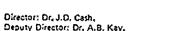
EDINBURGH AND SOUTH-EAST SCOTLAND REGIONAL BLOOD TRANSFUSION SERVICE

5 10.

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REGIONAL CENTRE, ROYAL INFIRMARY, EDINBURGH EH39HB.

Telephones:
Department: 031 229 7291
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JDC/MAC

9th January, 1976

Major General Jeffrey National Medical Director S.N.B.T.S., Ellen's Glen Road Edinburgh

Dear General Jeffrey,

Delivered to DEC (------

FFP / PFC / Factor VIII

The end of a year for us is a time for looking backward and forward. You will recall that we 'promised' to try and meet a target of 2,200 litres of FFP to PFC in 1975. I am relieved to report that, as of 31st December 1975, the estimate of our potential performance, in the light of existing practices, has proved to be remarkably accurate and we have been able to advance it by 9%: we calculate that our friends at Liberton have received 2,410 litres.

Further calculations that can be done from figures we have, coupled with certain assumptions on PFC yields etc., reveal the following for 1975:

0.8 u/ml)	1.928x10 ⁶ factor VIII units
2. Assuming a 40% fractionation yield this would produce	771,200 factor VIII units
3. AHF used in 1975	88,000 units -
AHF in Stock 31st December 1975	125,190 units
Total AHF Delivered in 1975	204,640 units

Although the scheme that I put forward to assist future calculations for PFC factor VIII production was rejected by my colleagues, the fact that they did not provide an alternative other than 'doing their best' leads me to conclude that the S-E should stand by the original concept. Hopefully this will give our colleagues in PFC a chance to formulate some sort of production levels for 1976, based on guaranteed FFP inputs.

Our plans for 1976, subject to answers to questions at the end of this letter, go something like this:-

(a) /

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Major General Jeffrey

9th January, 1976

(b) Phase down Cryoprecipitate Production to 50% of existing level over next 6 months at approximately 10% reduction per month.

Expected extra FFP to PFC from this Service

750 litres

TOTAL

3,250 litres

i.e. 2.6x10⁶ fractionatable factor VIII units.

We have a hunch that our calculated plasma yield for item (b) may prove to be somewhat conservative and could reach nearer 1,000 litres. If all goes well we would like to be 'unhooked' from cryoprecipitate by the end of 1977. By that time we should be putting FFP in to PFC (cell separator willing!) at a rate pat least 4,500 litres per annum - at 0.8 u/ml working levels, 3.6 million factor willing.

Finally, two questions for yourself and John. Since August 1975 (your circular dated 22nd August), we have been anticipating deliveries on 400x250 u vials a month. Our records show that this has not so far been achieved (Oct. 249; Nov. 157; Dec. 133; Jan. 113), and we have that sort of sinking feeling that the trend looks ominously one way in direction. Perhaps you could tell me what to expect in 1976. Should we be realistic and calculate for an average weekly delivery of nearer 25 instead of 100? Can we expect that the missing vials (so far 958) will be reimbursed in 1976 in addition to our current monthly allocation or should we write them off? I appreciate that these may be difficult questions, but plans to phase out cryoprecipitate, as you know, are not related to a numbers game but closely tied to the management of individual patients.

Kindest regards,

Yours sincerely,

GRO-C

John D. Cash

c. Mr. J. Watt Dr. D. Pepper