

North Western Regional Health Authority

IN CONFIDENCE

DEPARTMENTAL MEMORANDUM

From Mrs. G. Oates To Dr. H.H. Gunson,  
Subject Director, BTS  
Date 18.2.86 Ref. GO/LB Your ref.

Thank you for your letter and comments on subjects we had discussed including possible changes at the BTS.

I will be discussing the matter in confidence with Dr. Lane and will wish to have a further discussion with you before deciding on the action we should take.

GRO-C



HHG/LM

5th February, 1986

STRICTLY CONFIDENTIAL

Mrs. G. Oates,  
Assistant General Manager,  
(Policy Implementation and Administration),  
North Western Regional Health Authority,  
Gateway House,  
Piccadilly South,  
Manchester,  
M60 7LP.

Dear Mrs. Oates,

I enclose, as promised, a short statement about the Regional Haemophilia Service and a comment on Dr. Wensley's role at the B.T.S.

I have not discussed any of these matters with the Consultants concerned in Haemophilia treatment with the exception of Dr. Lee who is the B.T.S. Consultant-in-Charge of the Lancaster Centre, and he agreed with me that this Regional Speciality should not be treated any differently from the others.

Naturally, I have not discussed Dr. Wensley's position with him or anyone other than yourself.

I note that at your meeting with the Regional General Manager on Tuesday 21st January, 1986, that a group was to be formed to look at rationalisation of Regional Specialities. Perhaps the information I have given is, therefore, timely.

I would be grateful for your views.

Yours sincerely,

H.H. GUNSON,  
Director.

Enc.



REGIONAL HAEMOPHILIA SERVICE

The Regional Haemophilia Service is responsible for the treatment of adults suffering from haemophilia and is based at the Manchester Royal Infirmary, with a Sub-Centre at Lancaster. There are Co-directors of the Service - Dr. I.W. Delamore (Consultant Haematologist with Central Manchester District) and Dr. R.T. Wensley (Consultant Haematologist, Central Manchester District, 5 sessions and Regional Transfusion Centre, 6 sessions). Dr. D. Lee who is the Consultant-in-Charge of the Lancaster Transfusion Centre manages the Sub-Centre in Lancaster. Children suffering from haemophilia are treated by Drs. D. Evans and R. Stevens at the Manchester Childrens' Hospital, although this also forms part of the Regional Service.

The Haemophilia Centre at the Manchester Royal Infirmary is also designated as one of the six National Reference Centres.

Prior to about 1975 the principal method of treatment for haemophilia was the use of cryoprecipitate which is prepared from human plasma at the Regional Transfusion Centre. This is a white precipitate made by freezing plasma which is rich in Factor VIII, the coagulation factor which is deficient in haemophilia. However, it has to be stored in the frozen state and with the advent of home therapy a freeze-dried powder was developed which can be stored in the refrigerator. This is the Factor VIII concentrate which is now being used in increasing quantities.

The Country has never been self-sufficient in Factor VIII concentrate, only some 30% of the total used being fractionated at the National Plant at Elstree. (It is hoped that self-sufficiency can be achieved during the coming year). The deficit has been made up in two ways:

- (1) Continuing production of cryoprecipitate at the R.T.C.
- (2) Purchase of Factor VIII concentrate from commercial sources.

In the middle 1970's when Factor VIII concentrate was first purchased in this region, my predecessor arranged with Dr. Lane that these purchases should be undertaken through the B.T.S. budget. Whilst the quantities used were small and finance was more readily available than it is now, there were few problems with this arrangement. However now, as you know, a backlog of surgical cases has built up due to shortages of Factor VIII concentrate and the heat-treatment of Factor VIII concentrate to destroy the A.I.D.S. virus has led to a doubling of its price per unit.

On several occasions this year I have been in the situation of having to apply for revenue for the purchase of additional Factor VIII concentrate and on the last occasion it could only be purchased from savings that I had accumulated from the general B.T.S. activities. I am concerned that even when we reach self-sufficiency in Factor VIII I will be asked to make out a case for further Factor VIII supplies from commercial sources to clear the backlog of surgery, since although there should be sufficient Factor VIII available for normal treatment, anticipated emergencies and current surgery, it will be argued that these cases cannot be treated.

I find myself in the invidious position of having to argue the case for a regional speciality for which I have no management responsibility and no clinical responsibility for the use of the product.

I think that the time has come to consider whether the Regional Haemophilia Service should be treated in the same manner as other Regional Specialities and I would be grateful for your views on this proposal.



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DR. R.T. WENSLEY

Dr. Wensley was appointed as a Consultant Haematologist to the Regional Transfusion Centre (7 sessions) and the Manchester Area Health Authority (Teaching) (4 sessions) in March, 1974. His job was to treat patients with haemophilia at the Manchester Royal Infirmary and to be responsible for the production of cryoprecipitate which was at that time the product of choice for the treatment of these patients. He worked very hard and devised a semi-automated method for producing high quality cryoprecipitate from which the patients in the region derived considerable benefit.

However, since 1980, there has been a decline in the use of cryoprecipitate in favour of the Factor VIII concentrate and consequently the need in the R.T.C. for someone with his specialised knowledge has also decreased.

In 1983 he requested that his sessions were increased with Central Manchester District from four to five because of his increasing clinical commitment and I readily agreed to this for the reasons given above.

He does assist in Senior Registrar Training. Also, as part of his duties at the Manchester Royal Infirmary he manages their therapeutic plasmapheresis and we refer to him patients who have high anti-D levels during pregnancy when they may benefit from this treatment.

I do not wish to give the impression that Dr. Wensley does not conscientiously carry out his duties, but that they are less related to the work of the Blood Transfusion Service. The time he spends here is more of an extension to his clinical work keeping abreast of developments and research. He also participates in our Consultant on-call roster.

I would be grateful for your views on what might be the best way to proceed.