AHF Institute KTD(76)14

THE DISTRIBUTION OF FACTOR VIII

DISCUSSION PAPER FOR THE MEETING OF REGIONAL TRANSFUSION DIRECTORS

1. Methods of arranging for the distribution of preparations containing Factor VIII were reviewed at a recent meeting of the Expert Group on the Treatment of Haemophilia. A copy of the discussion paper prepared for that meeting is annexed. Of the methods proposed, alternative B was considered to be the most suitable and it was agreed that the next step was to draw up, for closer scrutiny, proposals under which Directors of Reference Haemophilia Centres in consultation with Haemophilia Centre Directors and Regional Transfusion Directors would prepare a distribution schedule and arrange for its regular review. It was envisaged:

(a) that the distribution schedule might include commercial as well as NHS produced Factor VIII

(b) that the distribution areas might consist of "territories" each based on a Reference Haemophilia Centre ie covering more than one Region

(c) each Regional Transfusion Centre would hold supplies of cryoprecipitate and freeze dried concentrate (NHS and commercial) which would be distributed in Regional Transfusion Centre transport.

2. It was recognised that the introduction of commercial concentrate into the distribution arrangements would add complications and that there might be misgivings because the arrangement would result in doctors in one region deciding on the distribution of a scarce and costly commodity in another region. Nevertheless, the advantages of a system of distribution which ensured that the needs of as many patients as possible were met during a time of shortage were felt to outweigh the disadvantages of such an arrangement. It may, however, be desirable to obtain the views of Health Authorities at an early stage on the feasibility of including commercial concentrate in the distribution arrangements. Commercial concentrate is normally ordered and paid for by the AHA who may prefer to have it delivered direct to the hospital where it will be used. There may be no such problems in Regions where haemophilia treatment is effectively provided as a regional service. It is known, for example, that in one region, the Regional Transfusion Centre already handles all forms of Factor VIII, including the purchase of commercial concentrate for the whole region, a specific sum being set aside

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annually by the Region expressly for this purpose. It is difficult to see a convincing reason for including commercial concentrate in distribution arrangements made from the Regional Transfusion Centre unless purchases are related in some way to amounts of NHS freeze dried concentrate and cryo-precipitate which are available.

3. Although it might be unrealistic to imagine that the uptake of Factor VIII can be planned or regulated to this extent, at least at present, such an arrangement would be consistent with the aims of NHS self-sufficiency, commercial concentrate being purchased only when NHS concentrate or cryoprecipitate is not available. It will, however, be some years before the NHS becomes completely self-sufficient in Factor VIII.

If Directors of Reference Haemophilia Centres are to be asked to draw up distribution schedules for all forms of Factor VIII including the commercial concentrate, it seems inevitable that they have at least an approximate idea of the likely level of purchases of commercial concentrate in the period under consideration. If this is impracticable it may be advantageous not to attempt to distributecommercial concentrate through Regional Transfusion Centres. A further consideration is whether cryoprecipitate should be distributed outside the region in which it is made and it would be useful to obtain views on this point, distinguishing between normal provision and the occasional special arrangement. The efforts of Regions in producing cryoprecipitate are not all equal and those RTCs making the greater efforts will probably expect a proportionately large return, especially as any shortfall will have to be made up with commercial concentrate, so long as NHS concentrate is not available in the amounts required.

4. It would be inadvisable to take forward any plans for an overall distribution system for Factor VIII without consulting Regional Medical Officers and probably also Regional Administrators and/or Finance Officers on the proposals, so as to clear out of the way as many as possible of the doubt referred to above. Meanwhile, it would seem appropriate that arrangements purchasing and distributing commercial concentrate, and for producing and distributing cryoprecipitate should remain as at present, while NHS freeze d concentrate is distributed strictly on the basis of numbers of haemophilic patients in the various treatment areas. If the information on numbers of patients cannot be elicited by other means, the Directors of Reference Haemophilia Centres and Haemophilia Centres might be asked to meet and deci to which treatment centres supplies of NHS freeze dried concentrate should b sent and the proportions of the total grant of available material which should be sent to each.

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The Blood Products Laboratories could then work out, knowing the appropriate apportionment, (for possibly three months ahead) the estimated quantities to be despatched to each treatment centre, while retaining a small reserve for issue in emergencies.

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