Immediately after the decision was taken in December last to invest £ .5m of special finance in AHG concentrate production, provisional targets of plasma production were drawn up for each of the 14 Regional Transfusion Centres. These were then circulated to Regional Transfusion Directors and discussed with them at a special meeting on 19 February. The targets have now been revised and we expect to issue them to Regional Health Authorities next week with a proforma for them to return within a month indicating the amounts of money required for extra staff, equipment, transport, and adaptation of accommodation. A copy of our draft circular letter is attached. We shall process these returns as speedily as possible.

The main delays in starting up this programme are likely to be -

(a) delivery and installation of three Sharples centrifuges at Blood Products Laboratory. The quoted delivery period is six months,

(b) adaptation of premises at Regional Transfusion Centres and Blood Products Laboratory. At the latter laboratory, recruitment & training of staff may pose problems.

Whether delivery and installation of certain other items of equipment may also be a cause of delay will not be known until information is received from the suppliers. ~~[Note: I have in mind here freezers for plastic bags and vehicles.]~~

Once the equipment has been delivered and any necessary adaptation of premises made, we should be able to move forward, on the assumption that Directors will be successful in persuading clinicians to accept a steadily increasing proportion of blood in the form of concentrated red cells. Meanwhile we can expect that the rate of production of fresh frozen plasma, with existing resources, will continue to increase, which will help marginally in the interval before the planned programme gets under way. NHS production of AHG concentrate increased from 5927 bottles in 1972 to 9624 bottles in 1974.

Much effort will be required of Regional Transfusion Directors, some of whom may not see eye to eye with their clinical colleagues treating haemophiliacs. For example, some Haemophilia Centre Directors envisage home prophylaxis rather than treatment, whereas the present proposals are based upon home treatment of a bleed when it occurs. Other Haemophilia Centre Directors, apparently, are not fully persuaded of the practicability and value of home treatment.

There are therefore several clinical issues involved. But these need not delay the start of increased production.

It should be noted (a) that Factor VIII concentrate has not previously been prepared on the scale envisaged; this will in itself almost certainly give rise to some problems, and (b) the procedure of fractionation is constantly under review with the purpose of improving the yield of Factor VIII from plasma and at present this is 30-40 per cent.

We will report again if we may at the end of next month when we should be able to see which Centres are able to get off the mark quickly and give some estimate of the rate of increase of AHG production. Dr Owen also suggested we might consider issuing a letter to Authorities asking them to view demands for the supply of the commercial material with sympathy. This could cause irritation if conveyed in an official letter. We suggest instead that we might make the point in answer to further PQs, which we are almost certain to get.