Copy - Dr. Cumming

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Glasgow and West of Scotland
BLOOD TRANSFUSION SERVICE

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JW/EF

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STRICTLY CONFIDENTIAL

Dr. Charles Cameron,
Regional Director,
East of Scotland Blood Transfusion Service,
Royal Infirmary,
DUNDEE.

Dear Charles,

Future organisation of B.T.S.

It was kind of you to telephone me. Although I am feeling better I think it would have been unwise to have ventured to Dundee. I hope you had a profitable meeting. My enforced rest has given me the opportunity of considering the past, present and future of blood transfusion in Scotland. In the hope that it will be helpful I will put some of my thoughts on paper. I am sending copies of this letter to Robert Cumming, John Cash, Iain Cook and Brodie Lewis. I am not sending a copy to John Watt at this stage, because I feel that we should first consider our respective regional organisations. Although there are marked regional differences I think we might agree on the relationships between the regions and the P.F.C.

Whatever administrative arrangements are created for the future organisation I feel that certain realities should be recognised. These in my opinion are -

(a) We are now in the second generation of regional directors, and in the second age of modern transfusion practice. The first age saw the build-up of transfusion services and of hospital transfusion practice from virtually nothing. The older clinicians marvel at the developments, and on the whole are well satisfied. The younger generation, in both laboratory and wards, take the situation at the end of the first act

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for granted, and naturally wish to develop from this point.

(b) There are differences between one region and another. Indeed there are differences within one region. These differences are not peculiar to the blood transfusion aspect of medical practice; nor are these differences due entirely to geography, size and distribution of population, and industry. There are differences between teaching hospitals and district hospitals. Indeed in Glasgow there are prominent differences between teaching hospitals. It should also be recognised that there are differences between individual directors in terms of personality and interests. Indeed life would be dull and uninteresting, and the national B.T.S. would become mediocre if these individual differences did not exist.

(c) Blood transfusion is both a laboratory and a clinical discipline. The laboratory aspect is inherent or obligatory, and inter-digitates with haematology, immunology and microbiology. The clinical aspect must certainly be advisory, and may, at the invitation or request of clinical colleagues, involve actual care of patients.

(d) The discipline of blood transfusion and the teaching facilities and potential of transfusion laboratories are recognised by the Royal College of Pathologists and by the Joint Committee on Higher Medical Training. This fact has important practical implications for regional sub-committees on postgraduate medical education, as well as for regional transfusion services.

(e) The regional transfusion directors have failed to have their recommendations implemented in full. Points which are being raised and discussed at the present time are not new or original. Indeed a search of earlier minutes and correspondence will reveal that points now being made may have been recommended years ago.

(f) Virtually every document on transfusion prepared by the Department and the C.C.C. in the past 4 years has stressed the importance of the P.F.C., although regional directors have been at pains to point out the variety and magnitude of the work undertaken by regional centres. Indeed central administrators seem to have overlooked the fact that the success of the P.F.C. has stemmed from the success of the regions. The provision of components prepared regionally, the regional laboratory services and the regional teaching and training activities

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seem to have been ignored.

I appreciate that you may not agree with all these points, but I will be surprised if there is not a considerable measure of agreement. I believe firmly that much of the success of the transfusion service in Scotland has been due to the professional ability and enthusiasm of the regional directors, but in spite of this the service has had imperfections. I recall a former medical secretary telling me a few years ago, in one of his rare off-guard moments, that blood transfusion was remarkably efficient considering its inefficient organisation. He attributed this efficiency largely to the regional directors.

It would be very easy at this sentimental stage of the demise of S.N.B.T.A. to sing its praises, but it would be fatally wrong not to recognise its weaknesses. For many years we suffered, because of niggardly expenditure. Over the years I feel that progress has been retarded, because of the power and influence of certain members of committees, who might have been enlightened in 1940, but ceased to be in later years. I think we have also suffered in recent years from having some committee members who wished to see blood transfusion organised for their own benefit and not necessarily to the advantage of the B.T.S. or the N.H.S.

These various observations are not made with the intention of criticising or crucifying individuals or organisations. My whole aim and object is to avoid making similar mistakes again, and to provide constructive suggestions for the future.

