

1 letter Christmas to see o/r and file
on SR2002 file in the '9' series

Vicki King

27/11/2002 16:38

To: Brian Bradley/PH6/DOH/GB@GRO-C

GRO-C

cc: Charles Lister, Mary O'Mahony, Gerry Robb, Sally

Wellsted/PH6/DOH/GB@GRO-C

28/11/02

Subject: Re: SR 2002 - central budgets. Papers for meeting with Richard Douglas [Thursday 28 November]

Brian

We have considered the other budgets in my unit and feel that the only real savings that can be offered are those suggested by Charles from *Securing Supplies of Fresh Frozen Plasma*. The other budgets that were considered are;

- Antimicrobial Resistance - this is to support new initiatives on prudent prescribing of antibiotics in and is planned to go out to acute hospital Trusts via the RDsPH
- Hepatitis C - this is to support the Hep C Strategy and covered by a Ministerial commitment for a campaign to increase public and professional awareness;
- Hospital Acquired Infection - this the funding that goes to PHLS specifically for the standard HAI surveillance which is building on the NINNS system. High parliamentary/public profile and the subject of a current NAO Report.
- National HIV and AIDS Surveillance/Surveillance for STIs and BBVs/Unlinked anonymous surveys - these three budgets are all either taken up next year under contract or contracts are being considered. All topics cover areas with Ministerial commitments about improving surveillance in the Sexual Health and HIV Strategy and the Hepatitis C Strategy
- Communicable Diseases Budget - the hepatitis B components we are using for the purchase of hep B vaccine to cover commitments made in the Sexual Health Strategy; the Antimicrobial Resistance component is for the public information campaign against Ministerial commitments made in the AMR Strategy and Action Plan; the Hep C components for work under contract to improve surveillance and commitments to increase awareness.

Hope this all helps

Vicki

----- Forwarded by Vicki King/PH6/DOH/GB on 27/11/2002 16:22 -----

Charles Lister

27/11/2002 15:14

To: Brian Bradley/PH6/DOH/GB@GRO-C

cc: Ailsa Wight/PH6/DOH/GB@GRO-C, Ben Cole/PH6/DOH/GB@GRO-C

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Brian

I can offer up £7m a year from the budget for *Securing Supplies of Fresh Frozen Plasma* (a vCJD risk reduction measure). This will leave enough funding to meet the commitment

announced in August to import US FFP for neonates and children born after 1 January 1996 but we won't be able to extend this provision to other patients. The £7m would have allowed us to import US FFP for children up to age 16 and adults who require large volumes of FFP in their treatment. The case for this is supported by an EOR risk assessment. There is no public commitment to do more on FFP although Ministers have said that it is under consideration.

Making the cut will be painful because there is some Parliamentary pressure and commercial lobbying to make FFP "safer". However, having the money would create its own problems. It is far less than we need to buy US product for all patients who could benefit and would create an artificial cut off at age 16 that would be hard to defend.

I am not proposing any further cuts to the blood budgets for the following reasons:

Bone Marrow Registry - The additional money is to expand the NHS cord blood bank and to increase work on peripheral blood stem cells. The cord bank is much smaller than in any other developed country and will lose the only Government funding it has (from the R&D budget) from 2003/04. Without central funding of any kind it will be totally reliant on charitable donations and will probably fold. This funding will result in the availability of more transplants for people with blood cancers. An expanded cord blood bank in particular should increase the chances of finding unrelated stem cell matches for children from ethnic minorities.

National Blood Authority - The additional funding is needed to support the Bio Products Laboratory until we can find a longer term solution to its problems (a key objective over the next 2-3 years). A recent option appraisal conducted in relation to Project Red showed that the NHS is heavily reliant on BPL for supplies for blood products (particularly immunoglobulins). The Department is therefore spending \$107m on acquiring a US plasma collector to keep BPL supplied with raw material. It would therefore not make sense to create a funding crisis at BPL by reducing this budget. We would only find this coming back to PH&CQ as an unavoidable in year pressure.

Securing Recombinant Clotting Factors - Ministers have been under pressure for the past 2 years to provide these products for haemophiliacs, something Scotland and Wales do already and which N.Ireland is committed to doing. They are incredibly expensive and prices are likely to rise even higher in the new few years. The funding bid for already assumes a 4 or 5 year phasing process which will already be hard to justify. Year 2 has already been cut by £10m from the original bid. Haemophilia Commissioners are already expressing concerns that the global sum quoted by Ministers for the cost of recombinant is inadequate and that a decision to provide these products backed up with too little money will shift all the pressure on to PCTs.

Grants in respect of Haemophiliacs - The additional funding is to meet costs already being incurred by the Macfarlane Trust in making payments under the Government's scheme. This should be regarded as a demand led budget.

Payments to blood recipients - This is a small contingency budget to cover mandatory lump sum payments to people who still surface from time to time to claim their entitlement.

Charles