Minutes of the Fourth Meeting of the UK Haemophilia Centre Doctors' Organisation Advisory Committee held in London on 15th May 2001

Present

Dr CRM Hay (Acting Chairman)
Dr E Anderson
Dr S Brown
Dr PW Collins
Dr BT Colvin
Dr G Dolan
Dr. D Keeling (Representing Dr PLF Giangrande)
Prof. CA Lee
Dr R Leisner (Representing Dr I Hann)
Dr C Lister (Department of Health - for Item 2)
Prof. CA Ludlam
Dr VE Mitchell
Dr T Nokes
Prof KJ Pasi
Ms K Pappenheim (Haemophilia Society - for Item 2)
Dr O Smith
Miss RJD Spooner
Dr RF Stevens
Dr RC Tait (Representing Prof GDO Lowe)
Dr M Williams
Dr M Winter

1. **Apologies:** Dr SV Davies, Dr PLF Giangrande, Prof M Greaves, Dr I Hann, Prof GDO Lowe, Dr M Makris, Prof GF Savidge, Dr JT Wilde

2. **Shortage of Factor VIII Supplies**

Dr Hay thanked everyone for coming. Dr Hay welcomed Dr. Charles Lister, representing the Department of Health. Ms Karin Pappenheim from the Haemophilia Society would also be attending towards the end of the item.

The meeting had been brought forward because further steps had become necessary to deal with the shortage of rVIII. Some Centres were down to their last few bottles and larger Centres were likely to run out within the next 4 weeks. He said that the 3 main items to be considered were the severity and likely length of the shortage, revision of the guidelines and steps to protect those centres who currently have no supply of recombinant VIII..

Dr Hay said that the shortage of rVIII was worse than had been anticipated. There has been no supplies of Kogenate or Helixate since January. A small batch of Kogenate and Helixate was expected soon but it was not clear when this would become available since the European Regulatory Authorities required additional tests to be undertaken, which would delay the release. The manufacturers had agreed to send the material to the Centres at greatest need. Normal releases of Kogenate were not anticipated for a further 60-90 days and normal supplies of Helixate were not expected until the end of the year. Directors should plan on the assumption that there would be no significant supply of Helixate/Kogenate for a further 90 days. Small Centres were particularly short of rVIII since they tend to deal only with a single

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supplier. Even large centres would become very short of rVIII within a month unless further remedial action was taken.

The guidance document from the last meeting provided a framework for an orderly reduuction in the use of rVIII but provided no mechanism for protecting those centres wholly dependent on Aventis Behring or Bayer for rVIII. There was concern that some plasma-naive children might have to be changed to plasma-derived VIII. Dr. Hay said that he didn't expect all Centres to act uniformly but thought that Centres should seriously consider taking all adults of rVIII. He had discussed the situation with colleagues, the DOH, The DOH Supplies Agency and with industry. Both Bayer and Aventis had agreed to distribute their small supplies according to need at the direction of UKHCDO and the National Supplies Agency. Dr Hay had written to all centres requesting data giving their normal and current supply situation, their requirement broken down by the age of the patient and the steps that they had each taken to deal with the shortage. Most centres had replies; great deal of information had been collated and replies were still coming in; He and the National Supplies Agency would chase up the outstanding replies. Prof. Savidge had replied and said that St. Thomas' Hospital was re-allocating rVIII from its stock to other Centres in the area.

A national stock control system was being considered for National Supplies Agency. The National Supplies Agency would help collate data from Centres and in the administration of any surplus that might become available. This pool of product for redistribution would come from several sources. Adult centres taking their adults off recombinant factor VIII would release their allocation to be temporarily diverted to paediatric centres. Small amounts of Kogenate and Helixate would becaome available. Finally, 1.5M units of Recombinate per month, in excess of current contractual obligations, would be available from August to send to Centres in need. The Central Supplies Agency would need to know how much rFVIII was in the UK and how much Centres required for supplies to be reallocated in a rational and consistent manner. Adequate supplies of pdVIII ahd become available from Aventis, Baxter and Griffols, BPL and SNBTS. Alphanate was also expected soon to regain its license but may be preferentially marketed in the USA. Dr. Hay suggested that there should be a pool for rFVIII, which could be re-allocated. Comments were invited around the table: -

Dr. M Williams said that Birmingham Children's Hospital patients had been changed to twice-weekly prophylaxis and some patients had changed to pdVIII.

