SMALLER HAEMOPHILIA CENTRES PRESENTATION
HAMMERSMITH HOSPITAL

Directors, facilities and staffing

1. The directors of the Haemophilia Centre at Hammersmith Hospital during the 1970s-80s included Professor J V Dacie, Dr R S Mibashan, Dr G Crawford, Dr P Hilgard, and Dr Jill Moira Hows.

2. Professor Dacie was Director of the Centre from around 1968 to 1970. It appears that Dr Mibashan was Director of the Haemophilia Centre at Hammersmith Hospital from around 1970 to 1976. Dr Mibashan later became Director of the Haemophilia Centre at King's College London.

3. Dr Crawford was Director of the Centre in 1977. From 1978 to 1979, Dr Hilgard was a Senior Lecturer in Haematology and Director of the Centre.

4. Although Dr Patricia Margaret Chipping was named as director of the Centre in the annual returns for 1979, 1980 and 1981, according to her written statement, she "*was not at any time director of the Haemophilia Centre*" and her "*role at the Hammersmith hospital was as a registrar and a senior registrar in haematology*".[1] Dr Chipping was a Registrar in haematology at Hammersmith Hospital from 1978 to 1979. She was a locum consultant in blood transfusion at Hammersmith Hospital from 1980 to 1982.[2] She stated that following the sudden death of Dr Sheila Worrledge, she acted as "*locum consultant to the blood transfusion department and was involved in the ordering and issuing of blood products*".[3]

5. Dr B Rotoli was named as director of the Centre in the annual returns for 1981 and 1982. Dr S M Lewis was named as director in the annual returns for 1983.

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[1] WITN3779001 para 8
[2] WITN4567001 para 8
[3] WITN4567001 para 8

6. Dr Hows was named as Director of the Centre in the annual returns for 1984 to 1986. She has provided a written statement to the Inquiry dated 15 October 2019.[4] Dr Hows was a Haematology Registrar at Hammersmith Hospital from February 1976 to June 1977, and a Haematology Senior Registrar from June 1977 to June 1980. She returned briefly to Hammersmith Hospital to give a series of lectures on Blood Transfusion Medicine to MSC students in January 1985.[5]

7. From 1992, the Director of the Hammersmith Haemophilia Centre was Dr Michael Laffan. Dr Laffan has provided a written statement to the Inquiry dated November 2020.[6] He was a Registrar in Haematology at Hammersmith Hospital from February 1985 to 1987, and Honorary Senior Registrar from January 1987 to December 1989. Dr Laffan described his role in 1985 as follows:[7]

> "*In 1985 I began as a registrar in haematology at the Hammersmith Hospital/Royal Postgraduate Medical School (RPMS). I did not immediately have responsibility for patients with haemophilia, but during my 2 years in the post I treated many of the patients in the centre and for a period of approximately 5 months I would have been the registrar responsible for haemophilia. During this time, I was supervised by the consultant Dr Hows and the two Senior Registrars Dr Durrant and Dr Swirsky.*"

8. Dr Laffan recalled that in 1985, "*the consultant in charge of haemophilia care was Dr J Hows*".[8] Between 1985 and 1987, Dr Laffan recalled two Senior Registrars: Dr D Swirksy and Dr S Durrant. When Dr Laffan took over responsibility for haemophilia care, the consultant in charge was Dr D Swirsky.[9] Dr Laffan was later joined by Dr Carolyn Millar, Dr Salooja, Dr Lo, Dr Shlebak, and Dr Arachchillage.[10]

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[4] WITN3779001
[5] WITN3779001 paras 4-5
[6] WITN3089003
[7] WITN3089003 para 8.1
[8] WITN3089003 para 7.2.
[9] WITN3089003 para 7.3. There is possibly a typographical error in para 7.3 of Dr Laffan's written statement in that Dr Laffan took over responsibility for haemophilia care in 1992 rather than in 1982
[10] WITN3089003 para 7.5

9. In respect of the organisation of staff at Hammersmith Hospital, Dr Chipping stated:

> *"It is only fair to say that the department at the Hammersmith at the time I was acting as locum consultant was in a stage of transition following the retirement of Sir John Dacie. His replacement Professor Lucio Luzzatto was new to the department. Other senior members of the haematology department included Dr E Gordon-Smith whose main interest was aplastic anaemia. Other members of the department were involved solely in the management of leukaemia patients. I cannot recall who the coagulation consultant was although there may be some record within the current haemophilia centre."*[11]

10. Other personnel at Hammersmith Hospital included:

a. Dr Sheila Worlledge, who attended a meeting of Directors of Haemophilia Centres in London with Dr Mibashan on 15 October 1970;[12]

b. Dr Bateman, who attended a meeting of Directors of Haemophilia Centres and Directors of Blood Transfusion Centres on behalf of Dr Crawford on 23 September 1977;[13]

c. Dr D McCarthy, who attended a meeting of Directors of Haemophilia Centres and Directors of Blood Transfusion Centres on behalf of Dr Hilgard on 1 September 1978;[14]

d. G J Mufti, Registrar to Dr P Hilgard, who corresponded with Miss Spooner regarding annual returns for 1978;[15]

e. At the UKHCDO meeting on 9 October 1986, Dr Hows was represented by Dr S Durrant on behalf of Hammersmith Hospital.

