



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Administrators  
District Administrators  
Secretaries of Special Health Authorities for the  
London Postgraduate Teaching Hospitals  
Secretaries of Boards of Governors  
Secretary, Central Blood Laboratories Authority

28 February 1983

Dear Administrator

**BLOOD TRANSFUSION: RECORD-KEEPING AND STOCK CONTROL ARRANGEMENTS – DRAFT  
HEALTH CIRCULAR**

1. As you know, in consultation with the Advisory Committee on the National Blood Transfusion Service, the Department recently reviewed record-keeping and stock control arrangements in Regional Blood Transfusion Centres and hospital blood banks. In the light of the Review's findings, the Advisory Committee has recommended that revised guidance should be issued to the field and I enclose a copy of a draft health circular on which the Department would welcome the views of Regional and District Health Authorities. Relevant professional organisations are being consulted separately.

2. Ministers are anxious to issue formal guidance as soon as possible and I have been asked therefore to seek comments by the end of April.

Yours sincerely

GRO-C

S GODFREY

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BLD/2/13

(DRAFT) HEALTH CIRCULAR

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## DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Health Authorities	}	for action
District Health Authorities		
Boards of Governors		
Special Health Authorities for the London		
Post-graduate Teaching Hospitals		
Central Blood Laboratories Authority	}	
Family Practitioner Committees	}	for information
Community Health Councils		

February 1983

## HEALTH SERVICES MANAGEMENT

## BLOOD TRANSFUSION: RECORD-KEEPING AND STOCK CONTROL ARRANGEMENTS

## SUMMARY

This Circular asks health authorities to review arrangements for the supply of blood and blood products, and to review concurrently record-keeping and stock control arrangements in Regional Transfusion Centres (RTCs) and hospital blood banks. Its contents have been endorsed by the Advisory Committee on the National Blood Transfusion Service.

## BACKGROUND

1. The demand for blood continues to grow. Over the past 10 years the number of units collected by the National Blood Transfusion Service (NBTS) in England and Wales has increased by over 30%. Although RTCs have continued to keep pace with the increasing demands made upon them, it is clear that scope exists for hospitals to review their requirements for blood with a view to making optimum use of blood stocks and, if possible, to reducing the demand for blood. Though the blood itself is donated free of charge to the NBTS, it is estimated that at 1982-83 prices, it costs RHAs about £18 to collect, test and supply each unit of whole blood.

## REGIONAL REVIEW OF POLICIES

2. To facilitate a Regional review of policies, it is suggested that RMOs should convene regular meetings between their Regional Transfusion Directors (RTDs) and the consultants responsible for the hospital blood banks in their Regions to consider matters such as current and future requirements for blood, the scope for economies in blood usage, the proportion of plasma-reduced blood to be supplied, the use of ad hoc deliveries and the amount of stock which becomes time-expired in blood banks. The meetings should also provide the forum for the exchange of ideas as to what constitutes "good practice" in the Region with regard to blood supplies.



3. In the light of these discussions the consultant responsible for the blood bank should then determine, in consultation with the RTD, an appropriate stock level which should be kept under regular review. Hospital blood banks situated close to the RTC should consider the possibility of carrying less stock as a matter of routine and, where practicable, making greater use of ad hoc deliveries; outlying blood banks should similarly review stock levels and explore the advantages of carrying more stock in order to reduce expensive long-distance ad hoc deliveries.

#### TIME-EXPIRED BLOOD

4. As with any product with a limited shelf life, a proportion of the blood stock issued to hospital blood banks will inevitably become out of date before it can be used for transfusion. One of the aims of the policies outlined above should be to keep time-expiry to the minimum practicable level. Consultants responsible for blood banks are asked to pay particular attention to this aspect of their banks' performance.

5. The plasma from time-expired blood is of use in the manufacture of blood products and, except as described below, all time-expired blood (including red cell concentrate) must be returned to the RTC from which it was issued. Any arrangements for the retention of such blood (for example, for quality control) or, in exceptional circumstances, its supply to a unit other than the RTC, for example, for research, must be discussed with and agreed formally by the RTD.

