

FUTURE OF THE BLOOD PRODUCTS LABORATORY, ELSTREE

NOTE OF A MEETING AT ELSTREE ON 21 MARCH 1980

PRESENT:	MS(H)	Dr Lane - Director of the BPL	} Members, Scientific and Technical Committee for the Central Blood Laboratories
	Mr Wormald	Professor Mollison	
	Dr Walford	Mr R D Smart	
	Mr Harley	Dr G H Tovey	

MEDICINES DIVISION REPORT

1. Asked by MS(H) why the full Medicines Division report had not been shown to the staff, officials said that Medicines Division reports were not normally shown even to the management of companies and it was exceptional that the BPL management should have seen the report. Had the report been written for wider circulation it would have been drafted differently. Dr Lane said that, while the staff had not had a copy to keep, he had discussed the report's criticisms with the relevant heads of department. Mr Smart warned of the dangers that might arise if the report were ever seen by ASTMS members in the commercial sector, since the report stated that, if BPL had been a commercial operation, there would have been a recommendation to cease manufacture until the facility had been upgraded.

2. It was agreed that the question of showing the report to the staff would be looked at again.

FUTURE OF THE LABORATORY

A // 3. Expenditure on up-grading: officials explained that the rebuilding or refurbishment and expansion of the laboratory, whether as an entirely NHS concern or with some commercial involvement, would take at least four to five years. A quick decision on the laboratory's future would help minimise spending on up-grading but some additional capital and revenue expenditure in the short term was inevitable. MS(H) said he was anxious that such short term expenditure should be kept to the bare minimum.

(4. Commercial involvement: the difficulty about securing commercial involvement was how to devise a package which would be attractive to industry while still preserving - as all present agreed to be essential - the voluntary blood-donor system and not allowing a commercial profit to be made out of the blood itself. At present, no British firm had the necessary expertise in the manufacture of blood products and only foreign firms had approached the Department, with a view to processing British plasma on the existing basis and, in addition, to processing and re-exporting plasma from overseas. Dr Lane reported that the American companies, who depended largely on sales to Europe (and in particular to West Germany), all wanted to establish themselves in Europe and the relative lack of controls over the collection of blood in this country made the UK an attractive possible base. Any American company, however, which established itself in Britain would rely on paid donors and could undermine the voluntary blood-donor system. While a foreign company which satisfied Medicines Division criteria could not be prevented from setting up in the UK, MS(H) ruled out a partnership between the NHS and a foreign firm.

5. Mr Smart advised that involvement in the BPL would only be commercially attractive to a British company which had a base outside the country and which could subsequently export the expertise it acquired from partnership in the BPL. He thought the processing of foreign plasma for re-export would be politically unacceptable (as well as being - as Professor Mollison advised - contrary to a world-wide movement, supported by the World Health Organisation, against the international transport of blood products). In addition, he thought that the different pension scheme and terms and conditions of service of the staff at Elstree would discourage a commercial firm from partnership in the BPL. In short, it would be very difficult to devise a package which preserved the present blood-donor system, was politically acceptable, and yet was commercially attractive; and the only basis on which a company might accept involvement would be that it was seen to be acting for the public good - against which should be set the Directors' duty to their shareholders not to dilute the company's equity.

6. Mr Smart said that the pharmaceutical industry would, nonetheless, look carefully at any Government suggestions for partnership, including a possible Government-dominated consortium (on the lines of BP) or the possibility of linking involvement in the BPL to collaboration with Government in some other sphere (for example, in the overseas market). His initial contacts with the pharmaceutical companies had, however, not been promising. On the other hand, the BPL was a money-spinner for Government and his own advice would be not to involve the private sector.

7. MS(H) said that involvement of British firms should not be ruled out at this stage. He asked officials to consider, with Supply Division, the possibility of devising a package of BTS and non-BTS items which might make the proposition commercially more attractive.

8. An entirely NHS concern: The chief problem was how to find the necessary capital. Officials said they had little doubt that the investment would be worthwhile. Health Authorities were spending very large sums on buying blood products from abroad and RMOs had told the Department that they would be willing to advise their Authorities to sacrifice a part of their allocation in order to finance the rebuilding of the BPL. For the country to be self-sufficient in blood products, however, improvements were needed not only to the BPL itself but also to the Regional Transfusion Centres and to co-ordination between the centres and the laboratory. Dr Lane said that, if the quality of the existing supply of plasma from the regional centres could be improved, the quantity would be sufficient to produce almost all the Factor VIII which the country required, given the necessary facilities at BPL. For the moment he was hamstrung by the Medicines Division ruling that production could not be increased.

CONCLUSIONS

9. In summary, MS(H) ^{had} said that it was agreed:

- i. that the voluntary blood-donor system should be maintained;
- ii. that co-ordination between the BPL and the Regional Transfusion Centres should be improved;
- iii. that the existing laboratory should be kept going while its future was being considered;
- iv. that the BPL should be rebuilt either as an entirely NHS concern or in partnership with a British (and not a foreign) company, and that the possibility of making such a partnership attractive to a British firm should be explored urgently; and

v. that expenditure on up-grading should be reviewed and minimised pending a decision on the laboratory's future.

He asked officials to draft a letter which he could send to Dr Lane on point v. This should also cover the question of increased production in the short and medium term.

GRO-C

T G STEVENS

Rm D616

Extn GRO-C

28th March 1980

cc Mr Brereton
Miss Spencer
Mr Phillips
Miss Fraenkel
Mr Benner
Mr Collier
Mr Nodder
Mr Radford
Dr E L Harris
Mr Wormald
Mr R N Williams
Dr Griffin
Dr Oliver
Dr Walford
Mr J B Brown
Mr Harley
Mr Dutton