

CONFIDENTIAL

10 JUN 1983

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EDINBURGH

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9th June, 1983

Mr. G. Craig

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GLASGOW

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Dear Gordon,

BLOOD PRODUCTS AND AIDS

At our last branch meeting the correspondence included minutes of a meeting of the Parliamentary Committee held on 4th May (copy attached) at which the above topic was discussed. I am not sure of the mechanism for commenting on such discussions, however as the issue does effect our Scottish members I feel that it might be helpful to provide some comments on the Scottish situation, particularly as a briefing is being prepared for the committee.

1. There is still very little known about AIDS, but there does seem to be increasing evidence that an infectious agent is involved and that this can be transmitted by blood and at least some blood products.
2. In this situation the use of blood or blood products from the USA and/or from paid donors probably represents a higher risk than from non-USA unpaid donors. However it should be recognised that the risk from UK unpaid donors may still represent a problem.

This balance of risks is likely to continue until non-infective products can be guaranteed either by donor screening or by treatment of the products to render them non-infective.

3. It is now common knowledge that over half of the blood products used in the UK are imported and that this costs about £10 million per year. It seems to be less well appreciated that the importation is required for England and Wales and not for the UK as a whole. In fact Scotland is now virtually self-sufficient in blood and blood products and there is little or no requirement for importation.
4. While I fully support the need for a new and enlarged NHS facility at BPL, Elstree, I am very concerned that the equivalent NHS facility in Scotland (PFC, Edinburgh) remains seriously underused, despite the above situation South of the border.

I would estimate that the capacity of the Scottish Centre could be increased 3-fold almost immediately (with the introduction of shift-working) and about 10-fold with provision of extra warehousing, cold storage and services.

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I understand that the DHSS Advisory Committee on BPL decided, about a year ago, not to utilise the Scottish Centre at all and that at least one eminent member of the committee (Dr. P. Dunnill, University College London) resigned in protest at that decision.

The Scottish Centre has been operational since 1976 and I would estimate that the policy of neglecting this facility has probably already cost the NHS about £50 million, as well as resulting in the importation of disease (hepatitis, AIDS).

5. It may also be of interest to note that one approach to the problem of infectious products is to treat them (as part of the manufacturing process) to render them non-infective. At PFC we are well advanced in developing methods to achieve this and we are sharing this information with our colleagues at BPL Elstree. Hence, if the UK NHS Centres are given full and proper support, then both self-sufficiency and freedom from the risk of disease transmission could be achieved. This would represent an achievement which other countries could follow and might ultimately lead to the demise of the commercial blood industry internationally.

Yours sincerely,

GRO-C

PETER R. FOSTER

P.S. Our research on item (5) above is not yet public, but I will be presenting much of this information at an International Congress on 5th July.