

NATIONAL HEALTH SERVICE

SUPPLIES OF BLOOD TO HOSPITALS

Summary. This memorandum reminds Boards and Committees of the need for ensuring adequate supplies and encouraging, as far as they can, the proper use of blood, and advises Regional Hospital Boards to make long-term plans for the development of the transfusion service in their Regions, which should also take into account the likely future needs of teaching hospitals.

The use of blood

1. Since the National Health Service began, the number of bottles of blood issued in England and Wales has increased from 311,873 in 1948 to 980,096 in 1962. There is no indication at present of any falling off in the rate at which the use of blood is increasing. Although the excellent response from the public in offering their blood has made it possible to meet the demands of the hospitals hitherto, the recruitment of donors will probably become more difficult as donor panels are still further enlarged and it seems possible that the provision of blood and its products cannot be increased indefinitely. For this reason, and because blood and, to a lesser extent, its derivatives are potentially dangerous materials, the need for discrimination in their use cannot be too strongly stressed. Some of the increased use of blood is due, at least in some areas, to the introduction of new surgical techniques, such as open heart surgery, but it is believed that some is used unnecessarily and this should clearly be prevented.
2. A register should be kept in the hospital blood bank, if this is not already done, to show how blood, and also plasma and serum and other blood products, received from the Regional Transfusion Centre has been used. Registers obtainable from the Regional Transfusion Centres should be used. The register should be examined from time to time by the Regional Transfusion Director.
3. The main responsibility for ensuring the economic and efficient use of blood, plasma and blood products must rest with those who use them. Boards and Committees may, however, wish to consider the following suggestions:
 - (i) The periodical discussion by the medical staff of the hospital of the use of blood, as revealed by the Register. When possible such discussions should be attended by the Regional Transfusion Director.
 - (ii) The advantage, especially in general and certain specialist hospitals of appointing a senior doctor to the staff of the haematology department or, failing this, the pathology department, to take charge of the blood bank and transfusion arrangements within the hospital.
4. A survey of the fate of all the blood collected in a given week in certain hospital regions is nearing completion. Any information on the use of blood yielded by this survey will be made available.

Operations requiring large quantities of blood

5. Large amounts of blood are used for certain surgical techniques, and some surgeons prefer this blood to be freshly donated. It is essential, therefore, if enough blood of the right type is to be supplied, that hospitals should give Blood Transfusion Centres such notice as the Centres

require to permit the collection of the blood to be arranged. This is especially necessary when the patient belongs to one of the blood groups which occur relatively infrequently in this country.

New departments requiring supplies of blood

6. As soon as possible (and not later than the 16th March, 1964,) each Board of Governors and any Regional Hospital Board without its own transfusion centre should inform the Regional Hospital Board responsible for the Regional Transfusion Centre of any development, such as a new hospital, a new operating theatre, or cardiac unit, or a new maternity unit which is likely to need substantial additional amounts of blood. Similarly, Boards should be told of any such department which is likely to close because better facilities are provided elsewhere. This information, which should include the estimated date of completion or of closure, will ensure that Regional Hospital Boards are able to keep Regional Transfusion Centres informed, so that short-term and long-term plans for supplying blood can be made.

Long-term plans for Regional Transfusion Centres

7. Regional Hospital Boards responsible for centres should consider their requirements for a proper development of the transfusion service in their Regions to satisfy the present and future demands for blood (including the needs of teaching hospitals). They are asked to send to the Department by the 15th May, 1964, a statement of their proposals for building or extending Regional Transfusion Centres during the period 1963-64 to 1973-74 (or in later years, where Boards have plans outside this period), together with the estimated blood intake needed to meet regional and national commitments, on which the statement is based. In preparing this statement, Boards should collate the information requested in paragraph 6 with their own building plans and with proposed changes in numbers of medical staff likely to use transfusion techniques. Any new centres should be sited in or near teaching hospitals or medical schools, as advised in paragraph 3(1) of RHB(48)16.

8. Boards should not assume that their capital programmes can be increased to meet the cost of developments proposed now for the first time. They should indicate how it is proposed to fit any new proposals into their existing long-term capital programmes.

Revenue implications

9. The improvement of the facilities of a Regional Transfusion Centre, for example, by the employment of further blood-collecting teams and of the other staff that such an increase in blood collection would necessitate, will have implications for Board's revenue expenditure, which will need to be taken into account in forward estimates and discussed with the Department at the appropriate time.

MINISTRY OF HEALTH,
ALEXANDER FLEMING HOUSE,
ELEPHANT AND CASTLE,
LONDON, S.E.1.

16th January, 1964

H/B 15/7

To: Regional Hospital Boards,
Hospital Management Committees,
Boards of Governors.

A6144. WL 8020/292. 10,500. 12/63. M.C. 3169.