NOT FOR PUBLICATION

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

REGIONAL PURCHASE OF COMMERCIAL BLOOD PRODUCTS

Background

1. At its first meeting on 1 December 1980 the Advisory Committee considered a suggestion by Regional Transfusion Directors that all Factor VIII supplies to RHAs (including those purchased commercially) should be held and issued by Regional Transfusion Centres.

2. The Committee recognised that control of supply through Regions would facilitate the accurate monitoring and assessment of demand and usage essential to the planning of targets both for the volume of plasma to be supplied and the level of fractionating facilities needed at the Blood Products Laboratory. (As members know, from 1 April 1981 the quantity of blood products issued to regions by BPL was related directly to the quality and quantity of plasma supplied - the "pro rata" system.)

3. Subsequent enquiries among Regions revealed in 1981 that four Regional Transfusion Centres held blood products centrally and three more were thinking of adopting a central holding scheme. Regional Transfusion Directors agreed that the views of Haemophilia Centre Directors should be canvassed before the proposal could be taken any further. Haemophilia Centre Directors were found to be unenthusiastic about the idea because they saw it as threatening their ability to obtain whatever product they deemed best for their patients and therefore feared that their clinical judgement would be compromised.

4. At a joint Regional Transfusion Directors/Haemophilia Centre Directors/ Department of Health and Social Security meeting in September 1981 Haemophilia Centre Directors pointed out that the arrangements for purchase of Factor VIII varied from Centre to Centre. They remained opposed to any change in existing arrangements but undertook to try to keep Regional Transfusion Directors informed of commercial purchases by means of monthly reports.

Current Situation

5. The need for reliable information about the use of blood products has increased as the Blood Products Laboratory gears up for self-sufficiency in blood products for England and Wales by the mid-eighties. This is true of other products besides Factor VIII, the purchase and care of which is at least recorded at Haemophilia Centres. In the case of albumin for example, because of its more diverse use its procurement tends to be a haphazard process. It is bought by a large number of users, - Transfusion Centres, hospital and district pharmacies, intensive therapy units and haemotology departments - on a "one-off" basis. Not only is there no readily available data source from which the amount of albumin used and needed can be computed,

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but it is a very ineffecient and expensive means of procurement. Bulk orders can cut the cost of a bottle of albumin by more than £10 per bottle. Similar problems attend the supply of the products such as anti-tetanus immunoglobulin.

The Pro-Rata System

6. The Pro-Rata System was, as members are aware, evolved against the need to provide an incentive for Regions to step up their supply of plasma to BPL. As such it has had a degree of success in that the supply of plasma has increased markedly /see AC 83(10)/. Once self-sufficiency has been achieved, accurate information about Regions usage of blood products will of course, be essential for production planning.

Record Keeping and Stock Control

7. The study carried out by the Department's Central Management Services (CMS) Branch confirmed that record-keeping at Transfusion Centres is comprehensive, though perhaps not used to the extent it should be as an effective management tool in determining supply policies. It was recommended that hospital blood banks and Transfusion Centres should review their arrangements to ensure that all supplies were accounted for. Centralisation of control of blood products within Regional Centres would markedly further that aim.

Current Experience

8. Since 1981 we are aware of at least one more Region (Yorkshire) which has adopted Regional purchase of all blood products. On the experience of just under a year Dr Tovey (RTD) is of the opinion that the system is working well. Similarly Wessex, who in 1981 admitted to some difficulties in coping with Haemophilia Centre Directors' individual preferences, now report that the system has settled down and they experience fewer difficulties. Nevertheless, Haemophilia Centre Directors, as well as being concerned about the compromising of their clinical judgement, also fear that if the budget for purchase of Factor VIII is put under Regional control, it will be more vulnerable to reduction when economies are called for. Moreover, some Haemophilia Centre Directors who are in Regions where Regional purchase is practised have experienced difficulties in getting all the types of material they require. Demand for Factor VIII and the sources from which it is obtained are better documented than is the case with other products. However, because the present methods of procurement vary from Region to Region, (sometimes for all Centres through the Regional Pharmaceutical Officer, sometimes a direct contract between commercial supplies and the Centres) the information needed to compile a national assessment needed is difficult of access. Standardised Regional purchase would greatly assist in this aim.

9. The time seems opportune therefore to approach Haemophilia Centre Directors again to see whether in the light of recent developments the general attitude has altered.

The Committee is invited to:-

- endorse the arguements in favour of the Regional purchase of blood products
- agree that the Department should initiate further consultations with Haemophilia Centre Directors.

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