

Annual Report for the period 1987 - 88

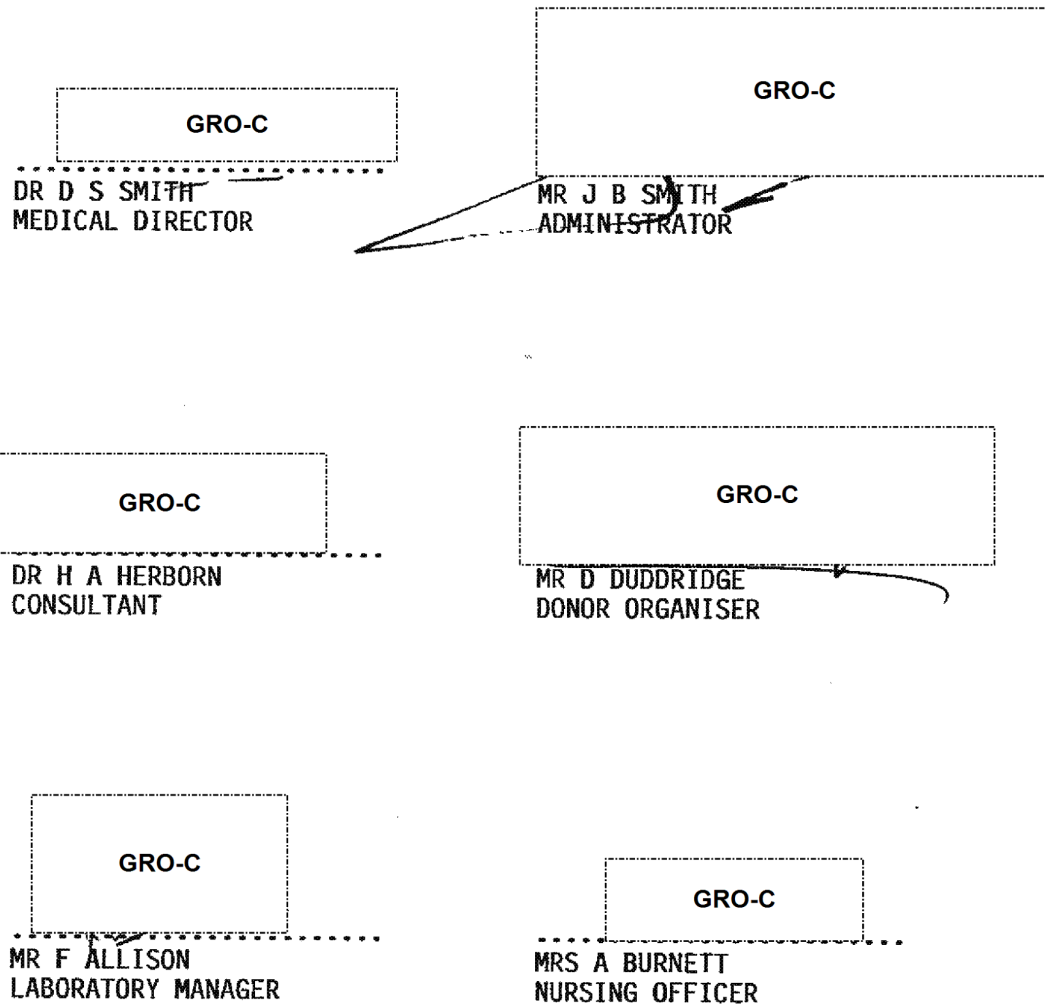
Wessex Regional Transfusion Service

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Preparation of the Annual Report for the financial year 1987/88, was made with contributions from the Wessex Transfusion Management Team.



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(1) INTRODUCTION

The report for the Financial Year 1987/88 contains details of each principal section of the Wessex Regional Transfusion Service.

Tables, and explanations are given where appropriate.

(2) OVERVIEW OF THE FINANCIAL YEAR

The Fresh Frozen Plasma (FFP) target for this year was 15.4 tonnes and the actual amount collected and forwarded to the Blood Products Laboratory (BPL) for chemical fractionation was 14.5 tonnes. Plans have been made to achieve the 1988/89 target of 18.6 tonnes by using the SAG-M blood collection packs.

The anti-D plasma collection target was 92% achieved, but technical problems in plasma processing at BPL have resulted in a reduction in the supply of finished product. The shortfall in Wessex has been made up by obtaining an additional supply from another region.

The demand for platelet concentrates continues to rise and the general trend is shown in the table below.

We have been informed that BPL hopes to meet self sufficiency with the supply of Factor 8Y and albumin products by October 1988. The commercial Factor VIII budget has been reduced in anticipation to make savings.

The Medical and Scientific work of the Centre has proceeded safely and smoothly during 1987/88.

