

Included

This is excellent and I recognize that everyone is doing everything possible - I believe we should keep up the pressure. Could be kept - I think it is important to have a target which will be done. I will be happy to accept what they have made up.

FACTOR VIII : AHG CONCENTRATE

1. Dr Owen has commented on PQ 3474:- "Once again we are a 2-3 year time-scale. I have asked if we can improve on this. Can I have a note?"

2. This is the time-scale which Dr Owen gave in reply to a PQ from Mr John Spence on 22 April. Since then, as a result of our discussions with Regions, we have given them targets which would produce plasma from 337,000 blood donations. This is some 20% more than the total of 275,000 recommended by the Expert Group on Haemophilia but that figure must be regarded as the minimum.

3. All Regions, except two, have now indicated when they expect to achieve their share of the target of 337,000. The position may be summarised as follows:-

<u>Date</u>	<u>Cumulative Totals</u>	
	<u>Donations</u>	<u>Percentage of target</u>
31.12.1975	127,000	38%
31. 3.1976	165,000	49%
30. 9.1976	231,000	69%
31.12.1976	267,000	79%
30. 6.1977	292,000	87%

The two Regions about which we are at the moment uncertain would provide another 45,000 donations ie 13% of the target.

4. The main reason why the programme cannot be completed earlier is that in four Regions extensive alterations have to be made to the Transfusion Centres before they are in a position to provide more plasma. In one case the work will take six months, in two cases one year, and in the fourth 21 months. There is no scope for reducing these periods. Arrangements are in hand to purchase centrally those items of additional laboratory equipment requested by RTCs. First deliveries are expected within 2-3 months and the programme is unlikely to be held up on this score. We are having difficulties about the date of delivery of three Sharples centrifuges for the Blood Products Laboratory but we are pursuing this and hope to resolve the matter soon.

5. We are taking steps to clarify the position of the two Regions whose ability to contribute to the programme is at present uncertain. From the point of view of the NBTS it is desirable, if it is at all possible, that all Regions should take part. If the two Regions in question can be brought in we hope that they will be able to achieve their target by about the end of 1976. However, if they cannot participate we will have to consider allocating the funds provisionally earmarked for them to other Regions able to provide more plasma than they have at present undertaken to do.

6. It is difficult to be precise in estimating a date for achieving self-sufficiency, not least because not all are agreed as to what constitutes self-sufficiency; some Haemophilia Centre Directors envisage prophylactic treatment whereas the Department's programme is based upon home treatment of those patients

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for whom treatment at home can be recommended. It remains to be seen whether RTDs will be successful in persuading clinicians to accept a steadily increasing proportion of blood in the form of concentrated red cells; this may be a possible limiting factor. AHG concentrate has not previously been prepared in the NHS on the scale envisaged and this in itself will almost certainly give rise to some problems.

7. However, accepting these qualifications, the figures in paragraph 3 suggest that we can improve on the previous estimate of achieving self-sufficiency within two to three years. We can now say that we expect to be self-sufficient within two years or, alternatively, that within about a year we will be able to meet some 2/3rds of present requirements and become self-sufficient in 1977.

8. has seen this minute.

HS2B

11 July 1975

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