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LPI

To
 Regional Health Authorities

Your reference

Our reference H/H7/15

Date 21 March 1975

IN CONFIDENCE

Dear Sir

ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE

1. DS 364/74 of 24 December 1974 explained that the National Blood Transfusion Service is currently unable to meet the demands of clinicians for certain preparations of human blood, especially anti-haemophilic globulin (AHG) concentrate. After outlining the difficulties which would have to be overcome to meet these demands, the letter went on to explain (in paragraph 6) that it had been decided exceptionally to earmark finance of up to £0.5m 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 proportion of donations used for AHG concentrate) have been fixed provisionally and are set out in Appendix 1. As blood products production in England and Wales is organised on an integrated basis, a provisional "Regional" target for Wales has been included with the agreement of the Welsh Office.

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 the Treatment of Haemophilia. There will, moreover, be an interim period of at least six months during which the production of cryoprecipitate will have to continue at about the present rate in order to meet demands until sufficient AHG concentrate becomes available. 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 7 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

Distributed as at 22B

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 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 plasma to 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 only 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 provide 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

GRO-C

B O B Gidden

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

1	2	3	4	5	6	7	8	9	10
Region	Donations used for cryoprecipitate in 1974	Minimum donations needed to be used annually for cryoprecipitate (calculated as an approximate proportion of Col.2)	Donations used for cryoprecipitate available for diversion to AHG concentrate (Col.2 minus Col.3)	Donations used for AHG concentrate in 1974	Total donations available to be used for AHG concentrate (Col.4 plus Col.5)	Minimum donations needed to be used annually for AHG concentrate	Minimum additional donations needed annually for AHG concentrate (Col.7 minus Col.6)	Estimated donations (additional to Col.3) needed for cryo-precipitate during change-over to AHG concentrate	Total additional donations needed for Factor VIII (Col.8 plus Col.9)
Northern	14,100	6,200	7,900	-	7,900	20,000	12,100	9,400	21,500
Yorkshire	11,700	5,200	6,500	5,600	12,100	19,000	6,900	7,800	14,700
Trent	10,200	4,400	5,800	400	6,200	18,000	11,800	6,800	18,600
East Anglian	6,000	2,500	3,500	2,000	5,500	12,000	6,500	4,000	10,500
N W Thames	38,100	17,100	21,000	5,100	26,100	26,000	-100	25,400	25,300
N E Thames	9,100	3,900	5,200	14,600	19,800	21,000	1,200	6,100	7,300
SE & SW Thames	23,800	10,400	13,400	-	13,400	36,000	22,600	15,900	38,500
Wessex	17,100	7,600	9,500	-	9,500	11,000	1,500	11,400	12,900
Oxford	3,400	1,400	2,000	27,800	29,800	13,000	-16,800	2,300	-14,500
South Western	15,100	6,700	8,400	5,100	13,500	21,000	7,500	10,100	17,600
West Midlands	33,100	14,700	18,400	1,400	19,800	26,000	6,200	22,000	28,200
Mersey	11,400	5,100	6,300	-	6,300	16,000	9,700	7,600	17,300
North Western	20,900	9,200	11,700	-	11,700	25,000	13,300	13,900	27,200
Wales	12,800	5,600	7,200	2,900	10,100	11,000	900	8,500	9,400
TOTAL:	226,800	100,000	126,800 ✓	64,900	191,700	275,000	83,300	151,200	234,500

NOTE: These figures assume that 180ml of plasma is taken from each donation.

FACILITIES REQUIRED FOR INCREASED PLASMA PRODUCTION

1	2	3
Description of Item	Estimated cost to achieve target provisionally fixed in Col.8 of Appendix 1 to DS 117/75	Estimated cost of using <u>additional</u> number of donations - see para 4 of DS 117/75 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 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)		

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APPENDIX 3

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 Col.8 of Appendix 1 to DS 117/75?

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