



Chronological Presentation on the Domestic Supply of Blood Products in England and Wales

Appendix 4

Pro-rata Distribution of Blood Products

1. The pro-rata system of distributing blood products in England and Wales refers to a policy adopted between 1981 and 1989 whereby Regional Health Authorities received blood products in proportion to the amount of fresh frozen plasma that their Regional Transfusion Centres supplied to the Blood Products Laboratory (“BPL”). Its origins can be traced back to the problem recognised in a paper written by Mr Dutton and Dr Waiter of the DHSS in **October 1976**, which has been referred to in the main presentation. Mr Dutton and Dr Waiter identified a disassociation between the effort that regions were being asked to make to increase plasma supply and the reward they would receive for those efforts.¹
2. In **December 1976**, a new scheme of distribution for NHS Factor VIII concentrates was introduced. The amount to be sent each region would be calculated by reference to the number of patients reported to be treated at the Haemophilia Centre or centres in that Region in 1974.² Dr Lane later stated in

¹ Covering minute and Report from T. E. Dutton and Sheila L. Waiter, Department of Health and Social Security, ‘Requirement for blood products and their availability, Note by joint secretaries’, **DHSC0002181_045**.

² Unconfirmed Minutes of Meeting of Directors of Haemophilia/Associate Haemophilia Centres and Blood Transfusion Centres and Regional Health Authorities held on 15 December 1976, **CBLA0000533**, p.1-2

his Draft Proof of Evidence that this scheme was ‘a *prelude*’ to the pro-rata system.³

3. In **September 1977**, Dr Lane attended the third meeting of the Haemophilia Centre Directors and Blood Transfusion Centre Directors on behalf of BPL. During a discussion on the methods of distributing blood products he noted that the existing system was: ‘*not the only way of solving the problem. One of the things that could be done was the provision of incentives to Blood Transfusion Centres to provide more plasma for fractionation.*’⁴ This may be an early example of Dr Lane seeking to persuade relevant figures of the merits of pro-rata distribution of blood products.
4. As is discussed in the main presentation, from late 1977 and through 1978 Dr Lane and others at BPL worked on the proposals that became the Stop Gap programme to increase fractionation capacity. Those proposals relied on an associated increase in plasma supply. In that context, Dr Lane returned to the issue of using the distribution of blood products as a way of encouraging greater, and higher quality, plasma supplies to BPL from the regions.
5. In **November 1978**, Dr Lane attended a meeting of the Association of Haematologists (NETR) Working Party in Haemophilia. He advocated for a system of distribution that would allow the Regions that bore the additional cost of supplying fresh frozen plasma to BPL to receive their concentrate and albumin pro-rata according to yield from that plasma. He argued that this would make plasma collection economic, it would provide Regions with a meaningful link to BPL, and it would incentivise the improvement plasma collection. Perhaps tellingly, the meeting expressed support for Dr Lane’s

³ Draft Proof of Evidence of Richard Spencer Lane, 1990, **CBLA0000005_002**, p.45-46

⁴ Third Meeting of Directors of Haemophilia, Associate Haemophilia and Blood Transfusion Centres, 1 September 1978, **CBLA0000838**.

wider call for increased funding to support self-sufficiency, but merely 'noted' his comments on the distribution of Factor VIII.⁵

6. In **February 1979**, Dr Lane wrote to Mr Dutton (DHSS) enclosing a summary of the latest fractionation figures for BPL and PFL.⁶ Dr Lane wrote that, *'significantly, the volume of FFP received is about stationary compared to the previous year.'*⁷ Dr Lane stated that BPL could fractionate more plasma were it to be supplied. However: *'[I]ncreased supply is not available because Regions are waiting for the day when they can negotiate supply of raw material and finished product with this laboratory. This will make the cost of RTC production economic in the eyes of the Regional Treasurer.'* Dr Lane went on:

'I have figures available based on 24 months fractionation, showing the theoretical input of different regions versus the quantity of finished factor VIII they receive. There are instances where the input exceeds the return by a considerable amount, and it is not surprising that this discrepancy coincides with the most active plasma producing Regions. It is these Regions that must be encouraged.

