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Item 2.5 of 12/02/91

**SCOTTISH NATIONAL BLOOD
TRANSFUSION SERVICE
MANAGEMENT BOARD MEETING**

PES

This section of the agenda provides a summary comparing the original bids against the revised costings and an agenda listing setting out the bids and who will speak to them. Detailed bids are also included set out in the same order as in PES90.

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990

AGENDA

Ref	Proposal	Introduced by
1	Restoration of necessary minimum baseline	Mr Francis
2.1	Microbiological screening - Anti-HCV	Mr Francis
2.2	Microbiological screening - ALT	Prof Cash
2.3	Microbiological screening - HTLV1	Prof Cash
2.4	National Microbiological Reference Laboratory	Prof Cash
3.1	Manufacturing licences - RTC's	Mr Francis
3.2	Manufacturing licences - PFC	Dr Perry
4.1	Product Licences - Clinical Trials Section	Dr Stewart
4.2	Product Licences - Licence Fees	Dr Perry
5	Product Inserts	Prof Cash
6	RTC Quality Assurance Programme	Prof Cash
7	NI Contract Fractionation	Mr Francis
8.1	Self Sufficiency - Product Marketing/ Surveillance	Dr McClelland
8.2	<u>Self Sufficiency - Product & Services Development (NSL)</u>	Dr Prowse
8.3	Self Sufficiency - Product & Services Dvpmnt (PFC Pilot Plant)	Dr Perry
9	General Operational Research	Prof Cash
10	Product Support Services	Mr Francis
11	Leucocyte Depleted Blood Products	Prof Cash
12.1	Blood Collection Programme - Publicity/ Educational Campaign	Mrs Thornton
12.2	Blood Collection Programme - Improvement to Donor Sessions	Mrs Thornton
12.3	Blood Collection Programme - Donor Session Costs	Mr Francis
13.1	Plasma Collection Programme - RTC's	Mr Francis
13.2	Plasma Collection Programme - PFC	Dr Perry
14.1	Support Services - Finance	Mr McIntos
14.2	Support Services - Personnel	Mr Francis
14.3	Support Services - Information Technology	Mr Francis
15.1	Tissue-typed Donor Panel - Bone Marrow Transplantation	Prof Cash
15.2	Tissue-typing Services - Organ Transplantation	Prof Cash
16	Tissue Banking	Mr Francis
17	Reagents Production	Mr Bruce
18	General Centre Developments	Mr Francis
19	<u>Patenting Costs</u>	Dr Prowse

SUMMARY OF REVENUE BIDS
PES90

Item	Original 1991/92 f'000	Revised 1991/92 f'000	Cum Total f'000	Notes
1. "INESCAPABLE" BIDS				
1.1 - Restoration of baseline	500	1117	0	1
1.2 - Microbiological screening of blood donations	1797	1117	1117	
1.3 - National Microbiological Reference Lab	50	73	1190	
1.4 - Manufacturing licences	250	215	1405	
1.5 - Product licences	153	48	1453	
1.6 - Product inserts	25	10	1463	
1.7 - Quality Assurance	50	136	1599	
1.8 - NI fractionation	10	10	1609	
Sub total	2835	1609		
2. "POLITICALLY SENSITIVE" BIDS				
1. 'Self sufficiency'				
2.1.1 - Product marketing/ surveillance	50	52	1661	
2.1.2 - Product & Services Development	448	519	2180	
2.1.3 - Product Support Services	53	0	2180	
2.1.4 - Leucocyte Depleted Products	250	NYK	2180	
2.1.5 - Blood collection programme	562	337	2517	2
2.1.6 - Plasma collection programme	184	384	2901	
2. 'Support services'			2901	
2.2.1 - Finance	50	109	3010	
2.2.2 - Personnel	125	101	3111	2
2.2.3 - Information technology	75	NYK	3111	
3. 'Clinical Services'			3111	
2.3.1 - Bone marrow transplantation	30	36	3147	
2.3.2 - Tissue Typing	20	22	3169	
2.3.3 - Tissue Banking	80	34	3203	
4. Reagent production	114	105	3308	
Sub total	2041	1699		
3. "OTHER" BIDS				
3.1 - Centre Developments	200	23	3331	
3.2 - <u>Patenting costs</u>	10	10	3341	
Sub total	210	33		
Total	5086	3341		

Notes :- 1. Already committed as part of the baseline
2. Includes elements NYK

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

1

1.1 BID : Restoration of necessary minimum baseline

1.2 PES90 REF : 1.1

1.3 PES90 PAGE : A.5

1.4 BRIEF DESCRIPTION :

Whilst compiling PES90 it came to light that £500,000 of the allocation for 1990/91 had been given on a non-recurring basis but had been committed on a recurring basis.

Accordingly a bid to sustain the 90/91 baseline was essential.

1.5 ESTIMATED COSTS :

1991/92

1992/93

1993/94

£'000

£'000

£'000

CAPITAL

REVENUE

500

2.1 REVISED BID DESCRIBED :

No change.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92

£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL

0

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL

500

500

3.1 SUPPORTING DOCUMENTATION :

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

21

1.1 BID : Microbiological Screening of Blood Donations - Anti HCV
1.2 PES90 REF : 1.2(a)(i)
1.3 PES90 PAGE :A.9

1.4 BRIEF DESCRIPTION :

This bid was based on a detailed examination of the cost of introducing Anti-HCV testing.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50		
REVENUE	1282		

2.1 REVISED BID DESCRIBED :

Revised costs have been calculated at 90/91 pay and price levels.

ALT testing on positive samples by RTC's is now included.

Costs of confirmatory testing are still in prep.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL/NR NON-RECURRING EQUIPMENT	105.7 NIL * Bought 90/91
TOTAL	105.7
REVENUE - STAFFING	173.9
OPERATIONAL SUPPLIES	943.5
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	
TOTAL	1117.4

3.1 SUPPORTING DOCUMENTATION : Paper summarising costs per Centre

hcv
 SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
 INTRODUCTION OF ANTI-HCV SCREENING OF DONATIONS
 SUMMARY OF COSTS

Item of expenditure	Centre					Total
	Gla	Edin	Abn	Dun	Inv	
	£	£	£	£	£	£
1. STAFFING						
Sessional Medical Officer		12000		11000	3000	26000
		(0.5 WTE)		(0.5 WTE)	(0.1 WTE)	(1.2 WTE)
Associate Specialist	30000		8000			38000
	(1 WTE)		(Note 4)			(1 WTE)
MLSO 2	15800		15800	16500		48100
	(1 WTE)		(1 WTE)	(1 WTE)		(1 WTE)
MLSO 1	23200	11600				34800
	(2 WTE)	(1 WTE)				(4 WTE)
A & C Staff (Grade 2/3)	7800	9000	1600	7800	800	27000
	(1 WTE)	(1 WTE)	(0.2 WTE)	(1 WTE)	(0.1 WTE)	(3.2 WTE)
Staffing total	76800	32600	25400	35300	3800	173900
2. GOODS & SERVICES						
Test kits (Note 1)	415380	253000	103500	92000	52900	916780
Additional consumables etc	4000	3000	3500	1500	500	12500
Equipment maintenance		250	500	1000	1000	2750
Donor publicity						1500
Confirmatory testing (Note 3)						NYK
ALT testing (Note 5)						6000
PFC costs (HCV & HAV)						4000
Goods & Services total	419380	256250	107500	94500	54400	943530
Revenue total	496180	288850	132900	129800	58200	1,117,430
3. UNIT COST PER DONATION (See Note 2)	3.62	3.48	4.18	4.41	3.42	3.75
3. CREATE STOCKHOLDING (NR)	47900	29200	11900	10600	6100	105700
4. CAPITAL EQUIPMENT						
Microplate washers				6300	3000	9300
Microplate readers				7800	6440	14240
Computers		2200	700			2900
Freezers	1500					1500
Blood Cabinet			2600			2600
Equipment total	1500	2200	3300	14100	9440	30540

NOTES :-

- Price of test estimated to be 2.30 (inc VAT)
- Based on total bleeds during year to 30 September 1989
- See attached
- Regrading of SMO hours.
- ALT testing to be performed on HCV pos samples.
Cost estimated at £1 per sample.

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
INTRODUCTION OF ANTI-HCV SCREENING OF DONATIONS

REFERENCE TESTING

It is expected that the reference testing of anti-HCV positive samples will be subjected to a further RIBA in the reference laboratory and those confirmed positive will be PCR tested.

Professor Cash is in communication with Dr Follett re the likely costs.

pes901b

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

22

1.1 BID : Microbiological testing of blood donations - ALT
1.2 PES90 REF : 1.2(a)(ii)
1.3 PES90 PAGE : A.8

1.4 BRIEF DESCRIPTION :

This bid was made against the possibility that routine ALT testing might be required in 1991/92.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	200		
REVENUE	150		

2.1 REVISED BID DESCRIBED :

Since the bid was made, it has been decided that anti-core should be considered in consort with ALT as a package.

It is considered highly unlikely that these tests will be introduced into routine practice in the forthcoming financial year and ,accordingly, the costings will be carried forward to PES91 for 1992/93.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	nil
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	
TOTAL	nil

3.1 SUPPORTING DOCUMENTATION :

pes901c

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

2.3

1.1 BID : Microbiological testing of blood donations - HTLV1

1.2 PES90 REF : 1.2(b)

1.3 PES90 PAGE : A.8

1.4 BRIEF DESCRIPTION :

This bid was made against the possibility that routine HTLV1 testing might be required in 1991/92.

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
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CAPITAL

50

REVENUE

365

365

2.1 REVISED BID DESCRIBED :

It is considered highly unlikely that this test will be introduced into routine practice in the forthcoming financial year and ,accordingly, the costings will be carried forward to PES91 for 1992/93.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
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CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL

nil

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL

nil

3.1 SUPPORTING DOCUMENTATION :

pes7013

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

2.4

1.1 BID : National Microbiological Reference Laboratory

1.2 PES90 REF : 1.3

1.3 PES90 PAGE : A.9

1.4 BRIEF DESCRIPTION :

The bid made envisaged the need to increase reference testing in line with the increase in testing requirements.

The bid took account of the fact that the Service was creating its own Reference Lab during 1990/91.

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50		
REVENUE	50		

2.1 REVISED BID DESCRIBED :

During 1990/91 the SNBTS failed to appoint a Director for the NMRL and it is considered unlikely that any further candidates will be found for this specialised post.

Accordingly plans are being formulated to enter into a contract with Greater Glasgow Health Board to secure a reliable and satisfactory service. Costs NYK.

Dr McClelland has submitted 2 bids relating to the use of recombinant viral peptides and PCR in reference work.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	14
TOTAL	14
REVENUE - STAFFING OPERATIONAL SUPPLIES	35 38
(Fixed term for 3 years)	
TOTAL	73

3.1 SUPPORTING DOCUMENTATION : 2 bids from Dr McClelland

SNETS PES 1991/92
PES REF 1.3 PAGE A.9

Title

The production of recombinant viral peptides for ELISA confirmation of various viral infections relevant to blood transfusion.

Statement of Need

Serological confirmation tests are dependant on purified recombinant proteins - they may not be available for many years after the initial virus sequence is published. In an attempt to allow the introduction of such confirmatory serological tests quickly, we propose to produce various peptides from published sequences, extract them and develop ELISAs based upon such peptides. Examples of important viruses to study will be HCV, non A, non B, non C Hepatitis virus (sequences will be published in next 12-18 months), HTLV-1 and Parvovirus B19. All the technology, equipment and expertise to carry out this project is available in Edinburgh (Dr S Moore and Dr P Simmonds) and we estimate that a peptide can be produced for ELISA every six months. [The cost will be around £14K per peptide].

Resources Required

Recruitment: Reagents, etc £28,000/year for 3 years.
(3-years-only)

Salary (Clinical
Scientist Grade B) £20,000/year for 3 years.

Additional Comments

The Scientist would report to Dr S Moore (cloning procedures) and Dr P Simmonds and Dr P L Yap (ELISA).

SNBTS PES 1991/92
PES REF 1.3 PAGE A.9

NATIONAL MICROBIOLOGICAL REFERENCE LABORATORY

Title

Provision of Reference Service for Polymerase Chain Reaction Testing (PCR) of blood donors with serological evidence of Hepatitis C Virus (HCV) or Human Immunodeficiency Virus (HIV) infection.

Statement of Need

PCR appears to be an important confirmatory test for HCV and HIV infection, since it directly detects infectious virus in blood donors. It has been suggested that all HCV antibody positive donors should be tested by PCR and the expertise to carry out PCR for HCV and HIV is already in Edinburgh. However, trained scientific help is needed for the routine provision of PCR for these two viruses.

Resources Required

Non-recurrent	Thermal cycler	£ 2,500
	Computer & printer	1,500
	Storage at -7°C	5,000
	Other PCR equipment	5,000
(All other equipment is already available)		14,000
Recruitment -	Salary for Clinical Scientist	15,000
	Scientist Grade A and	per year
	employers costs (3 years only)	for 3 years.
Reagents, Disposables, etc		10,000/year for 3 years.

Additional Comments

The Basic Grade Scientist would be able to test up to 600 samples per year from donors, and from the Protein Fractionation Centre. Supervision would be provided by Dr P Simmonds and Dr P L Yap.

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

3.1

1.1 BID : Manufacturing Licences - Regional Transfusion Centres
1.2 PES90 REF : 1.4(a)
1.3 PES90 PAGE : A.10

1.4 BRIEF DESCRIPTION :

This bid envisaged the requirement for RTC's to acquire manufacturing licences from the Medicines Control Agency as a consequence of the removal of crown immunity.

The bid represented the revenue consequences of capital building works designed to remedy facilities falling below the MI's minimum acceptable standards.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE		190	60

2.1 REVISED BID DESCRIBED :

The costs of the capital works in RTC's fall beyond 1991/92 and their revenue consequences will feature in PES91. However, an HQ project Officer is to be seconded to Aberdeen RTC to assist in the commissioning (Grade 5 plus expenses).

