

MINUTES OF A MEETING OF MEDICAL CONSULTANTS AND BUSINESS MANAGERS FROM THE NORTH EAST THAMES BTS ON TUESDAY, 3RD NOVEMBER 1992 AT THE BRENTWOOD CENTRE.

Those present:

BRENTWOOD

Dr J F Harrison
Dr H Boralessa
Dr E Ranasinghe
Mr R McDonald

CAMBRIDGE

Dr S M McDougall
Dr E Caffrey
Dr W Ouwehand
Dr L Williamson
Mr D Hawdon

The meeting had been convened so that preliminary discussions could take place of ways in which the Brentwood BTS and Cambridge BTS could collaborate to mutual advantage.

1. The NBA

The available information on the future structure of the NBA was discussed. Although members of the NBA Executive will be appointed in 1993 and the NBA will operate as from 1st April 1994, it is clear that it will be some time before the NBA is fully operational. The NBA is likely in any case to wish to develop ideas of ways in which the Transfusion Services in England can work together to provide a high quality, efficient and cost effective National Blood Transfusion Service. If neighbouring Centres such as Cambridge and Brentwood put forward proposals for collaborating to improve the quality, efficiency and cost effectiveness of their services then this is likely to be welcomed by the NBA.

2. Presentation by Each Centre

Dr Harrison, for Brentwood, and Dr Williamson for Cambridge each presented details of the organisational structure of their respective Centres together with some of the strengths and weaknesses of each Centre. Brentwood has a modern centre with a large capacity for processing and testing, good communications via the M25 and plenty of potential patient/donor samples for research. On the other hand there are difficulties in donor recruitment in the City and East End, especially during the current recession and collecting blood in Central London is expensive. Cambridge has a very good donor base with the potential for recruiting even more donors. There are excellent opportunities for research and development through links with Cambridge University. The Cambridge Centre is much smaller than Brentwood with a smaller capacity for processing and testing and a smaller number of available patient/donor samples for research work, but Cambridge has a large phenotyped panel and an antenatal testing service which deals with 30,000 samples per annum. Cambridge is setting up a large tissue bank whereas Brentwood does not propose to set up such a bank since the tissue bank at Cambridge should be able to service both the Cambridge and the North East Thames Regions.

3. Areas for Possible Collaboration

These were discussed under four headings:

a. Blood collection

Difficulties and expense of collecting blood in the inner city was recognised. It was also pointed out that the inner city population tends to be a very mobile one so there are likely to be fewer regular donors and the inner city population is also likely to contain more people who are in "at risk" groups. On the other hand, an attempt should be made to recruit and maintain a panel of donors from ethnic minority groups in order to provide rare blood for specific purposes. The two Centres could collaborate to ensure that sufficient blood is collected to supply hospitals in both Regions, a future recruitment effort being concentrated perhaps in those areas of the current Cambridge region where there is potential for more donors to be enrolled, accommodation is reasonably easy to obtain and travelling costs are not too high.

b. Processing and Testing

It was appreciated that the Brentwood Centre has a potential surplus of processing and testing capacity. The idea that the Brentwood Centre might process a percentage of the blood for Cambridge as well as the North East Thames Region, whereas Cambridge might specialise in confirmatory testing, should be explored. If processing and testing for the two Regions is to be shared in this way then it is vital that computer systems at Cambridge and Brentwood are able to "talk" to each other and it is also vital that the quality requirements of the Medicines Control Agency are borne in mind if any changes are made to the way in which Cambridge or Brentwood Centres operate.

c. Reference Services

Both Brentwood and Cambridge have fairly small reference laboratories for red cell, white cell and platelet serology and for tissue typing. Collaboration between these laboratories is likely to produce larger and more viable laboratories for the future and the idea that some tests could be performed only in Cambridge and others only in Brentwood to provide a wider range of tests for hospitals in both Regions, should be explored. Cambridge BTS produces well-characterised reagents and Brentwood BTS might be able to take advantage of this at an economic rate, whilst perhaps supplying Cambridge BTS with some rare antisera.

d. Management and Administration

If the two Centres are to collaborate for example in making blood products, performing, testing or processing for each other, jointly organising blood collection services or collaborating with regard to reference services, then joint financial arrangements would have to be made and the computers will have to "talk" to each other with regard to the raising of invoices, the passing of financial information etc. If the Centres are to collaborate in various ways then contracts or formal agreements between the two Centres may have to be drawn up.

At the end of the afternoon Dr Harrison and Dr McDougall summed up what had been a very productive and informative day. It was decided that these preliminary discussions would be followed up by slightly more detailed discussions under the four headings, a - d, given above and that for this purpose, sub-groups of members of staff of the two Centres would meet either in Brentwood or in Cambridge. These groups would be led by Consultants or the Business Managers from the two Centres. A further meeting of the Centre Consultants and Business Managers as a group was arranged for Tuesday, 12th January 1993 in Cambridge, by which time the various sub-groups will have met and progress will be reported.

GRO-C: Dr. J. F. Harrison

27/11/92