I would like to institute discussions with DHSS which would enable us to renegotiate with RTDs the question of plasma supply and enable the brake to be taken off FFP production.'

7. Mr Dutton responded to Dr Lane's letter positively, though he explained that he could only give a personal view as it would take some time to obtain a consolidated departmental position. Mr Dutton wrote:⁸

'The idea of providing what is essentially a contract fractionating service for Regions, whereby they receive finished products related in quantity to the amount of plasma they provide, has numerous attractions, especially as it would afford the opportunity to drive home the need for continual attention to the quality of source material.'

⁵ Minutes of the Association of Haematologists (NETR) Working Party in Haemophilia meeting, 29 November 1978, **BART0000686**, p.3

⁶ Letter Dr Lane to Mr Dutton, 12 February 1979, **CBLA0000907**, p.1

⁷ See **Appendix 2** for further discussion of plasma supply to BPL in this period.

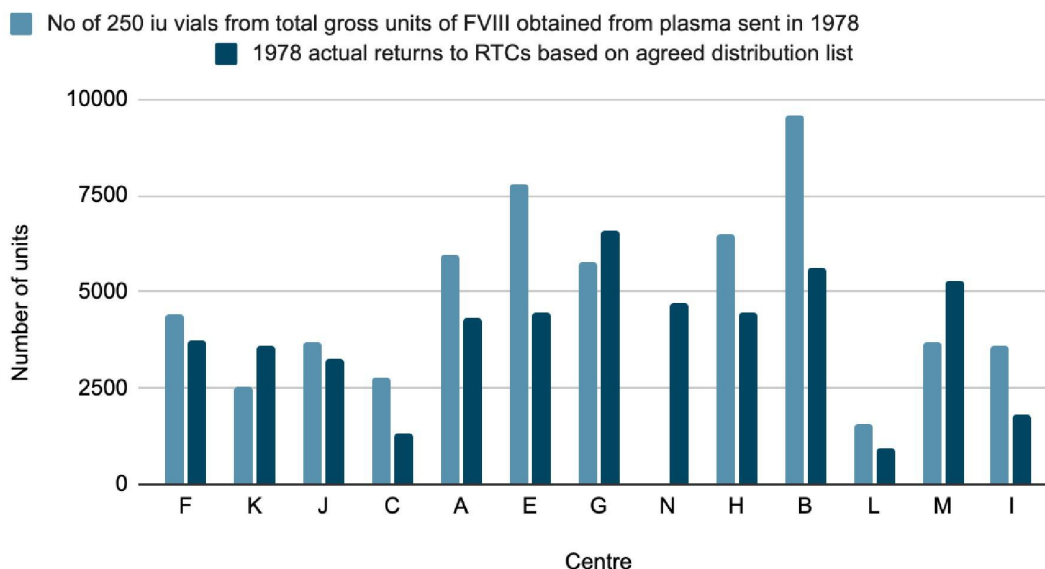
⁸ Letter from Mr Dutton, DHSS to Dr Lane, 26 February 1979, **CBLA0000915**

8. Mr Dutton's receptiveness to Dr Lane's proposal is unsurprising given the paper he had co-authored with Dr Waiter in 1976. He told Dr Lane that he would circulate his letter to interested colleagues.
9. Dr Lane's reference to figures showing the amount of plasma received from Regional Transfusion Centres, and the amount of Factor VIII returned to them, seems to be to a document drawn up by Norman Pettet of BPL.⁹ This covered the 24 month period from January 1977 to December 1978. The Inquiry's legal team have produced the following bar chart using Mr Pettet's table showing, in his words, *'the comparison between the theoretical gross yield returns obtained from the volume of FFP sent to Elstree, and the actual returns of 250 iu (nominal) vials [of Factor VIII] during 1978'*. The reference to *'theoretical'* yield may reflect the fact that Mr Pettet could not say with certainty how much product was produced from a particular centre's plasma either because that was not recorded, or because of the variable quality of the plasma supplied (or both). The Regional Centres were referred to by letter in Mr Pettet's note, and those letters have been retained on the graph.¹⁰

