SMALLER HAEMOPHILIA CENTRES PRESENTATION
NORTHWICK PARK HOSPITAL, HARROW

Directors, facilities and staffing

1. The haemophilia centre directors at Northwick Park Hospital included Dr Israel Chanarin, Dr Diana Maureen Samson, and Dr Cecil David Leo Reid.

2. Dr Chanarin was Director of the Centre in 1976.

3. Dr Samson has provided a written statement to the Inquiry dated 10 December 2020.[1] She was an Honorary Senior Registrar at Northwick Park Hospital and St Mary's Hospital, and MRC Clinical Research Fellow at the MRC Clinical Research Centre, Harrow, from 1973 to 1976. From 1977 to 1983, Dr Samson was a Consultant Haematologist at Northwick Park Hospital and MRC Clinical Research Centre, Harrow.[2] Dr Samson shared responsibility with Dr Chanarin for relevant matters.[3] When Dr Samson was appointed Consultant Haematologist at Northwick Park Hospital from 1977, she sometimes completed the Centre's Annual Returns.[4]

4. Dr Reid has provided a written statement to the Inquiry dated 1 March 2021.[5] From 1977 to 1982, Dr Reid was Registrar and Senior Registrar in Haematology at Northwick Park Hospital. He was Consultant Haematologist and Honorary Senior Lecturer at Northwick Park Hospital and Imperial College from January 1983 to August 2007.[6] Dr Reid took over the role from Dr Diana Samson when she left Northwick Park Hospital.[7] He was also a part-time Medical Research Council fellow at Northwick Park Hospital, Clinical Research Centre, from 1983 to 1990. Following Dr Reid's retirement in August 2007, he worked as a part-time locum NHS Consultant Haematologist at Northwick Park Hospital until April 2011.[8]

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[1] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001]
[2] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 2
[3] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 14
[4] HCDO0000075_003
[5] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001]
[6] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 2
[7] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5
[8] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 2

5. According to the evidence of Dr Samson of the facilities at Northwick Park, "*There was no physical entity designated "Haemophilia Centre" and no dedicated staff.*"[9] Dr Reid described the facilities and staffing arrangements as follows:

> "*This was comprised of myself and the other haematology consultants (see below) and junior staff (usually an SHO and two haematology trainee registrars) at Northwick Park hospital. There were no dedicated nursing or other ancillary staff dedicated to these patients.*"[10]

6. Northwick Park Hospital was also home to the Medical Research Council (MRC) Clinical Research Centre.

7. Aside from Dr Samson and Dr Chanarin, other personnel at Northwick Park Hospital included:

   a. Dr Gerald Smith until 1983: general haematology and blood transfusion. [11]

   b. Dr Milicia Brozovic until 1976: general haematology and care of haemophilia patients.[12] Dr Brozovic was a Consultant Haematologist at the Northwick Park Hospital and Clinical Research Centre. She was also co-author, with I Chanarin, E Tidmarsh & D A W Waters, of a short text-book of haematology entitled "*Blood and its disease*" (1976).[13]

   c. Dr Martin Pippard 1985-1989: general haematology and blood transfusion. [14] Dr Pippard was a member of the Regional Transfusion Directors Committee Working Party considering guidelines for autologous transfusion.[15] A final draft

[9] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 15
[10] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(b)
[11] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[12] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[13] HSOC0022591
[14] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[15] BPLL0007205, NHBT0110350

report dated April 1987 went to the NBTS Advisory Committee and all Regional Transfusion Directors.

d. Dr Patricia Skacel: 1989-1994: general haematology and blood transfusion. [16] Dr Skacel was a Senior Registrar in Haematology.

e. Dr Shubha Allard: 1994-2003 general haematology, blood transfusion and care of haemophilia and coagulopathy patients. [17]

f. Dr Nikki Panoskaltsis 2003: general haematology. [18]

g. Dr Chara Kiriyakou 2004: general haematology. [19]

h. Dr Gavin Cho: believed to have looked after blood transfusion for NW London Hospitals Trust following Dr Allard's departure. [20]

i. Dr V Malkovska, who attended the UKHCDO meeting on behalf of Dr Reid and Northwick Park Hospital on 27 September 1984.[21]

j. Professor Tuddenham set up a Haemostatis Research Group at the MRC Clinical Research Centre at Northwick Park Hospital from November 1986 to June 1994.[22] Dr Tuddenham (as he then was) represented Northwick Park Hospital on an Advisory Committee on the Virological Safety of Blood.[23]

k. Dr D A J Tyrrel was Deputy Director of the MRC Clinical Research Centre at Northwick Park Hospital and Head of the Division of Communicable Diseases at Northwick Park Hospital.[24] He was a member of an ad hoc group of experts

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[16] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c). "Misha Brosovic" is assumed to be a misspelling of Milicia Brozovic.
[17] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN524001] para 5(c)
[18] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[19] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[20] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5(c)
[21] PRSE0003659
[22] WITN3435002 para 2
[23] DHSC0002429_049
[24] DHSC0003711_105

set up to advise the Chief Medical Officers of the UK Health Departments on the problems of AIDS.

