SCOTTISH HOME AND HEALTH DEPARTMENT
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Our Ref: HOS/26/6/31

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14 November 1973

Dear Mr Gidden

JOINT STEERING COMMITTEE ON BLOOD PRODUCTS PRODUCTION

Since our meeting here in February with you, Mr Brandes and Mr Maycock the Joint Steering Committee met for the first time in June and agreed to meet again in October in anticipation of certain information being available to enable further consideration to be given to levels of production at Liberton in particular of PPS. Unfortunately this meeting had to be postponed because of lack of the information and this also was the fate of a new date suggested for later in November.

We are concerned about these postponements of a second meeting of the Committee, and they have been criticised by the members drawn from the Blood Transfusion Service in Scotland. We are finding ourselves in the position of not being able to give them an answer which satisfies them.

We do however appreciate the difficulties. It appears to us that a significant divergence of view has developed between the Blood Transfusion Services in Scotland and in England and Wales on the levels of production of blood products. As a result of the detailed interest taken by both our departments in blood transfusion policy, this has become in effect a divergence of views between our two departments. This cannot be resolved within the Joint Steering Committee and therefore we think that the time has come to try to resolve it between the departments.

The Blood Transfusion Service in Scotland has consistently planned to provide substantially greater quantities of blood products per head of population than the service in England. The quantities proposed in Scotland have initially seemed fairly liberal, but have been supported by reasoned argument and where events have overtaken us, as in the case of Factor VIII, have proved to be about right. The implications of these levels of production have been known to our Regional Directors for some time and they are confident that there will be a sufficient supply of plasma available to meet them.

The situation has been changed fundamentally within the past year by the commencement of importing of blood products, beginning with Factor VIII, but likely to be followed by others including Plasma Protein Solution. This means that the Blood Transfusion Service is no longer operating as a monopoly supplier and clinicians will have an alternative, even if very expensive, source of supply. It seems to us that there are only two reasonable approaches to this (excluding of course applying some form of protection which we do not think would be acceptable even if it was desirable). The first approach is for the Blood Transfusion Service to attempt to meet the reasonable demands of clinicians. If it is seen to be doing this it is likely to retain the loyalty of clinicians who will in general use its products in preference to imported commercial ones. The alternative is to accept that we must depend upon a significant level of imports, over which we will have no direct control, because purchases will be made at hospital level. The relative cost of these two courses of action may be

debatable, but the more important question is how long the blood products side of our Blood Transfusion Services could remain as viable entity if commercial firms were given "free-rein". A "mixed economy" in which part of our requirements is met by our own Blood Transfusion Service and part by imports from commercial sources is not likely to make good sense and there would be a strong incentive for the commercial interests to expand their share of the "market".

Much of our earlier discussions, and the initial meeting of the Joint Steering Committee were concerned with arrangements for co-ordination between the Blood Products Units at Elstree and at Liberton (Edinburgh). We are anxious to know how much work you wish the Protein Fractionation Centre at Liberton to undertake for you, and questions have quite properly been raised about the technicalities of the processes there. These matters are now the subject of correspondence between Dr Waiter and Dr Bell. It does seem however that the major issue which is emerging, and which is unanswered, is the overall production policy which is a matter for our two departments, and not for the Joint Steering Committee which would advise within the overall policy.

It is clear, from our knowledge of the production capacity available to you that an increase in production capacity of the order we think necessary to satisfy reasonable clinical requirements would have large capital and revenue implications for you. This makes us reluctant to press the matter but the issue is of such importance that we feel we must raise it. I would be happy to discuss the problem with you if this had the effect of giving the Steering Committee some positive information to work on.

Yours sincerely

MISS M K MACDONALD