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ORGANIZATION OF BLOOD TRANSFUSION IN ENGLAND AND WALES

1091

INTRODUCTION

1. Blood transfusion work in England and Wales was carried on as a centrally organised service during the second world war and up to 1948. In July 1948 responsibility for control and administration was vested in Regional Hospital Boards as part of the hospital and specialist services provided under Section 3 of the National Health Service Act 1946. A copy of HHB(48)16, which announced this change and outlined the functions and responsibilities of the Regional Boards, is annexed as Appendix I to this paper.

2. From 1948 to the present time, blood transfusion activities have been under control of the Regional Boards, while the Department has provided a measure of central guidance and assistance appropriate to this decentralized structure. In addition, the Department, in association with the Consultant Adviser on Blood Transfusion (Dr W d'A Maycock), provides facilities for occasional (about quarterly) meetings of the Regional Transfusion Directors and the Regional Blood Donor Organisers, and exercises overall responsibility for the Central laboratories (see para.8 below).

3. At the time of issue of the first Green Paper on the Proposed Reorganization of the National Health Service, the Transfusion Directors felt that it was opportune to examine the organization of the blood transfusion work and to submit recommendations.

4. A paper was drawn up to this end by a group of Directors, under the chairmanship of the Consultant Adviser, and submitted to the Department in September 1971. Subsequently, a further paper, a slightly modified version of the first, was submitted (Appendix II). The Directors' submission was considered by the Standing Medical Advisory Committee at their meeting on 9 January 1973, and it was suggested that the Department should set up a small Committee to look at the question again. An extract from the minutes of the SMAC meeting is annexed as Appendix III.

The Department has acted on this suggestion and a Committee has been constituted with terms of reference "To consider whether any change should be made in the present organisation of the blood transfusion services in England and Wales and to make recommendations".

5. The membership is as follows:

Dr J J A Reid	DHSS (Chairman)
Mr R Trygve Booth	
Dr C C Bowley	
Dr H W Bunje	
Dr J Darnborough	
Dr A A Driver	
Mr A H Grabham	
Prof A Jacobs	
Dr W d'A Maycock	
Prof P L Mollison	
Dr G C Taylor	
A Welsh representative	

PRESENT ORGANISATION OF BLOOD TRANSFUSION WORK IN ENGLAND AND WALES

Scale of operation

6. Expenditure in the year 1971/72 in England and Wales amounted to approximately £6m, and in 1972 about a million and a half donations of blood were dealt with. Relevant statistical summary sheets are enclosed as Appendices IV and V.

Functions of the Department of Health

7. Under present arrangements the Department, aided very considerably by the Consultant Adviser, deals as appropriate with matters relating to blood transfusion which require attention.

8. Financial provision for Regional Boards, which is made in the annual estimates, includes monies for allocation by the Boards to blood transfusion work. The actual allocations are made by Boards following the submission of estimates by Regional Transfusion Directors. The Department also receives and deals with annual estimates for the central laboratories comprising the Blood Products Laboratory, Elstree, Factionation Laboratory, Oxford, and the Blood Group Reference Laboratory, Chelsea.

Note: Under present arrangements the BPL, Elstree, is managed by the Lister Institute for the Medical Research Council and wholly financed by the Department, and the PFL, Oxford, is administered in the same way as part of the BPL Estree. The BGRL, Chelsea, is an MRC Unit wholly financed by the Department. Thus these laboratories are run by the Medical Research Council on behalf of the Department.

9. In pursuance of its normal function the Department provides central policy guidance as necessary on such matters as, for example, supply of blood and blood products to private nursing homes; service charges for blood and blood products; control of emergency supply of blood products overseas and some more routine supply to assist certain Commonwealth Countries; responsibilities of pathologists in relation to blood transfusion; application of the Medicines Act to blood products; scales of pay; descriptions of duties for some, but, to date, not all categories of transfusion staffs. It also follows up recommendations made by the Regional Transfusion Directors' and the Regional Donor Organisers' meetings.

10. Certain supplies and services are arranged centrally. These include storage of freeze dried plasma and central purchase of some equipment. This latter function has made possible a valuable measure of control over quality and unformity of equipment to provide maximum efficiency and safety in operation. In addition the Department arranges supply and financing of posters and publicity material to aid blood donor recruitment and the running of national publicity campaigns in press and television.

11. Certain research and development work carried on in blood transfusion centres is considered, and, where appropriate, financed by Departmental funds.

12. A measure of control by the Department is exercised in the design and siting of capital works such as new regional blood transfusion centres, the policy regarding siting being that an RTC should be situated alongside a teaching hospital and medical school or, if this is not possible, alongside a large general hospital. Some central surveillance is exercised on such matters as adequacy of production facilities in Regional Centres for a range of blood products.

Functions of Regional Boards

13. In broad terms the Regional Boards carry the same kind of responsibilities for blood transfusion as they do for the other hospital and specialist services, although one difference in organisation is that the service is administered directly by the Regional Hospital Boards.