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[11] WITN4567001 para 12
[12] OXUH0003597
[13] BART0000689
[14] CBLA0000838
[15] HCDO0001259

f. Dr T Littlewood, who is listed as a contact for Hammersmith Hospital in an undated list of hospitals in the NW Thames Region.[16] A list of haemophiliacs treated within NWT RHA with NHS heat-treated factor concentrate in April 1985 shows 5 patients under the care of Dr Littlewood at Hammersmith Hospital.[17]

11. Dr Chipping described the facilities for haemophilia patients at the Hammersmith Hospital as follows:

> "*Haemophilia patients at the Hammersmith were treated in a side room adjacent to the blood transfusion department. This was essentially for ease of access as blood products were stored in the blood transfusion department. The coagulation department was housed in a separate building in the Royal Postgraduate Medical School. All monitoring tests and other coagulation tests were undertaken in that department.*"[18]

12. Dr Laffan described the arrangements for haemophilia care in 1985-1987 as follows:

> "*As a registrar in haematology during 1985-1987 I did not have any knowledge of the organisation of haemophilia care beyond the immediate local arrangements. These comprised a treatment room, supplies of therapeutic products and the staff of the haematology department. Towards the end of this period there was also a part time nurse with responsibility for haemophilia. Patients attended the transfusion laboratory directly when they needed attention for bleeding problems but were also seen in scheduled outpatient appointments.*"[19]

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[16] NHBT0107717_012
[17] BPLL0010517_002
[18] WITN4567001 paras 9
[19] WITN3089003 para 6.1

13. Dr Laffan described a number of subsequent changes to the service until 1992 when there was more structure.[20] He referred to a report of Imperial College Healthcare NHS Trust dated July 2019 which contained a short history of the Centre:[21]

> "*Patients with bleeding disorders had been cared for at Hammersmith Hospital for over 60 years, but the service lacked a dedicated specialist during the 1970s and early 1980s. Following the merger of the Charing Cross, Westminster and St Mary's Trusts and medical schools, which was completed in 2007, the haematology service was consolidated at Hammersmith Hospital.*
> *This entailed the transfer of a relatively small number of patients from the other sites. The Haemophilia Centre served west London and a population of approximately 1.5m, although historical referral patterns meant that some patients from west London attended more central hospitals in north and south London (Royal Free and St Thomas's). Although the Centre was a Haemophilia Centre (rather than a Comprehensive Care Centre (CCC)) it was close in size to a CCC and had the appropriate laboratory, clinical and administrative support*."

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

14. The Haemophilia Centre at Hammersmith Hospital was based at the Department of Haematology, Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS.

15. In 1968, Hammersmith Hospital was one of 12 Haemophilia Centres in London. In a letter dated 24 July 1968, Professor Dacie wrote to Dr Yellowlees and reported that:

> "*the Haemophilia Society is unhappy about the present arrangements in London. Their Committee believes that sufferers from haemophilia would be best served by the provision of a small number of high quality, well staffed*

[20] WITN3089003 paras 6.2-6.3
[21] WITN3089004

centres rather than by the provision of relatively many (twelve) centres of varying quality. They point out that some of the designated centres find it difficult to provide the potential 24-hour expert coverage which I think all of us would agree is really essential for the proper care of the haemophilic. Some of the Centres (I believe) treat relatively few haemophiliacs, others large numbers. The latter, in London, are the ones which the Haemophilia Society, based on their members' experience, regard as being best organised and staffed. I believe there is substance in their views and the facilities available and the skill and experience of the doctors vary rather widely from Centre to Centre. (This variation in facilities and excellence is, of course, not confined to London). "[22]

16. Professor Dacie proposed that "*there should be three categories of designated Haemophilia Centres in London and elsewhere*",[23] including (1) Diagnostic Centres, (2) Diagnostic and Treatment Centres, and (3) the Special Treatment Centres. He expressed the view that, with support from the Ministry, treatment centres under Category 2 would enable many haemophiliacs to be treated expertly and efficiently, and should include Hammersmith Hospital with two other larger Centres in London:

> "*I appreciate that it would not always be easy to select diagnostic centres for upgrading to treatment centres, but in the London area at least this might be done on the basis of upgrading the largest centres. Those which at present seem to be treating the largest number of patients are The Hospital for Sick Children, Gt Ormond St, Hammersmith Hp, King's College Hp. They are in fact the Haemophilia Centres in London which the Haemophilia Society recommends to its members, and the doctors in charge are all particularly interested in and specialise in the haemorrhagic disorders.*"[24]

17. In 1970, Hammersmith Hospital was one of 13 designated Haemophilia Centres in the London area.[25] At a meeting of 3 Haemophilia Centre Directors (Professor Hardisty of

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[22] DHSC0100025_091
[23] DHSC0100025_091
[24] DHSC0100025_091
[25] DHSC0100026_009 and OXUH0003597. The 13 designated Haemophilia Centres in the London area at that time were Guy's Hospital, St Mary's Hospital, King's College Hospital, Royal free Hospital, Hospital for Sick

Great Ormond Street Hospital, Dr Dormandy of the Royal Free Hospital, and Dr Ingram of St Thomas' Hospital) with DHSS on 11 February 1970,[26] it was recorded at para 16 that "*After further discussion it was agreed that: -*

> "*i. It seemed likely that St Thomas' and the Royal Free would in time naturally evolve as the main Haemophilia Centres. Great Ormond Street should also remain in view of its special nature and possibly Hammersmith. The Department could perhaps judiciously speed up the evolution process.*
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> *ii. As the 3 Directors had not discussed the matter with Directors of the other London Centres, further consultation by the Department would be necessary. It was agreed that Professor Dacie of Hammersmith should be among those invited to the Department, together with a representative from the Royal College of Pathologists.*"

18. Dr R S Mibashan and Dr S Worlledge of Hammersmith Hospital attended a meeting of Directors of Haemophilia Centres in London on 15 October 1970 at which the organisation of Haemophilia Centres in London was discussed.[27]

19. Hammersmith Hospital was part of the North-West Thames Region (Region 05). 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 Crawford of Hammersmith Hospital.[28] At that time, Professor Ingram of St Thomas' Hospital and Dr Dormandy of the Royal Free Hospital, both Haemophilia Reference Centres, were asked to be jointly responsible for the South-East Haemophilia Supraregion. Dr Dormandy and Professor Ingram decided to split the Supraregion along the Thames. Hammersmith Hospital, being in the northern

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Children (Great Ormond Street), Lewisham Hospital, University College Hospital, Westminster Hospital, St Thomas' Hospital, The London Hospital, St George's Hospital, The Middlesex Hospital, Hammersmith Hospital.

