

NOTES OF A MEETING HELD ON 4 SEPTEMBER, 1969, AT
ALEXANDER FLEMING HOUSE, TO DISCUSS HAEMOPHILIA CENTRES

PRESENT :

Dr Yellowlees (Chairman))
✓ Dr Thomson)
Dr Maycock) Department of Health and
Mr Gidden) Social Security.
Mr Hughes)
Mr Olliff)

Dr R Biggs - Oxford Haemophilia Centre.

1. Dr Maycock gave the background to the present distribution of centres, and explained that in London no major treatment centre had been designated. Nor had a decision been taken on whether there should be an intermediate type of centre between the present diagnostic and three major centres. The centres were originally designated by the Medical Research Council, and HM(68)8 which had been circulated after discussion with SAMOs, formally completed take-over by the Department of responsibility for designation.

2. Dr Biggs thought that, ideally, there should be 3 types of centre, and felt that the diagnostic centre should be able to provide treatment, although she understood that many of them were already doing so. The Royal Free and Hammersmith Hospitals were two examples of London Hospitals which were apparently becoming major treatment centres; the necessary materials were provided by the North London Blood Transfusion Centre and Blood Products Laboratory. The Royal Free Hospital had received £100,000, which Dr Dormandy hoped would enable her to start the development of a major treatment centre but Dr Biggs considered that the best arrangement for London at present would be a co-operative centre between 3 of the existing centres. Claims had also been made by Birmingham to be recognized as a major treatment centre.

Dr Biggs considered that a treatment centre should treat a minimum of 20 to 50 patients a year, although many of the existing centres dealt with less than 10 patients a year. She envisaged that, in the event of a 3-tier system being set up, small centres would be grouped around, and administratively assigned to, a major centre. She thought that a few small centres were able to give a good service but this was not the general rule. Mr Hughes considered that there were too few centres to need organisation into a 3-tier system. It was his view that diagnostic and registration centres were being looked upon as centres for minor treatment.

Dr Maycock said that any increase in the number of major treatment centres would create extra demands on Blood Products Laboratory, work on the extension of which was to start in October.

3. Dr Biggs stated that the major treatment centres should properly be taking the surgical work which was being carried out in the London centres. Occasions had arisen when hospitals had had to request further supplies, as materials had been exhausted during the operation. She asked that the Department should discourage these centres from undertaking treatment which was not proper to them.

Dr Yellowlees suggested that the first step was to obtain again professional recommendations on the proper functions of centres. Boards should then be advised of these recommendations and asked to observe them. It was clear to him that there was insufficient information upon which to base a decision at this time. It was not known what work was undertaken at the smaller centres, and it was necessary to find this out. Once the criteria for centres had been determined, and the work they could support was known, it would be possible to define the functions of each centre. In addition, the Department might indicate the number of patients who could be dealt with by a centre. It was agreed that further consideration should be given to Dr Biggs' suggestion that, in addition to the duties already enumerated in HM(68)8, centres should be required to make quantitative assays of Factors VIII and IX.

4. Dr Biggs suggested that materials should be distributed to diagnostic and registration centres by major treatment centres, and the Department should indicate to which major centre diagnostic and registration centres should look for their supplies.

Dr. Maycock agreed to discuss the question of distribution with the Regional Transfusion Directors and with Dr Blackburn and Dr Israels. Dr Biggs referred to the special school which was planned for Oxford. It would accommodate handicapped children, and a number of places would be reserved for haemophiliacs. Lord Mayor Treloar School at Alton in the Wessex Region provided some difficulties as that Region did not have its own Regional Transfusion Centre at present. The Sutton Centre was unable to provide enough cryoprecipitate for the children there. Dr Maycock said that the Wessex Blood Transfusion Centre was due to operate in about 12 months' time, and until then Bristol might provide the necessary facilities for producing the cryoprecipitate. The blood would be collected by a Wessex team, and that Region would also provide the finances. (Dr Smith, Regional Transfusion Centre, Wessex, is now personally beginning to prepare cryoprecipitate for the school at Alton.)

5. Dr Yellowlees referred to the position in London, and suggested that consideration should be given to either a two-tier system in London, with the centres looking to Oxford as its major centre, or to the setting-up of a major centre in London. If Dr Dormandy could obtain sufficient revenue, she might, in fact, be able

to set up a major centre, but much depended on how the £100,000 at her disposal was used. At present, Dr Dormandy referred to Oxford those cases which she considered she was unable to treat because of insufficient facilities. The main factor would be the Department's definition of a major centre, although it might prove difficult to dictate to hospitals which cases they should deal with, and even the setting-up of a major centre in London would not necessarily stop the other centres continuing to carry out the work which they were already performing. Dr Biggs considered that a co-operative centre should be established in London. In Dr. Thomson's opinion, one centre was sufficient initially, if other centres were linked to it. Provision could be made for further major centres if experience showed that they were required.

6. Dr Yellowlees stated that, in the light of the relatively small amount of information that was available, the Department should find out what work the London centres were undertaking. When this information was available, the Department should be in a position to define the functions of centres, their probable catchment areas, and the major centre to which treatment centres should refer cases outside their scope. Dr Yellowlees thought that the Joint Consultative Committee for London should be asked to help.