	Platelet concentrate Production	FFP for chemical fractionation at BPL
1981	7,352 units	5.0 tonnes
1982	8,145 "	5.9 "
1983	10,332 "	9.3 "
1984	11,840 "	9.2 "
1985	11,851 "	10.7 "
1986	14,027 "	12.2 "
1987	16,608 "	14.5 t and 0.89 t of time expired plasma

(3) CLINICAL/NURSING WORK

- 3.1 Training, supervision, and monitoring of Donor Attendant staff working with the four blood collection teams, has continued, against the programme and requirements of the Centre. An effort has been made to increase the collection of anti-D plasma by machine plasmapheresis. The majority of donors who attend at monthly intervals for machine plasmapheresis, require to have their anti-D level increased by booster injections of Rh positive red cells from Accredited "ABO" compatible Rh (D) positive donors. Whenever possible, husbands have been used as donors after suitable serological and microbiological testing has been done.

Therapeutic plasma exchange treatment of three patients has continued, cardiac emergency blood collections and staff health care work has also been carried out. Hepatitis B vaccination has been provided for all staff who come into contact with blood and wish to receive the vaccine.

Procedures Undertaken Within The Centre

3.2 Haemonetics Cell Separator Plasmapheresis

• Collection of anti-D plasma for the prevention of Rhesus Haemolytic Disease of the newborn.	268 procedures
• Anti-Hepatitis B plasma	68 "
Anti-Rabies	3 "
Varicella Zoster	12 "
• Other blood group antibody collections:	
Anti-C	5 "
Anti-E	9 "
Anti-E + Kell	12 "
Anti-Kidd	10 "
Anti-Duffy	1 "
• Special HLA typed platelet concentrates	11 "

3.3 Other Donors Bled

Cardiac emergency hypothermic donation	25
Tenovus research donors	50
Normal donations	1,960
Donors for HLA tissue typing	37
Patients for investigation and treatment by immunisation of recurrent miscarriages	105 visits (44 families)

- 3.4 Plasma exchange patients treated at the Centre 84 procedures
- Patients treated in intensive care 5 procedures
(2 patients)

(4) THE WORK OF THE LABORATORIES

4.1 General Outline of Laboratory Activities

1987-1988 was a difficult year with the loss of a much greater than usual number of experienced members of staff, all but one of them to work outside of Medical Laboratory Sciences. This represents a loss of training and skills to the Health Service. Such losses puts additional pressure on the remaining staff who responded in an excellent way, to minimise the effects of the reduction in manpower resources.

Microcomputers continued to be used extensively throughout the laboratories with additional programmes being employed to help in the Blood Products Laboratory, and in the checking of blood donations to ensure that all products had been fully tested and were suitable for issue.

Our annual meeting with Hospital Blood Bank Chief and Senior Chief M.L.S.O.'s was held in June 1987 when topics covered included recent developments in Tissue Typing, the use of micro well plates for antiglobulin tests, both within the Centre and in the Hospital Blood Bank and, also, an assessment of ABO Grouping reagents.

In September 1987 a number of posters were presented at the 5th Annual Meeting of the British Blood Transfusion Society, held in Stirling. These included one by Dr U Jayaswal, Dr D S Smith, and Mr P J Wilson, which outlined the use of immunological manipulation to manage recurrent spontaneous aborters and another concerning an evaluation of a microplate antiglobulin technique for antibody screening, and was presented by Mr M J Clark, Mrs W D Reynolds, and Mrs S Sharpe. A third poster by Mr G A Smith and Drs R Herron, J A Copplestone and D S Smith was entitled "Detection and Quantitation of Platelet-Associated IgG by Immunofluorescence and Immunoenzyme Tests: A Comparative Study".

In the early part of 1988 our demineralised water plant, which had been in use since the Centre opened in 1970 was replaced by a modern system which combines deionisation and reverse osmosis to produce pure water for our laboratory needs. The completion of all building work associated with its introduction has to be completed.

During 1987-88 the following blood and blood components were issued by this Centre:

● TO NHS HOSPITAL LABORATORIES

Whole Blood	: 30,585 packs
Plasma reduced blood	: 47,195 packs
Platelet concentrate	: 15,594 packs
Cryoprecipitate	: 2,067 packs
Single unit fresh frozen plasma	: 7,035 packs

Human Albumin Solution 4.5% (400 ml)	: 4,151 bottles
Human Albumin Solution 4.5% (100 ml)	: 345 bottles
Human Albumin Solution 20% (100 ml)	: 830 bottles
NHS Factor VIII concentrate	: 5,541 vials (total unitage 1,329,840 iu)

A total of 5,950 donations of blood were returned to the Centre, time-expired.

● TO PRIVATE HOSPITAL LABORATORIES

Whole Blood	: 1,456 packs
Plasma reduced blood	: 1,323 packs
Platelet concentrate	: 137 packs
Single unit fresh frozen plasma	: 613 packs

A total of 954 donations of blood were returned to the Centre, unused.

