



You will probably know that I have been advised by an expert group on the treatment of haemophilia that it is necessary to process the plasma from about 350,000 blood donations annually to produce sufficient Factor VIII for the treatment of patients suffering from haemophilia and similar disorders in this country. On this basis, the plasma from some 75,000 donations would be used to provide cryoprecipitate but the greater part, from approximately 275,000 donations, would be used to provide freeze-dried AHG concentrate. I understand that at this level of production some Factor VIII could also be made available to haemophiliacs for whom treatment at home can be recommended.

Factor VIII in the form of cryoprecipitate can usually be supplied in sufficient quantities to meet normal requirements, although local shortages do occasionally occur, but there is an immediate need to provide more AHG concentrate. At present, part of the demand for this material is being met by imported products, but these are expensive and health authorities feel they cannot afford to buy as much as they would wish. It has been estimated that it would cost about £2 million a year to treat haemophilic patients in this country with AHG concentrate purchased from commercial firms. Purchases by health authorities are running at the rate of a little over £600,000 a year, but we have to face the fact that this is one of many costly treatments and other aspects of patient care which are competing for priority.

However, I regard it as most important that the National Health Service should become self-sufficient as soon as practicable in the production of AHG concentrate That is why I have authorised the allocation of special finance of up to £½ million, which is now being spent to boost our own production of this material, mainly through the installation of additional facilities; sufficient funds should be available through Regional Health Authorities to maintain production in future years. To achieve our objective we shall also need the full co-operation of all clinicians who, by using for transfusion purposes considerably more concentrated red cells in place of whole blood, can free more



plasma for fractionation into AHG concentrate.

Production within the National Health Service of AHG concentrate during the first nine months of 1975 was some 15 per cent up in comparison with the corresponding period last year and we confidently expect that production figures to the end of the year will show that we are well on target. Of course, production is still far short of what is needed, but we are beginning to see results from the extra money. In the light of estimates which have recently been made by Regional Health Authorities I hope that in about a year we will be able to meet some two-thirds of the present requirements for AHG concentrate and that within two years we may be able to reach the target which we have set ourselves. Meanwhile health authorities are free to purchase additional supplies of AHG concentrate from commercial firms when they consider that it is right to do so. With medical advice they can best judge the individual cases and balance the needs, taking into account the many demands on their limited resources.

Much of this no doubt will be familiar to you, and I am sure you are already aware that it is our intention within the resources available to make the best possible treatment available to those with haemophilia and similar conditions, but that there are practical problems which prevent its immediate fulfilment."

GRO-C

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