⁹ Report prepared by Mr Pettet on Factor VIII Recovery (in iu/l of plasma fractionated) during the period January 1977 to December 1978, 27 February 1979, **CBLA0000916**

¹⁰ On centre N, Mr Pettet wrote: *'N have a particular problem with their "modified" plasma (often 50% of normal deliveries). A rough estimate of their gross theoretical yield return would be of the order of 1,500 – 2,000 vials. Clearly, their actual return of nearly 5,000 vials is far in excess of this. They are, however, a special case.'* (p.4)

Fresh Frozen Plasma delivered to Elstree in 1978



10. Dr Lane's proposal for pro-rata distribution appears to have gained support. In a letter that he sent to Dr Waiter on 28 February 1979, Dr Lane wrote that Dr Tovey, the Consultant Adviser to the DHSS and Chairman of the Regional Transfusion Directors meeting, would *'probably go along with my idea that from now on regions providing additional fresh plasma would receive the whole product in return according to the gross theoretical yield figure.'* Dr Lane also referred to his intention to hold a meeting with representatives of Regional Transfusion Centres to discuss the *'extreme variability in quality of regional plasma'*, something that he was surprised to find had not happened before.¹¹ Enclosed in Dr Lane's letter was the report produced by Mr Pettet. It is notable that Dr Lane's letter again stressed the significance of the quality of the plasma being provided to BPL, as well as the quantity. The pro-rata proposal was intended to address both aspects.

11. In **May 1979**, Dr Lane's paper "The Function of Stop-Gap and Phased Redevelopment of the Blood Products Laboratory" reviewed the inequality of the current arrangements for plasma collection and distribution, and

¹¹ Letter from Dr Lane to Dr Waiter, 28 February 1979, **CBLA0000918**, p.1

suggested that Regions supplying large amounts of FFP should receive Factor VIII in return on a pro-rata basis. Dr Lane wrote that:¹²

‘For too long, certain Regions have been penalized by inadequate return of finished product in relation to the considerable quantities of raw material sent to BPL: this is while other Regions have sent little FFP but received equal quantities of factor VIII and albumin i.e. they have been in effect subsidized by more productive Regions.

The inequality of this arrangement is now widely realized and does not stimulate good Regions to do better. Regions that do not finance plasma at present, should pay for commercial plasma products until some more satisfactory long-term financial arrangements are worked out. Regions that do supply large amounts of FFP should receive pro-rata the factor VIII and albumin attributable to their source material; in so doing, certain Regions would have already achieved a considerable measure towards the goal of self-sufficiency.’

12. In June 1979 a meeting took place between DHSS officials and Dr Tovey to discuss the means of securing the plasma supply to BPL and related matters. The first point recorded in the minutes was that: *‘some Regions were, in effect, subsidising other Regions insofar as they were providing more plasma to BPL than was necessary to produce the components they received in return. This was a great disincentive to further investment in plasma production.’* Dr Tovey also stressed the need for investment by the Regions, and said that he saw *‘little prospect’* of meeting the plasma requirements of the Stop Gap project without such investment.¹³

13. In **July 1979**, an ad hoc Group of Regional Transfusion Directors agreed to inform all Regional Transfusion Directors about the pro-rata proposal.¹⁴ The meeting was chaired by Dr Tovey, and comprised him, three other transfusion directors, Dr Lane, Dr Waiter and Mr Dutton. The Group acknowledged the original justification behind the then current policy of distribution, but it was

¹² Dr Lane's Paper "The function of Stop-Gap and phased redevelopment of the BPL," 31 May 1979, **BPLL0001508**, p.20

¹³ Note of a Meeting Held on Friday 15 June to discuss means of securing the plasma supply to BPL and related matters, **DHSC0002193_043**

¹⁴ Minutes of the meeting of ad hoc group of Regional Transfusion Directors, 25 July 1979, **DHSC0002193_094**

agreed that it was a *'great disincentive to Regions to produce more plasma and therefore should be changed.'* It was also agreed that:

- '1. Directors should make an assessment of their Region's future requirements;
2. Directors to consider how and when to put ideas discussed to Regional Administrators/Treasurers
3. BPL would gear up (so far as resources allowed) to process the extra plasma which it was anticipated that the pro-rata distribution of finished products would generate, as soon as it was known that the arrangements were generally accepted by Directors.'