l. Dr A D B Webster, a Senior Scientist and Consultant Clinical Immunologist, at the Clinical Research Centre at Northwick Park. He was involved in a proposed trial of a new product (immunoglobulin) from the Blood Products Laboratory at Northwick Park "*in order that the NHS does not develop a dependence on readily available but highly expensive imported commercial products*".[25] Dr Webster was visited by a Cutter representative as a prospective customer at Northwick Park in May 1985.[26] Dr Webster represented Northwick Park at a meeting with other clinicians regarding HTLVIII transmission data on 7 February 1986.[27]

Status of Haemophilia Centre, Relationship with other Haemophilia Centres and Relationship with Regional Blood Transfusion Centre

8. The Haemophilia Centre at Northwick Park Hospital, also known as Harrow Haemophilia Centre, was based at the Haematology Department, Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ. It was proposed as an Associate Centre, led by Dr Chanarin, in the North-West Thames Region (05) on 15 November 1976.[28] It was designated as a new Associate Centre late in 1976.[29]

9. On 29 November 1976, Dr Dormandy of the Royal Free Hospital wrote to all Haemophilia Centre Directors in Regions 04 (East Anglia), 05 (North-West Thames) and 06 (North-East Thames) including Dr Chanarin of Northwick Park Hospital.[30] At that time, Professor Ingram of St Thomas' Hospital and Dr Dormandy of the Royal Free Hospital were asked to be jointly responsible for the South-East Haemophilia

[25] CBLA0003379
[26] BAYP0000024_203
[27] SBTS0000496_101
[28] CBLA0002956_005
[29] OXUH0000863_002, OXUH0003775_064
[30] CBLA0000506

Supraregion.[31] Dr Dormandy and Professor Ingram decided to split the Supraregion along the Thames. Being in the northern half as part of the North West Thames Region (05), Northwick Park fell under the responsibility of Dr Dormandy at the Royal Free Hospital.[32] A letter dated 13 January 1986 from Sheila Adam to Dr R M Pollock of Oxford Regional Health Authority lists Northwick Park as one of 7 "Associated Haemophilia Centres" in the North West Thames Region and one of 6 Associated Haemophilia Centres linked to the Royal Free Hospital.[33]

10. From 1976, NHS factor VIII concentrate was distributed through the Regional Blood Transfusion Centres. With some slight adjustments, it was said that this corresponded to the supply areas of the appropriate Blood Transfusion Centres at Brentwood, Edgware and Cambridge.[34] The material was initially divided among the Regional Transfusion Centres proportionately to the number of different haemophiliacs treated in the Regions in 1974.[35]

11. Although Northwick Park was part of the North-West Thames Region of Haemophilia Centres, it was treated differently in that it was supplied with blood products directly from BPL, rather than through the Regional Transfusion Centre. As explained in a DHSS document dated February 1981:[36]

> *"Two hospitals, both in NW Thames RHA, are currently supplied direct by BPL – Northwick Park (1,300 400ml bottles of ppf in 1979) and RPGMS, Hammersmith (5,760 bottles). These arrangements appear to have grown from clinical research work as the hospitals developed plasma exchange programmes... If it is recommended that special arrangements should not be*

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[31] CBLA0000506. In 1976, the North-West Thames Region (05) included Westminster, St Mary's, Middlesex, Hammersmith, Lister (Stevenage), Luton & Dunstable, Bedford, Edgware, Hillingdon and Northwick Park (Harrow).

[32] CBLA0000506. See also: CBLA0000533minutes of meeting on 15 December 1976 where it is recorded that *"Professor Ingram and Dr Dormandy, who were the reference Centre Directors for regions 04-08, had taken the Thames as a dividing line so that Professor Ingram would be mainly concerned with regions south of the Thames (07/08) and Dr Dormandy with regions north of the Thames (04, 05 and 06)."*

[33] DHSC0006312_072. The North West Thames Region comprised 3 Haemophilia Centres: Hammersmith, St Mary's, and Westminster; and 7 Associated Haemophilia Centres: Charing Cross, Edgware, Hillingdon, Lister, Luton & Dunstable, Northwick Park and Bedford.

[34] CBLA0000506

[35] CBLA0000506

[36] CBLA0001294

made and that the hospitals should look to NW Thames RTC for their supplies (or purchase them commercial), the Committee will wish to consider what, if any, notice should be given to the hospitals and whether supplies should be maintained for say 6 months or 1 year to give the hospitals time to make alternative arrangements. Members might like to note that the two hospitals' allocation in 1979 exceeded the allocation to three RHAs (E Anglia, Wessex, Oxford)."

