

RSL/AH

13th October 1982.

Dr. W. Wagstaff,  
Regional Transfusion Centre,  
Longley Lane,  
Sheffield S5 7JN.

CONFIDENTIAL

Dear Bill,

Responsibility Allowance for NBTS Team Leaders

I have just received the minutes of the 6th Meeting of the Advisory Committee on the National Blood Transfusion Service, and I feel I cannot let the above section pass without comment. I am writing to you since it is evident that the matter has been referred back to RTDs for the next round of action.

I find it very disagreeable that the attitude of the meeting expressed through the minutes suggests that morale and efficiency among donor teams can reach a state in which the function of NBTS is jeopardised, before centrally supported commitment to deal with the appropriate Whitley Council can be expected. I am similarly frustrated by the apparently low priority attached to the BTS requirements by Whitley Council's management side: was this because there was no co-ordinated central commitment to get a decision from the Council?

During five years at BPL, the task of satisfying the special needs in employment and recruitment for this production laboratory through the normal Whitley Councils framework has proved arduous and is still not satisfied. This is in spite of the fact that we have had considerable help, encouragement and discussion with our own employing authority and DHSS management. I am sure that everyone concerned in our current negotiations with Whitley is fully aware of the problems involved. For the same reasons, I see small chance of a successful outcome in getting the appropriate treatment for team leaders if the efforts of NBTS are diluted out by individual regional negotiation.

My reason for writing is that this important question of morale in Regional Transfusion Services is being solved at this time as considerable investment and planning is being put into redeveloped BPL for the purpose of meeting NHS self-sufficiency in blood products. Perhaps the one remaining crucial area in doubt is the policy of Regional Transfusion Services to obtain the necessary plasma, largely speaking from whole blood donations. I would have thought that any suggestion of low efficiency or poor morale in the blood collection service at this time would have been treated as an emergency requiring urgent solution. I hope that the NBTS will be able to solve the problems of team leaders centrally and quickly.

Yours sincerely,

c.c. Dr. H. Gunson  
Dr. E.L. Harris

R. S. LANE.

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NOT FOR PUBLICATION

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE 6TH MEETING HELD ON 15 SEPTEMBER 1982 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

Present: Dr E L Harris - Chairman

Members: Mr A B Baker - RA Northern RHA  
Miss D Blenkinsop - RNO Northern RHA  
Dr J Darnborough - RTD, East Anglian RHA  
Dr I D Fraser - RTD, South Western RHA  
Dr H E Gunson - Consultant Adviser  
Dr R S Lane - Director, Blood Products Laboratory  
Mr T R Layzell - RT Wessex RHA  
Dr R Rue - RMO Oxford RHA  
Dr W Wagstaff - RTD Trent RHA

Secretariat: Mr S Godfrey  
Mr S Green

Observers: Dr A E Bell - SHHD  
Mr J Wastle - SHHD  
Dr J D Cash - National Medical Director, Scottish NBTS  
Dr G T N Lawson - DHSS Northern Ireland  
Mr J Harley - DHSS  
Ms P Scouler - DHSS  
Dr R M Oliver - DHSS

APOLOGIES FOR ABSENCE

1. Apologies had been received from Dr Ferguson-Lewis (Welsh Office).  
The Chairman welcomed Miss Blenkinsop who had replaced Miss Schofield as RNO member.

MINUTES OF LAST MEETING - AC(82)8

2. These were agreed.

MATTERS ARISING

a. Fractionation of Plasma from N Ireland

3. Dr Lawson reported that the batches of plasma from N Ireland had been satisfactorily processed at PFC Liberton. Financial arrangements had yet to be finalised.

b. Charging non-NHS hospitals

4. Mr Godfrey reported that Ministers were still considering the introduction of handling charges for blood supplied to non-NHS hospitals.

c. Intra-Regional Charging

5. Mr Layzell reported that his consultations with District Treasurers within Wessex Region had produced a mixed response, with few Treasurers expressing firm support for or strong objections to the proposals that DHAs should be charged for RTC services. After discussion it was agreed that the time was not yet right for the introduction of a scheme which could present considerable practical problems and that further consideration should be postponed. Mr Layzell offered to carry out a pilot study in Wessex in 2 or 3 years time should the Committee request it.

d. Charging for BPL Products

6. The question of charging RHAs for BPL's products was to be considered by the NHS Finance Technical Forum of which Mr Layzell was Chairman.

STOCK-CONTROL AND RECORD KEEPING IN THE NBTS AND HOSPITAL BLOOD BANKS - AC(82)14.

7. Mr Godfrey explained that due to the diversity of stock-control methods encountered during the study the final report on stock-control and record keeping was not yet complete. The paper before the Committee was therefore an interim report which deliberately concentrated on the stock-control of blood and blood products. The Committee's views were invited on the matters summarised in paragraph 14 of the paper.

a. "target figures for the return of time expired blood".

