Copy -> Dr Richter 14/11

Mr Franks

From: Mr Wilson MCA
Date: 14 November 1989
cc: Dr K Jones
Dr Jefferys
Dr Fowler
Dr Roblat
Mr J Turner
Mr Sloggem
Mr Canavan HS1
Mr Dobson HS1
Mrs Richter
Mr Nilsson SolC5
Mr Freedman SolC5
Mr E Luxton PD/AD

PROFILATE FACTOR VIII

1. I have received Mr Booth's minute of 13 November following the IAG discussion on that day.

2. I have several concerns, as set out below. They relate both to the case for the action proposed and, if the action were to be endorsed, the steps necessary to implement it.

The Action Proposed

3. The major deficiency (as set out in 6.3.3 of the Inspectors' report) existed in February 1988 at the time of the earlier inspection. We did not then apparently consider the processes to be so unsafe as to warrant regulatory action. Mr Booth's minute refers to the situation having deteriorated since then and to it now being considered critical. I see from the Inspectors' report (line 7 on page 7) that the heat treatment room was worse than at the time of the previous inspection. This may be so but does this make the process materially less safe than in 1988? Is there some other aspect which has got significantly worse? Further the company list in their letter of 2 November that a number of steps have been instituted which appear at least partially to address the alleged critical deficiencies. Nothing is said in Mr Booth's minute about whether these steps are regarded as materially meeting the critical deficiencies and if not why not. Can we have further written comments from the Inspectorate and medical advice on this aspect urgently?

4. Mr Booth does not state under what provision in S.28 regulatory action is proposed. But I gather it is probably S.28(e) relating to unsuitable manufacturing premises. But essentially the concern relates to safety and and I would like to know what medical advice was available to IAG and what that advice was. Given that this product has been available in the UK for a long time and has, I understand, a high reputation for product safety, is there any evidence at all from clinical use to suggest that the risks of contaminated products identified by the Inspectors may be actually leading to cases of viral infection in patients? Does the present process lend itself to that possibility, and what is the nature of the risk to patients? I understand that Dr Roblat has not had opportunity to comment on the papers and I think it would be helpful if she saw them urgently, both in respect of this and other aspects, and if we had her comments available in writing. Generally I think we need her views as to whether on the basis of the evidence there is an immediate hazard to health and if so what it is. Could Mr Booth please provide her with a set of the papers urgently?

5. Nor am I clear from Mr Booth's report what legal advice was given to IAG. Given the potential significance of the recommendations proposed I would also like written confirmation from SolC5 that, from the legal angle, they consider that the evidence for the regulatory action proposed would stand up to scrutiny eg if the company used their rights to apply for a 'person appointed' hearing. Please also clarify on what provisions of S.28 it is proposed to rely.

Implementation

6. I note that it is said that 'Supply Branch' and HS1 say that BPL could meet the gap created by suspension of Alpha's PL. Before we could go ahead with suspension I think we would need to have some formal assurance on this point from a senior level in BPL, including assurance that they could do so without delay so that no one would be at any risk of being unable immediately to replace their stocks of Factor VIII. Can HS1 or PD confirm that this is the BPL view (making any discreet inquiry necessary). (Incidentally if BPL can fully meet this requirement why are they not doing so at present given that their product is much cheaper for the NHS than the imported commercial product? Perhaps HS1 can say?). As to the "other suppliers existing or shortly to be approved" what are they and could we have a gap where unlicensed commercial products would be substituted for the Alpha product?

7. If we were to take the regulatory steps as proposed the plan of action needs to be worked out. Immediate suspension and recall of stocks from hospitals and patients, especially in the present highly charged public and political atmosphere regarding haemophiliacs and HIV infection, is likely to lead to much publicity and questioning. HS1 need to advise on any advanced and confidential consultations they would think necessary with eg the NHS haemophiliac reference centre and with the Haemophiliac Society so as to ensure that as far as possible key people are prepared before any announcement.

8. I note in any case that HS1 are concerned about the publicity if action as proposed goes ahead. We need to have a considered view urgently on how they see this matter and on any preparatory arrangements as outlined in para 7.

9. Finally before any decision to take regulatory action on this issue we will need to consult Ministers to get their endorsement for what is proposed ie both the action itself and the proposals for its implementation (on which of course ID would need to be brought in). In any submission to Ministers I think we would need to bring out why we were now proposing regulatory action (ie what had materially changed since February 1988) and to explain why such action was not thought necessary in February 1988. Can I have further advice on this point urgently? eg how does this present hazard differ, if at all, from the hazard perceived in February 1988?

10. I think we will need a further meeting, involving HS1, later this week if possible. Before then I would like answers to the question and points raised above preferably in writing (I have underlined the relevant issues). Could we have a word about who should attend?

11. I am putting the papers to Dr Jones so that he is appraised of the situation and can consider if he would like to take the meeting.

GRO-C

C H WILSON
Medicines Control Agency
Room 1031 MT Ext GRO-C