

HIGH PURITY FACTOR VIII : USE OF BARMARKED AIDS FUNDS

1. The question of the use of earmarked AIDS funds to pay for purified Factor VIII for haemophiliacs infected with HIV has been rumbling on for upwards of 1 year now. You have seen the letters from Dr Winyard (RDPH Wessex) to Dr Metters and from Mr Fletcher, (RGM W Midlands) to Mr Nichol on the subject. The replies to these letters are attached, and by chance the AIDS Unit did not have any input into them, although Mr Nichol's reply incorporates some of our thinking on the subject.

2. Dr Winyard sought clarification on the use of AIDS funds (which Dr Metters did not <u>specifically</u> mention) and I had hoped to use the reply to this enquiry as a letter to be circulated to all Regional Coordinators (as this is a problem common to them all).

3. As two separate letters, weither of them mentioning AIDS funds have gone out to two Regions I have now agreed with Mr Canavan that the AIDS Unit should now reply to Dr Winyard and send a letter to all RHAs at the same time.

4. We acknowledge that the drive to use high purity Factor VIII for HIV positive haemophiliacs has been given a boost by the recent publication of the Guidelines from Regional Haemophilia Directors and that there was a logic to the use of AIDS funds as a contribution to the cost (many Regions with haemophilia centres <u>have</u> used AIDS funds in this way in the past). However, for the reasons given in Mr Nichol's letter particularly, I propose to hold the line that a new product becoming available for NHS patients should, like any other, be funded from mainstream NHS resources; that the price differential is unlikely to be long lasting, and that it would be impossible to discharging the costs to ensure that AIDS funds only paid for Factor VIII for HIV pasitive haemophiliacs. (Apart from the inconvenient fact that we have never bid for the costs in our PES negotiations!)

5. I therefore attach a draft reply to Dr Winyard's further letter (copy attached) which I would be grateful if you would agree to sign setting out our position on this. A similar letter could be sent to <u>all</u> RHAs for clarification.

6. Privately, it will be difficult for Regions to stop contributing to these costs in 1992/93 but some have indicated

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that, with the encouragement of a letter from us they will begin to taper these contributions with the aim of eliminating them altogether.

7. I would be grateful for your comments and any amendments to the letter by Monday 10 August as Dr Metters was anxious for a reply to be sent to Dr Winyard as soon as possible.

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