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THE BLOOD BUSINESS

For : D.H.S.S.

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TELEX

REPORTER:

- FILM -

This is one of the most remarkable men in the world. He owes his life to 7,000 blood donors and a revolutionary treatment called Factor Eight. He suffers from a crippling and incurable blood disease called haemophilia. He bleeds internally and his blood won't clot. The bleeding destroyed his knees and ankles. Lewis Cameron could only walk because doctors used large doses of Factor Eight, the vital crossing agent in blood, to hold his bleeding and carry out major surgery. They replaced his damaged joints and he's believed to be the only man in the world with manmade knees and ankles.

This plant at Elstree in Hertfordshire makes Factor Eight and other treatments from half of the blood given by our two million donors. It's among the most important facilities in the National Health Service, but it's in serious trouble, because it's over-stretched, badly designed and delapidated. It's cramped and ill-equipped. And it's been condemned as clinically unsafe by the government's own health inspectors. The blood business is in a bad way.

What difference has Factor Eight made to you as a haemophiliac?

LEWIS CAMERON:

Well, a very great difference. For one thing I'm here, because very possibly without it I might well have been dead by now. Had I not been dead, then most certainly I would have been in a wheel chair by now.

REPORTER:

The major surgery you've undergone, would you have been able to contemplate that without Factor Eight?

L.C.:

No-one would have dared to have done operations like that without Factor Eight. Definitely not.

REPORTER:

Before you underwent that surgery, what sort of state of health were you in?

L.C.:

Not very good. I was in constant pain with arthritis, not able to get about very much at all, and only then with a great deal of difficulty.

MRS. CAMERON:

When we were first married I didn't tell him this, but I felt that we, if we were together for five years we would be lucky, and now of course we've been married for nearly 14 years and I reckon he's going to outlive me.

REPORTER:

Factor Eight is only one of the things the Blood Products Laboratory makes from blood donations. Vaccines and life saving emergency treatments are also produced here. But spending on the laboratory at the heart of the blood transfusion service hasn't kept pace with soaring demand for its products. It just can't produce enough. The only major cash injection was £500,000 sanctioned in 1975 by Dr. David Owen, then Minister of Health. He acknowledges that no government has put in enough money.

DR. DAVID OWEN MP:

Well, I don't think we've invested enough. I thought then, on the best evidence that I had, I think it was £500,000 that we found, was going to be sufficient. But what has happened is that although we have increased, as I gather at production, demand increased as well. I left, ceased to be Minister of Health and went to the Foreign Office in 1976, but I think what has been needed is a steady investment, and not just into Blood Products Laboratory, but also into the regional blood transfusion services which have been starved of money. And it's the old, old system, you see. There's nobody really arguing for them within the system. The acute hospitals are taking money. In times of expenditure restraint it's very easy to forget this sort of area. It's a vital area and yet it's often been the Cinderella I fear.

REPORTER:

But there has been pressure for money. In Newcastle-upon-Tyne Dr. Peter Jones, a leading authority on haemophilia has campaigned for major investment.

DR. PETER JONES:

What should have been put in is something more in the region of £25 million, and since the country is at present, as a whole, putting out between £2½ million and £3 million just for haemophilia, leaving aside lots of more common disorders, then in the longterm it would have made a saving and economic sense.

REPORTER:

Surely no-one could have foreseen the explosion in demand for blood products, particularly Factor Eight?

P.J.:

That's not true. The product demand was known six years ago, both by doctors involved with the care of haemophilia, by the Department of Health and by the government.

REPORTER:

People in the blood transfusion service say that you ought to have found more money than the £500,000 you did.

D.O.:

I'm sure, I'm sure they do. I, I think it was jolly hard to find that money then. I was one of the first people to really invest in I suspect In retrospect if you tell me we haven't kept pace, we ought to have found more. But it's to say I was there in '75 to '76, that Well, '74 to '76. But I believe at the time that was meeting the demands of most of the experts and I certainly believe it was a high priority.

