

## NOTES FOR PRESS OFFICE ON POINTS IN BMJ ARTICLE ON BLOOD TRANSFUSION

### 1. Transmission of the AIDS virus by Factor VIII.

At present about 70% of the Factor VIII required by haemophiliacs in E and W is imported. We expect to be self sufficient next year when the new Blood Products Laboratory is in full production.

It is unfortunately true that before much was known about the AIDS virus and how it could be inactivated, about 1200 haemophiliacs were infected with the virus. Most were infected by imported material but Factor VIII made both in Scotland and England also infected patients at that time.

All Factor VIII used by haemophiliacs is now made from tested donations and is heat treated during manufacture. It is therefore regarded as safe.

### 2. The Blood Supply

It is not fair to suggest that the blood supply is in jeopardy. We are self-sufficient in blood. It is only very rarely, if ever (never), that a patient in England who requires a transfusion suffers for want of blood. The Service makes every effort to overcome the seasonal factors, such as summer and Christmas holidays when donors are harder to contact, in order to maintain the blood supply.

Regions cooperate with each other to exchange blood in the event of special need.

Platelets only have a short life outside the body and the logistics of supplying fresh platelets are difficult. Nevertheless, because of the increasing clinical requirement for this form of treatment, the NBTS has increased its platelet supply by several 100% in recent years.

### 3. Inappropriate use of blood

Users are always mindful of the generosity of donors in giving their blood. Every effort is made by the Service to ensure that the maximum benefit to patients is achieved from each donation. Modern blood component therapy means that more than one patient can frequently be helped by a single donation. The Department has in the past issued professional guidance on the use of blood for transfusion and on the records which must be kept to be absolutely sure that the gift is well used.

#### 4. Product liability

Regions are well aware of the forthcoming requirements for product liability and are already in discussion with the National Institute of Biological Standards and Control on product specifications etc.

#### 5. Liaison between the BPL and the NBTS

It is nonsense to suggest that Regions have no say in the running of BPL. The BPL is governed by the Central Blood Laboratories Authority which counts 2 Regional Chairmen, 2 local Health Authority members and a Regional Transfusion Director among its members. The Advisory Committee on the Blood Transfusion Service also acts as a liaison between Regions, BPL and the NBTS since senior Regional officials as well as NBTS and BPL representatives are members.

This committee was responsible for setting plasma targets to which Regions have agreed to ensure that the BPL has a regular supply of plasma for the new factory.

#### 6. Recognition of the importance of donors

It is ridiculous to suggest that the importance of blood donors has ever been underestimated or that politicians have not cared about the service. A substantial recruitment campaign paid for centrally is carried out each year to attract new donors. This on-going campaign is very much a feature of English life and demonstrates the great esteem in which donors are held in this country. By their personal donations many public figures including Government Ministers have set an example.

#### 7. The Blood Products Laboratory

It is true that in the late 70's the old Blood Products Laboratory was found unsatisfactory. However £2m was immediately spent to improve the facility. As a long term measure and to ensure that E and W would be self sufficient in blood products, a building programme for a new BPL with three times the capacity of the old and incorporating the latest technology was authorised in 1981.

This new laboratory was opened by the Duchess of Gloucester on 29 April 87 and will commence production in the next few months. Its final cost will be around £60m. which demonstrates the Government's commitment to the enterprise.

Although there are no plans for new research and pilot plant facilities at present, the research facilities currently in use have already ensured the technological superiority of BPL and will no doubt continue to do so. (The heat treatment process to inactivate the AIDS virus and make Factor VIII safe was developed

in these research laboratories)

It has been envisaged for some years that the new BPL would become a licensed facility making licensed products. They would not shelter behind Crown immunity but would be expected to meet all the requirements of the Medicines Inspectorate. In fact the BPL have given an undertaking to apply for product licences just as soon as their new facility is in production.

The main purpose of the BPL has always been, and will remain, to provide blood products to the NHS. However all products are not required by the NHS in proportion to their availability in donated plasma. This means that in the course of meeting self sufficiency targets for some products, a surplus will arise in others. BPL will be able to sell this surplus to those countries which are not yet self-sufficient. There is no way that this small area of business will alter the operational objective of the BPL to provide a service to the NHS.

#### 8. Cross-charging for blood products

In its constant endeavour to maintain the most appropriate use of blood and blood products, the NBTS tried a cross charging scheme as a pilot study. Results were equivocal and such a scheme has neither been introduced nor definitely abandoned.

#### 9. Self Sufficiency

Successive ministers have repeated the Government's commitment to self sufficiency in blood products. The Government has spent £60m on the new BPL to achieve its objective. There can be no conceivable grounds for doubting that commitment.

Haemophilia Centre Directors have themselves given their full support to the goal of self sufficiency.

#### 10. The Management Services Study of the NBTS

Changes in clinical practice in recent years have made new demands on the transfusion service. In view of this the Department has commissioned a team of experts (management consultants) to see whether any structural changes in the Service might be required to maintain the present high level of service which patients receive.

The report of their in depth analysis is expected to be ready for consultation later this year. It will be widely available.

#### 11. Professor Cash's article in general

It is most unfortunate that Cash should have written such an article full of factual errors and grossly misleading distortions. His experience of the Scottish BTS which is comparable only with an English region in size does not qualify

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him to make sweeping statements on English practice. It would be particularly unfortunate if his ill-judged comments were in any way to affect the willingness of our volunteer donors to give blood. Donors can be assured that the best use is always made of their gift.

R J Moore

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