Dr Urbaniak has identified costs to be incurred in the short term following MI inspection which are considered an appropriate bid in this context.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING	13.3
OPERATIONAL SUPPLIES	24.8
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	1.5
TOTAL	39.6

3.1 SUPPORTING DOCUMENTATION : Summary of NEBTS bids

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
MANUFACTURING LICENCES

NEBTS RESPONSE TO MI CRITICISM

	£
1. Introduction of IBG equipment for positive sample ID	2600
2. Change to Abbott HBsAg test with positive sample ID	12000
3. Cryo production - increased frequency of change of alcohol	1000
4. Closure of Clean Room :-	
Bedside filters	3000
Washed red cells	1000
Platelet production	5200

Total	24800

pes9014b

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

3.2

1.1 BID : Manufacturing Licences - Protein Fractionation Centre

1.2 PES90 REF : 1.4(b)

1.3 PES90 PAGE : A.11

1.4 BRIEF DESCRIPTION :

This bid covered 2 areas :-

	1991/92	1992/93
Phase III/IV running costs	75,000	250,000
New staffing structure	175,000	

Both are essential ingredients in securing a manufacturing licence for the PFC.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
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CAPITAL

REVENUE

250

250

2.1 REVISED BID DESCRIBED :

The date work will start on Phase III/IV is June 1991 with completion due in May 1992. Accordingly the running costs will slip into 1992/93 and will feature in PES91.

Negotiations towards a new PFC staffing structure are well advanced and the sum bid for remains a reasonable estimate of the likely costs in 1991/92.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92
£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL

0

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL

175

175

3.1 SUPPORTING DOCUMENTATION :

pes9015a

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

4.1

1.1 BID : Product Licences - Clinical Trials Section

1.2 PES90 REF : 1.5(a)

1.3 PES90 PAGE : A.12

1.4 BRIEF DESCRIPTION :

Legislation requires that the SNBTS acquires product licences for its PFC products and a major part of the application process is carrying out clinical trials of the new/revised products to establish data on the safety and efficacy of the product.

1.5 ESTIMATED COSTS :

1991/92

1992/93

1993/94

£'000

£'000

£'000

CAPITAL

REVENUE

2.1 REVISED BID DESCRIBED :

A paper from Dr Stewart is attached setting out the planned phasing of clinical trials in line with the plans of the Product Development Group.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92

£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

2.5

TOTAL

2.5

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

9.5

17

TOTAL

26.5

3.1 SUPPORTING DOCUMENTATION : Paper from Dr. Stewart

DRAFT

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CLINICAL TRIALS

JANUARY 1991

The attached spreadsheet shows the planned phasing of clinical trials with SNBTS products. Estimated costs are based on likely costs of clinical tests required by the study protocol and of charges for clinical assessments. They do not generally allow for support of 'Research Registrars' etc to perform clinical assessments for the purposes of the trial. This is likely to become a requirement as the Service 'competes' with the Pharmaceutical Industry for access to patients.

PUP Study

This is a study closely monitoring recipients of Z8 for evidence of viral transmission. This has necessitated a long term financial commitment to support staff in Haemophilia Centres. While Z8 is to be phased out as a clinical product, this study will continue, but will be modified to monitor recipients of HPVIII. The data on Z8 will be written up as they represent an important contribution to the evidence that dry heat treatment is an effective virucidal method.

HPVIII Phase I

This is a phase one trial of the new Factor VIII product produced at PFC. This study will be performed at a commercial clinical pharmacology unit, and will be done to the proposed ICTH guidelines. The objective of the study is to show that HPVIII has an acceptable in vivo recovery and half-life.

HPVIII Phase II

This study will demonstrate that HPVIII is effective and that it is well tolerated in chronic administration.

HPFIX

There is a clear demand from the Haemophilia Directors for a single factor Factor IX product. (The belief is that a single factor concentrate will not result in the thrombogenic complications seen with three factor concentrates.)

A study will be required to look at recovery and half-life of this product, and thereafter to demonstrate that it is safe and effective.

Fibrin Sealant 1

A pilot study of the efficacy of a two component tissue sealant of human origin.

Initial studies will be to test the product in a few patients undergoing various types of surgery, eg vascular repair, otological, GI.

Fibrin Sealant 2

A development project to demonstrate the efficacy of fibrin sealant in specific areas identified in the pilot study. It is likely that this will become a large project on its own as there are many potential indications for the product and considerable interest from clinicians.

IVIgG-~~HT~~VI

The SNBTS IVIgG has been implicated in the transmission of non-A, non-B hepatitis. To attempt to avoid this in future, it is planned to develop a product which has been terminally heat-treated. This study is to demonstrate that the heat treatment process does not alter the tolerability nor the efficacy of the product. (NB It should be noted that alternative viral inactivation processes are being considered, but these will also require trialing.)

Anti-CGL Phase II

A further study with anti-CGL IgG is to take place in Manchester. This will not incur any additional costs to the service.

CGL Monoclonal Antibody

This study will be required to assist in identifying the most appropriate method to use this product, if it becomes available.

SPPS-HP

This study will examine the tolerability of a new high purity SPPS.

Haemoglobin Solution

Haemoglobin solution could be used in place of red cell concentrate in 40-50% of transfusions. It is planned that this product will enter clinical trial in 1992-93. Initial studies will demonstrate that the product is safe and well tolerated.

RF-HBs-1

There are two trials planned with this product. The first is in patients who are HBsAg positive and undergoing a liver transplant, and in patients with hypogammaglobulinaemia who are also HBsAg positive.

Other Plasma Derived Factors

Factor VII, Factors II, IX, X, Anti-thrombin III, alpha-1 antitrypsin and von Willebrand Factor are all planned for development in PFC. The schedules are as shown on the spreadsheet.

ADVERSE EVENT MONITORING

A pilot of an adverse event monitoring system is underway in the Southeast Region. It is envisaged that this will be introduced into the whole of the SNBTS in late 1991. → *MSC.*

It should be noted that with the withdrawal of Crown Immunity and the requirement to comply with the Medicines Act the Service will be required to report Adverse Events to the MCA promptly and therefor swift collection of reports is essential.

There are no additional ^{revenue} costs foreseen in the setting-up of an Adverse Event Monitoring System, but this will add to the workload of the Product Services Group and additional staff will be required. → *simplified format.*

STAFF DEVELOPMENTS

These consist of the following:

1. Personal Secretary: to perform normal secretarial duties for the group. It should be noted that, due the expansion of the Reagents Group, the current arrangement of sharing a secretary with this group is no longer feasible. The workload of the Reagents Group requires a full-time secretary.

2. Scientific Officer (Grade B): As the Service faces 1992, clinical trials will need to be fully documented to the standards required by Good Clinical Practice Guidelines. This will require that trials are regularly monitored and that full records are kept of trial progress. The Scientific Officer would assume responsibility for maintaining GCP documentation and would assist in the routine monitoring of clinical trials. Additional responsibilities would include maintaining the data base on reported adverse events.

RRC Stewart

17 January 1991

0 5. FEB 91

SF

SNBTS CLINICAL DEVELOPMENT SCHEDULE
(AMENDED 05:02:91)

	2Q	1991 3Q	4Q	1Q	2Q	1992 3Q	4Q	1Q	2Q	1993 3Q	4Q	1Q	2Q	1994 3Q	4Q	1Q	2Q	1995 3Q	4Q	1Q
FVII CL TRI (PUP study)			20000																	
HPV11 PH 1				20000																
HPV11 phase 2 (efficacy/long term tolerance)						10000				5000										
HPV11 (PUP STUDY)						21000				23000					25000					26000
HP-FIX																				
FIBRIN SEALANT 1 (pilot)		2500																		
FIBRIN SEALANT 2			5000			15000				20000										
IVIG-VI (no costs)																				
ANTI-CSL IgG (no costs)																				
CSL Hb (costs charged to development partner)																				
SPDS-HP (alb- SPH)																				
Hb SOLN															10000				20000	
FVII(a)										10000				10000					5000	
FII, IX, XI (improved)										10000				5000						
FIBRINOGEN																				
AT III										10000				10000					10000	
THROMBIN														10000					10000	
a1-ANTI PROTEASE										10000				10000						
von WILF PCTR							5000			5000				5000						
TOTAL		baseline 306751			475001	current 17000		510001			930001				850001					71000
STAFF DEVELOPMENTS																				
(PERS SEC)					9540			10112			10719			11362					12044	
(CAPITAL)					2500			10000			10000			10000					10000	
(SSO)								18330			19430			20596					21632	
GRAND TOTAL		306751			595401			894421			1331491			1263581					114876	
NEW MONIES					288651			299021			437071			-61911					-12082	

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

4.2

1.1 BID : Product Licences - Licence Fees
1.2 PES90 REF : 1.5(b)
1.3 PES90 PAGE : A.12

1.4 BRIEF DESCRIPTION :

Legislation requires that the SNBTS acquires product licences for its PFC products.

From 1991/92 onwards fees will be payable for the processing of applications on a sliding scale up to £40,000 for a major new product.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	100		

2.1 REVISED BID DESCRIBED :

A list is attached showing the products and estimated costs of the licence applications to be made by PFC in the coming year.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	22
TOTAL	22

3.1 SUPPORTING DOCUMENTATION : List of licence applications

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PROTEIN FRACTIONATION CENTRE
PRODUCT LICENCE APPLICATIONS 1991/92

Product	Type	£
Human Rabies IgG	Standard Abridged	5000
Human Tetanus IgG	Standard Abridged	5000
Human Albumin (20g)	Standard	5000
HA Paediatric dose	?	2000
X Factor IX	Variation/ Standard Abridged	5000
	Total	22000

pes9016

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

5

1.1 BID : Product Inserts

1.2 PES90 REF : 1.6

1.3 PES90 PAGE : A.13

1.4 BRIEF DESCRIPTION :

In the context of product liability it is considered essential to include product inserts with all RTC products.

The design of leaflets was delegated to a working party chaired by Dr Crawford ,WBTS.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	25		

2.1 REVISED BID DESCRIBED :

Leaflet are in draft form awaiting final approval.

The undernoted costing is based on an estimated annual requirement of 400,000 inserts using especially robust paper designed to withstand our storage conditions (£25 per thousand).

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	10
TOTAL	10

3.1 SUPPORTING DOCUMENTATION :

pes9017

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

6

1.1 BID : RTC Quality Assurance *(only part TQM)*

1.2 PES90 REF : 1.7

1.3 PES90 PAGE : A.14

1.4 BRIEF DESCRIPTION :

In 1990/91 £100,000 was set aside to be invested in the laboratory aspects of quality assurance in the RTC's.

In 1991/92 it was envisaged that this programme would include the QA aspects of donor sessions and the introduction of formal systems of medical audit.

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	100	25	10
REVENUE	50	10	50

2.1 REVISED BID DESCRIBED :

The sum bid for below covers 2 main aspects :-

1. The funds required to complete the RTC lab QA exercise
2. Costs of Medical Audit in 1991/92

QA aspects of donor sessions are covered later under "Improvements to Donor Sessions".

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	10
TOTAL	10
REVENUE - STAFFING	81
OPERATIONAL SUPPLIES	15
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	39.5
TOTAL	135.5

3.1 SUPPORTING DOCUMENTATION : Summary of RTC bids for laboratory QA
Paper from Mr Bruce on National aspects of QA
Paper from Dr McClelland on Medical Audit

pes9017

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
QUALITY ASSURANCE
SUMMARY

	Staff £	Op Supps £	Other £
1. RTC Laboratory QA (less 90/91 funds)	159000 100000	15000	34500
Sub total	59000	15000	34500
2. Medical Audit	22000		5000
Grand total	81000	15000	39500

pes9017

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
QUALITY ASSURANCE

Centre	Item	£	£
1. POSTS ALREADY FILLED			
National	National QA Coordinator (Regrading)		4000
Glasgow	QA Manager		27000
Edinburgh	QA Manager		27000
	Sub total		58000
2. OTHER BIDS			
National (see attached)	Staff	13000	
	Goods & services	22000	
	Consultants fees	10000	45000
Glasgow	Secretarial support to QA Manager	9000	
	QA Manager travelling expenses	2500	11500
Edinburgh	Operational supplies		2000
Aberdeen	MLS04 ***	27000	
	MLS02	16000	
	A&C Grade 2 (0.5WTE)	4000	
	Operational supplies	7000	
	CMV negative products	6000	60000
Dundee	Upgrade MLS04** to MLS04*** (QA Manager)	2000	
	Upgrade MLS01 to MLS02	4000	6000
iNVERNESS	Upgrade MLS04** to MLS04*** (QA Manager)	2000	
	MLS02	16000	
	A&C Grade 2	8000	26000
	Grand total		208500
	Less: 90/91 funds		100000
	Bid for 91/92		108500

↓
summary on prev page

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
NATIONAL QUALITY SYSTEMS PROGRAMME
BID FOR PUBLIC EXPENDITURE SURVEY FUNDS 1991-92

Whilst the concept of quality has always featured prominently in SNBTS procedures, the new legislation associated with consumer protection and the impending loss of crown immunity demand that the SNBTS commits greater attention and resources to enable the development and establishment of an effective SNBTS QA programme.

The immediate priority for this programme is to identify and take such action as is necessary to secure a manufacturing licence for the Protein Fractionation Centre. Thereafter, quality systems will be designed and implemented for all SNBTS activities.

Whilst the bulk of funds apportioned to the SNBTS QA Programme will correctly be directed to the RTC's and PFC, modest funding is required at HQ to enable effective programme co-ordination.

Details of this funding is appended in the attached bid.

ESTIMATED COSTS (£'000)	1991-92
Capital	2010
Revenue	3545

SNBTS QUALITY SYSTEMS PROGRAMME
BID FOR PES FUNDS 1991-92

1.	<u>CAPITAL</u> ✕	1991-92	
1.1	Computer with printer & software	6,500	
1.2	Wordprocessor	1,000	
1.3	Office furnishings	1,700	
1.4	Fax	800	
1.5	External consultant (BS 5750)	10,000	✕
		<u>20,000</u>	
		10,000	
2.	<u>REVENUE</u>		
2.1	Staff		
2.1.1	Secretary (grade 2) HQ	8,129	
2.1.2	External consultancy/audit	5,000	
			<u>13,129</u>
2.2	Goods and Services		
2.2.1	Photocopying	2,500	
2.2.2	Postage	500	
2.2.3	Telephone	800	
2.2.4	Fax	500	
		<u>4,300</u>	<u>4,300</u>
2.3	Training, Travel and Subsistence		
2.3.1	Courses	10,000	
2.3.2	Books & videos	1,000	
2.3.3	In-house training days	1,000	
2.3.4	Travel and subsistence	5,000	
		<u>17,000</u>	<u>17,000</u>
	TOTAL REVENUE		<u>£34,429</u>

Capital 20 10
Revenue 35 45 ... add 10

BS5750 23,000

> (3000 input by BST
N. loan int & consult #18-20j
k)

? req tender.

