D R A F T

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THE DEVELOPMENT OF THE NBTS
THE TRENDS REPORT

The Working Group on Trends in the Demand for Blood Products has now reported and the immediate problem is to decide how the Report should be handled.

The question of the acceptance or otherwise of the Report hardly arises since essentially it says no more about Factor VIII requirements than some experts have been saying for years and which has now come to be generally accepted, and the estimate of albumin requirements is based on the widely accepted views of experts who studied the subject under the aegis of WHO.

We might, as a first stage, send copies to SHHD and the Welsh Office with a short note simply saying that the Working Group has now reported and they will be interested to have copies of the report - this could be done at Principal level.

The Central Committee of the NBTS meets on 23 January and the Standing Medical Advisory Committee in mid February. It is generally agreed that both must see the Report but there appear to be differing views on whether it should be sent to SMAC for noting or for endorsement. It should be possible to put it to them in such a way that they do not feel that they are being treated cavalierly while not encouraging them to open up a new line of independent assessment of requirements.

Past experience with the Central Committee suggests that they are unlikely to have much to say about the Report and in putting it to them it might be accompanied by a short covering note

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simply stating that members will be interested to see the outcome of a study undertaken on behalf of the Health Departments over the previous twelve months.

SUGGESTED ACTION ASSUMING THERE IS GENERAL ACCEPTANCE OF THE RECOMMENDATIONS OF THE TRENDS WORKING GROUP

Assuming that there is general acceptance of the need to provide blood products on the scale envisaged by the Trends Group, we must consider with the Blood Products Laboratories and the Regions how this might be achieved. Various ideas have been proposed for involving the Regions, that currently favoured being to put papers to RMOs, RTDs, RAs & RFOs inviting them to consider the implications for Regions of meeting a requirement of 200gm of protein and 1000 iu of Factor VIII per 1000 population per annum. It is unlikely, however, that much progress would be made unless Regions were also provided with schedules showing, over the next 10 years, what raw materials the Blood Products Laboratories would require in order to turn out blood products in the amounts stated, taking into account the alternative sources of raw material available, fresh frozen plasma, time expired plasma, cryoprecipitate supernatant etc, and their respective yields of finished product. This stage would inevitably raise questions of rationalisation of processing capacity in the Regions including the basic question of whether it was advisable for all centres to aim to make a contribution to the whole range of raw materials required, or whether some centres should concentrate on producing certain materials. In all these considerations allowance would have to be made for losses during collection and storage and the inavoidable losses during processing and proposals for keeping yields under review are made below. A further important consideration would be the rate at which cryopricipitate production would be phased out.

MACHINERY FOR CO-ORDINATING THE ACTIVITIES OF REGIONS AND THE CENTRAL LABORATORIES

The considerations referred to above are only some of the main

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considerations which require examination and decisions if a properly co-ordinated and economical programme is to be devised for meeting the requirements of blood products as envisaged by the Trends Working Party. Although consideration so far has been in terms of the two principal requirements, Factor VIII and albumin, meeting the requirements for specific immunoglobulins will also greatly tax the ability of the NHS and require the closest possible co-operation between Regions and the Central Laboratories. The efforts being made to achieve self sufficiency in Rabies Immunoglobulin have highlighted some of the difficulties.

While the Department will serve as the link between Regions, and between Regions and the Central Blood Products Laboratories in drawing up what will in effect be the Blood [Components] Products Production. Programme for the next 10 years, it is very doubtful whether the Department can do this unaided. The existing advisory machinery, consisting of the Central Committee for the NBTS and its sub Committee on the Central Laboratories, is, on the basis of past experience not adequate for this task, even if their roles were changed from advisory to managing committees. The production programme will require "managing" in every sense (although it may be advisable to avoid the term and refer to "co-ordinating") by people who are closely involved, and who are responsible for the outcome. They must be able to achieve results in a situation where success depends on the ability to persuade Health Authorities to co-operate, which in some instances may mean giving up activities what has hitherto been regarded as part and parcel of their function.

What appears to be needed is to a strong executive Committee to draw up and then achieve the fulfillment of a 10 year Blood Components Production Programme. The Committee might be composed on the following lines.

(a) 3. Directions of the Blood Products Laboratories at Elstree, Oxford and Liberton.

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(b) 5. RTDs, 3 England, 1 Wales, 1 Scotland - referring back as necessary to regular meetings of Direcors.

(c) RMOs, RFCs, RAs as representatives of the NHS rather than representing views of their particular regions.

(d) Representatives of the 3 Health Departments, Expert advice, where not available within the Committee, would be obtained ad hoc by co-option or by inviting the views of acknowledge experts.

Matters which the committee might first examine include:

a. Whether the development of blood collecting facilities on existing lines will prove adequate and if not what changes should be made.

b. To consider the setting up of a small permanent research group to keep all aspects of "yields" under constant review.

c. What rationalisation is needed of facilities for production at RTCs.

d. Production targets (phased over the next 5 years) for all RTCs for the major raw materials.

e. The arrangements for transporting raw materials from RTCs to Blood Products Laboratories

f. A programme for releasing the raw material at present used for the preparation of cryoprecipitate

g. Changes which are necessary at the Blood Products Lab.

FINANCE

Experience with the programme to produce Factor VIII suggests that exhortations to Regional Authorities to produce the raw materials

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required by the Blood Products Laboratories are of little avail; unless money is earmarked for the purpose. The argument that Regions will save in the long run by not having to spend so much on commercial supplies, takes hold very slowly in the face of immediate unavoidable financial commitments.

It is not envisaged that money would have to be earmarked indefinetely but one of the tasks of the managing or co-ordinating committee might be to disburse the relatively small sums which would be needed (for say three years) to finance the extra efforts which Regions would have to make. Allocations would be on the basis of the extent of the expenditure to be incurred in contributing to the agreed national programme. Knowing the concern of Regions that their return on any effort of this kind should be matched by the value of the blood products they receive, it might be advisable to build in a system of crediting regions for the raw materials they provide and making notional charges for the blood products which they receive. No money need change hands except possibly at the annualreckoning.

Conclusions

This paper briefly examines the proposition that to meet the requirements foreseen by the Trends Working Party economically and without a great deal of frustration, expensive duplication and uncertainty will require a major effort in co-ordination in a highly technical field. The constitution of the NHS and the understandable desire of Regional Authorities for autonomy are natural obstacles to sustained co-operation of the kind that will be required and it is proposed that the 10 year Blood Components Production Programme should be co-ordinated by a managing committee expressly set up for the purpose. In view of the inter-dependance of England & Wales & Scotland in blood products, particularly the need to be able to fall back on other plant if there is a local breakdown or contamination, it is proposed that the Blood Products Production Programme should be drawn up on a UK basis.

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The proposed composition of the Managing or Co-ordinating Committee envisages a situation where offices of Regional Authorities would be concerned with the need to meet the UK requirement of blood products, and not simply represent the Regions views. If the ideas aired in the paper are thought to be worth developing, the next step will be to decide how the ideas should first be put to Health Authorities. The essence seems to be that without a measure of co-operation which has hitherto been unnecessary, there is little likelihood of achieving the targets set by the Trends Working Party, for less of achieving them at the minimum cost to the NHS and that for this purpose the setting up of national machinery for co-ordination is unavoidable.

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