12. The Advisory Committee's views were sought on "*ending the special arrangements for direct supply to Northwick Park Hospital and to RPGMS, Hammersmith (para 15).*" Dr Lane of BPL appears to have favoured the arrangements for supplying Northwick Park directly. In a letter dated 3 November 1980 to Dr Brozovic of North London Blood Transfusion Centre, he stated:

> "*I would prefer to supply selected institutions such as MRC, RPGMS, Northwick Park, etc. directly through Regions but require that the Region negotiate the needs individually with users. A list of special users relating to North West Thames transfusion services has been placed at Edgware on at least two occasions and should be available to you.*"[37]

13. In a memo to N Pettet dated 9 January 1981, Dr Lane stated, "*Hammersmith Hospital and Northwick Park Hospital should be treated as 'special units'.*"[38]

14. Although Northwick Park was supplied directly by BPL at the time, Dr Chanarin and Dr Samson both attended meetings with the local Regional Transfusion Centre at Edgware which largely supplied the North-West Thames Region. Dr Chanarin on behalf of Northwick Park Hospital attended a meeting of Directors of Haemophilia/Associate Haemophilia Centres (Regions 04, 05 and 06) and Blood Transfusion Centres on 15 December 1976 at which the regional distribution of NHS factor VIII concentrate was discussed.[39]

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[37] NHBT0107721
[38] BPLL0008345_001
[39] CBLA0000533

15. Dr Samson attended a further meeting of Directors of Haemophilia Centres/Associate Haemophilia Centres (Regions 04, 05 and 06) and Blood Transfusion Centres on 23 September 1977 where several clinicians reported that they had purchased commercial concentrate to supplement shortfalls in availability of NHS products.[40] In her evidence, Dr Samson did not recall the discussion at the meeting but did not think that there would have been any shortfall at Northwick Park given that only 3 patients were treated there in 1976.[41]

16. Dr C de Silva attended a further meeting of Directors of Haemophilia Centres/Associate Haemophilia Centres (Regions 04, 05 and 06) and Blood Transfusion Centres on 1 September 1978.[42]

17. In his evidence, Dr Reid stated that, as far as he recalled, all products were received from the Transfusion Centre and he did not "*recall any shortages being a problem*".[43]

18. In 1980, Dr Samson discussed the reallocation of factor VIII concentrate for a patient transferring from Lewisham Hospital to Northwick Park Hospital in correspondence with Dr Lane, Dr Brozovic and Dr Whitmore.[44] In a letter dated 20 August 1980, Dr Brozovic told Dr Samson that he could not "*foresee any difficulties in supplying you with factor VIII concentrates*".[45]

19. In her evidence, Dr Samson explained the process for a patient transferring from Lewisham Hospital to Northwick Park Hospital in 1980:

> "*Centres received supplies of concentrate according to their need, which were distributed via the Regional Blood Transfusion Centres. This particular patient was transferring their care from Lewisham Hospital, served by the South Thames Blood Transfusion Centre, to Northwick Park Hospital, served by the North London Blood Transfusion Centre.*

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[40] CBLA0000657
[41] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 53
[42] CBLA0000838
[43] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 11
[44] BPLL00020945
[45] BPLL0002094

The allocation of concentrate therefore needed to move from one Transfusion Centre to the other, and the BPL therefore needed to adjust the relative amounts sent to each Transfusion Centre. The letters are making sure everyone is aware of the change and agreeable to it. Regarding possible difficulties I suppose it is theoretically possible that the staff at either Lewisham Hospital or South London Blood Transfusion Centre could object to their allocation being reduced, but I cannot imagine this would happen as it is an allocation for a specific patient".[46]

Numbers of patients registered and treated

20. In her evidence, Dr Samson described Northwick Park as "*a very small centre treating only a few patients*".[47] She thought that "*the total number of patients must have been less than 10, probably less than 5*".[48]

21. Dr Reid did not recall the numbers but "*of the severe cases I do not believe there were more than 5*".[49]

22. In the following years, the numbers of patients registered and/or treated at Northwick Park Hospital from the available evidence were as follows:

    a. 1976: The Annual Returns for 1976 signed by Dr Samson indicate that 3 patients with haemophilia A were treated during the year, no patients with Christmas disease were treated.[50]

    b. 1978: The Annual Returns for 1978 signed by D Samson show that the Centre treated 2 patients with haemophilia A, no patients with Christmas disease, 1 carrier of Christmas disease and no patients with von Willebrand's disease.[51]

[46] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] paras 51-52
[47] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 15
[48] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 15
[49] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 5
[50] HCDO0001105
[51] HCDO0001287

c. 1979: The Annual Returns for 1979 signed by Dr D Samson show that the Centre treated 2 patients with haemophilia A and no patients with Christmas disease.[52]

d. 1980: The Annual Returns for 1980 signed by Dr I Chanarin indicate that 4 patients with haemophilia A, 1 patient with von Willebrand's disease, 0 patients with haemophilia B and 1 carrier of haemophilia B were treated during the year.[53] The Centre had 6 registered patients with haemophilia A, 1 registered patient with haemophilia B, and 1 registered carrier of haemophilia B.

e. 1981: The Annual Returns for 1981 signed by D Samson report that 4 patients with haemophilia A were treated during the year.[54]

f. 1982: The Annual Returns for 1982 signed by Drs Chanarin and Reid show that the Centre treated 4 patients with haemophilia A, no patients with von Willebrand's disease and 1 patient with haemophilia B.[55] There were 4 registered patients with haemophilia A, 2 registered patients with haemophilia B, 1 registered carrier of haemophilia B and 3 registered patients with von Willebrand's disease.

g. 1983: The Annual Returns for 1983 signed by Dr C Reid indicate that the Centre treated 4 patients with haemophilia A, no patients with von Willebrand's disease, and 1 patient with haemophilia B.[56]

h. 1984: The Annual Returns for 1984 signed by Dr C Reid show that the Centre treated 5 patients with haemophilia A, 1 carrier of haemophilia A, and no patients with von Willebrand's disease.[57] There appear to have been 8 registered patients with haemophilia A, 3 registered patients with haemophilia B, 1

