Mr J C C Smith

BLOOD PRODUCTS PRODUCTION

Mr Brandes and I have had preliminary discussions with Mr Radford and Mr Taylor (AGD) about the problem of the increasing demand within the NHS for certain blood products and how it might be dealt with. We think that the matter must be raised at meetings of Regional Officers, and I attach a draft paper for this purpose.

I should be glad to know whether you and the other recipients of this minute have any comments on the draft.

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HS2B

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cc Mr Brandes
Dr Haycock
Mr Banks
Dr Waiter
Mr C G Taylor

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BLOOD PRODUCTS PRODUCTION

1., The NBTS is currently unable to meet the demands of clinicians for certain preparations of human blood. There is an immediate need to provide more AHG concentrate (equivalent to about 275,000 blood donations). AHG concentrate is now the preferred therapeutic agent for the treatment of haemophilia and considerable benefit could be brought to these patients if adequate supplies could be made available for their treatment. There is also an increasing demand for albumin fractions, mainly plasma protein fraction (PPF) which is replacing dried plasma and plasma substitutes. Over the next few years the need for PPF may rise to 200,000 bottles per annum.

2. At present part of the demand for these blood products is being met by expensive imported material which is now marketed in this country, and as the demand increases commercial firms may well consider it worth their while to establish panels of paid donors in this country in order to obtain their supplies of human blood. Such a development would constitute a most serious threat to the voluntary donor system upon which the NBTS is founded. The Department therefore regards it as of the greatest importance, quite apart from the question of cost, that the NHS should become self-sufficient as soon as practicable in the production of PPF and other blood products. The cost of purchasing AHG and PPF from commercial firms on the scale envisaged in paragraph 1 would be around £6m a year.

3. The current output from the Blood Products Laboratory, Elstree (BPL) is limited by the amount of plasma supplied by Regional Transfusion Centres (RTCs). This amount in turn depends upon (a) the number of blood donations collected and the extent to which clinicians are prepared to use blood in the form of concentrated red cells, and (b) the facilities available at RTCs for separating the whole blood into concentrated red cells and plasma. At present less than 10% of blood donations in England and Wales are used in the form of concentrated red cells compared with about 40% in Scotland. If this percentage could be raised to 40% in England and Wales it would be possible for the NHS to meet the demand for AHG concentrate and to increase the production of PPF from the current figure of 78,000 bottles to 136,000 bottles a year. To reach the medium term target of 200,000 bottles of PPF per annum mentioned in paragraph 1 would also require an increase of 400,000 blood donations from the present figure of 1.6m per annum.

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4. To achieve a 40% use of concentrated red cells will require much effort in the education of clinicians. Clearly no steps can be taken towards this objective unless parallel action is taken to ensure that RTCs have sufficient facilities to separate more plasma from whole blood and thus to meet the increased usage of concentrated red cells. For this purpose the cost of providing the necessary facilities such as additional equipment and staff might be up to £0.5m in England and Wales spread over the next two years, part of it recurring. The cost of collecting 400,000 additional donations might be of the order to a further £1.0 to £1.5m. The extent to which the capacity of RTCs to produce plasma can be increased will vary from Centre to Centre.

5. It would clearly be considerably cheaper to produce these blood products within the NHS than to buy them from commercial sources.

6. The Department would welcome the views of RAs/RMOs/RTs on how this problem should be met. If the normal procedure for the financing of health services were to be followed, Authorities would need to agree, collectively, to accord blood transfusion priority for additional resources over a period of several years, within a co-ordinated programme of expansion. However, additional expenditure is bound to be somewhat disproportionate as between Regions if realistic targets are adopted with the aim of making NHS production sufficient to meet clinical needs. It is arguable that since the Department would in any case have to co-ordinate any programme for the increased production of blood products earmarked finance should, exceptionally, be provided for this purpose from within the total funds available for health authority services. The Department would be reluctant to adopt this course unless it is evident that no other course would produce an effective solution.

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