MR DUTTON

THE DISTRIBUTION OF FACTOR VIII

I have a few comments to make on your draft paper and some general observations on the problem of making sufficient factor VIII in the preferred form available to all who need treatment.

I refer to your paragraphs -

2. It is difficult to produce meaningful figures on actual usage of factor VIII, particularly for cryoprecipitate in terms of the international unit: it is accepted that the yield from each donation is very variable. However I believe your figures are not wildly out and we must therefore accept that at present despite the pressure on RTCs to collect as much fresh plasma as possible given the local constraints there is still a real deficit which is being met by continued purchase of concentrate from commercial sources. On the assumption that the NHS in addition to making up any remaining deficit between stated demand and total factor VIII ~~used and~~ supplied is also committed to producing concentrate to replace the ~~amount of~~ commercial product then it is clear that it will be necessary for the NHS to increase considerably its total production of factor VIII, i.e. increase the volume of fresh frozen plasma and the capacity of the processing plants.

At the last meeting of RTDs it was stated that the majority of RTCs had reached their capacity to separate plasma given the present state of clinical acceptance locally of plasma depleted blood, and physical constraints at the RTCs. In addition BPL, Elstree (with Oxford) is nearing its stated capacity and PFC, Liberton in practice is unable to process more plasma in the foreseeable future in view of their inability to introduce shift working and hence reach the planned capacity of the plant.

3. Biggs in her recent paper (B.Journ.Haemat, 1977, 35,487) estimates the clinical demand for factor VIII at 50 million I.U. per annum in the UK of which at least half, and preferably all should be in the form of the concentrate.

4. It was accepted by Haemophilia Centre Directors at their last meeting that the quantity of factor VIII distributed should be in proportion to the number of haemophiliacs on their registers. In addition to haemophiliacs who obtain treatment at Haemophilia Centres (those returns go to Oxford and are used as the basis for distribution of concentrate from BPL, Elstree) there are patients requiring factor VIII who are not registered and who receive treatment from clinicians other than those attached to Haemophilia Centres. A supply of factor VIII to these patients must be assured when only one source is established for obtaining it.

5.1 The Manchester scheme, whereby factor VIII from all sources is distributed through the RTC, apparently works well. Other Regions are intending to introduce a similar arrangement. I am not confident that the system could be introduced easily to all Regions - for example I would have reservations that a scheme, which could not be abused, could be introduced in the 4 Thames Regions. It may be that the Department will have to find ways and means to insist that each Region will introduce and effect the 'Manchester' scheme. Resistance could come from RTDs or clinicians or both.

5.2 The Reference Centre Directors must be involved at an early stage. There have

Mr Dutton

been discussions (as you say) between users/suppliers/distributors of factor VIII and I believe Reference Centre Directors are moving towards agreement that RTCs should act as distribution points, quantities and frequency of distribution being (quite reasonably) on the advice of Reference Centre Directors.

6. Distribution must continue to be in proportion to the number of patients requiring treatment. Biggs in her paper states that in the next 50 years there must be a very substantial increase in the number of living haemophiliacs. We should keep this in mind in working calculations on how to meet demands in the future.

7. You discuss ways of distributing equably a material which is valuable and in short supply: in other words 'fair rationing'. However fair, the rationing will remain (and some patients logically will be under treated) unless more plasma is fractionated to factor VIII. This I am afraid, despite careful plans for fair distribution, must mean increasing the proportion of units of blood from which plasma is separated, increasing the capacity (or efficiency) of central processing laboratories and collecting more blood: at a cost which should be considered forthwith. I suspect only a combination of all three of these courses of action will produce the stated clinical requirements for factor VIII.

By all means let us discuss, as a first step we must devise a scheme to ration fairly, however an overall increase in NHS production must parallel any plan to reduce or stop the purchase of commercial factor VIII.

GRO-C

Sheila L Waiter
Med SM4
2 June 1977

HanH
Room 908
Ext: GRO-C

Copy to: Mr Parrott
Dr Maycock
Dr Raison
Dr Collins
Mr Cleasby