22. In **September 1979**, at a meeting of the Regional Group of Transfusion Directors in Edgware chaired by Dr K. LI. Rogers, it was agreed that the Dr Lane's proposals to increase plasma supply, including through the use of pro-rata distribution, were feasible, but *'would be very expensive and require careful, comprehensive planning.'* It was agreed that *'if the financial implications were to be satisfactorily organised, the Directors were in favour of a "pro rata system" for allocation of Factor VIII produced at Elstree.'*¹⁵

23. In September 1979, a different ad hoc group of Regional Transfusion Directors met to discuss a paper by Dr Lane on the production of plasma protein fraction. This set out a proposal for pro-rata distribution of blood products.¹⁶ The minutes of the ad hoc meeting record that:¹⁷

'there was no universal acceptance by Directors of the proposition that blood products should be distributed proportionally to plasma supplied, but with some safeguards for Regions with special problems, e.g. Regions which treated Haemophiliacs from other Regions, it was felt that a distribution scheme on this basis would prove generally acceptable.'

¹⁵ Minutes of Regional Group meeting, 7 September 1979, **CBLA0000986**

¹⁶ "Future preparation of PPF by NBTS: a reassessment of requirements," 19 September 1979, **CBLA0000998**, p.7

¹⁷ Note of a meeting of an ad hoc group of Regional Transfusion Directors, 26 September 1979, **CBLA0001003**

24. In his Draft Proof of Evidence, Dr Lane wrote that the lack of universal acceptance was, *'hardly surprising, since there were some Regions and Centres providing very little plasma when compared to others.'*¹⁸

25. The Northern Regional Group of Directors also met in September 1979. On the pro-rata proposal, several centres raised objections on the basis of local practices, including ongoing demand for cryoprecipitate among some clinicians. However, the meeting as a whole concluded that, *'if certain anomalies with respect to Regional practises could be resolved, pro-rata supply was indeed a logical development'*.¹⁹

26. In **November 1979**, Dr Lane gave a talk about Factor VIII supplies to a Haemophilia Centre Directors meeting. He spoke of production at BPL being static since 1977 with, if anything, a fall-off in 1979 due to a fall in the supply of plasma. He put forward various proposed reforms, including a common source of funding for BPL and the Regional Transfusion Centres, and central purchasing of commercial concentrate by BPL. He also advocated for pro-rata distribution of blood products. This would, he said, provided an incentive to *'produce more plasma of high quality, since the higher the quality of the plasma, the greater the yield of FVIII per unit of plasma hence the lower the unit cost of FVIII to the Regions.'* Dr Walford's note of the meeting recorded that Dr Lane's talk was *'greeted with enthusiasm by the Directors who felt that they had been kept in the dark by the previous Director of BPL [Dr Maycock].'* The Directors expressed concern about the current situation and asked how they could help to bring pressure to bear for the requisite expenditure on BPL with the aim of NHS self-sufficiency.²⁰

¹⁸ Draft Proof of Evidence of Richard Spencer Lane, 1990, **CBLA0000005_002**, p.94

¹⁹ Minutes of meeting of the Northern Regional Group of Directors, 20 September 1979, **DHSC0002195_037**

²⁰ Report on the Haemophilia Centre Directors' meeting, by Diana Walford, 23 November 1979, **DHSC0002195_065**

27. In **December 1979**, a further ad hoc meeting of certain Regional Transfusion Directors took place.²¹ Again, Dr Tovey was in the Chair, and the meeting was attended by two other Transfusion Directors, Dr Lane, and Dr Waiter and Mr Dutton of the DHSS. Dr Tovey expressed some concern about papers being prepared about the financing of blood products without consultation with Regional Treasurers, perhaps a criticism of Dr Lane's approach and a warning not to encroach on the domain of others. Nevertheless, the meeting agreed that further consideration should be given to the pro-rata proposal, and Dr Tovey agreed to raise it at the next meeting of the Joint Management Committee of the Central Blood Laboratories. The minutes recorded that:

