

JDC/EP/MM

28th January 1985

Dr A E Bell  
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St Andrew's House  
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Dear Bert

Blood Shortages in England and Wales

You will recall this topic was discussed at the last Advisory Committee on the NBTS (paper AC(84)12). I do not believe the discussion was fruitful and have concluded that the Advisory Committee failed to address itself to the serious nature of the problem and therefore was not able to offer any adequate advice. This is regrettable for once again we have listened on the radio this week to numerous elective operations which are being postponed in London because of the chronic shortage of blood.

The reasons I feel I ought to raise this issue with you are as follows:

- (a) The SNBTS currently outdates 30% of its shelvable blood intake (90,000 donations/year). The reasons for this are well known to you - it reflects, primarily, the fact that we are largely plasma driven.
- (b) The SEBTS (with the knowledge of the CSA) is now regularly supplying the Edgware RTC with red cell concentrates. This activity is running smoothly, is much appreciated by our Edgware colleagues, and could be increased significantly. However, it is not a function that has been subject to policy decisions and because of the unresolved problems with "appropriations in aid" remains operationally brittle.
- (c) Last week I was invited to discuss the topic of our (SNBTS) blood collection programmes with the assembled SNBTS Donor Organising Secretaries. I found them profoundly unhappy because they have been advised that over the next 5 years they can expect to reduce routine blood collection in favour of plasmapheresis - in some regions this programme may start within 12 months. "How can we respond to our donors and voluntary donor organisers when they accuse us of deliberately turning our backs on patients in London"?, I was asked. The morality of my response was challenged, for I drew their attention to the financial and management constraints within which the SNBTS has currently to operate in the UK context. It was pointed out to me that the principles in which we work do not seem to apply to kidneys and bone marrow which appear to move across international boundaries with greater ease than blood within the UK.

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This specific problem is yet another which underlines the current weakness of the management of the UK Blood Transfusion Services. I would, however, advise that it be given some serious consideration by colleagues in the Department for I would predict that in late 1985 (when we have to hand the Lapsley and Mitchell Report on the cost of our blood collection services) it will become a matter of more public interest.

Kindest regards.

Yours sincerely

John D Cash