

WESTERN PROVINCE BLOOD TRANSFUSION SERVICE

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WESTERN PROVINCE BLOOD TRANSFUSION SERVICE – POSITION WITH RESPECT TO AMALGAMATION OF BLOOD TRANSFUSION SERVICES IN SOUTH AFRICA

Background

In March 1999 the blood transfusion services in South Africa met with the Director General of Health in Pretoria. At this meeting the D-G expressed the Department of Health's (DoH) satisfaction with the services but urged the services to unite into a single body. This would allow the DoH to issue a single licence and avoid further fragmentation of services. The D-G reassured the services that in no way did the DoH wish to remove or interfere with the donor governance philosophy nor the independent section 21 not for gain status of the services.

Accordingly the services met in April 1999 and agreed in principle to form a single national service, with donor governance and independent section 21 status remaining the cornerstones of the new structure. During the next 2 years the services worked towards establishing a section 21 company and at the end of 2000 the various services held Special General Meetings (SGM) in order to obtain their members (donors) consent to dissolve and become part of the newly formed section 21 company, the South African National Blood Service (SANBS). At an SGM of WPBTS members in December 2000, the donors defeated a motion to amalgamate – voicing their concerns regarding minority representivity on the new SANBS Board and also the development of a costly head office structure and an ensuing bureaucracy. The other services elected to dissolve and to become the SANBS from 1st April 2001. There are therefore currently 2 licensed organizations providing blood transfusion services in South Africa, namely WPBTS and SANBS.

Despite a further specially convened meeting of the Council members of WPBTS in April 2001 where the Board were requested to review the position of WPBTS with respect to SANBS, at further Council meetings and AGM's in 2001 and 2002, members voted not to join SANBS, with the view that WPBTS could most effectively contribute both regionally and nationally in its present structure.

The National Health Bill (Chapter 8 – Section 58) legislates that the minister must establish a blood transfusion service for the Republic by granting a licence to a non-profit organization which is able to provide a blood transfusion service throughout the territory of the Republic.

WPBTS POSITION

At the outset it is important to establish the critical desired outcomes of a blood transfusion programme. To quote from the WHO Blood Safety Unit, "We are aiming at creating a global environment whereby safe donors give blood regularly and 100% of donated blood is tested before transfusion. It is a case of 3 A's. Blood should be available when needed at affordable costs and used appropriately".¹

This philosophy is endorsed in the National Blood Policy² where it is stated that "the objectives of the Blood Transfusion Services must be to ensure that adequate supplies of low risk blood and blood products are accessible to all those in need of these products and that they are optimally utilized". The Health Minmec endorsed this National Policy in 1998. ***It should, however, be noted that there is no mention of a single national service as the preferred structure for the national blood program.*** The National Policy furthermore states that blood supplies are regarded as a national resource and must be obtained and utilized in the national interest. Regional, local and personal needs must be in harmony with the national interest, although blood issued by a blood transfusion service should be secured principally from the communities it intends to serve. Blood and blood products issued by a service must be equally available to all members of the communities it serves.

WPBTS endorses the core principles of the National Blood Policy and believes its mission and *modus operandi* is completely in line with these core principles:

- ▼ It is accepted that blood is a national resource and we have estimated our contributions to other regions as in excess of 100 000 units of blood during the past decade. If required, we believe we could increase this number. While blood is a national resource, it nevertheless is not an asset that can be sourced at will – it is

ultimately a gift. It must also be remembered that communities are strongly driven by community needs. This is best articulated in the words of Prof John Cash, who as President of the British Blood Transfusion Society in 1999 wrote: "Thus in the context of acute national or international emergencies (the Gulf War) there is a marked positive response, but for the day to day routine needs of the NHS, peoples' perceptions of the deservedness of patients is heavily, and perhaps decisively, influenced by their 'geographic' proximity to their patients. Thus, it is family first, followed by relatives, then, in steadily descending order, patients living in your street, your town, your county, your region, and lastly your country. In short, if you want to sustain an effective blood donor panel, its members will need repeated and tangible evidence that priority is given to the use of their donation in the care of patients within their community".³ The Western Cape donor community corroborated this when we first proposed a formal contract with a sister service to supply red cells - i.e. they accepted the proposal but wished to remind us that the Western Cape community is their prime recipient. This donor community has now voted unequivocally in favour of remaining an independent, Western Cape community blood service. WPBTS will, however, naturally continue in its role as part of the National Blood Programme. It will continue to support other regions where shortages occur, and also take part in the formulation of national Standards, Policies etc, in conjunction with SANBS.

- ▼ WPBTS interacts closely with its provincial health dept and the National Health Dept through both local committees and the National Blood Committee(NBC).
- ▼ WPBTS Vision and Mission is in line with the stated mission and objectives of the NBC.
- ▼ Having just 2 licensed Services in South Africa (SANBS and WPBTS) is in keeping with the goal of non-fragmentation.
- ▼ The activities to be undertaken by a transfusion service (Section 6 of the Policy) are comprehensively covered by WPBTS.

WPBTS therefore respectfully submits that its Vision, Mission, Strategies and Activities are entirely in line with the National Blood Policy and hence in line with WHO objectives as stated in the first paragraph.