'Dr Lane emphasised that it was absolutely essential to build a contractual relationship into any future system, including a binding commitment on any RTC which undertook to supply BPL with plasma. Supplies of plasma were tending to fall off and there would almost certainly be a drop in the quantity of blood products available unless the Department took drastic action, in conjunction with the Regions, to boost plasma supplies. Dr Lane thought that it would take the Regions longer to gear themselves up to meet a higher plasma target than it would take BPL to make arrangements to process the additional plasma.'

It was agreed that much needed to be done to improve the quality of the plasma being sent to BPL and it was decided that this matter should be discussed at meetings of Regional Groups.'

28. The pro-rata proposal was discussed at the fifth meeting of the Joint Management Committee of the Central Blood Laboratories on 19 December 1979.²² Dr Lane expressed concern about:

'[T]he relationship in some Regions between the amount of plasma sent to the BPL and the amount of Factor VIII received back. Some Regions were substantially in credit, others in debt. If the NHS was to attain self-sufficiency in Factor VIII, the flow of FFP to the laboratory would have to be increased, but some Regions had made it very plain that they would not produce more plasma unless they could be assured of a proportional return of blood products.'

²¹ Ad Hoc RTDs meeting, 11 December 1979, **CBLA0001035**

²² Minutes of the fifth meeting of the Joint Management Committee of the Central Blood Laboratories, 19 December 1979, **CBLA0001041**, p.4

29. It was agreed that Dr Lane, Dr Tovey and the Department would prepare a paper for the next meeting of the Committee which would examine the case for pro-rata distribution. Several members pointed out that the scheme would have to be discussed with all concerned and introduced only after ample notice had been given.²³

30. At the following meeting of the Joint Management Committee of the Central Blood Laboratories, held on **20 February 1980**, Dr Tovey reported that the Regional Transfusion Directors accepted the need for the pro-rata scheme subject to special arrangements being made for those regions that had a high concentration of haemophilia patients in relation to the general population. Dr Tovey thought that *'such a scheme would be an incentive to Regions to collect more plasma and thereby reduce the need to buy increasingly expensive commercial products.'* He suggested that the regions would need about 12 months' notice of the scheme. The Committee accepted that such a scheme was necessary, but urged that *'the requirements of certain centres, which had traditionally received a preferential allocation of [plasma protein fraction], should be taken into account.'* It was agreed that Dr Tovey should explain the plans to Regional Transfusion Directors, and that after that a paper would be prepared for Regional Administrators.²⁴

31. It appears that this paper was presented at a meeting of Regional Administrators' meeting on **2nd September 1980**.²⁵ The paper made a number of points. It set out the short- and long-term proposals for the redevelopment of BPL and noted that any increase in production of blood products relied upon an increase in plasma supply. Responsibility for that lay with the Regional Health Authorities. For most that would mean additional expenditure, though that was offset by the savings that could be expected by

²³ Minutes of the 5th meeting of the JMC of the CBL, 19 December 1979, **CBLA0001041**, p.4

²⁴ Minutes of the 6th Meeting of the Joint Management Committee for the Central Blood Laboratories on 20th February 1980, **CBLA0001068**, p.4

²⁵ Briefing note for Chairman about Regional Administrator's Meeting on 2 September 1980, **DHSC0002199_022**

the reduction in the costs of commercial products. Estimates of the costs and benefits were provided. The paper then went on to explain that the DHSS proposed to introduce a pro-rata scheme from **1 April 1981**. The basis for the scheme, in particular the incentive it provided to increase production, was explained. It was also stated that the requirements of Regions with '*special units*' would be taken into account.²⁶