Blood donations were also sent to the following establishments outside of the Wessex Region:

South London Regional transfusion Centre:	1,180 donations
B.P.L. Diagnostics	: 353
Army Blood Supply Depot	: 2
Royal Sussex Hospital, Brighton	: 54
King Edward VII Hospital, Midhurst	: 40
Athens, Greece	: 6

4.2 BLOOD PRODUCTS LABORATORY

<u>Blood Products Prepared</u>	<u>Number of Units</u>
Platelet Concentrate	15,608
Leucocyte Concentrate	29
Leucocyte Poor Red Cells (by filtration)	167
Saline Washed Red Cells	98
Plasma Reduced Red Cells	7,748
Red Cells in Optimal Additive Solution	46,527
Cryoprecipitate	2,264
Fresh Frozen Plasma	7,569
Convalescent Plasma	719
Single Unit Plasma for AHF Production	50,102
TimeExpired Plasma	4,939
	(177 x 5 litre pools)
Hospital and Blood Bank Rejects (Defective packs, illness in donors etc.)	2,643

Blood Products Laboratory - Other Production

4.2 Continued.....

1987 - 1988		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Saline 0.9% for Laboratory use	Litres	860	600	835	945	770	785	800	855	840	725	700	820	8,842
Saline 1.3% for Auto-Analyser use	Litres	550	525	650	700	650	550	625	625	675	500	725	625	7,400
Dry Bottles for Serum Laboratory	Prepared and Sterilised	348	148	402	336	498	433	380	425	521	370	496	322	4,679
Dry Bottles 400ml for Serum Lab Saline washed	Prepared and Sterilised	40	40	60	80	40	60	40	40	60	40	40	60	600
Universal Containers for lab. use	Washed and Sterilised	358	420	228	400	360	430	520	450	560	340	420	380	5,426
Citrate Sample Tubes for auto-analyser	Prepared	8,850	7,284	6,950	8,775	6,850	8,000	8,500	8,050	7,100	7,350	8,850	9,850	103,759
C.P.D. 3 mls in Universal containers	Sterilised	80	-	-	-	211	-	60	-	-	-	-	-	351
Sundry bottled fluids for Laboratory use	Sterilised	80	30	26	79	30	25	46	104	49	80	-	79	628
Culture broth in Medical flats	Prepared and Sterilised	36	-	54	35	-	48	-	-	-	-	-	-	173
Nutrient agar in Universal containers	Prepared and Sterilised	-	-	50	90	-	-	-	-	-	100	-	-	240

4.3 DONOR GROUPING LABORATORY

In 1987-88 citrated samples from a total of 93,741 donors were tested on the Autogrouper 16C grouping machines. All new donors had their ABO groups and some Rhesus types checked by manual methods on independent clotted samples.

• Summary

New Donor Samples Tested:	13,168
Old Donor Samples Tested:	80,573
TOTAL:	93,741
Total donations passed to bank for issue:	82,267
Donations used for reagent purposes:	706
Serum donations used for antisera and biochemical control sera etc.	411
Donations suitable for plasma only:	9,143
Short donations (includes donations received from sessions, sample only donations, and old donors with no samples)	1,657
Donations unfit for issue (damaged bags, illness in donors etc):	1,373

9,380 of the donors who attended donor sessions were not bled for reasons which included low haemoglobin, contrary medical history etc.

• Other Blood Grouping

Samples from donors bled as an emergency in hospitals	1
Tissue Typing Sera Donors:	127

• Automation

Rhesus genotyping of donors:	13,401
Screening tests using Anti-Kell:	13,401

Additional screening was carried out on the AG16C including a three month screening for Kpb-donors (20,000 donors approximately). During this period, four Kpb-donors were identified. Screening for P1 negative blood requested by Specials Laboratory (1,500 donors approximately). Cellano typing carried out on all Kell positive donors found Ag16C.

4.4 TRANSFUSION MICROBIOLOGY LABORATORY

4.4.1. Routine Testing of all Blood Donations

Testing for HIV-1 (HTLV-111/LAV) Antibody by Wellcome
Polyclonal Competitive ELISA

	<u>Number</u> <u>Tested</u>	<u>Incidence of PHLS</u> <u>Confirmed Positives</u>
Old Donors	79,895	0
New Donors	13,281	2(1 : 6,640)
BTC (Excluding sessions)	685	0
Reagents	31	0

4.4.2. Testing for HBsAg by Wellcome Monoclonal ELISA

	<u>Number</u> <u>Tested</u>	<u>Incidence of PHLS</u> <u>Confirmed Positives</u>
Old Donors	79,895	1(1 : 79,895)
New Donors	13,281	5(1 : 2,656)
BTC (Excluding sessions)	685	0
Reagents	31	0
Staff	36	0