REPORTER:

Hospitals have faced soaring demand for blood products, demand which the Elstree plant had no hope of meeting. Britain has to buy from abroad. We spent £10 million on imports last year and

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the bill is expected to double by 1985. That makes the National Health Service an important customer on the world blood market.

EXTRACT OF LOS ANGELES RADIO STATION PROGRAMME

REPORTER:

Los Angeles, and on the city's skid row, a corner of that alternative world blood market. Here, unlike Britain, donors don't give. The poor, the alcoholics and the drug addicts sell their plasma; raw material for the blood companies' products. It's a trade the World Health Organisation has been fighting to stop, because here and in the Third World donors are often people whose bodies can least afford to give. Five years ago, World in Action filmed these donor centres when we investigated the commercial traffic in blood.

THE FOLLOWING IS AN EXTRACT FROM THE PREVIOUS WORLD IN ACTION REPORT OF FIVE YEARS AGO:

REPORTER:

Why do you come here?

1st MAN:

I need the money.

REPORTER:

Do you have a job?

1st MAN:

No.

REPORTER:

Why not?

1st MAN:

Because I can't get employment. I'm unemployed.

2nd MAN:

How much do I get paid? Eight dollars, about eight dollars

a day.

FILM EXTRACT ENDS

REPORTER:

It's the poor who line up before dawn, waiting to sell their plasma.

THE FOLLOWING IS FROM ANOTHER EXTRACT FROM THE ABOVE FILM:

3rd MAN:

Pardon me while I puke.

FILM EXTRACT ENDS

REPORTER:

Research into the world blood market has been carried out by Professor Harry Zuckermann, working with the World Health Organisation in London.

PROFESSOR HARRY ZUCKERMANN:

Dealing in blood has now become a billion dollar business in the United States and indeed, blood is often referred to as "red gold". There are brokers in blood. There are international blood markets and all these, I fear, carry a substantial hazard. I mean, one could perhaps put it even in another way. I think for many countries buying blood is an acceptable practice, but I wonder, for example, if the public would be willing to allow kidneys to be sold for transplantation, or hearts to be sold for transplantation, or corneas for grafting to be available on the market for payment?

REPORTER:

Only a new laboratory can take Britain out of the world blood market, but far from improving, Elstree's problems have reached crisis proportions. Last summer, the government's own health watchdogs, inspectors from the Medicines Division, scrutinised the plant. Their confidential report criticised almost every aspect. A legal exemption, "Crown Privilege", means that the government doesn't follow the same laws as private companies.

Otherwise the inspectors could have closed the plant down. The inspectors criticised: "overcrowding, lay-out, construction, materials, ventilation, drains, contamination risks, equipment, laboratory furniture, maintenance." In parts of the plant they found: "leaking roofs, cracked plaster and paint, poor ceiling and floors, dirty equipment, contamination by mould, unfiltered air, lack of air locks, sterile sweep not sterile, lack of changing rooms, dirty drains, dust-traps, cleaning difficulties."

Faced with this condemnation and the prospect of having to find £20 million for a new plant, Health Minister, Dr. Gerard Vaughan, turned to a controversial solution. The possibility of a commercial takeover. The first staff learnt of it was when the Minister toured the plant nine months ago.

The Assistant to the Plant Director, Norman Petit.

NORMAN PETIT:

Virtually the first thing he actually said to us was: "Of course we're thinking of looking at a commercial company to take over the Blood Products Laboratory." We said to him: "Which companies were you thinking of?" And he said: "Oh of course they would have to be British pharmaceutical companies." And we in fact were so surprised that we, we asked him for a list of the companies and we, we were adding others to the list, not thinking that he was, he was really serious. We then said: "What has a commercial company got to offer that we can't offer? We've got the expertise and we know what we're doing." And he said: "Well, you may have the expertise, the commercial companies don't know anything about blood products, but of course they're efficient."

