Minutes of the 20th Meeting of UK Haemophilia Centre Directors held in the Arts Block, Trinity College, Dublin on Thursday, 29th September, 1988.

Present

Dr. C.R. Rizza (Chairman)
Dr. P.B.A. Kernoff (Vice Chairman)

Dr. M.I. Adelman
Dr. A. Aronstam
Dr. D. Bevan
Prof. A.L. Bloom
Dr. S.J. Bowcock
Prof. J. Bridges
Dr. M. Chisholm
Dr. B.T. Colvin
Dr. J. Craske
Dr. H.M. Daly
Dr. I.W. Delamore
Dr. S. Dempsey
Dr.D.I.K. Evans
Sister. M. Fearns
Mrs. M. Fletcher
Dr. E.A. French
Dr. B. Gibson
Dr. B. Gilliver
Dr. I.M. Hann
Dr. C.R.M. Hay
Dr. J.P.L.A.Hayes
Dr. F.G.H. Hill
Dr. P. Jones
Mrs. J. Lovie
Dr. M.W. Kenny
Dr. R.S. Lane
Dr. R. Lee
Dr. J. Leslie
Dr. J. Lilleyman
Dr. G.D.O. Lowe
Dr. C.A. Ludlam
Dr. E.E. Mayne
Dr. S. Mayne
Dr. S.J. Machin
Dr. P.J. McHugh
Dr. R.S. Mibashan
Dr. V.E. Mitchell
Dr. D.A. Montgomery
Dr. L.A. Parapia
Dr. I. Peake
Prof. F.E. Preston
Mr. J. Prothero
Dr. M. Seaman
Prof. N.K. Shinton
Dr. G.L. Scott
Dr. G.M. Smith
Dr. M.J. Strevans
Prof. I.J. Temperley
Dr. E. Thompson
Dr. J. Trowell
Dr. T. Taylor
Dr. R. Vaughan Jones
Mr D. Watters
Dr. D.N. Whitmore
Dr. M. Winter

1. Apologies for absence had been received from the following people:-

Dr. A. Copplestone, Plymouth
Dr. E.R. Craven, Kettering
Dr. P. Hamilton, Newcastle
Dr. R.A. Hutton, London
Dr. H.E.T. Korn, Bangor
Dr. B. Murphy, Torquay
Dr. B.A. McVerry, Leeds
Dr. J.D.M. Richards, London
Dr. G. Savidge, London
Miss. R.J.D. Spooner, Oxford
Dr. L.M. Swinburne, Leeds
Prof. H.C. Thomas, London

2. Minutes of the last Meeting

The Minutes of the last meeting were approved and signed as correct.

3. Matters arising from the Minutes

Dr Rizza reported that Dr Peter Kernoff had been the only nominee for the post of Vice-Chairman and that he had been duly elected.

Dr Jones reported that the Haemophilia Society's campaign for recompense had been rewarded in November 1987 with a £10 million grant from government. This money is for HIV positive haemophiliacs in need as well as their relatives and dependents. It was being administered by a charitable trust, the Macfarlane Trust.

The money had not been given to the Trust until 24th March. A full-time administrator, and a full-time social worker, Tudor Williams, together with a secretary, Rosemary Benson, had been appointed. To date the Trust has paid out some £150,000 for a wide variety of claims, including provision of bedding, heating and help with holidays. A newsletter was about to be sent out to all those who had registered with the Trust, to members of the Haemophilia Society and to Haemophilia Centre Directors, together with a document on proposals for a grant allocations policy. The latter was distributed to the meeting.

The most pressing need was to set up an accurate register of all those infected and link this to details of dependent relatives so that the fairest possible distribution of monies in response to need could be made. Directors were asked to encourage everybody to register with the Trust, it being stressed that registration was confidential. In future Trust news would only go out to those who registered and to Haemophilia Centre Directors.

The Trustees were arranging to visit local groups throughout the country to explain the running of the Trust and to answer questions. In answer to question's Dr Jones confirmed that the Trust was able to help with the needs of the bereaved, with children, and with common law wives.

4. Report of meetings of Haemophilia Reference Centre Directors.

Dr Rizza reported that most of the items discussed at the Reference Centre Directors Meeting in 1988 would be discussed later on the current agenda. He reported that the DHSS booklet listing Centres had been updated and sent to the Department of Health.

An enquiry had been held into why discrepancy existed between the number of severely affected haemophiliacs known and the number treated. There had been a good response to a questionnaire sent round the Centres but there had been very little new information other than that four patients were now known to have died.

