THE RT HON DR

HOUSE OF COMMONS
LONDON SW1A 0AA

Mr G L Ross LLB
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29 June 1988

Dear Mr Ross

I have now heard again from the Ombudsman who is still refusing to investigate the case of my constituent. I have to say that I have now taken this decision to be final. It seem clear to me that he has no intention of investigating the case.

Whilst in the past I have defended the ineffectiveness of the Ombudsman's office on the basis that their terms of reference were too circumscribed, I do not feel that in this case that defence can be applied. I am so dissatisfied with his decision that I have sent all the papers to the Chairman of the Select Committee on the Parliamentary Commissioner for Administration with the name of my constituent removed and I am also sending you these papers for the sake of completeness. I am sure you will be as disappointed as I am that despite all the evidence, we now have to accept such a negative response and I firmly believe that there is now an urgent need for reform of the office of the Ombudsman if we are to have any confidence that adequate safeguards exist to prevent maladministration of this order by Government Departments in the future.

Yours sincerely

DAVID OWEN

SC4028O

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From the Secretary of State for Social Services

P0(1)2454/6

16 June 1988

The Rt Hon Dr David Owen MP

Dear David.

Thank you for your letter of 5 May in which you ask for further explanation regarding the consumption of Factor VIII. You also wrote to Tony Newton on 18 May and 24 May and I hope you will accept this as a reply to those letters also. I am sorry for the delay in replying.

As you will know, Factor VIII is present in blood plasma. Plasma itself was originally used to treat haemophiliacs but it was found that Factor VIII could be concentrated by a variety of techniques. Cryoprecipitate is a relatively impure preparation made by the freezing and slow thawing of plasma in a process which in 1974, and still to a certain extent today, was carried out at Regional Transfusion Centres. A much purer product can be made by a freeze drying treatment and this Factor VIII concentrate is made by the Blood Products Laboratory (BPL) at Elstree and also commercially. Freeze dried Factor VIII proved to be far more satisfactory for home therapy than cryoprecipitate and this led to a substantially increased demand.

The 1977 paper by Rosemary Biggs to which you refer in your letter of 18 May shows that in 1974 cryoprecipitate provided 70 per cent of the Factor VIII given to haemophiliacs. Today cryoprecipitate provides less than 4.0 per cent. The same paper also shows that in 1974, 13.05 per cent of the Factor VIII, some 2.7 million international units, was provided in the form of commercial freeze dried concentrate. I have always assumed that your announcement in January 1975 represented your commitment to eradicate this reliance on commercial Factor VIII concentrate since we were of course already self sufficient in other sources of Factor VIII. Although as I said in my letter of 21 January, some £500,000 was made available to the NHS from 1975 to increase the output of Factor VIII

concentrate from Elstree, the success of the concentrate led to its rapidly increasing use and to dwindling reliance on cryoprecipitate. Our commitment to self sufficiency as witnessed by the new £60 million Blood Products Laboratory has been concerned with increasing the output of Factor VIII concentrate. The figures which I have given you therefore refer to consumption of this material.

You ask specifically why the figures for 1974 and 1975 refer only to Haemophilia 'A' patients and also why there is a disparity between the 7.7 million units given for 1975 in Tony Newton's recent reply and the 8.2 million units quoted in my letter of 21 January.

Haemophilia 'A' patients account for 97 per cent of all Factor VIII used, severely affected von Willebrand's disease patients for two per cent and the remainder is used by people whose haemophilia is acquired rather than hereditary. From 1976 all usage was recorded for completeness. The figure of 8.2 million units was the UK consumption for 1975. The recent reply concerned England and Wales only.

Prior to the formation of the Central Blood Laboratories Authority in 1982, BPL was managed in turn by the Medical Research Council, the Lister Institute and the North West Thames Regional Health Authority. My officials have now been able to fully examine the accounts then held, and to compile separate capital and revenue figures back to 1979/80 as below. Prior to that year the accounts held are not in a form which allow capital and revenue to be separated.

	Revenue (£ millions)	Capital (£ millions)	Total (£ millions)
1979/80	1.5	0.1	1.6
1980/81	2.2	0.5	2.7
1981/82	2.8	1.3	4.1

The additional £500,000 given to Regional Transfusion Centres in 1975 to produce more plasma for processing at BPL, did increase Factor VIII production from 2.9 million units in 1975 to 11.8 million in 1977. A £2 million capital improvement programme at BPL between 1980 and 1982 raised production to 21.6 million units. Capital injections alone did not enable self sufficiency to be achieved however, simply because the demand for Factor VIII increased at the same time.

The fall in production in 1980 which you question in your letter of 24 May, reflected disruption arising from the installation of three new freeze driers during the £2 million refurbishment which commenced that year. Lower Factor VIII output figures in 1984 reflect the need to halt production and introduce new heat treatment processes to inactivate HIV. Yields of Factor VIII per litre of plasma are lowered by these processes which are nevertheless necessary to achieve product safety. Commercial Factor VIII was of course also modified at that time for the same reasons.

E.R.

Now that production of Factor VIII is entirely within the new premises at BPL, self sufficiency in terms of current demand for Factor VIII is expected later this year.

I hope this fuller explanation is helpful to you.

GRO-C

JOHN MOORE