



Dr. T. D. Davies  
Director  
TDD/CHP

13A.  
NATIONAL BLOOD TRANSFUSION SERVICE

NORTH LONDON BLOOD TRANSFUSION CENTRE  
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9th March 1982

Dr. D. Walford,  
Principal Medical Officer,  
Department of Health  
and Social Security,  
Hannibal House,  
Elephant and Castle,  
LONDON, SE1 6TE.

Dear Dr. Walford,

Record Keeping in the NBTS and Hospital Blood Banks

To put it mildly, I was surprised at some of the statements in your letter dated 3rd March to Dr. Wagstaff, a copy of which I received from Mr. Godfrey.

I have no knowledge of the investigation into our records, mentioned in your second paragraph. Anyone investigating our records would have seen that all issues of blood and blood components are fully recorded and Hospital staff sign issue slips on receipt of the blood. The enclosed photocopies show the range of records we keep and with the introduction of computerisation this year, information concerning issues is even more readily available. If, after studying our records, you have any suggestions for improvement I shall be pleased to have them.

When you state - "the ready tracing of a unit of blood from acquisition to final disposal" - do you mean from the time the donor gives the blood to the time the blood is transfused to a patient? At Edgware, as I am sure at every other Transfusion Centre, we have accurate records of issues to Hospitals and of returns from Hospitals but we have no records of the 'final disposal', i.e. the recipients. If it is assumed that 3 units are used per transfusion, then last year approximately 53,000 patients received blood issued by Edgware. I foresee problems in persuading the many hospitals we supply to forward regular and accurate records of recipients for the RTC to match up with recorded issues to the hospitals. I consider that once the hospital staff have accepted the blood it is their responsibility to keep records of the final disposal. RTCs keep adequate records and it is a pity that following the answer to the Parliamentary question, reports in the Press suggest that this is not the case.

If it is your view that the RTC should possess accurate records of the "final disposal" of every unit of blood and blood component, I will write to all Haematologists in our Region requesting regular

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returns of the "final disposal" (i.e. recipient's name, discard, Lab. use, returned to RTC, etc.) of every unit we supply. How the RTC will correlate the information with our issue records is another problem.

With kind regards,

Yours sincerely,

GRO-C

DR. T. D. DAVIES  
Director

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