

PLASMA SUPPLY FOR SELF-SUFFICIENCYReport to the C.B.L.A. by H.H. Gunson

In June, 1983, a meeting of Regional Transfusion Directors (RTD's) was convened by Dr. Lane and myself to consider responses to a questionnaire, completed by 12 of the 15 RTD's, on the practicalities of producing sufficient plasma to ensure optimum working of the new BPL and ensuring self-sufficiency in blood products. The results were encouraging and demonstrated that with a combination of the use of the optimal additive solution SAG(M) and plasmapheresis, the potential for attaining this target was feasible. At that time several RTD's were actively planning the increase in plasma supply and were confident that financing would be made available.

During the latter part of 1983, however, informal comments from some RTD's gave cause for concern in that the targets which had been agreed as a planned programme were in jeopardy because of difficulties in obtaining the necessary funds. Accordingly in December, 1983, I wrote to each RTD asking for their personal assessment of the situation with respect to obtaining the necessary quantity of plasma by 1986 and their views on their Region's attitude to the subsidising of other Regions who could not attain self-sufficiency. Their replies are summarised in the Appendix to this report.

It will be noted that only three RTD's are confident that their R.H.A. will support the programme for increasing the plasma supply. The remaining replies range between "not hopeful of the necessary finance" to an "inability to predict the outcome of discussions with the R.H.A." Two factors in the replies were of significance:

- (1) Many R.H.A.'s are not willing to consider proposals on more than a year by year basis. Plans for the plasma supply require a programme based on a three to five year period.
- (2) Several regions are finding that with the current national plasma supply of 150,000 Kg per year the demand for P.P.F. is satisfied (apparently so, since in my view, insufficient time has passed yet with the increased supply of P.P.F. to make a valid judgement). The conclusion, however, has led to the view that the most economical way to achieve self-sufficiency is to purchase the additional quantity of Factor VIII required.

It is doubtful whether the quantity of plasma in 1984/5 will exceed that of the current year. The most convenient way in which such an increase could have been achieved is by using the SAG(M) system and it is significant that several RTD's have cancelled orders for these new packs which has caused embarrassment to one supplier who has prepared a supply based on the optimism which existed earlier this year.

I have to conclude that it would be unwise to assume that the necessary quantity of plasma will be available for the successful operation of the new BPL.

January, 1984

1726.

CENTRAL BLOOD LABORATORIES AUTHORITY	
DATE	16 JAN 1984
TIME	
BY	
FOR	

SURVEY OF PLASMA PRODUCTION IN R.T.C.'s

R.T.C.	1984-5	1985-	CONFIDENCE OF R.T.D. IN ULTIMATELY ACHIEVING TARGET
1. Northern	- Does not expect to separate more plasma than 1983/4. Cannot obtain finance for SAG(M).	Has been unable to initiate discussions on plasma supply with R.H.A. Could not in any case increase supply in present premises. New R.T.C. should open in 1985/6.	Not hopeful of obtaining necessary funding.
2. Yorkshire	Target 11,000 Kg - should be achieved by taking more donations for platelets into triple packs and freezing the plasma.	Problems will begin in plasma supply in 1985/6 - agreement in principle with R.H.A., but no definite financial allocations.  Plans for 1986/7 and 1987/8 will not be considered for some time.	Fairly confident that the R.H.A. will provide necessary funding.
3. Trent	Target 19,000 Kg. Extra finance for SAG(M) packs and plasmapheresis has been accepted.	Plasma collection plans accepted in principle including build-up prior to 1986. Targets may have to be revised downwards since both P.P.F. and Factor VIII would be produced at a level greater than for regional needs - one factor to mitigate this might be the introduction of inter-regional charging.	No reason to believe that finance will not be made available.

