HANSARD - DEBATE
15/12/1980

(38) (37)

Blood Transfusion Service

HC Deb 15 December 1980 vol 996 cc116-24116

§Motion made, and Question proposed, That this House do now adjourn.—[Mr. Boscawen.]

10.22 pm

§**Mr. Martin Flannery** (Sheffield, Hillsborough)

I have just been looking at the December issue of Medical World, which is a journal for health workers and health students. It is produced by members of the Association of Scientific, Technical and Managerial Staffs. I happen to be the chairman of the parliamentary committee of that union.

There is great public fear about the blood transfusion service. It is possible—I thought that it might happen tonight—that Granada Television would reflect that concern in a programme. An article in Medical World states: Our blood must not be put up for sale. The subheading states:Opposition grows to the Government threat to privatise the blood service. Many have become so concerned that I decided to raise this issue in an Adjournment debate. In that way, the Minister can allay our fears. Indeed, I hope that he does so.

It is obvious that when a person sells his or her blood he or she does so because there is nothing else to sell. It is macabre to say the least. Our blood transfusion service 117is voluntary. We are proud of it, and it serves the needs of our people. There is an expanding need for blood, blood plasma and kindred substances.

On 6 August this year, the Minister for Health declared that he was investigating the possibility of private industry collaborating in the redevelopment of the blood products laboratory at Elstree, where many members of my union work. They have observed certain things while working there. The Minister added that he had not formulated

any plans. I therefore want to raise the whole question of the blood transfusion service, which is very serious for everyone.

The treatment of blood disorders or the treatment of diseases or injuries with blood products has advanced dramatically in the past decade. There is now the opportunity to save more lives and to help more people to live normal lives than ever before.

It is a tragedy and a disgrace that under-investment and diffuse administration have combined to create a situation whereby the facilities have not kept up with the technological advances. The Minister appears still to be considering a "solution" which could undermine the whole system of voluntary blood donation.

How has that situation arisen? Blood that is collected from volunteer donors by the regional blood transfusion service, if not used directly, is reduced to plasma and sent to the blood products laboratory, which, as I said, is in Elstree, on the outskirts of London. It is there fractionated to produce such products as factor VIII concentrate for the treatent of haemophilia. In the country there are about 3,000 people whose blood will not clot and who need that concentrate. There is also factor IX and immunoglobulins for immunisation, and so on. Such terms are new to many people, including myself. Those products are distributed as needed to the regions.

However, a serious lack of investment in the laboratory has meant that it is unable to keep up with the demand for those products. About £4 million a year is spent on importing factor VII, for instance, mainly from America and Austria. There is need for large investment in the laboratory. From the facts that I have been shown, I believe that it needs between £20 million and £30 million. We are aware that there is a shortage of money, but there is a great humanitarian need for the laboratory to be brought up to the required standards of health and safety and to achieve self-sufficiency in blood products. There will also probably need to be more investment in the national

transfusion service in order to ensure that the required level of supply is maintained.

Past under-investment is partly the result of uncoordinated administration in the service. For example, 15 transfusion centres are organised on a regional basis. The blood products laboratory was administered from 1954 to 1978 by the Medical Research Council and the Lister Institute of Preventive Medicine on behalf of the DHSS. Since 1978, it has been administered for an interim period by the North-West Thames regional health authority on behalf of the DHSS. The bodies that administered it have never been those with their fingers on the purse strings. Those who realise the importance of investment have had to put their claims in the hat with the many other competing claims that exist, especially today, when we are surrounded by a million cuts.

The under-investment is false economy. As we are not self-sufficient in those products, we spend several million pounds each year importing commercial products from 118other countries. Apart from the loss of foreign currency that could much better be spent in Britain to improve our facilities, the National Health Service has no control over the collection and processing of the blood plasma or blood products obtained from abroad.

One problem is that our main sources—the United States of America and Austria—use paid donors, often from poverty-stricken members of developing countries. Research has shown that blood collected from paid donors is 10 times more likely to contain hepatitis B virus than blood collected from unpaid donors. For example, in the United States many of the people who sell the blood are drunkards and drug addicts—junkies from Skid Row and places of that nature.

Additionally, the World Health Organisation has expressed serious concern over commercial companies' activities interfering with the efforts of these countries to establish efficient national blood

transfusion services based on voluntary non-remunerated donations of the kind that we have in this country, which is the policy of the WHO and of the International Red Cross.

The need for more investment in the blood service generally and the blood products laboratory at Elstree in particular is clear, but it is equally clear that this must be funded publicly. Any idea that there could be room for commercial involvement in this area must be rejected immediately, not just because of matters of principle about private sector involvement in the Health Service—although that is important—but because of the realities confronting us.