32. Later that month, in a letter to Regional Administrators dated **22 September 1980**, J.F. Shaw of the DHSS confirmed the Department's intention to press ahead with the pro-rata scheme, to come into force on 1 April 1981. It was anticipated that few Regional Transfusions Centres would be able to increase their supply of plasma significantly before that date, meaning that the introduction of the scheme would have financial effects for centres. Those that were over-supplying when compared to their needs could expect to receive more NHS concentrate, thus diminishing their expenditure on commercial concentrates. Those who were at present under-supplying would face the opposite effect. The letter also stressed the importance of increasing plasma supply in order to support the expansion of production at BPL. It was stated that this request had ministerial support. The letter invited the Regional Administrators to confirm their support for the policy of increasing BPL's capacity, to state that their regions would be willing to increase plasma supplies, and to provide any comments they wished to provide on the pro-rata scheme.²⁷

33. An example of a response to Mr Shaw's letter can be found in the reply sent by W.J.E. McKee of the Wessex Regional Health Authority.²⁸ He stated that:

'We are very much in favour of any proposal to increase the capacity of BPL up to national self-sufficiency. I would point out, however, that our

²⁶ Supply of Plasma to the Blood Products Laboratory, **DHSC0002199_021**

²⁷ Letter from J. F. Shaw to S. W. Smith (Regional Administrator), 'Supply of plasma to the Blood Products Laboratory', 22 September 1980, **DHSC0001323**

²⁸ Letter from W. J. E. McKee, Wessex Regional Health Authority to J. F. Shaw, 22 September 1980, **DHSC0002201_006**

previous experiences with BPL have not been all that satisfactory. Our plans for the year included a significant increase in plasma collection. The plans were based on information supplied by BPL and at considerable cost, had to be abandoned when they were informed that BPL were unable to meet their part of the arrangement. We are therefore reluctant to start planning again until we receive definitive assurances from BPL that they can accept the plasma and protein fractionation. Our own Blood Transfusion Centre has for a number of years included in the long-term planning a move to self-sufficiency which has always been limited by the capacity at BPL.'

34. Mr McKee stated that despite this, Wessex did fully support the pro-rata arrangement, *'provided that the special position of Treloar College was recognised... and additional FVIII was allocated to the Region.'* He also stated that Wessex would need additional revenue for staff and operating costs as a result of the new pro-rata system.

35. A later paper prepared by the DHSS reported that the responses of the regions indicated that they favoured the principle of pro-rata distribution, though further thought would be need to be given to the cost implications.²⁹

36. Within BPL, it was recognised that there would be challenges in devising an effective scheme. Dr Jim Smith wrote a memorandum on **29 October 1980** setting out what he called the *'pitfalls'* that could arise from implementing the scheme, which included irregularities in supply of plasma and production of concentrates, specific commitments to entities other than Regional Health Authorities (e.g. the Army), and how to compensate regions when batches were not released for reasons outside of their control. Dr Smith put forward various methods to mitigate some of these uncertainties.³⁰

²⁹ Paper for the Advisory Committee on the National Blood Transfusion Service titled 'Pro-Rata Distribution of Blood Products', 1 November 1980, **CBLA0001211**

³⁰ Memorandum from Dr Smith to Dr Lane regarding Pro-Rata Issue of Factor VIII Concentrate, 29 October 1980, **CBLA0001194**, p.1

37. In the weeks and months that followed, there was considerable discussion of how to define the 'special units' that would somehow sit outside the scheme.³¹

³² ³³ ³⁴ The existence of such units was seen as necessary to ensure sufficient supply to regions or organisations that had disproportionate requirements for blood products, or which were supplied outside of the regional structure (see for example, Mr McKee's comments on Lord Mayor Treloar college, or Dr Smith's comments on the Army). The existence of such 'special units' meant that no scheme could be 100% pro-rata; a DHSS paper referred to the problem of *'how the "creaming off" for the special units would affects Regions' own requirements'*.³⁵

38. The same period also saw further consideration being given to the detail of how to measure and calculate both the plasma provided to BPL and the concentrates that would be provided pro-rata as a result.³⁶

39. In **January 1980**, Mr Pettet wrote a memorandum to Dr Lane setting out his work on this issue. Among his recommendations was a proposal that the new arrangements be introduced with an initial target of returning to the regions 80% of the notional gross yield from the plasma each had provided.³⁷

'The adoption of an 80% pro-rata figure would allow for

- The build-up of a national stock to cover emergency requirements, and special unit requirements, as well as creating sufficient 'shelf-stock' to meet demand in periods of low production;
- A basis on which to judge the operation of pro-rata in the early months.

