NORTH WESTERN REGIONAL HEALTH AUTHORITY

National Blood Transfusion Service

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Director: H.H. GUNSON,
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Our ref: HHG/VP.

Your ref: EAER/MF.

Date: 6th October 1981.

Tel: 061-236 8181 Ext. GRO-C

Please ask for: .....

Dr. Angela E. Robinson,
Consultant Haematologist,
Regional Transfusion Centre,
Bridle Path,
Leeds LS15 7TW.

Dear Angela,

Thank you very much for your helpful letter which I received this morning. There are one or two points that I think are worth raising and I think we should discuss these more fully at the next meeting of the Working Party, which I hope to arrange later in the year.

This was of course a supplement to the Preliminary Report and has to be taken in conjunction with the main report, where the point was made very forcibly that it was important to carry out a trial of manual pheresis. I agree it is essential that a code of practice will have to be established and staffing levels will have to be considered. I am pleased that you have got permission for your automated pheresis unit, since this will be the first one of its type in the country dealing with normal donors and the code of practice which has been set up for such units was based on much smaller numbers. There is a school of thought, to which I do not necessarily subscribe at the moment, that there ought to be one trained nurse per machine in such units, and it will be very interesting to see how you get on with your six-bedded unit.

I am not sure that you can draw too many conclusions from the Factor VIII yields at Oxford. This was being set up when I left Oxford and I have heard little of it since. At that time the plasma was being collected into ACD, since CPD pheresis packs were not available. I am not sure whether this problem was ever resolved. Also, I think that until such a trial gets well under way it is difficult to be sure of yields, etc., since I think in your early batches the yields were not as good as have been found subsequently.

I would be glad to know if you have any documented evidence of the deaths that have occurred in the U.K. from wrongly transfused cells. I have heard several vague reports. I think this is an important matter which would obviously weigh heavily in the formulation of any units doing manual pheresis.

There was no suggestion at the Advisory Committee that one should at this stage decide whether plasma should be collected either manually or by machine. Indeed, if you look at Table 1 the actual difference between the sums of money as a proportion of the whole is relatively small, and the whole thing is prefaced with the assumption that the yield of Factor VIII would be 225 i.u. per kg. The information contained in this report will be used in approaches to Regional Health Authorities, but inevitably at this stage of our knowledge it would have to be used in a general manner.

I think, therefore, that one cannot yet discount manual pheresis which we know is used successfully elsewhere as a method, but I agree we need a good deal more information before coming to a final decision. Costing will be only one factor which will have to be taken into account, and I hope that we will be able to gain valuable knowledge from your experience during the coming months in your automated unit.

With kind regards,

Yours sincerely,

GRO-C

H. H. GUNSON
Director.