Commercial companies exist not to hand out gifts to anybody but to make profits, and they are not particularly renowned for fighting to invest in public sector areas where the present Government, or any Government for that matter, have under-invested. If a commercial company, were to invest in the blood products laboratory, it would inevitably want some return for its money. That could lead to blood products mainly being bought abroad, with all the concomitant problems that that implies, because it was cheaper, and the prices of blood products in this country would increase considerably, thus putting an extra burden on NHS expenditure, and pressure would increase for blood products to be sold abroad to recoup some of the costs of production.

The most serious effect could be an undermining of the voluntary blood donor system in this country. Donors might be unwilling to give blood freely if there were commercial involvement in the process. It is more than likely that honest folk who are dedicated to this service would withdraw in the knowledge that their blood was to be used commercially. It sounds grim and terrible, but I believe that the conscience of our people will be outraged if they read this debate, unless the Minister gives a categoric denial to what I am implying.

It might appear more economic to pay donors than to invest the necessary money to improve the national transfusion service. We realise how difficult it is for followers of Tory philosophy to understand that many people are prepared to give away something for nothing—blood in this instance—but the whole structure of the blood transfusion and blood fractionation service depends on this selflessness. It would be criminal for Tory short-sightedness to destroy it.

The only way to ensure the development of the blood services in line with demand is a commitment to immediate investment under a new unified structure. The 119Minister must make a clear statement now whether he is prepared to risk the destruction of the voluntary blood donor system, and he must allay the fears among the general public, the medical profession and kindred workers by a categoric denial of any handing over to private business and the profit motive. In particular, is he prepared, first, to release the necessary resources to allow Britain to work towards self-sufficiency in all blood products; secondly, to support a restructuring of the various elements so that there is one unified structure; thirdly, to prevent any commercial blood donor centres or fractionation centres being set up in Britain; and, lastly, to ban the export for profit of blood collected from non-remunerated donors—in other words, voluntary blood donors—in this country?

It may be that our fears are unfounded, but we believe that they are not unfounded and that there has been a withdrawal by the Government from a position that they were steadily taking up and which many of our members witnessed taking place before them. If our fears are unfounded, the Government should make it clear that commercial interests will not intrude on the voluntary system and that the necessary money will be forthcoming to ensure that the profit motive is excluded from the British blood transfusion service. Any

other decision will result in public outrage and a drop in the number of volunteers who freely donate their blood. Will the Minister give us such assurances?

10.35 pm

§The Under-Secretary of State for Health and Social Security (Sir George Young)

I am grateful to the hon. Member for Sheffield, Hillsborough (Mr. Flannery) for providing us with an opportunity to discuss the many facets of the blood transfusion service—a service that could be of vital importance to any of us. I believe that I am able to give him the assurances that he seeks.

Before I turn to the questions that the hon. Gentleman raised about the blood products laboratory at Elstree, I should like to say a little about the structure of the national blood transfusion service, in order to place the laboratory and its work in context. The hon. Gentleman will, of course, understand that I shall not consider the Scottish or Northern Irish services, which are the responsibilities of my right hon. Friends. The Welsh service, although the responsibility of my right hon. Friend the Secretary of State for Wales, has been for a long time more closely associated with the English service.

As the hon. Member will know, each regional health authority in England is responsible for meeting the transfusion requirements of its hospitals and, with the exception of two Thames regions, which have shared arrangements, each region has its own transfusion centre. There is one centre in Wales. A regional transfusion centre's main tasks are to recruit donors and to collect blood; then to group, test and issue that blood.

It is a service run by Health Service professionals but, I think, unique in its dependency on the willingness of the many thousands of donors to provide the raw material in which it largely deals. It is their willingness freely to donate their blood that makes the United

Kingdom's blood transfusion service the envy of much of the world. One has only to look at countries that are now moving away from paid donor schemes to systems based upon voluntary 120donation. We are proud of our system and determined to maintain it. We will not even consider an alternative system based on paying donors. Since 1948, the annual number of donations in England and Wales has risen fourfold, from less than ½ million to almost 2 million. We hope next year to pass the 2 million donation mark for the first time. That in itself would be a considerable achievement.

The hon. Member concentrated on the largest of our central blood laboratories, the blood products laboratory at Elstree, which is the chief source of NHS-made blood products outside Scotland. The laboratory is one of three blood laboratories funded directly by the DHSS and serving England and Wales, the blood group reference laboratory in Chelsea and the plasma fractionation laboratory, BPL's "sister" laboratory in Oxford, being the other two.

