

TRANSFUSION
SERVICES IN
GB.

BLOOD
PRODUCTS
PRODUCTION

BACKGROUND
TO ANGLO-
SCOTTISH
COLLABORATION

ANGLO-SCOTTISH COOPERATION IN BLOOD PRODUCTS PRODUCTION

1. Great Britain is served by two blood transfusion services: the National Blood Transfusion Service for England and Wales managed by RHAs (in Wales, by a AHA); and the Scottish National Blood Transfusion Service managed centrally by the Common Services Agency for Scotland. In addition to 14 Regional Transfusion Centres (RTCs), each service maintains a central laboratory for processing blood products: the Blood Products Laboratory at Elstree, Herts (BPL), managed by the Lister Institute on behalf of DHSS; and the Protein Fractionation Centre at Edinburgh (PFC), which is a part of SNBTS.
2. Recent years have witnessed the growth of blood component therapy. Blood can be, and increasingly is, separated into its components (red cells, white cells, platelets, plasma, cryo-precipitate) and of these, plasma can be further subdivided into its constituent parts, known as plasma fractions or, more generally 'blood products'. In this way the patient receives only those parts of blood that are needed, thus diminishing the risks associated with the transfusion of whole blood and making more economical use of a scarce raw material.
3. The history of Anglo-Scottish cooperation at Departmental level in blood products production is chequered. In 1965 SHHD received Treasury approval in principle to build PFC to cope with the rising demand for blood products in Scotland. It was also agreed that PFC would process plasma from RTCs in Northern England on behalf of DHSS and would be paid accordingly. In practice, this has amounted to a £400,000 capital contribution by DHSS to the building work between 1970/71 and 72/73. There is authority for a contribution to revenue when PFC start to accept plasma from England, but to date, none has yet been processed.
4. In 1969, SHHD proposed a joint management committee for both BPL and PFC so that a common production policy would apply to both central laboratories. In the event, a Joint Steering Committee on Blood Products Production (JSC) was set up, comprising officials, the central laboratory Directors and some Regional Transfusion Directors from both countries. Its remit was to consider common policies on, inter-alia, the efficient use of blood, the standardisation of blood products, and what the reaction would be to the introduction of commercially-manufactured blood products into the UK. It was also intended that the JSC should give advice on

levels of production of different products at the two units. The JSC met once only, serious differences of opinion between DHSS and SHHD over the form of an overall production policy being the main reason why it was never reconvened. These differences arose over the extent to which the two services could seek to prevent penetration of the market by the commercial suppliers by increasing their own production. In Scotland expenditure on the blood transfusion service per head of population is said to be substantially greater than that in England and Wales, as is the rate of blood donations. This led to different assumptions about the realistic production levels at PFC and BPL respectively. (There was also a feeling among Scottish clinicians that cooperation with England would lead to the ample Scottish supplies of blood products being diverted south of the Border, with a consequently poorer service to home users.) However, the Departments did reach agreement in principle that the UK should aim to become self-sufficient in blood and blood products, a policy that was given increased impetus by the 1975 campaign, in and out of Parliament, to replace imported Factor VIII concentrate (used in the treatment of haemophilia) with concentrate produced by the central laboratories.

L TEST
DEVELOPMENTS

5. In March 1977, a joint DHSS/SHHD meeting "on mutual problems" took place in London. The meeting included the Directors of the two central laboratories. Aspects of practical cooperation between the two units were discussed as well as a number of other matters in the blood products supply field on which it is desirable to adopt a common policy (eg the disposal of surplus blood components and fractions, labelling of products, control of commercially-manufactured products.) This meeting augured more favourable for fruitful collaboration and, after further information about the processing capacities of the two units has been assembled, the group will meet again in Edinburgh in August. By then it is hoped that Mr Benner's Working Group on Trends in the Demand for Blood Products will have reached conclusions which can be fed in.

SHIFT
WORKING

6. One specific problem which may prove more intractable than the others concerns shift working at PFC. The unit is designed to reach full production capacity by operating on a 3-shift system. At present only a single shift system is in operation and the trade unions involved (NUPE and ASTMS) will not agree to any

extension unless a suitable pay settlement is achieved. The present phase of incomes policy prevents the Management Side of the PTB Whitley Council from making an acceptable offer. The new round of pay policy may, however, open the way to a solution.