REPORTER:

Dr. Vaughan has been considering the introduction of more private enterprise into the Health Service. Doctors opposed to this saw his idea for the blood transfusion service as a serious threat to state health care.

P.J.:

That you start "hiving-off" parts of what should be a comprehensive National Health Service, then the people who are going to be most

at risk are those least able to look after themselves, and those are people with chronic disorders like haemophilia. And I've been to many countries, under different health systems, and whatever faults the National Health Service has it does ensure that people with chronic disorders in this country receive the best treatment, as a whole, than anywhere else in the world. And I would like to see that continue, and I can't see that sort of treatment continuing under a system which involves industry.

REPORTER:

Dr. Vaughan's search for money and efficiency was confirmed in August when he told the House of Commons in a Written Reply: "I'm investigating the possibility of private industry collaborating in the redevelopment of the Blood Products Laboratory, but I have not formulated any plans."

Although Dr. Vaughan has declined to give any details, World in Action has established that his Department went to six British pharmaceutical companies offering to negotiate a takeover. Only one, the London based Beecham Group, was interested. Yet no private company in Britain has any expertise in processing human blood. Handling the blood of volunteer donors has always been strictly non profit making, entirely within the National Health Service. Beecham's, whose products range from vaccine to toothpaste, began serious talks. They sent executives to tour the plant.

The idea of trading in blood would have meant a fundamental change in Britain's transfusion system. A pharmaceutical company would have to recoup the millions it invested in a new plant through profits from the freely given blood of donors. Profit has always been ruled out of Britain's blood transfusion service, born of war-time appeals to help the wounded. The overriding principle has been the free gift from the healthy to the needy.

EXTRACT FROM DONOR CAMPAIGN FILM:

"It doesn't hurt. It does you no harm, but it may save the life of a man who's risking his life for you. Perhaps the life of a man you love. Your husband, your son.

Your blood is wanted to save those precious lives."

FILM EXTRACT ENDS

REPORTER:

Today unpaid donors give us large supplies of inexpensive, disease free blood.

Dr. Anne Collins, Regional Director of the service.

DR. ANNE COLLINS:

Blood donors are remarkable people. Who else would after a day's work in the factory or in an office or at home, come out, perhaps on a very wet and windy evening to a draughty church hall, actually queue up to give his blood? These people really have been undervalued in the past and they really are very special.

REPORTER:

More and more donors have volunteered as Britain's need for blood increases. Today there are two million. Dozens of the men in this yard on Tyneside, building oil rigs for the North Sea, regularly give blood in donor sessions like this, held in the works canteen.

The prospect of business trading in the blood of unpaid British donors drew strong protests from behind the scenes from doctors and health experts. They say that the special nature of our transfusion service is based on the free gift of blood, and that meant that it was one part of the Health Service which should not be commercialised. Volunteer donors were likely to resent the idea, they said. Supplies of blood could begin to dry up.

A.C.:

There has never ever in the history of this country been any commercial interference with this. We're very concerned that commercial interference, however small, might result in some loss of commitment from blood donors.

P.J.:

Surgery, heart transplants, open heart surgery, kidney diseases, haemophilia, road traffic accidents, childbirth, I mean the list is endless, and it goes from very simple, straightforward medicine which we're involved in every day to the most esoteric and exotic forms of medicine. They're all dependent on blood and blood products. If you remove that from the National Health Service and you put it in the hands of industry, then I just foresee consequences in the future which would be detrimental to all patients, except those who could perhaps afford the particular products that were being produced by the company.

H.Z.:

The pharmaceutical industry is providing a remarkably good service in terms of producing vaccines and drugs, but I don't think that blood is their business. Blood is an entirely different problem. An entirely different matter. I personally would not like to see commercial organisations undertaking the supply of blood or blood derivatives for treatment of patients in this country.

