

NOT FOR PUBLICATION

BLOOD PRODUCTS AND RELATED MATTERS

NOTE OF A JOINT DHSS/SHHD MEETING ON MUTUAL PROBLEMS HELD ON
MONDAY 22 AUGUST 1977 AT THE PROTEIN FRACTIONATION CENTRE, LIBERTON, EDINBURGH.

PRESENT:	Mr T H McLean (Chairman) SHHD	Mr A L Parrott DHSS
	Dr A E Bell SHHD	Mr R N Roberts SHHD
	Mr T E Dutton DHSS	Mr L Vallet BPL Elstree
	Dr R S Lane DHSS BPL	Mr J G Watt Edinburgh
	Dr W D A Maycock DHSS	

1. The Chairman welcomed the DHSS members, and in particular Dr Lane, whose first meeting it was, to the PFC and thanked Mr Watt for making its facilities available for the meeting. Appreciation was also expressed to Mr Watt for the conducted tour of the Centre.

APOLOGIES

2. An apology was received on behalf of Dr S L Waiter.

PLASMA FROM BPL TO PFC

3.1 Dr Maycock had written to DHSS to the effect that 25,000 litres of plasma per year (500 litres per week) would be available for fractionation by the PFC and it was thought that this could begin in the Autumn; the product required would be PPF. The question of a service charge for the fractionation would be a matter for the Health Departments and the details of packaging, movement of the plasma etc for the Directors. Dr Maycock asked about the PFC release sheets of batches being made available to the BPL and Mr Watt while questioning the need, agreed that it could be done.

3.2 Dr Lane, who was to succeed Dr Maycock in about 12 months time said that it was his intention to concentrate on the production of Factor VIII at the BPL. The latter and the laboratory at Oxford were both funded by DHSS and it would be wrong, in his view, to send plasma from Regional Transfusion Centres in England to the PFC, if this had the effect of leaving spare capacity at Elstree and meant service charges having to be paid. In his view this would have the effect of duplicating costs. He envisaged that only time expired plasma would be sent to the PFC and was unwilling to enter into any long term agreement to have regular quantities of plasma fractionated in Edinburgh.

3.3 It was, however, pointed out that any fundamental departure at this stage from what had already been agreed about the fractionation by the PFC of plasma from England (the original intention had been that the plasma should be from the North of England Transfusion Centres) could seriously jeopardise the working arrangement in the PFC and in particular could raise questions about the need to introduce shift working. While the PFC could function with or without plasma from England a sustained commitment to processing English plasma required agreement on regular quantities of plasma providing continuity of production over a period of some years. was therefore necessary for the English BTS to consider and state the quantity and nature of processing to be carried out and the period over which such a service would be required so that the PFC could plan accordingly. The PFC had been planned to cater for plasma from England and, therefore, both SHHD and DHSS, were answerable to Ministers for the maximum and most economic use of the facility.

3.4 DHSS suggested that it was important to differentiate between short and long term needs. Consideration of the short and medium term needs could hardly include

hat might or might not be done to improve facilities at Elstree and therefore arrangements must be made within the present constraints which would include the use of the PFC for plasma from England.

3.5 The Directors should therefore set out, without prejudice, a statement of intent for the next 2 or 3 years to cover the fractionation of 25,000 litres from the south at the PFC, the arrangements for movement of plasma between the two countries, etc.

DHSS CONTRIBUTION TO CAPITAL COST OF PFC

4. DHSS confirmed that a sum had been paid.

SHIFT WORKING AT PFC

5.1 SHED said that after discussion with all the parties concerned, it had been agreed that, in view of the failure to reach agreement on the introduction of shift working through the Whitley machinery, a case should be prepared for the PFC to be accepted as a pharmaceutical factory type development with a staffing structure outwith Whitley arrangements. The case had now been prepared and would be sent in the next day or two, to the Civil Service Department for their comments. Copies would be sent to Mr Parrott and Mr Harley of DHSS for their information.

5.2 The delay in the resolution of the shift working problem was seen as having a serious inhibiting effect on discussions about the fractionation of plasma from England and it was agreed that every effort should be made to get an early answer from CSD.

5.3 Should the approach to CSD be successful Mr Watt did not anticipate any particular resistance from staff at the PFC to the introduction of shift working.

