RSL/AH

28th February 1979.

Dr. O.H.A. Baugh,
Chelmsford District Pathology Laboratory,
Chelmsford & Essex Hospital,
Chelmsford,
Essex CM2 0QH.

Dear Hazel,

Sorry to have delayed you, having goaded you into sending me the minutes in the first place. I have rewritten my section as I would like it to be distributed. The draft had one or two inconsistencies.

We are moving towards regionalisation of plasma collection and product supply and there should be some more factor VIII and albumin coming into North East Thames region as a result.

Hope to see you in the near future.

With best wishes,

Yours sincerely,

R. S. LANE.

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(6/78) Dr. R. Lane (Director BPL, Elstree) said that central regional control of factor VIII concentrate was necessary before the actual requirement for NHS concentrate could be assessed. Supply of NHS factor VIII concentrate is inadequate at present for two reasons:

1) Substantial under-investment in BPL

2) Insufficient supply of FFP from RTCs coupled with the use of 5L plasma pooling providing source material of low potential yield.

He commented that the DHSS Trends Working Party projected utilisation of factor VIII concentrate to grow to 60M iu per annum over a ten-year period. In fact, this figure would probably be passed in 1978. A realistic assessment of factor VIII usage could be 100M iu per annum. To meet this production, both NBTS and BPL would need considerable financing; however, a simple doubling of the 1977 purchase of commercial factor VIII during the next five years would cost the NHS £15M at current prices. Dr. Lane pointed out that under-investment in NBTS and BPL was therefore a false economy and that this should be brought to the attention of the relevant authorities.

Dr. Lane's second point was that plasma collection in the regions remained inefficient; 55% of plasma collected was time-expired, suitable only for albumin production; of the remaining FFP, the 5L pooling process introduced substantial variability into the potential factor VIII yield. Arrangements were being made to abolish 5L pooling.

A point was made that NETR could provide up to 75,000 donations of FFP per annum, equivalent to 15,000L or 3.75M iu of factor VIII concentrate at a yield of 250 iu per litre of FFP. Dr. Lane observed that this figure was not far short of the Trends projection for factor VIII usage in NETR on a population basis. It was worth noting that regions which bore the additional cost of supplying FFP should receive their concentrate and albumin pro-rata according to yield. This would make plasma collection economic and provide regions with the necessary link with BPL and the incentive to improve plasma collection. It was agreed to support Dr. Lane's request for early funding of BPL redevelopment to produce more NHS factor VIII concentrate; the possible ways of factor VIII distribution were noted.

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