4.4.3. Testing for Syphilis by Treponema Pallidum Haemagglutination Assay

	<u>Number</u> <u>Tested</u>	<u>Incidence of PHLS</u> <u>Confirmed Positives</u>
Old Donors	79,895	8(1 : 9,987)
New Donors	13,281	4(1 : 3,320)
BTC (Excluding sessions)	685	0

4.4.4. Other Testing Carried Out In This Laboratory

4.4.4.1. CMV Antibody Testing of Donors by Modified Latex Agglutination

Previously tested and found negative

Number tested: 3,222

Number found negative: 3,066 (95%)

Previously untested

Number tested: 8,243

Number found negative: 4,686 (57%)

4.4.4.2. Screening Donors For High Titre

Anti-microbial Antibodies

Suitable for prophylactic immunoglobulin

- Anti-tetanus: screening by reversed passive haemagglutination confirmation and quantitation by radial immunodiffusion

Number tested: 11,172

Number with antibody levels > 6iu/ml: 1,033 (9.2%)

Number of single unit plasma donations sent to Blood Products Laboratory (BPL) 631

183 litres

- Anti-Hbs: screening by modified Wellcome HbsAg ELISA confirmation by reversed passive haemagglutination quantitation by modified Wellcome HbsAg ELISA

Number tested: 7,619

Number with antibody levels > 18 iu/ml: 13

Number of single unit plasma donations sent to Blood Products Laboratory (BPL) 13 units (3.3 litres)

Number of plasmapheresis donations sent: 70 (x 500 ml) = 35 litres

Total = 38.3 litres

- Anti-Varicella-zoster (VZ) screening and quantitation by "in house" ELISA

Number tested: 112

Number with antibody levels > BPL 'cut off': 3

Number of single unit plasma donations sent to BPL (excluding those selected by medical history) 3 (0.8 litres)

Number of plasmapheresis donations sent: 10 (x 500 ml)
= 5 litres

Total = 5.8 litres

4.4.4.3. Screening Donors With a History of Travel to Countries With Endemic Malaria by Plasmodium Falciparum immuno-fluorescent Antibody Test

Number tested: 717

Number confirmed positive: 0

Number of red cell donations derestricted for clinical use: 685

4.4.4.4. Screening Donors With a History of Hepatitis/jaundice For Anti-HBc Passive Haemagglutination Assay

Number tested: 33

Number confirmed positive: 1

Number of donations derestricted for clinical use: 32

4.5 REAGENT PREPARATION LABORATORY

4.5.1. Donation for ABO Grouping

• Collection for use in W.R.T.C.

Group A: 5
Group O: 32

These donations were pooled and standardised for use on the AG16C

• AB Serum

A total of 189 donations were collected and of these:

10.0 litres were sent to BPL

11.2 litres retained for WRTC use

9.0 litres sent to the Cytogenetics Laboratory, Salisbury

A further 4.2 litres of time expired AB plasma were issued to hospital laboratories for use on autoanalysers.

4.5.2. Donations Collected For Other Antisera Production

• Donations Collected in Dry Packs, Single Packs and Double Packs

- 18 donations of assorted specificity (including anti-s, K, Fy^aetc) were collected in sessions at the Centre.

- 51 donations from new and known donors were collected at routine donor sessions. Specificities included anti-D, D+C, C, E, s, P, Le^a. 14 donations of anti-D were included in pools of anti-D for immunoglobulin production.

• Donations collected by Plasmapheresis

- Double procedures	274
Single procedures	Nil
Therapeutic	6.4 litres

• Fate of Donations Collected by Plasmapheresis

- Anti-D

124 litres sent to BPL for anti-D immunoglobulin production.
9.5 litres of anti-D unsuitable for immunoglobulin production were sent to BPL Diagnostics for use in preparation of anti-D grouping reagent.
2 litres of anti-D+C retained for antisera production by WRTC

- Other Specificities e.g. c, e, Le^{bl}, JK^a, K etc.

2.5 litres sent to BPL Diagnostics for antisera production.
13 litres retained for antisera production by WRTC.

● Y Number Production

31 reagents were standardised for use as typing reagents, specificities include D, D+C, C, E, c, e, JK^a, Kp^a, K etc. During production of these reagents the following donations were used for adsorption of unwanted antibodies.

	<u>Non time-expired</u>	<u>Time expired/unsuitable for Bank</u>
A ₁ rr	4	25
B rr	23	25
A ₁ Brr	37	8
O+	-	4

● Rabbit Serum

- 100, ul of anti-Le^a collected
- 1 litre of ready for use anti-M prepared
2 litres of ready for use Anti-N prepared
- 3.32 litres of Rabbit Serum collected as a source of complement for use in Tissue Typing Laboratory.