³¹ Memorandums between Dr R. S Lane, Dr Smith and N. Pettet, 6 November 1980, **BPLL0000920**

³² Letter from Mr S Godfrey to Dr Lane regarding 'special units', 19 November 1980, **CBLA0012077**

³³ 1st meeting of the Advisory Committee of the National Blood Transfusion Service, 1 December 1980, **CBLA0001207**, p.3

³⁴ Memorandum from Dr Smith to Dr Lane, headed "Pro-Rata Distribution of Products," 19 January 1981, **CBLA0001240**, p.1

³⁵ Paper for the Advisory Committee on the National Blood Transfusion Service titled 'Pro-Rata Distribution of Blood Products', 1 November 1980, **CBLA0001211**

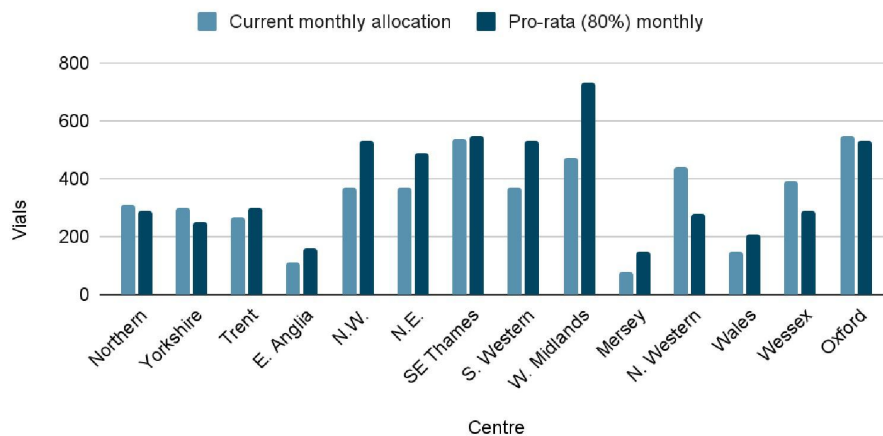
³⁶ Memorandum from Dr Smith to Mr Pettet headed "Second Round of Proposals for Pro-Rata Distribution of Factor VIII Concentrate," 15 December 1980, **CBLA0001217**

³⁷ Memo from N. Pettet, BPL, to Dr R. S. Lane, BPL, containing a report on pro-rata of distribution of products by BPL, 14 January 1981, **BPLL0008345_001** (quotation from p.10)

As the operation itself becomes more clear, BPL can raise the figure to nearer 90%.'

40. In his report, Mr Pettet included an example of what figures would look like for an 80% pro-rata distribution. The Inquiry legal team have created the following bar chart to reflect those figures.³⁸

Comparison of current distribution method for Factor VIII and 'pro-rata' method, for issue Jan-March 1981



41. As Mr Pettet noted in his report, special arrangements would have to be made for Northern Ireland and Jersey, which had traditionally received blood products from BPL without providing plasma. As will be discussed in a separate presentation, the approach adopted by Northern Ireland was to make arrangements with the Scottish Protein Fractionation Centre.

42. Mr Pettet's proposals formed the basis of a paper that was prepared by the DHSS for the Advisory Committee of the National Blood Transfusion Service in **February 1981**.³⁹ This adopted the 80% initial target, which it stated was a proposal that had been put forward by BPL with the support of the Transfusion Directors. It was stated that this '*equates roughly with current production levels*'. The target was to be monitored, and could be increased in the future. Special provisions were proposed for Wessex RHA in light of Lord Mayor

³⁸ "NE" = North East Thames; "NW" = North West Thames.

