

REGIONAL TRANSFUSION DIRECTORS

Unconfirmed minutes of a special meeting held on Thursday 16 April 1970
at 10.30 am, Regional Transfusion Centre, Cambridge.

To discuss the Green Paper on the Future Structure of the National Health Service.

PRESENT

Dr W. d'A. Maycock

- Chairman

Dr J G Thomson

Mr R P S Hughes

- Department of Health & Social Security

Dr S Murray

Dr L A D Tovey

Dr C C Bowley

Dr J Darnborough

Dr T E Cleghorn

Dr W J Jenkins

R A Zeitlin

Dr K Rogers

Dr J Grant

Dr G H Tovey

Dr R J Drummond

Dr G W G Bird

Dr F Stratton

Dr D Lehane

Dr D S Smith

- Regional Transfusion Directors

Dr K L G Goldsmith

- Blood Group Reference Laboratory

The Chairman welcomed Dr Rogers, Director Designate, RTC Sutton. He thanked

Dr Darnborough for inviting the members to meet at Cambridge RTC and the Regional Hospital Board for offering the meeting lunch.

GREEN PAPER ON THE FUTURE STRUCTURE OF THE NATIONAL HEALTH SERVICE

The Chairman recalled that, following an informal discussion of the Green Paper with a few Directors, he had written to all Directors on the 6 March, setting out what seemed to be the alternative ways of administering and organizing NBTS and that at RTD meeting 11 March it had been decided to hold a special meeting to discuss the Green Paper.

He said he understood the Department's intention was to publish a White Paper as soon as possible laying down the broad lines of the re-organization of NHS. Regional Transfusion Directors should, therefore, express without delay any views they might have on the proposals in the Green Paper (Chap.7, paragraphs 83 - 89) concerning NBTS.

Mr Hughes said that the proposal to form the Regional Health Councils and the description of their functions had attracted much attention. This, however, was not one of those proposals on which the Government had reached a firm decision; the views of RTD's would be useful and would be conveyed to those concerned.

The meeting then discussed in detail the proposals regarding NBTS in paragraphs 83 to 88 of the Green Report and the alternatives mentioned in Dr Maycock's letter of 6 March, i.e. -

- i. Administration by Area Health Boards. Each RTC would presumably be administered by one Area Health Board, although the centre would provide a service to several Area Health Boards.
- ii. Direct control of RTCs. by the Department with or without the intermediation of the Department's Regional Offices.
- iii. The establishment of a separate board or body which would become responsible for the organisation and running of NBTS.

1. REGIONAL HEALTH COUNCILS

The meeting agreed unanimously that the proposal that NBTS should be administered by Regional Councils was unacceptable for the reasons that i. the Councils were intended to play a predominantly advisory role; their executive functions seemed to be secondary and they would, therefore, presumably not have the authority vis à vis the Area Health Boards necessary to run the Regional Transfusion Centres.

- ii. their permanent establishment would be small and unlikely to be composed of the type of staff needed for administering the transfusion centres, iii. they would not possess "service departments" comparable to those of an RHB unless they were, in fact, transformed into bodies similar to the existing RHBs.

2. AREA HEALTH BOARDS

Likewise the meeting agreed unanimously that administration of a regional transfusion centre by an Area Health Board was unlikely to be satisfactory. There would inevitably be difficulties, particularly financial difficulties, if a regional centre were administered by an Area Health Board because the latter was designed to provide services to its own area and not to a group of Area Health Boards. The Area Health Board concerned would have to adopt a regional outlook, with regard to the regional transfusion centre and it was to be expected that, while some Boards would succeed in doing this, others would not. The position of a transfusion director in such an administrative scheme would be difficult.

3. CENTRAL ADMINISTRATION

The meeting agreed unanimously that the opportunity presented by the proposed re-organization of NHS should be seized to re-introduce a National Blood Transfusion Service

in the true sense of that name and unanimously proposed that the Regional Transfusion Centres should be centrally administered and financed. Since the administration of the service had been decentralised in 1948, it had become clear that development of the regional centres had been uneven and that many difficulties had arisen from the fact that administration and financing of the service were the responsibility of 13 different authorities.

A centrally administered and financed service could be planned nationally in an effective manner and run more efficiently than a service with decentralised administration and financing. For example it would be simpler to provide for the performance of certain functions which need be done in only one or a few centres, e.g. pyrogen testing, immunization and plasmapheresis of special donors, formation of special donor panels for plasma for fibrinogen, preservation of cellular elements of the blood at low temperatures, provision of special equipment.

The meeting discussed the form a centrally administered and financed service might take. Two main suggestions were considered : a. direct control by the Department with or without the intermediation of the Department's regional offices, b. the formation of a service along the lines of the Public Health Laboratory Service governed by a body or board responsible to the Secretary of State. With regard to the latter, it was pointed out that the total expenditure on the regional transfusion centres and two central laboratories probably exceeded the annual budget of PHLS.

Of the two proposals above, the meeting perhaps favoured a. more than b. but had insufficient information on which to base a firm preference.

5. ADVISORY COMMITTEES

The meeting agreed unanimously that, whatever the form of administration finally adopted, the Regional Transfusion Directors' Meeting should be retained. It was suggested that consideration should be given to making this a statutory committee.

It also agreed that it would be necessary at the local level to have some form of transfusion advisory committee which would act as a link between the regional transfusion

centre and the Area Health Boards it served.

6. It was agreed that the minutes of this meeting should be considered at the
RTD Meeting on 20 ^{May} ~~June~~.