The Reference Centre Directors had prepared a first draft of a document

on the safety of factor VIII and factor IX concentrates and the first edition of this had been issued with all Reference Centre Directors as signatories. It was intended to update this document regularly.

The question of the surveillance of side effects of therapy had been discussed and Dr Kernoff had been asked to draw up a document for easy reporting of these.

At an Extraordinary Meeting, litigation had been discussed with Dr Katherine Allsop of the Medical Defence Union. Her message was that Directors should co-operate with enquires but only after informing their hospital lawyers and defence organisations. The question of litigation would be discussed further under item 7.

The Reference Centre Directors had discussed two forthcoming trials to study the efficacy of Zidovudine for asymptomatic patients. One of the trials was to be run by Wellcome and the other by the MRC in collaboration with the French INSERM.

The question of heterosexual transmission had been discussed and a new questionnaire looked at. It was hoped to use this in a prospective study at several of the larger Centres.

5. Report on 1987 Annual Returns from Haemophilia Centres

As five major Centres had not sent in their returns it was not possible to table a report. Dr Rizza appreciated there had been local difficulties and staffing problems at some Centres but pointed out that the deadline for the returns was 31st March.

6. Revision of Guidelines for choice of Factor Concentrates

Dr Kernoff spoke to this item and said that the document had been distributed in May 1987 on the position as it then was with regard to safety of blood products. The Directors realised that they were working in a field in which change occurred rapidly and that any recommendations could only be for guidance. The intention of the document was to focus on patient safety. Because of the dynamic nature of the problem, updates were needed regularly and the next edition was to be prepared for issue shortly after Christmas.

Several responses had been received to the first document, the two most substantial concerning the question of cryoprecipitate and manufacturers' comments. With regard to cryoprecipitate, the Reference Centre Directors felt that heat treated materials were safer than cryoprecipitate in terms of viral transmission. Their recommendation had been with reference to this and not to the efficacy of cryoprecipitate in terms of haemostasis. If a doctor felt that his patient's haemostatic need could only be met by using cryoprecipitate then clearly cryoprecipitate should be used. Manufacturers who had commented had been told that the document was a distillate of all available information known to the Reference Centre Directors at the time. Due emphasis was given to the only real yardstick of safety from transmitting viruses, namely studies of individual products in previously untreated patients (PUPS).

Dr Kernoff said that all comments for future issues of the document would be welcome.

Dr Preston questioned Directors experience in the use of 8Y for von Willebrand's disease, provoking a general debate in which several Directors said that the haemostatic defect in von Willebrand's disease had on occasions not been corrected using 8Y. Dr Mibashan reported that in his experience provided 2-3 times the usual dose of the material was used, satisfactory haemostasis had been achieved following surgery. Dr Lowe proposed that the von Willebrand's Working Party look at the efficacy of the various products in treating von Willebrand's disease. Dr Hill wondered whether it would be helpful to give references in the document but the general view was that references were unnecessary and would be counterproductive if the document was to be renewed regularly. The document should be regarded as a working paper.

Dr Kernoff was thanked by the Chairman for all his hard work in producing the document.

7. Surveillance of Side Effects

Dr Kernoff introduced a new form (Appendix B) which was intended to provide a quick reporting system for the adverse effects of replacement therapy. It was intended that the form provided general details to Oxford. Receipt of the form would "trigger" thorough investigation of each case and, when appropriate this would be done in conjunction with CDSC. The use of the form would involve less paperwork and therfore hopefully would encourage a better response than previous reporting. It had been based on the valuable work done by the nurses who had been looking for some years at reactions to treatment. The Reference Centre Directors had felt that this work should now be incorporated in a more formal programme of surveillance.

In order to simplify the process further back-up forms of enquiry were to be prepared by Dr Colvin and Dr Wensley on inhibitors and thrombotic episodes respectively.

Several Directors raised individual questions about the use of the form including difficulties in defining non-A, non-B hepatitis and the need to be very specific about the recording of brand and batch numbers. However, the consensus was that the form provided an excellent way of getting an event recorded.

The question of litigation as a result of side effects of treatment was again raised. Dr Hill reported that enquiries he had received from solicitors had been very non-specific and he had been advised that more definitive questions were needed before access to clinical records be allowed. Mr Watters said that a group of solicitors had taken another opinion from Counsel which suggested that headway may be made by the patient. The Society's view was that members must make up their own minds and this included selecting their own lawyers.

