CURRENT ISSUES

CJD judgement

The judgement found the Department negligent primarily on the grounds that neither treating physicians nor recipients of human growth hormone (HGH) treatment were made aware of the risk of contamination at the earliest opportunity and that action to reappraise the HGH programme was not taken as urgently as it should have been once that risk was known.

The impact of that judgment on the Hep C/blood products issue has been fully considered. The case in respect of Hep C is very different in that the risk of infection via blood products was known to all concerned - including the patients. The problem was that there was no reliable test available to screen the blood. The Department is satisfied that action to introduce screening of blood for Hep C was taken as quickly as possible once a reliable test had been identified.

Blood products recall

This attracted only minimal press coverage and is unlikely to be raised again. In their comments to the press the Haemophilia Society accepted that the recall was precautionary only. They nevertheless added that it served to support their call for the use of recombinant Factor VIII.

Manchester incident - Hep A

Three haemophiliacs at the Manchester Children's hospital contracted Hep A. (In most people, particularly children, Hep A causes few clinical symptoms and there is no chronic carrier state or liver damage.) Although the Haemophilia Society used this publicly as an example of the dangers associated with plasma-derived Factor VIII, they were fully aware that the incident would not have happened had the relevant clinical guidelines been followed ie the children should have been vaccinated against Hep A. Since the initial press interest, the Society have not specifically raised this as a separate issue.

Recombinant Factor VIII

The Haemophilia Society are continuing to take every opportunity to press for central funding of recombinant Factor VIII . Concerns have also been raised with DH by purchasers who are anxious about how well they can withstand pressure from the haemophilia treaters and patients in respect of recombinant Factor VIII. A meeting with DH has been suggested by one of the purchasers and this is currently under consideration. The issue remains however that if all patients were to be transferred to recombinant

Factor VIII this would entail an increase in costs within the UK of approximately £40 million and would incidentally lead to an increase in the price of red cells as BPL's sales of plasma-derived Factor VIII fell. The potential health gains to haemophiliacs (the avoidance of the risk of mainly minor infections) are out of all proportion to the cost.

VAT

We understand from Customs and Excise that a date has not yet been set for the appeal tribunal hearing, but it is likely to be before the end of the year. In any event, the earlier decision is unlikely to be reversed . We also understand from Customs, however, that the EC is likely to revisit the question of VAT and recombinant pharmaceutical products in the not too distant future. It is not possible at present to speculate on what might come of those discussions.

Although the imposition of VAT has undoubtedly extended the price differential between recombinant and plasma-derived Factor VIII, this is not as significant as some of the press coverage would imply as there was already a major difference in price. (The differential has risen from 25:43 pence to 25:50 pence per unit.) Whatever the views of the Haemophilia Society, the question of whether or not recombinant Factor VIII attracts VAT is not an issue which DH can influence.

Scotland

The decision to make £1 million available in the current year to assist haemophilia centres in Scotland with the costs of purchasing recombinant Factor VIII has undoubtedly fuelled the Haemophilia Society's expectations of success in persuading Ministers in this country to follow suit. Scotland have said nothing about their future intentions in this regard. Different funding arrangements for blood and blood products in Scotland allow the argument that a different approach is required. It still leaves hanging the more difficult question that if Scotland thought it appropriate to act to "level the playing field" why do we not think it appropriate to do likewise.

The Scottish situation is very different. They make blood products available for free - which in effect amounts to central funding of treatment for haemophiliacs. (It would be a huge additional burden to Scottish Health Bodies if they had to pay for the use of recombinant.) In England, on the other hand, the general approach to funding health care is to minimise central funding of NHS treatment and to allow purchasers to make their own decisions about treatment/funding priorities, rather than to allocate funds to support specific treatments for particular patient groups and thereby reduce the total amount available for distribution to health bodies. A move away from that policy in respect of haemophilia treatment would have significantly wider implications in the NHS generally and would inevitably lead to an increase in pressure from other patient groups for similar funding arrangements.