+ extra 10k

**EDINBURGH & SOUTH EAST SCOTLAND BLOOD TRANSFUSION SERVICE
PES 1991/92 BIDS
RTC QUALITY ASSURANCE DEVELOPMENT OF MEDICAL AUDIT**

The SNBTS Medical Audit Committee is developing a programme of national medical audit projects, covering the broad areas of blood donor services, laboratory services, and blood banking. At present this is resourced from existing RTC consultant staff and clerical support, and the national IT Manager. One project is supported by a grant from CSO and further project grant support is being sought from CRAG funds. These projects and the further development of the programme will now begin to generate a considerable requirement for scientific administrative support, and data management and analysis.

A revenue bid is therefore submitted for a Medical Audit Coordinator and associated non-staff costs: an outline of job content is appended.

- Medical Audit Coordinator (Clinical Scientist Grade B 8-10)

Full employees cost £ [16,743]

Running costs (telecommunications,
computer supplies, software purchase
and training, travel and subsistence) 5,000

Secretarial/admin support (part time) 5,000

Draft of Job Content - SNBTS Medical Audit Coordinator

General This post will be funded initially for 3 years with an option for extension which may be exercised during year 2.

Location and Accountability

Accountable to:	Chairman -	SNBTS Medical Audit Committee
Location -		Post holder will require to travel regularly in Scotland, spending time in each participating RTC. Postholder could be based in any of the Scottish RTCs.

Principle Tasks

- Secretary of Medical Audit Committee
- Follows up/ensures implementation of MAC decisions
- Assists in researching audit project proposals and prepares applications for funding
- Monitors projects in progress

2.

- Working with IT Manager (R&D) selects appropriate software and hardware, obtains or develops project-specific programmes and ensures that participating staff receive adequate training and back up.
- Ensures that data collection, processing and presentation is carried out timeously.
- Develops and maintains a database of relevant audit projects and works with HQ and regional library staff to provide relevant references and bibliographies.
- Prepares drafts of interim and final reports on audit projects.

Qualities Required

This post will require a graduate in a relevant scientific field with some experience of scientific writing and the use of scientific literature. Some experience of computer applications and basic keyboard skills will be needed, together with enthusiasm to develop knowledge of computing and statistical methods. Must be free to travel regularly within Scotland.

DBLMcC
1st February, 1991.

pes9018

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

7

1.1 BID : Northern Ireland - Contract Fractionation

1.2 PES90 REF : 1.8

1.3 PES90 PAGE : A.15

1.4 BRIEF DESCRIPTION :

The PFC fractionates plasma for Northern Ireland.

The bid is in respect of the the processing costs of an increased input of plasma from NI (any income accrues direct to the SHHD).

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	10	10	10

2.1 REVISED BID DESCRIBED :

An increase of 1,000 kgs of NI plasma is expected in 1991/92 with a marginal processing cost of £10 per kg.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	10
TOTAL	10

3.1 SUPPORTING DOCUMENTATION :

pes90211

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

8.1

1.1 BID : Self Sufficiency - Product Marketing/ Surveillance

1.2 PES90 REF : 2.1.1

1.3 PES90 PAGE : A.17

1.4 BRIEF DESCRIPTION :

1990/91 saw the creation of an Academic Department of Transfusion Medicine in the Edinburgh Centre.

Further investment is envisaged to increase activity in the fields of market intelligence and the optimal use of blood products.

1.5 ESTIMATED COSTS :

1991/92

1992/93

1993/94

£'000

£'000

£'000

CAPITAL

25

REVENUE

50

2.1 REVISED BID DESCRIBED :

The funds allocated in 1990/91 were not sufficient to fully fund the original bid and the attached paper sets out the funds required to complete the resourcing as originally envisaged.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92

£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL

0

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

29.5

22.2

TOTAL

51.7

3.1 SUPPORTING DOCUMENTATION : Paper from Dr. McClelland

TOTAL P.09

EDINBURGH & SOUTH EAST SCOTLAND BLOOD TRANSFUSION SERVICE
 PES 1991/92 BIDS
 ACADEMIC DEPARTMENT OF TRANSFUSION MEDICINE

The bid submitted in 89/90 was partly funded w.e.f. February 1991.

	1990/91 [Full Year Equivalent]	1991/2	1992/93
Original Bid	75	30	15
Allocated	69	-	-
Committed	45		
<u>Balance Uncommitted</u>	24		

Value of non-funded bids submitted 89/90, at 1991 rates:

Nurse Grade G	17,812
Grade 6 Statistics/Clerical Officer	16,442
A&C 3	9,494
A/V Technician (Med Tech Officer 2)	11,998
Running Costs	<u>20,000</u>
Total unfunded bids	<u>75,746</u>

Unfunded bids less uncommitted balance £49,500
Bid for 1991/92 51,746

To fund the balance of the initial bids for establishment of Academic Transfusion Medicine Group £49,500.

£ 51,746

pes90ssi

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

8.2

1.1 BID : Self Sufficiency - Product & Services Development - National Science Lab

1.2 PES90 REF : 2.1.2.1

1.3 PES90 PAGE : A.18

1.4 BRIEF DESCRIPTION :

£150,000 allocated in 1990/91 to create the NSL.

The bid made for 1991/92 covered the costs of establishing the NSL in premises in Livingstone House, Edinburgh and extending the research to be carried out.

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	184	64	75
REVENUE	298	98	50

2.1 REVISED BID DESCRIBED :

Owing to delays in the building works programme occupation of Livingstone House will fall beyond next financial year.

Dr. Prowse has set out the revised proposals in the attached paper.

The revenue consequences of acquiring Forrest Road, Edinburgh are also included here as are the recurring costs of the new high potency Factor VIII product

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL	484.4
NON RECURRING	14.8
REVENUE	406.5

3.1 SUPPORTING DOCUMENTATION : Paper from Dr Prowse on development of the NSL.
Summary of the costs of Forrest Road
Summary of the costs of high potency Factor VIII

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
PRODUCT & SERVICES DEVELOPMENT

SUMMARY

	Capital £'000	Revenue £'000	NR £'000
1. NSL	238.4	216.2	14.8
2. Forrest Rd running costs		16.3	
3. New HP FVIII	246	174	
Total	484.4	406.5	14.8

PRODUCT DEVELOPMENT GROUPSummary for SNBTS Board Meeting: 12 February 19911. Organisation

The PDG has met at approximately monthly intervals under the chairmanship of Professor Cash, and has agreed management arrangements whereby individual product-specific projects are led by a Project Manager who reports on a regular basis to the Project Director (C Prowse). The Project Manager is responsible for leading and co-ordinating all activities, on each project, leading to production of a licensed product by PFC. A written option appraisal will be presented to the Board for each project.

2. High Potency Factor VIII (HP VIII: Project Manager: P Foster)

Following a detailed appraisal of the possible options to prepare an HP-VIII product, ministerial approval has been received to proceed with our selected option. This involves a combination of current SNBTS technology and the process developed at Lille CRTS. Laboratory studies have confirmed the viability of this option. A virus containment suite (necessary for the solvent-detergent step involved) has been built within PFC and purchase/upgrading of the necessary equipment instituted. Production trials are planned over the summer and early autumn with a planned clinical trial date in February 1992. Interim arrangements to contract fractionate some Scottish material in Lille are being established by Dr Perry.

3. High Potency Factor IX (HP-IX)

An option appraisal has been prepared as a separate document for this Board meeting, suggesting preparation of an HP-IX product by heparin chromatography.

4. Fibrin Sealant (Project Manager: R McIntosh)

A detailed proposal is being prepared for the next PDG meeting (~~12~~ February). This project is at a stage that one full scale production run has already been performed. Further virus studies are required, but it is probable that a clinical trial (in thoracic surgery) will be proposed for early 1992.

5. IVIgG

Response to a license application, involving extended pH4 pepsin treatment of the current product, is awaited. Despite the improved potential viral safety of this product, it is felt that further steps to ensure viral inactivation are necessary. Current studies are assessing the effects of terminal heat treatment and incubation of final product in solution. Depending on the outcome of these, a proposal will be brought forward on future product development.

-2-

6. Patenting

A European patent has been filed on the use of a pasteurised plasma fraction for cell culture, and an application made for one on the preparation of haemoglobin. In the near future (depending on work described above) consideration will be given to patenting steps in the preparation of HP-VIII and fibrin sealant. In the forum of EPFA, proven ownership of selected intellectual property is regarded as vital, as it forms a bargaining point in exchange of know-how with other organisations.

7. Future Plans

The PDG is currently preparing a business plan covering product development (to include eg haemoglobin, alpha-1-protease inhibitor, etc) and also a document on the role of biotechnology in the SNBTS. Rather than deal here with other future products individually, it is proposed to present these documents to the Board at its April meeting.

C Prowse (6 February 1991)

PES: NATIONAL SCIENCE LABORATORYRevised 1991 Bid and Initial Bid for 1992 and Beyond

Changes in the building rationalisation plan now mean that NSL will not occupy Livingstone House until after late 1992. The fact that most of the NSL will continue to be housed in Forrest Road introduces significant constraints on the previously planned developments which are now revised as follows: Individual items are given priorities of critical (A), essential (B) or necessary (C). While not strictly part of PES, estimates of the accompanying requirements for non-recurrent revenue (NR) capital equipment are also indicated.

The bid now includes items for project development within PFC.

1. Commissioning and Shared Services

With the planned purchase of Forrest Road in April 1991, there is a necessity to take over a number of functions from the University in running this building. In addition the development of NSL, as a separate unit from Headquarters requires the undertaking of a number of tasks (eg personnel and accounting functions) within the NSL. While these had originally been planned round the occupancy of Livingstone House, some are now planned for next year, while others are delayed until 1992. These items are regarded as critical.

In addition a small sum is requested to cover development of library, information technology and equipment items. These are essential.

2. Factor VIII/vWf

While the development of a high-purity factor VIII is already under way, there will be an additional requirement to develop a product for the treatment of von Willebrand's disease and to assess alternative chromatographic methods for factor VIII preparation, as we are currently dependent on a single product from one manufacturer for the latter. These items are regarded as critical.

3. Factor IX: Protein C

The development of an improved factor IX concentrate is regarded as critical for the SNBTS. A modest increase in revenue funding, to cover consumables for laboratory studies and production, and additional in vivo testing is requested. Funding to purchase capital equipment to enable scaling up of the selected process will be required as will one additional staff member to cover secondment of production staff to this development in PFC (during 1992). In addition a request is made for the purchase of commercial (activated) products to enable comparative in vivo testing. The latter is regarded as necessary, whereas the former is critical.

-2-

4. Haemoglobin

It is expected that this development will reach the stage during 1991/1992 that will require production of material at a sufficient scale and under appropriate conditions to enable in vivo testing, prior to any clinical trials. To enable this, funding for technical support for laboratory work (MLS0) and the necessary medium scale equipment is sought, as well as some increase to the accompanying revenue requirements. To enable initiation of the pilot plant, one additional member of staff (grade B) is sought during 1991 and a further MLS0/grade A post during 1992. Beyond 1992 additional funding will be required to allow extended animal testing of the developed product. Such funding is regarded as critical for the continuance of this project.

5. Molecular Biology

Due to the diversion of staff from this section into coagulation product development, this section currently consists of only two staff. Even with these restraints this section is now developing a selective expertise in molecular biology. While it is not expected that SNBTS is likely to develop any therapeutic products using recombinant technology, it will collaborate with others in this area. In addition molecular biology is increasingly finding application in the diagnostic and vaccine fields. There is an essential requirement for a continued SNBTS expertise in this area to undertake development and training. Funding is sought for one additional member of staff (grade B) and is regarded as essential.

6. Cell Biology and Immunology

The development of blood products increasingly makes use of immunological and cell culture techniques to characterise the products. With the recent appointment of a Head of Section in this area, these activities are now largely being established within NSL. A modest, but essential increase, in revenue costs is requested to cover developments in monoclonal antibody production and the assessment of cell culture methods to characterise blood products. Initially this will include work on factor VIII, factor IX, haemoglobin and anti-rhesus D monoclonal antibody. It is also proposed to purchase some of the equipment, originally requested for Livingstone House, for use in Forrest Road.

7. Serpin Development

Last years bid included a request for funding to develop antithrombin and antitrypsin within the SNBTS but was not funded. With the increasing interest in these products, funding is again requested for one grade B scientist and the relevant revenue to undertake initial work on these products. During 1992 there will be a requirement to enable purchase of equipment for production at scale.

-3-

8. Assay Development

The in vivo assessment of blood products in models together with development of appropriate in vitro assays is currently undertaken by NSL. In vivo model work is currently undertaken by one person who is assessing factor IX, haemoglobin and immunoglobulin products within a very limited space. With the increased demand for such work it is deemed critical to continuance of this work to secure technical help and additional space in the George Square animal facility (the latter is available). In addition funding is requested for our ongoing collaboration with the Wellcome Institute in Glasgow on the characterisation of factor IX concentrates (which may be a potential source of revenue) and to develop artificial insemination approaches to establish haemophilic dogs. The latter has previously been funded from non-recurrent monies.

9. Fibrin Glue Development

While work at PFC has resulted in the development of a fibrin glue product that should be available for clinical trial during 1991, the product has been developed for one particular application. A modest sum is requested to enable development on in vivo and in vitro models aimed at wider application of the product eg improved tensile strength, haemostatic effect or wound healing or improved methods of application.

10. Physicochemical Developments

Minor but essential increases in revenue are requested to enable development of antibodies from chickens (in collaboration with IAPGR, Roslin), assays relevant to IVIgG development and basic chromatographic technology.

PES SUMMARY
(in thousands £)

ITEM	YEAR											
	1991/2			1992/3			1993/4			1994/5		
	REV	NR	CAP	REV	NR	CAP	REV	NR	CAP	REV	NR	CAP
1. Commissioning & Shared Services	50.9	0	15.8	30.3	0	22.5	23.2	0	30	19.2	0	25
2. Factor VIII/vwf	7.5	5	11.5	8	2	10	0	0	0	0	0	0
3. Factor IX/Protein C	15.5	3.8	45	56	5	35	20	-	-	-	2	-
4. Haemoglobin	52.5	0	130.5	38.5	5	120	10	50	50	10	0	10
5. Molecular Biology	16.8	0	0	3	0	0	13.2	0	5	-	-	10
6. Cell Biology/Immunology	3.5	0	10.6	17.7	0	8.5	0	0	8	2	0	8
7. Serpin & Project Development	22.8	0	20	11	0	50	33.2	2	25	5	-	-
8. Assay Development	35.7	0	0	2	0	0	0	0	5	0	0	0
9. Fibrin Glue	3	4	5	3	0	0	5	0	0	5	0	0
10. Physicochemical Development	8	2	0	4	0	70	5	0	20	5	0	15
Total	216.2	14.8	238.4	173.5	12	316	109.6	52	143	46.2	2	68

Notes:

1. In contrast to previous bids this now includes items for project development within PFC.
2. REV: revenue = recurrent revenue + salaries
NR: non-recurrent revenue
CAP: capital
3. Priorities are shown as critical (A), essential (B) or necessary (C) on the attached breakdown.

