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Mr. hittendalie

Mr. hittendalie

I form option E, and I don't think these points need affect the bread arguments in Mr. Havin's paper, but the allocation arrangements will dearly used be tacked and we might about HS to them now through this minute.

Miss Gwynn

GRO-C

FUTURE MANAGEMENT OF NBTS

The cost to health authorities of purchasing blood and blood products under Option E would be met from two sources -  $\,$ 

- i. savings from the transfer of management responsibility for RTCs from RHA to a new, national SHA
- ii. allocation of the central funding presently given to CBLA and used to meet revenue cost of blood product manufacture.

We should ideally want to ensure allocation of those funds in proportion to need, based on levels of consumption. But there are difficulties here. We might be able to get agreement in principle to a redistribution of i, above, although it would obviously first be necessary to ensure that RTC costs could be assessed on a similar basis in each Region. We would be rather less likely to find an acceptable formula for that redistribution without difficulty. Simply to measure past patterns of supply and to allocate accordingly (as we have done on other occasions) would perpetuate or at least not challenge, the apparent inefficiences referred to in para 11 of the paper. The problem needs confronting, not least because it would be unsatisfactory to lease Regions with high collection costs (under present arrangements) comparatively well placed, without first attempting to establish their level of need as blood and blood product users.

I doubt whether the proposed study would be expected to address this issue. It might be worth exploring with HS however whether the possibilities of measuring need, as opposed to present consumption, could be reviewed. Malcolm Harris might in any case have ideas about funding.

**)** August 1985

GRO-C

Mr Lithipania

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funding aspects on which FAZ would writered the 1817/18

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I agreed through to HSI?

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