[26] DHSC0100026_084

[27] OXUH0003597

[28] CBLA0000506

half (comprising East Anglia Region (04), North-West Thames Region (05), and North-East Thames Region (06)), fell under the responsibility of Dr Dormandy.[29]

20. 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.[30] The relevant Regional Blood Transfusion Service Centre for Hammersmith Hospital was the North London Blood Transfusion Centre, Edgware.[31]

21. The material was divided among the Regional Transfusion Centres proportionately to the number of different haemophiliacs treated in the Regions in 1974.[32] In 1976, the allocation of NHS factor VIII concentrate to the North West Thames Region, based on 1974 returns, was 160 bottles per month.[33] Specifically, 55 bottles per month were allocated to Hammersmith Hospital.[34]

22. Dr Crawford attended a meeting of Directors of Haemophilia Centres/Associate Haemophilia Centres (Regions 04, 05 and 06) and Blood Transfusion Centres on 15 December 1976.[35] A further meeting took place on 23 September 1977 at which Dr Crawford was represented by Dr S Bateman on behalf of Hammersmith Hospital.[36] Dr Bateman reported that there was a significant shortfall in NHS concentrate and that a large amount of commercial concentrate was being purchased for patients on home treatment and for use in hospital:

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[29] See also: CBLA0000533 minutes 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).*"

[30] CBLA0000506

[31] WITN4567001 para 16

[32] CBLA0000506

[33] CBLA0000510

[34] CBLA0000510. In 1976, NHS factor VIII concentrate was allocated to the North West Thames Region as follows: GOSH 62 bottles; Hammersmith 55 bottles; Middlesex 22 bottles; St Mary's 15 bottles; and Westminster 6 bottles.

[35] CBLA0000533

[36] BART0000689

"*40 bottles per month were only enough for only 3 patients. 13,000 u/month of commercial conc. were being bought for 13 other HT patients. A large amount of commercial conc. had also been bought for in-patients so their shortfall of NHS conc. was great.*"[37]

23. On 23 February 1977, Dr Crawford wrote to Dr Rizza at Oxford Haemophilia Centre, suggesting the following priorities:

"*1. Management of inhibitor patients, which would largely encompass the incidence of factor VIII antibodies.*

2. Prophylaxis in haemophilia, which obviously must be coordinated with availability of NHS concentrate or money for commercial concentrate, and also with home treatment in many cases.

3. Home treatment.

4. Hepatitis."

24. The letter appears to have been written in response to a letter from Dr Rizza dated 17 February.[38]

25. Dr D McCarthy attended a further meeting of Directors of Haemophilia Centres/Associate Haemophilia Centres (Regions 04, 05 and 06) and Blood Transfusion Centres representing Dr Hilgard and Hammersmith Hospital on 1 September 1978.[39]

26. Although Hammersmith Hospital was part of the North-West Thames Region, it appears to have been supplied directly with blood products, at least for a period of time,

[37] BART0000689
[38] Likely to have been in materially the same terms as CBLA0000575
[39] CBLA0000838

directly by BPL. In a DHSS memo for the Advisory Committee on the NBTS dated February 1981, it was noted that:[40]

> "*Two hospitals, both in the 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. Plasma exchange is now undertaken at a number of hospitals throughout the country and the Committee's advice is sought on whether separate supplies to these two hospitals should continue. If it is recommended that special arrangements should not be made and that the hospitals should look to NW Thames RTC for their supplies (or purchase them commercially), 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).*"

27. In an earlier letter dated 3 November 1980, Dr Lane of BPL had expressed as preference to continue to supply products to Northwick Park and Hammersmith Hospital (RPGMS) directly:[41]

> "*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.*"

Numbers of patients treated and/or registered at the Centre

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[40] CBLA0001294. A memo on the pro-rata distribution of products dated 9 January 1981 was sent from N Pettet to Dr Lane [BPLL0008345_001]

[41] NHBT0107721

28. In response to a request for information from the Department of Health and Social Security in December 1969 for the year ending 30 September 1969,[42] Professor J V Dacie of Hammersmith Hospital indicated that:[43]

    a. There were 43 cases registered at the Centre;
    b. There were 242 incidents of haemorrhage for which patients attended the Centre for treatment;
    c. There were 3 haemophiliac patients not registered with the Centre who attended for treatment;
    d. There were 4 incidents of severe bleeding in patients attending the Centre;
    e. There were no major surgical operations undertaken in patients registered with the Centre during the year;
    f. There was 1 patient with an incident of severe bleeding or major surgical operation who was transferred to the Special Treatment Centre at Oxford.

29. In around 1972, Dr Mibashan responded to a survey, for the attention of Dr Maycock of the Blood Products Laboratory, in which he indicated that there were 30 patients with haemophilia treated regularly at the Hammersmith Hospital.[44]

30. A list of Haemophilia Centres suggests that there were 38 patients with haemophilia A at the Hammersmith Hospital in around 1975.[45]

31. Dr Laffan did not know the total number of patients with bleeding disorders under the care of the Centre but in 1985 he thought there were approximately 40 patients with severe haemophilia.[46] He did not recall treating children with haemophilia when he was a registrar although there were some children registered at the Hammersmith in 1992 until 2012 when paediatric care transferred to Great Ormond Street.[47] A list of

[42] DHSC0100026_009
[43] DHSC0100026_019
[44] BPLL0008111
[45] OXUH0000863_002
[46] WITN3089003 para 9.1
[47] WITN3089003 para 9.2

Haemophilia Centres treating patients under the age of 19 includes Dr Laffan of Hammersmith Hospital.[48]

