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ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE THIRD MEETING HELD ON 22 JUNE 1981 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

PRESENT: Dr E L Harris - Chairman

MEMBERS:
Mr A B Baker - RA, Northern RHA
Dr G W G Bird - RTD, West Midlands RHA
Dr J Darnborough - RTD, East Anglian RHA
Dr H H Gunson - RTD, North Western RHA
Dr R S Lane - Director, Blood Products Laboratory
Mr T R Layzell - RT, Wessex RHA
Miss G Schofield - RNO, South West Thames RHA
Dr G H Tovey - Consultant Adviser

SECRETARIAT:
Mr S Godfrey)
Dr D Walford) DHSS
Mrs S C Yuille)

OBSERVERS:
Dr A E Bell - SHHD
Dr J D Cash - National Medical Director, Scottish NBTS
Dr R F Doyle - Welsh Office
Mr J Harley - DHSS

INTRODUCTION

1. The Chairman welcomed Miss Schofield and Dr Darnborough, Regional Transfusion Director, East Anglian RHA, who had succeeded Dr Jenkins as Chairman of RTDs' Southern Division. Apologies had been received from Dr Rue and Dr Lawson.

MINUTES OF THE SECOND MEETING - AC(81)9

2. These were agreed, subject to the omission of Mr MacPherson's name from the list of those present. Dr Bell explained that the Scottish study on plasmapheresis (referred to in paragraph 18) was being carried out in considerable detail and on similar lines to that in England.

MATTERS ARISING

a. Meeting With Directors of Haemophilia Centres

3. Dr Tovey reported that a very useful meeting had been held with Directors of Haemophilia Centres at which the Directors had indicated their support for the principle of national self-sufficiency in blood products. They had estimated that demand for Factor VIII in the UK would rise to 100 million international units by the mid-1980s, buthad emphasised that estimates more than five years ahead were highly speculative. At Directors' request a further meeting would take place in October, and it had been agreed that there was also a need for continuing close consultation between RTDs and the Haemophilia Centre Directors.

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4. Dr Walford reported that the suggestion that all supplies of Factor VIII should be held by RTCs had also been raised, but Haemophilia Centre Directors' reactions had not been favourable. They feared that such an arrangement might mean that they would be unable to obtain commercial supplies of their choice, although it was explained that Haemophilia Centres' requirements for all forms of Factor VIII would indeed continue to be met as at present.

5. Dr Bird and Dr Darnborough explained that central supply arrangements were working well in their Regions and there was always full consultation with Haemophilia Centre Directors before supplies of Factor VIII were ordered. Members thought that in time Haemophilia Centre Directors would reconsider the matter and eventually, perhaps after NHS reorganisation, it might be appropriate for all blood products to be held and issued by RTCs. Meanwhile it was agreed that the Secretariat should draw up a list of those Regions already operating a central supply system for Factor VIII.

b. Supply of Blood Products to Northern Ireland - AC(81)10

6. Dr Bell reported that the Department of Health and Social Services, Northern Ireland had now formally approached the Scottish Home and Health Department on the question of fractionating Northern Irish plasma at Liberton and agreement had been reached in principle. The Common Services Agency was now looking at the logistics and costs of such an arrangement. Northern Ireland had provided details of the plasma they would send for fractionation, and of their requirements for products. Meanwhile, until the 'changeover' could take place, it was agreed that BPL would continue to supply Northern Ireland with blood products.

WORKING PARTY ON PLASMA SUPPLY - AC(81)11

7. On behalf of members, the Chairman thanked Dr Gunson and his colleagues for having produced such a detailed and helpful report in the short time available. Dr Gunson explained that the central calculation in the report, ie that demand for Factor VIII would increase to 100 million international units by the mid-1980s, had been based largely on the views expressed by Haemophilia Centre Directors who had taken into account foreseeable changes in the pattern of treatment for haemophiliacs. He pointed out that haemophiliacs in Britain receive less Factor VIII per patient than in many other countries.

