to District would exclude the plasmapheresis element) or the Blood Products Laboratory would increase its blood product prices, the regional funding adjustment is obtained and the recharge from Region to District would again exclude plasmapheresis costs. The basic relationship would, therefore, be preserved. Further consideration of this matter must await publication of the Blood Product Laboratory's own recharging proposals.

9.8 It is suggested that there should be a funding distribution to individual District Health Authorities as follows:-

(a) Blood products manufactured at Regional Blood Transfusion Centre; funding equivalent to the manufacturing costs referred to in para. 9.3 above should be distributed on the basis of District Health Authorities previous demand for that group of products (see Annex 'B').

(b) Blood products manufactured at the Blood Products Laboratory and distributed via the Regional Blood Transfusion Centre;

the re-allocation of central funding referred to in para. 9.4 above should be distributed to District Health Authorities on the basis of their previous demand for products manufactured at the Blood Products Laboratory, together with their previous purchases of commercially produced blood products (see Annex 'B').

Previous levels of demand and of commercial purchases should be taken as the average for the three years 1983/84 to 1985/86.

10 TIMING OF IMPLEMENTATION

10.1 The plasmapheresis initiative is directly linked to the eventual increase in production of those blood products manufactured at the Blood Products Laboratory. The latter has indicated that these products will continue to be supplied free of charge until at least 1st April 1987. Meanwhile, since most of the costs are incurred at the Blood Product Laboratory's headquarters at Elstree, the Regional Health Authority has no means of assessing the eventual charge.

10.2 The cost of production of the range of blood products made within the Regional Blood Transfusion Centre is largely unaffected by the development of plasmapheresis. There seems little point, therefore in instituting a system of recharging for these products in isolation, before a more comprehensive recharging structure is implemented.

10.3 Production at the Blood Products Laboratory is increasing steadily but it will be late 1986 before its volume is such as to enable District Health Authorities to make any significant reduction in their present level of commercial purchases. Not until that date, therefore, will finance begin to be available to the Districts from which they might be expected to contribute to the costs of plasmapheresis.

10.4 The Working Group recognises that: it is at present impossible to assess the cost of blood products manufactured at the Blood Products Laboratory; there is little purpose in proposing a recharging system solely for those blood products manufactured at the Regional Blood Transfusion Centre; significant financial savings will not accrue to Districts until 1987. It is strongly recommended therefore that recharging is not implemented within Trent Region until it can be incorporated into a comprehensive system involving the Blood Products Laboratory's own recharges. It would seem that 1st April 1987 is the earliest likely starting date.

11 CLINICAL BUDGETING

11.1 Whilst Trent Regional Health Authority Working Group were not in favour of including red cells in the recharging system, it was acknowledged that, nationally, there may be strong pressure to move

towards a system of clinical budgeting. It was agreed, therefore, that any system which Trent devised for its own purposes must be capable of being expanded to include the recharging of red cells if this should be required as part of the clinical budgeting initiatives. At this stage, however, it is envisaged that the requirements of clinical budgeting would extend only to costing recharges for blood and blood products.

12 CONCLUSION AND RECOMMENDATIONS

12.1 It is recommended that:-

(1) A recharging system should be established between the Regional Health Authority and District Health Authorities with regard to appropriate blood products.

(2) Blood (red cells) should not be included in the recharge system (but see 11 above).

(3) The recharging policy should have the objective of recovering the cost of blood products produced by the Blood Transfusion Service, including those supplied from the Blood Products Laboratory.

(4) The charging structure should be based upon the nationally implemented Blood Transfusion Service Cost Accounts and should include the costing arrangements agreed between the Blood Products Laboratory and the Regions.

(5) The full cost including capital depreciation of plasmapheresis development should be included in the recharge.

(6) The responsibility for price setting should rest with the Regional Treasurer, acting in conjunction with the Director of the Regional Blood Transfusion Centre.

(7) Settlement between the Regional Health Authority and District Health Authorities should be on a cash basis; invoicing should be monthly.

(8) There will need to be a cash limit adjustment between Authorities. This funding adjustment will need to be discussed in detail and agreed with DHAs when the Blood Products Laboratory's policy is known.

(9) The implementation date for a local system of recharging for blood products should be deferred so that its introduction would coincide with the commencement of recharging between the Blood Products Laboratory and Regions.

(10) The recharging system must be compatible with the requirements of clinical budgeting.

(11) The Regional Supplies Committee should be asked to consider the implementation of a Regional Purchasing Policy for Factor VIII, bearing in mind that such a policy already exists for Factor VIII deficient reagent plasma.

LIST OF BLOOD/BLOOD PRODUCTS AVAILABLE AND IN USE IN TRENT REGION

1 RED CELL PRODUCTS PRODUCED AT TRENT REGIONAL BLOOD TRANSFUSION CENTRES BUT NOT AT THE BLOOD PRODUCTS LABORATORY

Whole Blood
Filtered Blood
Saline Washed Blood
Plasma Reduced Blood
Concentrated Red Cells
SAG(M) Red Cells
Leucocyte Poor Red Cells
Frozen Red Cells
Cell Panels for Hospital use
Cryoprecipate poor blood
Compatible Red Cells

2 NON RED CELL PRODUCTS:

(1) **MANUFACTURED AT TRENT REGIONAL BLOOD TRANSFUSION CENTRES BUT NOT AT THE BLOOD PRODUCTS LABORATORY**

Platelet Concentrates
Platelet Rich Plasma
Cryoprecipitate
FFP for Clinical Use
Paediatric FFP
Buffy Coats