32. In the following years, the numbers of patients registered and/or treated at Hammersmith Hospital from the available annual returns were as follows:

    a. 1976: The Annual Returns for 1976, signed by G P M Crawford, indicate that 36 patients with haemophilia A (including 3 patients with factor VIII antibodies), 5 patients with Christmas disease and 6 patients with von Willebrand's disease were treated at the Centre.[49]

    b. 1977: The Annual Returns for 1977, signed by Dr P Hilgard, show that 34 patients with haemophilia A (including 2 patients with factor VIII antibodies), 4 patients with Christmas disease, 1 carrier of haemophilia A, and 2 patients with von Willebrand's disease were treated during 1977.[50]

    c. 1978: The Annual Returns for 1978, signed by Dr P Hilgard, show that the Centre treated 33 patients with haemophilia A (including 2 patients with factor VIII antibodies), 4 patients with Christmas disease, and 8 patients with von Willebrand's disease.[51]

    d. 1979: The Annual Returns for 1979, signed by Dr P M Chipping, show that the Centre treated 31 patients with haemophilia A (including 4 patients with factor VIII antibodies), 4 patients with Christmas disease, and 5 patients with von Willebrand's disease.[52]

    e. 1980: The Annual Returns for 1980, signed by P M Chipping, indicate that 33 patients with haemophilia A, 3 patients with factor VIII antibodies, 5 patients with von Willebrand's disease, and 4 patients with haemophilia B were treated

[48] HCDO0000013_269
[49] HCDO0000088_002
[50] HCDO0001162
[51] HCDO0001259
[52] HCDO0001327

at the Centre.[53] There were around 60 registered patients with haemophilia A, 9 registered patients with haemophilia B, 1 registered carrier of haemophilia A, and 15 registered patients with von Willebrand's disease.[54]

f. 1981: The Annual Returns for 1981 signed by Dr Chipping and Dr Rotoli report that the Centre treated 29 patients with haemophilia A, 1 carrier of haemophilia A, 3 patients with von Willebrand's disease, 2 haemophilia A patients with factor VIII antibodies, and 2 patients with haemophilia B.[55] There were around 59 registered patients with haemophilia A, 8 registered patients with haemophilia B, 1 registered carrier of haemophilia A, and 15 registered patients with von Willebrand's disease.[56]

g. 1982: The Annual Returns for 1982, signed by Dr B Rotoli, report that the Centre treated 34 patients with haemophilia A, 1 carrier of haemophilia A, 8 patients with von Willebrand's disease, 3 haemophilia A patients with factor VIII antibodies, and 1 patient with haemophilia B.[57] In total, there were around 66 registered patients with haemophilia A, 11 registered patients with haemophilia B, 2 registered carriers of haemophilia A, and 26 registered patients with haemophilia B.

h. 1983: The Annual Returns for 1983, signed by Dr S M Lewis, indicate that the Centre treated 35 patients with haemophilia A, 2 carriers of haemophilia A, and 8 patients with von Willebrand's disease.[58] There were 65 registered patients with haemophilia A, 12 registered patients with haemophilia B, 4 registered carriers of haemophilia A, and 27 registered patients with von Willebrand's disease.[59]

[53] HCDO0001423
[54] HCDO0001423
[55] HCDO0001523
[56] HCDO0001523
[57] HCDO0001624
[58] HCDO0001722
[59] HCDO0001722

i. 1984: The Annual Returns for 1984, signed by Dr J Hows, indicate that 33 patients with haemophilia A, 1 carrier of haemophilia A, and 2 patients with von Willebrand's disease, 2 haemophilia A patients with factor VIII antibodies, and 3 haemophilia B patients were treated by the Centre.[60] There were around 69 registered patients with haemophilia A, 12 registered patients with haemophilia B, 5 registered carriers of haemophilia A, and 26 registered patients with von Willebrand's disease.[61]

j. 1985: The Annual Returns for 1985, signed by Dr Jill Hows, state that 28 patients with haemophilia A, 1 carrier of haemophilia A, 1 patient with von Willebrand's disease, 1 haemophilia A patient with factor VIII antibodies, and 2 patients with haemophilia B were treated at the Centre.[62] There were around 69 registered patients with haemophilia A, 12 registered patients with haemophilia B, 5 registered carriers of haemophilia A, and 27 registered patients with von Willebrand's disease.[63]

k. 1986: The Annual Returns for 1986, signed by Dr J Hows, report that 35 patients with haemophilia A, 4 patients with von Willebrand's disease were treated at the Centre,[64] 4 haemophilia A patients with factor VIII antibodies,[65] 1 patient with acquired haemophilia A,[66] and 2 patients with haemophilia B were treated at the Centre.[67] There were around 68 registered patients with haemophilia A, 12 registered patients with haemophilia B, 5 registered carriers of haemophilia A, and 27 registered patients with von Willebrand's disease.[68]

33. Data from Hammersmith Hospital was contributed by Dr Mibashan, Dr Chipping and Dr Hilgard to published studies including: "*Jaundice and Antibodies Directed Against Factors VIII and IX in Patients Treated for Haemophilia or Christmas Disease in the*

[60] HCDO0001815
[61] HCDO0001815
[62] HCDO0001908
[63] HCDO0001908
[64] HCDO0002005
[65] HCDO0002005
[66] HCDO0002005
[67] HCDO0002005
[68] HCDO0002005

United Kingdom" by Rosemary Biggs,[69] "*Haemophilia Treatment in the United Kingdom from 1969 to 1974*" by Rosemary Biggs,[70] and "*Treatment of haemophilia and related disorders in Britain and Northern Ireland*" during 1976-80 by C R Rizza and Rosemary J D Spooner.[71]

