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Please reply to **Carluke**

RJC/GQ

29 January 1990

Blood Shortage WBTS

RECEIVED 31 JAN 1990

Professor JD Cash
National Medical Director
SNBTS HQ
21 Ellen's Glen Road
EDINBURGH

Dear John

BLOOD SHORTAGE

It came to my attention via Ruthven that you had some criticisms of our handling of recent problems. I have not seen these criticisms but I was the consultant on daytime call on Wednesday 10 January.

Summary

The bank was at a dangerous level. The week's main sessions had been disappointing. Low intakes were foreseen for several days. Hospital demand was high. There was evidence that no other region could spare RCC.

I restricted issues essentially in the same way as I have done in various shortages since 1974.

It is neither practicable nor necessary to speak to a consultant haematologist in each hospital daily during a blood shortage.

Before I took over duty, I was aware that Donald had decided to allow the bank to fall below the level at which we would normally have applied severe restrictions. He did this for a number of reasons which he has documented. One is a fear that we may in the past have been a little zealous with our restrictions and another is the fact that any appearance of blood shortage leads to hoarding by some hospitals including at least one large user.

I do not remember in my 16 years in the BTS having a bank so low as I had on the 10 January. Donald made a point of briefing me that morning.

1 The main session for the week had already been held. Results were disappointing, at least two sessions had yielded only half the expected amount of blood.

3 yr

2 Hospital demand remained high.

3 The fax showing the stock position of the other RTCs indicated that there was no spare RCC anywhere in Scotland.

I spoke to a number of haematologists (12 in my notes, perhaps some others unminuted) in the course of the day and on a number of subjects. I briefed non medical staff in seven hospitals, most were satisfied with the supply arrangements I made. In one case I questioned the need for a specific transfusion and the consultant called me back. In one hospital the consultant was out of town and one private hospital does not have on-site medical cover for its blood bank.

I made it clear to enquirers what blood was freely available - as I remember AB pos and neg and A neg were at reasonably safe levels. For other groups I would issue only to bring their stocks up to a minimum safe level or for emergencies which could not be covered from stock - a popular trick is to order blood from us for all emergency matchings, when it is dereserved it goes into hospital stock, but the hospital can then claim 'we are ordering for emergencies only'. I also emphasised the importance of taking account of the reserved stock as I have known hospitals to hold large amounts of blood in reserve for patients and at the same time to demand further supplies from us.

I told enquirers that with a dangerously low bank, a low forecast of blood intake and no possibility of receiving blood from other regions, that I could not supply blood of certain groups for elective surgery. This would have to be covered either from stock or from early dereservation of matched blood in selected patients.

It is important to be aware that a system exists to protect cardiac surgery schedules from disruption by any but the most severe blood shortages. This is because the schedules are so dependent on coordinating theatre time, theatre nurses, pump technicians, anaesthetists, intensive care beds and intensive care nurses. If each fails one session in 20 you will have lost over 25% of your sessions. Glasgow Royal Infirmary has **opted out** of the system as it limits the independence of the haematologist to schedule rare-group surgery when he wants to.

It is important also to be aware that I am under standing instructions to give NHS hospitals priority in the event of shortages and my treatment of Ross Hall Hospital was not disproportionate to my treatment of NHS institutions.

Rumours abound after such incidents but it seems possible that the 'leak' to the Lanarkshire office of the Evening Times came from a hospital in which I had discussed the position in detail with the consultant haematologist. This does not imply that I can indicate the identity of any person within his department or outside who might have made the telephone call.

I did not prepare a contemporaneous record of my actions and I most certainly did not fax other RTCs requesting blood from them. It has never in the past seemed appropriate to do the former and I already had a region by region stock statement on my desk.

Yours sincerely

RJ Crawford
Consultant