our copy

Mr Brandes

1. Mr Carter-Jones' Questions arise from a letter, published in The Lancet of 29 June, from Dr Rosemary Biggs, Director of the Oxford Haemophilia Centre.

2. The most recently developed Factor VIII therapeutic agent for the treatment of haemophiliacs (of whom there are estimated to be some 3,000 in the UK) is human freeze-dried anti-haemophilic globulin concentrate. Following the issue of product licences to two firms, Travenol and Serological Products, to market this (imported) material in the UK, the Department sought advice in March 1973 from a group of experts on likely trends in methods of treatment of haemophilia. The group recommended, inter alia, that:-

(i) the Department should consider centrally purchasing human Factor VIII from the two firms who had been granted product licences

(ii) the UK should aim to become self-sufficient as soon as possible by increasing the production of human Factor VIII within the NHS.

3. As regards (i) it is not the Department's normal practice to make central purchases of health service supplies but central 'call-off' contracts' were arranged with the two firms. RHBs were advised of the arrangements in October 1973 and were told that expenditure on purchases would have to be met from within existing allocations. Because of the special nature of their position exceptions to this rule were made in the case of three former BGs - Oxford, Sheffield and St Thomas' - who received additional allocations of £30,000, £15,000 and £10,000 respectively in 1973/74. Commercial human Factor VIII is very expensive; the two firms are charging 10p a unit. Thus a major operation might cost up to £8,000. Because of the high cost and authorities' current financial difficulties the uptake of the material during the first seven months of the contract has been far below the originally estimated level of demand - Travenol 1,355,250 units (47% of estimate) and Serological Products 244,250 units (8% of estimate).

4. Increased NHS production of human Factor VIII depends in the first place upon an increase in the amount of plasma made available by the 14 Regional Transfusion Centres for fractionation at the Blood Products Laboratory. Extra production of plasma requires in varying degrees in different Regional Centres additional facilities in terms of equipment and/or staff and/or accommodation. A rough estimate of the cost of equipment and staff required is approximately £200,000, most of it recurring. Recent reports from Regional Transfusion Directors indicate that RHAs are, not unexpectedly, unable to make the necessary funds available.

5. We are currently examining with CGD the possibility of some special financial assistance to Authorities for the purpose of increasing the supply of plasma, which will also be needed for increasing the production of another therapeutic material, plasma protein fraction.

6. I attach a draft reply which has been cleared with Med D4, Supply and Dr Maycock.

cc Mr Maycock Dr Waiter
Dr Duncan Thomas Mr John
Mr C G Taylor Mr Jackson

B O B Gidden
HS2B
4 July 1974

P.Q.1754 - MR LEWIS CARTER-JONES (Eccles): To ask the Secretary of State for Social Services if there is a shortage of Factor VIII in the clinics where haemophilics patients are treated on demand; what stocks of good quality human Factor VIII are held in the United Kingdom; whether the commercial firms holding stocks are licensed; and if she will make a statement.

P.Q.1755 - MR LEWIS CARTER JONES (Eccles): To ask the Secretary of State for Social Services if her department will purchase the necessary quantities of Factor VIII to ensure that on demand patients are supplied with the amount needed for their optimum treatment; and if she will make a statement.

P.Q.1756 - MR LEWIS-CARTER-JONES (Eccles): To ask the Secretary of State for Social Services if she will initiate an extension of the present 'on-demand' treatment by Factor VIII for haemophiliacs to include a home therapy system in which the treatment would be given by patients themselves, by relatives or by general practitioners; and if she will make a statement.

SUGGESTED REPLY:

"The supply of Factor VIII produced within the National Health Service is at present insufficient for the optimum treatment of haemophilic patients. I hope that it will be possible to increase supplies from this source. Meanwhile product licences were issued last year to two firms to market imported Factor VIII in the United Kingdom. Adequate stocks, I understand, are held of this commercial material. It is not the Department's normal practice to make central purchases of health service supplies but central contracts were arranged to facilitate the purchase of this material by Health Authorities. I recognise the desirability of enabling these patients to receive treatment at home but progress in this direction is likely to depend largely on the extent to which production of Factor VIII within the National Health Service can be increased."