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20.6.95

Dear Peter

Supraregional Services

I presume you are still dealing with supraregional services. I was wondering how the thinking of these might have developed, in particular to move closer towards covering a wider range of specialised services.

The particular issue I have in mind concerns the treatment of severe haemophilia. Whilst at present this is not really a problem for the providers, in that adequate clinical services can be found in centres around the country, and I think at least one in every region, it is a growing issue for purchasers. The cost of treatment of a severe haemophiliac is astronomic, and about the worst of the current buys in QUALY terms. It is destined to become even worse, with the continuing rise in the costs of drugs (say with recombinant factor VIII at 43p/unit cf. BPL 8Y at 17p/unit). At a meeting of the new drugs panel at the Hammersmith Hospitals Trust, at which I was present, the extra cost of recombinant product was estimated at £15-40k per patient a year.

The stock answer to this may be some sort of consortium arrangement and collective purchasing. However, the haemophilia directors stick together and would be sure to exploit different local policies. Some districts, like ours, sit uncomfortably on one or two regional boundaries, so GPs can be exposed to 2 or 3 different regional policies. It seems inconceivable that when we have total fundholding, these practices would be content to have such patients, since their life-time costs are considerably more than other patients. Cream skimming and "rationing" on cost grounds look inevitable. This may not be seen to matter too much out here, but I am all too well aware of the Ministerial concern about haemophiliacs, and the risk of accusations that patients are to be given "substandard" treatment, or exposed to unnecessary risk of viral infection, just to save money. These sorts of arguments in haemophilia have nearly brought down governments overseas.

The way out of this seems to be to be some central decision about haemophilia drug costs, and common decisions about use of even more expensive products than the usual. While the sensitivities about HIV-infection in haemophilia remain, Ministers may not be content for local decisions to take place to keep costs under control, so this may be an exception to their usual stance over "rationing" being a local matter. The only mechanism for such central

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decisions seem to me to be that associated with the supraregional services. Although I am not sure how the detailed decisions on total fundholding are going, I am presuming that the supraregional services would still be covered centrally for such practices. So the spectacle of fundholders disowning severe haemophiliacs gets avoided too.

What do you think?

With best wishes

Yours sincerely

GRO-C

Hilary Pickles
Acting Consultant in Public
Health Medicine

cc: ✓ Dr. A. Rejman
Mr. E. Waterhouse

P.S. Please pass on to the right person if all your responsibilities have been redistributed.
I don't have an up-to-date d.o.b.

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