Mr Alexander

Ar May code House House GRO-C 9/12

TREATMENT OF HARMOPHILIA - AND CONCENTRATE

1. Since Dr Raison and I discussed with the Minister of State last week the question of supplies of ARG concentrate, we have established within the office that earmarked central finance to the extent of \mathcal{E} .25m capital and \mathcal{E} .25 revenue can be made available to Regional Authorities to increase NHS production of this material. We have been asked to draw attention to the fact that a decision to make this special allocation of resources to blood products production inevitably means that less money overall will be available for other high priority Health Authority services of mentally ill, mentally handicapped, family planning, and certain centrally sponsored projects, such as schemes to reduce waiting times. But there is broad agreement that such an allocation would be justifiable.

2. If the Minister of State confirms his intention to take special measures to increase production of AHG concentrate he could write in the following terms to the several MPs to when answers are outstanding. Subject to his views on this draft we could then use it bas a basis for replying to the individual cases -

"I am sorry not to have replied earlier to your letter of about the provision of Factor VIII for the treatment of hasmophilia but I wanted to examine this problem in some detail.

It is the case that the most recently developed form of Factor VIII, human freeze dried anti-hasmophilic globulin concentrate or, for short, AHG concentrate, is regarded by most clinicians as the optimum form of treatment for their hasmophilic patients. Adequate stocks of this material, which is imported, are available from commercial sources, but it is expensive and Health Authorities cannot afford to buy as much as they would wish to, given the various claims on their resources.

Factor VIII is also produced within the National Health Service from blood donations to the National Blood Transfusion Service but not yet in sufficient quantities, particularly so far as AHS concentrate is concerned.

I have come to the conclusion that we must take steps to make the NHS self-sufficient in AHS concentrate as soon as possible, and to achieve this I propose to authorise the allocation of special finance to boost our own production of this material. In addition we shall need the full co-operation of all clinicians who will need to use considerably more concentrated red cells for transfusion rather than whole blood, in order to free plasma for conversion into AHG concentrate."

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3. It will be necessary to inform Regional Authorities of this decision, and I attach for information a rather fuller draft of a Dear Sir letter which I suggest should issue at about the same time as the Minister of State's letter to MPs.

4. During our discussion last week mention was made of a possible arranged PQ (which could be based on the last three paragraphs of the draft above). I am somewhat doubtful about this since the main pressure is for additional money to buy the commercial product now. However, you will no doubt take the Minister of State's views on this.

b. O. B. Gidden B O B Gidden HS2B

9 December 1974

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Dr Raison Dr Maycook -Dr Waiter Mr Jackson

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