

PRO RATA DISTRIBUTION OF BLOOD PRODUCTS

1. At their meeting on 3 September 1980 Regional Treasurers discussed the Department's intention to introduce pro rata distribution of certain blood products from 1 April 1981 but asked for details of "special units" for which supplies might need to be creamed off from Regions' entitlements.

Factor VIII

2. It has been decided to make special arrangements for one unit only - the Lord Mayor Treloar Hospital in Wessex whose residential 'school' caters for 40 severe haemophiliac pupils drawn from all over the country. The Hospital will receive an allocation of 300,000 international units of Factor VIII per annum calculated on the basis that the Blood Products Laboratory (BPL) currently produces approximately 7,500 units per severe haemophiliac. This allocation has been agreed by the Advisory Committee on the National Blood Transfusion Service and by Regional Transfusion Directors.
3. BPL will calculate how many international units are due to each RHA based upon the quantity and quality of plasma supplied. The number of units per litre is a notional figure from which a proportion must be deducted to cover material used in testing, failed batches etc. BPL aims initially to return to Regions 80% of the notional gross yield. This equates roughly with present production levels. The remaining Factor VIII will be used to build up a necessary reserve stock and to meet the allocation for the Lord Mayor Treloar Hospital.

Plasma protein fraction ('albumin')

4. Two hospitals in NW Thames have been receiving substantial supplies of plasma protein fraction (ppf) direct from BPL; several others have been receiving much smaller quantities on an ad hoc basis. Since BPL cannot meet the national demand for ppf and since most RHAs are obliged to supplement their allocations from commercial sources, it has been decided that these hospitals (which are not 'national' centres in the sense that the Lord Mayor Treloar is) should not be given any special status in terms of direct supply over and above the allocation due to their Transfusion Centres. Recognising the difficulties that might be caused by immediate withdrawal of supplies, BPL will however continue to supply the hospitals direct at roughly their present level for 6 months from 1 April. The supplies will be reduced by half from 1 October before ceasing completely from 1 April 1982.

Factor IX

5. Treasurers will wish to note that since we are currently self-sufficient in Factor IX and production is expected to keep pace with demand for the foreseeable future, it has been decided to exclude this product from the pro rata system.

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