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- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

## The blood transfusion service and the National Health Service

SIR,—As Dr John Cash says (12 September, p 617), "the overriding operational priority of the National Blood Transfusion Service must be a commitment to provide blood and blood products to the NHS that is based on patient need in a cost effective manner." This has of course been the objective of the service since its inception. As chairman of the Advisory Committee on the National Blood Transfusion Service I am surprised that Dr Cash, a founder member, should have used such an array of inaccurate statements in his leading article.

It is most important at the outset to reassure all voluntary donors of the National Blood Transfusion Service that their gift is always used for the maximum benefit of patients. Equally, patients can be reassured that blood is always available for transfusion when it is clinically necessary—contrary to what Dr Cash says. When demand for blood outstrips supply in one region the long established practice of help provided by other regional transfusion centres continues. The same is true for the supply of platelets. Moreover, blood from the National Blood Transfusion Service is always of a quality in terms of safety which is as good as anywhere in the world.

The coordination of activity between regional transfusion centres and between these centres and the Blood Products Laboratory is undertaken through several committees, and due to the good will and commitment of those concerned this has provided the high standards of service which are given to patients. Evidence of this cooperative success is the uniform and efficient introduction throughout the service in 1985 of the test for antibodies to the human immunodeficiency virus.

In recent years changes in clinical practice have led to increasing pressure on the service. This was recognised by the Advisory Committee on the National Blood Transfusion Service, and on its advice the department commissioned an in depth

study of the transfusion service to determine what improvements might be required to accommodate changing demands. The team has completed its fieldwork (which incidentally included taking evidence from Dr Cash). Its report is expected to be ready for consultation later in the autumn and will be made available.

It is acknowledged that the new Blood Products Laboratory has taken longer to complete than originally anticipated. When the old Blood Products Laboratory was found not to conform to good manufacturing requirements £2m was immediately spent on improvements. At the same time planning was set in hand to build the most modern fractionation facility in the world to ensure that England and Wales would be self sufficient in blood products. Throughout its design and construction the Medicines Inspectorate has advised on requirements for good manufacturing practice. This new laboratory was opened by the Duchess of Gloucester on 29 April 1987 and will commence production in the next few months. Its final cost will be about £60m, which demonstrates the government's commitment to the enterprise.

The Central Blood Laboratories Authority is the special health authority charged with the running of the Blood Products Laboratory. It has undertaken to ensure that the Blood Products Laboratory will comply with all the requirements of the Medicines Act in the same way as commercial manufacturers.

It is incorrect to suggest that regions have no say in the running of the Blood Products Laboratory. The Central Blood Laboratories Authority is an integral part of the NHS and counts two regional chairmen, two district health authority members, and a regional transfusion director among its members. The department's Advisory Committee on the National Blood Transfusion Service also acts as a liaison between regions, the Blood Products Laboratory, and the National Blood

Transfusion Service. Senior regional officials as well as representatives from the National Blood Transfusion Service and the Blood Products Laboratory are members.

Dr Cash does not apparently recollect that one of the first tasks of the Advisory Committee on the National Blood Transfusion Service was to provide regional health authorities with targets for plasma supply to ensure that the Blood Products Laboratory will be used at full capacity and will make us fully self sufficient in blood products when it is fully commissioned. Progress towards achieving these targets has been good, and we can be confident that the combined efforts of the regions will achieve the necessary increase in the collection of plasma.

The main purpose of the Blood Products Laboratory has always been, and will remain, to provide blood products to the NHS. In producing enough factor VIII and albumin for self sufficiency, however, surpluses of other products such as factor IX will necessarily arise. The Blood Products Laboratory will be able to sell this surplus to those countries that need it. There is no way that this area of business will alter the operational objective of the Blood Products Laboratory to provide a service to the NHS.

In its constant endeavour to maintain the most appropriate use of blood and blood products the National Blood Transfusion Service tried a cross charging scheme as a pilot study. Results were equivocal and such a scheme has neither been introduced nor definitely abandoned but awaits the outcome of the in depth study.

Successive ministers have repeated the government's commitment to self sufficiency in blood products. There are no conceivable grounds for doubting this.

There can be no doubt about the pre-eminence of the blood transfusion service in England and Wales, and we must be grateful for the support of