CVP 01/91

SUMMARY
(Priority Breakdown)

<u>ITEM</u>	<u>YEAR</u>											
	<u>1991/2</u>			<u>1992/3</u>			<u>1993/4</u>			<u>1994/5</u>		
	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>
1. Commissioning & Shared Services	A:36.9 B:11.1 C: 2.9			A: 9 B: 5.8 C:15.5								
	<u>50.9</u>	<u>0</u>	<u>15.8</u>	<u>30.3</u>	<u>0</u>	<u>22.5</u>	23.2	0	30	19.2	0	25
2. Factor VIII/vWf	A: 7.5			A: 8								
	<u>7.5</u>	<u>5</u>	<u>11.5</u>	<u>8</u>	<u>2</u>	<u>10</u>	0	0	0	0	0	0
3. Factor IX/Protien C	A:15.5			A:56								
	<u>15.5</u>	<u>3.8</u>	<u>45</u>	<u>56</u>	<u>5</u>	<u>35</u>	20	-	-	-	2	-
4. Haemoglobin	A:48.5 B: 4			A:38.5								
	<u>52.5</u>	<u>0</u>	<u>130.5</u>	<u>38.5</u>	<u>5</u>	<u>120</u>	10	50	50	10	0	10
5. Molecular Biology	B:16.8			B: 3								
	<u>16.8</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>0</u>	13.2	0	5	-	-	10
6. Cell Biology/Immunology	A: 1.5 B: 2 C: 0			A:25 B: 2 C:13.2								
	<u>3.5</u>	<u>0</u>	<u>10.6</u>	<u>17.7</u>	<u>0</u>	<u>8.5</u>	0	0	8	2	0	8
7. Serpin & Project Development	A:22.8			A:11								
	<u>22.8</u>	<u>0</u>	<u>20</u>	<u>11</u>	<u>0</u>	<u>50</u>	33.2	2	25	5	-	-

ITEMYEAR

	<u>1991/2</u>			<u>1992/3</u>			<u>1993/4</u>			<u>1994/5</u>		
	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>	<u>REV</u>	<u>NR</u>	<u>CAP</u>
8. Assay Development	A: 21.5 B: 14.2			A: 1 B: 1								
	<u>35.7</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
9. Fibrin Glue	B: 3			B: 3								
	<u>3</u>	<u>4</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>
10. Physicochemical Development	A: 2 B: 6			A: 2.5 B: 1.5								
	<u>8</u>	<u>2</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>70</u>	<u>5</u>	<u>0</u>	<u>20</u>	<u>5</u>	<u>0</u>	<u>15</u>
Grand Total	<u>216.2</u>	<u>14.8</u>	<u>238.4</u>	<u>173.5</u>	<u>12</u>	<u>316</u>	<u>109.6</u>	<u>52</u>	<u>143</u>	<u>46.2</u>	<u>2</u>	<u>68</u>

FORREST ROAD RUNNING COSTS

	90-91	91-92 (x10%)
RATES	17304	19034
ELECTRICITY	12746	14020
GAS	7533	8286
RUBBISH REMOVAL	600	660
CLEANING		15000
BUILDING MAINTENANCE		5000
SECURITY		1000
TOTAL		63000
SERVICE CHARGE		30950
INCOME -DR SETH		-15750
PES BID		16300

RECEIVED / 11 JAN 91

11 JAN 91

JF

SOURCES & COMMENTS

RATES	From assessor's office (RV 26100 x rate of 66.3p)
ELECTRICITY	University (Mr Neil's office)
GAS	University (10044 less 25% for Bedlam Theatre)
RUBBISH REMOVAL	EDC (4 Paladins, emptied twice weekly at 1.47 per uplift)
CLEANING	Specification still with CSA. Allowed for 1.5 cleaners & materials.
BUILDING MAINTENANCE	Guess-timate. CSA will fund upgrade.
SECURITY	Triton estimate of 1068 for Alarm System. Nik & I must "sell" this idea.
INCOME	Service charge based on 25% usage of building & share of costs. (assuming full year occupancy)

All figures agreed by Martin Bruce Reagents Manager.

EDH

14 Jan 91

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
INTRODUCTION OF HP FACTOR VIII
CAPITAL AND REVENUE COSTS

	1991/92 £'000
<hr/>	
1. CAPITAL	
Freeze Driers - Upgrade SM600	16
- SM200 Replacement	140
Processing Suite - Building Works	30
- Autoclave	20
- Filling Equipment	40
	<hr/>
Total	246
	<hr/>
2. REVENUE COSTS	
PAY :-	
QC Staff (x2)	16
SUPPLIES & SERVICES :-	
Solvent detergent fee	130 — ? per
Consumables - Gels	45
- Reagents	15
- Buffers	13
Energy	5
Equipment maintenance	30
	<hr/>
Sub total	254
	<hr/>
LESS : Funds allocated 90/91	80
	<hr/>
Bid against 1991/92	174
	<hr/>

pes90se2

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

8.3

1.1 BID : Self Sufficiency - Product & Services Development - PFC Pilot Plant
1.2 PES90 REF : 2.1.2.2
1.3 PES90 PAGE : A.18

1.4 BRIEF DESCRIPTION :

One of the major elements in the introduction of a new product is the work carried out in the PFC's Pilot Plant to scale up the production processes before going into full production.

Further investment is required within PFC to improve the facility.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	100		

2.1 REVISED BID DESCRIBED :

The completion of the Phase III/IV building programme is a rate limiting step as a larger pilot plant facility is required.

However, Dr Ferry is proposing a phased approach.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL	
REVENUE - STAFFING	48
- OPERATIONAL SUPPLIES	15

	63

3.1 SUPPORTING DOCUMENTATION : Paper summarising the proposal

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
 PES90 DETAILED BIDS
 PFC PILOT PLANT

Currently 2 full time staff are employed in the PFC's Pilot Plant (1WTE Scientist and 1WTE Technician).

The medium term goal is to have a total staff resource of 8 people split evenly between Scientists and Technicians to cope with major development projects such as HP FIX, Haemaglobin Plasma Expanders and Fibrin Glue.

However, until Phase III/IV is complete there are space limitations and a phased approach is necessary as follows :-

	1991/92	1992/93
	£	£
Scientists	33000	16500
	(2 WTE)	(1 WTE)
Technicians	15000	30000
	(1 WTE)	(2 WTE)
	-----	-----
Total staffing	48000	46500
Operational supplies	15000	
	-----	-----
Total	63000	46500
	-----	-----

pes90SS3

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

9

1.1 BID : General Operational Research
1.2 PES90 REF : 2.1.2.3
1.3 PES90 PAGE : A.19

1.4 BRIEF DESCRIPTION :

There is a pressing need to give consideration to funding the type of operational research in the SNBTS, particularly in RTC's.

A sum of money should be allocated for such short-term, highly targeted schemes which have potential for generating long term savings.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	50		

2.1 REVISED BID DESCRIBED :

The bid still stands as originally envisaged.

If approved thought should be given to the most appropriate way of administering the fund and how wide the scope of the research should be.

A bid from SEBTS is attached.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	50
TOTAL	50

3.1 SUPPORTING DOCUMENTATION : Bid from SEBTS Donor Services Manager

SEBTS PES 1991/92 BIDS
PES REF 1.7 (PAGE A.19)

GENERAL OPERATIONAL RESEARCH

Research Proposal

Donor Motivation: Response to emergency appeals in a crisis
 - temporary help or long-term allegiance?

The overwhelming response to appeals for blood donors to ensure adequate provision for possible casualties from the war in the Gulf provides a unique opportunity to:

- * monitor the effectiveness of the strategies devised to turn volunteers into blood donors
- * determine to what extent the incentive to give blood during crisis situation converts into a longer term commitment to blood donation.

Volunteers have responded to appeals in the media by:-

- * telephone to the RTC
- * use of the "hotline" service
- * use of the freephone numbers
- * registration at the Donor Centre and mobile sessions
- * registration using coupons in national newspapers/volunteer cards available in banks and other public areas
- * giving blood immediately at the Donor Centre or mobile session

Previous experience (which has never been formally analysed) indicates that a considerable percentage of volunteers who register their willingness to donate in response to special appeals do not attend when eventually called to a donor session.

The need of the Service to ensure a steady and continuous blood supply dictates that many of these volunteers may not be called for weeks or even months. By monitoring each individual the study will be able to ascertain the effect of the inevitable time lapse between the initial impulse to volunteer and the eventual call to give.

Among those who responded by donating (whether they are new donors or former donors who have returned in response to the crisis) it is important for the forward planning needs of the Service to identify how many will return regularly when called in the future.

The study will monitor the donating pattern of the new and lapse donors over a period of two years and would identify the response rate: volunteers/time lapse and subsequent donating pattern.

Method - With assistance of SNBTS IT Team, two special duplicate panels will be set up on D.O.B.B.I.N.

- 1) for volunteers who have registered
- 2) for new and lapsed donors who gave at donor sessions in South East Scotland between 16/1/91 and 25/1/91.

These volunteers and donors would therefore be recorded on two panels: their normal "home" panel and the duplicate panel. Their donation information would be automatically updated but the duplicate panel would be accessed for research information only and the information would be down-loaded onto a microcomputer database to facilitate further analysis.

Scale

Approximately 2000 new and lapsed donors attended donor sessions during the first 10 days of the crisis.

Approximately 2000 volunteers have registered their intention to donate and are waiting to be called.

Preliminary advice is that these numbers are sufficient for statistical analysis of important features of donor performance.

Timescale

Final results would be available by Spring 1993 but interim reports would be provided.

Further possibilities

Very little previous research has been undertaken by tracking the donating patterns of particular subsets of donors. When this method has been verified it might be applied to other groups e.g. 17 year olds, deferred donors etc, and the methods developed would be available for use by other SNBTS Centres.

Resources required

Cost

Computer expertise from IT department	?
Clerical Staff 0.5 scale 3 over 2 year period	£10,000
Microcomputer	£ 2,500

Lyn Cronin
Donor Services Manager

31/1/91

pes90213

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

10

1.1 BID : Product Support Services

1.2 PES90 REF : 2.1.3

1.3 PES90 PAGE : A.20

1.4 BRIEF DESCRIPTION :

This bid envisaged the creation of product support services in the following areas :-

- a) Adverse event monitoring
- b) Strategic logistic planning for plasma procurement and PFC product development
- c) Customer relations

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	10	10	10
REVENUE	53	30	30

2.1 REVISED BID DESCRIBED :

This bid is now withdrawn as it is already covered in the previous bid under Clinical Trials (Ref 1.5(a))

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	nil
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	
TOTAL	nil

3.1 SUPPORTING DOCUMENTATION :

pes90214

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

11

1.1 BID : Leucocyte Depleted Blood Products - Virological Safety
1.2 PES90 REF : 2.1.4
1.3 PES90 PAGE : A.21

1.4 BRIEF DESCRIPTION :

The bid envisaged that, over the next 5 years, it will become necessary to provide leucocyte depleted red cells and platelets.

This would have the joint benefits of reducing the opportunity for viral transmission (eg CMV) and reducing alloimmunisation.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50	50	50
REVENUE	250	250	1000

2.1 REVISED BID DESCRIBED :

Discussions with Directors have divided the exercise into 2 major parts :-
1. Meeting existing/anticipated clinical demand for such products and,
2. A policy decision to move to routine production of RCC and platelets by this method.

Most Directors expressed an interest in bidding against 1. and 2 specific bids were received.

However, opinions differed on 2. and the deliberations of the MSC would seem to be essential to recommend policy to the main Board.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 : 1991/92
£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL

 NYK

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL

 NYK

3.1 SUPPORTING DOCUMENTATION : Paper from Dr McClelland costing both 1. and 2. above
Bid from Dr Urbaniak

EDINBURGH AND SOUTH EAST RTC

Leucocyte Depleted Products

This bid should be divided into two parts, one relating to producing leucocyte depleted blood for all patients and the other relating to individually filtered blood for haematology patients.

a) Leucocyte Depletion Processing Equipment

It is the SEBTS intention to purchase the N.P.B.I. equipment which was successfully demonstrated in Holland. This equipment will produce a much improved product, reducing the risk of viral transmission, and will also produce revenue cost savings in terms of staff. The N.P.B.I. equipment will first be evaluated alongside the Baxter equipment to ensure that the correct purchase is made. The expected cost of the equipment is £78,000.

In addition, a further £20,000 will be required to cover the increased cost of blood bags.

Total Cost = £98,000

b) Leucocyte Filtered Blood For Repeatedly Transfused Haematology Patients

In order to safeguard haematology patients for whom repeated transfusions are anticipated we need to provide filtered blood and blood products by means of red cell and platelet filters. It should be noted that our major customer, Dr Parker, has already formally requested that we provide these products and indeed there has been an increasing drift towards provision without the finance required.

This bid may be considered in two parts, ideally for all repeatedly transfused haematology patients but with a possible division between patients over and under 60 years of age.

All Haematology Patients who will need repeated transfusions

Number of Red Cell filters	= 1,300 = £22,230
Number of Platelet filters	= 720 = £15,840
	Total = <u>£38,070</u>

Patients under age of 60 who will need repeated transfusions

Number of Red Cell filters	= 890 = £15,200
Number of Platelet filters	= 615 = £13,530
	Total = <u>£28,730</u>

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
LEUCOCYTE DEPLETED BLOOD PRODUCTS

ABERDEEN & NORTH EAST RTC

Dr Urbaniak estimates a requirement for approximately 5,000 Platelet/
Red Cell filters to provide products to specialist haematology patients
(adult and paediatric) such as those undergoing bone marrow
transplantation.