34. In addition, the Inquiry understands that Dr Chipping may have contributed to or provided data for the following:

    a. An article published in November 1997: "*Mortality from liver cancer and liver disease in haemophilic men and boys in UK given blood products contaminated with hepatitis C*";[72]

    b. An article published in September 1995: "*Mortality in the complete UK population of haemophiliacs before and after HIV infection*";[73]

    c. An article published in 1996: "*The Importance of Age at Infection with HIV-1 in Determining Survival in the Complete UK Population of Haemophiliacs*";[74]

    d. An article published in 1998: "*Immune status in HIV-1-infected men and boys with haemophilia in the United Kingdom*";[75]

    e. An article published in 2001: "*Treatment of haemophilia in the United Kingdom 1981-1996*".[76]

35. Dr Chipping stated in her written statement in response, "*I note that my name appears as a contributor to the papers listed. I cannot recall providing any specific information for these articles and assume that the data was taken from Haemophilia Centre returns which were requested, as I recall, on an annual basis and I may well have signed them*

[69] HCDO0000581
[70] PRSE0004645
[71] HCDO0000586
[72] HCDO0000264_150
[73] HCDO0000264_095
[74] HSOC0002661
[75] HCDO0000017_001
[76] HSOC0023510

off. As I was not aware that this information was being used for publication I would not have made patients aware. I do not know whether patients were made aware of Haemophilia Centre returns, although provision of the information was expected of Haemophilia Centres. No other patient data was shared with third parties."[77]

36. Dr Chipping stated that the majority of patients at the Hammersmith Hospital were adults,[78] suggesting that some children were also treated at the Centre. This is consistent with other evidence received by the Inquiry including the written statements of Perry Evans,[79] and Steven Carroll,[80] who were both treated at Hammersmith Hospital as children.

Treatment policies and blood product usage

37. The Inquiry has received a number of statements from individuals who were treated with blood products at Hammersmith Haemophilia Centre including Perry Evans,[81] Steven Carroll,[82] and Luke O'Shea Phillips.[83] Luke's mother, Shelagh O'Shea, has also provided a statement.[84] Perry Evans gave oral evidence to the Inquiry on 30 April 2019,[85] Steven Carroll on 9 May 2019,[86] and Luke O'Shea Phillips and Shelagh O'Shea on 4 June 2019.[87]

38. Mr Evans was under the care of Hammersmith Hospital from the early 1960s to 1986 for mild haemophilia A.[88] From 1985 onwards, he was treated at the Royal Free Hospital. Mr Carroll was treated at the Hammersmith Hospital under the care of Dr Howe, Dr Porter, Professor David Sworski, and Professor Laffan.[89] Mr O'Shea

[77] WITN4567001 para 50
[78] WITN4567001 para 15
[79] WITN1212001
[80] WITN1139001
[81] WITN1212001
[82] WITN1139001
[83] WITN1696001
[84] WITN0043001
[85] Transcript, 30 April 2019, pp. 61-95 [INQY1000001, p. 16-24]
[86] Transcript, 9 May 2019, pp. 55-88 [INQY1000007, p. 14-22]
[87] Transcript, 4 June 2019, pp. 1-53 [INQY1000013, p. 1-14]
[88] WITN1212001 para 4
[89] WITN1139001 para 5

Phillip's haemophilia care was transferred to Hammersmith Hospital from University College Hospital (UCH) in the late 1980s/early 1990s.[90]

39. Mr Evans was initially treated with cryoprecipitate as a child up until the 1970s.[91] From 1974 onwards, he was treated with a variety of different factor products including FVIII (BPL) and Factorate.[92] According to his written evidence, no advice was ever given to him or his parents about the risk of infected blood products.[93] This was confirmed in his oral evidence.[94] He did not recall any discussions that took place at Hammersmith Hospital in relation to the risk of HIV/AIDS to haemophiliacs.[95] The documentary evidence indicates that Mr Evans was tested for HTLV (HIV) and for hepatitis B between 1983 and 1984. He was not aware of these tests at the time.[96] His patient records suggests that he first tested positive for HIV on 10 July 1984. However, he had no memory of this being communicated to him whilst he was still at the Hammersmith Hospital.[97] Mr Evans believed that:

> "*I was treated with Factor VIII and subsequently tested for a variety of infections without my knowledge and consent and without adequate or full information. I was clearly tested for HIV without my knowledge and consent from the early 1980s and not informed of the diagnosis in mid 1984 until August 1985. Similarly I was not aware of the testing for HBV in 1983 and 1984 and the testing for HCV from (at least) 1986. I was not informed that I was at risk or being tested.*"[98]

40. When Mr Carroll was diagnosed with haemophilia, he was initially given cryoprecipitate.[99] He believed he was treated with Factor VIII at 2 or 3 years old, in the early 1980s approximately.[100] He could not recall the name of the products that he was

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[90] WITN1696001
[91] Transcript, 30 April 2019, p. 62 [INQY1000001]
[92] Transcript, 30 April 2019, p. 62 [INQY1000001], WITN1212002
[93] WITN1212001 para 11
[94] Transcript, 30 April 2019, p. 63 INQY1000001
[95] WITN1212001 para 12, Transcript, 30 April 2019, p. 65 INQY1000001
[96] WITN1212001 para 14
[97] WITN1212001 para 13, Transcript, 30 April 2019, p. 66 INQY1000001
[98] WITN1212001 para 21
[99] WITN1139001 para 4
[100] WITN1139001 para 4, Transcript, 9 May 2019, p. 55-56 INQY1000007

treated with but knew it was a Baxter product then a British product which gave him a bad allergic reaction.[101] In about 1983-5, when he was 7 or 8 years old, the hospital taught his mum how to administer factor VIII so that he could be treated at home. Prior to that, he received factor VIII treatment at Hammersmith Hospital for severe bleeds and any dental procedures.[102] He was initially treated with factor VIII on demand but his bleeds became regular and he required treatment at hospital.[103]