FFP for Fractionation	(To Elstree)
Time Expired Plasma	(")
Specific Antibody Plasma	(")
Convalescent Plasma	(")
Anti-D Sera/Plasma	(" and Oxford)
AHG Re-agents	(Lab. use)
Blood Grouping Re-agents	(")

(2) **PRODUCTS MANUFACTURED AT THE BLOOD PRODUCTS LABORATORY ONLY AND DISTRIBUTED VIA REGIONAL BLOOD TRANSFUSIION CENTRES**

Factor VIII
Albumin 4.5% - 400 ml
Albumin 4.5% - 100 ml
Albumin 20% - 100 ml
Albumin 20% - 5ml
Anti-D Immunoglobulin

(3) PRODUCTS DISTRIBUTED DIRECTLY FROM THE BLOOD PRODUCTS LABORATORY TO HOSPITALS/ CLINICS ON REQUEST. (see note 1 below)

Factor IX
Specific Ig G other than Anti-D

(4) BLOOD PRODUCTS LABORATORY PRODUCTS DISTRIBUTED VIA PHLS.

Normal Ig G
Anti-Hepatitis B

(5) COMMERCIAL BLOOD PRODUCTS USED WITHIN TRENT REGION.

Factor VIII and Factor VIII deficient reagent plasma
Albumin 4.5% - 5%
Albumin 20%
FEIBA (see note 2 below)
AUTOPLEX (see note 2 below)
I/V Immunoglobulin

NOTES

1 There may be some other blood products which are supplied by the Blood Products Laboratory on request for certain patients.

2 Not produced by either Regional Blood Transfusion Centres or the Blood Products Laboratory and will continue to be purchased commercially.

SURVEY OF PRESENT USAGE OF BLOOD PRODUCTS

District	(a) Usage of Products Manufactured at Blood Transfusion Centre (Note 1)		(b) Usage of Products Manufactured at Blood Products Laboratory (Note 2)	(c) Usage of Products Manufactured Commercially (Note 3)	Total (b) + (c)	
	£000's	%	£000's	£000's	£000's	%
N.Derbyshire	31.4	4.4	25.4	12.7	38.1	2.8
S.Derbyshire	21.2	2.9	43.8	168.3	212.1	15.3
Leicestershire	256.7	35.8	174.5	55.8	230.3	16.6
N.Lincolnshire	8.6	1.2	50.2	29.0	79.2	5.7
S.Lincolnshire	17.9	2.5	20.1	14.1	34.2	2.5
Bassetlaw	0.7	-	2.5	-	2.5	0.2
C.Nottinghamshire	5.5	0.8	5.4	3.4	8.8	0.6
Nottingham	77.9	10.8	157.0	22.0	179.0	12.9
Barnsley	11.1	1.6	2.1	-	2.1	0.2
Doncaster	21.1	2.9	45.5	2.4	47.9	3.5
Rotherham	11.2	1.6	2.8	-	2.8	0.2
Sheffield	255.0	35.5	237.6	308.7	546.3	39.5
TOTAL	718.3	100.0	766.9	616.4	1,383.3	100.0

Note 1: Quantities assessed by Regional Blood Transfusion Centre for the period November 1984 to October 1985. Unit costs as advised in HC(85)8.

Note 2: Quantities assessed by Regional Blood Transfusion Centre for the period November 1984 to October 1985. Unit costs advised by Blood Products Laboratory.

Note 3: Estimated annual expenditure assessed by District Health Authorities, November 1985.

NATIONAL ADVISORY COMMITTEE ON BLOOD TRANSFUSION

INTER/INTRA REGIONAL TRANSFUSION CENTRE/BLOOD PRODUCTS LABORATORY CHARGING POLICY

Seminar : 13 June 1985 : Queen's Medical Centre, Birmingham

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1. Four members of the Working Group attended the above seminar which was organised by management consultants working with Wessex RHA (acting as agents for the DHSS) and which was intended to examine the feasibility of introducing a national recharging system for both blood and blood products.

2. The following points emerged from the seminar:-

   (1) All Blood Transfusion Centres were represented, together with other representatives of many Regional and District Health Authorities.

   (2) There appeared to be a wide measure of support for the principle of recharging (but see Note 1 below).

   (3) The main thrust behind the proposals was the need for all relevant costs to be included in clinical budgets. There was strong support for the inclusion of both blood and blood products in the recharging system.

   (4) It was felt that the Blood Products Laboratory should devise a price to be paid for plasma and charges to be levied for blood products and apply these nationally.

   (5) It was strongly felt that a recharging system should not be implemented before 1st April 1987 at the earliest.

   (6) The management consultants were of the opinion that a recharging system was both feasible and desirable and had undertaken some detailed work which would assist in its implementation.

   (7) No consideration had been given to the specific difficulties of funding the plasmapheresis initiative.

   (8) Little consideration had been given to the "political" impact of recharging for blood.

   (9) Little attention was devoted to assessing the benefits to be derived from a recharging system.

   (10) There was concern that the proposed administrative arrangements appeared somewhat complex.

See Overleaf

NOTE

1 A subsequent meeting of Regional Transfusion Directors indicated that support for the principle of recharging was far less widespread than had been thought, judging from the reaction of the rather more varied audience at the Birmingham seminar. However, there was a realism that it will occur and it was agreed that the concept will be met.