REPORTER:

In the face of mounting opposition, the Minister finally came down against commercialisation. He told the Commons that in a service depending on voluntary donors there was no place for industry. He ruled out a commercial takeover. The surprise "U turn" was announced in a Written Answer to a Question conveniently tabled by a backbench Conservative MP. We asked Dr. Vaughan why he'd thought of bringing in a private company to run the laboratory.

DR. GERARD VAUGHAN MP:

Because, well, for several reasons. One was that it was suggested to me that private industry may well be able to put forward money which would then save the National Health Service having to spend the money, and we could spend that on something else. The mentally handicapped and psychiatric, preventive medicine. But I've come to the conclusion that this isn't a sensible thing to do. Another thing is of course that the staff there, there are a relatively small number of staff and I was wondering whether there was more interchange of staff between the staff there and the staff in

other kinds of laboratories, if this would be to their advantage.

REPORTER:

On the economic question, Minister, bearing in mind that this establishment saves the Health Service money, was there ever any need to have private industry put up the money to redevelop it?

G.V.:

It, I wasn't doing just enquiring just from the economic point of view. These laboratories are very specialised and I thought it was a responsible thing to do to enquire whether other laboratories in the country could happily offer some of their knowhow.

REPORTER:

It's the only laboratory in the country with expertise in this field.

G.V.:

Recently - that's true - we've come to the conclusion that we have something there which is very special to the National Health Service and let's keep it special.

REPORTER:

When he abandoned the idea of a commercial takeover, Dr. Vaughan also publicised improvements to the laboratory, but many of the plant's problems will remain. Because the laboratory can't produce enough and demand is rising, we're forced to buy more on the world blood market. That increases health risks, because the trade in blood carries disease around the world.

In Professor Zuckermann's laboratory this machine tests imported products. Made from the blood of paid donors, these are more likely to carry hepatitis, a serious liver disease. Research has shown that haemophiliacs are ten times more likely to contract the disease if they use commercial imports, rather than National Health Service material. Professor Zuckermann believes the health risks are increasing,

H.Z.:

We have identified two new hepatitis viruses. That's one factor. The second factor is that the incidence of hepatitis amongst a high risk population in this country - let's take the patients with haemophilia - instead of going down is increasing, and we suspect that the reason why it is increasing is because we're using basically material that has been prepared elsewhere and may carry a much higher risk of infection.

REPORTER:

How serious are the implications of an increase in hepatitis in this country?

H.Z.:

Well, I think the implications are obviously going to be serious, because hepatitis is not a mild infection. It is associated - certain, certain forms of hepatitis - are associated with chronic liver disease which may be serious. Some individuals may become longterm carriers of hepatitis virus. And thirdly, we know that particularly the two new forms of hepatitis which have been only recently recognised are associated with continuing liver damage, and I think potentially this is a serious situation.

REPORTER:

The risk was dramatically underscored two years ago by an unpublicised outbreak of hepatitis which we've established happened in a liver unit here at London's King's College Hospital. Three patients, a man, a woman and a 14 year old boy, all seriously ill, died after contracting hepatitis following the use of an imported blood product. The imports also cost twice as much as the National Health Service product.

Lewis Cameron has used more than 300,000 units of Factor Eight to control his haemophilia and undergo major surgery. With Health Service material that would have cost less than £13,000. His doctors had to use imports and the bill topped £32,000. The Department of Health has been clearly told that by cutting the imports bill a new laboratory would more than pay for itself. An independent business advisor called in by the Department last year estimated the cost of a new plant at £18 million. In a

confidential report the advisor said it would show: "A rapid and growing return on the investment, with all the capital expenditure paid back in the first 15 months of fullscale operation."

By halting imports a new plant would go on to save the Health Service upwards of £22 million a year, the advisor said. The Assistant to the Plant Director, Norman Petit, argues that the money should be put in now.

N.P.:

I think the earlier the decision is made then the sooner we can, we can get on with the job of increasing the production to self-sufficiency, and the sooner the decision is made, the sooner that the country in fact reaps the benefits from that investment. And we've maintained all along that the investment will be recouped by the country, because we'll be saving on imported commercial products which is, is costing the country a lot of money.

