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TRENDS IN THE TREATMENT OF HAEMOPHILIA

1. I enclose a copy of a recent letter which has been addressed to SAMOs on the above subject.
2. The availability in this country of an American and an Austrian anti-haemophilic globulin (Factor VIII) concentrate has made an urgent review necessary since, if a large proportion of eligible patients are to be treated with foreign commercially produced concentrate of this nature, the cost will probably amount to several million pounds a year.
3. An expert group is being convened by Medical Division (B4) and will meet on 20 March. This Group is to advise the Department on trends in the treatment of haemophilia, and it is anticipated that the conclusions reached will form the basis for future planning. Such planning could include consideration of early arrangements for central purchase and controlled distribution of commercially produced concentrate, primarily to Haemophilia Centres, and the possibility, in the slightly longer term, of producing sufficient material in the UK to meet the need.
4. It is at present planned that the Expert Group meeting should clarify the situation specifically regarding the clinical aspects of the matter, and that a separate meeting should be held in the Department subsequently to consider the issues arising from the Expert Group's recommendations. HS2 or ESB could initiate this latter meeting, by mutual agreement.

[REDACTED]
[REDACTED]

HS2B
Room 1414 E/T X 711
13 March 1973

cc

[REDACTED]
[REDACTED]
[REDACTED]

for the file.

[REDACTED]
15.3.73



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
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To All Senior Administrative Medical Officers

6 March 1973

Dear [REDACTED]

TRENDS IN THE TREATMENT OF HAEMOPHILIA

Antihaemophilic globulin (AHG) concentrate is in many instances the therapeutic agent of choice in the treatment of haemophilic patients.

The production of the human concentrate in the UK is at present insufficient to meet the stated needs of clinicians who care for patients requiring surgical, including dental, treatment or who have episodes of severe bleeding. The indications are that considerably more of this preparation would be used if it were available.

Product licences have very recently been granted to two firms which enable them to market foreign human AHG concentrate to hospitals and haemophilia centres in the UK. It has come to the notice of the Department that one of the firms is already engaged in active promotion of this expensive product. The firm has indicated that they can supply large quantities of human AHG concentrate and this could result in very significant expenditure if amounts were bought in excess of immediate needs.

In view of several developments in the management of patients with haemophilia the Department has decided to assemble a group of experts who will advise on likely trends in methods of treatment, possible future requirements for the treatment of the condition and the consequences for the supply of therapeutic agents, including human AHG concentrate.

The conclusions reached will be the basis for realistic planning for the future which may well include an increase in the UK production of the preferred therapeutic agent.

The Department hope to let you have a further statement soon. Meanwhile, in view of the impending availability of foreign human AHG concentrate and its very high cost, you may like to let all concerned with the treatment of haemophilia in your region know what is happening.

I am sending copies of this letter directly to the Directors of Haemophilia Centres and also to Secretaries of Boards of Governors and of Regional Hospital Boards.

Yours sincerely

[REDACTED]

[REDACTED]

Chief Medical Officer