

THE INFECTED BLOOD INQUIRY

NHSBT: SUBMISSIONS MAY 2025

NHSBT on its own behalf and on behalf of the former blood services which it represents continues to support the work of the Infected Blood Inquiry and those infected and affected by these tragic events.

Practical Assistance

In some cases, depending on the availability of records, NHSBT may be able to trace transfusions and provide evidence which may assist infected individuals and those affected. In case it may assist, NHSBT sets out below what is possibly available and the limitations to this in practice. These are covered in far more detail in the comprehensive evidence provided by NHSBT to the Inquiry¹.

Hospital processes

Hospitals order blood in bulk which is then stored on hospital sites for use when necessary. NHSBT and its predecessor organisations would not usually know which patient was given what unit of blood (unless it was a very rare blood type, essentially provided for a specific individual).

The hospital system records the blood pack numbers given to a specific patient and, where records survive, NHSBT can use that to trace the history of that unit. If, however, the transfusion was pre-March 1998, then even with hospital details and pack numbers it may be impossible to trace a unit for the reasons set out below.

NHSBT's records

It is easier to trace donations from approximately March 1998 onwards as NHSBT has one computer system, PULSE, which holds the information from that date. Prior to this individual transfusion centres were using different IT systems, paper systems, microfiche etc.

NHSBT has a huge paper archive of records (in the region of 100,000 + boxes), microfiche, a heritage database of some of the older computer records used by the different regional transfusion centres and then the records in the PULSE archive and the current PULSE system. A single searchable heritage database covering most

¹ See for example the statement of Dr Gail Mifflin paras 135-187, 1544

previous National Blood Centres was established and validated in 2011, and subsequently replaced by a newer system covering all Blood Centres in 2019.

There is a hepatitis C lookback database. This hold records of patients identified as receiving blood from donors who were found to be positive for hepatitis C antibodies after testing was introduced in 1991.

Even if blood pack numbers are available, they do not usually assist in searches of the paper archive but can help when searching the current archive and heritage IT databases. The difficulties in relation to searches of paper archives include the volume of documentation, the ability to identify which box contains the relevant information and the fact that the glue used to secure donor identifying information to the hard copy records has disintegrated over time so that many labels are loose/separated from the records to which they had been attached.

Willingness to assist

When asked, NHSBT will always review their systems for such records as are still available.

Relevant expertise and medical assessors

Clinical Advisors

It is not clear whether there is a hepatology expert amongst the IBCA clinical advisors. If not, NHSBT submits that consideration might be given to the addition of such an expert to the IBCA clinical advisors assessing claims, particularly those relating to HCV.

Prioritisation

NHSBT does not consider that it can or should comment on prioritisation of the various cohorts of claimants beyond the obvious points, evidenced so clearly at the recent hearings, that this is a huge and difficult task, and that it should be conducted as fairly as is reasonably possible.

Commitment

NHSBT wishes to restate its commitment to the Inquiry and to assisting if it can, including being happy to speak to any individuals trying to trace records and of course also directly to IBCA if they would like further information about what records can and cannot be located.