Further information on this was given by Dr Jones who had met with

a solicitor in Newcastle. He knew of 60 patients who had so far received legal aid. They were being represented by a group of 40 solicitors who had worked through a three-man steering group. An information pack for litigants was said to be in preparation.

In general patients were not attempting to sue doctors directly. Their proposed action, having taken further legal advice, was likely to be against health authorities and the Secretary of State, linked with the Committee of Safety of Medicines.

8. Progress Report On 8Y/9A Study

Dr Rizza reported that this study was now in progress. The first patient had been entered in May 1988 and since then 8 patients had been entered in total. Two had withdrawn, one child because of poor venous access and the other a patient who had subsequently been discovered to have received one dose of concentrate in the past. Follow-up had been good but only 3 centres had sent in details to date. No rises in AST or HIV sero-conversion had been reported. The Directors were encouraged to enter PUPS into the study. Dr Hill said that he thought that parents should be encouraged to put their children into this study.

9. Supplies of Coagulation Factor Concentrates from BPL, Elstree

Dr Richard Lane gave an update of progress at Elstree. By the third quarter of 1988, 45 million international units of factor VIII had been issued and Elstree was on target to provide 70-75 million international units by the second quarter of 1989. This target would be met with the provision of 550,000 litres of plasma from regional centres for fractionation each year. Final target was the issue of 90 million international units or 30,000 vials per month.

Problems had arisen because of the introduction of heat treatment and a subsequent decrease in yield. This had been met by raising the target from 450,000 to 550,000 litres with the introduction of plasmapheresis. It was vital that products produced at Elstree were subject to a clinical trial and the CTX only be regarded as a prelude to full licence. Application for a full licence was to be made before the end of the year with a view to receiving the product licence in 1989. Viral inactivation studies had been commissioned by Elstree to assess heating at 80° for 72 hours in the final vial.

Present products were in the 4th year of clinical use and had a good record of both yield and security. Potential product developments were being studied. These included the use of chemical affinity chromatography and the use of solvent detergent inactivation as "a hygiene step". The use of immune absorption was not favoured when the product had to be re-suspended in albumin.

Dr Lane then outlined the background to talks concerning Elstree's financial future. It was thought that in April of next year the DHSS would introduce transfer pricing into the Blood Transfusion Service.

If this happened Elstree would be paying for plasma and the Regions would be paying for products. In order to do this product specification would have to be very clear and more information was needed from Directors on their requirements. This information should encompass everything to do with the product from number of units needed per bottle to the design of packaging. Ideas from Directors are welcome.

With regard to factor 9A it was difficult to interpret market trends at present and information from Directors would be welcomed.

Dr Shinton said that unless transactions were made in real money he could foresee no benefit in transfer pricing. Paper exchange would be worthless. Mr Crowley (Chief Executive of Central Blood Laboratories Authority) said that a national price for products had not yet been fixed. In considering price the relationship with commercial prices had to be established. The appointment of Dr Harold Gunson as the National Director of BTS would help in this and other considerations. In answer to questions about how Elstree intended to scale up its production so rapidly in the absence of sufficient plasma flow from the Regions, Dr Lane reported that a stockpile of plasma had been built up in order to prime the plant. This buffer stock would fill in the gap until regions met their plasma targets. Dr Hill was worried about the effect of cross charging on other blood products, including red cells and whole blood and Dr Lane pointed out that pricing could be used to initiate changes in the Blood Transfusion Service.

10. National External Quality Assurance Scheme (NEQAS) For Blood Coagulation

Professor Preston reported that of 109 Centres recently surveyed, only 61 had been able to do von Willebrand factor assays and 84% factor VIII C. Many of the laboratories participating in the NEQAS scheme performed very poorly, 32% being known haemophilia centres. Professor Preston stressed that all specimens were handled confidentially and no data were available from individual centres as group analysis was used. Dr Kernoff reported that the organisational base for NEQAS had moved to the Royal Free Hospital, London.

11. Reorganisation of Haemophilia Care in the UK

Dr Savidge was not present to speak to his draft document (presented at the meeting) but had asked Dr Evans to report for the Working Party. Dr Evans reminded Directors that the question of reorganisation had been on the agenda since 1979. All the questions raised by the draft document had been discussed many times and only minor changes had been suggested by the Reference Centre Directors, one of these being the re-writing of a sentence involving NEQAS. After further discussion Dr Jones proposed that the document be approved with the minor modifications already made and sent to the DHSS. He further suggested that the list of Haemophilia Centres in the United Kingdom be drawn up by the Haemophilia Society in association with the Medical Advisory panel for distribution to all Centres and members of the Society, and that the Society be responsible for the updating of the list in future.