REPORTER:

We asked Dr. Vaughan whether he would sanction a new plant.

G.V.:

Well, at the moment we're discussing how to expand and change some parts of the existing laboratory. Nobody has actually said to me that we need to have completely new buildings for the whole laboratory. If that is necessary, then of course this is something I'd be very happy to discuss with the Director and staff.

REPORTER:

But the Department of Health has been given a blunt warning of the urgent need for a new plant. In May a leading chemical engineer, brought in by the Department as an advisor, reported: "The inspection by the Medicines Division showed that the Elstree Plant is unsafe for production by present day standards." Only "Crown Privilege", the special provision making the government exempt from the law, kept the plant open. The advisor's report went on: "It would be shut down were it not for "Crown Privilege", and the faults are sufficiently deep-seated that a new facility is essential."

We asked Dr. Vaughan about the condition and the safety of the plant.

Would you accept that there are certain inadequacies and certain dangers that have been in that laboratory?

G.V.:

Well, this is a very technical field and parts of it go out of date. Some of the procedures I saw and some of the equipment were very, very modern indeed. Some of it is I think due for replacement, and in fact we're doing that. We've just spent $\pounds 1\frac{1}{4}$ million on a replacement programme and there'll be other modernisations going on in the next few years.

REPORTER:

One of your advisors reported earlier this year that it was unsafe and that the Medicines Inspectorate would have closed it down had it been in private hands. The present improvements can't resolve all the safety and production problems can they?

G.V.:

Well, they will do over a period of time. That's one of the reasons I went to see it, because I knew that one or two people had been critical of it, and I had long talks with the staff about this and I believe we've got an excellent laboratory there and the changes we're making, as I say immediately and over the next few years, will meet all the modern requirements.

REPORTER:

The $\pounds 1\frac{1}{4}$ million modernisation was approved in August while the Department of Health was still canvassing industry to finance a new $\pounds 20$ million laboratory. Most of the scheme was in on the drawing board for more than two years and is known inside the laboratory as "stop-gap", but the two year scheme won't meet all the criticisms of the health inspectors, and while it will boost production of Factor Eight, Britain's dependence on imported blood products will increase. According to the Department's own estimates, rising demand will double imports over the next four years.

Your own experts agree that problems there are so deep-seated that a new plant is needed.

G.V.:

You know these modernisation of buildings and equipment, you either have to pull the whole building down and rebuild it totally, which I think would be unnecessary and a waste of money, or you have to change them steadily and that is what we're doing. And I'm very proud of what we do at Elstree.

REPORTER:

In that extent, in that sense, you accept that the programme you have in hand at the moment is a "stop-gap"?

G.V.:

I don't, I don't think "stop-gap" is the right word. The programme we have in hand is the first stage, and this is frequently done, the first stage of altering some of the procedures in a very complicated laboratory.

REPORTER:

Norman Petit, Assistant to the Director of the laboratory, disagrees

N.P.:

The only way that those requirements can be fully met is by having a new purpose-built factory complex which would enable us to meet GMP requirements - Good Manufacturing Practice - and the, the criticisms that were levelled at us by the Medicines Inspectorate.

REPORTER:

But surely your future is being reviewed now?

N.P.:

Yes, and that's what they said two years ago. Since about October '78, there have been discussions going on with various officials about our longterm future, and we're no nearer to solving that situation than we were, than we were two years ago.

REPORTER:

£1 $\frac{1}{4}$ million worth of improvements are going ahead and the Departmer

of Health's advisors have said that what's needed is a £20 million fullscale replacement, and there's pressure for a new plant from other quarters. Last week a party of Trade Union sponsored MPs toured the laboratory and the Minister will soon face more questions in the Commons. The Department says there's no money available. That means hospitals will spend millions more on imports, patients will risk the consequences of skid row blood and Britain will become increasingly dependent on the world blood market.

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