Dr. Keeling said that half the Oxford patients had re-started on prophylaxis on rVIII if they had not received pdFVIII previously. Others had gone back on prophylaxis on pdFVIII. Some patients were in the Baxter rVIII-PFM Trial.

Dr. P Collins (Cardiff) said that his Centre had cut usage by half and were able to sustain this. The Welsh Assembly had asked about the situation and would need to be consulted if changes in the UKHCDO recommendations were made.

Dr. Anderson (Belfast) said that very minimum (1 week) stock of rVIII was held in Belfast. Only children get rVIII. Many children previously treated with pdVIII had been taken off rVIII.

Prof. CA Ludlam said he was not terribly happy about the situation. 80% of the patients in Scotland were by now on rVIII. He had had to take some adults off rVIII.

Dr. C Tait (Glasgow) said that the situation in Glasgow was the same as in Edinburgh.

Dr. V Mitchell (Leicester) said that no adults were on rVIII and he had also taken older children off rVIII..

Dr. BT Colvin said that he had changed 3 or 4 older children back to pdFVIII. It would be difficult to take older children off to give rVIII to someone else. It would be

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useful if the Committee could agree to go ahead with elective surgery. He was concerned that the manufacturers were using the situation to their advantage.
Prof. Pasi thought that the manufacturers wanted long-term commitments for short-term supplies.
At one Centre they had stopped using the commercial home delivery services.
There was some discussion regarding the Baxter rVIII-PFM Trial and it being used to get supplies. [This study is now closed to recruitment].
Dr. M Winter (Kent and Canterbury) said that he had taken all his adult patients off rVIII and prophylaxis had been reduced. He probably had enough supplies for only a month or so.
Dr. Owen Smith (Dublin) said that he had switched products and reduced prophylaxis and all over 16s were now on pdVIII. He was having weekly meetings with the Department of Health.
Dr. T Nokes said that in the North Hampshire Centre ¾ of the children had been switched to pdFVIII. They had no rVIII stock now. The South Hampshire Centre had switch 50% of the children to pdFVIII and reduced prophylaxis.
Dr. R Stevens (Manchester Childrens) said that some patients had had to go back after trying on reduced prophylaxis.
Dr. R Leisner said that at Great Ormond Street all the children had been on rVIII; they used 1M units/month. 6/10 of the patients were on Kogenate, the rest on Refacto. She was trying to keep PUPS and plasma naïve patients on rVIII but older children had changed to pdVIII..
Dr G Dolan (Nottinham) said that all his adult patients had changed to pdVIII.
Dr. Hay (Manchester, Adults) said that he had taken all his patients off rVIII. These included 12 patients who were either Welsh or young adults. The Bangor Centre in north Wales had also taken all adults of rVIII. Bangor did not seem to have the same problems as Cardiff. Dr. Hay thought that a handful of Centres, predominantly the ones treating adults, could help by redistributing stocks. He asked Prof. Ludlam what the current situation in Scotland was.

Professor Ludlam said that the Centres in Scotland operated as a group on a professional and contract level. There were problems with Tayside patients who were all on rVIII after going to the press a year or so ago. The Scottish Office was taking keen interest in the situation, which was very complex. The Scottish Office says that Scotland had made their own arrangements for supplies of rVIII which were different to those made for England.
Dr. Hay reviewed the Advice Document issued by the Advisory Committee on 29th March. r. Hay pointed out that the Advisory document gave recommendations but was voluntary and did not have the force of law. The original version of this document had been circulated widely amongst patients and this had been found to be helpful.
These weere discussed as numbered in the original document:-

1. and 2. These were agreed as before, although Dr. Tait said that patients were not happy to switch from rVIII to pdVIII.

