

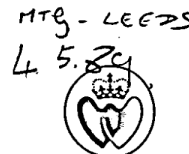
**YORKSHIRE REGIONAL HEALTH AUTHORITY
NATIONAL BLOOD TRANSFUSION SERVICE**

Regional Transfusion Centre, Bridle Path, Leeds LS15 7TW

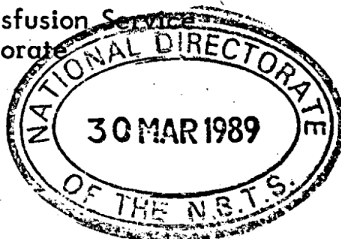
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MANCHESTER
M60 7LP



Our ref:EAER/JB

Your ref:

Please contact.....

22nd March 1989

Dear Harold

Thank you for your letter with regard to our costing exercise on blood and plasma collections at St Paul's Street and Bradford. I am glad it helped to dispel some gloom!

We have now finished planning our strategy for achieving our plasma targets for the next few years and, as you expressed an interest, I will herewith summarise our overall plan:

This strategy was devised by determining in which areas expansion could be realistically achieved in the most cost effective way and in a time scale that would enable sufficient extra donor recruitment to take place.

1988/89 Volume achieved = 24,607L.
Target was 26,000L.

Shortfall due to :

- a) Industrial dispute over clinical grading
- b) Increased local use of Cryo and FFP
- c) Loss of 10,000 donations

Recovered plasma = 14,600L cf. 1988/89
Plasmapheresis (PPP) = 10,000L.

1989/90 Target = 27,000L. Objective a) Recovered = 18,000L.
b) PPP = 13,380L.

a) Increase SAG-M donations → 4,000L.

b) Extend Bradford by 18 3/4 hrs/week.

(Adequate number of donors already recruited.
Given the necessary staff recruitment expansion
can take place immediately)

/contd.

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1990/91	<u>Target</u> = 32,000L.	<u>Objective</u>	a) Recovered = 18,000L. b) PPP = 15,540L.
1991/92	<u>Target</u> = 36,000L.	<u>Objective</u>	a) Recovered = 18,000L. b) PPP = 18,760L.
1992/93	<u>Target</u> = 38,000L.	<u>Objective</u>	a) Recovered = 20,000L. b) PPP = 18,760L.

Action plan necessary to achieve these targets :

- 1) Extending the hours of the Bradford Centre by 18 ³/₄ hours by immediate staff recruitment and training.
- 2) Recruiting 4,500 more plasma donors for the St Paul's Street Centre and the New Donor Suite at Headquarters over a 3 year period (both at present are working under capacity because of the insufficient donor recruitment).
- 3) Increasing the number of SAG-M donations to provide an extra 4,000L/annum.
- 4) Improving ordinary whole blood donor recruitment and retention such that the 10,000 donations lost in the last 2 years are regained and maintained.

I believe this is the most realistic approach for the Yorkshire Region and that these are achievable goals within the given time scale. The revenue expenditure involved in expanding from 24,607L. to 38,760L. per annum is estimated to be approximately £632,622 if tackled in the above manner. The "profit" margin will, therefore, be approximately £50,000. I have not taken into account the improved price of the National contract for Haemonetics harnesses; this should improve the "profit" margin by at least another £20,000/annum.

This plan has not yet been fully refined and given an accurate costing but it is the most realistically achievable approach I can offer.

Best wishes.

Yours sincerely,

GRO-C

Dr E Angela Robinson
Director/General Manager

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