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BACKGROUND NOTES FOR CHAIRMAN

(On the occasion of the meeting between
Agency and CBLA colleagues: 20th January 1984)

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GENERAL BACKGROUND

The Central Blood Laboratories Authority (CBLA) was established in December 1982 and is responsible to the DHSS for two laboratory complexes concerned with plasma fractionation (Blood Products Laboratory, Elstree (BPL)) and the production and standardisation of laboratory reagents for transfusion purposes (Blood Group Reference Laboratory, Oxford (BGRL)). Previous to this amalgamation the laboratories were managed by the Lister Institute (BPL) and one of the Regional Health Authorities. The Directors of these interests are Dr R S Lane and Dr A M Holburn, respectively.

The Chairman of the CBLA is Mr R David Smart, formerly Managing Director of Glaxo Pharmaceuticals Ltd.. The Board of Management is made up of the following:-

Dr D P Thomas (National Institute for Biological Control)
Mr M G Storey
Dr P A Stewart
Mr A S Jerwood (Merk, Sharpe & Dohme)
Dr E L Harris (DCMO, DHSS)
Dr H H Gunson
Dame Phyllis Friend
Professor A L Bloom

The Headquarters Unit of the CBLA is sited within the Elstree laboratory complex. The Secretary and Treasurer is Mr W P N Armour, formerly Personnel Officer of the North West Thames Regional Health Authority.

It is of some importance to CSA colleagues to emphasise that whilst the overall management functions of the CBLA and CSA, with regard to blood transfusion matters, have some similarities there are profound differences. Whereas both Authorities are responsible for plasma fractionation (BPL and PFC) the Agency is also responsible for the Regional Transfusion Centres and indeed in ensuring close integration of the whole national (Scottish) effort in this field (Transfusion Centres and PFC). Moreover, through the aegis of its Aberdeen, Dundee, Edinburgh and Inverness Centres, it plays a substantial influence on the way blood and blood products are used at the bedside. The CBLA has no management interface with the Regional Transfusion Centres in England and Wales: they are separately managed by individual Regional Health Authorites and the facilities for co-ordination and integration are almost negligible. Moreover, the majority of their Regional Centres have no direct control over blood and blood product use. Of more than passing interest is that the performance of BGRL (the second laboratory complex managed by the CBLA) over the years has not been

regarded by the SNBTS as a whole as satisfactory and not in the best interests of SHS. As a consequence the SNBTS has established its own reagent support services, which are now regarded highly by several international agencies.

It would be appropriate to conclude that the formal relationships between BPL (originally managed by the Lister Institute) and the SNBTS have not been satisfactory over the years. The author was not in a management position at the time, but in the late 1960s and early 1970s was aware of a widespread feeling throughout Scotland that the former Director of BPL, who was also DHSS Adviser on Blood Transfusion matters, did much to influence (adversely) the development of PFC. It has been claimed that his influence cost the SHS dearly - much of the increased accommodation at PFC, consequent to the Medicines Inspectorate Report would have been unnecessary if he had not been consulted. The previous Director of BPL had much difficulty, perhaps partially as a consequence of his involvement with the creation of PFC, in collaborating with Mr Watt. Regrettably the foundations were laid in the early 1970s for what the author saw as profound and strong differences of professional opinion between these two individuals which had remarkable and unfortunate intense personal overlays that led to each person directing their subordinates not to liaise with their respective counterparts. The arrival of Dr Lane as Director of BPL some 4 years ago did not, regrettably, improve matters. Indeed it was the author's experience that the extraordinary hostility between the two Directors took on a new dimension, not least because Dr Lane was convinced (personal communication) that Mr Watt was intent on taking over all UK plasma fractionation at PFC.

Soon after I was appointed NMD I visited BPL with the express intention of attempting to build bridges. It became evident that Dr Lane was not prepared to liaise with Mr Watt but did agree to my suggestion that liaison could begin between operational counterparts at a subordinate level. This programme of liaison was commenced some 6 months later and in the subsequent 3 years it has proved of considerable value to both institutions. Nevertheless, it repeatedly ran into temporary difficulties when either Dr Lane and/or Mr Watt, for their separate reasons, ordered a disengagement of liaison. There can be no doubt that throughout these periodic difficulties Dr Peter Foster (PFC) and Dr Jim Smith (BPL - formerly employed at PFC) did much to keep a measure of momentum going.

