



NATIONAL BLOOD TRANSFUSION SERVICE

NORTH LONDON BLOOD TRANSFUSION CENTRE
COLINDALE AVENUE
LONDON
NW9 5BG

Dr. M. CONTRERAS
Chief Executive – Medical Director

Telephone: 081-200 7777
Fax: 081-200 3994

Dr Angela Robinson
Medical Director
National Blood Authority
Oak House
Reeds Crescent
Watford
Herts WD1 1QH

PEH/dh

*original
draft
Pre-legislation*

8 February 1995



Dear Angela

Re HCV Look-Back

I have had telephone conversation with both Jack Gillon and Peter Flanagan about our various tasks before the next meeting of the MSBT Working Party on 24 February 1995.

As I discussed with you last week, the draft letter to consultant haematologists in charge of blood transfusion laboratories needs to be a general covering letter. As some of our hospitals will have received a number of implicated components, the donation number and date of issue cannot be included in the letter. We propose that a list of all components should be attached to the covering letter for each hospital. We would also forward a pro-forma for each individual component, which the hospital would return to us on completion of their review of records. In order to avoid transcription errors, it would be preferable for us to make out the form for each component, entering the donation number and date of issue from the master list.

Many of our hospitals have indicated that they would like to receive the information in bulk. For many, the work will involve retrieval of information from manual records. They would therefore prefer to have the components split by type and then by date order for each type of component. If they receive the information in bulk, they can decide whether to devote one staff member whole time to the task until it is complete, or carry out the work as and when it can be fitted in.

As we envisage it, the hospital would return the form for each component as it is completed. From informal conversations I have had with our hospital haematologists, the next stage is more problematical. If the clinician who was caring for the patient at the time of transfusion is to be contacted, then the hospital haematologist would be more likely than the RTC consultant to obtain a reply, but delays are inevitable. It would be preferable if the haematologist informed the clinician of the situation, but that the information relating to the recipient's clinical condition, GP etc. is obtained from the patient's medical notes by the haematologist i.e. we do not depend on the clinician providing a reply.

We also need to be mindful of another scenario which may occur. The patient may have been transfused under the care of one clinician and be currently under the care of another. I am assuming that we wish to inform the clinician under whose care the transfusion was given before approaching either the GP or the hospital clinician currently caring for the patient. If I am wrong in my assumption, perhaps this could be clarified. Working on this basis therefore we require four draft letters:

1. Letter to consultant haematologist in charge of blood transfusion laboratory.
2. Letter to clinician under whose care the recipient received the transfusion.
3. Letter to clinician or GP currently caring for patient.
4. Letter to recipient.

I hope this all makes sense.

With best wishes,

Yours sincerely

GRO-C

Dr P E Hewitt
Acting Medical Director

Copy: Dr Peter Flanagan, RTC Leeds
Dr Jack Gillon, Edinburgh & SE Scotland BTS
Mr Janisch, Le Brasseur J Tickle

HEU Look Back -

GRO-A

unique situation -

What to do if clinician/consultant/
GP no longer known or is unidentifiable

option - write directly to
recipient asking for
name & address of current

but it is possible to contact the recipient
indirectly via the Records Division

GP & permission to contact him/her ✓

- This would work both for any personnel & their dependents - GP first - Give
GP the info & also establish if any dependents who received the transfusion
is alive or dead.

The Draft letter of Info "A positive test for hepatitis C
antibody - what does it mean?"

● - omitted towards the HepC Antib pos donor - needs to be
slanted a little towards the recipient

Response required for Tim W re his queries as over notification
& who to do the counselling.