These proposals were seconded and passed unanimously. A further proposal from Professor Preston that facilities for investigating inherited platelet disorders be included in the criteria for qualifying as a Reference Centre was agreed for the time being.

12. Report from the AIDS Group

(a) Update of Seroprevalence Group

Dr Rizza tabled the most recent statistics (Appendix C, Table 1). He reported that 85% of patients with severe haemophilia A had now been tested and that no new sero-conversions had been reported since the 1987 screening. Two reports had been received on spouses sero-converting since the last report, making a total of 21 HIV positive women out of a total of 425 tested.

No further information was available on the 15% of severely affected patients who had apparently not been tested. Dr Rizza proposed that a short updated questionnaire be sent to Directors next year and this was agreed unanimously.

(b) Progression of AIDS/ARC in UK Haemophiliacs

Dr Rizza reported on the work of the group which included Sir Richard Doll's examining the rate of progression of illness following infection. Interim results show a significant correlation with age from the time that the first positive antibody test was known. 6% of patients aged under 25 had developed AIDS or ARC after four years, figures for older patients being 10% for ages 25-44 and 25% for those aged 45 years or more. Dr Colvin suggested that the age groups be split up further, especially for patients in childhood and adolescence.

(c) Problems with Litigation

Dr Ludlam reported on problems on his own unit with regard to litigation. He had so far received 3 summonses and knew that three more were in the offing. The summonses were against his Health Board and he had been named as a servant of the Board. They all concerned sero-conversions following administration of Scottish NHS factor VIII. Dr Ludlam said that it took considerable time to summarise the records and reply in detail to the summons which covered periods between 1980 and 1985. His Health Authority had recognised the magnitude of the task facing him and he had been given time off to prepare a defence. He suggested that his own experience had major implications for Directors in the United Kingdom, and he wished to bring the attention of the Directors to the questions of staff morale and the possible effect of litigation on the recruitment of young doctors into the haematology and haemophilia service.

In expressing support for Dr Ludlam several points were made with regard to litigation. Firstly that clinical notes should never be allowed to leave the hospital and that photocopying was acceptable to the legal authorities. Secondly, that the Haemophilia Society advice that action was unlikely to succeed still stood and thirdly that patients

could still go forward with legal action if legal aid was refused by taking out protective summonses which would cost them around £100.

(d) Counselling Course

Dr Jones said that the course would take place in Newcastle as planned on 27th October. Prior to the postal strike 51 people had applied.

13. Date and Place of Next Meeting

It had been originally agreed that the next one day meeting (Autumn 1989) would be held in Alton but Dr Aronstam said that this was now not possible. A new venue and date would be fixed as soon as possible. The next 2 day meeting (Autumn 1990) is to be held in Sheffield.

14. Any Other Business

Dr Jones asked that representatives from the nurses group and social group be allowed to attend the full business meeting and this was unanimously approved.

AFTERNOON SESSION

15. Reports from Working Party Chairman

(a) von Willebrand's Disease Working Party

Dr Frank Hill stood in for Dr Savidge for this report. The Working Party had met and considered the information collated in Oxford and had prepared a questionnaire which had been circulated by Dr Savidge. This questionnaire should be filled in by the Directors and sent back to Oxford.

Professor Bloom asked about the wording of question 2 in the questionnaire, remarking that mild type I patients appeared normal at certain stages of pregnancy. He had no information of the effect of the contraceptive pill. Dr Hill said that a number of patients had come to their attention who had been registered as having von Willebrand's disease on the strength of a bleeding time and FVIII C alone. The aim of the Working Party was to try to encourage standardisation of tests throughout the country which would be of special help to borderline cases. Dr Lowe said that a two page document setting out details of the tests and their success rate would be very helpful. Dr Hill said that he would arrange for the Working Party to summarise the results of the survey and bring them back as soon as possible as a report. The Working Party would look closely at Dr Lowe's proposal.

(b) Inherited Platelet Deficiency Working Party

Professor Preston reported that guidelines to platelet function testing were shortly to be published in the Journal of Clinical Pathology on

behalf of the Haemophilia Reference Centre Directors and the British Society of Haematology. He agreed to a proposal that this to be sent to all Directors. The Working Party was still concerned with the fact that only 260 patients had been reported as having inherited platelet disorders in the UK, even though the prevalence was far higher. He thought that it was a very important area and the Working Party wished to stimulate interest and offer assistance in this field. He recognised that much of this work may be done by haematologists outwith the Haemophilia Centre organisation but still thought that the setting up of criteria for platelet investigation be one of the roles adopted by Haemophilia Centres.