PRODUCTION CAPACITY

6. A paper (BPJG(77)4) on the production capacity of the PFC was tabled by Mr Watt. Surprise was expressed at the apparent lack of demand for the 250 U doses of anti-tetanus immunoglobulin. The total Factor VIII concentrate capacity shown in papers BPJG(77)3 (Dr Haycock's) and BPJG(77)4 was about 34 million units and this was well on the way towards the 50 million seen as the minimum national requirement. No commercial Factor VIII had been bought in Scotland this year but about 12 million units had been purchased in England.

PROCESSING AND LABELLING

7. It was agreed that the meeting of Directors to discuss the question should be deferred until the outcome of the approach to CSD about shift working was known.

POLICY ON DISPOSAL OF SURPLUS PLASMA FRACTIONS

8.1 There was general agreement that there was a need to find a means of disposing of surplus plasma fractions other than by their destruction. It was felt that donors would not object to a service charge being made for surplus material disposed of out Great Britain as long as no profit was made. The difficulty was that many of the third world countries which would benefit most from the material could not afford to pay even such limited charges.

8.2 DHSS agreed to explore with MOD the possibilities of disposal through one of their senior medical officers Dr Kilgour who was also medical adviser to the Ministry of Overseas Development.

CONTROL AND DISTRIBUTION OF COMMERCIAL BLOOD PRODUCTS

9.1 In the Manchester area commercial Factor VIII was available through the Regional Transfusion Centre and this was the preferred method. DHSS were, however, in favour of leaving other Regions to follow this lead voluntarily rather than the Department inviting other Regions to do so. One commercial firm had offered to allow an RTC to market its products at a reduced rate.

9.2 In Scotland one RTC was supplying all blood products in a Health Board area and SHHD had commended this practice to all other Boards.

INSURANCE POLICY COVER FOR DONORS

10. DHSS had prepared a paper on this subject which was presently circulating. Initial comments had indicated that the problem concerning the BTS could not be viewed in isolation and serious difficulties could arise in, for example, the clinical trials field if an approach to the Life Offices Association were to misfire.

MEETINGS OF DIRECTORS OF PLASMA FRACTIONATION UNITS

11. Informal meetings had been held in the past and merit was seen in the contacts continuing especially to provide continuity of liaison between the Directors.

WORKING GROUP ON TRENDS AND DEMANDS FOR BLOOD PRODUCTS

12.1 The draft report of the Working Group had been circulated to members for comment. The main recommendation had been the need to aim at albumin production in the next 10 years of 200 gm per 1000 population (11-12 bottles of PFF per 1000 population). This implied an increase in donation of from 1.8 millions to 2.6 millions per year and 30% of the needs of whole blood provided as red cell concentrate. These increases implied additional finance being made available for publicity, blood donor teams, etc.

12.2 Dr Lane suggested that the time was now right to consider a cash investment into the BTS to introduce more up-to-date methods of blood grouping. This could be done without increases in staff and could reduce overheads. Although the total cost of the new type of machines might amount to about £2.6 million, this represented over a 10 year period a cost of only 10p a unit.

SUPPLY OF BLOOD TO PRIVATE SECTOR IN MEDICINE

13.1 DHSS expressed concern about the amount of blood being provided to private hospitals, clinics etc. While in terms of total blood used in England and Wales the proportion was still small, in the London area in particular it was increasing considerably and constituted a significant amount of the blood donated in that area. The implications for donorship needed consideration not only because of private sector use but also because an increasing number of foreigners who came to London were benefitting from donated blood. A close watch was being kept and DHSS had not ruled out the possibility of making regulations to control such use.

13.2 In Scotland the supply of blood to the private sector was minimal but SHHD would be interested in being kept informed about developments which might give rise to regulations.

ORGANISATION OF NBTS IN ENGLAND AND WALES

14. DHSS reported that they were looking at the organisation of the NBTS for the remainder of the century with particular regard to how the attitude of the Medicines Inspectorate might affect it. They were also concerned with the regional organisation how it fitted in with the national arrangements. Whatever conclusions were reached by DHSS would inevitably mean an exchange of views with SHHD because of the many common interests involving both Departments.

FUTURE MEETINGS

15. There was general agreement that the meetings were a valuable means of exchange views between administration and directors and should continue. The next meeting would be in London but the date would depend on the rate of progress in resolving the problems of shift working arrangements on which the future progress on co-operation depended.