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Reference.....

MA
for file

GRO-C

19/8

Mr M A Harris
HS1

FUTURE MANAGEMENT OF THE NATIONAL BLOOD TRANSFUSION SERVICE

I am responding to your minute of 7 August addressed to Mr Cashman seeking comments upon the paper for submission to the Management Board in September. The main problem seems to be that in some regions the supply of blood is insufficient to match demand and donor Regions are less than willing to fund those less fortunate than themselves. Coupled with the economies and advantages of centralisation set out in Paragraph 10 of paper this leads naturally to some kind of control on a national basis, ie Options D and E. A further option which you may think worthy of being put to the Management Board is to utilise the centre of responsibility seen and fund one RHA to run the BTS. This would have the advantages set out in Option D but could be less likely to be afflicted by the lobbying pressures which the paper considers might go hand in hand with ASHA.

The inference in Paragraph 11 of the paper is that financial discipline is needed to ensure economical use. No evidence is presented in the paper to backup the contention that present usage is uneconomical. I realise that in the present atmosphere everything that is not set out on a balance sheet is economically suspect but is it wise to make allegations which cannot be substantiated, unless of course you do have facts to support them, and is it wise to assume that putting things on balance sheets does bring about economies in use. Is a doctor who considers that a patient needs blood going to consult his balance sheet before prescribing it?

I seem to recall that some time ago the Department gave some consideration to charging the private sector for blood and blood products and that this was dropped apart from the handling charges referred to in Paragraph 4 of the paper. I do not know if there has been a change of policy on this but if not the options which include cross charging, ie C(1)E, will no doubt open up the issue again and once more raise the ethics of charging for donations freely given by the public. If blood and blood products continue to be freely available to the private health sector apart from handling charges, would it be advisable politically to make a full economic charge to Health Authorities even though those charges were an internal transaction. If it is intended to raise handling charges only I suggest that this is made clearer in the paper.

You will no doubt have gathered by now that, on the evidence presented in the paper, my thoughts have led me to a different conclusion as to where the balance of advantage lies amongst the Options. However I do agree with the remainder of paragraph 26 that there is a need for a careful study of the whole problem. This is an area were NHS MS could be usefully employed, at no additional cost to the Department, and you will not be surprised, or maybe you will, that I am volunteering the services of the Branch.

GRO-C

P N HACKNEY
NHS MS
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Russell Square

14 August 1985

Copies to

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Dr E Harris Mr Illingworth Mrs Robinson Mr Angilley