PROPOSED PLAN FOR REORGANISATION OF THE NBTS

1. There has been agreement for nearly three years between Consultant staff of Regional Transfusion Centres, Directors of central laboratories of the NBTS and Senior Officers of the DHSS that the increasing national role now demanded of the Blood Transfusion Service is suffering from constraints arising from regional development, inadequate central co-ordination and financing and a poor integration of the activities of Regional Transfusion Centres. (For details see "Submission Prepared for Consideration by the Royal Commission on the National Health Service" dated May 1977.)

2. Some first steps towards overcoming these problems have been taken by (i) establishing a Joint Management Committee for the Central Laboratories of the NBTS, (ii) introducing meetings of all consultant medical staff of RTCs, so-called Regional Group meetings and (iii) establishing a so-called "Ad-hoc meeting" of three senior RTDs and the Director of BPL, under the chairmanship of the Consultant Adviser, at which implementation of the recommendations of the Trends Working Group is discussed.

3. Despite these measures it is becoming increasingly evident that, as stated in the Submission to the Royal Commission, the major defects in the Service are unlikely to be overcome in the absence of an Executive Committee or Board constituted statutorily by Act of Parliament. There is a general appreciation, however, that such a major constitutional change will take time to effect. In the interim and as a matter of urgency, it is proposed that the following changes should be introduced:-

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i. Appointment of a Central Co-ordinating Committee (CCC) for the NBTS. We suggest that its Chairman should be the present Chairman of the JMCCL. Membership to be limited to 8-10 persons and to include: the Consultant Adviser in Blood Transfusion, three senior representatives of the RTDs, Directors of the Central Laboratories, one Regional Medical Officer, one Regional Treasurer (from a different Region), and a representative of the Committees of the Central Laboratories. There should also be appropriate DHSS representation.

The task of CCC will be to formulate and co-ordinate national policy for the Transfusion Service and through its membership accomplish implementation of this policy at Central and Regional levels.

ii. Co-ordination of the policy and work of RTCs should be re-inforced by a continuation of meetings of Regional Groups but these should henceforth be referred to as Divisions ie Northern, Eastern and Western Division. Success and progress in co-ordination at Divisional level will depend largely on the capability and enthusiasm of the RTD members of the CCC. It would be appropriate therefore for each of these members to be appointed as Chairman of their respective Division.

iii. The CCC would invite experts to attend its meetings as becomes necessary eg Director of a haemophilia centre when policy for supply and distribution of factor VIII is being discussed; Director of UK Transplant Service for provision of tissue-typing reagents, etc.

iv. There is a growing appreciation of the need for a closer liaison between consultants in the NBTS and their colleagues in Scotland, not only in matters such as effective co-ordination between BPL and Liberton. My colleagues and I are agreed that full national co-ordination will not be accomplished and a maximally cost-effective Service obtained until the NBTS and the Scottish NBTS are welded into a truly national Blood Transfusion Service, embracing all four corners of the United Kingdom. Appointment of the CCC, with power to invite Scottish representation as observers, as appropriate, would be a first step towards this end, with the (hopeful) expectation that before long consultants in the BTS in Scotland would regard themselves as members of a Scottish Division.

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