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Dr A D McIntyre
Scottish Home and Health Department
St Andrew's House
EDINBURGH
EH1 3DE

Dear Dr McIntyre

HAEMOPHILIA

Dr Wallace has kindly sent me a copy of the letter which he wrote to you on 25th October describing the discussions at the meeting in Sheffield. I shared his rather jaundiced opinion of the usefulness of the meeting but I would point out that, in discussing the capabilities of the PFC, I was careful to restrain my part in the discussion to one of a quotation of the volumes of plasma which could be handled by the PFC as fresh plasma. I am afraid that I disagree strongly with some of my colleagues in the South who persist in talking about output in isolation of the fact that the quality of starting plasma has a very marked affect on the ability of the fractionators to produce to any particular target from a given volume of plasma. This does not mean that one cannot give an estimate of the likely output from a given amount of plasma but it does mean that process provision is based clearly on the plasma handling capability.

I also outlined in some detail the time factors and approximate costs of changing the process capacity of the PFC to cope with volumes of fresh plasma for AHF production up to a total of 4000 litres per week. I felt that there was no point at that meeting in discussing the more difficult issue which is that, whilst able to make AHF, the PFC would be unable to recover other fractions from the same volume of plasma since that capability, under the current shortcomings of staff employment arrangements, is completely saturated in meeting the need for Scotland.

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The last point has become even more clear following discussions with my senior staff after the meeting of Regional Transfusion Directors of 26th October where the need for guaranteed increased production of SPPS became clear. It is true that we had already embarked on a significant production increase programme and had established clearly the targets which we should have to meet. However, we had not assessed the degree of reliability which could be placed on the increased production levels which were contemplated. From these recent discussions it is clear that, operating at better than 90% capacity, we can meet the production levels required to achieve a rate of production close to 10 unit doses per thousand population per year but this would not provide a safe margin at that level of issue. On the other hand, if it is considered that we are aiming to produce 10 doses per thousand per year we should be in the position to guarantee issue at the rate of six doses per thousand population per year with a comfortable excess.

If, in the near future, we were to receive plasma from England for fractionation we would be able to provide AHF but, clearly, could not provide any other fraction for distribution outside Scotland without a clear commitance to working at least two shifts per day for a five day week.

With kindest regards

Yours sincerely

JOHN G WATT
Scientific Director