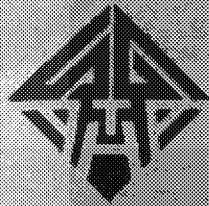
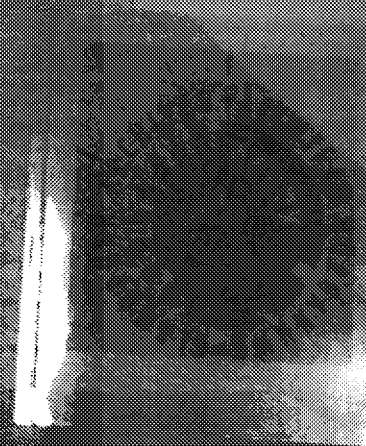


SOUTH GLAMORGAN HEALTH AUTHORITY (TEACHING)
AWDURDOD IECHYD DE MORGANNWG (DYSGU)



THE HEALTH SERVICES IN SOUTH GLAMORGAN DURING 1979

REPORT OF THE
AREA MEDICAL OFFICER



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A recent survey amongst other Regional Transfusion Centres of comparable size has indicated discrepancies in manning levels in the Welsh Regional Transfusion Centre which explains the difficulty in making progress and improvements in areas I regard of importance. Overall levels of the Medical Laboratory Scientific Officer establishment are around 60% of average and this shortage is particularly acute in Senior Scientific staff which has particularly serious implications with regard to improvement of the quality of service.

The problem of accommodation is acute at the Centre but it is also true that many of the locations that have to be used for the mobile sessions are far from ideal. Thanks are due to all staff for their patience and understanding during these periods of difficulty.

SECTION I

THE BLOOD TRANSFUSION SERVICE

J. A. P. Napier, Ph. D.,
M.R.C.Path.,

Director,
Regional Blood Transfusion Centre

The Welsh Regional Blood Transfusion Service is based at Rhydlafr six miles north-west of the centre of Cardiff. Blood collection sessions are held throughout South and Mid Wales and blood and blood products are distributed to hospitals in the same area. The population served is approximately 2.2 million.

Because of increasing difficulties with the size and the quality of accommodation at the Centre it was reluctantly decided that the continued expansion in growth of blood and blood product demand could no longer be met. Collection of blood was, therefore, set at 1978 targets and a decision made to devise a policy whereby the most urgent clinical situations would continue to be met at the possible future expense of more routine blood requiring activities. Despite the seriousness of the accommodation and staff shortages, (due to enthusiasm and goodwill amongst the staff) the productivity of the Welsh Regional Centre has, up until now, been very comparable to that of other Centres in England and Wales. This has been achieved despite the fact that poor working conditions undoubtedly reduce staff efficiency and the ability to deploy them to maximum advantage. Statistics for 1979 do largely indicate that the overall aim in blood collection has been achieved. The lack of growth was, in fact, dictated rather more by prolonged periods of highly unfortunate industrial unrest throughout the N.E.S. and also, to some degree, by disruption caused by severe weather conditions. For these reasons it is likely that the Blood Transfusion Service cut backs produced few discernible effects on hospital activities.

Brighter prospects are now on the horizon. Some much needed improvement will shortly begin to the worst part of the building though our problems will now be those of overcrowding coupled with the presence of builders on site. More encouraging is the possibility that work may begin on planning for a new Blood Transfusion Centre possibly moving the first spade into action in the mid 1980's. This is a progression from the previous position but in my view disappointing and, because of the relatively minor cost of rebuilding, the N.E.S. cannot emulate the speed of the

more efficient areas of private enterprise and get a new functioning Centre within 2 years from now. It is, of course, inescapably true that funds are in short supply but also true that current expenditure on commercial blood products projected for the next six years, i.e. that resulting from our own shortfall in production, would equal the sum required to build a new Centre.

During 1979 we are grateful to have been able to purchase a new automatic blood grouping machine - in current jargon one of the 'new generation' of instruments that has the valuable facility of both reading the donation identification number on the donor's sample of blood and also automatically determining the blood group from the pattern of serological reactions obtained during the automated testing cycle. A Transfusion Centre has to be obsessively vigilant in order to avoid making any mistakes but people as individuals are all too liable to fatigue and error. The public has a right to demand that the 100,000 results we create each year are all correct. Any error may be of extreme importance to the individual it applies to. Mechanisation and machines capable of error free label reading and writing strengthen our position enormously. A machine such as this forms a nucleus on which a less stressful and more reliable working environment can be created. We look now to micro computer developments to streamline and improve the safety of a wider area of blood banking operations.

Despite the restriction on overall turnover of donations, some activities continue to grow - fresh blood component production, in particular, as it is impossible not to deal with specific demands for the treatment of individual patients as they arise. We are, in that sense caught between resource constraints and clinical needs. Productivity in other fields has increased with contributions to academic meetings and the scientific literature and also to local teaching activities at all levels.

I am pleased to record that Dr. P. M. Trenchard, formerly from the Department of Haematology at the University Hospital of Wales, joined the staff as Consultant in blood transfusion and Deputy Director in November, 1979. He will be taking more specific responsibilities in the fields of tissue typing and blood products.

This report provides an opportunity of thanking all the blood donors who have supported us loyally during the last year despite a variety of difficulties such as the exceptionally poor winter weather. Some donors, as a result of very long service, are, of course, singled out for special thanks but the B.T.S. is, of course, also grateful to that much larger number of people who stop and take the trouble to give smaller numbers of blood donations for the common good. Considerable appreciation is also due to all the various members of staff of the Blood Transfusion Service for their work over the past year. Work grows both in volume and complexity rather in advance of appropriate provision of extra staffing facilities.