(c) Data Collection Working Party

Dr Rizza reported that this Working party had not met since the last meeting. Dr Jones proposed that the Working Party be disbanded. Dr Rizza said he would discuss this with his colleagues and a decision would be made before the next meeting.

(d) Hepatitis Working Party

Dr Craske reported that the Working Party was to put forward no further proposals in view of the new surveillance system agreed during the morning session. He tabled a paper on cases of hepatitis reported to Oxford between 1987 and 1988 but after much discussion withdrew this document as containing only anecdotal information. It was stressed that the new surveillance system which allowed for stringent follow up of reported cases should help to avoid misunderstanding in the future. In answer to a question from Dr Jones, Dr Craske agreed to look at the evidence for giving Zidovudine to staff following needle stab injuries.

16. Report On Behalf Of The Haemophilia Nurses Association

Sister Fearns reported that the Association was seeking affiliation to the Royal College of Nursing. To date the Association had 69 members and Directors were encouraged to ensure that nurses who had not yet taken out membership did so. The Association was now hoping for an ENB course for haemophilia and it was proposed that the RCN set this up. The Association produced a newsletter for its members and was represented on a number of Working Parties.

In general, members felt that big symposia were less preferable than small meetings as means of communication. In recognition of this the Alpha Travelling Fund had been used for a series of mini meetings in the United Kingdom at three monthly intervals. The first of these meetings involving six people had been held at the Royal Free and Birmingham. Lincoln and Belfast were the next venues. These meetings were solely for nurses to discuss their work. No visiting lecturers were invited.

The next weekend Symposium would be held on 6th-7th May 1989 in Birmingham.

The Association was preparing two videos in conjunction with the Haemophilia Society. The topics were the diagnosis of haemophilia and

a question and answer session on HIV. It was hoped this would be available after the New Year.

In answer to a question raised at the previous meeting of the Directors, members had been asked about the question of staff support. Those replying had said that support was always available in crises but there were other needs. A Report was presently being prepared.

The Association was pleased that the Directors were to continue and expand the survey on adverse reactions. Further results in the nurses' survey had suggested that the rate of infusion was the most significant factor in reactions reported.

Directors asked about the present regrading exercises for nurses pay and Sister Fearns reported that each Region could only appoint one nurse on each of the higher levels. The Association would correlate information about this and report back.

17. Report On Behalf Of The Haemophilia Society/BASW Special Interest Group

Mrs Lovie said that this group had been established in 1980 and presently had 35 social workers and 27 others as members. The main work of the group recently had been with HIV and AIDS, whereas before 1984 it had been with chronic disability. A major component of the work concerned bereavement and uncertainty about sexual transmission. More recently the changes in the DHSS system for benefits had caused major difficulties.

The group were aware of a lack of mannuals and guidelines to help social workers dealing with the multiple problems of haemophiliacs. In order to try to overcome this the group was keeping in touch by telephone and newsletter and was involved in a number of working parties, including the MacFarlane Trust, the BASW HIV AIDS Group and the DHSS/Social Work Inspectorate Working party producing guidleines for the PSS. They had also helped the Central Council for Social Training to produce a directory of resources and a training document. Mrs Lovie drew attention to Riva Miller's book on counselling and to her membership of the SIG on the World Federation of Haemophilia Social Care Group.

The Group had been involved with much work securing from the DHSS dietary allowances. Efforts were in hand to raise the allowance to £27.44 solely for those who had put in a claim before April 1988. Clause 72 in the new social contract may give those who had not yet been given benefit a way through if they acted before April 1989. She pointed out that claims for attendance and mobility allowances were far more likely to succeed if they had supporting letters from Directors. It was now clear that HIV positive adults could get the lower rate attendance allowance.

Very real concern has been expressed by some of the medical profession about the use of confidential medical information and the SIG had prepared a paper on confidentiality for its members based on the BMA handbook and BASW's Code of Ethics.

Some Centres still did not have social workers and there was sometimes difficulty in getting money from local authorities to set up posts. A questionnaire was about to be sent to 45 hospitals about funding. The job description for a Haemophilia Centre Social Worker had been updated and a series of fact sheets for Social Services Departments was in preparation.

Dr Rizza thanked both Sister Fearns and Mrs Lovie for their continuing help and their reports on behalf of the Directors.

18. Any Other Business

There was no further business.