The cost is estimated at approx £50,000 per annum

pes90bc1

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

12.1

1.1 BID : Blood Collection Programme - Publicity/Educational Campaign
1.2 PES90 REF : 2.1.5.1
1.3 PES90 PAGE : A.23

1.4 BRIEF DESCRIPTION :

To sustain the blood collection programme at its current level requires broad-based and intensive marketing of the Service in all forms of media to encourage and repeat donors.

The bid was also founded on the increase of 7,000 usable donations being targeted in 1991/92.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	245	100	100

2.1 REVISED BID DESCRIBED :

Mairi Thornton produced a paper summarising the donor service development plans and a copy of this is appended.

Since the advent of the Gulf crisis the emphasis for the use of funds has moved more towards education and donor retention initiatives as opposed to straight advertising.

Details of the 3 elements of the original bid are attached.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	20
TOTAL	20
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	11 210
TOTAL	221

3.1 SUPPORTING DOCUMENTATION : Paper summarising the bids
Mairi Thornton's paper of November 1990

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
BLOOD COLLECTION PROGRAMME - PUBLICITY/ EDUCATIONAL CAMPAIGNS

	£
a) National media/ educational campaign	
- Advertising will remain one of the cornerstones of the blood collection programme and an increase of £100,000 is proposed to supplement the existing budget and provide sufficient resource to mount a reasonable TV advertising campaign.	100000 <i>phone</i>
- To sustain the collection programme in the future we should be investing now in an education package targeted at 15 -17 year olds. The initial cost of producing a comprehensive package including audio visuals and training worksheets in sufficient numbers is estimated at £70,000.	70000
- Another area where investment would pay dividends is in improved communication with donors eg telephone call ups on the eve of local sessions. This investment would be for RTC's in the main.	30000
- It is important to make the point that despite the £70,000 being sought for a one-off purpose it is essential to have such a level of resource available each year to allow one major project to be undertaken. Other future examples might be :-	
* Schools package for primary schools	
* Donor membership cards	
* Community education vehicle	
* New TV advert	
Sub total	----- 200000 -----

b) Support Services to National Donor Programme Manager

The current support staff consists of 1 A&C Grade 5 officer providing support services to the national donor programme and the PR aspects of the NDPM's duties. 11000

A further post of Information Assistant at A&C Grade 4 is considered desirable to manage the large quantities of donor publicity materials, general SNBTS PR, information services and other data that is dealt with by HQ Unit.

A draft job description is attached

c) Research into donor attitudes and motivation

Currently £5,000 is available to fund this important research and it is felt that this sum is inadequate for such an important area of activity. 10000

It is proposed to increase the sum by £10,000

Total bid	----- 221000 -----
-----------	--------------------------

DRAFT

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
OUTLINE JOB DESCRIPTION

JOB TITLE: Information Assistant
RESPONSIBLE TO: PR and Donor Services Officer

GENERAL DESCRIPTION:

To provide an information service to support the SNBTS donor programme, public relations and other management functions.

KEY RESULT AREAS

1. Maintain and develop HQ library and reference services including journals, reference files, photographs, audio visual material, artwork etc.
2. Take responsibility for maintaining and developing mailing lists and networking facilities, including media files.
3. Take responsibility for the day to day co-ordination of all publicity material, issue of information and educational packs and the upkeep of the stock system.
4. Ensure that display area in HQ is well presented, up to date and reflects current publicity and PR activities.
5. Maintain SNBTS HQ donor services archive, ensuring that all items are appropriately catalogued and co-ordinated with main archive catalogue.
6. Maintains donor management statistics output and other performance measures.
7. Provides a support service for national PR events, occasionally seconded to Regions.
8. Plays a key role in identifying and preparing material for various national publications.

ENDS

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
SUMMARY OF DONOR SERVICES DEVELOPMENT ACTIVITIES/PLANS 1990-92

1. MARKETING PLANS AND PRIORITIES
2. MANAGEMENT, ORGANISATION AND REVIEWS
3. DONOR SERVICES DEVELOPMENT PROJECT
4. DONOR SELECTION AND SCREENING
5. MANAGEMENT INFORMATION AND MARKET RESEARCH
6. OTHER RELATED POLICY DEVELOPMENTS

Note:

This paper provides a summary of the main development activities in the donor programme. Most are already underway. Detailed descriptions of each activity can be provided on request.

Mairi Thornton
November 1990

Circulation: SNBTS Management Board
Donor Services Managers/Regional Donor Organisers
Donor Consultants

1. MARKETING PLANS AND PRIORITIES

All of these build on existing successful activities and on knowledge of our market. The following will form part of an ongoing development programme, monitored quarterly by NDSM, reviewed twice yearly by DSM/RDO Group and thoroughly assessed annually by same Group.

We shall continue to work closely with NBTS through Provision of Donors Committee.

Appendix 1 outlines our overall marketing policy which has to be agreed with DSM/RDO Group on 20 November. A marketing campaigns calendar will be produced after this same meeting and will be generally available.

PRIORITIES

- 1.1 Develop image and identity by expressing a consistent theme and image in uniform, livery etc as well as publicity/information material. Implementation will be consistent with new revised SNB corporate logo.
- 1.2 Maintain and develop 'please give blood' theme and continue policy of maximising campaign themes through cheaper media. (Eg. extension of TV Ad to cinema, poster and recruitment leaflet package).
- 1.3 Improve donor retention through quality of service initiatives, better and targeted recall mechanisms, flexible donating opportunities, membership/new registration cards, information folders, mail order facilities for publicity items etc.
- 1.4 Develop regular pattern of seasonal campaigning eg. at Christmas/New Year, pre-Summer and October school holidays to overcome traditional dips. Campaigns will involve co-ordinated advertising, public relations launch, posters, recall stationary etc. See appendix 2 for briefing note for planned Christmas campaign 1990/91.
- 1.5 Working with health education professionals, develop extensive new schools educational material, community education displays, open days, series of information leaflets. Some of these will be timed to coincide with the Science Festival 1991. To note that leaflet series is being subdivided into 3 - recruitment, education, health and safety.
- 1.6 Improve strategies for using the donor as a recruiter. (Eg. bring a friend campaign).
- 1.7 Ensure that all new advertising and publicity themes continue to be thoroughly pre-tested before launch.
- 1.8 Continue to develop positive press and media coverage of the donor programme but also promote and develop understanding and coverage of scientific and other developments. A separate policy paper will be produced in this important subject before the year end. Media

- 2 -

relations should be led by HQ which must provide good accurate briefing material, up to date media lists and agreed contingency plans in case of crisis. High quality audio visual and reference facilities are required to do justice to our PR programme.

ALSO PLANNED

- 1.9 Develop joint ventures with other organisations such as the Ambulance Service, banks, health education organisations, Automobile Association, Haemophilia Society, organ donation recruiters etc.
- 1.10 Develop relationships with organisers of workplace donor sessions by use of information packs, marketing video and introduce corporate awards.
- 1.11 The 1990 review of donor awards is now complete and recommendations being implemented. Further reviews will take place every 2 - 3 years. To note it is suggested that responsibilities for upper awards be transferred from SNBTA so extra funds will be required.

REGIONAL ACTIVITIES

- 1.12 Marketing efforts will continue to be biased towards West of Scotland and a publicity workshop is planned, focused on local issues. A major review of programme management and new standard procedures is underway. New staff are in post and developments in 1991 will include closer ties with local press and radio.
- 1.13 Develop community information networks in all Regions.
- 1.14 Regions will continue to manage their own budgets according to the areas of activity defined in appendix 4 but where savings can be made, booking of advertising, print items etc will be co-ordinated nationally or by one Region as a service to the others.

ACTION: Action on all above will be by NDSM, DSM/RDO Group and support staff at HQ and Regions, having secured approval of Regional Directors.

ADDITIONAL RESOURCES REQUIRED: There can be no doubt that high quality advertising and publicity material is expensive. Current marketing budget will support one light weight advertising campaign each year but this will be at the expense of educational developments which have been neglected in previous years and must be one of our main priorities in 1991. External support will be sought for education package which otherwise would cost £75,000. It is anticipated that Regional telephone and postal expenditure may rise with improved communication strategies. More detailed forward budgeting will be available by February 1991 once marketing plans are finalised.

PES Bid 1991/92:

Education Campaign	£ 50,000	(video, worksheets, displays leaflets, in-service training in schools etc.)
Media/Advertising	£150,000	

- 3 -

2. MANAGEMENT AND ORGANISATION OF DONOR SERVICES

UNDERWAY (GENERAL)

- 2.1 Consolidate Regional management infrastructure and responsibilities with special focus on the role of senior nursing staff, their responsibilities in general management, education and training, QA, clinical interface. Action: Regional Managers
- 2.2 Consolidate the role of the session manager and the session management team. Develop role of liaison officer between team and donor admin (West BTS). Action: Regional Managers and see 3.4 below.
- 2.3 North East Donor Services Review. Preliminary report due February 1991. Action: Mairi Thornton with North East Working Party.
- 2.4 Professional Staffing at Sessions. Working party consists of Professor Cash, Dr Urbaniak, Mairi Thornton. Action: Preliminary report early 1991.

PLANNED

- 2.5 Review responsibilities of donor attendants to consider providing more flexibility and accountability at sessions and to create career development opportunities. Action: DSMs with appropriate senior colleagues. Initial recommendations mid 1991.
- 2.6 East Donor Services Review pending discussion with Dr Brookes, Ethna Gray.
- 2.7 Develop national resource and support services for publicity, marketing, educational activities. Seek funding to appoint Information Services Assistant to co-ordinate publications, audio visuals, reference material and to assist in organisation of events. (1991/92)
- 2.8 Review DSM/RDO meeting structure and establish annual workshop for senior staff.

ADDITIONAL RESOURCES REQUIRED:

PES 1991/92:

£20,000 national support services (detailed confirmation/ammendment for February 1991).

Additional resources identified in staffing reviews not yet known. Target date for estimates February 1991.

- 4 -

3. DONOR SERVICES DEVELOPMENT PROJECT

- * Quality of care. * Quality of Service. * Training and development.
- * Communications. * Teamwork.

UNDERWAY

- 3.1 Quality project launched with emphasis in year one on West BTS and with support from MDG. Co-ordinator Lyndsay Small.
- 3.2 Staff briefings are being developed by DSMs/RDOs in all Regions.
- 3.3 Outline training and development strategy will be presented to DSM/RDO group in November 1990. Details to be finalised by February 1991 following consultation with appropriate senior staff. Action: Lyndsay Small, Development Officer with Mairi Thornton, DSM/RDOs and Senior Nurses.

Key components will include (some underway):

- * Improving staff recruitment, induction and basic in-service training. Will include training to ensure proficiency in handling public enquiries and all round understanding of BTS activities.
- * Management Training - a programme is already underway with the Industrial Society and will be followed by individual needs analysis and further recommendations.
- * Customer care training will be developed as part of the Quality Project.
- * Specialist training - outline training programme is being developed for donor attendants by Senior Nurses Group. Professional training needs analysis will also be undertaken and will also cover other specialist skills (eg. PR, marketing, records management).
- * Counselling training - needs analysis will be undertaken.
- * Appropriate training materials will be developed.
- * To note that following consultation with Senior Medical colleagues, sessional medical staff would be included in some of the training outlined above.

3.4 Other

- 3.4.1 Training of voluntary helpers - North East developing a programme which may be extended to other Regions. Implementation planned in 1991. Action: Susan Eddie and colleagues.

- 5 -

PLANNED

- 3.4.2 Develop national guidelines on health and safety sessions (fire regulations etc). Marianne MacDonald reviewing existing SNBTS and NBTS written procedures in consultation with senior colleagues in other Regions. To report to RDO/DSM meeting November 1990 and appropriate working party to be established thereafter.
- 3.4.3 Joint exercise with NBTS to research, evaluate and produce recommendations on session furniture and corporate appearance (beds, tables, screens etc). Action: Mairi Thornton in association with NBTS Provision of Donors Committee. Report mid to late 1991.

ADDITIONAL RESOURCES REQUIRED: Some minor capital funding expected 1990/91 to support quality and training.

PES 1990/91:

£32,000	Quality/Training Officers
£10,000	improving Refreshments
£10,000	Increasing training (plus £10,000 in 1992/93 and 1993/94)

This will be sufficient for 1991/92 and Glasgow Quality Project experience will help identify priorities and longer term needs (having reviewed self-funding options).

Priority is funding for increasing training. The 10,000 figure is an estimate based on cost of releasing staff for one hour per month for in-service training.

Target for firmer estimates - February 1991.

- 6 -

4. DONOR SCREENING AND SELECTION

Developments towards a safer blood supply:

UNDERWAY

- 4.1 Final agreement on SNBTS A-Z Donor Selection Guidelines is due. Other developments depend on this agreement. Action: Dr Galea, Dr Brookes, MSC.
- 4.2 Introduce national health check questionnaire based on above and with input from Medical Research Council and Adult Basic Education experts. Design underway. Target date for implementation early 1991. Action: Mairi Thornton, Dr George Galea, DSMs/RDOs.
- 4.3 Finalise health information leaflets for donors (focus on health, safety, quality issues and donor deferral). Publication (budget permitting) to coincide with introduction of HCV testing. Action: Dr Galea, Dr Gillon, Mairi Thornton.
- 4.4 Establish national register of 'risk' donors. Action: Early 1991 by DSM/RDO Group, IT Manager.

PLANNED

- 4.4 Donor Consultant's preparation of staff guides to new A-Z etc. 1991. Action: Dr Galea, Mairi Thornton and other senior staff.
- 4.5 Following thorough review and evaluation, establish standard donor screening procedures eg. in-depth interviews for new, lapsed and problem donors. Pilots being developed in SEBTS into streaming new donors at mobile sessions. Initial report mid 1991. Action: Lyn Cronin. Dr Gillon also has plans to assess computer based interview and similar techniques.
- 4.6 Improve privacy, evaluate sound masking systems. Pilots will hopefully be undertaken in SEBTS based on American Red Cross systems. Action: Mairi Thornton, Lyn Cronin to report.
- 4.7 Appoint (having reviewed self-funding options) donor receptionists (hostesses) to welcome, reassure, inform and guide donors, carrying out initial selection. Action: DSMs/RDOs mid to late 1991, budgets permitting.
- 4.8 Ensure training and support for staff undertaking donor interview and counselling. This is particularly important if and when new procedures are introduced for new donors. Action: Regional Managers based on national guidelines.
- 4.9 Introduce information leaflets for GPs and donor selection. Action: Dr Galea, Dr Gillon, Mairi Thornton 1991/92.

