From the Parliamentary Under Secretary of State Lord Hunt of Kings Heath



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The Prime Minister has asked me to thank you for your letter of 22 August, enclosing a copy of the statement made by Lord Owen to the Newcastle Journal about clotting factors for people with haemophilia. I am sorry for the delay in replying.

In the article Lord Owen states that when he was Minister of Health in 1975 he made a commitment to make the UK self-sufficient in clotting factors within 18 months. As you know he announced the allocation of special finance of up to £500,000, about half of which would be recurring, in order to increase the existing production of Factor 8.

The Department's officials are looking into points raised by Lord Owen, and I will write to you again when the examination of all the relevant documents has been completed. In the meantime, our preliminary understanding is that the resources promised by Lord Owen were allocated to the then Regional Transfusion Centres to increase production of plasma for Bio Products laboratory (BPL). This allocation was linked to a target of 275,000 blood donations to be used annually for the preparation of Factor 8 concentrate and 100,000 donations for cryoprecipitate.

I understand that the target was achieved within the timescale envisaged by Lord Owen and, as a direct result, BPL increased its production of concentrate from 5 million international units in 1976 to 11 million international units in 1977. However, given the rapid growth in demand for these products at this time due to developing treatment practices, this was not enough to achieve self-sufficiency in the UK.

I know that self-sufficiency continued to be the aim of Ministers for a number of years, and NHS production of concentrate continued to increase, but the rapidly rising demand for clotting factors at that time meant that commercial products continued to be imported.

If the UK had achieved self sufficiency on the 1970s as Lord Owen intended blood products would still have transmitted hepatitis C, because the virus was in the donor population and as you know the technology to treat pooled plasma was not available until 1985.

In your letter you have asked whether the failure to achieve self sufficiency was considered by Frank Dobson in his 1997 review, which looked at compensation for haemophiliacs infected with hepatitis C. I have been advised that this was not considered as part of that review. I understand the evidence clearly shows that considerable efforts were made to achieve self-sufficiency in clotting factors in the 1970s. The fact that this was not achieved appears to be



linked with the massive increase in demand for clotting factors at the time and not to any failure to implement Lord Owen's initiatives.

O GRO-C PHILIP HUNT