[52] HCDO0001330
[53] HCDO0001455
[54] HCDO0001526
[55] HCDO0001654
[56] HCDO0000165_008
[57] HCDO0001817

registered carrier of haemophilia A, 1 registered carrier of haemophilia B, and 3 registered patients with von Willebrand's disease.

i. 1985: The Annual Returns for 1985, signed by Dr C Reid, show that the Centre treated 5 patients with haemophilia A, 1 patient with haemophilia B, and no patients with von Willebrand's disease.[58] There appear to have been 8 registered patients with haemophilia A, 3 registered patients with haemophilia B, 1 registered carrier of haemophilia A, 1 registered carrier of haemophilia B, and 3 registered patients with von Willebrand's disease.[59]

j. 1986: The Annual Returns for 1986 signed by Dr C Reid indicate that the Centre treated 5 patients with haemophilia A, 1 carrier of haemophilia A, no patients with von Willebrand's disease, and 1 patient with haemophilia B.[60] There were 9 registered patients with haemophilia A, 4 registered patients with haemophilia B, 1 registered carrier of haemophilia A, 1 registered carrier of haemophilia B, and 4 registered patients with von Willebrand's disease.[61]

k. 1987: The Annual Returns for 1987, signed by Dr C Reid, show that the Centre treated 5 patients with haemophilia A, no patients with von Willebrand's disease, and 1 patient with ATIII deficiency.[62] There were 9 registered patients with haemophilia A, 4 registered patients with haemophilia B, 1 registered carrier of haemophilia A, 1 registered carrier of haemophilia B, and 4 registered patients with von Willebrand's disease.[63]

l. 1988: The Annual Returns for 1988, signed by Dr C Reid, show that the Centre treated 6 patients with haemophilia A, 1 patient with haemophilia B, and no patients with von Willebrand's disease.[64] Of the 6 haemophilia A patients treated during the year, it appears that 2 patients were on regular home therapy.

[58] HCDO0001911
[59] HCDO0001911
[60] HCDO0000281_002
[61] HCDO0002007
[62] HCDO0002094
[63] HCDO0002007
[64] HCDO0002187

There appear to have been 11 registered patients with haemophilia A, 4 registered patients with haemophilia B, 1 registered carrier of haemophilia A, 1 registered carrier of haemophilia B, 1 registered patient with acquired haemophilia A, 2 registered patients with antithrombin III and 4 registered patients with von Willebrand's disease.[65]

23. Data from Northwick Park Hospital was contributed by Dr Chanarin and Dr Samson to published studies including: "*Treatment of haemophilia and related disorders in Britain and Northern Ireland during 1976-80*" by C R Rizza and Rosemary J D Spooner.[66]

24. In respect of children, Dr Reid stated that "*we operated a shared care system with the pediatricians until at least 1990*".[67] Correspondence between Dr Reid and Dr Snape indicates that some children were treated at the Centre with heat-treated factor VIII concentrate in 1985.[68]

Treatment policies and blood product usage

25. As part of the North West Thames Region, Dr Chanarin attended a meeting of Directors of Haemophilia Centres/Associate Haemophilia Centres and Blood Transfusion Centres on 15 December 1976.[69] It was agreed that priority for NHS concentrate should be given to patients who were allergic to cryoprecipitate and to those who were already on home treatment with NHS concentrate. 20% of the allocation of NHS concentrate for the Region would be set aside each month for emergency use. As part of a discussion on the distribution and allocation of NHS and commercial concentrate, it was agreed that the Directors of Blood Transfusion Centres for the North West and North East Thames Region should handle NHS factor VIII products and that, in principle, they

[65] HCDO0002187. The Annual Returns for 1989 are at HCDO0002279, and 1990 Annual Returns are at HCDO0002370
[66] HCDO0000586
[67] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 6
[68] CBLA0001990
[69] CBLA0000533

should be asked to look into the feasibility of purchase, allocation and distribution of commercial factor VIII (as was already the case in East Anglia).[70]

26. The usage of products by Northwick Park Hospital in the following years appears to have been as follows:

    a. In 1976, the Centre used 379 bottles / 26,530 units of cryoprecipitate and 2,730 units of NHS factor VIII concentrate. It appears that one patient was on regular home therapy, contracted hepatitis in May 1976 and transferred to GOSH in May 1976.[71]

    b. In 1978, to treat 2 patients with haemophilia (A), the Centre used 113 bottles / 7,910 units of cryoprecipitate, 17 bottles / 4,250 units of NHS factor VIII concentrate, and 11 bottles / 2,640 units of Armour Factor VIII (Factorate). Of those two patients, one patient received cryoprecipitate. The other patient was on regular home therapy and received NHS factor VIII concentrate (Elstree) and Armour Factor VIII (Factorate). To treat 1 carrier of Christmas disease, the Centre used 6 bottles of plasma.