14. Subject to policy guidance laid down from time to time by the Secretary of State, eg. on the need to test donations of blood for Australia antigen, and within the limits of overall fiscal provision, the Boards act autonomously and are responsible for financing and running the blood transfusion services in their regions in all respects, and for ensuring that adequate supplies of suitable blood are available to meet the needs of their own medical services, and that other associated services and products are provided. Their responsibilities include such matters as provision of accommodation, staff and equipment, organization of donor panels and bleeding of donors, assembly, maintenance and distribution of sterile transfusion equipment, maintenance of blood banks, provision of plasma and serum for central purposes and investigation of complaints and settlement of compensation claims.

Functions of the Regional Blood Transfusion Centres

15. The Centres implement the responsibilities of the Regional Boards in the sphere of blood transfusion and associated matters, including research. A detailed list of functions is given in the Appendices of the paper enclosed as Appendix II.

Organization and Functions of the BPL, BGRL and PFL

16. The management organization for control of these laboratories is given in the note to para 8.

17. The BPL at Elstree has recently been extended at a cost of approximately £1m and provides plasma fractions for a variety of purposes for the whole of the NHS. The PFL provides products associated with the treatment of Haemophilia. The BGRL acts as the national blood group reference laboratory; it is also designated as the WHO international Blood Group Reference Laboratory.

REORGANIZATION OF THE NHS - EFFECT ON BLOOD TRANSFUSION

18. The reorganization of the Health Service, as planned, would not greatly alter the status and responsibilities of the Blood Transfusion Directors who would continue to be responsible to the regional authority (the Regional Health Authority - RHA). The RHA would in turn have responsibilities in blood transfusion similar to those of the present Regional Boards. Geographical limits of regions would change somewhat from the present, but it is intended to maintain the areas now covered by the Regional Transfusion Centres, at least for an initial period after reorganization.

19. There is, however, provision in the proposed management arrangements for the reorganized NHS for the Department of Health to play a more positive role in regional activities, including blood transfusion. A Departmental Regional Planning Division is at present being set up and staffed, and this will be more directly concerned with operations and developments in the various regions than any previous Departmental organization. As a complement to delegated responsibility outwards from the Centre, there is planned to be an increased degree of accountability inwards. A planning cycle is envisaged involving the Department and Regional (and Area) Health Authorities under which regional plans will be subject to a continual process of monitoring and refinement. Thus while the present administrative and medical branches in the Department will continue to deal as before with matters of policy development and general guidance, a new element wholly committed to the monitoring and implementation of policy in regions and between regions will be introduced. Such a system should certainly strengthen central control and organization of blood transfusion work in the future.

THE CASE MADE BY THE DIRECTORS

20. The arguments presented by the Regional Transfusion Directors in favour of a centralised National Blood Transfusion Service are set out in Appendix II. The principal tenet is that the Blood Transfusion Service is felt to be uniquely suited to centralised control since it is thought to constitute a naturally discrete and coherent element, and the advantages of applying centralisation would be, in the Directors' words:

> " (a) Uniformity of policy based on central control of finance and affecting all aspects of administration of the service
>
> (b) Increased efficiency in deployment of resources to fulfil national needs of blood and blood products including associated research and development."

21. Following from this, it is concluded that collaboration between Centres and central laboratories would be improved; that differing standards of

services and facilities which exist at present owing to uneven allocation of finance in different regions would be corrected; that staff could have a better career structure and be more uniformly graded and paid; that capital works would be handled more uniformly in the different regions; that the Regional Centre could more equally share tasks which need to be done nationally such as supply of plasma for fractionation or freeze drying; that follow-up of research and development projects initially financed by the Department would be more even; that greater expertise would be available for higher management control of transfusion centres; that minimum standards for medical and technical activities could be more efficiently laid down and followed; and that planning to meet national commitments could be placed on a firm basis.

FACTORS TO BE CONSIDERED

22. It might be held that the most essential criterion on which to base a view is the extent to which the principles of these arguments apply to blood transfusion with greater force than to other health service activities, all of which will be under the control of the future Regional Health Authorities; and, further, if the view is taken that there is a case for special treatment for blood transfusion, whether this case is sufficiently strong to justify action contrary to the general philosophy in the NHS of delegation outwards. It seems clear that in a region where all other health services would be under local control, difficulties could result if one service, and an essential one, were under the control of a different, central authority. Close and often urgent co-ordination is required locally between the blood transfusion service on the one hand the pathological and clinical services on the other and this should be most readily achieved under a single regional authority.

23. It is also necessary to consider the extent to which deficiencies are shown to exist at present (and in the foreseeable future) in the NHTS; which of these can be attributed largely to a lack of centralisation; and to what extent would centralisation in fact be likely to remedy them.

24. The most significant requirement, in the final analysis, is quality of patient care. Since however, finance can never be sufficient to provide all the health care of every kind that is ideally necessary, it is important

to consider whether a central organisation for blood transfusion is likely to be more expensive than the present one. An increase in cost could only be met by some corresponding restriction elsewhere; and the setting up of an additional authority, with requirements for staff, accommodation and services, together with communication links and the resultant increase in management activity, would no doubt require more resources in simple cost terms.

WAYS IN WHICH THE MATTER COULD BE PURSUED

25. There appear to be three possible courses of action:

(i) maintain unaltered the arrangements at present envisaged;

(ii) centralise the service under a Special Health Authority;

(iii) modify present arrangements in such a way as to bring about a greater degree of central co-ordination and control.

The views of the meeting would be welcome on the course which should be followed.

Department Health and Social Security

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