NATIONAL BLOOD



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WJJ/SP

11th July 1978

Dr D W Hill Regional Scientific Officer North East Thames Regional Health Authority 40 Eastbourne Terrace Paddington London W2 3QR

Dear Dr Hill

Central Purchase of Factor VIII Concentrate

In answering your letter of June 25th (which was the day I departed for 2 weeks holiday) will you forgive me if I assume you need more background information on Factor VIII?

Factor VIII is supplied in 3 preparations.

- 1. Cryoprecipitate wholly manufactured at the Regional Transfusion Centre.
- 2. NHS concentrate, partly manufactured here and partly at the Central Blood Products Laboratory (BPL).

3. Commercial concentrate.

The Brentwood Transfusion Centre supplied to the Region last year approximately 700,000 units of Factor VIII in the form of cryoprecipitate and approximately 1 million units as NHS concentrate.

The automount of commercial Factor VIII used in 1977 was as follows:

Royal Free Hospital	514,779 units
The London Hospital	41,000 units
University College Hospital	5,000 units

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Dr D W Hill

In addition the Royal Free has a number of patients on Home Treatment with commercial concentrate equal to 30,000 units.

So the total commercial concentrate purchased in 1977 was 590,779 units.

The policy being aimed at by the Haemophilia Working Party is to convert all home treatment patients at present on cryoprecipitate to commercial concentrate. To do this would mean purchasing a further 565,440 units of Factor VIII.

Thus the immediate need is for the central purchase of 591,000 units and to build up to 591,000 + 565,000 = 1,156,000 units.

Using figures already quoted but turning now to the main point of your letter:

Total usage of Factor VIII in 1977

1.	Cryoprecipitate	700,000 units
2.	NHS concentrate	1,000,000 units
3.	Commercial concentrate	591,000 units
	Total	0.001.000
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If this is one of 15 Regions all using similar amounts it would come to 34,365,000 units in England and Wales which is the figure you find hard to reconcile.

This Region has been supplying vast quantities of fresh frozen plasma for concentrate production at BPL for many years but the final product is allocated in proportion to patient needs throughout the country. We are therefore subsidising those Regions which do not contribute much raw plasma. When asked by the DHSS to produce yet more plasma the answer from here is yes knowing that very little will come back to us as concentrate. However, we draw the line at paying the extra £9,000 for special plastic bags out of our limited budget.

If I can be of any further assistance, please let me know.

Yours sincerely

GRO-C

W J Jenkins

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