

BLH/3.

H/147/15
Mr Dutton
file
(63A)

HAEMOPHILIA CENTRE DIRECTORS' MEETING 20-21 NOVEMBER 1978

Meeting Note:

Reports from Centres for 1978 give the following FVIII usage:

(1795)

NHS concentrate	= 14,964,000 = 32%
Commercial concentrate	= 19,459,000 = 41%
Cryoprecipitate	= 12,103,000 = 26%
Plasma	= 24,000 = 5%
	<u>46,550,000 100%</u>

Total FVIII usage by Centres in 1978

= 47 million i.u.

* ~~not all are treated~~.
// There are 4085 known haemophilia A patients in the UK.

Average use of FVIII per haemophilia A patient per annum = 22,000 i.u.

There are 722 known haemophilia B patients.

Average use of FIX per haemophilia B patient per annum = 21,000 i.u.

All haemophilia B patients are receiving NHS FIX concentrates.

Home therapy (HT)

i. Haemophilia A:

976 patients were on home therapy or were about to start HT at end 1978.

FVIII usage for HT from NHS sources

i.u.

Edinburgh concentrate	= 517,653
BPL concentrate	= 6,564,674
Oxford concentrate	= 1,357,462
	<u>8,439,789</u>

approximately 8.4 million i.u. of NHS concentrate were used for HT. A further 9% (1.7 million i.u.) of cryoprecipitate were used and 45% (8.3 million i.u.) commercial concentrate. At 13p per unit cost of commercial concentrate for HT alone in 1978 was approximately £1.1 million (= £2,500 per patient/per annum).

98 patients were receiving prophylactic (alternate day) treatment in 1978 to achieve limited specific objectives. Usual dose 250 i.u. per injection.

ii. Haemophilia B:

101 patients were on HT in 1978 and 25 of these were on prophylaxis.

Certain Directors reported that AHAs were reluctant to buy commercial concentrate for HT. As a result, clinicians were diverting NHS concentrate for ET and buying commercial concentrates for in-patients.

Supplies of NHS factor VIII concentrate

Talk by Dr R Lane.

BPL achieved its peak FVIII output early in 1977. Since that time production has remained static. If anything, in 1979 there has been a fall-off in production because of a fall in the supply of plasma.

The peak BPL annual production of FVIII = 17 million i.u. However, BPL has now run out of the fresh frozen plasma from which the concentrates are produced and December is a very poor month for blood donations.

To ensure future production, Dr Lane said there must be guaranteed plasma supplies and totally accountable usage. This would require a common source of funding for BPL and the RTCs. There should also be a complete change in the arrangements for purchase and distribution of FVIII. BPL could be responsible for both production of FVIII and central purchase and distribution of commercial concentrate. If BPL's production rose, the purchase of commercial concentrate could be correspondingly reduced and vice versa.

*Not all
Director's said
in favour
of this*
Dr Lane proposed a system whereby he returned to a Region all the FVIII derived from that Region's plasma. He proposed that BPL should charge for the concentrate returned to the Regions and said that this would be an incentive to the Regions to produce more plasma of high quality, since the higher the quality of the plasma, the greater the yield of FVIII per unit of plasma hence the lower the unit cost of FVIII to the Regions. If a Region produced too much plasma for its own requirements for FVIII, it could sell the excess FVIII to other Regions at an NHS price (well below commercial prices).

The cost of commercial FVIII in the UK was currently the lowest in Europe because of the effect on the market of the free NHS concentrate. If BPL did not exist, the cost of the commercial product would go up considerably. In addition, evidence from the USA indicated that there had been a recent fall-off in the use of albumin preparations (ie a decoupling of the FVIII-albumin usage) and the commercial companies would probably endeavour to re-coup their losses on the sale of albumin by increasing the unit cost of FVIII.

Dr Lane pointed out that, in commercial terms, FVIII production comprised only 20% of the total blood product production by BPL. For a running cost of £1.4 million pa, BPL was producing the commercial equivalent of £9-10 million of blood products.

Dr Lane's talk was greeted with enthusiasm by the Directors who felt that they had been kept in the dark by the previous Director of BPL. They expressed great concern about the situation and wished to know how they could help to bring pressure to bear for the requisite expenditure on BPL with the aim of NHS self-sufficiency.

DIANA WALFORD
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