

Department of Health and Social Security
TRANSFUSION SERVICE (Blood and Plasma)

MANUAL FILE
LIEBOWITZ & CO. LTD., LTD.

Telephone 01-703 6350 ext

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GRO-C

Your reference

To all Regional Transfusion Directors

Our reference

Date 12 June 1974

Dear Director

At RTD meeting 3 July we should discuss again the means of providing more plasma for fractionation at B.P.L., Elstree.

There is, as you know, a pressing need for more Factor VIII concentrate and it is expected that this will also be true of P.P.F.

Put in the simplest terms, if about 40 per cent of blood now collected (1.5%) were used as concentrated red cells, sufficient plasma would be obtained to enable B.P.L. to operate at its maximum capacity (with normal working hours) and thus to increase the amount of P.P.F. prepared to some 136,000 bottles/year (2.72/1000 pop.) from the present output of 78,000 x 400 ml bottles/year (1.56/1000 pop.). A further increase in the use of concentrated red cells to 60 per cent, a proportion considered practicable in Scotland, would provide sufficient plasma to enable the output of P.P.F. to be raised to about 200,000 bottles/year (1.4/1000 pop.) by taking up spare fractionation capacity at B.P.L. Liberton.

The fresh plasma needed to prepare Fraction VIII concentrate could be obtained simultaneously.

It should be noted that the present plasma intake is not sufficient to maintain the present rate of production of P.P.F. (78,000 bottles/year).

Expressed in terms of donations, the use of 40 per cent or 60 per cent of blood collected as concentrated red cells is equivalent to an extra 300,000 or 600,000 donations respectively.

To increase the use of concentrated red cells to the amounts mentioned will clearly take time and much effort in education and necessitate still wider use of plastic equipment. There will be other consequences on staff, equipment and accommodation. In practice it is likely that both the use of red cells and the numbers of donations will be increased.

This development must be viewed against the present background of extreme financial stringency and our discussion on 3 July must be directed to considering what we can do with little if any additional financial assistance.

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The most profitable topic for discussion is probably ways and means of encouraging the greater use of concentrated red cells, for example, symposia, articles in medical press, regional education, CMO letter or other communication from DHSS and the adoption of such procedures as including a proportion of concentrated red cells in all issues of blood and giving transfusions less than 1 litre in volume as concentrated red cells.

Will you please consider this problem.

Yours sincerely

GRO-C: Maycock

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