Firstly I welcome integration of the B.T.S. with the N.H.S. Whether we approve or not, the theme of the reorganised N.H.S. is integration, and the B.T.S. is a vital part of a community health service. Indeed it is this very theme of integration within a community health service which worries me about central management of B.T.S. by C.S.A. We provide a service not only to hospitals, but to general practitioners and to specialists in community medicine in our regions or areas. Our donors are part of the regional community. Indeed in most, if not all, regions there are special donor organisations or funds - and one recommendation which I have already made about the future of S.N.B.T.A. is that regional donor bodies and funds should be preserved.

I know it might be argued that we have had central management for the past 25 years. Regional committees were abolished officially in 1948, but some refused to die. But I think it is also true that S.N.B.T.A., apart from its financial control, has allowed each regional

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director comparative freedom in developing the transfusion service within his region. I am now afraid that we are likely to feel the iron hand of central management, unless we exert professional influence. We are often told that work will continue on 1st April 1974, as it did on 31st March 1974. Of course it will, for the simple reason that there will be no proper authority to take the place of S.N.B.T.A. But no departmental officer tells us what the position will be on 1st April 1975.

Whatever form of management is adapted the regular meetings of regional directors must continue. Presumably the NMD will be chairman. Perhaps the time has come for the Scientific Director of the P.F.C. to be present throughout these official meetings. I would however insist on the right of the five regional directors only to meet professionally to discuss matters of common interest. We would have to ensure that our recommendations and observations were passed up the line and acted upon. If no action was taken by higher authority we would want to know the reason. This is assuming that we have central management or at least a central advisory body. This leads me to elaborate my reservations about central management.

I find paragraph 7 of HSR (73) C40 difficult to interpret and visualise. If the panel is to include both persons with specialised interests in blood transfusion and those with wider experience in the N.H.S. it could be a very large body. Even if all five regional directors were members we would be in a minority as a body. Similarly any one region, which had a good local case for special treatment, would be very much in a minority. All this may be very much in the minds of our masters as a form of divide and rule by the C.S.A.

Recognising that there is already a strong regional element in B.T.S. that there are regional differences, that the place where our voices should be heard clearly is our own regions, that all other laboratory services will be organised on areas dominated by the areas with the main centres of population Glasgow, Edinburgh, Dundee, Aberdeen and Inverness, and that laboratory services, postgraduate education and training will be arranged by Universities and by the Area Health Boards which have Universities, I suggest that we look seriously at regional management with central advisory bodies.

The Area Health Boards based on the large cities will almost certainly have to provide special services, (see HSR 73 C33) so that it would not be unique for these Boards to provide regional transfusion services. The C.S.A. with the N.M.D. and AO would be directly responsible

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for the P.F.C. and would co-ordinate the Scottish National B.T.S. The present management committee for the P.F.C. has been largely concerned with the new P.F.C. and not with planned production. I favour a Working Group on blood products for Scotland. The NMD would be chairman. Membership would include the scientific director of P.F.C., the five regional directors and representatives of the medical profession. The Department, the C.S.A. and the five Area Health Boards responsible for this "supra area service" of blood transfusion would be informed of the recommendations of this Working Group on blood products.

I realise that I have so far avoided the thorny question of finance, but as I understand the present proposals for C.S.A. management of B.T.S., it is that the Department will still control the B.T.S. allocation. If this is correct then the five Area Health Boards with headquarters in Inverness, Aberdeen, Dundee, Edinburgh and Glasgow could be given appropriate allocations for the regional element of B.T.S., while the C.S.A. would receive on allocation for the central element, the P.F.C. Within each of the five regions there would be a Blood Transfusion Committee. The NMD could with profit be an ex officio member of each of these regional committees.

I feel that an organisation with complementary regional and central B.T.S. working groups or committees would be most effective in co-ordinating the regional and central elements of blood transfusion and in providing first class regional and national services. In addition I think it would encourage regional participation, and create a feeling of belonging and of having responsibility. I think it would also give individual regional directors and the scientific director of the P.F.C. a feeling of satisfaction that each region and the P.F.C. was contributing to a national B.T.S. fully integrated with the N.H.S. and Universities.

The NMD would be co-ordinating and supporting the activities of the five regional centres and the P.F.C., as would the AO in an administrative capacity.

If I have given you nothing else, I have at least provided food for thought.

With best wishes for B.T.S. and our own future.

Yours sincerely,

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Regional Director