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SCOTTISH HOME AND HEALTH DEPARTMENT
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Dear John

Some time ago you spoke to me about difficulties arising in regard to the co-ordination between our Departments of policies on blood products. I should like to take up this subject in the wider context of representations which have been made to me concerning the increasing activities of commercial producers of human blood products.

The product which has most recently been mentioned, and which serves to illustrate the general point, is human tetanus immunoglobulin, marketed by Burroughs Wellcome under the trade name "Humotet". You will have seen the recent leader in the Lancet about its use. Apparently Humotet is being marketed vigorously by the firm's representatives, and part of the sales talk refers to the inability of the NHS to produce enough human immunoglobulin to meet clinical needs. The reference in HM(71) 64 (Supply of Certain Prophylactic and Therapeutic Agents) to "scarce" supply is quoted as authority for this assertion.

As you know some other human blood products from commercial sources have been licensed under the Therapeutic Substances Act - "Hemofil" (human Factor VIII) is a well known example - and it would seem to be only a matter of time before Plasma Protein Fraction comes on the commercial market in this country. It has been represented to me by clinical colleagues that this is an initial step which will lead to the purchasing of human donor blood in this country, with consequent erosion of the voluntary donor principle. Clearly apart from its social unacceptability and the consternation that this would cause in our Blood Transfusion Services, the cost implications for the Health Service could be very substantial.

Granted that we would not want to withhold demonstrably better treatment from patients, nor to place unreasonable constraints on clinicians as to which therapeutic agents they should use, the most obvious way of stemming the trend towards trade in human blood products is to try to meet all reasonable needs through the Blood Transfusion Services. Here is the rub. 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 sometimes initially seemed fairly liberal, but 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. While we are by no means complacent, we believe that once the new Protein Fractionation Centre at Liberton goes into production later this year we shall be able to supply virtually all Scotland's needs for blood products.

Our information suggests however that the English Blood Transfusion Service is not at present, nor likely to be for some time, in a position to meet corresponding clinical demands, and that there will therefore be a substantial market for commercial products. It appears that a significant divergence of view may have 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.

We have offered to help by considering how the processing capacity at PFC Liberton could be increased - there is already an agreement to process 500 litres of plasma a week from south of the border - but of course apart from policy there is the problem of providing enough plasma. A Joint Steering Committee on Blood Products Production was set up by our two Departments to further co-ordination between PFC Liberton and BPL Elstree on the production side, but unfortunately it has only met once, in June last year. I do not know why this Committee is failing to function. It may be however that disproportionate attention is being directed to the comparison of production details, which is largely a matter for the scientists concerned, when the greatest need is for clarification between our two Departments of major principles of policy.

Following an office meeting here we agreed that Mr Elliott-Binns would write to Mr Brandes. I thought it would be helpful if I wrote to you at the same time to try to convey the anxiety we feel about this whole subject. I understand from our chat yesterday at the Middlesex Hospital that Denys Beddard has taken over responsibility for the Blood Transfusion Service, but is to be out of the country for a few weeks. I would be grateful if you will let me know your thoughts on the problem, and explain the situation to Denys when he returns.

Yours sincerely

GRO-C

JOHN BROTHERSTON