Dr Maycock for information

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Dr Raison,

HAEMOPHILIA CENTRE DIRECTORS MEETING 31st January 1974

After considerable research into the clinical and social problems of treating haemophiliacs and discussion with clinicians who are responsible for treating these patients including the directors of haemophilia units, Dr Biggs has calculated that a volume of fresh plasma should be processed annually to prepare freeze-dried factor VIII (anti-haemophilic globulin concentrate) — the preferred but not the only therapeutic agent for the treatment of haemophiliacs during bleeding episodes and also in preparation for and maintainance after both cold and emergency surgery.

Dr Biggs' figures have been endorsed by other critical experts including the MRC's Blood Transfusion Research Committee Working Party on the Cryoprecipitate Method of preparing AHF Concentrates. This working party included representatives of the RTDs. Dr Biggs' figures are currently used by the Department as a basis for calculating the volume of plasma to be processed in the UK in order to make us independent of two (possibly more in the near future) commercial firms who manufacture and have made available in the UK freeze-dried AHG concentrate.

The task of collecting the required amount of blood, diversion of a proportion of donations to the preparation of fresh plasma, the storing and transport of this plasma to protein fractionation plants in England and Scotland, will fall to Regional Transfusion Directors and their staff. RTDs have been involved at every stage of discussions and were represented at the first meeting of the expert group which met under Dr Reid's chairmanship earlier this year to consider the whole problem of the production of AHG in its various forms.

Recently there have been murmurs of dissent from a small group of the RTDs notably from Dr Bowley, RTD Sheffield, who openly challenges Dr Biggs' calculations of clinicians' requirements and the figures from which she has made her calculations. He disputes the fact that the freeze-dried preparation is the therapeutic agent of choice, and that patients will necessarily receive better (or more acceptable) treatment if more of the freeze-dried preparation is made at the expense of production of cryoprecipitate.

Dr Maycock invited Dr Bowley to approach Dr Biggs privately in an attempt to resolve what appear to be basic differences of opinion and fact. Certainly when I visited Sheffield earlier in the year I heard clinicians involved in treating haemophiliacs of all ages express concern that they were having difficulty in obtaining sufficient cryoprecipitate:(one clinician cited Dr Bowley as the person responsible for difficulties in this area.)

The meeting between Dr Bowley and Dr Biggs has taken place. I understand from Dr Maycock that while all differences have not been overcome, Dr Bowley is not so adamantly opposed to the scheme of making more freeze-dried AHG concentrate in the UK since discussing background data with Dr Biggs.

It will obviously be necessary for there to be agreement on policy between clinicians who treat haemophiliacs and administer factor VIII and those who collect and process the blood from which factor VIII is prepared.

Dr Biggs has suggested that representatives of the RTDs should have the opportunity to present their views at the next meeting of haemophilia centre directors

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to be held on 31st January. Dr Maycock will be back in the UK by mid-January and will attend. I have received an invitation from Dr Biggs which I would like to accept.

There are some points which will probably be raised and on which the Departmental representative may be asked to comment. These could include the following subjects. I have added in each case my opinion in the light of recent action or discussion within the Department. Perhaps you will comment where you think my reactions should be modified.

1 Central direction (or rather lack of it) on home treatment and possibly prophylactic treatment.
We are awaiting the results of several studies, notably at Oxford and Newcastle, of the clinical, financial and social implications of mounting such a programme. It is heavily dependent on the availability of freeze-dried concentrate and therefore at present expensive. Patients who are on a home-treament programme prefer it and in the long term the possibility of early treatment at home might save a considerable sum which would otherwise be spent on hospital treatment (in- and out-patient); aids to an otherwise disabled man; and the maintainance of an unemployed man.

2 Issue of a revised HM(68)8
Dr Beddard discussed this with me last week and asked me to prepare a draft based on Dr Biggs notes with the intention of publishing after April 1974.

3 Designation of major centres
These would include the two London centres at St Thomas' and the Royal Free Hospitals, and possibly Newcastle also.
Dr Beddard suggested that designation of additional centres should not precede the issue of a revised HM but that these could be included in the list of centres which is part of the HM.

4 Funds for production of cryoprecipitate and increased production of freeze-dried AHG concentrate; for expansion of home-treatment programmes etc. I would particularly like guidance on this topic.
I am sure that we should go ahead with plans to increase UK production of AHG concentrate but with a longer time-scale. But it would be wise to remind clinicians in particular that central funds will not be available for the latter and that however desirable the home-treatment schemes may be, they must be funded from the Regional allocation. They will therefore have to bid for a portion of a decreased purse. I think this should be stated firmly at the outset and before individual protests about lack of extra money from centre are voiced.

There are obviously several controversial points to be discussed. I have copied this minute to Mr Walters who may wish to comment.

GRO-C

Sheila L Waiter
28 December 1973

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