#### NON-NHS HOSPITALS

6. Requests received from non-NHS hospitals for blood and certain blood derivatives which are not available commercially in the UK should continue to be met according to availability and clinical need. Consultants responsible for blood banks servicing non-NHS hospitals or the RTD, where exceptionally the hospital is supplied direct by the RTC, should ensure that a nominated consultant accepts responsibility for that hospital's stock. Comprehensive records (see below), open to inspection by the RTD, must be kept by the non-NHS hospital to account for the blood it receives. The supplying blood bank or RTC should also assure itself that the hospital's storage facilities are in accordance with the guidelines set out in "Notes for Transfusion" (copies of which are available from DESS, Branch HS1A, Room 1206, Hannibal House, Elephant and Castle, London SE1 6TE).

#### RECORD-KEEPING

7. For medical reasons and from the point of view of accountability for a valuable resource, records kept at RTCs, hospital blood banks and at ward level must permit the tracing of any unit of blood from collection to transfusion or disposal. Health authorities are asked to ensure that the systems employed at Transfusion Centres and hospital blood banks do so.

8. To enable hospital blood banks to account readily for blood and blood products received from RTCs, consultants responsible for blood banks are asked to make a monthly statistical return to their RTC listing:

- a. the total number of units of blood and components received from the RTC, broken down by group,



- b. the total number of units returned to the RTC,
- c. the number of units used in the NHS hospital,
- d. the number of units supplied to private hospitals, with confirmation of use,
- e. a note of the fate of all units, identified by unique donation number, unused but not returned to the RTC.

9. The Department's Central Management Services (CMS) Branch has examined record-keeping and stock control systems in a number of RTCs and hospital blood banks and has produced a report. A summary of the findings of this study has been prepared by CMS and is given in the Appendix. Whilst not all the report's recommendations have been endorsed by the Advisory Committee on the NBTS as suitable for promulgation as national guidance, they are reproduced for authorities' information to assist in formulating local policies. The report concludes that it would not be possible to develop a uniform system of record-keeping which would meet the needs of all users. Systems have to be flexible enough to meet local needs, priorities and circumstances, while at the same time embodying the essential principles of accountability and patient safety which are:

- (1) to account for all blood received, issued and used at RTCs and hospital blood banks, including blood returned to RTCs;
- (2) to enable each unit of blood to be traced from donation to disposal; and
- (3) to provide data (for example, on time-expiry by blood group, on adhoc deliveries) on which to base decisions about optimum stock levels.

While many current systems meet to varying degrees (1) and (2), they do not provide assistance with blood bank policy formulation. In reviewing present practices, health authorities will wish to balance any additional work involved at blood bank and RTC level in improving systems against the scope for economies in blood usage. Any deficiencies should be rectified as soon as possible.

#### BLOOD PRODUCTS

10. The principles outlined above regarding accountability and control apply equally to blood products, both those manufactured by the Blood Products Laboratory and those purchased from commercial suppliers. Health authorities should review record-keeping and stock control procedures accordingly.

ACTION

11. Health authorities are asked to ensure that regular meetings are held to review blood transfusion policies; that supplies of blood to non-NHS hospitals are made in accordance with paragraph 6 above; and that monthly statistical returns are made to RTCs by hospital blood banks.

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Further copies of this Circular may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.



## BLOOD: RECORD KEEPING AND STOCK CONTROL

### A SUMMARY OF A STUDY CARRIED OUT BY THE CENTRAL MANAGEMENT SERVICES BRANCH OF THE DHSS

1. Over 2 million units of blood are collected each year by the National Blood Transfusion Service and those, in the form of whole blood or blood products, find their way to patients via blood banks accommodated in hospital pathology departments. Enquiries into the use of blood and blood products suggested possible inadequacies in records kept to control the movement of blood from collection to transfusion or disposal. At the request of the Advisory Committee on the National Blood Transfusion Service the Department asked Central Management Services Branch (CMS) to review existing controls with a view to strengthening record-keeping procedures where required and improving stock control.

2. The terms of reference for the study were as follows:-

"To study existing systems for the stock control of blood at Regional Transfusion Centres, hospital blood banks and the Blood Products Laboratory; to recommend a system or systems which would enable donations to be traced readily from collection to transfusion or disposal; and to cost such systems."

### RESULTS OF THE STUDY

3. To control stock and keep associated records throughout the Service, staff at Regional Centres, hospital blood banks, and at ward level each have a different yet interdependent role to play. These roles are identified and highlighted.