3. Dr Hay proposed that all adults come off recombinant. This was generally agreed. The age of adulthood was clarified at 18 years of age. Dr Hay then proposed that all patients aged 16 years and over should be taken of rVIII. This would conserve supplies for the younger children and at least conformed with DOH guidelines. Dr. Smith said that he had already taken all over 16s off rVIII. Dr. Collins said he needed to know if all rVIII supplies were fairly allocated in England. This assurance would make it easier for him to apply the guidelines in Wales. The Welsh Office wanted this information. Four severe adults in South Wales were still on rVIII. Dr. Hay observed that the usage of rVIII in Scotland was disproportionate when the small patient numbers were

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considered. Scotland uses 20% of all rVIII in the UK at the present time. Prof. Ludlam suggested that the information and reviews should be done on a Regional basis. Dr. Hay said that there were problems with working on a Regional basis, e.g. in the South West; he had been supplying the South West with material. After further discussion, it was agreed that Point 3 should read that "Patients over the age of 16 years currently treated with rVIII should be changed to pdVIII untill improvement in siupply permits them to change back to rVIII. After further discussion a further sentence was agreed:
"Consideration should be given to changing children who have previously received pdFVIII back to this product". Dr Taite observed that this advice would be very difficult to apply in Scotland. This was noted.

4. Agreed.
5. **Amend** to read "Non-urgent surgery with rVIII should be postponed…".
6. Insert "with rVIII" after "induction". Add "Immune tolerence already started may continue with pdFVIII".
7. All remaining points were agreed without significant change with the exception of 9 which reads "Patients using pd VIII may be treated as before the shortage using these products.."

Dr. Hay said he would send a revised document to all Committee Members for comments before circulating it more widely..

The issue of redistribution of supplies to centres lacking a current supplier was discussed. It was agreed that the DOH Supplies Agency be co-opted to help collate data and administer a scheme. Dr. Hay said that manufacturers would give the supplies Agency information on supplies to individual centres. Information from Centres would be voluntary. We would continue to collect stock and usage data from centres as we had during the previous two weeks. Prof. Ludlam considered that it would be a very time consuming job. Usage of products would be needed and also demand by age groups. Charles Lister said that 3 people had already been allocated by the DOH to do the work. Dr. Sheila Adam of the DOH had written to all Chief Executives to ask them to give Dr. Hay the information he needed to manage the situation. The question of the stocks held by St. Thomas' Hospital was discussed. Concern was expressed that their adult patients were still using rVIII. Dr. Keeling suggested that the DOH should issue supplies to Centres. Dr. Hay thought that a DOH Guideline Document would be needed to do this. He asked Charles. Lister what could be done to strengthen the position of UKHCDO indealing with this situation. Charles Lister said that if UKHCDO needed, it ,ight be possible for DOH to issue a directive *requiring* hospitals to provide the data necessary to manage the crisis. Dr. Hay asked if the Committee agreed that the DOH should be asked to put a stronger request to all Centres to co-operate. This was agreed.

Dr. Hay asked Karin Pappenheim whether it would be possible for a statement from UKHCDO to appear in the next issue of the Haemophilia Society 's Bulletin. Ms Pappenheim said that the Society was trying to look at the situation worldwide. If it could endorse UKHCDO's statement it would but it would not be possible to do this quickly because it would have to be considered by their Executive Committee. Dr. Hay offered to write an article for the bulletin. Ms Pappenheim said it was too late for an article in the next issue. The Society has written an article and would let Dr Hay see it. The Society had also sent all members a copy of the existing UKHCDO document. Some backlash was expected from patients. Dr. Hay asked the Committee

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if their revised Advice Note should be published in the Bulletin and this was agreed. Ms. Pappenheim said the Society would publish it, space permitting.

3. Minutes of Meetings held on 15th January and 26th March

Dr. Hay said that several comments had been received from Dr. Colvin and Prof. Ludlam regarding the Minutes of the meeting held on 26th March. These were read out and noted as follows:-

Page 1, paragraph 1, last line: Amend to read "the Scottish National Blood Transfusion Service".

Page 2, line 3: Replace "negative" with "positive".

Page 2, line 6: Amend to read "Prophylaxis and immune tolerance should be on plasma derived Factor VIII, except for (ii) above.

Page 2, last paragraph: Amend to read "The following patients were to continue to receive recombinant Factor VIII:-

A. PUPS
   a)....
   b)....

B. 1. Treated children who had never received plasma derived.
   2. Treated children who had received plasma derived factor VIII replacement to change but should be maintained on prophylaxis.
   3. Non-urgent surgery should be delayed.
   4. Inhibitor patients.....
   5. Prophylaxis....."

