

PRESENTED TO THE STANDING MEDICAL ADVISORY COMMITTEE  
JANUARY 1973

ORGANISATION OF THE NATIONAL BLOOD  
TRANSFUSION SERVICE

In the light of the proposed reorganisation of the National Health Service, Directors of the Regional Transfusion Centres and the two associated laboratories (Blood Group Reference Laboratory and Blood Products Laboratory) have considered the present and future structure of the National Blood Transfusion Service. They are unanimously against administration of the Centres by Regional Authorities. They strongly recommend that the National Blood Transfusion Service be reorganised round a unified system of central administration.

## ORGANISATION OF THE NATIONAL BLOOD TRANSFUSION SERVICE

This document presents the unanimous opinion of all the Directors of the fourteen Transfusion Centres of the National Blood Transfusion Service in England and Wales and the Directors of the Blood Group Reference Laboratory and the Blood Products Laboratory. Formulated at a series of meetings after the publication of the first Green Paper on Reorganisation of the Health Service, it was revised following publication of the N.H.S. Reorganisation Consultative Document, and submitted to the Chief Medical Officer by the Minister's Consultant Adviser on Blood Transfusion, in September 1971. Thirteen months later, in October 72, a spokesman for the Department informed the Directors that these comments and proposals were unacceptable. Although it was stated that careful consideration had been given to the future of the N.B.T.S. it was admitted that no expert opinion had been obtained contrary to that of the Regional Transfusion Directors' and that the intention to allot responsibility for Transfusion Centres to Regional Health Authorities was purely in pursuit of the principle of devolution. Further enquiry revealed that the Department, whilst aware that the present organisation of the Regional Transfusion Centres does not entirely accord with Regional Hospital Board areas, had not appreciated that commitment to the new Regional Health Authority areas would entail far-reaching and uneconomic changes in blood collection and distribution. The problem of overlap areas had not been recognised. In fact the Department's consideration of the N.B.T.S. had apparently been superficial. Further enquiry of the Presidents of Royal Colleges, Senior Administrative Medical Officers, Chairmen of B.M.A. Consultative Committees etc., and other organisations invited to submit their views on the reorganisation, have failed to reveal a single instance of any consideration of the future of the N.B.T.S. The Regional Transfusion Directors are profoundly disturbed at this apparent lack of consideration.

Study of the publication "Management Arrangements for the Reorganised National Health Service" (H.M.S.O. 1972) makes it obvious that the proposed organisation whereby there will be fourteen regional transfusion services would be unsuitable for the fulfilment of the present and future regional and national commitments whilst the staffing, experience and expertise of a Regional Health Authority seems likely to be unfitted to the management of a regional transfusion centre.

In the light of these developments this document has been revised and re-issued in December 1972.

Directors of Regional Transfusion Centres (RTC) have been grappling since 1948 with problems, arising directly from the fragmented structure of the National Blood Transfusion Service (NBTS). The proposed reorganisation of the Health Service allocates responsibility for Transfusion Centres to Regional Health Authorities, envisaging in practice fourteen regional transfusion services instead of one national service. Any arrangement of this sort will not achieve the desired standard of service since it will tend simply to perpetuate and possibly accentuate the difficulties experienced by NBTS over the years. Appendices 1, 2, 3 and 4 contain, respectively, notes on the history of NBTS., functions of RTCs., establishment and expenditure, and organisation of NBTS.

#### ADVANTAGES OF CENTRAL ADMINISTRATION

The NBTS is a naturally discrete and coherent element in the NHS which is uniquely adaptable to centralised control.

The shortcomings of the present system arise from the lack of central direction and will be increased by the proposed reorganisation. There are fourteen regional centres and two central laboratories, each with a varying degree of delegated responsibility, trying to provide a uniformly efficient service of high standard without any central co-ordinating body apart from the Regional Transfusion Directors' Meeting, which has no formal authority. The Directors of RTCs try to operate NBTS as a national service but they are without appropriate machinery. There is no generally uniform scientific, technical, administrative and financial policy which is the essential element of any effective national transfusion service. A co-ordinated national service offers a better career structure and should there be further fragmentation the considerable body of scientific and technical expertise existing in the present service could be lost.

The advantages of a centrally organised service are:-

1. uniformity of policy based on central control of finance and affecting all aspects of administration of the service;
2. increased efficiency in deployment of resources to fulfil national needs of blood and blood products, including the associated research and development, which are essential for the maintenance of an efficient service.

Experience since 1948 has shown that those functions of the NBTS subject to central policy decisions are discharged with most efficiency. Central control would enable this greater efficiency to extend to other activities of NBTS.