41. In around 1985-6, when he was 9 years old, Mr Carroll believed his mother was informed that he had been infected with HIV from contaminated blood products.[104] He did not know how this information was given to her or what information was provided to his parents at the time to help them understand or manage the infection.[105] He did not believe that his parents were given any information about the risks of infected blood products.[106] He stated, "*If they were told that there was a risk, they would not have treated me. My parents were of a generation where you trusted the doctors and listened to the information and advice that they produce, without questioning them.*"[107]

42. In response to a questionnaire for Dr Maycock, BPL, in around 1972, Dr Mibashan indicated the preferred treatment for patients with haemophilia at Hammersmith was not cryoprecipitate but freeze-dried concentrate. He estimated that he would need 600 bottles of freeze-dried concentrate annually for the present treatment policy.[108] In response to the question "*If the supply of cryoprecipitate and/or concentrate to Haemophilia Centres were not restricted by shortage, how much do you estimate you would need annually?*", Dr Mibashan indicated that he would require 900 bottles of freeze-dried concentrate (i.e. 50% more than what was required for the present treatment policy).[109]

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[101] WITN1139001 para 4
[102] WITN1139001 para 5
[103] WITN1139001 para 6
[104] WITN1139001 para 7
[105] WITN1139001 para 7
[106] Transcript, 9 May 2019, p. 56 INQY1000007
[107] WITN1139001 para 14
[108] BPLL0008111
[109] BPLL0008111

43. In the following years, the use of blood products by Hammersmith Hospital from the available evidence in the annual returns was as follows:

a. 1976: To treat 36 patients with haemophilia A, the Centre used 5,602 bottles / 392,140 units of cryoprecipitate, 827 bottles / 206,690 units of NHS factor VIII concentrate, 30 bottles / 8,400 units of Cutters Factor VIII (Koate), 195 bottles / 71,420 units of Hyland Factor VIII (Hemofil), and 57 bottles / 13,715 units of Immuno Factor VIII (Kryobulin). To treat 5 patients with Christmas disease, the Centre used 143 bottles / 85,800 units of NHS factor IX concentrate. To treat 6 patients with von Willebrand's disease, the Centre used 217 bottles / 15,190 units of cryoprecipitate and 8 bottles / 1,940 units of NHS factor VIII concentrate.[110]

b. 1977: To treat 34 patients with haemophilia A, the Centre used 5,969 bottles / 417,830 units of cryoprecipitate, 115,175 units of NHS factor VIII concentrate, 9,000 units of Cutters Factor VIII (Koate), and 195,992 units of Hyland Factor VIII (Hemofil). To treat 4 patients with Christmas disease, the Centre used 73,230 units of NHS factor IX concentrate.[111] For home treatment, the Centre supplied 714 bottles / 49,980 units of cryoprecipitate, 74,545 units of NHS factor VIII concentrate (Elstree), 8,700 units of Cutters Factor VIII (Koate), and 131,890 units of Hyland Factor VIII (Haemofil) to haemophilia A patients.[112] A handwritten note states, "*Have now (1978) started to use Armour "Factorate". Total of 13 patients on Home Treatment*".[113] To treat 2 patients with anti-factor VIII antibodies, the Centre used 2,040 units of NHS factor VIII concentrate (Elstree) and 26,850 units of Hyland Factor VIII (Hemofil). It is recorded in manuscript that "*2 patients only treated. One received 4680 units Haemofil. Other patient received the rest*".[114] To treat 1 carrier of haemophilia A, the Centre used 13 bottles / 910 units of cryoprecipitate.[115] To treat 2 patients with von Willebrand's disease, the Centre used 85 bottles / 5,950 units of

[110] HCDO0000088_002
[111] HCDO0001162
[112] HCDO0001162
[113] HCDO0001162
[114] HCDO0001162
[115] HCDO0001162

cryoprecipitate.[116] According to a letter dated 24 April 1978 from Dr Ardeman to Dr Lane, the amount of commercial factor VIII used by Hammersmith Hospital during 1977 was 196,260 units.[117]

c. 1978: To treat 33 patients with haemophilia A, the Centre used 4,840 bottles / 338,800 units of cryoprecipitate, 656 bottles / 154,000 units of NHS factor VIII concentrate, 1,253 bottles / 346,488 units of Armour Factor VIII (Factorate), 86 bottles / 18,740 units of Hyland Factor VIII (Hemofil), and 12,000 units of FEIBA. To treat 2 patients with factor VIII antibodies, the Centre used 4 bottles / 1,000 units of NHS factor VIII concentrate, 39 bottles / 7,620 units of Hyland Factor VIII (Hemofil), and 12,000 units of FEIBA.[118] To treat 4 patients with Christmas disease, the Centre used 130 bottles / 76,790 units of NHS factor IX concentrate.[119] To treat 8 patients with von Willebrand's disease, the Centre used 779 bottles / 54,530 units of cryoprecipitate, 2 bottles / 550 units of Armour Factor VIII and 2 bottles / 480 Hyland Factor VIII.[120]

d. 1979: To treat 31 patients with haemophilia A, the Centre used a total of 4,640 bottles / 324,800 units (estimated) of cryoprecipitate, 444 bottles / 104,790 units of NHS factor VIII concentrate, 1,981 bottles / 514,318 units of Armour Factor VIII (Factorate), 26 bottles / 6,240 units of Hyland Factor VIII (Hemofil), and 6 bottles / 4,8000 units (no record) of bovine/porcine factor VIII concentrate.[121] 800 units of NHS factor VIII concentrate, 236 bottles / 129,025 units of Armour Factor VIII (Factorate), and 6 bottles of porcine factor VIII were used to treat haemophilia A patients with factor VIII inhibitors. To treat 4 patients with Christmas disease, the Centre used 102 bottles / 67,180 units of NHS factor IX concentrate.[122] To treat 5 patients with von Willebrand's disease, the Centre used 434 bottles of cryoprecipitate and 8 bottles / 1,800 units of Armour Factor VIII.[123]

