NEWCASTLE REGIONAL HAEMOPHILIA SERVICE

In order to help patients with haemophilia and related disorders of haemostasis in the Newcastle Regional Hospital Board area it is proposed that a regional service be established. The provisional plan for the service is detailed in this memorandum, and the comments of Hospital Management Committees and individual doctors and dentists in the hospital service are invited.

The present situation.

The DHSS now recognises 42 Haemophilia Centres in the United Kingdom. Although a Ministry memorandum (HM(68)8) detailed the requirements for designated Centres standards of laboratory and clinical care still vary widely throughout the country, and a further DHSS communication approved by the Haemophilia Directors last year will probably be issued soon. However, the establishment of Centres does not solve the major problem facing many patients. In order to enjoy normal education and employment they need treatment and advice without having to travel long distances from their homes. Yet because of the rarity of the hereditary bleeding disorders it is obviously both uneconomic and impracticable to attempt to provide full laboratory and clinical services in all general hospitals. To overcome this paradox the present scheme is suggested.

The planned service.

It is proposed that one general hospital in each area of the Region should be responsible for the care of patients with hereditary bleeding disorders, the majority of whom have haemophilia. The suggested hospitals and members of staff are:

Newcastle: Regional Centre, Royal Victoria Infirmary.

Team:	Director	Dr. T.H. Boon (until June 1974). Dr. P. Jones.
	Secretary	Miss M. Latham.
	General surgery	Mr. L.B. Fleming.
	Orthopaedic surgery	Mr. G.D. Stainsby.
	Physiotherapist	Miss S. Coles.
	Dental Surgeons	Mr. I. Geffner (adults). Mr. J.R. Porteous (children).
	Social worker	Mr. W. Morgan.
	Nursing staff	Sister M. Best. Sister M.A. Fearns.
	Research secretary	Miss S.M. Jagger.

Wearside: Royal Infirmary, Sunderland.

Physician	Dr. R.H. Vasey.
Paediatrician	Dr. J.B. Heycock (Children's Hospital).
Pathologist	Dr. A. MacKenzie.
Dental Surgeon	Dr. R. Kerr-Gilbert.

Teesside: Middlesbrough General Hospital.

Physician	Dr. A.A. Williams.
Paediatrician	not designated.
Pathologist	Dr. R.E. Potts.
Dental Surgeon	Mr. G.B. Summersgill.

Carlisle: Cumberland Infirmary.

Director Carlisle Haemophilia Centre and Pathologist -	Dr. A. Inglis.
Physician	Dr. T.C. Studdert.
Paediatrician	Dr. P.M. Elderkin.
Dental Surgeon	Mr. S.C. Banerjee.

Whitehaven: West Cumberland Hospital.

Physicians	Dr. J. Simpson; Dr. C.B.I. Willey.
Paediatrician	Dr. J.W. Platt.
Pathologist	Dr. P.J. Whitehead.
Dental Surgeon	Mr. S.C. Banerjee.

It is suggested that all patients with bleeding disorders requiring any form of hospital treatment should be referred in the first instance to the appropriate consultant for the area, or his deputy. Patients should not be sent to casualty departments or to surgical units on reception.

The Newcastle Centre will continue to be responsible for all major surgery and the treatment of complications. A new Haemophilia Centre and coagulation laboratory are scheduled to open in the RVI in late 1973. All patients will be registered and copies of their clinical and laboratory records filed at this Centre. An intensive survey of all patients in the Region is in progress to supply information needed for the initial data bank; to date 341 people are on the register and a further 150 have to be tested.

The RVI coagulation laboratory will perform the full range of haemostatic function tests including factor and inhibitor assays, and both clinical and laboratory facilities will be available by consultation on a 24 hour basis to all doctors in the Region. A comprehensive social service is provided to help patients with problems of family planning, education, housing, employment, insurance, holidays and transport. The Centre already works closely with the Regional Blood Transfusion Service and with other National and International Centres and specific blood factor fractions are either immediately available or can be rapidly obtained. In time it is hoped that the basic clinical and laboratory management will be standardised throughout the Region, and area follow up clinics and exchange of technical staff are planned.

The service should enable us to make the most economic use of available resources, avoid reduplication of work in different hospitals, and prevent complications associated with unplanned therapy and surgery. The proposed framework should also help ease communication difficulties between hospitals, family doctors and the social services.

Peter Jones
Department of Haematology.