³⁹ Paper for the Advisory Committee on the NBTS, headed "Pro-Rata Distribution of Blood Products," February 1981, **CBLA0001294**

Treloar, and it was proposed that the existing arrangements be maintained with the Army and the Catholic Children's Pilgrimage Trust (in respect of its annual pilgrimage to Lourdes). Further discussions were recommended in respect of the Channel Islands. Northern Ireland was to be subject to pro-rata distribution, meaning that its existing provision of BPL blood Factor VIII would cease as it could not provide fresh frozen plasma.⁴⁰ The Northern Ireland Blood Transfusion Service was encouraged to increase cryoprecipitate production in the short term, and in the longer term to look to ways of supplying plasma either to BPL or to PFC. The paper also set out proposals for the pro-rata distribution of other blood products, including plasma protein fraction.

43. The paper was discussed at the second meeting of the Advisory Committee of the National Blood Transfusion Service, which agreed the principal recommendations set out above.⁴¹ The DHSS accepted the Advisory Committee's advice.⁴²

44. The pro-rata scheme accordingly went into effect from **April 1981**, although subsequent correspondence indicates that Wessex and Oxford were not immediately included and continued to be supplied directly by PFL for some months thereafter.^{43 44 45 46}

45. BPL Factor IX concentrates were not included in the pro-rata scheme. The rationale, as set out in the paper for the Advisory Committee, was that 'we' (presumably a reference to England, Wales, Northern Ireland and the Channel Islands) were self-sufficient in Factor IX and were expected to remain so. As a

⁴⁰ The paper noted that Northern Ireland's problems in supplying plasma lay both in freezing the plasma and in keeping it frozen during transportation: **CBLA0001294**, p.2

⁴¹ 2nd Meeting of the ACNBTS, 23 February 1980, **CBLA0001287**, p.2

⁴² Letter from Mr Godfrey, DHSS, to Dr Lane regarding 'Pro Rata Distribution of Certain Blood Products,' 1 April 1981, **CBLA0001328**, p.1

⁴³ Dr Lane's Proof of Evidence 1973 to 1985, **CBLA0000010_120**, p.19

⁴⁴ Memorandum from N Pettet to Dr Smith, 8 June 1981, **CBLA0001369**

⁴⁵ Memo from Dr R. S. Lane to N. Pettet, 9 June 1981, **CBLA0000014_082**

⁴⁶ Memorandum from Mr Pettet to Dr Smith titled "Pro-rata Supplies of Factor VIII," 14 December 1981, **CBLA0001513**

result, Factor IX could be provided on demand, and its inclusion in the pro-rata scheme may involve more Factor IX being produced than was needed.⁴⁷ This was accepted by both the Advisory Committee and the DHSS.

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46. The pro-rata scheme for Factor VIII distribution remained broadly in place until 1989, albeit with some variations at times when production of Factor VIII declined due to works at BPL or the introduction of heat treatment.⁴⁹ By 1989, the increase of plasma supplies and factor concentrate production following the redevelopment of BPL meant that some regions would receive more Factor VIII than they could use, while others that were not '*plasma rich*' would be left in need. The original rationale for the system – to encourage regions rapidly to increase the quantity and quality of plasma supplied at a time when demand universally exceeded supply – no longer applied. A revised system of cross-charging was introduced following trials in two centres. Under this system, BPL paid Regional Transfusion Centres a national price for supplying plasma, and the regions would pay BPL for the blood products supplied. This, it was hoped, would allow for a more rational and efficient means of encouraging plasma supply and distributing blood products.^{50 51 52}

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⁴⁷ **CBLA0001294**, p.3

⁴⁸ **CBLA0001287**, p.3; **CBLA0001328**, p.1

⁴⁹ These relationship between plasma supply and the production of Factor VIII is explored in Appendix 2.

⁵⁰ Letter from EL Harris to Dr HH Gunson, 14 April 1988, **DHSC0002032**

⁵¹ Update Report from R. J. Moore, May 1988, **DHSC0003593_044**

⁵² Letter from M.A. Harris to Ms Westbrook, **DHSC0003593_040**