    c. In 1979, the Centre used 66 bottles / 4,620 units of cryoprecipitate and 46 bottles / 11,500 units of NHS factor VIII concentrate. One patient who was on regular home therapy received NHS factor VIII (Elstree) and the other patient who was not on regular home therapy received cryoprecipitate.[72] It appears that the Centre did not use any commercial concentrates in hospital or for home treatment.

    d. In 1980, to treat 4 patients with haemophilia A, the Centre used 214 packs of cryoprecipitate in hospital, 2,750 units of NHS factor VIII concentrate in hospital, and 18,885 units of NHS factor VIII concentrate for home treatment. To treat 1 patient with von Willebrand's disease, the Centre used 100 packs of

[70] CBLA0000533
[71] HCDO0001105
[72] HCDO0001330

cryoprecipitate.[73] To treat 1 carrier of haemophilia B, the Centre used 17,610 units of NHS factor IX concentrate.[74] It appears that the Centre did not use any commercial concentrates in hospital or for home treatment.

e. 1981: The Centre used 22,680 units of plasma in hospital and 62,020 units of plasma for home treatment, 324 bags of cryoprecipitate in hospital and 886 bags of cryoprecipitate for home treatment, and 6,845 units of NHS factor VIII for home treatment.[75] It appears that no commercial concentrates were used in hospital or for home treatment during 1981.

f. 1982: To treat 4 patients with haemophilia A, the Centre used 725 bags / 50,750 units of cryoprecipitate in hospital and 721 bags / 50,470 units of cryoprecipitate for home treatment, 52,260 units of NHS factor VIII concentrate for home treatment, and 837 units of Armour Factor VIII (Factorate) for home treatment.[76] To treat 1 patient with haemophilia B, the Centre used 3,925 units of NHS factor IX concentrate in hospital.[77] To treat 4 patients with haemophilia A, the Centre used 655 bags / 45,850 units of cryoprecipitate in hospital, 375 bags / 26,250 units of cryoprecipitate for home treatment, and 70,875 units of NHS factor VIII concentrate for home treatment.[78] To treat 1 patient with haemophilia B, the Centre used 5,535 units of NHS factor IX concentrate.[79]

g. 1983: To treat 4 patients with haemophilia A, the Centre used 655 bags / 45,850 units of cryoprecipitate in hospital, 375 bags / 26,250 units of cryoprecipitate for home treatment, and 70,875 units of NHS factor VIII concentrate for home treatment. To treat 1 patient with haemophilia B, the Centre used 5,535 units of NHS factor IX concentrate. This roughly corresponds with the amounts recorded in a handwritten note as used by Northwick Park in the N W Thames

[73] HCDO0001455
[74] HCDO0001455
[75] HCDO0001526
[76] HCDO0001654
[77] HCDO0001654
[78] HCDO0001654
[79] HCDO0001654

region in 1983.[80] No commercial concentrates appear to have been used in hospital or for home treatment.

h. 1984: To treat 5 haemophilia A patients the Centre used 979 bags of cryoprecipitate in hospital, 752 bags of cryoprecipitate for home treatment, and 85,500 units of NHS factor VIII concentrate. To treat 1 carrier of haemophilia A, the Centre used 50 bags of cryoprecipitate in hospital.[81] It does not appear that the Centre used any commercial concentrates.

i. 1985: To treat 5 haemophilia A patients the Centre used 736 bags / 51,520 units of cryoprecipitate in hospital, 349 bags /24,430 units of cryoprecipitate for home treatment, and 28,310 units of NHS factor VIII concentrate for home treatment.[82] To treat 1 patient with haemophilia B, the Centre used 6,765 units of NHS factor IX concentrate in hospital.[83] A list of haemophiliacs treated within NWT RHA with NHS heat-treated factor concentrate on a named patient basis in April 1985 showed 3 patients receiving NHS heat-treated factor VIII concentrate under the care of Dr Reid at Northwick Park Hospital.[84]

j. 1986: To treat 5 patients with haemophilia A, the Centre used 30 bags (x 70) of cryoprecipitate in hospital, 84,810 units of NHS factor VIII concentrate in hospital, 56,390 units of NHS factor VIII concentrate in hospital, 3,400 units of Alpha Factor VIII (Profilate) in hospital and 3,000 units of Alpha Factor VIII (Profilate) for home treatment.[85] To treat 1 carrier of haemophilia A, the Centre used 2,940 units of NHS factor VIII concentrate in hospital. To treat 1 patient with haemophilia B, the Centre used 4,510 units of NHS factor IX concentrate in hospital.[86]

[80] HCDO0000152_003
[81] HCDO0001817
[82] HCDO0001911
[83] HCDO0001911
[84] BPLL0010517_002 / CBLA0002161
[85] HCDO0000281_002
[86] HCDO0000281_002

k. 1987: To treat 5 patients with haemophilia A, the Centre used 11,850 units of NHS factor VIII concentrate and 39,631 units of Alpha Factor VIII (Profilate) in hospital. For home treatment of haemophilia A patients, the Centre used 50,365 units of NHS factor VIII concentrate and 44,640 units of Alpha Factor VIII (Profilate).[87] To treat 1 patient with ATIII deficiency, the Centre used plasma and 1,360 units of ATIII (Oxford) to cover surgery.[88]

l. 1988: To treat 6 patients with haemophilia A, the Centre used 12,970 units of NHS factor VIII concentrate and 3,550 units of Alpha Factor VIII (Profilate) in hospital. For home treatment of haemophilia A patients, the Centre used 54,415 units of NHS factor VIII concentrate and 53,460 units of Alpha Factor VIII (Profilate).[89] To treat 1 patient haemophilia B, the Centre used 1,840 units of NHS factor VIII concentrate.[90]