ADDITIONAL RESOURCES REQUIRED: Some minor capital funding anticipated 1990/91 to pilot new privacy, sound masking methods.

- 7 -

PES bid 1991/92:

£50,000 Improve donor selection procedures.
£75,000 Donor Receptionists (x8)

It is not yet known if this is an appropriate estimate. Outcome of South East experiments awaited and West quality developments (Provisional target for update February 1991).

Longer term it is anticipated that interviews 5.5 above will be carried out by staff nurses and while increasing safety there may be extra costs.

Funding not identified for new questionnaires and other literature.
Estimate £8,000 1990/91 plus £5,000 per annum thereafter.

- 8 -

5. MANAGEMENT INFORMATION AND MARKET RESEARCH

UNDERWAY

- 5.1 Agree donor management terminology, issue guide to same. Action: NDSM leading working party; agreement expected December 1990.
- 5.2 Develop accurate donor management analysis statistics including panel analysis etc. Action: NDSM, IT Manager, National Finance Manager and others. Target March 1991.
- 5.3 Maximise use of Hoffman Research Monitor. Report from first monitor due early November and an action plan will be developed thereafter.
- 5.4 Improve data collection and donor security at sessions by developing new data capture systems and donor membership cards. Trial of data capture by micro computer in North BTS November 1990. Thereafter proposals will be finalised for phasing. Action: IT Manager, NDSM, North BTS and possibly external consultant.
- 5.5 Establish national register of risk donors. Action: DSM/RDO Group (November 1990) thereafter IT Manager, MSC.
- 5.6 Pursue improvements to audit of donor deferral and make appropriate adjustments to donor recruitment policy. North East due to report on their audit late 1990. South East also has audit underway. Action: Medical Audit Group making recommendations.
- 5.7 Continue to develop Regional research and evaluation activities (see appendix 3).

PLANNED

- 5.8 Develop performance indicators and unit cost analysis. Action with National Finance Manager mid 1991.

OTHER POSSIBLE DEVELOPMENTS

- 5.9 Develop more extensive research into donor and public attitudes and behaviour.
- 5.10 Develop database on donor research and promote international exchange of information.

ADDITIONAL RESOURCES REQUIRED: Hoffman Research Monitor currently funded by publicity budget but additional funds will be sought in the future (£4,000 per annum).

PES bid 1991/92:

£ 25,000	Research into donor attitudes and motivation.
£100,000	Data capture and membership card included in IT PES bid.

- 9 -

Phasing in of new data capture systems and membership cards is being explored so that costs can be spread over several years. Unfortunately this will reduce publicity opportunity as a public launch for all donors in Scotland would attract substantial publicity.

pes90bc2

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

12.2

1.1 BID : Blood Collection Programme - Improvements to Donor Sessions
1.2 PES90 REF : 2.1.5.2
1.3 PES90 PAGE : A.23

1.4 BRIEF DESCRIPTION :

The need to improve the quality of the experience of giving blood is recognised and would strengthen the donor base and reduce drop-out rates.

A total quality programme for the donor programme in West BTS is currently underway and showing clear signs of success. Further bids for resource may arise beyond that which can be self-financed once the full recommendations are known.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	177	10	10

2.1 REVISED BID DESCRIBED :

Mairi Thornton produced a paper summarising the donor service development plans and a copy of this is appended with bid 2.1.5.1.

Details of the 5 elements of the original bid are attached.

The outcome of a review of donor services in Aberdeen is also included.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	20
TOTAL	20
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	88.5 + NYK 28
TOTAL	116.5 + NYK

3.1 SUPPORTING DOCUMENTATION : Paper summarising the bids

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
BLOOD COLLECTION PROGRAMME - IMPROVEMENTS TO DONOR SESSIONS

	£
a) Quality/ Training Officers	
Edinburgh BTS have made a bid for a QTO on a 2 year fixed term, contract to create training manuals and carry out some of the training personally.	16000
If a national appointment, the post could be shared with the other East Coast Centres and the postholder could work closely with the national development officer.	
There is also a need to improve donor questionnaire literature	8000
b) Donor Receptionists etc.	
The need is assessed as follows :-	NYK
Glasgow	WTE 6.0
Aberdeen	2.5
Dundee	1.0
Inverness	.5
Funding requirements will depend on to what extent RTC's may be able to redeploy staff or posts to resource these new developments.	
The action recommendations which arise from the West TQM project will have a direct bearing on the final proposal.	
The staff for Aberdeen would also allow the Centre to reduce the use of voluntary staff at outside sessions and make other improvements to the quality of service.	
c) Improved Refreshments	10000
d) Improved Donor Interview Procedures	
The original bid of £50,000 is being held at present whilst the matter is under consideration.	50000
Edinburgh BTS have identified a need for 1.5 Grade D Nurses to carry out interviews in a more consistent and professional manner and improve retention rates.	
This would be the first phase of implementation and would act as a pilot for the SNBTS.	
e) Increased Training	
Funds will be required to support the Donor Services Training and Development Strategy. This will include the training of BTS trainers and voluntary helpers.	10000

f) Review of Aberdeen BTS Donor Admin Structure

In 1991/92 it is envisaged that the following changes should take place :-

Upgrade RDO (A&C Grade 6 to 7)	3500
Create a Donor Services Secretary (A&C Grade 3)	9000
Upgrade Donor Records Supervisor (A&C Grade 3 to 4)	2000

g) Edinburgh BTS - Clerical support for Nurse Managers (A&C 3)

EBTS have made a bid for the above to release senior Nurse managers from low level administrative tasks. The time released will free managers to consider the quality aspects of sessions and their effective organisation.

9000

Total	----- 117500 -----
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pes90bc3

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

12.3

1.1 BID : Blood Collection Programme - Donor Session Costs
1.2 PES90 REF : 2.1.5.3
1.3 PES90 PAGE : A.23

1.4 BRIEF DESCRIPTION :

When constructing PES90 the target for increased usable red cell donations was set at 7,000.

The funds bid for were based on a marginal cost of £20 per unit.

An increase of 8,000 per annum in the following 2 years was also planned.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50	25	25
REVENUE	140	170	180

2.1 REVISED BID DESCRIBED :

As discussed in section 2.4 "Supply and Demand Issues", it is considered appropriate to reappraise the previous targets at this time.

No cost estimates for an increase are as yet appended .

Dr Brookes has made bids for funds to sustain Dundee's baseline blood collection and improvements to the arrangements for the transport of blood.

Potential longer term effects of the Gulf crisis are also discussed by Dr Brookes in the document attached.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	NYK
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	
TOTAL	NYK

3.1 SUPPORTING DOCUMENTATION : Paper from Dr Brookes on sustaining baselines
Paper from Dr Brookes on improved transport of blood
Paper from Dr Brookes on the post Gulf crisis situation

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31st January 1991

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE

PES 1991/92

INCREASED RESOURCE REQUIRED TO SUSTAIN THE CURRENT BLOOD COLLECTION
PROGRAMME

To meet the previously set blood collection targets for 1991/92, three additional sessions have been organised along with extensions to existing sessions to accommodate more donors.

To achieve maximum benefit from this additional session time, it is estimated that increased funding of £12,000 is required.

The major expenditure heads involved in this funding are as follows and is on the assumption of approximately 750 to 800 extra donations.

a. Sessional Medical Officers

An increase in establishment is requested to 1.5 WTE.

Estimated extra expenditure is £700

b. BDA Hours

Owing to the introduction of out-of-hours plasma requiring the transportation of donations to the Centre, an extra donor attendant is required to cover on the duties a driver does at sessions (e.g. pack segmentation).

This cost is estimated at £3,700.

The cost of the donor attendant hours to staff the extra sessions is estimated at £1,500.

c. Clerical Hours

Additional overtime hours estimated at £ 160

d. Drivers

Additional overtime hours estimated at £ 150

e. Session Costs

Owing to the rise in cost of halls in recent years, ^{an} increase in refreshment costs, the estimated extra expenditure is £ 650

f. Travel & Subsistence

Additional cost estimated at £ 500

g. Blood Bags

Additional cost estimated at £3,000

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1st February 1991

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE

PES 1991/92

IMPROVED ARRANGEMENTS FOR THE TRANSPORT OF BLOOD

In past years it was the custom to use public transport, Tayside inter-hospital transport, or taxis to transport blood around the Region, because BTS transport was very limited. The use of public transport has long since ceased, but because of increased demand on BTS for blood and blood products in peripheral hospitals, due to increased clinical activity (e.g. the local unit for the elderly has changed from a long-stay policy to one of short-term admissions for medical treatment), also the introduction in 1990 of out-of-hours working with the associated transport of freshly collected blood from the mobile sessions back to the centre for processing, there has been considerable increase in traffic.

To ensure that blood is transported at optimum temperature in the shortest possible time and by the most direct routes, it is preferable that BTS transport is used where appropriate.

As part of the Vehicle Replacement programme, there is, on order, an additional vehicle, a refrigerated van, due to be supplied to the Centre in March 1991.

There is then a requirement for one additional member of ancillary staff for additional duties.

It is proposed that this person should be taken on in the first place on a part-time basis up to (0.5 WTE), for driving duties and also, some stores duties in connection with the introduction of the Computerised Stores System.

(5a)

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28th January 1991

PES

BLOOD COLLECTION PROGRAMME JANUARY 1991 ONWARDS

The Gulf Crisis has seen an unprecedented increase in donors volunteering.

While it is recognised that an assurance has been received that costs associated with the provision of blood for the Army will be covered from Central Government Sources, the BTS finds itself in the position of running much larger donor sessions, processing and testing more blood, dealing with far more donor telephone calls, enquiries and correspondence, the counselling of donors as necessary, and persuading PFC to uplift plasma more frequently from Centres. Increased costs are being incurred for all aspects of the donor programme and making unprecedented demands on our Revenue Budgets.

The Government should understand that we cannot switch off this excellent and very welcome response from donors without a major deterioration in our relations with them and hence serious detriment to the long-term success of the Service. There is no doubt that Centres will make every effort to smooth out blood collection to maintain a good level of stocks, but the increase which has occurred in the size of active donor panels has caused a considerable shift in the base line of RTC working and this higher donor response rate will last for an unpredictable length of time.

Accordingly, funding is needed for this additional workload, not only to increase our revenue budgets, but to provide the necessary extra staff to enable us to cope.

pes90p11

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

13.1

1.1 BID : Plasma Collection Programme - RTC Plasmapheresis
1.2 PES90 REF : 2.1.6(a)
1.3 PES90 PAGE : A.24

1.4 BRIEF DESCRIPTION :

Developments in the existing PFC product range and plans for the introduction of new products will generate the need for increased input of FFP to PFC in the coming 3 years.

The target for 1991/92 is an additional 3,600kgs, 900 kgs of which will come from the whole blood collection programme increases.

Costs based on 2,700 kgs at a unit cost of £55.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	148	87	60

2.1 REVISED BID DESCRIBED :

The targets for 1991/92 are set out on the attached document.
If there is no increase in the whole blood collection targets for the coming year then the total increase will have to come from plasmapheresis.

For costing purposes the latter scenario has been assumed.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	3.6
TOTAL	3.6
REVENUE - STAFFING	136.2
OPERATIONAL SUPPLIES	21.8
BLOOD COLLECTION SUPPLIES	160.9
OTHER COSTS	10.6
TOTAL	329.5

3.1 SUPPORTING DOCUMENTATION : Summary of the RTC costs
Papers from Dr Brookes

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PLASMA COLLECTION PROGRAMME 1991/92
RTC COSTINGS

	Glasgow	Edinbrgh	Aberdeen	Dundee	Inverns	Total
TARGETS	Kg net '000	Kg net '000	Kg net '000	Kg net '000	Kg net '000	Kg net '000
1. Baseline for 1991/92	33.50	20.50	8.70	7.50	5.10	75.30
2. Target for 1991/92	35.66	21.51	9.10	7.90	5.33	79.50
3. Increase	2.16	1.01	.40	.40	.23	4.20

	Glasgow	Edinbrgh	Aberdeen	Dundee	Inverns	Total
COSTS	£'000	£'000	£'000	£'000	£'000	£'000
Capital	2.0	1.6				3.6
Revenue						
Associate Specialist				30.00 (1 WTE)		30.0
Sess Med Off		15.00 (0.5 WTE)				15.0
Nurse Grade G	13.4 (0.8 WTE)					13.4
Nurse Grade F		21.90 (1.5 WTE)		14.60 (1 WTE)		36.5
BDA Grade B	8.30 (1 WTE)	12.50 (1.5 WTE)			2.50 (0.3 WTE)	23.3
A&C Grade 3		10.30 (1.1 WTE)				10.3
A&C Grade 2	7.70 (1 WTE)					7.7
Harnesses	66.80	66.50	8.60	11.00	8.00	160.9
Operational Supplies	16.00		1.80	1.50	2.50	21.8
Equipment Maintenance	4.5	4.5			1.0	10.0
Other Goods & Services			.3	.3		.6
Total Revenue	116.7	130.7	10.7	57.4	14.0	329.5

	Glasgow	Edinbrgh	Aberdeen	Dundee	Inverns	Total
UNIT COSTS	£	£	£	£	£	£
	54.03	62.84	39.63	143.50	60.87	64.11

PLASMA COLLECTION PROGRAMME 1991/92
RTC COSTINGS
NOTES

GLASSOW

Includes a deal for 200 platepheresis harnesses @ £9,700

EDINBURGH

Owing to an expected shortfall in whole blood targets SEBTS expects to input only 19,000 kgs of FFP to PFC in 1990/91. The bid above is in respect of 2,080 kgs to input 21,080 kgs in 1991/92. The value of savings on the WB programme have yet to be deducted from the figures above.

ABERDEEN

Dr Urbaniak anticipates that his WB programme will increase in line with targets if current trends continue providing 180kgs of plasma. The bid made above is in respect of 220 kgs of FFP plus 50 kgs of hyperimmune plasma to meet targets set for the latter.

DUNDEE

Papers from Dr Brookes covering the 2 new posts are attached. Other costs estimated as detailed costings are awaited.

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31st January 1991

DRAFT

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE

PES 1991/92

APPOINTMENT OF ASSOCIATE SPECIALIST

In 1990 approval was given for the Centre to proceed with the appointment of a second Associate Specialist, to be in post by the spring of 1991. Assurance was given to ACME that the post was funded, but in discussion the General Manager advised that if sufficient funds could not be allocated in 1991 for 2 Associate Specialists, then the funding for the Associate Specialist retiring in July 1991 would have to be used to fund the "2nd" Associate Specialist without immediate replacement of the one retiring.

