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(28)

Dr Harris

BLOOD PRODUCTS LABORATORY: SUBMISSION TO MINISTERS

My understanding from colleagues in HS2 is that, in accordance with the Minister's request to review and minimize expenditure, they envisage a submission to Ministers on the short-term up-grading of the BPL which offers the following options, which I have broadly summarised:-

- a. There should be no cut in the existing budget allocation. This will fall short on the safety issue in certain respects and there will be no increase in production.
- b. The existing budget allocation should be cut.
 This will fall badly short on the safety issue, there will be no increase in production and indeed, production is likely to fall in the interests of greater safety for a smaller amount of product.
- c. The existing budget allocation should be increased. This will meet most of the safety requirements and will allow a doubling of production.

Colleagues intend clearly to ventilate all the safety and production aspects and may possibly seek to recommend a particular course of action to Ministers on the basis of these arguments.

I think this will miss the central issue.

In my view, the essence of the question is: is the up-graded BPL to be a fore-runner of a new laboratory, or not?

If there is <u>substantial doubt</u> that the up-graded BPL will be handing over to a new factory, then the budget for short-term up-grading can be cut. If, however, it is clearly intended that the refurbished BPL shall hand over eventually to a new factory, then all else pales into insignificance beside the need to increase the plasma flow to the existing BPL and to change over to the new method of plasma handling which will result in an improvement in the quality of the raw material and an increase in yields. This is essential to secure the raw material supply to the new factory.

The existing budget does not provide adequately to achieve this aim. Nevertheless, in my opinion, it would still be possible to achieve it AND to cut the budget if the new factory could be operative within a 3 year period. There is now a glimmer of hope (Dr Wintersgill' minute of 9 June 1980*) that this could be done.

Under these circumstances, all the money in the reduced budget could be directed towards improving the handling of increased volumes of plasma and to the new technology associated with it. Overall production would probably not increase and the Medicines Division requirements would not be fulfilled in a number of respects. The key issue would be that the refurbished BPL would be acting as a conduit for the increased plasma supplies in the new single pack form, such that a new factory, coming on stream in 3 years' time, would have its raw material supply ensured.

Conclusion

The Minister is known to be sceptical of the view that it would take more than 5 years to rebuild the BPL. He would, I think, welcome an indication that a new BPL could, indeed, be built faster by employing industry to do it on a fee-paying basis. If this is so, then the logic of having the raw material supply and technology 'on tap' for immediate use by the new BPL will be unassailable and the reduced budgetary provision should appear attractive.

I therefore suggest that Ministers should be firmly advised that option (b) above is only tenable if a new BPL can be commissioned within 3 years.

If there is little hope of this (no doubt Supply Division will advise us on this point), then option (c) would add some £300,000 to the capital sum already set aside for the BPL (£800,000 in 1980/81; some £200,000 provisionally for 1981/82) but it will allow for a doubling of production.

Option (a) falls badly between two stools in that the safety issue will not have been resolved, the plasma handling changes will be shelved and there will be no increase in production.

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12 June 1980

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Mr Harley

Mr Dutton

Mr Hart

Dr Wintersgill

Mr John

Mr Bishop

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Mr Brechin

^{*} Copies of Dr Wintersgill's minute are provided for those who have not already received it.