

Dr P Doyle HCD SCS A

From: ~~Dr Andrzej Rejman SCS B5~~ /

Date: 28 June 1995

Copies: Dr Bourdillon HCD SCS  
Mr Waterhouse HCD SCS A  
Dr Clappison PCI PRESC  
Mr Pudlo CA-OPU2 <sup>with papers</sup>  
Mrs Walden HCD SCS(A)1

**SUPRA REGIONAL SERVICES: SEVERE HAEMOPHILIA:  
LETTER HILARY PICKLES**

1. Thank you for your minute of 23 June.
2. I would think it inappropriate for Haemophilia treatment to be taken over as a supra-regional service. I believe this was considered several years ago and was turned down.
3. For information I enclose a copy of a letter from the Dean of the Hammersmith Hospital to CMO, following, presumably, the same meeting to which Dr Pickles refers. I also attach my draft response and the letter Dr Metters sent to Dr Christine Lee in respect of recombinant Factor VIII.
4. I also enclose for information, a copy of the HSG in respect of haemophilia care, which the Department produced together with the Haemophilia Director's organisation and the Haemophilia society. Any change to supra-regional services would mean a withdrawal of this HSG. Additionally, it would also place the Department in the position of having to make decisions on what treatment haemophilia patients receive. This would not only be a case of deciding on the type of treatment, but you may well be aware that in the case of plasma derived Factor VIII, there are alternatives to the NHS product from commercial manufactures. It would be difficult to see how the Department could justify buying imported Factor VIII in preference to that produced by the NHS.
5. I was not aware that there were regional policies on treatment of haemophilia. This is after all a decision to be made by purchasers, and it would appear that in some cases, purchasers are supporting the use of recombinant Factor VIII, whereas in others they are not. It is up to the purchasers to decide how best to use the money available.
6. I would agree that Dr Pickles that some fundholders might well not be happy about paying for haemophilia patients, some of whom may cost £250,000 per annum on a recurring basis. These are by far the most expensive patients being treated in the health service.
7. It would appear that at the present time, DHAs are managing to sort out the funding for haemophilia patients, either with formal or loose arrangements or on the basis of cost by

case contracts. Some of these involve a system whereby routine treatment is arranged at local DGH, which itself has a contract with a comprehensive care centre for a fixed sum, which pays for advice, yearly or twice yearly assessment, but with the parent DGH paying the full costs of treatment.

8. Happy to discuss further.

GRO-C

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