The Job Description of the new Associate Specialist was written with emphasis on laboratory duties, although assistance with plasmapheresis was built in to ensure the continuation of the plasmapheresis programme.

The current doctor's replacement would be involved principally in the running of the plasmapheresis unit, also dealing with donor correspondence and follow up; donor counselling, training of session medical officers, and participation in the on-Call Rota.

When settled in post, both Associate Specialists would release the Director from a large part of the current involvement with donor correspondence, computer up-dating, scrutiny of laboratory information, and both Director and Consultant from those requests for advice from hospital staff which are of a routine nature and do not necessarily require Consultant input.

The increasing donor workload is due not only to the maintenance and updating of the donor panel, but also to changes in donor selection

guidelines, and the need to respond to walk-in and telephoning donors, who challenge the advice they are given or follow up media information far more often than ever in the past. This takes time out of the working day of all 3 medical staff. There is a growing file of Microbiology false positive results which need to be scrutinised by medical as well as MLSO staff. There are welcome, but demanding, requests, increasing in number, for the BTS to become involved in both administrative and clinical matters in the Region. This involves the Consultant staff, and the choice here is between non-involvement and freeing up more time in order to be able to respond. There is the imminent introduction of HCV testing, with the associated requirement both of scrutiny of laboratory results, the counselling of donors and the maintenance and updating of all the records.

In conclusion, it is essential to reactivate the post of Associate Specialist on the retiral of the present postholder and to fund it, in order to cope with the increasing workload.

The Director, with Miss Corrie, is preparing the Job Description and the submission to ACME. This submission could be considered in May 1991, providing the submission could be taken to ACME with an assurance of funding.

(6)

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1st February 1991

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE

PES 1991/92

NURSING STAFF - FURTHER DEVELOPMENTS

At the time of nurse re-grading in 1988, the Senior Nurse was the only qualified nurse in post in this Centre. A recommendation was made to appoint a second qualified nurse at Grade F, to provide additional support for both donor sessions and plasmapheresis and in due course to appoint a second nurse, also a Grade F, with the intention that one should be mainly responsible for the plasmapheresis sessions and the other for the whole blood collection sessions.

The first appointee was actually appointed at Grade E to the Grade F post. She is now experienced in the work both of whole blood collecting and plasmapheresis sessions and the Senior Nurse recommends that she be paid at her full post grading of F from 1st April 1991.

(i.e. no establishment change)

Appointment of 2nd Sister, Grade F

In accordance with the previous recommendation it is proposed that the 2nd nurse be appointed in the latter half of 1991/92, approximately 3 months after the incoming Senior Nurse, replacing the Senior Nurse due to retire in July 1991, is established in post.

This Nurse may wish to make some modification of these proposals, and the Sister's Job Description should be prepared in consultation with her, prior to advertising the post.

pes90p12

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

13.2

1.1 BID : Plasma Collection Programme - PFC Processing Costs

1.2 PES90 REF : 2.1.6(b)

1.3 PES90 PAGE : A.24

1.4 BRIEF DESCRIPTION :

Developments in the existing PFC product range and plans for the introduction of new products will generate the need for increased input of FFP to PFC in the coming 3 years.

Plasmapheresis will be the source and there will be additional precessing costs at the PFC who will also need to increase supply of anticoagulant.

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	36	24	24

2.1 REVISED BID DESCRIBED :

The increase expected is 4,200 kgs but in addition to this the PFC has met increased demands for products eg IVIgG in 1990/91. This has caused financial pressure on the Centre's budgets which requires to be resourced.

Revised bid :-	1. Processing costs	£'000 50
	2. Anticoagulant for plasmapheresis	5

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	55
TOTAL	55

3.1 SUPPORTING DOCUMENTATION :

pas90221

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

14.1

1.1 BID : Support Services - Finance

1.2 PES90 REF : 2.2.1

1.3 PES90 PAGE : A.25

1.4 BRIEF DESCRIPTION :

The White Paper "Working for Patients" envisages a health service where both the quality and costs of service provision are of major importance.

The bid was in respect of the creation of business information systems to support and inform the management of the Service.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	50		

2.1 REVISED BID DESCRIBED :

Proposals for a revised staff structure in SNBTS Headquarters have recently received the approval of the CSA General Manager and the costs are included here. A brief paper is attached.

There are also bids in from 3 RTC's and again these are set out in the attached paper.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92
£'000CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL 0

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL 109

3.1 SUPPORTING DOCUMENTATION : Paper on HQ Unit Management Structure
List of RTC bids

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
HEADQUARTERS MANAGEMENT STRUCTURE

1. INTRODUCTION

The SNBTS exists in an environment in which external competition, the need to innovate, financial stringency and increased legislative and regulatory requirements all strongly feature.

To meet these challenges and respond positively to the increasing devolution of authority from the CSA it is essential that the business support services of the SNBTS are greatly improved.

2. OVERALL AIMS

To create the effective management of the undernoted essential business support functions in line with the present and future needs of the Service :-

- Financial management
- Personnel management
- Information management and technology
- Physical Resources management
- Project management and coordination

3. GOALS AND TARGETS

One of the major goals of the HQ Management Team must be the creation of a comprehensive Management Information System (MIS) to monitor performance in both quantitative and qualitative terms, influence the behaviour and decision making of managers and to function as a business planning tool.

A major challenge that has arisen within the last week is the devolution of responsibility for all aspects of our Capital Programme including the project management of the major schemes currently ongoing.

The creation of a highly professional and effective personnel management team is a central aim of the changes.

The IT Unit will also undergo change with Mike Moores moving into the National Medical &

Scientific Unit under Professor Cash to concentrate on the research and systems development aspect of IT. The IT Unit will have its own Manager in charge of the production and service functions. These changes are designed to ensure that the expanding IT needs of the Service are met and founded on secure and efficient systems.

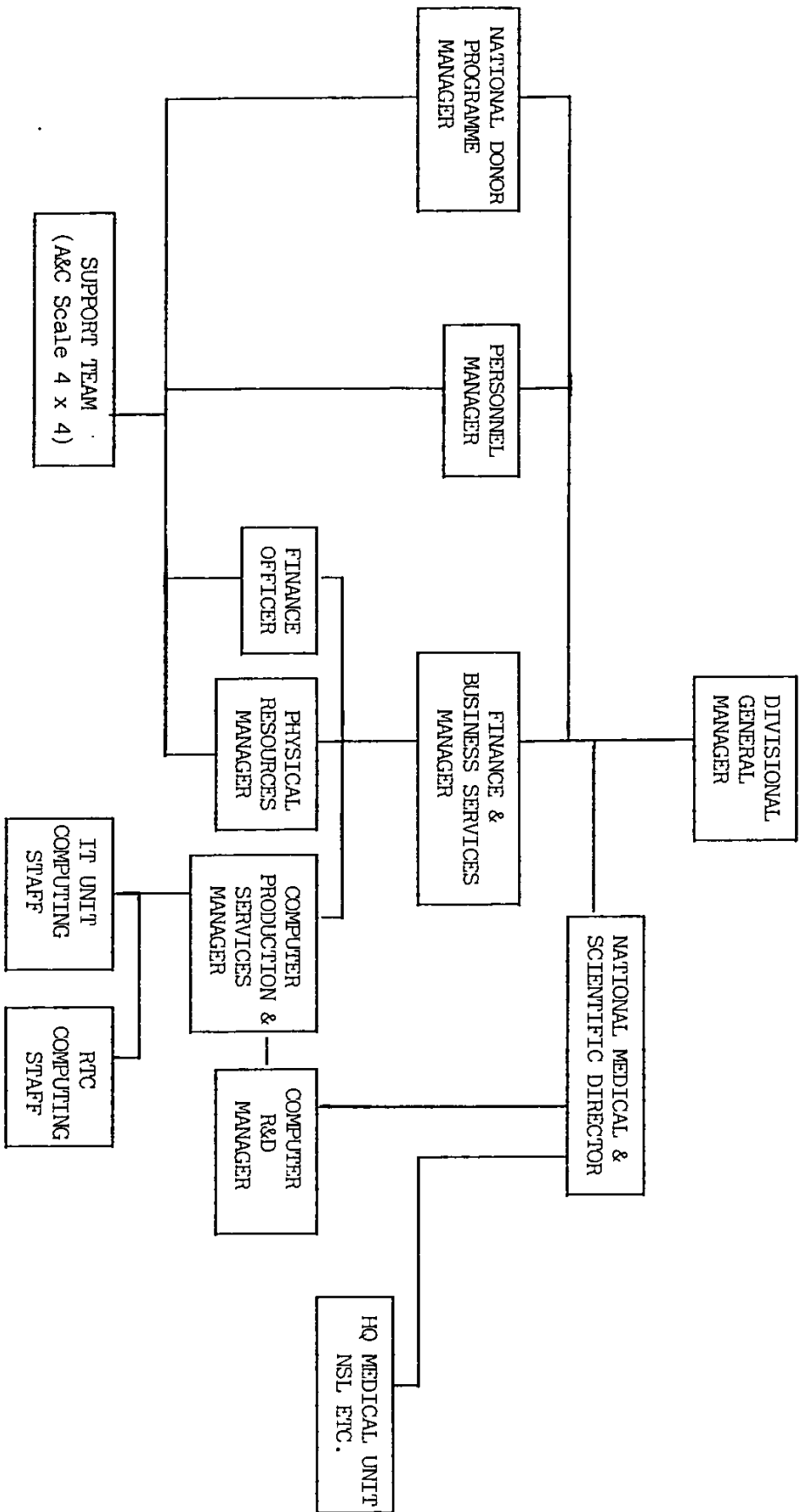
All aspects of the work of the team and its individual members must be result orientated (eg Management by Objectives)

4. PROPOSED ORGANISATIONAL STRUCTURE

An organisation structure is appended .

The total cost is estimated to be £60,000.

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
HEADQUARTERS MANAGEMENT STRUCTURE



SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
SUPPORT SERVICES FINANCE

RTC BIDS

Glasgow

A bid has been made for a Supplies Officer to take direct charge of the Stores at Law Hospital and be responsible for running the computerised supplies management system.

The other elements in a package designed to beef up the business support functions have been self-financed.

£13,000

Aberdeen

Aberdeen is the only RTC that does not have a Business Services Manager at the present time and Dr Urbaniak has identified a need to reappraise NEBTS' support services to meet the ever increasing demands for management information and support.

A regrading of the existing Unit Administrator post and a Stores Clerk are also mooted.

£25,000

Inverness

Approval has been given for the creation of a post of Administrative Assistant to support the BSM/DSM post in the Inverness Centre.

£11,000

£49,000

pes90222

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

14.2

1.1 BID : Support Services - Personnel
1.2 PES90 REF : 2.2.2
1.3 PES90 PAGE : A.26

1.4 BRIEF DESCRIPTION :

The bid covered 2 main areas :-

1. An increased training budget and,
2. Restructuring of work practices (excl PFC)

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	125		

2.1 REVISED BID DESCRIBED :

Details of the bids for increased training funds are attached.

The exercise to restructure the MLSO/Lab Asst workforce is still in prep. as are similar appraisals on the grades of Drivers and the use of The MLA grade to replace Lab Asst.

Dr Urbaniak is also making a bid for 0.5WTE to deal with the new computerised personnel system and for 2 posts of MLSO1 and MLA to extend routine cover in his Blood Bank.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING TRAINING	
TOTAL	101

3.1 SUPPORTING DOCUMENTATION :

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
PERSONNEL SUPPORT SERVICES

TRAINING BIDS

CENTRE	£'000
GLASGOW	30
EDINBURGH	15
ABERDEEN	10
DUNDEE	10
INVERNESS	6
PFC	15
HQ	10
IT	5
TOTAL	101

£150 for 2d/yr per staff member

pes90223

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

14.3

1.1 BID : Support Services - Information Technology

1.2 PES90 REF : 2.2.3

1.3 PES90 PAGE : A.27

1.4 BRIEF DESCRIPTION :

The IT strategy fell into 2 categories :-

1. The production of management control information and development of new systems in blood collection and processing
2. Support to clinical audit and quality initiatives

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
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CAPITAL	280	180	200
REVENUE	75	60	30

2.1 REVISED BID DESCRIBED :

As can be seen from section 2.2.1 a restructuring of the IT Unit is proposed. An integral part of this process will be a full audit of the existing systems and their overall security which will form a central pillar of the IT strategy that will be produced in the coming months.

Close consultation with all users will also feature in determining the areas for improvement and development of systems.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92
£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL _____
NYK

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL _____
NYK

3.1 SUPPORTING DOCUMENTATION :

pes90231

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

15.1

1.1 BID : Tissue-typed Donor Panel - Platelets/Bone Marrow Transplantation
1.2 PES90 REF : 2.3.1
1.3 PES90 PAGE : A.28

1.4 BRIEF DESCRIPTION :

This matter is subject to increasing interest from the UK Departments of Health and the SNBTS has plans ready for implementation when appropriate approval is received.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50		
REVENUE	36		

2.1 REVISED BID DESCRIBED :

No change to basic bid.

Insurance cover for donors has also been arranged (see attached)

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	50
TOTAL	50
REVENUE - STAFFING OPERATIONAL SUPPLIES BLOOD COLLECTION SUPPLIES OTHER COSTS	36
TOTAL	36

3.1 SUPPORTING DOCUMENTATION : Letter from Mr McIntosh to SHHD



SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

→ John Francis

Headquarters
Ellen's Glen Road
Edinburgh
EH17 7QTTel. No. 031-664 2317
Fax No. 031-658 1639

0 5. FEB 91 4th February 1991

JF

Mr R Panton
Management Executive
NHS in Scotland

Dear

UNRELATED BONE MARROW TRANSPLANTATION

Following earlier correspondence and discussions this is to let you know that we have set up an appropriate insurance arrangement to cover donors.

The cover arranged is £250,000 per individual and will cost us annually some £30 per head. On the basis of 5 donors per annum the total bill of £150 is one that we would regard as excellent value for money.

As we discussed this makes it unnecessary to press the Treasury further on the matter of alternative methods of indemnity cover.

We would envisage this arrangement being effective from 1st April 1991 unless you would wish to make other suggestions in which case please do not hesitate to be in touch.

Thanks for your help.