At the time of the creation of the CBLA I attempted to make a new initiative and made informal contact with Mr David Smart (Chairman). We had some wide ranging discussions and agreed it was in the interests of the NHS throughout the/

the UK that more effective arrangements were made to establish improved liaison between PFC and BPL and that in the circumstances these might best be achieved, at that stage, by meetings at Authority level. It is suggested that the meeting proposed for January 20th 1984 is a logical consequence of these early discussions. In the interim Mr Smart has offered assistance in our search for Mr Watt's successor and we have discovered a joint interest in trout and salmon fishing (Mr Wallace please note!). Also, in the interim, Miss Corrie (the SNBTS National Adminstrator) has made personal contact with Mr Armour.

SPECIFIC COMMENTS

Whilst my views on the need for improved collaboration between BPL and PFC have not changed I have always envisaged a need for care and caution in the development of what, in the first instance, should be a basic bridge building exercise. It is well to remind ourselves that our operation is directed towards the care of 6.5 million people whereas BPL is 50 million and that it is common knowledge that the level (quality) of our respective routine services are profoundly different (BPL's new factory, currently under construction, is being built to a planned plasma throughput of 450 tonnes per annum for 1990. Their existing throughput is 180 tonnes and our existing throughput is already equivalent (for them) to 600 tonnes). Of no less importance is the view (which I share) that most of the high quality R&D personnel in this field in the UK resides in Scotland (both at PFC and RTC levels) yet the funding power base for research in the UK is London.

Despite these cautionary remarks I believe we might profitably discuss at this first meeting the following topics:-

(a) Staffing Structure at BPL

We have an urgent need to consolidate the staffing structure at PFC. We have reason to believe that this problem is shared by BPL and that they have made considerable progress. It may be to our advantage to obtain the details of their proposals, and to learn the stage they have reached.

(b) Rationalisation of Specialised Production Facilities

It is certain that the quantitative need for some new blood products will be so small that it would make sense to consider rationalising their production in one Centre for the whole of the UK. It would be inappropriate to go into detail at this stage but consideration should be given to establishing a joint group that could consider this topic.

(c)/

(c) Rationalisation of Research and Development Programmes

Whilst it is recognised that there can be considerable operational advantage (particularly when there are only 2 UK Plasma Fractionation Centres) in having significant overlap in research and development programmes between BPL and PFC (a good recent example is that both institutions have pursued, in different ways, the development of IV immunoglobulin and heat treated factor VIII and both BPL programmes have recently foundered, whereas PFC's look very good) there is a need to provide an improved and more formal forum for discussion and exchange of technology and, indeed, to consider whether individual project overlap can be reasonably justified.

One sensitive point in this area is that the CBLA has formed its own Research Committee (upon which Dr McClelland (SEBTS) and Dr Bell (SHHD) have been invited to attend). There is growing concern in Scotland that this Committee may, in due course, attract central funding to the detriment of SNBTS efforts.

(d) Liaison with Industry

The Agency is currently engaged in what are, in my view, highly complex deliberations which will have profound policy implications on some of the future relationships we may develop with industry (I refer to the Advisory group on the Disposal of Surplus Blood Products). It would be of considerable interest, and perhaps importance, for us to ascertain the line being taken by CBLA in this area.

(e) Product Licence Applications

We have adopted a policy in which, whilst we recognise that there is no legal requirement for us to obtain product licences, we believe it is in our professional interests to submit applications where appropriate. It would be of interest to discuss this matter with CBLA colleagues.

(f) Disposal of Finished Surplus Products

It is probable that within the next 6 months the SNBTS will run into intermittent periods during which it will be judged that we have quantities of factor VIII concentrates that are surplus to the requirements of the SHS. It was agreed at the last BTS Sub-Committee that in such circumstnaces this material should be offered to the NBTS. It is suggested that this would best be done via BPL and that the topic might be discussed.