27. Dr Reid stated that decisions about the selection and purchase of blood products were made by himself, "*in consultation with my consultant colleagues and in accordance with the best practice guidelines of the UK Haemophilia directors*".[91] He explained:

> "*To the best of my knowledge, once we stopped using cryo routinely in treatment we switched to vitally inactivated NHS (8Y) or commercial (Profilate) fractionated concentrates in around 1986. There may have been one patient who continued with cryo beyond 1986 but I have only indirect (hearsay) evidence of this and no detail whether this was the case, when or why.*"[92]

28. A letter dated 19 May 1986 to Dr Reid from Anne Walton, Senior Sales Representative, suggests that Dr Reid discussed the products Koate HT and Gamimune. Ms Walton confirmed that "*the price of Koate HT is 14 pence per unit*".[93]

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[87] HCDO0002094
[88] HCDO0002094
[89] HCDO0002187
[90] HCDO0002187. The Annual Returns for 1989 are at HCDO0002279, and 1990 Annual Returns are at HCDO0002370
[91] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 8(a)
[92] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 8(a)
[93] BAYP0000008_190

29. According to the evidence of Dr Reid, the main reasons or considerations that led to the choice of one product over another was "*Efficacy and safety – especially with regard to possible known (or unknown) viral contamination. Until the advent of NHS/BPL mid-high purity products (8Y) became available in early 1985, we used cryoprecipitate in most or all cases*".[94] Commercial and/or financial considerations did not play a role.[95]

30. Patients were not consulted over decisions as to which products to use but any concerns may have been discussed with them. Dr Reid explained, "*our product policy was determined by what we perceived to be in the best interests of our patients. I do not recall consulting with them over our decisions though that does not mean that we did not discuss any of their concerns with them*".[96]

31. In respect of alternative treatments to factor concentrates for people with bleeding disorders, Dr Reid stated, "*We were reliant on cryoprecipitate in the 1970s – early 1980s. Until the NHS heat treated products came along, I was unhappy and did not consider using any other alternative, except for DDAVP in mildly affected cases or in VWD*".[97] Furthermore, Dr Reid stated:

> "*I remember not being convinced of the safety of early commercial preparations because of their American provenance and what I understood about their donor pool. I was happier therefore to persist with cryoprecipitate until the UK product became available, although I note we used Profilate in 1986; I cannot recall the reason for this at the time.*"[98]

32. Dr Reid did not recall any policy or approach as regards home treatment or prophylactic treatment but he believed that "*prophylactic factor VIII would have been provided once home treatment with factor concentrates became available*".[99] Dr Reid did not recall

[94] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 8(c)
[95] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 8(d)
[96] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 12
[97] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 13
[98] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 17
[99] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 14

encountering any difficulties in obtaining heat treated products to meet the "*relatively small requirements needed by our practice*".[100]

33. In relation to children, Dr Reid could not recall the detail of individual cases but stated that "*concentrates would only have been administered in case of urgent clinical necessity*".[101]

34. Dr Samson did not recall how decisions were made about the selection and purchase of blood products at Northwick Park, but commented that "*the current recommendations of the UKHCDO would have been followed. DDAVP, cryoprecipitate and Factor concentrate would have been used in different circumstances*".[102] She further explained that the management of products "*would have been decided on an individual basis and would have been guided by current knowledge and expertise as transmitted to us via the UKHCDO meetings and by reading the literature*".[103]

35. Dr Samson could not remember being personally involved in any decisions by an individual patient to use particular products. She stated that both DDAVP and cryoprecipitate were available as alternative treatments to factor concentrates.[104] Although cryoprecipitate was certainly used, Dr Samson did not recall the specific policy for when it should be used and stated that "*It would have been difficult to use cryoprecipitate for home treatment*".[105] Dr Samson was unable to recall any specific policy regarding home treatment but recalled that there was one patient at Northwick Park who was on home treatment.[106]

36. Dr Samson did not remember any previously untreated patients (PUPS) at Northwick Park Hospital.[107]

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[100] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 29
[101] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 15
[102] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 31
[103] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 40
[104] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 41
[105] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 43
[106] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 46
[107] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 112

37. The Inquiry has received a statement from an anonymous witness with severe haemophilia A who was treated at the Haemophilia Centre at Northwick Park. [108] The witness was initially treated with Fresh Frozen Plasma (FFP) and cryoprecipitate.[109] The witness described, in the 1980s, that the treatment of haemophilia patients moved away from cryoprecipitate and patients began to receive factor VIII blood products. The witness explained:

