

NOTES ON VISIT TO YORKSHIRE RTC

1. Plasma target 1989/90

- 1.1 Thought that the level of plasma set was too high. RTC were working on 28 tonnes. Agreed to revision to 30 tonnes which should be attained this year.
- 1.2 The plan was to increase plasmapheresis over that in 1988/9 to achieve target. However, the shortage of donors has curtailed this programme and the target is now being maintained by increasing SAG(M) separation and funding the extra cost of the packs from underspending on plasmapheresis sets.
- 1.3 Eighty percent of total blood donations are now being collected into SAG(M) packs. One constraint which is currently being investigated is a doubling of the request for cryoprecipitate (one OHS unit is the cause of this) and an increase in demand for FFP for clinical use.

2. Plasmapheresis

- 2.1 Three Centres are operational, viz:
Leeds City, RTC and Bradford.

- 2.2 Machine usage:

Leeds City	- 11 machines; 10 operational
RTC	- 7 machines; 6 operational
Bradford	- 7 machines; 6 operational

- 2.3 Staffing:

There is a sister in overall charge of plasmapheresis:

Leeds City	- RGN - 2.5 wte
	DA's - 5 (+ 2 for standard bleed beds)
	Receptionist - 2 wte
	Clerk

RTC/ Bradford	RGN - 1.5
	DA's - 3 (+ 2 for standard bleed beds)
	Receptionist
	Clerk

- 2.4 7-8 procedures per bed per day - cost of plasma estimated at £50 per Kg.

3. 1990/91

- 3.1 Agreed a target of 35 tonnes.
- 3.2 This should be achieved by further increasing the blood collection from its present 130,000 per year to

150,000, the perceived net for the region and separating 80% of this into SAG(M) plasma. *day*

- 3.3 Plasmapheresis recruitment actively being pursued to a target of 10 procedures per bed per year on all currently operating machines (three machines are to be held in reserve against mechanical failures). This should yield 12 tonnes plasma.
- 3.4 Finances have not yet been approved at RHA, but they have been informed of the development needs. They are reasonably relaxed about the proposals because they are convinced that the plasmapheresis is more than self-financing.

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24.8.89.

PLASMA SUPPLIES

32M.

1. Plasma Target 89/90

How was this set?

28 tonnes (we have 31 tonnes)

How did you propose to reach target?

Underlying assumptions:-

e.g. increased SAG (M)

increased apheresis

new buildings

more funding

more staff

more donors

→ no unit based on Bradford (last years) basis

Donor problem + etc

increasing SAG (M) 50%

1.1 How does this relate to:

Population

Total blood collection 140,000 → 130,000

Regions blood product usage

150,000

Capo - 4% increase in consumption
= 4000 litres F&P

2. Discuss current statistics

2.1 Amount of SAG (M) plasma

Amount of recovered plasma from whole blood

2.2 Proportion of whole blood used for plasma

SAG (M)

Other

3. Return rate of whole blood

Ask countries with ordering donations

4. Plasmapheresis

Number of machines

Number operating

Number of staff

Cost in average

Forward (2)	London (2)	RCC (2)
6+1	10+1	6+1
6	10	6 (including)
40	40	40
REN 1 1/2	REN 2 1/2	REN 1 1/2
3	5	3
(+2)	(+2)	(+2)

Forward (2) 10,000
London 10,000
A 6 1/2
DA 3
PI B 6 1/2 + 10 1/2
Th C

5. Budget for 1988/89

1989/90

3 (+2) 2 Rec. + 1 spare Clerk
5 (+2) 1 Rec. Clerk

150 7-8 doses/blood/dry

6. Current state of reaching target

- prospects for remainder of year target to high

progress towards total quality by year end

NG. No QA manager
QC monitoring
BI monitoring
Action/Review
performance relative per.

7. Suggestions for way forward

Plasma Targets 1990/91

35

1. Targets leased on 10 tonnes/M as a guide

2. Feasibility

3. Constraints - Financial

Donors

Staff

Buildings

SAG (M), learn from

1012 50 tonnes 4.84
2000 100 tonnes

