

The Children's Hospital

Ladywood Middleway, Ladywood, Birmingham B16 8ET
021-454 4851 Ext: GRO-C

Please reply to: Haematology Dept. Your ref:

Our ref: FGHH/PAM

24th January 1986

Dear John,

Re: Factor VIII concentrate for the Regional Haemophilia Units
at The Children's and Queen Elizabeth Hospitals

Since early in the 1970's factor VIII concentrates have been the product of choice for treating haemophiliacs, particularly those on home therapy. The National Blood Transfusion Service has never been able to meet the need and low investment by successive governments have resulted in U.K. self sufficiency for FVIII and other fractionated products remaining a dream rather than an approaching reality.

With the realization in the autumn of 1984 that heat treatment could abolish the risk of transmitting HTLV-III (AIDS) virus, the commercial suppliers quickly went over to only producing heat treated products. There are, therefore, no non-heat treated commercial FVIII concentrates available after January 1985. At that time there were discussions with the region and it was agreed that the increased cost (a rise from 8p to 13.5p per unit of FVIII) would be met by the region, as it was a development in the provision of Haemophilia Services. However, I understood it was for the districts to ask for the increased finance and I am not sure what action, if any, was taken by the Central District. The situation with regard to purchasing commercial FVIII concentrates is as follows:-

1. Each year there is a regional negotiated contract placed after the R.H.A. have received tenders.
2. As part of the tender, low unitage batches for the B.C.H. Unit have to be available as these can provide substantial savings.
3. The Children's Hospital calls off its supplies separately while the concentrate for all other Units is delivered to the Regional Blood Transfusion Centre and called off by the Units as required. The reason for this arrangement was to avoid confusion at the B.T.S. and low unitage batches being sent to adult centres by mistake.

Mr. J. McQuay,
Finance Department,
Priorsfield.

cont'd...

To: Mr. J. McQuay

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24.1.86.

Because of the delays in producing a heat-treated N.H.S. factor VIII concentrate there was a substantial rise in use of commercial FVIII at The Queen Elizabeth Hospital once heat treated FVIII was considered on safety grounds to be the product of choice. Some of this rise in usage during the calendar year 1985 should fall in 1986 now that N.H.S. heat treated factor VIII is available. However, because heat treatment produces further losses of FVIII units, the level of supplies for future years is uncertain and it is anticipated that the usage will remain being predominantly commercial FVIII for the next few years at least.

Statistics are collected each year for the region of the number of patients treated by each Centre and the number of units of FVIII used at each Centre (see attached table for statistics for 1983 and 1984). For the Central District the figures for the last calendar year are as follows:-

Centre	BPL - FVIII	Commercial FVIII
Q.E.H.	194,845 units	3,067,813 units
B.C.H.	496,153 units	1,818,777 units

The additional finance that is required arises for the following reasons:-

1. Due to rise in price when heat treated products introduced.
2. Further rises when contract altered in September 1986.
3. Increased usage at B.C.H. because of increasing number of patients.
4. Increased usage at Q.E.H. because of transfer of older patients from B.C.H. and because of increased purchase of commercial concentrate due to loss of heat treated N.H.S. factor VIII.

I would be prepared to meet with appropriate members of the District Health Authority to discuss the matter further if this is considered necessary. Obviously the problem needs to be addressed each year and bids made on the previous year's usage.

Yours sincerely,

F. G. H. Hill,
Consultant Haematologist

c.c. to: Mr. J. McQuay, Finance
Dept., Priorsfield.
Mrs. N. Dain, Pharmacy
Dept., B.C.H.
Dr. I. Franklin, Q.E.H.
Mr. Flaxman, District
Treasurer, Priorsfield.
Dr. P.J. Darbyshire,
B.C.H.