Page 2, penultimate paragraph: Should read "In some parts of Scotland clearly some *might* need to be taken of the product".

Penultimate paragraph, last sentence should read "Professor Ludlam said that the Scottish Executive had taken an active interest in the product".

P.4: Insert "/Women" after "Wise Men".

4. Matters Arising

i) a. Dr. Hay said that Dr. Hill represented UKHCDO on BSH's Committee. UKHCDO's published guidelines would go on the Blackwell website with hyperlinks to the UKHCDO and RCP websites.
   b. Dr. Hay represented UKHCDO on the Royal College of Physicians Committee to try to co-ordinate guideline activity.
   c. Prof. Ludlam asked what was happening about the Joint Haematology Committee. Prof. Lee said she was UKHCDO's representative and had attended a meeting.

ii) nvCJD Dr. Hay said he had feedback that UKHCDO's decision to write to the patients was the right one. Prof. Lee said that she had asked BPL if other infected donations had been supplied to BPL. They confirmed that only 4 donors who subsequently contracted nvCJD had contributed to blood products. Other donors were known but their blood had not been used for coagulation factor concentrates. Prof. Ludlam said that BPL would not release batch numbers to him without permission from DOH. SNBTS had not reported any infected donors. Prof. Lee said that the Haemophilia Society's letter had worried the patients/relatives more than the letters from Haemophilia Centres.

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Acting Chairman's Report

London Regional Specialist Group Dr. Hay said that a group had been formed by DOH and headed by Dr. Barbara Gill with the aim of writing a Haemophilia Service Definition for the use of commissioners for Specialist Commissioning throughout England. Communication had been poor in that a general invitation to participate had been issued through chief executives. The group had also made no attempt to involve UKHCDO, the Haemophilia Alliance or the Haemophilia Sociaty and had not considered the Draft Service specification from the Alliance. Prof. Savidge had been given the draft document to edit and Prof. Lee now has it. The document was based initially on Dr. Winter's Service Definition for south Thames. Dr. Gill now had a copy of the Haemophilia Alliance's Consultation Document. Prof. Lee offered to let Dr. Hay have a copy of the document for circulation to the Advisory Committee for comments. This was agreed

Dr Hay said that Dr. Hill had attending a meeting in the South West of England. There were problems as the Region had no Comprehensive Care Centre and lots of small Centres. Dr. Scott was retiring soon and the plan was to upgrade the Bristol Centre to Comprehensive Care Centre standard when a new Consultant was appointed. The current proposal for a post split between two sites was generally considered unsatisfactory however. Haematologists in the South West were setting down their requirements of what they would expect of a Comprehensive Care Centre and it was hoped that a normal full-time post exclusively on the BRI site would be agreed.

6. Treasurer's Report

Dr. Dolan said that the accounts were with the Auditors at the moment. Requests for payment of subscriptions were going out soon.

8. Haemophilia Alliance

Dr. Winter said that a further draft of the Consultation Document had been sent to Dr. Hill and Dr. Hay. When it had been finalised he would send a copy to all members of the Advisory Committee. Dr. Hay said he would like to read Section 5.12 of the draft. Amendment had been suggested by Dr. Hill that there should be 2-way communications between Comprehensive Care Centres and Treatment Centres. Dr. Winter said that DOH had asked for an extension of the consultation period but there was still nothing from them.

9. Genetic Services for Haemophilia

Prof. Ludlam presented the document, which had been circulated with the Agenda.

a) Haemophilia Laboratory Genetic Services

Discussion was invited and comments noted by Prof. Ludlam. It was suggested and agreed that the document would be incorporated in the Alliance's Consultation Document. A new National Genetics Advisory Group was being set up. A report by Prof. Martin Bobrow was referred to; it only very briefly mentioned haemophilia. Prof. Ludlam had tried to get UKHCDO represented on the Group but had not been successful.

b) Consent Form

Prof. Ludlam said that the boxes were to be initialled, not simply ticked. After discussion, it was agreed that the lines under (C) saying "I consent to the GP knowing the results...." Should be deleted.

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There was much discussion about patients being asked to give consent for information to be passed to other family members' doctors.

