Charles Lister

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To: Charles Dobson/MPI-CCE/DOH/GB@DOH, Peter Burgin/MPI-CCE/DOH/GB@DOH

cc: Jill Taylor/PH6/DOH/GB@DOH, Robert Finch/PH6/DOH/GB@DOH, Shiela.Eisa@ GRO-S , Mary O'Mahony/PH6/DOH/GB@DOH

Subject: PQs FROM BARONESS MASHAM

Charles/Peter

My e-mail of 2 July refers. Baroness Masham has now asked two written PQs on the issue she raised at the Parliamentary Health Forum - copies attached. The issue she thinks should be referred to NICE - the continued use of UK-sourced Fresh Frozen Plasma - is being considered by the Department's blood safety advisory committee (MSBT). There is, however, a slightly wider issue, which is where I think Baroness Masham is coming from.

There are two FFP products available to the NHS:

- one produced by the National Blood Service;
- "Octaplas" a commercially produced product, made by the Swiss company Octapharma.

There are differences in the way the two products are made but, therapeutically, they are essentially the same. Octapharma argue, however, that their product is safer. The main differences are that Octaplas is licensed under the Medicines Act 1968, is a pooled product, made from US plasma and virally inactivated using solvent detergent treatment. NBS FFP is classed as a blood component and is therefore not subject to licensing. It is a non pooled product made from UK plasma and not subject to viral inactivation.

MSBT have advised that a switch to using US FFP is desirable based on a vCJD risk assessment. However, the cost of doing this would be considerable, and we awaiting the outcome of SR2002 to see if funding for US FFP has been made available. I think it is unlikely that we will get this funding.

Most hospitals purchase the NBS product rather than Octaplas. This is almost certainly because the charge made to Trusts by NBS for supplying FFP is substantially less than the cost of Octaplas. Octapharma are mounting separate legal challenges around the costing basis used by NBS for their FFP and the purchasing practices of NHS Trusts. They are also undertaking political lobbying hence, I think, these PQs.

Can you let me know urgently if this is the kind of thing that NICE would look at, ie with a view to making recommendations to the NHS on whether to use NBS UK-sourced FFP or Octoplas. Happy to discuss.

Charles