The blood products laboratory currently processes about 160,000 litres of plasma a year, producing from it a range of excellent products, including factor VIII for the treatment of haemophiliacs, albumin used in the treatment of burns, and a number of immunoglobulins—for example anti-Dimmunoglobulin—for the prevention of rhesus disease in babies. In addition, it has led the way in many aspects of research in blood products. The director, Dr. Richard Lane, heads a team of scientific and technical staff, some of whom have international reputations in this specialised and complex field.

The laboratory, however, was not designed to meet today's standards of pharmaceutical manufacturing, nor could we expect that it should have been. Fractionation technology has changed considerably since the 1950s and the demand for blood products has increased beyond what could reasonably have been predicted.

Last year, the Department's medicines inspectors thoroughly examined the laboratory and its processes. Its report pointed to a number of areas where remedial work was necessary as a matter of urgency if production was to be maintained and increased. On receipt of its report, my Department held discussions with the laboratory's director on BPL's needs. My hon. Friend the Minister for Health visited the laboratory in March and announced shortly afterwards an upgrading programme at a capital cost of over £1 ¼million to improve conditions at BPL and to make possible an increase in production. This upgrading work is now well under way. One of its important components, a 5,000 cubic feet modular cold store, has already come into service, enabling the laboratory to store increased amounts of plasma received from regional transfusion centres. Also included in this programme are some modifications to the coagulation factor laboratory, the installation of a range of new equipment and extension to existing buildings, including a new loading bay and terminal processing area. Some of the new equipment being installed will also enable the laboratory to improve the yield of products from the plasma it receives. As a result of this new investment, by the end of 1982 BPL is expected to double its output of factor VIII to 30 million international units and to increase albumin production by some 60 per cent.

However, I should stress that even with this substantial increase in production, and with whatever help the plasma fractionation laboratory may be able to offer, it will still be necessary for health authorities to buy certain blood products from commercial sources. I shall return to this later.

121I understand that it is the hon. Gentleman's intention to visit the laboratory with a delegation from the Association of Scientific, Technical and Managerial Staffs later this week. It is always useful for hon. Members to see such facilities at first hand. I am sure that

the hon. Member and the other hon. Members accompanying him will find the visit instructive and will find much to admire in the laboratory's work. On a slightly more controversial note, I regret that ASTMS members sitting on the Conservative Benches are precluded from attending the meetings of the ASTMS parliamentary branch, of which the hon. Gentleman is chairman.

The BPI.' s work is a credit to the NHS, and I am happy to pay tribute to the staff for the way in which production has steadily increased over the years.

I said earlier that BPL was not designed to meet today's demands, and there is a need for a new fractionation facility. The hon. Gentleman referred to rumours that BPL was to be handed over to a commercial company to develop. As my hon. Friend the Minister for Health made clear last month, this is not the case, and I am glad of the opportunity to reaffirm this clearly and unequivocally this evening. Given the likely cost of redeveloping the laboratory, and given that a manufacturing plant of this kind is rather different from the general run of NHS activities, it was only right that we should examine a number of options concerning the longer-term development of BPL. These included the possibility of some form of collaboration with industry. It was never a secret that this was under consideration—the hon. Gentleman referred to the question on this topic that my hon. Friend answered on 6 August. After exploratory discussions with a number of companies, we decided—and I say this without intending any adverse reflection on industry—that there was no place for a commercial company in the management of BPL. This decision was conveyed to the director and his staff on the day that it was taken. I appreciate that while exploratory discussions were held the staff of BPL worked in an atmosphere of uncertainty regarding their future, but in considering a development of this size we had to look

This is one aspect of the service that our Advisory Committee on the National Blood Transfusion Service is examining. We also have a working party, which is looking at future blood fractionation technology so that we can redevelop BPL in the most advanced and efficient way. I am glad to say that this working party, whose recommendations are essential before design work can begin, has already made excellent progress and hopes to report early next year. Finally, we are working with Scotland to establish the extent to which the Scottish fractionation plant in Edinburgh could contribute to the needs of other parts of the United Kingdom.

Much of this work has been going on for some time. I would not have the House think that we had held it up while we had our discussions with industry, but there is still work to be done before we can commission plans for the longer-term redevelopment of the laboratory. We are getting on with that work urgently, but I am not in a position to tell the House tonight when we shall be ready to start planning the necessary changes to the laboratory itself—I emphasise that I am talking about changes quite apart from the £1 ¼million that is already being spent on upgrading—or how long it will be before we could start building. It will be evident, however, that it will unavoidably be several years before the redevelopment is completed and that this would be the case even if we could provide tomorrow the necessary capital funds.