Prof. Ludlam said that the Medical Defence Union thought that the form was o.k.

c) Information Leaflet – 2nd draft

p.3, 7. Who gets to know about the results?: It was agreed that "If you are willing" should be deleted.

d) Genetic Testing in Children

The ethics of testing children was discussed. Prof. Ludlam invited comments from Members of the Committee and noted their replies.

10. Publications

Dr. Hay reported that 3 papers to be published on behalf of UKHCDO were in press:-

i) Treatment of haemophilia in the United Kingdom 1981-96.
ii) Hepatitis guidelines
iii) Von Willebrand guidelines.

11. Triennial Audit

Dr. Hay said that the audits were almost complete. He would be doing St. Thomas' later this month and there were two further audits outstanding. The proforma accompanying the audit has often not been filled in and should be sent by centres who have not already done so, to Dr. Hill.

12. Therapeutic Guidelines

Prof. Ludlam highlighted the order of priority for receiving rVIII in the current document. This had been changed to an age-based rather than a viral exposure formula in Scotland. He wondered if the guidelines should be amended soon to reflect this as Centres were increasingly adopting such an approach. He suggested that the guidelines might be re-written in one year's time.

13. Annual Returns

Dr. Hay said that Dr. Makris was in difficulties with his Trust regarding ethics and confidentiality. He had sent Dr. Makris a copy of the Caldicott Guardian's report on the security arrangements at Oxford Haemophilia Centre. St. Thomas' Hospital had some problems with the Data Protection Act; Dr Hay would raise these with Prof. Savidge when the Centre is audited.

14. Report from Working Party Chairmen

a) General Topics: None.
b) Acute Adverse Events: There was no report.
c) Genetics: Prof. Ludlam said he had received a number of responses to his draft and was the report together. He would look into the laboratory services in the autumn.
d) Data Management Group: Dr. Hay said that an information sheet for patients had been drawn up. The Haemophilia Society had seen and commented on it. The final draft was now with Members of the Group. Dr. Hay said that the Data Protection Registrar says that Directors did not need to get written consent from patients/parents. Prof. Ludlam thought that NHS Trusts would be setting up databases to comply with Clinical Governance.Dr. Hay said that he was trying to get DOH to say that UKHCDO's data is NHS data. Dr. Hay said he would E-mail the document to Advisory Committee Members who were not Members of the

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Data Management Group. A pilot study of the registration forms would be undertaken for 4-5 months. He hoped to be able to roll out the local system to all Centres towards the end of the year. The plan was to make data collections easier in the future. The Section 64 grant application had been unsuccessful. £30,000 from Wyeth would be insufficient to cover all costs. Possibly Health Authorities could help fund it and also the DOH if they agree that the data is NHS data.

Transfusion Transmitted Infections

Prof. Lee said that the Hepatitis Guidelines were in press.

NvCJD Surveillance study: MREC has agreed to approve the study if she writes at least 3 forms for children. LREC approval was not needed. A Specialist Registrar at the Royal Free would work on the study.

e) Paediatrics: There was no report.

f) Inhibitors:

Dr. Hay said that the last meeting had been deferred. The Working Party was pressing on with the study on Acquired Haemophilia. Dr. Collins said they planned a 2-year study of the incidence of Acquired Haemophilia in the UK. A mail shot would be sent to named haematologists at every hospital. They had been offered sponsorship by Speywood and Ortho. It was thought that most national data underestimated the incidence.

h) Haemorrhagic Disorders in Women: There was no report.

i) von Willebrand disease

Prof. Pasi presented the report, which had been circulated with the Agenda.

j) Rare Coagulation Defects: There was no report.

15. AGM 2001

Dr. Dolan said that he was helping organise the meeting. He hoped as many Members of UKHCDO as possible would attend the AGM and stay for the full BSH meeting afterwards. Abstracts were required by 25th May. Application forms for the meeting had been sent out.

16. AGM 2002

Dr. Hay invited offers for hosting the one-day meeting. Prof. Lee said she might be able to offer facilities at the Royal Free Hospital and said she would investigate.

17. Date of next Meeting: Monday 3rd September at the Lansdowne Club

18. Any Other Business: No other matters were raised.

The meeting closed at 3.15 p.m.

21.05.2001

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