20 January 1975

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Dear Helge

Thank you for your letter of 3 January 1975 about the figures submitted by U.K. for the Working Group.

There are two errors in the figures in your letter; these may be due to my handwriting. The correct figures are:-

1.	Total collected	1,641,025 donations
2.	Issued	1,424,708 "
3.	Concentrated red cells (in terms of donations) issued	105,848
4.	Plasma from time expired blood recovered at RTCs.	346,584

The number of donations in 3. above is included in 2 above. Of the 346,584 donations in 4. above, from which plasma was recovered, 228,373 had been issued and are included therefore in 2. above. The balance of 118,211 donations (346,584 less 228,373) which yield plasma on reaching expiration date, had not been issued. I think these figures are reconcilable and do not lead to a conclusion of "impossible".

With regard to the number of donations/1000 population, the total donations of 1,641,025 in 1973 were collected in England and Wales, the areas covered by the National Blood Transfusion Service. The population of England and Wales in 1973 was estimated to be 49.1 million which yields a ratio of 33.4 donations/1000 population. I asked the Scots to give you the corresponding Scottish figures (Scottish National Blood Transfusion Service) and assumed that you picked these up in Edinburgh. I have no figures for N.Ireland which, of course, is part of the United Kingdom.

Although the revised figure for England and Wales is somewhat higher than the 29/1000 population you calculated, it is low compared with many European countries, Canada, Australia and USA. There is no evidence here that any patients have suffered through lack of transfusion media, but we are now unable to keep up with the rapidly increasing needs for antihaemophilic globulin concentrate needed for the newer forms of treatment of haemophilia and have to buy concentrate from overseas. This phase will pass as we organise the greater use of concentrated red cells (up to 40%) from which fresh plasma has been taken to prepare the concentrate. Our next problem will be a mounting consumption of albumin and especially FFF. We might contain this demand if we were able to raise the consumption of concentrated red cells to 60%, but I suspect we shall have to collect more donations.

Throughout the last 25 years the transfusion centres have exerted a restraining influence on users. I think all Transfusion Directors are very conscious of their responsibility for preventing anything that might be construed as exploitation of

the voluntary unpaid donors. We have always tended to preach economy of whole blood etc. and also of plasma fractions. My own opinion is that plasma substitutes, such as dextran, should be used instead of plasma in those circumstances in which they give equivalent clinical results. It is sometimes said here that quite a lot of blood and blood derivatives are used unnecessarily and, therefore, wastefully. If this is true here, how much greater must the misuse be in other countries.

I do hope this information is helpful. I'm always a little suspicious of these balance sheet exercises because we all use different definitions and our figures are collected with varying degrees of diligence.

Kind regards to you both and best wishes for 1975

Yours sincerely

GRO-C

W d'A Maycock

Dictated but not signed