4.5.3. Donations selected for use as Standard Cells and for Issue as Rare Cells

- 706 units were used for distribution as Standard Cells in the WRTC and surrounding hospitals.
- 16 donations issued to other R.T.C.'s as rare cells, including Pt^{a+}, A^{a+}, r s, Kp^{a+}, k etc.
- The following donations were issued to BPL Diagnostics for adsorption of unwanted antibodies:-

	rr	r'
A ₁	164	3
B	100	1
AB	54	
O	2 (Bg ^{a+})	32

4.5.4. Crystalloid Solution

6 litres LowsActivated Papain
110 litres Bromelin
160 litres LISS
2.25 litres sterile CPD-A1 for standard cells
0.1 litre sterile CPD-A1 for I.V. use
552.5 litres preservative solution for standard cell use.

4.6 SPECIAL SEROLOGY LABORATORY

	<u>No. of Samples</u>
Blood grouping and antibody screening during pregnancy	9,303
Investigations of antibodies found during pregnancy (includes antibodies detected in routine screening at WRTC and samples referred by hospital laboratories)	353
Blood grouping tests on husbands	106
Spectrophotometric examination of amniotic fluid	2
Blood grouping and antibody screen on prospective heart-lung operations	1,238
ABO grouping and Rhesus typing of kidney donors and recipients/bone marrow donors	454
<u>Other cases referred by hospital transfusion Laboratories</u>	

<u>Reason for Referral</u>	<u>No. of Cases</u>
Antibody detected post delivery	64
Haemolytic Disease of the newborn	64
Pre-transfusion antibody screen positive	615
Incompatible crossmatch	166
Suspected Transfusion Reaction	13
Blood grouping problems ABO anomalies etc	16
Du confirmations	88
Serological investigations of suspected Auto-Immune Haemolytic Anaemia	60
Miscellaneous	18
Total ...	1104

Units of Blood Crossmatched at Transfusion Centre

Crossmatched leucocyte poor/saline washed red cells for transfusion at hospitals	494 (17 cases)
Problem crossmatches referred by hospital laboratories	31 (3 cases)

Total Number of Cases Referred by Individual Hospital Laboratories

Lord Mayor Treloar Hospital, Alton	2
Basingstoke District Hospital	56
Royal Victoria Hospital, Boscombe, Bournemouth	166
West Dorset Hospital, Dorchester	54
Royal Naval Hospital Haslar	5
St Marys Hospital, Newport IOW	162
Poole General Hospital	198
Queen Alexandra Hospital, Portsmouth	268
St Marys Hospital Portsmouth	180

Salisbury General Infirmary	45
Sputhampton General Hospital	246
Royal Hampshire County Hospital, Winchester	47

Total ...	1429
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Samples referred by private hospitals	150
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Red Cell Typing of Donors

<u>Antigen System</u>	<u>Number of Donors Typed</u>
MN	1072
S	60
s	10566
P1	1117
Lewis	1532
Fya	10566
Fyb	50
Jka	10566
Jkb	77
Lua	148
Kpa	165

Antibodies Identified April 1987 to March 1988

Specificity	Number	Percentage
E	96	13.4
K	92	12.8
D	91	12.7
P1	66	9.2
D+C	43	6.0
Lea	42	5.9
Leb	38	5.3
Lea + Leb	36	5.0
Fya	36	5.0
M	23	3.2
c	18	2.5
c+E	11	1.5
C	7	1.0
K+E	7	1.0
K+Fya	6	0.8
Lua	6	0.8
D+E	6	0.8
e	5	0.7
D+C+K	5	0.7
A1	4	0.6
S	4	0.6
E+Jka	4	0.6
Kpa	3	0.4
C+e	3	0.4
Fyb	3	0.4

Specificity	Number	Specificity	Number
C+K	2	Bga	2
K+Kpa	2	D+C+Fya	2
Jkb	2	D+K	2
P1+Fya	2	E+K+Fya	2
K+Jka	2	Cw	2
D+C+E	2	D+C+Fya+Coa	1
P1+lea+Leb	1	E+Cw	1
Jka+Lea	1	Lea+Leb+Lua	2
C+K+Fya	1	E+Cw+K	1
i	1	s	1
Wra+Swa	1	Kna	1
K+Kpb+P1	1	E+K+S+Wra	1
E+C+s	1	P1+E	1
C+S	1	E+K+Jka	1
E+K+Kpa	1	E+Lea+Leb	1
E+Fya+P1	1	K+P1	1
E+c+Jkb	1	D+P1	1
D+Fya	1	C+D+E+K	1
C+M	1	D+E+K	1
D+C+P1	1	Jka+E+c	1
Lea+Lua	1	E+Fya+Jka	1
E+M	1	Lub	1
K+S	1	Fya+C	1
C+Kpa	1	E+Fya	1

Referred Samples Apr 1987 - March 1988

Total Number of Samples	1742
Patients	1579
Specific Antibodies Identified	715
Number of Specificities/Mixtures	75

