

DRIED ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE - NOTE OF AN OFFICE MEETING
ON 14 MAY

Present:	Mr B O B Gidden	HS2B	(Chairman)
	Dr I S Macdonald	SHHD	
	Mr C G Taylor	AGD4	
	Dr W d'A Maycock	Consultant Adviser	
	Dr D P Thomas	B.2	
	Dr Sheila L Waiter	B.4	
	Mr R E Pearson	Supply Division	
	Mr W A Walters	HS2B	
	Mr R L Fenner	HS2B	

1. Mr Gidden said that the meeting had been arranged to consider the issues arising from the recommendations of the Expert Group on Haemophilia, including possible arrangements for central purchase and distribution of commercially produced AHG concentrate, and for expansion of UK production.
2. Mr Taylor referred to the anticipated UK annual uptake of 20 million units and said that if it was decided to purchase the material commercially, the estimated cost of £2 million would almost certainly have to be met from existing financial allocations. It was most unlikely that the Treasury would make additional funds available.
3. Dr Maycock said that professional opinion was that clinicians and the pressure group representing patients felt strongly that the quality of treatment would be greatly improved if there were sufficient supplies of freeze dried AHG concentrate to replace a large proportion of the cryoprecipitate at present used. Dr Waiter and Dr Thomas supported this view and stressed that the development of AHG concentrate was a major advance in the treatment of haemophilia. Clinicians prefer to treat episodes of bleeding by giving infusions of freeze-dried concentrate as early as possible. Programmes of home treatment and possibly in future prophylactic treatment, which will be feasible when the freeze-dried material becomes more widely available, would in the long-term reduce treatment costs and the demand on hospital facilities. Dr Maycock thought that the cost of increasing production in the UK to meet estimated requirements should be less than the cost of importing material from commercial sources. Dr Macdonald said that he had not looked at the problem solely from the cost point of view. He felt that the Departments should, wherever possible, avoid involvement with commercial firms on all matters concerning blood transfusion, including the production of AHG concentrate. In his view the Blood Transfusion Service should be self-sufficient in all respects.
4. Dr Maycock said that one estimate was that the plasma from about 416,000 donations of blood would be needed annually in order to prepare the materials considered necessary to treat haemophiliacs in accordance with present views of ideal treatment. At present about 228,000 donations in England and Wales were used annually for the preparation of these materials. He thought that the BPLs at Elstree and Liberton, when the latter was operational, would have the capacity to increase production of AHG concentrate to meet UK demand, but that some additional staff and equipment would be required at both laboratories. Dr Macdonald said that the new

building at Liberton should be open and functioning by the end of 1974; he had some reservations about pursuing Mr Watt's statement that the laboratory would be able to prepare AHG concentrate from 2000 litres of plasma per week. After discussion it was agreed that the Blood Transfusion Service should increase production of AHG concentrate to meet all UK requirements, provided that the necessary additional funds could be made available.

5. Mr Gidden said it was proposed to set up a professionally oriented steering committee to correlate the work of the English and Scottish BPLs and proposed that the question of UK production should be referred to them for detailed consideration. This was agreed. Dr Maycock suggested that the proposed committee should look at fractionation generally and also consider the possible effects on RTCs, particularly the logistical problems involved. It was recognised that the time element was extremely important for the whole exercise. Dr Maycock and Dr Macdonald thought it would be possible to arrange the first meeting of the group by the end of July. Dr Macdonald undertook to consider the matter further. The meeting thought that the estimate that the UK could become self-sufficient by mid-1975 was reasonable in the circumstances, but it was recognised that there might be unforeseeable delays eg over the commissioning of Liberton.
6. The meeting then considered possible arrangements for the purchase and distribution of the commercially produced concentrate. Mr Taylor spoke about the difficulties involved in financing the purchase of the material and he pointed out that there would be no point in making central purchasing arrangements if, as seemed possible, the price of 10p a unit quoted by the two commercial firms could not be bettered. After discussion it was agreed that it would not be feasible for the Department to purchase AHG concentrate centrally, but it was recommended that a central call-off contract should be arranged, provided that the purchase price was advantageous. It was also agreed that the material should be distributed to haemophilia centres through the 5 or 6 proposed major centres who could co-ordinate requests and monitor usage.
7. The following action was agreed:
 - (i) Supply Division should be asked to start negotiations with a view to arranging a central call-off contract for the purchase of freeze dried AHG concentrate on the basis of a demand for 20 million units per annum from about 40 haemophilia centres.
 - (ii) Medical to ascertain, through private channels if possible, the off-shelf purchase price of the AHG concentrate sold by Travenol and Serological Products.
 - (iii) Assuming that the commercially purchased material is made available under a central call-off contract, Dr Waiter to start preparation of draft administrative/medical guidance to hospital authorities and clinicians covering the usage of material and the concentration of treatment in certain designated haemophilia centres.

(iv) The question of UK production to be referred to the proposed Joint Steering Committee on Blood Products Production for consideration.

(v) Dr Waiter, Dr Maycock and Dr Macdonald to consider arrangements for the first meeting of the proposed Committee.

Distribution:

Those present

Dr Reid
Mr John
Mr Gedling
Mr F J Aldridge
Mr Beard.

7.6.73