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22nd September 1977

Mr R N Roberts  
Scottish Home and Health Department  
St Andrew's House  
EDINBURGH  
EH1 3DE

Dear Mr Roberts

**DBSS/SHHD JOINT MEETING ON BLOOD PRODUCTS AND RELATED MATTERS**

Following the second meeting of the above group at the Protein Fractionation Centre on Monday 22nd August when Dr Lane, Director Designate for the BPL, was a member of the group for the first time I have given prolonged thought to the primary implications arising from the meeting. These were;

1. A reversal of the pre-1967 agreement that the Scottish process facility would receive plasma from the five northern transfusion regions of the NBTS.
2. The expression by Dr Lane that the processing of NBTS plasma in Scotland should be regarded as being only for the recovery of albuminoid fractions and that only as a short term arrangement to be reviewed on an annual basis.

These comments are of supreme importance for a number of reasons and are nonetheless surprising since they followed on the decisions of the first meeting of the group that it was the intention of the group to consider, plan and act on problems for the processing of plasma on a UK basis and that the two main centres would proceed on an equal status and not on the basis of a master/servant relationship.

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During the course of the meeting it was stated that there had never been any intention for NETS northern regions to be delegated to supply plasma to Scotland. However, this is not correct as can be substantiated in several ways.

I was first approached by Dr Robert Cumming in early 1966 with the suggestion that I might consider the possibility of applying for the vacant post created by the movement of Dr Ellis from the Edinburgh RTC to the BPL. I declined this invitation for the single reason that it was planned to create a new version of the Blood Products Unit of the Edinburgh Centre within the first part of the new Royal Infirmary and that, from consideration of this intention, it was quite apparent that those concerned with planning had little conceptual realisation of the impact which this inclusion would have on a hospital environment nor of the effective (economically practicable) scale of such a project.

During the summer of 1966 a reappraisal took place which moved the projected unit to the present site and during October and November of that year I attended planning meetings at Drumsheugh Gardens in company with Dr Cumming where a brief document and schedule of accommodation for the projected unit were prepared which showed the expectation of receiving plasma from the five northern regions of England.

During the first week of December 1966 and before accepting the Transfusion Service post I visited the BPL Elstree to meet Dr Maycock and Mr Vallet; first to meet future colleagues and second to seek assistance since, although reasonably knowledgeable of the art and science of plasma processing, I was acutely aware of my real ignorance of this activity in the human field and the constraints which would be involved inside the United Kingdom. This visit was not particularly successful and I decided to follow it by making a visit to Amsterdam to discuss the same problems with Dr Hermen Krijnen who was then head of the Red Cross Fractionation Laboratory in Holland. This meeting was the prime contact and is the basis for the continuing co-operation between the Dutch and Scottish centres without which the Scottish developments would have been most difficult.

At the end of 1967 a meeting was arranged at Elstree when Dr I S McDonald, Dr Cumming and myself met Dr Maycock, Mr Vallet and the architect of the BPL development. The main, indeed only, subject of that meeting was a review of the brief, schedule of accommodation an interim sketch plan of the proposed Scottish centre. A comparison of the two centres was made to the detriment of the Scottish building and with the long term effect that permanent damage to the PFC project resulted.

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Among the items discussed was the manner of arrangements for collection of plasma from the five northern regions of England (named centre by centre in the brief for the Scottish development as tabled for the meeting). It was decided to defer decisions on the method of transport except a general discussion of a "milk run" approach from Scotland with delivery of product to the DHSS stores at Bristol. Minutes of this meeting should exist in the Edinburgh regional centre at St Andrew's House but I do not have a copy. I do however have a copy of the brief document which was sent to Elstree prior to the meeting and which forms the main basis for discussion.

The substance of the discussion of the meeting of 22nd August leads me to the inevitable conclusion that the Scottish planning which followed my appointment in 1967 was based on a series of false premises which is very strange since, as you know, we were asked during the building phase of this Centre to readjust our planning schedules and facilities with a view to receiving up to 800 litres of fresh plasma each week from England for the manufacture of factor VIII concentrate. Thus we now have a substantial area of this Centre which is grossly underused coupled with a shortage of storage space to such extent that external warehousing has been required.

It would seem to be important that a rationalisation of resources in Scotland should take place so that an alternative plan for the future of the PFC can be prepared. Should we seek plasma in other places to replace that from NBTS? Should we plan to use the facilities to be freed to expedite development plans and products for Scotland? Should we stop worrying about a coherent staffing policy for the PFC including shift operation? In this last matter we might be in danger of unnecessary staff manipulation if we ran shifts for a year or two during the pleasure of NBTS then disbanded the system.

Dr Lane also mentioned plans to rebuild the EPL but avoided the invitation to be more specific. It is my own belief, supported by the Working Group on Trends and Demands for Blood Products, that the UK requires to process plasma at a rate of about 10 000 litres per week. That is about 2.75 million donations of plasma per year. There is capacity potentially available for this purpose in the country as a whole and, adopting the spirit of the first joint meeting, this does not require any major rebuilding in Scotland or in England. The complication of the Scottish independence side issue could introduce a political factor which might upset logic in this equation but one would have thought this to be less likely now than say a year ago.

I have covered, in this letter, the early history of the PFC in detail because it is truly germane to the future as seen by Dr Lane and Dr Maycock. If it is to be as they suggest then I submit the whole development should have been very different and, almost certainly, should have employed a totally different type of personnel.

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One can feel much sympathy for Dr Lane at the present time and can recognise his desire to retain all possible options. However the suggestion that the PFC has nothing to offer in the future development of, for example, labile plasma fractions is to adopt an attitude which is at the least unfortunate, probably untrue and a vicarious reflection on our past performance which places Dr Lane well out of phase with international opinion. The recent meeting on the technology of plasma processing held in Washington earlier this month is likely to come to be seen as a watershed event in the history of plasma processing and there can be little doubt that one result of this meeting was that the Protein Fractionation Centre is firmly placed as the premier Centre for process development on the international scene. In fact the Washington meeting represented a major triumph for the PFC and provided a fitting marker to the end of the decade of development which started in earnest at the end of August in 1967.

It is tempting to suggest, in view of the serious nature of all of the implications of the meeting of 22nd August that it might be prudent to avoid any further meeting of the joint group until a statement is available to underwrite the decisions of the meeting of March 11th and to state future intentions for the use of the Scottish Centre by NBTS. This should include some reiteration of the "equal partners" concept, the concept of direct access to producers of plasma and the acceptance of the fact that the PFC is a responsible and properly operated pharmaceutical facility subject to the supervision of the Medicines Act provisions and the arrangements for ensuring product acceptability which proceed from these provisions without need for "big brother" surveillance. However, such an attitude is probably counterproductive and it is my intention to make informal contact with Dr Lane, to invite him to return to Edinburgh for a less formal meeting to see if we can, together, explore ways and means of achieving a modus vivendi with mutual dignity. There is reason to be less than sanguine about the outcome of such a meeting but it does seem to be worthwhile. Perhaps it might be helpful if Mr Vallet and Dr Cash were also present in an informal way at such a meeting. It might even be best if the meeting were initiated by Dr Cash to whom I intend to copy this letter.

With kindest regards

Yours sincerely

JOHN G WATT  
Scientific Director

c.c. Dr John D Cash