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[116] HCDO0001162
[117] CBLA0000761
[118] HCDO0001259
[119] HCDO0001259
[120] HCDO0001259
[121] HCDO0001327
[122] HCDO0001327
[123] HCDO0001327

e. 1980: To treat haemophilia A patients in hospital, the Centre used 4,153 units of cryoprecipitate, 133,670 units of NHS factor VIII concentrate, 709,908 units of Armour Factor VIII (Factorate), and 7,200 units of Hyland Factor VIII (Hemofil).[124] For home treatment of haemophilia A patients, the Centre used 385 units of cryoprecipitate, 115,800 units of NHS factor VIII concentrate, 476,951 units of Armour Factor VIII (Factorate), and 7,200 units of Hyland Factor VIII (Hemofil).[125] To treat 5 patients with von Willebrand's disease, the Centre used 295 units of cryoprecipitate and 1,607 units of Armour Factor VIII (Factorate).[126] To treat 3 patients with factor VIII antibodies, the Centre used 7,350 units of NHS Factor VIII concentrate and 3,088 units of Armour Factor VIII (Factorate).[127] To treat 4 patients with haemophilia B, the Centre used 48,775 units of NHS factor IX concentrate.[128]

f. 1981: To treat haemophilia A patients in hospital, the Centre used around 1,903 bottles / 133,210 units of cryoprecipitate, 229 bottles / 57,250 units of NHS factor VIII concentrate, 789 bottles / 199,800 units of Armour Factor VIII (Factorate), and 10 bottles / 8,350 units of Hyland Factor VIII (Hemofil). For home treatment of haemophilia A patients, the Centre used around 190 bottles / 13,300 units of cryoprecipitate, 662 bottles / 165,500 units of NHS factor VIII concentrate, and 1,984 bottles / 496,000 units of Armour Factor VIII (Factorate).[129] To treat 1 carrier of haemophilia A, the Centre used around 6 bottles / 1,500 units of NHS factor VIII concentrate in hospital. For 3 patients with von Willebrand's disease, the Centre used 299 bottles / 20,930 units of cryoprecipitate in hospital. To treat 2 haemophilia A patients with factor VIII antibodies in hospital, the Centre used 1,903 bottles of cryoprecipitate, 229 bottles of NHS factor VIII concentrate, and 789 bottles of Armour Factor VIII (Factorate), 10 bottles / 8,350 units of Hyland Factor VIII (Hemofil) and 26

[124] HCDO0001423
[125] HCDO0001423
[126] HCDO0001423
[127] HCDO0001423
[128] HCDO0001423
[129] HCDO0001523

bottles / 17,175 units of NHS factor IX concentrate.[130] For home therapy of 2 haemophilia A patients with factor VIII antibodies, the Centre used 190 bottles of cryoprecipitate, 662 bottles of NHS factor VIII concentrate, and 1,984 bottles of Armour Factor VIII (Factorate).[131] To treat 2 patients with haemophilia B in hospital, the Centre used 26 bottles of NHS factor IX concentrate.[132]

g. 1982: To treat haemophilia A patients in hospital, the Centre used 280 bags /19,600 units of cryoprecipitate, 166 bottles / 41,500 units of NHS factor VIII concentrate, 506 bottles / 26,500 units of Armour Factor VIII (Factorate), and 659 bottles / 164,750 units of Immuno Factor VIII (Kryobulin). 224 units of platelets were used to treat a haemophilia A patient with inhibitors. For home treatment of haemophilia A patients, the Centre used 810 bottles / 202,500 units of NHS factor VIII concentrate, 1,151 bottles / 287,750 units of Armour Factor VIII (Facorate) and 1,115 bottles /278,750 units of Immuno Factor VIII (Kryobulin).[133] To treat 1 carrier of haemophilia A, the Centre used 3 bottles / 750 units of NHS factor VIII. To treat 8 patients with von Willebrand's disease, the Centre used 1,090 bags / 76,300 units of cryoprecipitate.[134] To treat 1 patient with haemophilia B, the Centre used 3,420 units of NHS factor IX concentrate (Oxford).[135]

h. 1983: To treat haemophilia A patients in hospital, the Centre used 97 bags / 6,790 units of cryoprecipitate, 255 bottles / 63,750 units of NHS factor VIII concentrate, and 1,239 bottles / 309,750 units of Armour Factor VIII (Factorate). For home treatment of haemophilia A patients, the Centre used 1,541 bottles / 385,250 units of NHS factor VIII concentrate, and 1,729 bottles / 432,250 units of Armour Factor VIII (Factorate).[136] To treat 2 carriers of haemophilia A, the Centre used 30 bags / 2,100 units of cryoprecipitate and 6 bottles / 1,500 units of Armour Factorate in hospital. To treat 8 patients with

[130] HCDO0001523
[131] HCDO0001523
[132] HCDO0001523
[133] HCDO0001624
[134] HCDO0001624
[135] HCDO0001624
[136] HCDO0001722

von Willebrand's disease in hospital, the Centre used 125 bags / 8,750 units of cryoprecipitate.[137] To treat 2 haemophilia A patients with factor VIII antibodies, the Centre used 82 bottles / 20,500 units of NHS factor VIII concentrate, and 170 bottles / 42,500 units of Armour Factor VIII (Factorate), and 30 units of platelets in hospital.[138] To treat 3 patients with haemophilia B in hospital, the Centre used 29 bottles / 16,530 units of NHS factor IX concentrate.[139] This roughly corresponds with the approximate amounts recorded in a handwritten note as used by Hammersmith Hospital in the N W Thames region in 1983.[140] A comparison with other Centres shows that Hammersmith Hospital was the largest user of factor VIII products in the North-West Thames Region.

