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MR DREWE

OX?

✓ Dr Maycock.

Dr Ellis to see: ?
Comments on top page p. 2
Not possible I wd. say

USE OF FACTOR VIII IN ALL FORMS - REVIEWED AT A MEETING OF DIRECTORS OF HAEMOPHILIA, ASSOCIATE HAEMOPHILIA AND BLOOD TRANSFUSION CENTRES FROM RHAS; NORTH EAST THAMES, NORTH WEST THAMES AND CAMBRIDGE
23 SEPTEMBER 1977

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The meeting's main concern was with the extent to which factor VIII concentrate still had to be purchased from commercial sources to supplement the NHS product *and the mode of distribution of all forms of factor VIII*

In the 3 Regions represented at the meeting to a large extent cryoprecipitate is used for patients who attend hospital O.P. for treatment of bleeds; NHS concentrate for home treatment and commercial concentrate for severe bleeds and to cover the patient during operative procedures including dental extractions. In addition private patients from abroad, who might come for diagnosis/assessment/occasional treatment of a bleed while in the UK, are given commercial factor VIII for which they pay. It is worth noting that Travenol/Hyland give a rapid service here with a follow-up to the patient's country of origin/return. They seem to have captured this market, albeit small, by sheer efficiency of service.

You asked me to find out:

1. Why do clinicians still use the most expensive material in preference to the cheapest - Speywood/Cutter ?
 2. Would clinicians protest if the Speywood/Cutter material was no longer available to them.
1. Immuno and Travenol produce a large bottle of approximately 1 000 units which dissolves in a small volume of water: this is invaluable for treatment during operations. Armour, Abbott & Speywood do not offer the large dose packs.
 - 1.2. Travenol have a good follow-up service to patients from abroad (v.s).
 - 1.3. Armour give all consumables free.
 - 1.4. There have been haemolytic reactions in vivo after using Speywood material (reported by Professor Ingram). This is thought to be due to the presence of high titres of anti-B antibodies in Speywood material.
 2. I did not pursue this question in view of the above spontaneous criticisms. My impression is that Speywood's withdrawal from the Contract will not cause difficulties - indeed clinicians would be unlikely to use their product if Ingram's criticism is generally *accepted*.

All directors present were in favour of bulk purchase by and distribution through Regional Transfusion Centres. Several RTCs have already taken on this responsibility or intend to do so. I think this is to be encouraged: my impression of this meeting is one of sympathy and co-operation between the suppliers and users of factor VIII.

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2.

In view of the comment of directors on the value of the 1 000 i.u. bottles of Travenol superconcentrate, I will approach Dr Maycock with the suggestion that he should examine the feasibility of producing this material at BPL, Elstree. It is wasteful of fresh plasma as the recovery rate is, I understand, much lower than in the production of the current NHS factor VIII concentrate.

However, when the capacity of the plant is reached, if plasma supply from RTCs continues to increase (and there is clear indication that it will) it might be advantageous to use some production facility to make superconcentrate for which there is a continuing demand by clinicians to cover operations on haemophilic patients.

GRO-C

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27 September 1977

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cc Mr P Jones
Mr Dutton

Dr Maycock ✓
Dr Raison

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