Pathology Modernisation Working Group
of the
National Blood Transfusion Committee

Terms of Reference

1.0 Background

1.1 There have been many new regulatory and professional demands on hospital transfusion services in the UK in recent years. There have been other challenges including increasing workload and an increasingly complex patient casemix, a reduction in operating budgets year after year, lack of investment, poor IT and a greater demand for out-of-hours work.[1] The range of work and expertise now expected of hospital transfusion laboratories suggests they need to collaborate closely with each other and with their supplier blood services to maximize resource utilisation.

1.2 The need to modernise hospital transfusion laboratory services fits well with the current drive for pathology modernisation. However, there is considerable uncertainty about how this might be best achieved. The inclusion of hospital transfusion services within the modernisation of high volume and frequently automated pathology services such as haematology and chemical pathology might have the perverse effects of impairing the quality of transfusion services and the opportunities for cost reduction rather than producing the required improvements. Furthermore, a common attitude appears to be that there is no alternative to the maintenance of a comprehensive blood transfusion service in every hospital providing acute services regardless of their volume or complexity. This is inhibiting consideration of alternative models for transfusion, and in some cases slowing efforts to modernise pathology services.

1.3 The concept of centralised transfusion services is not new. There are excellent examples of collaborations between regional blood services and their hospitals in Seattle, Pittsburgh and Florida in the United States, and elsewhere around the world. The basic idea is very simple: to have one organisation (or collaborative) responsible for the blood transfusion services for multiple hospitals, enabling improved quality by standardisation, improved technology, the availability of medical and technical expertise in clinical and laboratory transfusion medicine, achieving cost reduction through economies of scale, and enhanced patient safety through more appropriate blood usage.

2.0 Remit

2.1 Consider the requirements for centralised transfusion services, including management, staffing, laboratory procedures, the arrangements for the provision of blood for emergencies, clinical and scientific advice, training, quality, audit, and logistics.

2.2 Collaborate with NHS organisations such as NHS Blood & Transplant and the National Pathology Forum about the requirements and possible configurations of centralised transfusion services.

2.3 Identify sites for, and the scope of, pilots of centralised transfusion services to provide evidence that their operation is feasible and effective, both in terms of improving the quality of transfusion services and cost reduction.

2.4 Consider the opportunity for partnerships with NHS Blood & Transplant and/or private providers in the development of centralised transfusion services.

3.0 Membership

3.1 Members of the National Blood Transfusion Committee, NHS Blood & Transplant, and Hospital Transfusion Teams.

3.2 Other members to be co-opted as needed.

4.0 Outcome Measures

4.1 Development of an annual workplan for review by the National Blood Transfusion Committee.

4.2 Report to each meeting of the National Blood Transfusion Committee on progress in achieving the remit.

February 2011