4.7 TISSUE TYPING LABORATORY

4.7.1. Kidney Transplantation

HLA typing new recipients	88
HLA typing and serology associated with cadaver donors:	
• local actual donors	46
• local potential donors	4
• UKTS donors	9
Total	59
HLA typing and serology associated with non-cadaver donors:	8
HLA antibody screening recipient samples	417

4.7.2. Cornea Transplantation

HLA typing new recipients	7
HLA typing and serology cornea only donors	1

4.7.3. Bone Marrow Transplantation

HLA typing new panel donors	337
HLA typing patients	31
HLA typing patient's family members	88
HLA typing panel donors selected for patients	71

4.7.4. Disease Association

HLA B27 typing	1,321
Number of positive tests = 258 (19.5%)	
HLA and disease studies:	
• Congenital dislocation of the hip	23
• Ankylosing spondylitis	7
• Inflammatory bowel disease	1
• Rheumatoid arthritis	36
• Measles (CAH)	5
• Varicose veins	2
• Familial breast cancer	57
• Bechet syndrome	2
• Narcolepsy	7

4.7.5. Cell Separator Panel

HLA typing new cell separator donors	7
HLA typing patients requiring HLA matched blood products	2
HLA typing patient's family members	24
Panel donors tested for compatibility	14

4.7.6. Immunisation Regime for Treatment of Recurrent Spontaneous Abortion

HLA typing and pre-immunisation HLA antibody screening	34 couples
Immunisations	20 "
Pot immunisation HLA antibody screening	18 "
Boost immunisation	12 "
Post boost immunisation HLA antibody screening	12 "

4.7.7. National Collaborative Schemes

HLA typing rare cell exchange 7

4.7.8. HLA Antibody Screening

HLA typing new panel donors	20
HLA typing new CLL panel donors	29
Panel donors used for HLA antibody identification	252
Antenatal samples screened for HLA reagents	3,180
Blood donor samples screened for HLA reagents	679
HLA antisera donations	127
HLA antisera further screening	193

White cell antibody investigations:-

• Hospital patients	153
• WRTC antisera	19

(5) ADMINISTRATION

A number of major changes in the administrative/management arrangements occurred during the accounting period. These included the appointment of a replacement Head Driver and Deputy, a change of supplies personnel with an establishment increase of an assistant store keeper clerk.

A policy of not replacing donor organisation clerks with permanent staff was introduced, as a management expediency, pending the introduction of the computer system.

National changes in subsistence claims procedures were revoked in respect of mobile donor staffs in the transfusion services, following management discussions at national level, with an agreement to continue with the existing claims arrangements.

The Administrator/Managers post was vacant for the latter part of the financial year, this gave rise to a number of anomalies which were not resolved during the accounting period.

5.1. SUPPLIES

With the appointment of the new Supplies Team the opportunity exists to review and rationalise the systems, stock levels, re-order quantities and the management arrangements associated with the supplies position.

5.2 STAFFING

A higher than expected number of leavers has significantly increased the workload of the personnel/staffing department, the majority of leavers have been from the skilled specialist areas in the laboratories. Difficulty in recruiting suitable staff at all levels has often required several advertisements, with a limited response.

5.3 TRANSPORT

A number of vehicles were replaced over the last financial year from capital funding. There is no transport fleet replacement policy in operation. Major components of the fleet will require attention within the next two years. The Central Blood Laboratory have provided a -40c storage trailer for holding and transporting plasma to the Central Laboratories. No suitable vehicle exists in the fleet to tow the trailer. No funds are available for its electrical installation, security needs, or hard standing.

5.4 EQUIPMENT

Much of the regularly used portable equipment on the mobile donation vehicles, some centre equipment, and laboratory items are in urgent need of replacement, patching and repair having been undertaken over many years.

5.5 BONUS SCHEME

The structure and standard hours values of the bonus scheme no longer reflect the working arrangements at the Centre.

5.6 CENTRE MAINTENANCE

The arrangements and charges for all forms of maintenance at the Centre are "vague" unclear in their content, effectiveness and method of charging. The recharging process through Southampton District is open ended. Significant areas within the Centre require attention, funding and operational arrangements will need to be reviewed in the coming financial year.

5.7 FINANCIAL MANAGEMENT

The final accounts were completed on time, and showed close alignment with the budgeted financial provisions. A number of significant issues will need to be tackled over coming years:-

- Control of income accounts.
- Maintenance contracts/value for money.
- Creditor payment arrangements.
- Supplies contracts.
- Departmental budgets within the unit.

5.8 STAFF GRADING

A number of staff groups have made personal application for regrading, throughout the year. No regrading assessments had taken place during the financial year as a result of these requests.

5.9 NATIONAL RETURNS

Each year the Centre completes a series of National Returns to the DHSS based upon the requirements of the Department in that year. 1987/88 returns proved difficult to complete in full as no guidance was available from the DHSS on their completion.

