

Dr Thompson

Somerset Health Authority

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Please ask for Department of Haematological Medicine

Our Ref MJP/JAE

Your Ref

24 March 1987

Dr R Lee  
Consultant Haematologist  
Royal Devon and Exeter Hospital  
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Dear Richard

Re-Organisation of Haemophilia Care in the UK

Thank you very much for sending me your letter on the latest working party proposals on haemophilia centre recognition.

I suppose that I would be remiss in not saying straight away that I am rather alarmed by some of the indications mentioned by you. As I know you are of the same mind, I find it extremely galling even to consider a change in direction especially in view of the fact that we here, and I include Steve Johnson and Elizabeth Thompson, have worked extremely hard to build up a flourishing coagulation unit. Judged by the criteria which you mention, it may well be that we would lose our recognition as a centre because we only have 8 haemophiliacs who require regular treatment or who are indulging in home therapy. Occasionally one would reach the 10 mark by visitors either from overseas or who are attending Minehead holiday camps because I believe that the Haemophilia Association does arrange bookings there. However, as you well know, a homozygous von Willebrand's disease can produce just as much, if not more of a problem than a severe haemophiliac. In addition we feel constrained to have to counsel all of our patients who have received intra-venous substitute treatment as far as AIDS and hepatitis is concerned. At the same time, we also include our severe von Willebrand's disease in our oral surgery and orthopaedic clinical which are now regular part of treatment. In addition we have 3 Factor VIII inhibitor cases which again, are as difficult to treat as a genetic haemophiliac.

I see the proposals as laid down in your letter to be nothing but a thin end of a wedge. At the moment, I do get a special budget allowance and indeed, our staff nurse was appointed to help with the coagulation clinic work. I am sure that in the present financial climate, it would be only too easy for management to remove such support if we were no longer recognised as a centre, but at the same time, of course, the patients would be there. I cannot see where my patients would go if they did not come here, especially in view of distances involved. As you know, Somerset is a very rural county and some of the patients have to come some 40 miles to their treatment. To add another 40 miles to Exeter or 52 miles to Bristol would be, I feel, untenable.

I can quite understand that patients with coagulation disorders require centres to be present throughout the United Kingdom which give them proper treatment. I believe that ours does and that this has been done on the

basis of much hard work and organisation in the past. There is, like Exeter, always a consultant on call, and usually all emergency admission for coagulation disorders are seen by a consultant. I believe that if the present arrangements are changed then it will only detract from the high morale which is present in the coagulation department and at the same time allow management to undermine the financial structure of the service. I can see no good professional reason why things should be changed as far as Taunton is concerned and would be very grateful if you could act upon the principle in your future negotiations.

Kindest regards.

Yours sincerely

M J Phillips  
Consultant Haematologist