Second, what of the concerns of the DoH with respect to the granting of licenses and fragmentation? The current existence of 2 Services, adequately providing a comprehensive blood programme throughout the country, clearly is not fragmentation. With regard to licensing, the DoH has the authority in terms of the Act to grant licenses appropriately. There should be no need for further licenses since the country is adequately serviced by SANBS and WPBTS, and this can be enshrined in legislation. Other issues such as adequate supplies of safe blood, compiling Standards, Inspection and Accreditation (Oversight), Haemovigilance, Clinical Guidelines, Quality Management Systems and Technical and Administrative policies do not require a single organization for their formulation and enforcement. Most of this is in place on a national basis already e.g. supplies of safe blood, Standards, Clinical Guidelines, Haemovigilance, Quality Management Systems. We therefore also submit that fragmentation (to the limited extent that it did exist) is not a consideration under the present status quo.

Third, it is informative to look at what is the global practice with respect to the organization of blood transfusion services. In a review of National Blood Programmes published in 1996, Prof J McCullough (Editor of TRANSFUSION, the official journal of the American Association of Blood Banks) wrote: "Thus, although several countries are reviewing the structure of their blood programmes, there does not appear to be any uniform direction of change or even a conclusion that any change will occur".⁴ In this context it is instructive to note that following an extensive Commission of Inquiry into the organization and practice of blood transfusion in Canada (Krever Commission),⁵ and despite a recommendation that there be a single national body, 2 services currently provide blood services. The Canadian Blood Service (CBS) serves the bulk of Canada and Hema-Quebec, an independent, not-for-profit organization, covers Quebec province. It is also noteworthy that the Canadian Hemophilia Society recognized that Hema-Quebec had performed better than its larger counterpart with respect to implementing the recommendations of the Commission of Inquiry. In the United Kingdom, there are 4 independent organizations serving England, Wales, Scotland and Ireland. Two independent groups, the American Red Cross and America's Blood Centers (a strategic alliance and network of community blood centers), also serve the United States. While it is true that a number of countries have single National Services, a number do not, yet have effective National Programmes.

We submit that there is an effective National Blood Programme in South Africa; a view endorsed in a comprehensive position paper written in 1999 by Professor Anthon Heyns and submitted to the DoH.⁶ We acknowledge that the national program can be improved upon, but question whether insisting on a single licence for one Service is a *sine qua non* for these improvements to occur. As in the Canadian model, a strategic alliance with SANBS with respect to recruitment programmes, sharing resources and establishing computer links between the Services will serve the country equally well going forward. As noted above, national standards, national clinical guidelines, a

haemovigilance program and quality management systems are all in place – all established under the present and earlier structures.

We would like to put forward the following proposals:

- ▼ That the DoH recognizes and respects the wishes of the donor community in the Western Cape to remain as an independent association and modifies the legislation accordingly to grant 2 licences. We should like to re-emphasize that it is not the intention of the WPBTS to isolate itself and withhold a public resource. We are strongly of the opinion, however, that by retaining our present structure, culture and governance, we shall be best equipped to serve both the national and regional interest
- ▼ That WPBTS continues to be represented on the NBC where it undertakes to play a constructive and interactive role in liaison with the DoH, SANBS and the provincial departments of Health, in advising the Minister of Health regarding blood transfusion and in respect of the other terms of reference of the NBC.
- ▼ That the WPBTS will form a strategic alliance with SANBS to ensure an effective national blood program, since neither SANBS nor WPBTS are able individually to comply with the requirement that they can provide a blood transfusion service throughout the territory of the Republic. This alliance will, *inter alia*, focus on such issues as national inventory management, national standards, IT links etc. Reference to the Hema-Quebec model within the Canadian Blood Transfusion Services will corroborate that this is a workable solution. There is already an alliance with SANBS in place with respect to the International Society of Blood Transfusion Congress to be held in Cape Town in 2006 and this has worked well to date.

We submit that this will end the current impasse and forestall the inevitable uncertainty that will arise by legislated coercion, and in turn might adversely impact on donor attitudes in the Western Cape.

The DoH has stated clearly that coercion is not desirable. WPBTS has a 64-year history of quality service to the community, regionally and nationally. We ask therefore that the donor community wishes be respected and our proposals be seriously considered to avoid an unnecessarily adversarial situation.

We pledge our continued support of the current National Blood Policy and assure the DoH of our commitment to the supply of safe blood components to all citizens of South Africa who require blood products. We strongly believe that we can best do this by remaining as presently structured and governed. We acknowledge and respect the hard work that the DoH and SANBS has done in order to best serve the donors and patients in South Africa. We ask in turn that they also acknowledge the contributions of WPBTS in this respect and heed the wishes of the WPBTS donor community that two licences be granted in terms of the National Health Bill, in order to provide blood transfusion services throughout the territory of the Republic.

3 July 2003

REFERENCES

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2. National Blood Policy – published by the Department of Health, 1998
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4. J. McCullough – National blood programs in developed countries, Transfusion 1996;36:1019 – 1032
5. Commission of Inquiry on the Blood System in Canada (Krever Inquiry) : Tabled November 1997
6. A du P Heyns – The nature, structure control and function of blood transfusion services in South Africa, February 1999