Miss Hirst

As agreed with you I recently discussed in general terms with Dr. R.M. Gordon of S.H.H.D., as a preliminary to a formal approach by the Ministry to S.H.H.D., the division of responsibility, between Scotland and England, for preparing plasma protein fraction, gamma globulin and other plasma fractions, particularly anti-haemophilic globulin.

(1) Plasma Protein Fraction, Gamma Globulin.

Dr. Gordon told me that those concerned with the process of plasma fractionation in Scotland would be willing and able to undertake to fractionate, in addition to their own plasma, some 18,000-20,000 litres of plasma per year supplied from English R.T.Cs. This volume would, for example, be provided by the R.T.Cs., Newcastle, Leeds, Manchester, Liverpool when producing their share of the plasma estimated to be necessary to prepare 90,000 bottles, of plasma protein fraction per year, i.e. the amount estimated as likely to be needed in England and Wales in the next five years.

If the above volume of plasma were diverted to Scotland, the Scottish B.P.L. would probably plan its equipment so as to be suitable for fractionating plasma pools up to 1,000 L. volume. This would give them a margin for expansion of 200 L per pool over the estimated pool size when fractionating their own plasma and the above English contribution. The diversion of the above plasma to Scotland would diminish the estimated pool size to be used at B.P.L. Elstree by about 400 L; thus giving a useful margin for expansion in the future. To provide a margin in each laboratory is prudent, to say the least, as the fractionating equipment will have to be specially made and cannot be increased in size or readily duplicated.

(2) Human Anti-haemophilic Globulin.

M.R.C. Working Party on Anti-haemophilic Globulin estimated that HAHG prepared from the plasma from 35,000-40,000 bottles of specially collected blood will be needed for treating the haemophiliac population of U.K. Dr. Gordon thought that Scotland should aim at fractionating the plasma from 10,000 bottles of blood. This would leave the plasma from 25,000-30,000 bottles of blood to be dealt with at B.P.L. Elstree and Oxford.

(3) In addition to the above matters the following were discussed :-

(a) Pooling of time-expired plasma in R.T.Cs. and transport to B.P.Ls.

The procedure for pooling, type of container used and means of transport to B.P.Ls. will be of basic importance. Of equal importance will be the procedure used for separating and transporting fresh plasma for HAHG.

(b) Distribution of Plasma Fractions: Dr. Gordon expressed some concern about the storage and distribution of these fractions, particularly plasma protein fraction, the bulkiest of them. I said I saw no reason why the latter fraction could not be stored and distributed by M. of W. stores in the same way as dried plasma is dealt with at present. This would solve the greatest part of the problem, but the storage and distribution of the other, less numerous and bulky, fractions will have to be considered.

(c) Common laboratory supplies, etc. We agreed that, as far as possible, items used in large quantities, e.g. bottles, vials, labels etc. should be standard, to facilitate supply.

/ (d)

(a) Specification of plasma fractions. We agreed that the two laboratories should provide plasma fractions of equivalent quality.

(4) Both Dr. Gordon and I feel confident that the necessary blood for the expansion involved in this project can be obtained, providing the means (publicity, staff, equipment and transport) are forthcoming.

(5) Does this give you the information you need to write to S.H.H.D.?

I propose to mention in general terms, at the next R.T.D. meeting, the proposal to divide responsibility and to take the opportunity to enlist the co-operation of, say, two R.T.Ds. to take part, together with Scottish representatives, in discussions on 3(a) above.

GRO-C: Dr Maycock

17th February, 1965.