



Department of Health and Social Security
Hannibal House Elephant and Castle London SE1 6TE

Telephone 01-703 6380 ext **GRO-C**



LP1

To
Regional Transfusion Directors

Your reference

Our reference H/H7/15

Date 5 March 1975

IN CONFIDENCE

Dear Director

ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE

I enclose a revised draft letter (with three Appendices) to Regional Administrators which has been prepared in the light of the discussion at the RTD meeting on 19 February. Please note that the targets have been adjusted to take into account the plasma that can be expected from the diminished use of cryoprecipitate.

Paragraph 5 of the draft letter has been incorporated at the suggestion of one Director. I understand the reasons for the suggestion but I think that the paragraph is capable of misinterpretation and would be better omitted. I would however be glad to have your views.

I should be grateful for any comments you may wish to make on the draft letter and Appendices in general not later than Friday 14 March. Nil returns are required.

Yours sincerely

GRO-C

W d'A Maycock

Copies

*Dr Maycock
Dr White
Mr Brande
Mr Gidden
Mr Lachon
Mr Lewis*

Mr Yates (2)

Mr Rosbotham (2)

Mr Taylor

Mr Day

Mr Blanchard

Mr Cummy

Mr ABRees

Mrs Evans (2)

To: Regional Administrators

IN CONFIDENCE

Dear Sir

ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE

1. DS 364/74 of 24 December 1974 described the reasons why it had been decided that earmarked finance of up to £0.5m should exceptionally be provided with the primary aim of making the NHS self-sufficient in AHG concentrate within two to three years. I am now writing to say that Regional targets for achieving this objective (by diverting donations at present used for the preparation of cryoprecipitate and increasing the number of donations used for AHG concentrate) have been fixed provisionally and are set out in Appendix 1.
2. The targets of 275,000 blood donations to be used annually for the preparation of AHG concentrate and 100,000 for cryoprecipitate have been recommended to the Department as minimum targets by an Expert Group on Likely Trends in the Treatment of Haemophilia. It is therefore particularly emphasised that Regions which have already reached or exceeded (or have planned to reach or exceed) the targets shown in Columns 2 and 3 should not in any way reduce the amount of plasma which they at present provide, or plan to provide, for the treatment of haemophilia but should wherever possible increase it. The provisional targets are subject to revision in the light of the information supplied by Regions in response to this letter.
3. As Factor VIII is extremely labile, variations in processing during the preparation of frozen plasma (and during its fractionation) may affect the yield of Factor VIII in the concentrate and its stability during storage. It is therefore essential that plasma is collected, separated, frozen and transported under conditions which will minimise loss of activity. To achieve the targets provisionally allocated it may be necessary to incur additional expenditure at Regional Transfusion Centres under one or more of the following heads, accommodation, laboratory equipment, transport and staff. The extent of these requirements will vary from Region to Region. To enable the Department to distribute the earmarked finance in a way which will lead to an increased production of plasma on a national basis in the shortest practicable time, we should be grateful if you would arrange to review the position in your Region and submit a return to the Department in the form set out in Appendix 2 as soon as possible and not later than 18 April.

/4. As

4. As suggested in paragraph 2 some Regions may be able to exceed their provisional targets. Others may be unable to reach the target without a degree of expenditure, especially under the heading "Accommodation", which, in the light of the total resources available, would be disproportionate to the amount of plasmato be produced. In either of those circumstances it would be necessary to revise the provisional targets in Appendix 1. To assist the Department in this respect we would ask you also to complete and return by 18 April the questionnaire in Appendix 3 and, as appropriate, Column 3 of Appendix 2. Please note that the information to be given in Column 3 of Appendix 2 is additional to that in Column 2.

5. You will no doubt bear in mind that, although this letter is concerned with a programme to produce more AHG concentrate for the treatment of haemophilia, it is essential that Regional Transfusion Centres should at the same time continue to carry out their normal function of providing sufficient blood and blood products to meet the needs of hospitals.

6. Additional copies of this letter are enclosed for the Regional Medical Officer, the Regional Treasurer and the Regional Transfusion Director.

Yours faithfully

B O B Gidden

PROVISIONAL REGION TARGETS FOR INCREASED PRODUCTION OF FRESH PLASMA FOR AHG CONCENTRATE

1	2	3	4	5	6	7	8
Regions	Minimum No. of donations needed to be used for AHG concentrate	Minimum No. of donations needed to be used for cryoprecipitate (calculated as a percentage of Col.4)	Donations used for cryoprecipitate in 1974	Donations at present used for cryoprecipitate available to be diverted to AHG concentrate (Col.4 minus Col.3)	Donations used for AHG concentrate in 1974	Total donations at present available to be used for AHG concentrate (Col.5 plus Col.6)	Minimum additional No. of donations to be used for AHG concentrate (Col.2 minus Col.7)
Northern	20,000	6,400	14,108	7,708	-	7,708	12,292
Yorkshire	19,000	2,400	5,710	3,310	5,639	8,949	10,051
Trent	18,000	4,600	10,177	5,577	439	6,016	11,984
East Anglian	12,000	2,700	6,003	3,303	2,033	5,336	6,664
N W Thames	26,000	17,400	38,130	20,730	5,061	25,791	209
N E Thames	21,000	4,100	9,068	4,968	14,550	19,518	1,482
SE & SW Thames	36,000	10,700	23,777	13,077	-	13,077	22,923
Wessex	11,000	7,800	17,130	9,330	-	9,330	1,670
Oxford	13,000	1,600	3,406	1,806	27,778	29,584	-16,584
South Western	21,000	6,900	15,149	8,249	5,139	13,388	7,612
West Midlands	26,000	15,000	33,109	18,109	1,350	19,459	6,541
Mersey	16,000	5,200	11,378	6,178	-	6,178	9,822
North Western	25,000	9,400	20,866	11,466	-	11,466	13,534
Wales	11,000	5,800	12,771	6,971	2,888	9,859	1,141
TOTAL:	275,000	100,000	220,782	120,782	64,877	185,659	89,341

FACILITIES REQUIRED FOR INCREASED PLASMA PRODUCTION

1	2	3
Description of Item	Estimated cost to achieve target provisionally fixed in Appendix 1 to DS /75	Estimated cost of using <u>additional</u> number of donations see para 4 of DS /75 and Appendix 3
Different items should be listed separately	Different items should be costed separately	
<u>A. Capital</u>		
1. <u>Accommodation</u> eg:- Additional accommodation for extra equipment Alteration of existing accommodation		
2. <u>Laboratory Equipment</u> eg:- 6L Mistral(or other)refrigerated centrifuge(s) Freezer(s) operating at -30°C or below Freezer(s) for 5L Bags Sealers Pairs of Scales		
3. <u>Transport</u> eg:- $+4^{\circ}\text{C}$ refrigerated vehicle(s) Equipment/vehicle(s) for transport of frozen plasma at -30°C or below		
<u>B. Revenue</u>		
1. <u>Laboratory equipment</u> eg:- Plastic blood bags (pigtail/double)		
2. <u>Staff</u> eg:- Technician(s) Laboratory Assistant(s) Driver(s) Donor attendant(s) Clerk(s)		

1. Assuming the necessary facilities could be made available, could the number of donations to be used for AHG concentrate be increased above the target provisionally fixed in Appendix 1 to DS /75?

YES / NO (please delete as appropriate).

2. If the answer is Yes, please state the additional number of donations that could be used and also complete Column 3 of Appendix 2.

No. of additional donations