CAL/AT

25th September 1998

Dr G Winyard
Director of Health Services
NHS Executive
Department of Health
PO Box 410
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Dear Dr Winyard

PROVISION OF RECOMBINANT FACTOR VIII FOR NEW PATIENTS AND CHILDREN UNDER THE AGE OF 16 - CLAIMS FOR ADDITIONAL FUNDING

The Executive Committee at its recent meeting discussed the provision of rVIII to those under 16 years of age on 26th February and new patients. Several important issues were raised and I write to seek clarification of the arrangements.

Please could you let me have the Department of Health's view on the following:

1. Whilst the central funding is for this year only is it the Department of Health's proposal that patients once started on rVIII should continue to receive it in subsequent years?

2. If a patient being treated with rVIII develops an anti-factor VIII antibody can you confirm that funding will be available for continued use of rVIII for immune tolerance induction. Furthermore, as it is clearly DOH policy that these patients should not receive plasma derived blood products can you also confirm that recombinant VIIa will be funded to treat bleeding episodes or cover emergency surgery.

3. A very real difficulty arises when there is more than one brother with haemophilia in the same household and one is below 16 years and receiving rVIII and the other over 16 years and is the recipient of plasma derived factor VIII. I wonder whether the DOH could help in this

circumstance by agreeing to fund the cost of rVIII for the older brother. On a national basis the number of such families is probably few but they impact at present on individual Health Authorities.

4. In some instances, prior to the circular of 26th February, individual Trusts funded rVIII, for individuals under the age of 16 and new patients, when Purchasers refused to do so. The latest Health Circular in paragraph 3 indicates that neither the Trusts nor the Health Authorities will be able to claim central funding for these patients. This penalises Trusts who instituted what the DOH now recommends as good practice and it is therefore unfair not reimburse them for the additional expenditure. I should be grateful if you would reconsider the DOH's position. This funding of rVIII by Trusts was highlighted to Ms Corrigan in March.

I hope that you could find your way to agreeing to the above which will make the introduction of rVIII to children with haemophilia much easier.

Yours sincerely

Christopher A Ludlam
Chairman