Mr J J A Reid

The supply of the various preparations of antihaemophilic globulin and factor IX for treating patients with haemophilia and allied disorders is usually discussed by the haemophilia centre directors each year. They complain that the supply is inadequate.

The treatment of these patients is changing. There is a growing pressure from both patients and haemophilia centre directors to introduce domiciliary treatment. As the age of death of these patients rises they have to be treated for conditions which were previously infrequently encountered among them.

These developments have greatly improved the lot of these patients and will continue to do so but involve the use of increasing amounts of the special plasma fractions.

The Department has never, as far as I know, examined the problem as a whole and for this reason I think the Department should accept the proposal in Professor Linggaburn's letter of the 12 December and form an expert committee or group. It would probably not have to hold many meetings.

Terms of reference might be:-

> To consider the provision of preparations of factor VIII and factor IX (including IX, VII and X) in relation to (a) the methods of treating haemophilia and allied disorders and (b) the production capacity of NBTS.

As far as possible, the UK should aim to be self-sufficient in the supply of preparations of antihaemophilic globulin and factor IX. The preparations made in this country are as good as any available commercially from abroad and can be made by the transfusion services more cheaply. However, at present insufficient freeze dried antihaemophilic globulin concentrate is made in the UK. There is thus considerable pressure from those who treat haemophiliacs for foreign commercial material to be bought. There is indeed, at present, the need to supplement the existing UK supply but the facilities for larger scale fractionation that will become available in England and in Scotland should eliminate the need to use foreign commercial preparations or go a long way towards doing so. Surveys by questionnaire of the amounts of these preparations likely to be required are nearly complete.

Scotland should participate for the reason that a large Blood Products Laboratory is being built in Edinburgh, the capacity of which exceeds that needed for Scotland alone. It was agreed in principle some years ago that the Edinburgh Laboratory should prepare plasma fractions for England and Wales.

The Scots recently formed a working party to consider the problem of supplying materials for treating haemophilia and allied disorders. This working party has run into trouble and its conclusions have for some reason not been accepted by its parent body. I attach a copy of the minutes of this working party and of correspondence with Dr I D Macdonald of NBTS.

GRO-C

7 February 1973

cc. Dr Slater
Dr Gidden
Mr Walters

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