AHF distribution

DISTRIBUTION OF PREPARATIONS CONTAINING FACTOR VIII

PAPER FOR DISCUSSION

(ENGLAND & WALES)

1. The method of distributing factor VIII concentrate and other preparations containing factor VIII should be discussed before the target set by DHSS, i.e. about 50 000 x 250 i.u. doses of concentrate is reached; this is expected in mid-1977.

The two main reasons for considering this matter are :-

(a) the amounts of concentrate hitherto prepared at BPL Elstree have been such that general distribution would have resulted in no haemophilia centre having a worthwhile amount.

(b) concentrate prepared at Oxford has been virtually reserved for use in Haemophilia Centre, Oxford.

2. Until there are sufficient supplies of all types of preparation containing factor VIII to meet all the needs of the present methods of treatment and of new forms of treatment as they occur, it seems necessary for there to be an agreed guide for allocating these preparations to haemophilia centres (hcs). This guide could be :-

(a) the number of haemophiliacs (? severe only, ? all grades of severity) registered at each hc, or

(b) the population served by each hc.

(c) the volume of fresh plasma provided by the RTC or RTCs concerned.

Of these (a) seems preferable and could probably be calculated from data already in the possession of Dr Rosemary Biggs.

3. Methods of Distribution

Below are described the present method of distribution and two possible alternatives. There are undoubtedly others.

(a) Present Method:

(i) Cryoprecipitate direct from RTCs to hcs or hospitals.

(ii) NHS factor VIII concentrate from BPL, Elstree. Almost all distributed to hcs on request for specific patients.

(iii) NHS factor VIII concentrate from PF Laboratory, Oxford. Almost all is used by Clinical Unit, Oxford Haemophilia Centre.

(iv) Commercial factor VIII concentrate. Bought direct by hcs. One known exception: RTC Manchester buys and distributes commercial concentrate on behalf of RHA.

467

72/78

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(b) Future possibilities:

(i) Alternative A.

NHS factor VIII concentrate from BPL Elstree and PF Laboratory, Oxford to be distributed through RTCs along with cryoprecipitate to hcs and hospitals in their Regions.

Possible advantages: Easy emergency service.
RTD in close touch with clinical needs and in a position to apportion cryoprecipitate and NHS concentrate (but not commercial concentrate) as he thought would best meet regional needs.
Uses RTC transport.

Possible disadvantages: RTD may be reluctant or not in a position to adjudicate between competing needs of hcs or patients.
Fractionation laboratories largely lose stimulus of contact with clinical users.

(ii) Alternative B.

Cryoprecipitate and NHS factor VIII concentrate and, ideally, also commercial concentrate distributed in accordance with schedule arranged and regularly reviewed by Directors of Reference Haemophilia Centres in consultation with Haemophilia Centre Directors and Regional Transfusion Directors concerned. Regional Transfusion Centres would keep supplies of cryoprecipitate and factor VIII concentrate and distribute in RTC transport in accordance with schedule or, as requested by Reference Centre Directors, in emergencies or in other special circumstances.

Possible advantages: Reference Centres would be directly aware of clinical use and therefore in a good position to ensure best use of available materials.

RTDs and Directors of fractionation laboratories would keep stimulus of contact with clinical users through Reference Centre

Uses RTC transport and would provide relatively easy emergency source.

Possible disadvantages: Difficulty might arise from the fact that Reference Centres cover more than one RHA ar Reference Centre Directors might be reluctar to adjudicate upon distribution to fellow Directors of hcs.

Until NHS concentrate completely replaced commercial concentrate, Reference Centre Dir ors might be under pressure to save purchas commercial concentrate by arranging prefere use of NHS concentrate in their own RHA are

72/79

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