Yours sincerely

David B McIntosh
General ManagerCopy to:
SNBTS Management Board**PLEASE GIVE BLOOD**

pes90232

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

15.2

1.1 BID : Tissue Typing Services - Organ Transplantation
1.2 PES90 REF : 2.3.2
1.3 PES90 PAGE : A.29

1.4 BRIEF DESCRIPTION :

SNBTS laboratories play a major role in the histocompatibility services for organ transplantation in the SHS.

Demand is expected to increase in the coming years.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	100	50	25
REVENUE	20	20	10

2.1 REVISED BID DESCRIBED :

The only specific bid received is from Dr Urbaniak for an MLS02 to run the laboratory support for GHB's autologous BMT programme.
GHB has purchased an irradiator which NEBTS will maintain (£1,000 pa)

The running costs of the RFLP PCR equipment purchased from this year's equipment programme is also bid for (£5,200 pa)

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT (Freezer)	4
TOTAL	4
REVENUE - STAFFING	15.8
OPERATIONAL SUPPLIES	4.2
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	2
TOTAL	22

3.1 SUPPORTING DOCUMENTATION :

pes90233

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

16

1.1 BID : Tissue Banking
1.2 PES90 REF : 2.3.3
1.3 PES90 PAGE : A.30

1.4 BRIEF DESCRIPTION :

Tissue banking has become an important and expanding function for modern health services.

There is an obvious trend towards transfusion centres taking on this role and bone banking services already exist in the Edinburgh and Aberdeen Centres.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	50	30	20
REVENUE	80	30	30

2.1 REVISED BID DESCRIBED :

Details of the bids received are attached.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	
TOTAL	0
REVENUE - STAFFING	24.6
OPERATIONAL SUPPLIES	9.7
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	
TOTAL	34.3

3.1 SUPPORTING DOCUMENTATION :

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
TISSUE BANKING
RTC BIDS

GLASGOW

Discussions are underway with the GGB for Glasgow to provide this service.

EDINBURGH

Proposal to increase the scope and quality of the bone banking service currently provided and also to take over full funding of the service

Staff	10000
Operational supplies	4700
LHB contribution	5000

Total	19700

ABERDEEN

Proposal to increase the scope and quality of the bone banking service currently provided and take advantage of Stracathro now being part of the GHB. A service to Inverness may also be possible. NEBTS also want to buy out the GHB contribution

Staff	14600
Operational supplies	3000

Total	17600

DUNDEE

Preliminary discussions have taken place with THB Orthopaedic Surgeons but no plans have yet been formulated.

INVERNESS

No plans exist to develop a service.

pes9024

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

17

1.1 BID : Reagent Production
1.2 PES90 REF : 2.4
1.3 PES90 PAGE : A.31

1.4 BRIEF DESCRIPTION :

Modest funding in 1990/91 plus the transfer of posts from Edinburgh and Glasgow RTC's have allowed the creation of a centralised reagents manufacturing facility to begin.

Further progress will be made through a series of phases over the next 3 years.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL	133	72	76
REVENUE	114	45	36

2.1 REVISED BID DESCRIBED :

See attached

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
CAPITAL - BUILDING / MINOR WORKS EQUIPMENT	100.5
TOTAL	100.5
REVENUE - STAFFING	40.9
OPERATIONAL SUPPLIES	57
BLOOD COLLECTION SUPPLIES	
OTHER COSTS	6.8
TOTAL	104.7

3.1 SUPPORTING DOCUMENTATION : Paper from Martin Bruce

23 JAN 91

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
REAGENTS PROGRAMME
BID FOR PUBLIC EXPENDITURE SURVEY FUNDS 1991-92

JF

Brief Description

Studies completed in January 1990 disclosed that blood group serology reagents manufactured by the SNBTS at a cost of some £400,000 had an equivalent commercial value of £2.5 million. By value, approximately 37% of these reagents were issued free of charge to Scottish Health Service hospitals for use in their laboratories. The remainder were used by the SNBTS.

Recent increases in UK specifications for reagent manufacturing arrangements and product quality have demanded important changes to established practices and the SNBTS has identified centralisation of manufacture as the most effective means of accommodating the new requirements.

Statement of current position

The SNBTS Reagents Programme has made substantial progress in the last five months of 1990.

A combination of modest funding from the 1990-91 PES (£20,800) and staff transfers from PFC, West and South East RTC's to HQ will enable phase 1 of the centralisation process to be secured by the summer of 1991.

By then, reagent red cells for antibody identification and antibody screening of patient samples will be manufactured solely at West RTC, bulk monoclonal reagents will be manufactured and distributed by the HQ Reagents Unit and South East RTC, in conjunction with HQ, will manufacture and distribute polyclonal antisera.

However, development of the programme is dependent on appropriate funding which is outlined in the undernoted PES bid.

Whilst recent plans for the creation of a Reagent Manufacturing Unit in new accommodation on the PFC campus will delay the centralisation process, funding outlined in this bid will contribute significantly to the resource requirements of the planned centralised unit.

ESTIMATED COSTS (£'000)	1991-92
Capital	100
Revenue	105
Total	205

SNBTS REAGENTS PROGRAMME
PES BID 1991-92, CAPITAL

EQUIPMENT

	No	COST (£)
Centrifuge, Centra 8R	1	7,500
Centra 2	3	3,300
Sero-cent	1	7,150
4°C refrigerator	2	2,000
-40°C deepfreezes	2	7,000
LN ₂ refrigerator XLC 230	1	2,400
Tissue Culture equipment	1	4,000
CO ₂ incubator	1	3,200
Laminar flow cabinet	1	7,100
Blender	1	2,000
Filtration equipment		1,000
Filling equipment	2	7,000
Carboys/vessels		2,000
Still and tanks for RO water	1	6,400
Spectrophotometer	1	2,000
Microscope, fluorescent	1	7,500
Computing/word processing		6,000
Glassware washer	1	11,000
Racking		4,000
Miscellaneous items < £1,000		8,000
		<u>£100,550</u>

Costs include VAT at 15%

*62,500
now
due to this year
late funding.*

MB 26.12.90

SNBTS REAGENTS PROGRAMME
PES BID 1991-92, REVENUE

1. SALARIES

	No	Cost (£)*
1.1 MLS01	3	36,132
1.2 Personal Secretary	$\frac{1}{2}$	4,755
		<u>£40,887</u>

* Includes employers contribution at 18%

2. GOODS AND SERVICES

2.1 Manufacturing consumables	8,000
2.2 Chemicals and gases	5,200
2.3 Packaging	13,600
2.4 Glass/plasticware	3,000
2.5 Blood grouping reagents	*20,000 ✓
2.6 Equipment maintenance	800
2.7 Services	3,000
	<u>£60,800</u>

3. TRAVEL, TRAINING & SUBSISTENCE £3,000

£104,687 - incl £25k, bid (not pre-empt)

* Projected bulk purchase of anti-C; anti-E; anti-c; anti-e; anti-Jk^a and anti-Jk^b from Bioscot. Otherwise £4,000 would be adequate. ✓

MB 26.12.90

pes9031

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

18

1.1 BID : General Centre Developments

1.2 PES90 REF : 3.1

1.3 PES90 PAGE : A.32

1.4 BRIEF DESCRIPTION :

A generic bid to cover bids not forming part of a national bid

1.5 ESTIMATED COSTS :

	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	200	200	200

2.1 REVISED BID DESCRIBED :

This is the last year that this item will feature as all future bids will have to form part of a national PES item.

Some bids which did not naturally fall into previous categories are attached.

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

	1991/92 £'000
NON-RECURRING (MICROFILMING BACKLOG)	28
REVENUE - PARKING	5.2
DISPOSABLE GLOVES	4
MICROFILMING	14
TOTAL	23.2

3.1 SUPPORTING DOCUMENTATION : Summary of the bids
Paper from Miss Corrie

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PES90
GENERAL CENTRE BIDS

NATIONAL

Morag Corrie has produced an appraisal of the options available for the storage of records and is recommending the use of an outside agency. Paper attached.

EDINBURGH

	£
Increased cost of parking at RIE	5200
Cost of providing disposal gloves to all staff	4000
handling blood	

MICROFILMING OF TRANSFUSION CENTRE RECORDS

INTRODUCTION

There has been a proposal (Board Meeting 19th June 1990) that BTS West undertake the microfilming of back records held on paper in Transfusion Centres. Under the Public Records Act (Scotland) records must be retained on paper for 3 years, after which it is permissible to hold them on microfilm.

This paper looks at 2 options:-

- Option 1 - Microfilming by a bureau
- Option 2 - Microfilming by BTS West

Option 1: Microfilming by a Bureau

Cost of microfilming backlog of 5.5 million records:	£153,560
Cost of microfilming 0.5 million records generated per annum:	£13,960
Cost of 5 readers:	£27,000
Time involved: Backlog - 137 weeks	
Annual requirement - 13 weeks	

During the backlog filming a further backlog of 1.3 million records would be generated. This would cost an extra £36,780.

The above costs are for top of the range microfilmed records.

Option 2: Microfilming by BTS West

Cost of microfilming backlog of 5.5 million records:	£201,330
Cost of microfilming 0.5 million records generated per annum:	£42,120
Time involved: Backlog - 110 weeks	
Annual requirement - 10 weeks	

During the backlog filming a further backlog of 1.06 million records would be generated. This would cost an extra £89,100.

All figures exclude VAT. Any VAT paid would presumably be recoverable on the basis that we could do it ourselves.

SUMMARY

	Bureau £	BTS West £
Backlog	153,560	201,330*
Maintenance per annum	14,000	42,120
Purchase of readers	27,000	-
	<u>£194,560</u>	<u>£243,450</u>

* £61,000 capital

CONCLUSION

Microfilming the entire backlog is prohibitively expensive. It is recommended that we commission an agency to microfilm 2 years backlog only ie records dated between 1.4.85 and 31.3.87. The remainder will be stored in paper form for 10 years, with one year's records being destroyed annually ie when they become 11 years old.

The agency will then microfilm on an on-going annual basis, those records dated four years back ie records dated prior to 1.4.88 will be microfilmed in the financial year 1991/92.

*NR £28000
Rec £14,000*

THE FUTURE

The ultimate intention is that records which must be retained will be generated through the DOBBIN and STRIDE Systems.

pes9032

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
PUBLIC EXPENDITURE SURVEY 1990
DETAILED BIDS FOR 1991/92

19

1.1 BID : Patenting Costs
1.2 PES90 REF : 3.2
1.3 PES90 PAGE : A.33

1.4 BRIEF DESCRIPTION :

Recent events have indicated that it will be important for much of the scientific work associated with PFC product development to be patented so that the SNBTS can retain free access to the technology for SHS purposes.

1.5 ESTIMATED COSTS :	1991/92 £'000	1992/93 £'000	1993/94 £'000
CAPITAL			
REVENUE	10	10	10

2.1 REVISED BID DESCRIBED :

No change

2.2 REVISED ESTIMATE OF COSTS IN 1991/92 :

1991/92
£'000

CAPITAL - BUILDING / MINOR WORKS
EQUIPMENT

TOTAL 0

REVENUE - STAFFING
OPERATIONAL SUPPLIES
BLOOD COLLECTION SUPPLIES
OTHER COSTS

TOTAL 10

3.1 SUPPORTING DOCUMENTATION :

0143

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

PUBLIC EXPENDITURE SURVEY 1991

1992/93 to 1994/95

BIDS CARRIED FORWARD FROM PES90

Attached is a list of the bids which have been carried forward from PES90 or form part of a rolling plan.

Only the heading and brief details are shown.

The purpose of the discussions is to compile a comprehensive list of bids which will form the basis for the PES/Business Plan due for submission to the SHHD in June 1991.

PES91 BIDS

1. Microbiological Screening - ALT Testing

In 1991/92 ALT testing will only be required as a confirmatory test for anti-HCV positive donors. Wholesale testing might be expected in 1992/93.

2. Microbiological Screening - Anti-core

This test will go in tandem with ALT therefore the comments in 1. above apply.

3. Microbiological Screening - HTLV1 Testing

This test might become a requirement in 1992/93 and should be included on that basis.

4. National Microbiological Reference Laboratory

The introduction of new routine microbiological tests will create a need for confirmatory testing therefore this bid is part of the package of microbiological testing.

5. Manufacturing Licences - RTCs

In future the major call on this bid will be the revenue consequences of the building works underway in Aberdeen, Inverness and, hopefully, Dundee.

6. Manufacturing Licence - PFC

PFC are in the very final stages of acquiring a manufacturing licence.

However, the approval is predicated on the Phase III/IV and staffing structure changes coming forward within the next 2 years.

7. Product Licences - Clinical Trials

The need for a scientific officer for CT monitoring has been deferred a year to 1992/93.

The CT expenses will of course flow from the Production Development Group plans to introduce new and modified products.

8. Product Licences - Licence Fees

If the £22,000 bid for in 1991/92 is approved this will be on a recurring basis and can be used again for other product changes in 1992/93.

The bid for 1992/93 et seq to supplement these funds will depend on the PDG as for 7.

9. RTC Quality Assurance

The bulk of the funding requirement is bid for in 1991/92 and bids for 1992/93 will depend to a large degree on success. However, Martin Bruce has produced a brief paper on National QA which is attached (Appendix A).

10. Northern Ireland Fractionation

This depends on the requirements agreed with NI but is unlikely to be substantial.

11. Increased Rental Charges (St Vincent Street)

Keep in for 1993/94 at present.

Future of SVS under consideration at present.

12. Product and Services Development - NSL

Dr Prowse has produced a paper on this topic.

See item 8.2 of Section 2.

13. Product Development - PFC Pilot Plant

A phased approach between 1991/92 and 1992/93 is planned as discussed under item 8.3 of Section 2.

14. General Operational Research

Bid will depend on demand for the £50,000 in 1991/92 (assuming it is funded).

15. Leucocyte Depleted Blood Products

Dependant on an SNBTS policy decision.

16. Blood Collection Programme - Publicity/Education/Conduct of Sessions

See paper by Mairi Thornton appended to item 12.1 of Section 2.

17. Blood Collection Programme - Intake Targets

Dependant on the future targets agreed.

18. Plasma Collection Programme - RTCs/PFC

Dependant of PDG plans and PFC yields.

19. Support Services - Finance/Personnel/IT

If bid for new HQ Management Team successful only modest investment in staffing should be needed in future.

IT will be the subject of a strategy document.

20. Tissue Typing/Tissue Banking

Demand needs to be assessed as part of the overall SNBTS strategy for core services.

21. Reagent Production

See attached paper from Martin Bruce (Appendix B).

22. Patenting Costs

To flow from the product development plans.