JOINT MEETING OF REPRESENTATIVES OF HAEMOPHILIA DIRECTORS, BLOOD TRANSFUSION SERVICE DIRECTORS AND DHSS: 15 SEPTEMBER 1981

PRESENT: Chairman

Dr G H Tovey (Consultant Adviser)

Haemophilia Centre Directors

Professor A L Bloom
Dr I W Delamore
Dr P Hamilton (in place of Dr P Jones)
Dr P B A Kernoff
Dr C R Rizza

NBTS

Dr J Cash - National Medical Director, Scottish National Blood Transfusion Service
Dr H H Gunson - Director, North Western Regional Transfusion Centre
Dr R S Lane - Director, Blood Products Laboratory

DHSS

Mr S Godfrey
Dr D Walford
Miss P Wall
Mrs S C Yuille

Apologies for Absence

1. Apologies had been received from Drs McDonald, Bird and Jones.

Plans for the Redevelopment of the Blood Products Laboratory

2. Mr Godfrey explained that Ministers had agreed to the setting up of a Policy Steering Group under the chairmanship of Mr D Smart of Glaxo Holdings Limited to plan the redevelopment of BPL. The group, which included specialist expertise from the NHS and from industry, had met for the first time in August. It decided th as short a time-scale as possible for redevelopment should be set, and the Department agreed to 'fast-track' the building project, and to ensure that no undue delays occurred. One of the group's most immediate tasks, in consultation with the Advisory Committee on the NBTS, was to recommend the target capacity for the new Laboratory, taking into account the NHS' ability to increase the supply of plasma.

Plasma Supplies for Blood Products Manufacture

3. Dr Gunson said that the Working Party on Plasma Supply had estimated that to meet the anticipated demand for Factor VIII of 100 million international units by the mid-1980s, approximately 500,000 kilograms of plasma would be required. 200,000 kilograms could be collected from whole blood donations, which would also meet hospitals' requirements for red cells, and the remainder could be collected by plasmapheresis.

1378

44/253

4. It was explained that there would be major financial implications for RHAs, and once the Working Party had refined its costings, Authorities would be approached to discuss the need to increase supplies to BPL, the costs and also the resultant long-term benefits to the NHS. Nevertheless, it had to be accepted that some Authorities might not consider that increasing the collection of blood was one of their financial priorities.

5. Dr Tovey thought that it would be necessary for Transfusion Directors and Haemophilia Centre Directors to unite in the task of persuading their RHAs of the need to increase plasma supplies, and to point out the benefits in the long-term. It was also hoped that the Regional Medical Officer, Regional Treasurer and Regional Administrator members of the Advisory Committee would make these points at their respective uni-discipline meetings.

6. There was a discussion of the recent ministerial decision to allow the sale of surplus materials derived from blood. Haemophilia Centre Directors were concerned that material which could be used in the NHS might be sold to British industry and abroad. Mr Godfrey assured them that Ministers had given their consent only to the disposal of 'surplus' materials which would otherwise be destroyed and there could be no question of selling products for which the NHS had a need. The sale of surplus products would also benefit the NHS financially.

Current Systems for Purchase/Distribution of Supplies of Commercial Factor VIII and a Proposal to Purchase Commercial Factor VIII Preparations Through the Regional Transfusion Centres

7. Dr Walford explained that it would be most helpful for the Department to have details of how Haemophilia Centres purchased their supplies of Factor VIII. Haemophilia Centre Directors explained that each Centre operated its own system of purchase. Dr Hamilton said that in his Region (Northern), Factor VIII was purchased for all Centres through the Pharmaceutical Officer. Dr Kernoff explained that in North East Thames, a contract was made with two commercial companies to supply all Haemophilia Centres. Each Centre then paid for the Factor VIII it required. The contracted companies made regular returns to the Regional Supplies Officer of the Factor VIII they had supplied.

8. Discussing the purchase of Factor VIII through Regional Transfusion Centres, Haemophilia Centre Directors were in general opposed to such a system because they felt that they might lose flexibility to choose the product they wanted. It was explained that clinicians would still retain the right to choose their products, and the RTC would only be responsible for ordering and delivery. Because of the pro rata distribution of BPL's Factor VIII, it was vital for Transfusion Directors to have up-to-date and regular information on the extent of commercial purchasing. After discussion it was agreed that Haemophilia Centre Directors would endeavour to keep Regional Transfusion Directors informed of commercial purchases by means of a monthly report. The Directors present agreed to inform their colleagues in other Haemophilia Centres and Haemophilia Reference Centres of this agreement.

Requirement for Freeze-Dried Cryoprecipitate

10. Directors agreed that they needed to reconsider their original estimated requirement for 10 million international units of freeze-dried cryoprecipitate and 10 million international units of high-purity concentrate. Dr Walford explained that to produce that amount of high-purity Factor VIII concentrate would require a disproportionate amount of plasma, and the costs of production would be very high. Directors agreed that if freeze-dried cryoprecipitate were not

available, then frozen cryoprecipitate would be an acceptable substitute. However, if more intermediate-purity concentrate were made available, the need for frozen cryoprecipitate would drop even further. At present about 1-2 million international units of frozen cryoprecipitate were used to treat von Willebrands disease. Directors thought that the need for high purity concentrate might be substantially less than 10 million international units, but the requirement and supply would need to be kept under careful review. (In view of the above requirements it is likely that the plasma requirement could be reduced to 435,000kg).

Future Meetings

11. It was decided that meetings would take place as and when they were thought to be necessary.

44/255