Annex A

EUSTON TOWER
286 EUSTON ROAD
LONDON NW1 3DN

TELEPHONE 01-388 1188 EXT GRO-C

Your reference
Our reference

18 December 1981

MANAGEMENT IN CONFIDENCE

P Cooke Esq
Regional Administrator
Oxford Regional Health Authority
Old Road
Headington
Oxford OX3 7LF

Dear Peter

SUPPLY OF PLASMA TO THE BLOOD PRODUCTS LABORATORY

When I wrote to Regional Administrators on 22 September 1980 and 4 February 1981 about the need to increase the supply of fresh frozen plasma to the Blood Products Laboratory, so as to enable it to take full advantage of the upgrading programme which is now nearing completion, I explained that purchases of commercial blood products could be further reduced or eliminated only by building a new fractionating facility.

As you will know, Ministers have now authorised the redevelopment of the Blood Products Laboratory and it is hoped that a new Laboratory can be commissioned by the end of 1984. Detailed planning is in progress; but clearly it would be wrong to plan a factory with a capacity markedly greater than the supply of plasma it will be called upon to fractionate. This letter concerns the demands likely to be made of the new Laboratory.

A Working Party of the Advisory Committee on the National Blood Transfusion Service has prepared a detailed report on the level of plasma supply which should enable England and Wales to be self-sufficient in blood products by the mid-1980s. The principle of self-sufficiency in blood products is one which Ministers fully endorse. (I sent you a synopsis of the Working Party's report, together with detailed costings, as RA(82)6 on 15 December.) As you will see, the Working Party calculates that, at present yields, 435,000 kg of fresh plasma will be required to enable the redeveloped Laboratory to meet the NHS's foreseeable need for blood products. This may require the establishment of plasmapheresis centres.

The report includes estimates of the cost of collecting plasma set against the value of the products which would be derived from it. It shows the substantial savings to be achieved nationally by increasing plasma supplies. Broadly, at 1980/81 price levels it would cost up to £19m to produce sufficient plasma to meet the expected need for blood products by the mid-1980s, to which must be added the cost of processing by the Blood Products Laboratory. In return, however, RHAs would receive products which could cost over £32m to purchase from commercial suppliers. Further, exposure of patients to the risk of hepatitis and possible chronic liver disease from commercial blood products would be reduced.

Clearly expenditure on plasma collection will vary from Region to Region depending upon a number of factors including the extent, if any, of spare capacity within the Regional Transfusion Centre and the availability of existing premises suitable for plasmapheresis. The potential savings will be determined largely by the amount of commercially purchased blood products used within the Region and the extent to which the Region is prepared to supply the Blood Products Laboratory with plasma to enable them to be replaced. Details of health authorities' purchases of commercial blood products are not held centrally. However, there are strong indications that all Regions currently spend substantial sums on such products.

The Annex to this letter gives possible plasma supply "targets" for 1984/85, which are related to the populations of Transfusion Centres' catchment areas and assume a standard quality of plasma. It is intended that BPL products will be supplied to RHAs in direct proportion to their plasma input and Regions will wish to balance the cost of collecting plasma against the potential savings to be made in the longer term. If for various reasons some RHAs see difficulties in attaining the targets, they may wish to consider the scope for collaboration with neighbouring Regions in plasma collection arrangements.

As you will appreciate, it is very important in planning the new BPL that we should have an early indication of RHAs' ability and willingness to provide fresh frozen plasma for fractionation and we would be glad to have your Region's response as soon as possible, (and that of the Regions of your fellow RAs, to whom I am copying this letter). As this subject is of considerable importance to the other RTO disciplines, particularly RMOs, we are tabling this letter for the uni-disciplinary meetings in January for a collective discussion of the policy.

The question is really one of whether Authorities are willing to invest money in additional collection facilities in order to reap the slightly later, but substantial benefit of savings on commercial products.

Yours sincerely

GRO-C

J F Shaw

ANNEX

FRESH FROZEN PLASMA "TARGETS" BY REGIONAL HEALTH AUTHORITIES

	Region	RTC Catchment Population (millions)	FFP "Target" (Kilograms)
1.	Northern	3.1	27,400
2.	Yorkshire	3.6	31,800
3.	Trent	4.5	39,700
4.	East Anglian	1.8	15,900
5.	N W Thames	3.9	34,300
6.	N E Thames	3.3	29,100
7/8.	S E/S W Thames	6.5	57,400
9.	Wessex	2.3	20,300
10.	Oxford	2.3	20,300
11.	South Western	3.4	30,000
12.	West Midlands	5.2	45,900
13.	Mersey	3.1	27,400
14.	North Western	4.1	36,200
15.	Wales	2.2	19,400

(1 kilogram of plasma is equivalent to 1 litre of plasma)