> "*I was not comfortable changing my treatment from cryoprecipitate to Factor VIII and sat down with my doctors at Northwick Park Hospital in Harrow and told them that I did not want to be treated with Factor VIII. I felt relatively safe using cryoprecipitate and, unusually, the doctors agreed to allow me to continue with the treatment despite the fact it was uncommon for haemophilia patients to be allowed to elect their treatment. They were very helpful and like all of us uncertain of the nature and scale of the threat posed by HIV.*
>
> *My doctors provided me with a steady supply of circa 20 units of cryoprecipitate to keep in the freezer to treat bleeds on demand…*"[110]

38. The witness later transferred to a different hospital and was treated with non-UK sourced blood products.[111] He later contracted HIV and HCV.[112]

Knowledge of risk of hepatitis/AIDS and response to risk

39. In her evidence, Dr Samson stated that "*As a small centre we were very dependent on advice from UKHCDO*".[113] Dr Samson confirmed that she "*attended meetings of UKHCDO over the years*" but she "*was never involved in any working parties, committees or groups*".[114]

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[108] WITN0022001
[109] WITN0022001 para 4
[110] WITN0022001 para 6-7
[111] WITN0022001 para 11
[112] WITN0022001 paras 12 and 15
[113] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 75
[114] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 148

40. The minutes of UKHCDO meetings record that Dr Samson attended on behalf of Northwick Park Hospital on 24 October 1977,[115] 21 November 1979,[116] and 9 October 1981.[117] She sent her apologies for the meetings on 13 November 1978 where she was represented by Dr Reid,[118] and 30 September 1980.[119]

41. Dr Samson confirmed in her written evidence that she attended the UKHCDO meeting in 1977.[120] She also attended the meeting on 9 October 1981 representing Dr Chanarin who was the Director.[121] Dr Samson did not recall the discussion at that meeting about keeping accurate records of the purchase and use of commercial factor VIII concentrates and the collection of data through annual returns.[122] She also did not recall if the Department of Health requested data about the purchasing of factor VIII concentrate.[123] She did not remember the discussion about the transfer of responsibility for purchasing, holding and distribution of blood products.[124]

42. Dr Samson confirmed that she attended the meeting on 13 September 1982,[125] but she did not remember attending this meeting nor receiving the minutes.[126]

43. In her evidence, Dr Samson stated that:

> *"It was known by 1980 that the risk of hepatitis B was greater with commercial concentrate than with NHS Blood product, as discussed at the minutes of a meeting of the UKHCDO on 30 September 1980".*[127]

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[115] PRSE0001002
[116] CBLA0001028
[117] CBLA0001464
[118] HSOC0010549
[119] PRSE0003946
[120] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 14. See also PRSE0001002
[121] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 14. See also CBLA0001464
[122] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 150
[123] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 151
[124] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 163
[125] CBLA0001619
[126] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 66
[127] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 14. See also PRSE0003946

44. She further stated that "*we would therefore have suspected that the risk of other infections would be greater with commercial concentrate, and it is my memory that the risk of HIV was demonstrated to be greater in commercially supplied products around the end of 1984 after serological testing became available*".[128]

45. Dr Samson gave evidence that in the summer of 1983, "*Hepatitis B was a known risk but it was not common... Hepatitis C had not yet been identified and non-A non-B hepatitis was not then known to have serious consequences*".[129] She further elaborated that:

> "*At the time I worked at Northwick Park, it was known that both hepatitis B and non-A non-B hepatitis could be transmitted by blood products. UK blood donors were already screened for hepatitis B, and at that time it was not appreciated that non-A non-B hepatitis could lead to chronic liver disease. I think we felt that blood products were very safe.*"[130]

46. After Dr Samson moved from Northwick Park Hospital to Charing Cross Hospital in 1984, she said that "*it became evident that HIV could be transmitted by blood products, particularly products prepared from pooled plasma, and subsequently that commercial products were associated with a higher risk than NHS products*".[131]

47. In order to reduce the risk of patients being infected with hepatitis, Dr Samson stated that:

> "*As I remember, we would, wherever possible*
>
> - *avoid the use of blood products*
> - *use cryoprecipitate in preference to concentrate*
> - *use heat treated concentrate (after this became available)*
> - *choose NHS over commercial concentrate*"[132]

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[128] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 57
[129] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 17
[130] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 54. See also para 59.
[131] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 55
[132] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 61

48. Dr Reid confirmed that he attended UKHCDO meetings from 1983 to 1992.[133] The minutes of UKHCDO meetings indicate that Dr Reid attended on 17 October 1983,[134] 21 October 1985,[135] 25 September 1987,[136] 21 September 1990,[137] 7 October 1991,[138] 18 September 1992,[139] and 1 October 1993.[140] Dr Reid sent his apologies for the meeting on 27 September 1984 at which Dr V Malkovsla attended on his behalf,[141] and for the meetings on 17 March 1986,[142] 30 September 1994,[143] and 29 September 1995.[144]

49. In his evidence, Dr Reid could not recall the discussion at the meeting on 17 October 1983 about whether to revert to the use of cryoprecipitate but he confirmed that he was present and heard the opinions expressed but he did not think he contributed.[145] Dr Reid stated that getting sufficient amounts of commercial concentrates was not an issue and that he was able to get unlimited amounts of cryoprecipitate "*but our practice was very small*".[146] Dr Reid stated that he "*did not agree with the large-scale resort to commercial concentrates*".[147]

