

LC/

[Correspondence
to Travenol]

Haemophilia

ANTI-HAEMOPHILIC GLOBULIN (AHG FACTOR VIII)
CONCENTRATE

Note of a meeting at Hannibal House on 26 June 1974.

Present

Dr Maycock ✓	(Consultant Adviser in Blood Transfusion)
Dr Waiter	MED B4
Mr Jackson	HS2B
Mr Masters	{
Mrs Tunnard	{ Supply HSSB4
Mr Drewe	{
Mr Hanson	{ " STB3

1. Purpose

To consider a letter of 16 May from Mr Steer (Travenol Laboratories) to Dr Maycock requesting a meeting to discuss future needs for AHG and plastics bags for blood collection.

2. AHG

2.1 Supply Division had arranged central call-off contracts with Travenol Laboratories and Serological Products for ~~one~~ year beginning 1 November 1973. Estimated demand under each contract was 5,000,000 units of AHG (10p/unit) but actual demand for the first 7 months was:

Travenol	1,355,230	units
Serological	244,250	units

Both firms had expressed disquiet and Supply Division, who would now have to start the process of arranging new contracts if these were required, wanted to know what estimate to give the firms for 1974/75. There were probably several reasons for low take-up and Dr Waiter asked for details of supply, centre by centre so that detailed consideration could be given. Mr Drewe would provide these. The underlying factor was shortage of money as most regional authorities had not been allowed an extra allocation to purchase AHG. There were some exceptions to this, notably Oxford.

2.2 When the central contracting was first discussed in March 1973 it was hoped that UK needs for AHG would be supplied by the B.T.S by mid 1975. Dr Maycock said this would not now be possible nor could he give a revised date at this stage because of financial stringency. Further contracts would therefore be necessary for at least another year and possibly more.

2.3 Dr Waiter on investigating the detailed current supply would advise on the estimate for 1974/75 but it was almost certain that this would be much less than the 10,000,000 units for both contracts estimated last time. If the trend continued the final take up for 1973/74 would be:

Travenol	2,350,000	{ 47%
Serological	406,000	{ 8%

3. Bags

If AHG was to be provided by the BTS/Blood Products Lab, it would be necessary for blood to be collected in plastic bags rather than bottles to facilitate production of plasma. Last year Supply Division advised against a wholesale switch from bottles to bags because of plastics shortage and monopoly manufacture of bags in UK. While the shortage has eased the monopoly remains. In England 7 BTCs use bags exclusively the remainder use bags and bottles but would prefer bags only if finance permitted. Extra provision seemed unlikely.

4. Supply of Blood

The numbers of donations was below requirements and more would be needed to enable BTS to supply sufficient AHG even if the money for equipment was available. Travenol had enquired whether BTS could supply plasma to them as there was a world shortage. The Department's policy had always been not to supply plasma to commercial firms.

5. Dr Maycock would reply to Mr Steer that Supply Division would get in touch with him to discuss further demand for AHG and plastics bags, and send a copy of his letter to Mr Drewe. Supply Division would then arrange meetings with Travenol and Serological Products.

6. Summary of Decisions

6.1 Dr Waiter to consider the reported demand for AHG and advise on the estimated take up for 1974/75.

6.2 NHS would not be self sufficient in AHG by mid 1975 and further central contracts would be needed.

6.3 Dr Maycock to reply to Mr Steer as at 5.

6.4 On receipt of advice from Dr Waiter about estimated demand Supply Division would arrange meetings with both firms.

cc: All present

G. A. DREWE

2/7/74.