I have noted the early-day motion tabled by the hon. Member for Hillsborough and signed by over 40 hon. Members. I hope that I have answered the question of the commercial management of the blood products laboratory to the hon. Gentleman's satisfaction, although I would point out that there may well be scope for mutually beneficial arrangements between industry and the laboratory—for example, in the development of new manufacturing processes. We have already

seen this at BPL, with regard to development work on an improved technique for factor VIII production.

The motion also refers to the declaration of the twenty-eighth World Health Assembly, "Utilisation and Supply of Human Blood and Blood Products", which, in essence, urged WHO member States to try to be self-sufficient in blood and blood products. The hon. Gentleman referred to that. The principle of self-sufficiency is one that the Government fully endorse. Quite apart from the possible risk of hepatitis from imported products, particularly those manufactured from plasma supplied by paid donors, the very fact that products are imported—unless they come from a country that produces an excess of such products—raises difficult moral issues concerning trade in blood.

But self-sufficiency must inevitably be a long-term aim. Our first responsibility is to meet the need of our patients. We have found, not only here but elsewhere in the health and personal social services, that demand is a very elastic concept. The more one tries to meet it, the123more it seems to grow. Thus, while BPL will shortly double its output of factor VIII, it will not be able to meet all the NHS demand for that product. Self-sufficiency has to be approached from both sides. We need to look seriously at demand for the products. Are we using too much? Are we using them effectively? We also need to look at supply. How much can we afford to supply? Can the NHS provide enough plasma to manufacture products in this quantity? This is one of the issues which the recently appointed Advisory Committee on the National Blood Transfusion Service will be asked to look at. Its advice will be invaluable.

On a slightly more domestic note, I am sure that the hon. Gentleman will be interested to learn that over the past four years the percentage increase in the number of donors in the Trent region, whose transfusion centre is situated in Sheffield, was almost twice the

national average. It speaks highly of the motivation of the people in our society when so many are prepared to give their time and their blood to help others.

I am sure that the House would wish me to take this opportunity to thank publicly all donors and to encourage others to come forward. The demand for blood and its products continues to rise, and I am hopeful that, supported by my Department's extensive national campaigns to attract donors, we can continue the upward trend in the number of donations received.

124As I said a few minutes ago, with the exception of the central blood laboratories, the blood transfusion service is an integral part of the NHS, and each region is responsible for its own regional transfusion service. Decisions on the level of funding for any particular RTC are, therefore, for the regional health authority concerned, in the light of local demands and priorities, and we have not issued guidance on this aspect of service provision.

It is, of course, the case that the transfusion service's importance has been recognised in RHA funding decisions. Two regions in England are planning substantial expenditure on new centres. At constant—November 1978—prices, revenue expenditure in England and Wales on transfusion centres increased from £19.2 million in 1974–75 to £23.7 million in 1979–80—a rise of over 23 per cent. in real terms. I very much hope that I have been able to give some assurance to the hon. Gentleman in the remarks that I have just made.

I am pleased that the blood transfusion service has received so much attention in recent months. The service's quiet efficiency has meant that some people have taken it for granted. That must not be allowed to happen. It plays a vital role in the NHS—a role that the Government will continue to encourage and support

thoroughly at all the available options. It would have been irresponsible not to do so.

The hon. Gentleman spoke rather deprecatingly of privatising blood. If he does not consider that blood should be privately owned, there is not much left.

The hon. Gentleman also referred to the management of the Elstree unit. I recognise the need to establish a management system there that is commensurate with the laboratory and its work. The matter is being given urgent attention, and the views of the staff's representatives will be sought at the appropriate time.

Another of the hon. Gentleman's topics was the safety record, with particular reference to imported blood. The blood transfusion service, including the BPL, has a very good safety record. All donations are stringently tested for hepatitis B, as is all plasma sent to the BPL. Even with high-standard cross-matching procedures, occasional reactions to transfusion, normally minor, are inevitable, but I am not aware of any deaths directly attributable to blood transfusion or blood products.

We are urgently considering the many other questions that arise in deciding who best to develop the blood products laboratory to meet the foreseeable need of the NHS. We have to look, obviously, at the extent of rebuilding and expansion necessary at BPL itself, the cost 122of which may be considerable—an obvious difficulty at a time when, in the nation's interests, we are seeking to reduce the overall level of public expenditure and there are so many competing demands. But the matter is more complicated than that. We have to be sure that plasma can be made available in sufficient quantities so that we do not build a laboratory which could not be fully utilised. That may need more blood donors and more capacity in the regional transfusion centres which provide the plasma in the first place.