

Wd'AM/AH

31st October 1974.

Dr. E.R. Earnshaw,
Specialist in Community Medicine,
Oxford Regional Health Authority,
Old Road,
Headington,
Oxford OX3 7KF.

Dear Dr. Earnshaw,

I am answering your letter of 4th September (which I have discussed at the Department).

Your proposal regarding anti-haemophilic globulin conflicts with the principles which have hitherto governed and must continue to govern the functioning of the National Blood Transfusion Service.

If all regional transfusion centres were equivalent in the sense that they were staffed, equipped and accommodated to meet the needs of their region, one could then apply the principle that anything sent to either of the two central laboratories of the Service (Blood Group Reference Laboratory and Blood Products Laboratory) should be returned to the contributing region. However, the regional transfusion centres are not equal and, in some instances, correction of these inequalities may well occupy many years. The department consequently takes the view that the responsibilities of the Service should be regarded nationally, especially in so far as the role of the two central laboratories, are concerned.

At present, certain regional transfusion centres, which have responsibilities for haemophiliacs, can for reasons, such as inadequate accommodation, increase with difficulty or not at all the amount of blood devoted to treating this condition. These centres must reasonably expect to be assisted by other centres in meeting their needs. Such help is indeed already given in some instances either directly between centres or indirectly, through a proportionately greater contribution of plasma to the Blood Products Laboratory.

One of the Blood Products Laboratory's responsibilities is to prepare and distribute dried plasma and plasma fractions to the regional transfusion centres as far as possible in accordance with their needs, but no centre has ever been excluded because it has been unable to make a proportionate contribution.

Continued

161.

Dr. E.R. Earnshaw.

31st October 1974.

If Oxford RTC with all other RTCs were to send its fresh plasma to the Blood Products Laboratory, Oxford would receive in return a greater proportion than other regions of the anti-haemophilic globulin prepared, because more haemophiliacs are treated at the Oxford Haemophilia Centre than at any other haemophilia centre. But for the reason I have explained earlier in this letter, an undertaking could not be given that all the anti-haemophilic globulin derived from any fresh blood received from Oxford would be returned in toto to Oxford. RTC Oxford at one time used to send fresh blood regularly to the Blood Products Laboratory for the preparation of anti-haemophilic globulin, but this contribution was diminished and finally discontinued as the Plasma Fractionation Laboratory, Oxford, got into its stride.

In spite of the fact that I cannot give the undertaking you ask for, I hope that Oxford will go ahead and begin to send fresh plasma to the Blood Products Laboratory.

Yours sincerely,

GRO-C

W. d'A. Maycock, CBE MD.