

Case for an additional Haemophilia Sister

There is currently one haemophilia sister at the Birmingham Children's Hospital and one at The Queen Elizabeth Hospital. During the annual leave of these sisters, or when they are visiting homes to assess the suitability of the homes for the patients to be on home therapy, or visiting schools, there is no additional nursing cover for the Units. The haemophilia workload is increasing annually by approximately 10-20 new cases, but the exposure of at least 60% of the patients to the AIDS virus and an increasing incidence of hepatitis B, has increased the attendances of the patients to the Unit and the number of telephone calls each day for reassurance has increased dramatically. There are an ever increasing number of requests for schools to be visited to allay the anxiety of members of staff to prevent children being excluded from school. The third haemophilia sister is urgently needed to cope with this increasing workload and to ensure that there is always a haemophilia sister available at each Unit throughout the day. The variety of factor concentrates being used requires a much higher level of supervision of treatment than previously and many new products are on trial for safety both short and long term effects. The third sister would work at The Children's Hospital 3 days and 2 days at The Queen Elizabeth Hospital. An additional advantage of the shared haemophilia sister would be that the teenage boys would know one of the haemophilia sisters at The Queen Elizabeth Hospital prior to transfer,

which will help enormously with the counselling required for these boys as they mature to adulthood, particularly as this is now complicated by them caring the HTLV-III (AIDS) virus. The new sister would work full-time at each Unit during the leave of the full-time sister at each Haemophilia Unit.

The out-patient attendances have been rising dramatically at The Children's Hospital:-

	<u>No. of attendances for treatment</u>
1980	653
1981	656
1982	693
1983	994
1984	1,164
1985 (1st 6 months)	1,215

At The Queen Elizabeth Hospital a similar rise in attendances to the Haemophilia Unit has been seen with 868 attendances for treatment in 1984 and 761 attendances in the first 6 months of 1985. Each visit in treatment preparation and administration takes one hour and counselling about AIDS and precautions to be taken at home and in relationships is repeatedly needed and can add further to this time. Counselling is also provided by the consultants at each hospital and now it is not uncommon for a clinic appointment to take up to one hour counselling the patient and his parents (B.C.H.) or patient and sexual partner at Q.E.H. The situation currently is at crisis point and further demands will not be able to be met with existing staffing levels.

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