BLOOD PRODUCTS LABORATORY

National Blood Transfusion Service

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RSL/AH

1st May 1980.

Dr. E.L. Harris,
Department of Health and Social Security,
Alexander Fleming House,
Elephant and Castle,
London SE1 6BY.

Dear Dr. Harris,

Interim Arrangements for the Blood Products Laboratory:
Meeting, 29th April 1980.

May I set out formally in a letter my concern as Director of this Laboratory following the recent meeting. I am anxious that the contents of this letter should be made known to the Minister since it is clear that following his visit to the Laboratory there are misunderstandings about the interim requirements. I agreed with the Minister that a decision in principle to build a new laboratory at the earliest opportunity could lead to considerable capital savings in that there would be no major expansions to existing buildings aimed at increasing capacity to meet NHS needs in full. This was not to say that the Laboratory can be run in the intervening years without adequate financial support.

Accepting the Minister's statement, the Laboratory will be rebuilt and assuming this is done with utmost speed it is still evident that the existing building has a hard job to do for at least another five years.

In the first instance, certain deficiencies accruing from the past must be rectified. Put simply, too much has been done with too few facilities and safeguards. Equally, in the next five years, the plant and machinery will come into an age-zone of recognised decreased reliability and there will be replacements, modifications and some increased maintenance costs.

Furthermore, production, at present worth £10M per annum in foreign exchange, is still below NHS requirements in certain areas - notably factor VIII and albumin. The deficit in these two products represents an annual loss of greater than £5.5M as foreign exchange to commercial companies.

BPL has had no growth since 1977 and is deteriorating as a result; yet the clinical demand is growing at a rate which could be projected as doubling requirements in the five-year period from 1977. Unless BPL meets some of this extra need in the NHS during the next five years, the cost of imported blood products will be in excess of £30M on two products alone at today's prices.

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The existing laboratory cannot meet NHS needs in full but, with limited capital expenditure and production-related revenue increases, can make a valuable contribution: the basis for this is set out below.

The Laboratory must have a committed policy for the next five-year period, the central feature being an approved set of production targets. A decision is needed now.

Main targets should be 30M iu factor VIII and 250,000 containers of albumin per annum. These targets represent the maximum feasible capacity in the old building.

To reach this extra capacity, capital expenditure of approximately £1M is needed now and spread over two years.

The intention would be to reach full production between the second and third years of the quinquennium and the value of the extra production in a full year would be £4.5M bringing the annual BPL product to an equivalent commercial value of £14.5M per annum at current commercial rates.

Between now and commissioning a new laboratory, the following objectives must be achieved if there is to be a viable hand-over facility from existing resources.

Co-ordinated management with the Regional Blood Transfusion Services must be developed to a level which has not existed in the past.

There must be growth in development and provision of raw material supplied to BPL from the fourteen regional centres.

The BPL staff must be preserved as an intact and dedicated group trained to a level of practice commensurate with efficient running of a new laboratory.

Existing staff structure must be augmented by additions in the areas of manufacturing and control.

Product quality assurance must improve in line with product output.

None of these objectives will be achieved without programme growth at BPL and regional centres during the interim period. Without these objectives being realised, the development of a new laboratory is largely irrelevant and the interim period should concern itself with the phased closure of the fractionation facility at Elstree.

BPL and the Transfusion Service have been static in the areas of plasma collection and fractionation for three years. This position will be reversed only by a policy of controlled expansion.

CONCLUSION

Manufacturing requirements of BPL during this interim period must be decoupled from considerations relating to a new laboratory. BPL will need

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to continue to work at a stated output with maximum safety and cost effectiveness up to the day it is closed prior to handover to new premises. The Laboratory's requirements are dependent upon its production targets and not the reverse. Controlled expansion means limited budgetary increases but the Laboratory pays for itself at present and there is no reason why, with proper management, it should not continue to do so during this interim period.

Yours sincerely,

GRO-C

R. S. LANE, MD MRCPath.,
Director.

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