

With the compliments of

MINISTRY OF HEALTH
Alexander Fleming House,
Elephant and Castle,
London, S.E.1.

Tel. No: HOP 5522 Ext. GRO-C

Date 5th april 1967 admiral Helford

Department of Haematology, The Royal Infirmary, Sheffield.6. 1st. April, 1967.

## NOTE ON THE NEED FOR AN INCREASED SUPPLY OF HAHG AND HUMAN CHRISTMAS FACTOR CONCENTRATE.

Since the meeting held at the Ministry of Health on 18th June, 1964 to discuss the development of haemophilia centres, the pressure on the Sheffield centre has increased appreciably. In 1964 the number of in-patients suffering from haemophilia and allied disorders at any one time averaged rather less than two. This number now varies between two and eight.

While the local arrangements for the supply of blood and freshfrozen plasma remain satisfactory, the above situation has accentuated the need for an increased supply of HAHG and Human Christmas Factor concentrate.

In view of our local difficulties, Dr. Bowley and I have been in touch with our colleagues in Manchester and Oxford. It seems fair to state that we all wish for more ready availability of the human concentrates for the treatment of our patients. At the same time we hasten to record our deep appreciation of all the efforts which have been and are being made by Dr. Maycock in this regard.

In 1964 it was considered desirable to establish at least one extra fractionation laboratory, possibly at both Manchester and Oxford. At the present time it seems unlikely that there will ever be enough HAHG to treat all the haemophilics in the way we would wish. In view of this and of the introduction of the cryoprecipitate technique, we believe that a meeting of all those concerned in Manchester, Oxford and Sheffield together with other interested persons may well prove valuable. Relevant questions appear to include the following.

- (1) To what extent is it envisaged that supplies of HAHG and Human Christmas Factor concentrate will be increased in the near future? (In this context the question of the extent of the availability of these substances should be considered).
- (2) In what further ways can the three Regional Blood Transfusion Centres working independently or together help in the present situation?
- (3) Is the preparation of A.H.G. cryoprecipitates best undertaken by the Regional Blood Transfusion Centres as opposed to specific hospital laboratories?
- (4) Would economy and efficiency be obtained by arrangement with one/ or more pharmaceutical undertakings for the preparation of concentrates?

E.K. Blackburn.