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# The Royal Free Hospital

Haemophilia Centre

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Ref: KD/LG

26th January 1978

Dr. R. S. Lane,  
Director Designate,  
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Dear Richard,

We are writing to let you know the shortfall of NHS factor-VIII concentrate in the N.E. Thames Region (06) in order to help you with your forward planning. This has been assessed from the amount of commercial factor-VIII concentrate purchased in 1977 as well as from the estimated amount of factor VIII which would be needed if all patients at present on home treatment, with cryo-precipitate or commercial factor VIII, were put on the NHS material.

It is our policy to use NHS-concentrate for patients on home treatment and for those who are allergic to cryoprecipitate. This material is used for the treatment of patients who attend hospital with uncomplicated bleeds and for minor operations, and commercial factor VIII for major operations, some inhibitor patients and a backlog of patients on home treatment.

1. The amount of commercial factor VIII used on NHS patients in 1977 was as follows:

Royal Free Hospital	514,779
The London Hospital	41,000
University College Hospital	<u>5,000</u>
	560,779
Hospital for Sick Children	<u>412,402</u>
	<u>973,181</u> units of factor VIII

2. The London and the Royal Free Hospitals both have a number of patients, living in the Region, who are on home treatment with cryoprecipitate or commercial concentrate. If they are to be put on freeze-dried factor VIII the amount needed per year will be:

The London Hospital (cryo)	204,000
The Royal Free Hospital (cryo)	361,440
" " " " (commercial)*	<u>30,000</u>
	<u>595,440</u> units factor VIII

\* Patient transferred from Hospital for Sick Children, January 1978.

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3. In addition there is a steady flow of haemophiliacs (3-4/year on average) who are referred to Haemophilia Centres in the Region, from the Hospital for Sick Children, when they reach the age of 12-14 years. Because the Hospital for Sick Children is constantly having new cases referred to it, it is not feasible for the older boys allocations of factor VIII to be transferred with them.

Even if we do not change our HT patients from cryoprecipitate to FVIII concentrate, and omit the Hospital for Sick Children (which, as a post-graduate hospital, is still independent), the amount of commercial FVIII which the Region will have to budget for will be 590,779 units (560,779 from (1) plus 30,000 from (2)). If the Region purchases commercial FVIII at 14p per unit this would cost £82,705. If we include the HT patients we should need 1,156,219 units.

We hope very much that you will be able to increase the output of NHS factor-VIII and that you will take these points into consideration when you make your allocations.

With all best wishes,

Yours sincerely,

GRO-C

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