The Committee feel that a national "target" was not of as great a value as up to date relevant statistics about blood use and stock levels which would enable targets to be agreed between hospital blood banks and RTCs in the light of local circumstances.

b. "all requests to hospital blood banks for time-expired blood for research or other purposes should be referred to RTDs". It was agreed that all requests for time expired blood and blood products should be referred to RTDs.

c. "national guidelines on hospital use of blood"

Dr Gunson explained that the RTDs' revision of "Notes on Transfusion" which would be ready for publication early in 1983, would include guidelines on the use of blood. It was agreed that the notes should be given the widest possible circulation by DHSS.

d. "RMOs should be asked to convene meetings between RTDs and consultant haematologists in charge of blood banks".

e. "health authorities should be asked to review local policy on the use of ad hoc blood deliveries".

The Committee agreed with both recommendations and suggested that they be combined. Dr Rue undertook to take forward informally with her RMO colleagues at the earliest opportunity the suggestion of periodic Regional meetings.

f. "to explore further the possibility of individually numbering bottles of Factor VIII and ppf".

The Committee considered that there would be little practical benefit from individual numbering and recommended that the proposal should not be pursued.

CENTRAL BLOOD LABORATORIES AUTHORITY -- REVISED TERMS OF REFERENCE FOR THE ADVISORY COMMITTEE - AC(82)13.

8. The Committee agreed the suggested revised terms of reference (Annex A to AC(82)13) and the membership changes outlined in the paper.

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SUPPLY OF BLOOD TO PRIVATE HOSPITALS - MEETING HELD ON 28 JULY 1982 BETWEEN  
TRANSFUSION DIRECTORS AND THE JOINT LIAISON COMMITTEE FOR INDEPENDENT  
HEALTH CARE - AC(82)12.

9. The Committee noted the content of the paper which had been given widespread circulation in the private sector. Mr Godfrey confirmed that at the earlier meeting between the Minister for Health and the Joint Liaison Committee the legal requirements governing the import of blood, ie compliance with the Medicines Act, had been stressed to the private sector's representatives.

RESPONSIBILITY ALLOWANCE FOR NBTS TEAM LEADERS - AC(82)15.

10. Dr Wagstaff explained that because of the lack of financial incentive it was proving increasingly difficult to attract suitably qualified donor attendants to the post of team leader. RTDs were concerned about the effect on the efficiency of the NBTS and sought the Committee's support in proposing formally that the matter be considered again by the Whitley Council as a matter of urgency.

11. Mr Godfrey reported that the adequacy of the allowance paid to BTS Team Leaders was discussed by the Whitley Council's Management Side when pay settlement priorities were considered earlier in the year but was not felt to be of sufficient priority at that time.

12. After discussion it was agreed that the matter was properly one which should be pursued by RTDs with their Regional Management. However, should the position deteriorate to such an extent that the efficiency of the NBTS was jeopardised, the Committee would consider taking the matter up direct with the appropriate Whitley Council.

NBTS RESEARCH: THE MRC DECISION TO END THE NBTS RESEARCH COMMITTEE

13. Dr Gunson reported that, in July, despite advice to the contrary, the MRC had wound up the National Blood Transfusion Service Research Committee. RTDs were discussing options for stimulating and co-ordinating NBTS research. Dr Gunson proposed to present a paper to the next Advisory Committee meeting outlining options for an advisory body to take over the MRC Committee's former role. It was recognised that the body would have a purely advisory role and that research applications would have to compete for MRC or DHSS funds in the normal way.

WORKING GROUP ON PLASMA SUPPLY - AC(82)16, AC(82)17.

14. Dr Gunson reported that the Working Group had considered the supply of plasma to BPL for the manufacture of specific immunoglobulins. Since specific plasmas could not be used for Factor VIII production, those Centres which devoted resources to the collection of specific plasmas did not receive a return of Factor VIII commensurate to their overall input of plasma, while other Centres benefited from the production of specific immunoglobulins. The Working Group recommended therefore that account should be taken of the amount of specific plasma supplied by each Region in the calculation of pro-rata returns of Factor VIII. Dr Lane having confirmed that this could be accommodated by BPL, the Advisory Committee endorsed the Working Group's view.

INDUSTRIAL ACTION IN THE NHS AC(82)18

15. The Committee noted the contents of the paper which outlined the position concerning Regional Transfusion Centres, Dr Lane reported that plasma input had reduced as a direct result of the industrial action but that the level of ppf issues was being maintained using stock held in reserve.

DATE OF THE NEXT MEETING

16. This will take place on Monday 10 January 1983 at 2.00pm