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FUNDING FOR HIGH PURITY FACTOR VIII FOR HAEMOPHILIACS WITH HIV

1. Your minute of 19 October refers in which you ask for advice on the contents of the article on the above subject which has appeared in 'Hospital Doctor'.

BACKGROUND

2. Earlier this year the UK Haemophilia Directors Committee issued recommendations on the choice of therapeutic products for the treatment of haemophilia. The Department was an observer at meetings of the Committee but was not consulted on the final product. The recommendations represented a consensus, not a unanimous view and were issued as guidance to clinicians. They do not represent Departmental guidance.

3. One of the recommendations was for the use of high purity Factor VIII, in the treatment of haemophiliacs with HIV infection. This product is currently more expensive than the intermediate heat treated Factor VIII. Concern still exists among clinicians about the relative advantages of the high purity factor but the decision about which product to prescribe is one for individual clinicians to make.

4. Letters requesting that earmarked funds should be provided to fund the product were received by the Chief Executive and Deputy Chief Medical Officer. Replies were sent (as attached) which pointed out that the costs of this product, like any other advance in treatment should be met from mainstream NHS allocations, and that growth money was included in those allocations for just such advances. AIDS funds were not at this stage referred to.

5. AIDS Unit received letters requesting that earmarked AIDS funds should be used to fund the high purity Factor VIII and in response a letter was sent to all Regional Haemophilia Centres stating that these funds should not be used for this purpose as it was illogical and unfair to differentiate the source of funding for haemophiliacs with HIV from that of those without, and that the price differential was unlikely to be long lasting, and that the product was a treatment for haemophilia not HIV infection. It is in response to this letter (copy attached) that the 'Hospital Doctor' article has appeared.

6. Through this and other letters we have received it is clear that some centres have apparently abruptly withdrawn funding as a result of the letter sent to Directors. This is unfortunate as we had envisaged that funding would be tapered

off to avoid injurious impact on treatment.

7. There are two other PO cases on the subject and we are consulting within the Department on the best way to respond. Given that the AIDS Unit letter was a clarification of the previous letters from CE and DCMO we propose to reply along the lines of the attached draft. This makes it clear that:-

- (a) the Department is in no way advocating denial of treatment to anyone;
- (b) it is a matter for Regions to decide what services to develop and to allocate resources accordingly;
- (c) the mainstream NHS allocations are sufficient, with growth money to fund new treatments as and when they come on stream;
- (d) in those instances where AIDS funds have been used to fund high purity Factor VIII for HIV positive haemophiliacs, sufficient time should be allowed to secure alternative sources of funding.

GRO-C

JOHN CANAVAN