Copies are given of each return in:-

APPENDIX 1 PRODUCT COST RETURN FR 17

APPENDIX 2 FINANCIAL RETURN FR 17A

(6) DONOR ORGANISATION

6.1 DIFFICULT YEAR - APPENDIX 3

Looking back over the year there have been periods of increased demands on our Service, and a worrying trend during the Summer and Autumn of 1987 when response from donors fell by around 15%. This phenomenon not only occurred in Wessex, but throughout the United Kingdom. The common factor of holidays (donors) which always affects response rates, April, August, and December, did not explain the higher than normal fall off rate.

6.2 SET BACK - APPENDIX 4

To offset the seasonal variation and a downward trend in the number of donors invited to attend to those responding, increased publicity in the form of special appeal letters with donor invitations was introduced. It was also necessary to increase the number of volunteers invited, to ensure an adequate response to meet demands from hospitals.

6.3 NEW INITIATIVE

At the beginning of 1988 as an aid to stabilising the invitation take up by donors each donor received with their first invitation of the year a leaflet listing all the donor sessions within their postcode area. A free phone 0800 telephone number was also introduced at this time - allowing donors to check on donor sessions in their area, and have any queries answered. The postcode leaflet introduced recently is showing an increase in donors attending with a reduction in queries. If the increase in attendance during January, February, March 1988 continues it is hoped that the postcode leaflet will improve the attendance take up of donors throughout the Summer and coming Autumn period of 1988. The introduction of the leaflet has produced a great deal of additional work in the Donor Records Office, searching for information in response to walk-in donors and telephone enquiries, all based upon a manual and non flexible record card system. This further highlights the urgent need for a fully integrated computer system.

6.4 DATE UP-DATE

During this year a study was made of the use of computers in the Blood Transfusion Service. From investigations it was agreed by the Senior Staff to recommend the installation of a computer package developed by the Welsh Transfusion Service. Visits to Cardiff were made and initial reports have now been submitted to the Regional Health Authority for funding approval. With over 140,000 donor records on card index files, a computer system is vital if the Service is to expand and meet the target for U.K. self-sufficiency in blood products.

6.5 DONOR AWARDS - APPENDIX 5

Due to a change of supplier difficulties were experienced with the supply of Ladies Bronze Awards and a large backlog of disappointed donors still exists.

6.6. VOLUNTARY AID

The Blood Transfusion Service receives support from the Womens Royal Voluntary Service, British Red Cross Society (BRCS), St John Ambulance, and others e.g. Church groups.

WRVS members make and serve refreshments as part of donor recovery, after donation, at the majority of sessions held in halls and workplaces, throughout Hampshire.

BRCS in Dorset have a special section under a County Organiser devoted to providing Local Organiser support to the Service. A Local Organiser is appointed in every town and village we visit in Dorset, where they book accommodation for the session, display publicity material and arrange assistance for our team on the day of their visit.

On the Isle of Wight the BRCS allow us the use of their centres at Newport and Freshwater for donor sessions. Throughout the Island their members provide support groups to our teams and take responsibility for publicity prior to our bi-annual visits.

In the remainder of our areas BRCS provide assistance in the form of rest area supervision, reception and refreshment serving as required.

St John Ambulance provide a Local Organiser in Wiltshire looking after Amesbury and Downton. In parts of Hampshire St John take on the same role as the BRCS at donor sessions.

Other groups, Church Groups, and groups attached to some of the halls we use provide our teams with assistance in the refreshment area.

A copy of this report is circulated to our friends in the voluntary services and we take this opportunity of thanking all their members for their support to our teams throughout the past year.

6.7 BLOOD DONORS

Without the support of Blood Donors in all weathers and irrespective of personal inconvenience to themselves the Service would not exist. To illustrate this point we would pick Friday 16th October 1987, this was the day after the "Great Storm" and one of our teams was holding a donor session in Liphook - getting there proved difficult due to blocked roads having tried via Petersfield and Midhurst our drivers finally found a route from the Farnham side by a maze of country roads. In spite of the appalling conditions in the area, fallen trees, no electricity (apart from the Church Centre where our team had installed their emergency generator) forty-three donors made their way to the session and more remarkable five had come to give blood for the first time.

Although we have no statistical evidence to support it, the Service does not appear to be attracting sufficient numbers of young donors in the 18 - 25 age bracket. With a decline forecast in the 1990's in this age group this situation is being carefully monitored and publicity will need to be targetted accordingly.

