DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1 6BY

TELEPHONE: 01-407 5522

From the Minister of State

PO(MIN-H)1426/2

Andrew Bennett Esq MP

4 December 1975

Dear Andrew

Thank you for your letter of 8 November to Barbara Castle enclosing a letter (attached) from Mr and Mrs GRO-A, of GRO-A, about the supply of Factor VIII for the treatment of haemophilia and related blood clotting disorders.

I think that I can most usefully comment by describing the steps we have taken to try to ensure that supplies of Factor VIII are adequate. As you will appreciate, there are numerous problems to be overcome but this in no way reduces our concern to see that the difficulties which your constituents are facing are kept to the absolute minimum.

I have been advised by an Expert Group which has been studying this subject 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. Factor VIII is available either in the form of a preparation known as cryoprecipitate or in the form of the anti-haemophilic globulin (AHG) concentrate, also known as 'freeze-dried' Factor VIII concentrate. On the present 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 AHG concentrate. I understand that at this level of production Factor VIII could also be made available to haemophiliacs for whom treatment outside hospital can be recommended.

Factor VIII in the form of cryoprecipitate can usually be supplied in sufficient quantities to meet requirements, although local shortages do occasionally occur but, as Mr and Mrs GRO-A suggest, 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 slightly over £½ million a year, but we have to face the fact that this is one of the many costly treatments and other aspects of patient care are competing for priority.

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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 to boost our own production of this material, mainly through the installation of additional facilities. To achieve our objective we shall also need the full co-operation of all clinicians who, by using for transfusions considerably more concentrated red cells rather than whole blood, can free extra plasma for conversion 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. Of course production is still far short of what is needed, but it is as yet too early to see any results from the extra money. The arrangements which we had to make to use this money efficiently were complex and have taken some time to carry through, and I have never expected that the first effects would be felt much before the end of this year. 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. I appreciate that this may not be regarded as soon enough by Mr and Mrs GRO-A, but 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.

Mr and Mrs GRO-A are obviously aware of much of what I have said above and I do appreciate their concern. I hope however that my somewhat lengthy description of what is involved will enable you to appreciate the problems which confront the Government and indeed all those with responsibilities for the treatment of patients with haemophilia and similar conditions.

GRO-C

DR DAVID OWEN