B15/110/A.





Scottish Home and Health Department

St Andrew's House Edinburgh EH1 3DE

Telephone 031-556 8501 ext

GRO-C

T E Dutton Esq
Department of Health and Social Security
Hannibal House
Elephant & Castle
LONDON
SE1 6TE

Your reference H1/B15/22

NQA/3/5 Date

2 December 1976

Dear Dutton

THE NATIONAL BLOOD TRANSFUSION SERVICE

Thank you for your letter of 19 November.

Before I comment on the setting up of the small group proposed in your letter I should perhaps indicate our unease at the proposal "to consider the likely trends in the demand for blood products over the next five to ten years" as a first step.

We are concerned at the present time about the risk of increased commercial inroads into the blood products field and I think that we are agreed that one way of countering this is to increase the volumn of BTS supplies. This in turn requires more blood and plasma and this should perhaps be the first point for consideration ie how more raw material can be produced in the short term.

We are somewhat apprehensive about seeking to determine the clinical "need" for blood and blood products for the next 5-10 years. Such an enquiry is liable to be interpreted as "how much would you like" and tend to lead to unrealistic estimates and an expectation of being able at an early date to utilise supplies at this rate. Such an approach may on the surface appear to be logical and while it may be relevant to pharmaceutical products it is not applicable to blood and blood products to the same extent. Pharmaceutical products, even including antibiotics, become proportionately cheaper to make as demand increases, the raw material for manufacture is virtually limitless and the only real problem is to ensure that the manufacturer does not make an excess profit.

Albumen is the product which causes most concern. Uses for this product are only beginning to be discovered and we feel that it would probably be more realistic to assess priorities for use against the likely availability of the material. Human blood is not an unlimited resource especially if it is intended in practice as well as in principle to accept the recommendations of WHO in respect of blood from underdeveloped countries. We feel that at the present rate of progress the demand for albumen will be such that it will be beyond the capacity of the Blood Transfusion Service at least for many years to meet it and any crude attempts to limit purchase of commercial products to fill the gap would cause a loud outcry from the profession in relation to professional freedom. Although it would not be easy it might be less difficult to invite the profession to plan on the basis of the existing resources, any increases which can be made to them in consultation with the BTS and in the light of the WHO declaration. If we do not have an open ended commitment to dialysis for renal patients we cannot easily accept one involving the use of large quantities of commercial albumen.

If I understood you correctly when we spoke the other day opinion appears to have changed in your Department about the reconvening of the ill-fated Joint Steering Committee on Blood Produts Production or the setting up of the kind of joint group suggested in the paper "NBTS Organisation: Aide Memoire" enclosed with your minute of 8 October. We think that this is unfortunate particularly in relation to the short-term problems and we see a clear need for a meeting at a high level of representatives from both our Departments to review the GB strategy concerning blood and blood products. There are a number of specific issues which are giving us concern such as processing capacity in Scotland, distribution and control of commercial products and disposal of products excess to requirements.

We should be very glad of your comments on these various points.

Having said that we are content with the proposed membership of the small working group. We have sounded Dr Cash informally and he will be happy to serve on the group. We agreed, when we spoke the other day that you should write to Dr Cash direct but include in your letter an indication that this Department was aware of the approach.

We see no problem in calling it a Working Group and note what you say about expenses. We have no clinicians' names to suggest from whom you could invite opinions.

Yours sincerely

GRO-C

R N ROBERTS