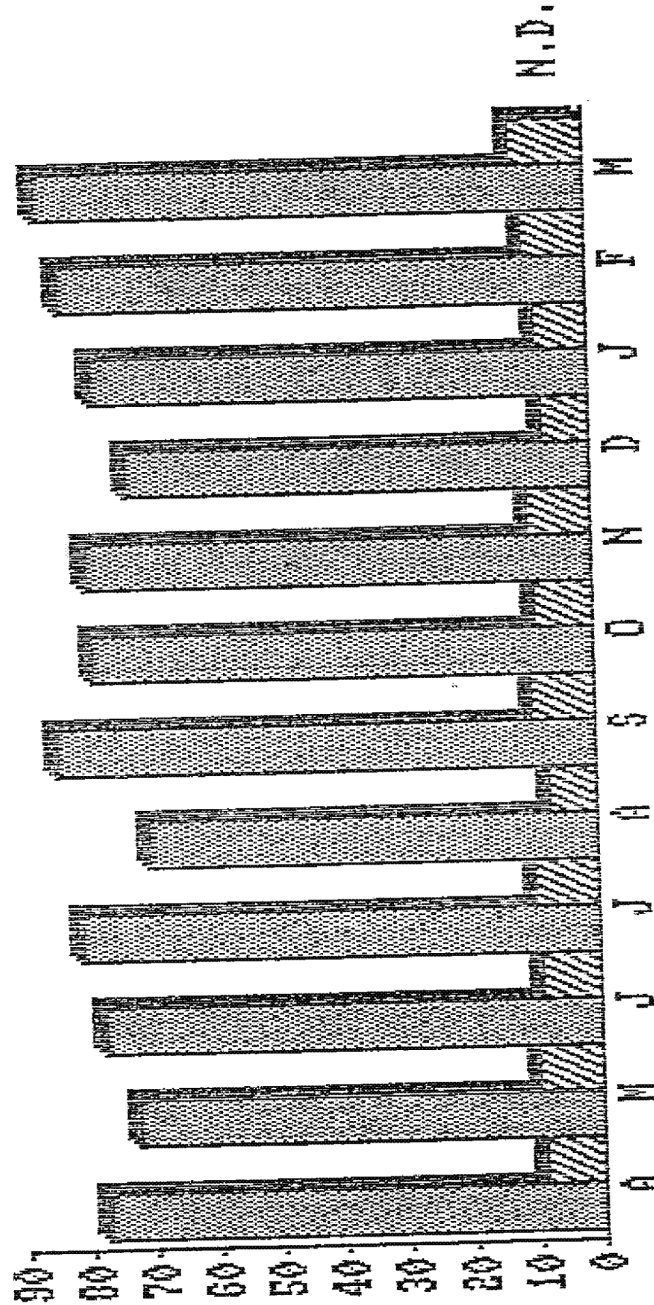
WESSEX REGIONAL TRANSFUSION SERVICEBlood Donors Bled1 April 1987 - 31 March 1988

	<u>This Year</u> <u>1987/1988</u>	<u>Last Year</u> <u>1986/1987</u>
<u>GENERAL PUBLIC</u>		
Centre	1,472	1,211
Dorset	17,130	19,137
Hampshire	42,750	42,606
Isle of Wight	3,713	2,783
Wiltshire (part)	4,057	3,831
* N B T S 108	9	8
<u>ARMED FORCES</u>		
Royal Navy	1,640	2,214
<u>CIVILIAN ESTABLISHMENTS</u>		
Firms in Industry	17,976	19,119
Civilian Establishments	1,908	3,907
Schools, Colleges & Southampton University	1,724	1,679
	<u>92,379</u>	<u>96,495</u>

* Donors attending in an emergency direct to hospital's

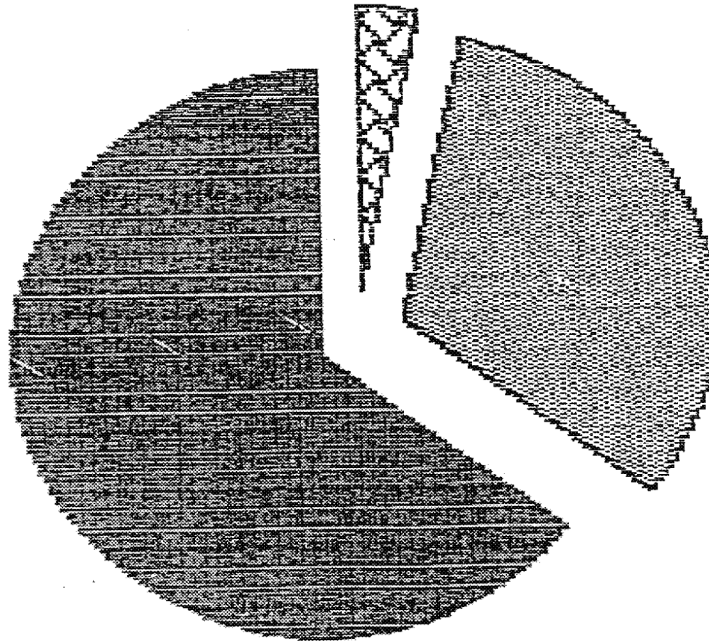
Total Bled & New Donors
by month

Wesley H. T. C. 87/88



Bronze (10)	-	3413
Silver (25)	-	1720
Gold (50)	-	166

Awards issued 87/88



WESSEX R.T.C.