22nd February, 1984.

BTC/JDH

Mr. D.G. Watters,
The Haemophilia Society,
P.O. Box 9,
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Blood Products Sub-Committee

Dear David,

Thank you for your letter of February 17th with the enclosed document on blood products which I read with interest. May I offer the following comments.

1. I accept that self-sufficiency in factor VIII production is unlikely to be achieved in the near future despite the expansion at Elstree.

2. I agree that the requirement for factor VIII will continue to rise although I doubt whether we will actually need 145 million units in 1985. As you imply in the document the exact figures are difficult to determine.

3. I am not really convinced by paragraph 10.

   (a). Are we absolutely certain that no U.S. concentrate originates in the Third World? The Mexican border is not far away.

   (b). Isn't the section on pricing rather naive? I do feel that we should support the processing of plasma freely given within the NHS and that price is important despite the U.K's relatively healthy balance of payments. Surely one of the reasons that commercial concentrate is reasonably priced here is that we have our own production facility. Does the Haemophilia Society have any other sound explanation for the pricing structure of commercial concentrate in the U.K? Prices <u>are</u> rising and I am afraid they might rise further if there was no NHS product. The Society's paper makes no reference to other blood products such as plasma protein fraction which enter the national fractionation equation even if they are not used to treat haemophiliacs.

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Mr. D.G. Watters

2.

Blood Products Sub-Committee

3. (c). I know of no evidence that British concentrate carries a greater hepatitis risk than commercial concentrate although I accept that the risk is no lower. Nevertheless I agree that if a commercial concentrate was shown to carry a low or absent hepatitis risk this would create a difficult dilemma for Centre Directors in the treatment of some patients.

4. It is still too early to bank on synthetic concentrate becoming available in the foreseeable future and planning should not assume its ready availability in 5-10 years.

5. I agree that we know little about AIDS at present. In my opinion there is no reason to spurn commercial concentrate and we have to keep an open mind on the risk associated with NHS material.

6. I agree with the "wait and see" conclusion to the paper but for different reasons. The expansion at Elstree is already going ahead and should, in my opinion, be supported. I don'tt think it would be good policy for the Society to criticise NHS concentrate or the plans to expand NHS production at the present time. Since we agree that commercial concentrate will continue to play a major part in the treatment of haemophiliacs in the United Kingdom for the forseeable future I would advocate a policy of continued support for the expansion and improvement of NHS production while maintaining a close interest in technical advances in the commercial sector.

Finally I know of no plans to limit the supply of blood products by regional health authority cuts. Peter Kernoff and I have recently prepared a detailed account of our view of the management of haemophilia in the North East Thames Region for the Regional Specialty Review, and whilst the Review Board has not yet had its final meeting I have every reason to believe that they intend to maintain the status quo as far as our specialty is concerned.

Yours sincerely,

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