R.T.C.	1984-5	1985-	CONFIDENCE OF R.T.D. IN ULTIMATELY ACHIEVING TARGET
4. East Anglia	Target 6,900 Kg. Requires 5% increase in revenue and only 1% has been promised - will not know whether additional finance will be available to achieve target until March, 1984.	Even with adequate finance, could not achieve targets for 1985/6 and 1986/7 due to lack of space. Extensions to R.T.C. planned for 1977/8.  R.H.A. have accepted in principle the need for additional plasma supplies and also subsidy of other regions.	Plasma supply could remain at 5,000 (or possibly 6,000 Kg) for next three years.
5. North West Thames	Target 18,500 Kg. Budget for 1984/5 has not yet been established but expects finances to be made available to allow this target to be met.	Increases in the 1984/5 levels could not be made without additional space and this has been agreed by Regional Medical Officer and R.H.A. Development Department to be a priority. However, although R.H.A. are aware of expansion in plasma supply no official discussions have taken place and no finance allocated.	Every effort will be made to achieve targets but demands from teaching and specialised hospitals reduce availability of plasma and doubtful whether the region could become self-sufficient for Factor VIII.
6. North East Thames	Target 21,000 Kg. Cannot predict whether this is achievable until it is known how much income will be obtained by R.T.C. from cross-charging for P.P.F. and Factor VIII at present in operation.	Cannot make any forecasts since the system of recharging to obtain revenue would require continual rather than sudden expansion at B.P.L. Possibilities will have to be discussed with R.H.A. but at present they have indicated that money will not be available.	Cannot forecast.

R.T.C.	1984/5	1985-	CONFIDENCE OF R.T.D. IN ULTIMATELY ACHIEVING TARGET.
7/8. S. East and S. West Thames	Target 38,000 Kg. This should be achieved by plasma from 50% donations plus plasmapheresis at Tooting and Lewisham. Gradual conversion to SAG(M) if finance available.	Phasing of plans for 1985-1988 are currently with the R.H.A. No indication yet whether they will be approved, but problems may occur, particularly with staffing since a reduction of 45 had to be undertaken in 1983 (355→310). Problems also exist with respect to co-ordinating activities at Tooting and Lewisham.	Cannot predict outcome at present.
9. Wessex	Target 9,000 Kg. Plans submitted to R.H.A. and should be approved.	No plans submitted for 1985 onwards as yet, but plans to convert to SAG(M) will be submitted.	Confident that appropriate finance will be forthcoming.
10. Oxford	Target 13,800 Kg. Dependent upon the use of 30,000 SAG(M) packs; will not know until May 1984 whether finance approved.	Plans have not yet been submitted to R.H.A. as matters can only be dealt with on a year by year basis. Problem in Oxford not as great as in other regions since 1984/5 target represents 50% self-sufficiency.	Not confident in obtaining necessary finance.
11. South Western	Target 26,000 Kg. Anticipated finance to use SAG(M) packs. This is not now available since D.H.A.'s refused to contribute part of their budgets. Probably no more than 1983/4.	Plans have been submitted to R.H.A. based on proposals submitted to R.T.D. meeting in June, 1983. These cannot be financed: now alternative plans for 15,000 Kg rising to 25,000 Kg in 1986/7 are being discussed. Not hopeful that finance will be available. Region appears to have enough P.P.F. with present plasma supply.	Not hopeful. Thinks that Central financing would be helpful.



R.T.C.	1984-5	1985-	CONFIDENCE OF R.T.D. ULTIMATELY ACHIEVING TARGET
12. West Midlands	Target 17,700 Kg. Request for additional funding placed before R.H.A. Decision in January, 1984.	Estimates that Region could become self-sufficient with 30-35,000 Kg plasma per year. Doubtful if R.H.A. would agree to subsidise other regions. (Pro-rata to National requirements, West Midlands should supply 46,800 Kg).	Cannot predict outcome of discussions with R.H.A.
13. Mersey	Should be able to meet target for 1984/5 if finance approved. Will not know until March, 1984.	Approval in principle for programme but financing not agreed.	Cannot predict at present.
14. North Western <u>Manchester</u> <u>R.T.C.</u>	Target 7,500 Kg. This should be attainable.	R.H.A. has agreed in principle to self-sufficiency, but it is not certain whether they will agree with national figures since the use of Factor VIII which will govern plasma supplies has been pegged at the 1981/2 level.	Cannot predict at present. Hopeful that some finance will be forthcoming, but there are other priorities in the region.
<u>Lancaster</u> <u>Centre</u>	Target 7,200 Kg. Plasmapheresis Centre has had to be abandoned. Likely amount of plasma 3,600 Kg.	Plans for the 3 year period 1985-1988 will be discussed in February, 1984.	
Wales	Target 11,800 Kg. Unlikely to receive finance to convert to SAG(M). Likely amount of plasma - 9000 Kg.	Has not been able to obtain agreement with respect to an overall policy and can only submit plans year by year. Regional hospitals appear to have enough P.P.F. at present.	Takes a "gloomy" view of the entire programme. In view of P.P.F. supplies, R.H.A. may continue to purchase Factor VIII.