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15th June 1976

Dr J Wallace
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Dear John

INTERMEDIATE FACTOR VIII CONCENTRATE

No doubt you are aware of the interesting telox conversation with Dr Hopkins on this subject last week and have recognised the letter of 9th June from Dr Davidson as being that intimated to Dr Hopkins.

Frankly, I cannot see how, in the foreseeable future, we can expect substantial increase in the monthly production of factor VIII concentrate. Since the meeting in March we have issued in excess of 200 dose units per month to the West of Scotland Regional Transfusion Centre and I presume that you have passed the great bulk of this to Dr Davidson and his colleagues. The last report of your stock situation (18th May) showed that you had only 200 dose units in stock.

The problems of increasing the commissioning of our computer control system has caused production to be a little erratic during the last few weeks and I expect that this will continue until about the middle of July but we have managed, fairly well, to keep up our production of factor VIII and we are continuing to use fresh frozen plasma within two weeks of reception at the PFC. This means that we have no buffer stock against the possibility of fall of supply during the holiday season and, indeed, I already detect a slight slackening in the volumes being received. Notwithstanding this I think that you can rely on receiving at least 150 dose units per month and hopefully this will increase since our issue of EPPS is now coming very close (perhaps exceeding) to the level of six doses per thousand population per year which it was considered would meet the full volume replacement requirements of Scotland. Dr Hopkins has suggested that the failure of your/

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- 2 -

15th June 1976

your freeze drying capacity may have the effect that, for a time at least, we shall receive more fresh plasma from the West than has been possible for some time past. This, of course, could have a substantial effect on our ability to produce factor VIII as the intermediate concentrate.

I am disappointed at the reaction from Dr Davidson to the use of the factor VIII concentrate derived from cryosuper. One can well imagine that he would prefer cryoprecipitate but that is hardly the point at issue.

Referring to the declared need for factor VIII in the West of Scotland, your own figures on cryoprecipitate production and my own knowledge of the factor VIII issued from here to the West I find difficulty in understanding why Dr Davidson has had to supplement with a fair amount of commercial product. This can only mean that he has a personal preference for the commercial product or the actual rate of usage of factor VIII has increased again in the West. In any event it would be interesting to know how much commercial material is being purchased by Glasgow Royal Infirmary since I feel that this must have an important bearing on any forward estimating done by the blood transfusion service. We can hardly be accused of failure to meet clinical requirement if we are not allowed cover access to the information available.

It appears to me that the time has now come when a register of haemophiliacs should be established and the Haemophilia Treatment Centre should be required to show who got what and how often on a monthly basis. Since there are fewer than 500 patients and only 20% of these are regularly important to the overall supply problem it would seem that the compilation of such a register and its maintenance would be a relatively minor operation. One realises that this could be construed as an infringement on the clinical responsibility of the Haemophilia Centre Director but it must also be part of that responsibility to assist the assurance of adequate supply of product. In a situation where the Minister of Health has instituted a policy of national self sufficiency (which we have all applauded to some extent) it becomes essential to define what we mean by self sufficiency. Various estimates have been prepared both for Scotland and for the UK as a whole and we have all attended far too many meetings in discussion of the problem to reach, at the present time, what appears to be a point of total confusion.

In absence of General Jeffrey I propose to copy this letter to Dr McIntyre at the Scottish Home and Health Department with the request that the matter of a register of haemophiliacs, together with a consumption record, be placed on the agenda for the next meeting of Transfusion Directors and Haemophilia Centre Directors. I think he should also be asked to obtain, for the meeting, a record of all factor VIII used in the West of Scotland in the period from 1st March 1976 to include material from all sources; cryoprecipitate, Scottish Intermediate Factor VIII and products of commercial origin.

With kindest regards

Yours sincerely

JOHN G WATT
Scientific Director