It was proposed in 1947 that when the Regional Transfusion Centres became the responsibility of RHBs the then Ministry of Health should direct the arrangements to be made by the RHBs in "the maintenance and improvement of medical and technical

standards". While it is true that the Regional Transfusion Directors' meeting advises the Department, through the Consultant Adviser, and that this establishes a close link with the Department, in practice this power of direction has seldom been applied. The most the Department has felt able to do is to commend policies to RHBs, but these may not necessarily be accepted or, if accepted, not interpreted uniformly. In the light of the now declared policy of devolution of authority to Regional Health Authorities the proposal to allocate responsibility for RTCs to them is likely to result in even further variations. The whole subject of blood transfusion has become increasingly complex and the technical advances of recent years affect many aspects of the routine work of the NBTS and play a major part in dictating both the revenue and capital expenditure. The adoption throughout the country of uniform policies regarding the minimum standard of certain medical and technical activities is of obvious importance in relation to the treatment of patients, for example minimum standards of grouping and compatibility testing or the provision of blood derivatives. This state of affairs could best be achieved if policy decisions were made centrally on behalf of an integrated service. Such control would encourage and facilitate collaboration between centres and between them and the central laboratories.

Differing standards of services and facilities exist between RTCs at present and are a cause of comment both by hospital medical staff and by donors.

Among other aspects of administration where central control would confer evident advantages are staffing and capital works. Differences in the treatment of staff could be overcome by central management. At present certain categories of staff undertaking similar duties may be graded differently by different RHBs and regulations governing allowances may be interpreted in a variety of ways. Such differences are a cause of constant dissatisfaction and of difficulty in relations with trade unions.

The position over funds for capital works similarly lends weight to the argument for a centralised service. The NBTS has been generously treated and many centres will have been completely or partly rehoused by the end of 1971. This could have been achieved more efficiently and economically had the service been centrally organised. No two centres have been designed by the same architect, so that experience gained in designing and building one centre has never been directly applied to the designing and building of another. All centres are responsible for the same basic services, and should have similar facilities but, because of the fragmented management structure, there are unreasonable differences in the standard of accommodation of the new centres, as well as in the regional policies concerning their physical and functional relations with neighbouring medical units. These differences are bound to have lasting effects on the centres concerned and to militate against the uniformity of policy which the Department, since 1948, has suggested Regional Hospital Boards should follow.

The NBTS is a growth industry and the provision of ever-increasing amounts of blood and blood products in the most efficient and economic manner could best be achieved if there were central control of finance. Under the present system differences between RHBs in the extent to which they are able to meet local needs and the specifically national commitments (e.g. the supply of plasma to the Blood Products Laboratory) are inevitable. At present RTCs meet national commitments (seldom fully appreciated by RHBs) on a voluntary basis: for example, a few centres for many years bore a disproportionately large part of the burden of supplying plasma for freeze drying. One of the reasons for this sort of situation arising is that financial provision is a regional responsibility.

Central control would facilitate planning to meet national commitments and would enable proper account to be taken of regional commitments of RTCs when allocating responsibility for national commitments to them.

Continued research and development in the field of blood and blood products are essential if NBTS is to provide an efficient and modern service. In most instances this research and development can only be done with the facilities and materials found in NBTS. In recent years, central funds have been generously provided to initiate certain projects, but the extent of subsequent regional support has varied. Certain research or development projects, either because of their costs or because of the associated facilities necessary, should be the specific responsibility of certain centres selected after consultation with all other centres. The allocation of such projects could best be organised if there were central control.

Much of the work of RTCs is outside the general stream of medical activity and involves, unavoidably, a large content of routine work. The provision of means to carry out research in RTCs adds to the reputation of the service and helps to attract and retain well qualified and experienced staff who are essential for the safety of patients in hospitals.

#### CONCLUSION

Within NHS the National Blood Transfusion Service is unique for its wide range of responsibilities; it has responsibilities for patients, it provides a laboratory service and maintains a complex mechanism for the collection and preparation of blood and blood products and, at the other extreme, it deals directly with and depends for its continued success upon a large number of volunteer blood donors drawn from all levels of the general public. Its successful, efficient and smooth running requires a co-ordinated combination of professional, technical, administrative and publicity support. The establishment of a centralised management structure for the NBTS is considered essential because such a structure appears to be the only way of providing such support



and of resolving present difficulties.

To quote from the Secretary of State's introduction to the Consultative Document, what is required is "... a service organised so that its separate parts are planned and operated, not in fragments, but as a whole ... the replacement of the present fragmented structure by an integrated service ...".

A central administrative unit should be set up. Using the terminology from "Management Arrangements for the Reorganised Health Service" this should consist of a Medical Director, an Administrator, a Treasurer, a Personnel Officer and a Supplies Officer with appropriate secretarial and clerical support services. An adequate unit would consist of less than two per cent of the total staff establishment of the N.B.T.S. and would relieve officers at fourteen different Regional Health Authorities of duties inappropriate to their routine work.

The Directors of all B.T.S. units request that a Working Party be set up as a matter of urgency to examine in detail the organisation and administration of the National Blood Transfusion Service, receive evidence, and make recommendations.