4. At Regional level the main requirement is to control the stock held and regulate supplies and issues, firstly, of blood from donors to hospitals; secondly, of plasma from Centres to BPL and thirdly, of blood products from BPL and the Centre to hospitals. Of equal importance, but less in magnitude, is the need to trace a unit of blood or batch of blood products in and out of the Centre. The role of the hospital blood bank is similar in the receipt and issue of goods but is complicated further by the need to control, down to individual patients, the use of blood and its products. In providing this control and a facility to trace a unit of blood or product batch a wider range of personnel is involved.

5. In the past record-keeping, particularly at hospital blood bank level, has placed most emphasis on identifying the blood used for individual patients rather than on the total stock, but stock control is becoming increasingly important and more consideration should now be given to efficient and effective ways of controlling the overall supply and issue of blood and its products.

6. Figures provided earlier in the circular show the cost of collecting a unit of blood as £18 . If each hospital blood bank, through better stock control, reduced their demand for blood, savings could be achieved. There are approximately 350 blood banks in England and Wales. There is evidence in the report to confirm that at least one hospital visited had reduced the demand for blood by better control of stock and its use; there is no reason why others cannot achieve similar results thus releasing staff time or providing savings to cover the cost of any additional clerical work required to record the relevant management information.



7. After examining practice and procedures in 5 Regional Transfusion Centres and 21 hospitals the CMS report concentrates on 3 main aspects of stock control and associated recording systems in the blood transfusion field. Broadly speaking, these are:-

- i. the control of goods received and issued at Centres, hospital blood banks and wards;
- ii. the usage of the goods, and
- iii. the facility to trace a unit of blood or batches of products from collection to transfusion or disposal.

8. Some of the major recommendations are given below.

- a. Centres should consider as part of their role a formal process to enable the exchange of ideas and good practice at operational level for hospitals to whom they supply substantial quantities of blood and blood products.
- b. Discussion on a formal basis - say annual or 6 monthly - between the medical staff or Director at the Centre and the hospital based haematologist in charge of the blood bank should be considered with a view to sharing problems and good practice experienced in blood banking.
- c. Stock-taking on a regular basis, at least weekly, to enable the tally of goods held with the records at the Centres, should be carried out.
- d. An investigation should be made into ad hoc requests and deliveries and their frequency and costs.
- e. With each delivery of blood Centres should issue duplicate delivery notes which record the volume group and individual unit number sent to each hospital. (Where a copy should be retained.)
- f. Centres should record returns by unique number as well as volume per group for individual hospitals.
- g. The annual league tables no longer should be published and more frequent returns, say, quarterly should be compiled for individual hospitals and used as a basis for discussion on future needs and usage.
- h. Further enquiries should be made into the merits of more regional control of the ordering and supply of blood products from the commercial sector.
- i. Information about normal working practice and stock levels should be made available for reference by on-call staff.
- j. Haematologists, being responsible for the management of their blood banks, should ensure that they discuss with their medical colleagues economies in the use of blood and blood products.

k. To facilitate the tracing of units of blood, a chronological file of details showing patients' name, unique number of the units cross-matched and a signature for the removal of a unit from the blood bank should be kept. The decision whether this takes the form of a register or a file of back copies of request forms should be left for the hospital blood bank to decide in light of their well established practice and the evaluation of it.

l. Stock control recording systems should be based on a daily inventory record supported by delivery notes and a record of returns and disposals.

m. All blood products including those supplied by commercial firms should be channelled through blood banks for distribution to wards and theatres for patient use.

n. The Department or the BPL should issue information and guidance about the need to control stocks of PPF and, if appropriate, record issues of each bottle.

o. Statistics should be kept in the blood banks of blood products on a similar basis to those for blood. Figures for those products which, in the event of depletions of stock, are replaced by commercial products should be kept separately to allow cost identification.

p. The need for a record in patient's notes of the batch number of PPF transfused should be clarified and guidance issued to those concerned at ward level.

q. Hospitals reviewing their request and recording systems for blood and blood products should make reference to Centres for information about suitable systems and design of the required paper-work within or outside the Region. Regional O & M units could provide expert help.

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Copies of the CMS study are available on request from Health Services  
Branch 1A, Room 1206 Hannibal House, Elephant and Castle, London SE1 6TE  
Tel 01 - 703 6380 Ext GRO-C