50. In order to keep up to date with relevant scientific and medical developments in knowledge, Dr Reid stated:

> "*Attendance at most annual UK DH and many other UK haematology meetings as well as at the American (ASH) meetings. I did carry out extensive CPD and journal reading, especially the New England journal, BMJ and Lancet as well*

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[133] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 3
[134] PRSE0004440
[135] PRSE0001638
[136] HCDO0000485
[137] HCDO0000015_021
[138] PRSE0002012
[139] HCDO0000248_013
[140] HCDO0000493
[141] PRSE0003659
[142] PRSE0001688
[143] HCDO0000494
[144] HCDO0000495
[145] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 28
[146] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 28(b)-(c)
[147] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 28(e)

as the Haematology monthlies. I more than satisfied my CPD annual requirements."[148]

51. Dr Reid stated that his knowledge and understanding of the risks of the transmission of hepatitis from blood and blood products was quite limited in the early 1980s.[149] In order to reduce the risk to patients of being infected with hepatitis, Dr Reid mentioned the "*use of factor concentrates and much later recombinant factors and switching treatments away from cryo in the later 1980s*".[150] Dr Reid believed he first became aware that there might be an association between AIDS and the use of blood products in around 1983.[151]

52. It does not appear that Dr Samson or Dr Reid contributed to the Glasgow Symposium on Unresolved problems in Haemophilia in 1980,[152] or the Manchester Symposium on Current Topics in Haemophilia in 1982.[153]

Testing patients for HTLVIII and informing them of diagnosis

53. Dr Reid confirmed that they did test patients for HIV in the 1980s,[154] specifically referring to arrangements made to test 3 haemophilia A patients for HTLV-3 as a requirement before their receiving heat-treated concentrate.[155]

54. Dr Reid stated that "*HIV status was monitored where appropriate*" and referred to correspondence with Dr Snape in 1985.[156] In a letter dated 21 January 1985, Dr Reid wrote to Dr Snape at the Blood Products Laboratory, Elstree:[157]

"I have 3 patients with haemophilia A under my care for whom I would like to request supplies of your heat treated Factor VIII concentrate. Following your

[148] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 18
[149] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 19
[150] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 20
[151] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 22
[152] RLIT0001242
[153] DHSC0002221_003
[154] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 36
[155] CBLA0001990, CBLA0002033
[156] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 6(b)
[157] CBLA0001990

comments at the recent Royal Free meeting on 18th January, we would be perfectly happy to comply with any study that you would wish to undertake on these patients and on an additional baby (aged 3 months) who is a brother of one of the patients already under our care."

55. Dr Snape wrote to all Haemophilia Centres by letter dated 24 January 1985.[158] Dr Reid wrote again on 11 February 1985 confirming that he had received their letter and protocols, and that investigations were underway to ascertain the HTLV-3 status of three patients.[159]

56. Dr Reid could not recall the information given to patients or their parents about the tests.[160]

Numbers infected with HIV

57. Dr Reid could not recall any patients at Northwick Park Hospital who had been infected with HIV.[161] He did not have the information regarding how many patients at the hospital were infected with hepatitis C as a consequence of treatment with blood products.[162]

58. According to provisional UKCHDO data received by the Inquiry, 1 patient tested positive for HIV at Northwick Park in 1985.[163]

59. In an apparent note of a telephone conversation with Dr Chanarin on 28 July 1983, although the author of the note is unknown and the precise context is unclear, there is reference to 2 patients with AIDS.[164] These were not cases of patients treated with blood or blood products.

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[158] CBLA0001998
[159] CBLA0002033
[160] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 36
[161] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 24
[162] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 39
[163] INQY0000250
[164] MRCO0000439_135

60. Dr Webster reported isolation of a retrovirus suspected to be HTLV III virus from two patients who had received sandoglobulin (intravenous immunoglobulin).[165] It was recorded in the minutes of a meeting of the Technical and Scientific Working Group on Viral Contamination of Blood Products on 17 November 1986 that "*Patterns were presented from two Northwick Park Hospital patients suffering from AIDS who had received Sandoglobulin.*"[166]

Testing for HCV

61. Dr Samson did not recall when testing began and whether any haemophilia patients were tested.[167]

62. Dr Reid believed that monitoring for HCV would have been done at the Royal Free Hospital as the Comprehensive Treatment Centre from the 1990s onwards.[168] He stated that if patients were tested for HCV in the early 1990s, the results would have been discussed with patients or carers. However, he did not have any recollection or evidence to indicate whether or when this might have occurred.[169]

Treatment arrangements for HIV and HCV patients

63. Dr Samson had no specific recollection of what information would be provided to patients in consequence of treatment with blood products. She stated that "*Information would have been given on an individual basis by the doctor caring for the patient*".[170] She did not recall any patients with hepatitis B or patients with NANB hepatitis.[171] If there were any such patients, they would have been referred to the consultant hepatologist for further management.[172]

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[165] SBTS0000496_164
[166] CBLA0002349
[167] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 101
[168] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 41
[169] Written statement of Dr Cecil Reid dated 1 March 2021 [WITN5248001] para 43(a)
[170] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 83
[171] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 134-135
[172] Written statement of Dr Diana Samson dated 10 December 2020 [WITN4673001] para 135

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