

GRO-C

Mrs Maunsell

PROTEIN FRACTIONATION CENTRE, EDINBURGH

1. I note that a copy of the letter of 28 October from David Stevenson (SHHD) to A W Eason (CSD) has gone to you as well as to me, and I think you will agree that it is for Personnel Division to take the lead in any discussions that may be held. But you should be aware that opinion within SDG (supported by medical colleagues) seems to be moving away from the rather simplistic planning approach which led to DHSS financial and other support for the Liberton project in the late 1960s and early 1970s.

2. Clearly we have to be very careful how we express this to our Scottish counterparts, but I find it useful to illustrate the change by expressing blood products production in the form of a simple equation:-

$$A + B = T$$

- where A represents the production at Elstree, B the production at Liberton and T the overall UK production. In the original philosophy, as I see it, the assumption was made that A had a fixed maximum value which could not in any circumstances be exceeded. Therefore, as demand increased and T increased, the only way to balance the equation was to increase B. Translated into narrative terms, the rationale of the Liberton exercise was that there would inevitably be plasma from England and Wales which Elstree would not have the capacity to fractionate. This surplus plasma would be passed to Liberton to process and the resulting products would be available for use in the NHS.

3. Many factors have combined to frustrate this simple theoretical notion of "UK" self-sufficiency in blood products, among them the difficulties experienced in getting the Liberton system working to anything like planned capacity. It is not particularly rewarding to attempt to list all these factors, many of which are subjective, but it is obvious to those who have been involved in recent discussions on the subject that, even if all the difficulties in shift working at Liberton could be overcome tomorrow, it would not be regarded as sensible policy to put all our eggs in the Scottish basket as the planners appear to have originally intended. We must concentrate much more of our attention on building up the capacity of Elstree so that in normal times it would provide us in England and Wales with our full requirements of the key products identified by the Trends Working Party. (Albumins and Factor VIII) without the necessity of dependence on Liberton. The implications of this are at present being worked out - we have asked the Director of the BPL at Elstree to let us have outline proposals for the required expansion - but there is no doubt that they would affect SHHD (and CSD) thinking. We are by no means ready to put our cards on the table, but I think it is only fair to give some hint of what is being considered should there be a meeting of interested parties as a result of the recent correspondence.

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4. I should perhaps make it plain that no-one is considering the abandonment of the idea of co-operation with SHHD in the formation of a UK view of the requirement for blood and blood products and means of meeting them. This was re-affirmed at a recent meeting chaired by Mr Benner. The idea is that the co-operation should be much more flexible as between two partners each of which has the capacity to be self-sufficient in the essentials, where each could help the other in an emergency and where rationalisation of certain aspects of production would be encouraged.

5. Having said that, I am bound to admit that it is difficult to see how the Scots could function effectively at Liberton on anything like full capacity without guaranteed supplies of plasma from England and Wales. And if by some means this problem of input could be resolved, there would still remain the difficulty of possible over-production of some at least of the blood products. What may be needed is a complete re-appraisal of their sources of supply and outlets for production, including a possible export market. But this is for the Scots, not ourselves, to institute. We are attempting our own review exercise for England and Wales, as I have said, based on the realisation that a fully integrated "UK" approach to the fractionation of blood plasma is not a practical proposition, and this is causing us headaches enough. However, it is not going to be easy to disentangle ourselves from the implied moral (and actual financial) commitment that our predecessors undertook in connection with the building of Liberton.

6. I am copying this minute and the SHHD letter to John Harley and Sheila Waiter, inviting them to let us have their views on the subject. If you think it would be useful to have a Departmental meeting before engaging the combined forces of SHHD and CSD, I would be happy to attend.

GRO-C

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1 November 1977

cc: Mr Nodder (with copies of correspondence)
Dr Waiter " " " "
Mr Harley " " " "
Mr Dutton ✓ " " " "
Mr Harlow " " " "
ALP