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Please ask for:

Date: 13th February, 1984

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

Dear Ed,

Plasma Supply for Self-Sufficiency in Blood Products

As promised, I am sending you my personal views on the problems which appear to be emerging with respect to the supply of 450,000 litres plasma for the new BPL, expected to be in full production by 1986. I have to comment that this does not surprise me since this quantity of plasma represents an improvement of the present service when it is converted into blood products. Regional Health Authorities have many calls upon their funds for developments, e.g. renal dialysis and transplantation, bone-marrow transplantation, coronary artery by-pass operations, geriatric services etc. Whilst we consider that self-sufficiency in blood products is of vital importance and can be shown to be cost-effective, there are several questions which require answering to the R.H.A.'s satisfaction before they will commit funds for this purpose, some of which I presented to the C.B.L.A. at the last meeting; thus:

- (1) R.H.A.'s, or through their financing District Health Authorities, have become accustomed to the purchase of commercial Factor VIII preparations and albumin products. To avoid these purchases in the future there has to be a period which may extend over two financial years when investment in the Transfusion Service is required whilst continuing the purchase of commercial products (particularly Factor VIII) since it is not possible to rapidly increase the plasma supply.
- (2) The increase in P.P.F. during the last year by BPL has satisfied demand for this product in many regions to such an extent that some RTC's are not accepting the whole of their quota. Since other products produced by BPL, e.g. Factor IX concentrate, immunoglobulins are already produced at a rate which satisfies national needs there has been a realisation that the most economic expedient is to continue to purchase Factor VIII concentrate rather than finance a 300 per cent increase in the present plasma collection of 150,000 litres per year. This does not take into account the fact that excess products could be sold to produce revenue for the N.H.S. and, I think, that at regional level this is not an unreasonable stance since there can be no guarantee that such sales would occur and the benefits to the region cannot be given at present.

Contd./over

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On the other hand, one can imagine the embarrassment which will be caused if the new BPL cannot be supplied with sufficient plasma for optimal use, since, as I have stated in the enclosed report, I do not think that the importation of plasma can be acceptable either politically or scientifically at the present time.

My reasons for requesting consideration of the C.B.L.A. financing the additional plasma collection, since once the initial investment has been made, the system could be made self-financing and R.H.A.'s could purchase the products from the C.B.L.A. according to the priorities they determine for this form of development. This would allow the new B.P.L. to function optimally and it also allows the Government to fulfill the agreed principles of W.H.O. to achieve self-sufficiency in blood products. I do not underestimate the difficulties in this approach with respect to accountability and disposal of products in excess of national requirements.

I look forward to your comments on my paper and I will gladly respond to any further discussions you think are necessary.

Yours sincerely,

GRO-C

H.H. GUNSON,
Director

Enc.