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21

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12th November 1980

ALB/ENAI

The Right Hon. Patrick Jenkin,
Secretary of State for Social Services,
Department of Health and Social Security,
Alexander Fleming House,
Elephant and Castle,
London WE1 6BY

Dear Secretary of State,

At the recent meeting in Glasgow of the UK Haemophilia Centre Directors disquiet was again expressed at the short-fall of freeze-dried concentrates of antihaemophilic factor (factor VIII) provided by the NHS manufacturers for the treatment of haemophilia and at the consequent need to purchase large quantities of factor VIII from foreign commercial sources.

There is general agreement amongst experienced haematologists and physicians that freeze-dried intermediate or higher purity factor VIII concentrate is the material of choice for the treatment of haemophilia. Statistics collected by the Haemophilia Centre Directors show that 50 million units of factor VIII were used during 1979, a figure accurately forecast in 1975. Medical progress, increase in the number of patients and changing patterns of treatment are reflected in the arithmetic increase in the annual use of factor VIII seen since 1969 when those statistics were first collected. If this trend continues at the present rate the annual requirement will rise to about 85 million units by 1985. At present NHS fractionation laboratories produce approximately 15 million units of factor VIII per annum and local Blood Transfusion Centres produce a further 8 million units of second-line material, namely frozen or freeze-dried cryoprecipitate. It is generally agreed that cryoprecipitate is not suitable for home treatment and has limited medical indications for use. Nevertheless even taking into account this latter material there is still a short-fall of 25 million units of factor VIII per annum and this amount is currently purchased from commercial sources at a cost to the NHS of £2.5 million. It is estimated that this will rise to about 60 million units per annum during the next five years at a cost of £6 million at today's prices.

The suggestion has been made that the short-fall in factor VIII be met by licensing the commercial production of factor VIII by private enterprise within the UK using plasma collected by the National Blood Transfusion Service. Although such a step may in the short term be advantageous to our patients we are concerned that the constraints and requirements which would be imposed by industry in order to ensure profitability would in the long term be detrimental to the Blood Transfusion Service of this country, to the spirit of voluntary blood donation and eventually to treatment, not only of the relatively small number of haemophiliacs but also of the much larger number of recipients of whole blood and other blood products.

19

The problem of supply of factor VIII cannot be divorced from that of these other aspects of the Blood Transfusion Service and in our opinion should be solved by improving NHS transfusion resources within the UK, both centrally at the Fractionation Laboratories and peripherally at Blood Transfusion Centres. We feel that the future of blood transfusion practice and plasma fractionation in this country is too important to be exposed to the vagaries of national and international commerce. Moreover once expertise in plasma fractionation has been lost and the staff dispersed it may prove difficult to set up plasma fractionation again within the NHS should the commercial organizations withdraw.

Yours faithfully

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Chairman, UK Haemophilia Centre Directors Organization.

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