



NORTH WESTERN REGIONAL HEALTH AUTHORITY

## National Blood Transfusion Service

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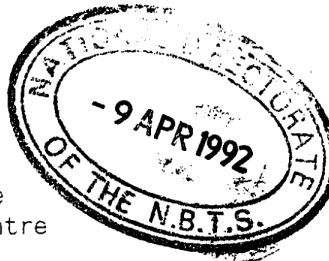
Director: D. LEE, M.D., F.R.C.P.I., F.R.C.Path.

Please reply to: Lancaster

Ref: DL/JJ

3rd April 1992

Prof J-P Allain  
National Blood Transfusion Service  
East Anglian Blood Transfusion Centre  
Long Road  
Cambridge  
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Dear Jean-Pierre

Medical Audit; Cambridge RTC, Executive Letter

The Audit was conducted in an open Forum attended by the Consultant Medical Staff and addressed the topics laid out in the National Directorate's questionnaire.

An active programme of internal Medical Audit is not yet in place. This reflects doubts as to what can be achieved by Audit involving the small number of individuals in the Centre and the greater reliance placed on the system of Divisional Audit which has been developed by the Eastern Division. There are however frequent meetings of the Senior Medical Staff examining matters of Medical Policy which allow review and development of policy in a critically constructive atmosphere. The medical aspects of donor care are closely scrutinised though this is more in the nature of monitoring of the activities of sessional Medical Officers than Audit; a greater input from the sessional Medical Officers themselves could be beneficial. Training of sessional Medical Officers is thorough and will soon include a formal review of their progress after 3 months. The handling and follow up of donor complaints mishaps is detailed and conscientious. Counselling of donors with markers for HIV and HCV is undertaken by one of the Consultants and is to be extended in the near future to donors with HBV infection.

Advice regarding the diagnosis and treatment of patients is well co-ordinated and documented and is complemented by regular visits by one Consultant to the neighbouring teaching hospital. The Consultants are routinely involved in the issue of reports generated by the Centre's red cell and other reference work. A Consultant is available at all times to deal with hospital enquiries. There is a formal basis for product recall in cooperation in a Standard Operating Procedure. The Centre has an active programme of research and development in which all the Consultants are involved.

The training of Haematology Senior Registrars is a regular commitment in which all the Consultants participate. It was noted that the Senior Registrars do not take part in the on-call roster and the possibility that these trainees might benefit from participation was discussed.

The Audit demonstrated a well co-ordinated and cohesive medical team whose various inter-actions achieved many of the objectives of Audit. It was pointed out that the Management structure at the RTC (with Consultants in line management rather than in advisory/co-ordinating roles) makes it difficult to separate "pure" Medical Audit from other Audit activities.

Dr Entwistle and I would like to express our appreciation for your co-operation and that of your colleagues in an instructive and informative exercise.

With kind regards,

Yours sincerely

GRO-C

Dr D Lee  
Director