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Dr Oliver

MANAGEMENT OF REGIONAL TRANSFUSION CENTRES (RTCs)

I attended a meeting of RTCs yesterday and heard there that three Regions had plans well in advance to devolve the control of RTCs to District Health Authorities (DHAs). Furthermore they intended to appoint Unit Managers to take Centres under their management.

There are two concerns which arise as a result of these plans. The first is the decimation of the National Blood Transfusion Service. At the moment Regions are dependent on their Blood Transfusion Centres to supply sufficient blood for their needs and have also undertaken that they should supply enough plasma to make the country self-sufficient in blood products. There has also been for many years an informal arrangement whereby Regions who collect more blood than they actually use supply other Regions who are unable to be self-sufficient. With the devolvement of management to DHA units I cannot see these wider aims being a priority and fear the consequences.

The second point is that we already have managers established in RTCs, the RTDs. Those under particular Regions whose RTDs are under threat of being managed by Unit Managers have not got the weakest of the RTDs. I understand that the policy to appoint clinicians/doctors as managers has been reaffirmed. There does not seem a more necessary service to be managed by clinicians who understand that the needs of patients who require blood, blood products and blood fractions than an RTD.

The Regions particularly affected are Wessex, South Western Region and South West Thames.

As you know we are within the Department considering the future management of the NBTS and a submission is shortly going to Ministers requesting that we should carry out a study on the options. It would be regrettable if any changes in management took place before we had the results of this study.

GRO-C

11 October 1985

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