



The Royal Victoria Infirmery & Associated Hospitals NHS Trust

ROYAL VICTORIA INFIRMARY

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Dr Angela Robinson
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Dear Angela,

re. FFP and increased Viral Safety

The BTS seems to be getting into a muddle about all this. We were first asked to discuss at a hospital level the question of our attitude towards the use of British plasma pooled and sent to Octapharma for solvent detergent processing. We undertook that exercise. After it had been completed we were then told that the English BTS were going to use Methylene Blue treatment to provide safer products and that the arrangements with Octapharma were not going to go through. Unfortunately, we were not given any outcome date other than bland assurances that the Methylene Blue approach was as good as the solvent detergent approach but in fact the documentation to prove that it is anything other than biologically plausible is not available for either.

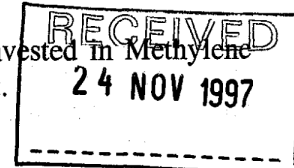
We were told that the increased price of treating FFP by Methylene Blue would be the same as Octapharma producing solvent detergent plasma.

Apparently, the Methylene Blue product will not be available before next April.

I have had the Octapharma Representative in to tell me that Octapharma will be in a position to produce solvent detergent plasma from European donors for sale to us. They tell me they will actually be selling it for less than the price that was arranged with the NBA to sell British Octapharma processed plasma. It therefore appears that there will be a product available in January which will be cheaper than a British product available in April.

The Octapharma people pointed out that European plasma is pooled from a population who have not eaten beef from BSE-infected cows and in whom no cases of new variant CJD infected donors or close family members's blood have entered the donor pool.

It does seem to me that if the NBA is not very careful it will have invested in Methylene Blue technology which will turn out to be an expensive white elephant.



You will not be amazed to hear that in addition to the cost and CJD propaganda, it is also being pointed out that the amount of Methylene Blue in the product is sufficient to turn patients blue or if they are slightly jaundiced, green and mothers in particular would not like their children to go that colour, would they?

It does seem to me that if we are not very careful, we will find that blood products manufactured by the NBA will become so expensive that all of them will have to be purchased from abroad. At present for instance, we find that a commercial Factor VIII product is cheaper than Replenate or Factor VIIIY.

I do not believe the BTS and BPL understand that we are in the hands of our Purchasers for the funding of the Health Service. I am working in a Trust with £2 million overspend which we have to eliminate. There is no way the Purchasers are going to bail us out and the only answer is to buy the cheapest products which of course come from abroad.

We will be sticking with old-fashioned FFP too as no Purchaser here is convinced that the extra expense is worth the health gain of using 'newer safer products'.

I am writing to you to draw attention to this state of affairs which will totally undermine the financial viability of BPL laboratories in the UK.

with best wishes

Yours sincerely,

GRO-C

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ccs

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