

## THE NATIONAL BLOOD AUTHORITY

**Author: Dr Harold H Gunson**

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Except for a short period between 1946 and 1948 the Regional Transfusion Centres (RTCs) have been managed regionally; from 1948 to 1974 by their respective Regional Hospital Boards (RHBs) and until the present by the Regional Health Authorities (RHAs).

The Blood (now Bio) Products Laboratory (BPL) and the International Blood Group Reference Laboratory (IBGRL) have been managed by the Lister Institute of Preventive Medicine (until 1978) and by the Department of Health and Social Security (DHSS) between 1978 and 1982. During this period the N.W. Thames RHA acted for DHSS on an agency basis. The Central Blood Laboratories Authority (CBLA) was created in 1982 as a Special Health Authority to manage BPL and IBGRL.

The regional management of RTCs and separate management of BPL and IBGRL have been a cause for concern within the Transfusion Service for many years. As long ago as 1970 Regional Transfusion Directors (RTDs) submitted a case to the DHSS for the creation of a nationally managed service. The evidence was based on the fact that the 14 RTCs in England and Wales were quasi-independent and at best were a loose federation. RHBs gave different responses to the needs of the Service and there was no obligation for RTCs to implement nationally agreed policies. This had led, over the years, to a diversity of activities in RTCs with considerable divergence in investment and capital programmes.

DHSS would not agree to the formation of a nationally managed service and contended that the RHAs, which succeeded the RHBs, would be monitored by DHSS. However, a national dimension to the work of RTCs was recognised and DHSS created a multidisciplinary Central Committee for the NBTS. The effectiveness of this committee in defining and implementing national policies was not as successful as had been hoped and it was replaced in 1980 by an Advisory Committee on the NBTS. The membership of this committee comprised senior professionals from RHAs and representatives from RTCs.

Despite some limited success the inexorable need for national policies could not be met since agreement had to be reached by 14 RHAs for major policy changes which required investment. Following further representations by RTDs for a nationally managed service, the DHSS carried out an investigation of the activities of RTCs. This study confirmed a diversity in the operations of RTCs and commented critically on the lack of centrally available management information.

Their recommendations were that to do nothing would leave the RTCs as hostages to fortune. The ideal solution was to create a Special Health Authority (SHA) to manage the RTCs. This was regarded as being too costly and as a compromise the National Directorate of the NBTS was created. This was a non-statutory body which was given the task of co-ordinating and defining national policies for the RTCs.

The National Directorate had some significant achievements, e.g. the appointment of Quality Assurance Managers and the high priority given to the quality issues, the ad hoc transfer of red cells between RTCs and the definition and implementation of national donor recruitment and retention. However, its influence with RTCs began to wane following the introduction of the NHS reforms during 1990/91 with the provider/purchaser contractual relationship between RTCs and their users. The National Directorate in an advisory capacity held an anomalous position.

Representations were made to the Department of Health (DH) by the National Directorate with the support of a majority of RTCs for consideration to be given to the creation of a National Service.

In September 1991, DH proposed that the National Directorate and CBLA should be combined to form a National Blood Authority (NBA). Subsequently the management of RTCs in England would be included under a single strategic Authority. This would unify the Service and should provide an opportunity to improve efficiency and effectiveness. Consultation on the formation of the NBA followed.

On 27th November 1992, the Honourable Tom Sackville, Parliamentary Under Secretary of State for Health, announced the formation of the NBA in the following terms.

“Following a review we have decided to bring together responsibility for managing all parts of the National Health Service blood services into a single National Blood Authority (NBA). I shall lay an Order in due course to establish the new Authority. From 1st April 1993 it will replace the existing Central Blood Laboratories Authority and the National Directorate of the National Blood Transfusion Service; and subsequently will assume responsibility for managing the Regional Transfusion Centres at the earliest opportunity.”

The key objectives of the NBA will be:

- To maintain and promote blood and blood product supply based on our outstanding system of voluntary unpaid donors.
- To implement a cost effective national strategy for ensuring an adequate supply of blood and blood products to meet national needs.
- To ensure that high standards of safety and quality in the blood supply are maintained throughout the blood services.
- To ensure that blood products meet a consistent standard of safety and quality.
- To ensure cost-efficient operation of the Transfusion Centres and the Bio-Products Laboratory individually and together as parts of the National Service.

“Our blood supply is of high quality and among the safest in the World. We believe that the new management structure will enable the Blood Service to maintain and improve on those high standards and to enhance its operations so that the blood freely donated by our volunteer donors can be used most effectively in the interests of patients”.

“I am pleased to announce that Sir Colin Walker, Deputy Chairman of CBLA has agreed to serve also as Chairman of the NBA when it is set up. Further appointments will be announced later”.

It is likely that, in addition to the Chairman there will be four or five non-executive members who will represent wider NHS interests, the users of blood products, and some will have business experience at a senior level. Two non-executive members have been appointed. Mr W. Lawrence Banks, Deputy Chairman of the Merchant Bankers Robert Fleming and Co. and Mr Dennis Allison, Regional General Manager, North Western RHA. The executive directors comprise the Chief Executive (Mr John F Adey) the Medical Director (the author), and the Director of Finance and Administration (Mr Barry J. Savery). There will be five managers, Quality Assurance, Public Relations and Donor Services, Personnel, Information Technology/Computer and a Management Accountant. At the time of writing only the National QA Manager has taken up his duties. This is Mr Alan Slopecki.

It has now been decided that the NBA will assume managerial responsibility for the RTCs on 1st April 1994. Between now and that date there is an immense amount of work to be done. It should be stressed that the NBA will be a strategic body and there

will be considerable devolvement of operational activities to the RTCs. During the coming months a strategic policy for BPL and the RTCs will be required.

In this article, I have described the history of the NBTS at some length. The sequence of events shows that persistence can succeed in time. By the time that the NBA is responsible for the RTCs nearly one quarter of a century will have elapsed since the first representations to create a Nationally managed Service. Those senior Directors of RTCs who began this process have retired and some, sadly, have not seen the results of their efforts. Those who succeeded them will retire within the next few years. It is incumbent on those who work for the NBA, the RTCs, BPL and IBGRL to ensure that the NBA is a success. The structure has been created to provide an opportunity for a Transfusion Service of the Highest standard. It will not be easy but with goodwill and hard work it can be achieved.