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2nd Meeting

NOTE OF MEETING OF AN AD HOC GROUP OF REGIONAL TRANSFUSION DIRECTORS HELD ON WEDNESDAY 26 SEPTEMBER 1979 TO CONSIDER THE IMPLICATIONS FOR REGIONAL TRANSFUSION CENTRES OF MEETING THE REQUIREMENTS OF THE TRENDS WORKING PARTY

Present:

Dr G Tovey (Chairman)  
Dr Bird  
Dr Gunson  
Dr Jenkins  
Dr Lane  
Dr Walford  
Mr Dutton

The meeting had before it a memorandum by Dr Lane "Future preparation of plasma protein fraction by the NBTS - a reassessment of requirements".

It was reported that there was not universal acceptance by Directors of the proposition that blood products should be distributed by BPL proportionally to plasma supplied, but with some safeguards for Regions with special problems, eg Regions which treated Haemophiliacs from other Regions, it was felt that a distribution scheme on this basis would prove generally acceptable.

Dr Lane pointed out that plasma input would have to be carefully matched to BPL's capacity to process it.

A tendency to revert to cryoprecipitate was discernible in some regions due, in part, to lack of money to buy commercial concentrate or to collect more plasma for fractionation at BPL. It was agreed that this was yet another example of the way in which the use of blood products and the development of blood product production was being distorted by the availability of products which were apparently "free".

Dr Tovey said that the NBTS was at a stage where it must be decided whether the service went forward as a truly national service, properly co-ordinated, or as a number of regional services each going their own way. Dr Lane had put forward his own views on this subject in his paper.

Dr Bird strongly supported the idea that the NBTS should generate its own revenue. The idea worked very well in other countries. He thought that Dr Lane's paper pointed to one direction in which the service could usefully develop. Dr Lane drew attention to the fact that supplies of fresh frozen plasma were beginning to tail off in many regions. It was agreed that this was not the result of any shortage of donors but was generally due to shortage of money needed to maintain the level of plasma supplies. Regional Health Authorities were not sympathetic to requests by Directors for money to finance plasma collection if they were not to receive a proportional part of the finished factor VIII or PPF in return.

Discussion ensued on the case for and against a Special Health Authority to administer the Blood Transfusion Service. Several Directors were in favour of this arrangement but Dr Jenkins questioned whether such a body was likely to be set up in the foreseeable future in view of the current opposition to QUANGOs. He suggested it would be better for the Directors to co-ordinate the service professionally, at least to an extent which was sufficient to enable a balanced blood products production programme to be planned and put into effect. Dr Gunson doubted whether this would be possible at this stage

since there were too many practical problems to be overcome. It was agreed, however, that the Secretary should be asked to prepare a blue print for the introduction of self financing of blood products production in time for consideration at the next meeting, when the Committee would also consider the advisability of trying to interest Mr Smart in this proposal.