

# COSTINGS FOR HCV TESTING

Base for year 95,000 donors

	<u>Full year Estimate</u>	<u>Nine Months Estimate</u>
	£	£
Tests at £2 + vat.	223,250	167,438
Repeat Tests	1,899	1,424
Confirmation *	18,990	14,240
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	244,139	183,102
MLSO 2	16,562	12,421
Medical Officer**	27,740	20,805
Clerical Officer	8,384	6,288
Stationery	1,175	881
Donor Replacement	4,667	3,550
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	58,528	43,945
Alt o.20 x 949/712	223	167
Anti-HBC2.40 x 949/712	2,676	2,007
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	<u>305,566</u>	<u>229,221</u>

\* Does not include PCR which is recommended to date but questionable.

\*\* Based on a WTE Associate Specialist.

The above assumes that no additional accommodation, plant, capital equipment or other operating expenses are incurred. Since all overheads have been fully absorbed no additional allowance need be made.

23.5.91.

## East Anglian Blood Transfusion Service : Medical Staffing

In the past month, new developments have occurred which require re-evaluation of the medical structure of the Centre.

1. The Centre has become part of the University of Cambridge as a Division of Transfusion Medicine. Prof. Allain was appointed as head of the Division and Director of the RBTS; Dr. Ouwehand and Dr. Williamson were appointed Lecturers in Transfusion Medicine. This new status has been chosen to facilitate the introduction of state of the art transfusion policy in the regional hospitals. A close contact with Addenbrooke's and the University Medical Research was needed to make the necessary advances in clinical investigation and research in the field of Transfusion Medicine.
2. The Centre is or will shortly start new activities such as
  - The implementation of anti-HCV screening which is going to necessitate counselling of some 950 donors per year and special liver assessment.
  - Development of major transplantation programmes: bone marrow, liver, and possibly a tissue bank. This new activity needs to be supported by various laboratory services for virology, tissue typing (HLA) and cell culture.
  - A reference laboratory for transfusion-transmitted diseases is being set up which will design and carry out epidemiological studies involving donors, patients and random populations, as well as a major effort in new kit evaluation.

Current medical staff :

This includes the Director and two Lecturer/Consultants.

Each of the two consultants is heading one functional sector of the Centre.

- One is responsible for the preparation and control of blood components which involves processing 90% of the collected blood, R&D and clinical evaluation of new components.
- The other is responsible for immuno-haematology of red cells, platelets from donors (95,000/year) and antenatal screening (40,000/year).

Both consultants are heavily involved in advising local and regional hospitals on clinical problems relevant to transfusion. In addition to running their departments, including 15-25 people, they carry out independent research programmes.

There is a critical need for a third consultant to cover cellular immunology and infectious diseases (in particular HCV). This person would supervise medical aspects of the donor population including plasmapheresis for plasma collection (possibly therapy) and will be responsible for counselling and investigation of donors reactive with the HCV screening test. The test will be implemented during the summer '91 and is expected to yield 20-25 donors per week for counselling.

Secondly, there is a need for a consultant haematologist to supervise the clinical aspects of transplantation (bone marrow in particular) and the tissue typing laboratory. Only a fraction of the tissue typing is currently performed in the Centre; most is done at Addenbrooke's Hospital by a district/regionally funded laboratory which may ultimately become part of the BTS. In addition, new molecular biology techniques, not performed in the hospital laboratory but critical for state of the art tissue typing, are being set up at the BTS.

Continued ...

**In Summary :**

Title	Consultant/Lecturer	Consultant/Lecturer	Consultant
Name	W Ouwehand	L Williamson	TBD
Responsibility	<ul style="list-style-type: none"> <li>. Immunohaematological aspects of blood donors.</li> <li>. Immunohaematological clinical counselling.</li> <li>. Screening programme for red cell alloantibodies in pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>. Preparation of blood components R &amp; D</li> <li>. Quality control</li> <li>. Therapeutic clinical trials</li> <li>. Blood &amp; blood product therapeutic problems.</li> </ul>	<ul style="list-style-type: none"> <li>. HCV counselling and clinical investigation.</li> <li>. Plasmapheresis</li> <li>. Transplantation</li> <li>. Tissue Typing</li> <li>. BMT</li> </ul>
Personnel	22	26	12-16

21.5.91.  
J-PA/DA

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EAST ANGLIAN REGIONAL TRANSFUSION CENTRE : CAPITAL INVESTMENT PROGRAMME

Items	£ 000		Comments
	Acquired	Committed 1991/91	
1. Replacement			
. Coolspin centrifuges		140.0	
. Cell counter	26.0		
. Plasma freezers	4.5	4.5	
2. Antenatal programme			
. Data management		30.0	New system to be purchased over 3 yrs (30-10-10)
3. Plasma procurement			
. Blast freezer		20.0	
. Formers for freezing	2.5		
4. Quality Assurance			
. Various equipments	4.8		
5. Issues/Blood Bank			
. Platelet storage		10.0	
. Blood crates		3.0	
6. Plasmapheresis			
. General improvements		1.5	
. Therapeutic machine		15.0	New activity requested by clinicians. Also needed for plasma collection of deferred donors.
7. Laboratory Improvements			
. Refurbishment		70.0	
. Benching, reflooring, cabinets		25.0	
8. Provision for Blood Bank storage and issues		24.0	Total projected 100.0
Total	37.8	343.0	

Dr. J.M. O'Brien  
Director of Public Health  
East Anglian Regional  
Health Authority  
Union Lane  
Cambridge

24th May 1991

Dear Dr. O'Brien

Following our recent conversation, I enclose three documents relating to -

- 1) the budget projections for HCV screening, assuming a start in July 1991;
- 2) an explanatory note justifying the need for a third consultant post. Please let me know if this is appropriate for presentation to the District General Managers;
- 3) the current status of our capital investment plan. You will notice the provision for a complete redoing of the issues/blood banking area which will include equipment, refurbishment and computerization. The investment being large (£100,000) the proposal would be to carry it out, by third, over three years.

I took good note of your agreement to start HCV testing if the ongoing study demonstrates more than one donor seropositive and confirmed for antibody to HCV.

Thank you for your invitation to the Directors meeting. Unfortunately I could not disengage from previous commitments to attend.

Yours sincerely

Jean-Pierre Allain

J-PA/DA

Encs.

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