8. Haemophilia Centre Directors had also been consulted on the different preparations of Factor VIII concentrate which would be required, and the Working Party had concluded that intermediate purity Factor VIII would be needed for the majority of patients, although there would also be a requirement for small amounts of high-purity concentrate and frozen or freeze-dried cryoprecipitate. Although there might seem to be disadvantages in not providing a wider range of Factor VIII preparations, these would be outweighed by the fact that commercial concentrates (with their attendant risks) need no longer be purchased. The Committee agreed that if the redeveloped Blood Products Laboratory were to produce this quantity of Factor VIII it might become necessary to insist on clinicians using the BPL product except where it was absolutely essential to use a particular commercial substitute.

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9. Dr Gunson explained that 500,000 kg of fresh frozen plasma was required to produce 100 million iu of Factor VIII for patient use. On the basis of information supplied by RTDs, it seemed possible to obtain 200,000 kg of plasma from whole blood donations; this would also provide an adequate supply of red cells. The remaining 300,000 kg of plasma required could be obtained by whole blood collection, but this option had several disadvantages, not least the fact that there would be a considerable excess of red cells which would have to be discarded. Alternatively, the plasma could be harvested by plasmapheresis. Preliminary costings had been done which showed the cost per kg of fresh frozen plasma from machine plasmapheresis to be about £50. Although one kg, if fully utilised, produced more than £50 worth of products, harvesting 300,000 kg would require a substantial investment by RHAs.

10. The Committee discussed the cost of attaining self-sufficiency in blood products. The Chairman pointed out that although self-sufficiency was a desirable goal, it would be necessary to balance the cost of collecting plasma against the value of products, especially at that level after which the plasma might be needed to meet the demand for Factor VIII only. It was agreed that the costings in the Working Party's report should be refined before consulting RHAs formally about increasing the plasma supply. Mr Layzell and members of the Department's Economic Adviser's Office would be invited to join the Working Group to assist in this and in preparing a graph showing possible plasma supply targets and their relative costs.

11. On the question of a target capacity for the redeveloped BPL, the Committee pointed to the need to base this on RHAs' willingness and capacity to supply raw material. The extent and speed at which Regions could step up plasma collection would vary, and it was agreed that RHAs' views should be sought when firmer costings were available. The Committee discounted the possibility of buying in plasma from abroad as a means of enabling BPL to utilise its capacity to the full. Such plasma was currently available at about £25 per kg. Dr Walford pointed out that, apart from increasing the risk of hepatitis, if foreign plasma were purchased, it would need to be fractionated separately from UK plasma, and this would have serious cost implications for the redevelopment of BPL. Dr Lane emphasised the dangers in building a new BPL too small to meet increasing demands for products. Dr Cash suggested that any temporary surplus capacity might be utilised by fractionating, on an agency basis, plasma from other voluntary donor systems.

12. Dr Lane explained that it should be possible to meet NHS requirements for specific immunoglobulins from within a total plasma supply of 500,000 kg.

13. The Committee endorsed the suggestion that there should be a properly controlled pilot study to evaluate the feasibility of establishing manual plasmapheresis centres. The Chairman asked the Working Party to put forward a formal proposal which could then be considered within the Department, possible in conjunction with MRC.

LORNE LABORATORIES - POSSIBLE COLLABORATIVE VENTURE WITH THE NBTS - AC(81)12

14. The Chairman said that Ministers' approval would be required for the collaborative venture put forward by Lorne Laboratories, and the Committee's advice would be an important factor in Ministers' consideration of the proposal. After discussion members agreed that the surplus materials required by Lorne could be made available to the company, by arrangement with individual RTCs. Some members expressed the view that the resultant reagents should not be resold to the NHS at a profit, but should be reserved for export. Members noted that the arrangements for the supply of such products would be a matter between the RTCs concerned and the company.

HEPATITIS VACCINE - COLLABORATION BETWEEN THE NBTS AND A BRITISH PHARMACEUTICAL COMPANY - AC(81)13

15. Members recommended that, in view of the potential benefit to NHS staff, the NBTS should co-operate if at all possible in providing suitable plasma from hepatitis B carriers and that the question of how the plasma should be obtained (with regard to staff and donor interests) and the possible reimbursemen of costs, should be a matter for negotiation between RTCs and the Company.

16. It was agreed that the Secretariat should write to members when Ministers' views had been obtained on the proposals involving the supply of NBTS material to industry.

DATE OF NEXT MEETING

17. This will take place on Monday 28 September 1981 at 2 pm.

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