Linda

I've had a look at these papers - what a ghastly tale of people being hijacked by warring pharmaceutical companies trying to keep up their profits and ruthlessly exploiting the situation of haemophiliacs for all its worth!

It seems to me that the spate of letters in response to Dr Lewis' is causing us to home in on the earmarked AIDs money aspect which is really only a subset of the wider issues surrounding the recommendations of the UK Regional Haemophilia Centre Directors? The arguments on these were set out in Duncan Nichol's letter, ie:

- whether to use the high purity factor 8 in preference to an intermediate product is a matter for clinicians - it is not a policy matter.

- The UK RHCDs' recommendations (which were a consensus not a universal view) were just that, recommendations, for ie guidance for clinicians, not a directive, for them to bear in mind when making their decisions in individual cases.

- Disregarding the fact that there is still some controversy as to whether the relative advantages of the new product have been conclusively proven, high purity factor 8 is basically just a new/different Treatment and as such should be dealt with in the same way as any other newer different treatment, ie ~~that~~ Regions are expected to finance its introduction from their main allocations - which includes growth money to cover these sorts of medical advances.

If we are therefore saying

That decision on how fast any medical advance should be introduced are best taken locally and that there is no case ~~however~~ for any central funding initiative to fund the longest term use of high purity Factor 8 for all haemophiliacs, then it seems to me it must follow that there can be no case for allowing AIDS money to be used in the short term to provide in effect preferential treatment for the smaller item specific group of haemophiliacs who are HIV+ - particularly as the treatment relates to the haemophilia rather than the HIV status of the patient.

Dr Lewis' letter therefore was in effect further clarification on the specific HIV/AIDS element, following the line taken by HC(A) 4B, Duncan Nichol et al. If everybody is happy that that general line still stands, I don't really see that a meeting is really going to help much. We can't possibly go back on what we've said, since allowing AIDS money to be used for HIV+ haemophiliacs now would open the door for special money to be demanded when use of the high purity Factor 8 was extended to other haemophiliacs in line with the UKRHCDs' recommendations. I'm sure colleagues elsewhere would be most upset by that!

I wonder in fact whether we have a case for off-loading all this correspondence on Mr Canavan? I know they are in response to Dr Lewis' letter but the reply on AIDS will presumably be only part of the larger reply from elsewhere (ie. HC(A)4B).

GRO-C

19/10