i. 1984: To treat haemophilia A patients in hospital, the Centre used 105 bags / 7,350 units of cryoprecipitate, 184 bottles of NHS factor VIII concentrate (Lister), and 1,037 bottles of Armour Factor VIII (Factorate). For home treatment of haemophilia A patients, the Centre used 680 bottles of NHS factor VIII concentrate (Lister), and 1,870 bottles of Armour Factor VIII (Factorate).[141] To treat 2 patients with von Willebrand's disease in hospital, the Centre used 60 bottles / 4,200 units of cryoprecipitate.[142] To treat 2 haemophilia A patients with factor VIII antibodies, the Centre used 34 bottles of NHS factor VIII concentrate in hospital and 10 bottles of NHS factor VIII concentrate for home treatment.[143] To treat 3 patients with haemophilia B, the Centre used 47 bottles of NHS factor IX concentrate in hospital and 6 bottles of NHS factor IX concentrate for home treatment.[144]

j. 1985: To treat haemophilia A patients in hospital, the Centre used 382 bags / 26,740 units of cryoprecipitate, 22,000 units of NHS factor VIII concentrate, 240,000 units of Armour Factor VIII (Factorate). For home treatment of haemophilia A patients, the Centre used 140,00 units of NHS factor VIII

[137] HCDO0001722
[138] HCDO0001722
[139] HCDO0001722
[140] HCDO0000152_003
[141] HCDO0001815
[142] HCDO0001815
[143] HCDO0001815
[144] HCDO0001815

concentrate and 620,000 units of Armour Factor VIII (Factorate).[145] To treat 1 carrier of haemophilia A in hospital, the Centre used 11 bags of cryoprecipitate. To treat 1 patient with von Willebrand's disease in hospital, the Centre used 10 bags of cryoprecipitate. To treat 1 haemophilia A patient with factor VIII antibodies, the Centre used 5,000 units of Factorate in hospital. To treat 2 patients with haemophilia B, the Centre used 2 bottles of NHS factor IX and 13 bottles / 6,600 units of Alpha Factor IX in hospital, and 5 bottles of NHS factor IX and 9 bottles / 4,600 units of Alpha Factor IX for home treatment.[146] A list of haemophiliacs treated within NWT RHA with NHS heat-treated factor concentrate in April 1985 lists 5 patients under the care of Dr Littlewood at Hammersmith Hospital.[147]

k. 1986: To treat haemophilia A patients in hospital, the Centre used 1,371 units of cryoprecipitate, 50 bottles of NHS factor VIII concentrate, 713 bottles of Alpha Factor VIII (Profilate), 553 bottles of Armour Factor VIII (Factorate), 9 bottles of porcine factor VIII, and 18 bottles of NHS factor IX concentrate. For home treatment of haemophilia A patients, the centre used 1,180 bottles of NHS factor VIII, 571 bottles of Alpha Factor VIII (Profilate), and 1,924 bottles of Armour Factor VIII (Factorate).[148] To treat patients with Christmas disease, the Centre used 606 units of cryoprecipitate.[149] To treat 4 haemophilia A patients with factor VIII antibodies in hospital, the Centre used 97 units of cryoprecipitate, 32 bottles of NHS factor VIII concentrate, 4 bottles of Alpha Factor VIII, 24 bottles of Armour Factor VIII, 9 bottles of porcine factor VIII, 16 bottles of NHS factor IX concentrate, and 3 bottles of commercial Factor IX (Profilnine).[150] For home treatment of haemophilia A patients with factor VIII antibodies, the Centre used 20 bottles of Armour Factor VIII.[151] To treat 2 patients with haemophilia B, the Centre used 25 bottles of NHS factor IX in hospital. For home treatment of haemophilia B patients, the Centre used 100

[145] HCDO0001908
[146] HCDO0001908
[147] BPLL0010517_002
[148] HCDO0002005
[149] HCDO0002005
[150] HCDO0002005
[151] HCDO0002005

bottles of NHS factor IX concentrate and 4 bottles of commercial factor IX (Profilnine). To treat 1 patient with acquired haemophilia A, the Centre used 81 units of cryoprecipitate in hospital.[152]

44. Dr Chipping stated that:

> "*As a registrar and senior registrar, I was involved in administering Factor VIII and Factor IX to patients who presented in the department. Increasingly patients were on home treatment and as locum consultant, my department was responsible for ordering blood products including factor VIII and factor IX from the Regional Transfusion.*"[153]

45. She further explained:

> "*I was involved in the ordering of blood products at both the Hammersmith Hospital and at Stoke and the policy in both units was the same. The supply of blood products was the role of the Regional Transfusion Centre (RTC) in both cases. Hammersmith Hospital was supplied by the North London Blood Transfusion Centre [...] Decisions about ordering were made on the basis of clinical need but issue of products depended on their availability at the RTC. Whilst we ordered British produced Factor concentrates on the basis that we were aware the commercial products might contain plasma from paid donors, supplies of Factor VIII concentrate from the Blood Product Laboratory (BPL) were limited and until well into the 1980s it was unusual to receive what we had ordered, substitution being made with commercial factor VIII as supply was via the RTCs, financial considerations were not a factor in our decision-making process. This is true even when cross charging for blood products was introduced.*"[154]

46. In relation to the treatment of individuals, Dr Chipping stated:

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[152] HCDO0002005
[153] WITN4567001 para 10
[154] WITN4567001 para 16

> *"By the late 1970s at the Hammersmith many of the patients were on home treatment and were issued with factor VIII or Factor IX via the blood transfusion department. Factor concentrates were the product of choice by both patients and doctors because of ease of administration meaning less time at hospital. With the advent of factor concentrates home treatment became a possibility offering the chance of a relatively normal life to patients who just a few years previously would have had to attend hospital for treatment."*[155]

47. Regarding alternative treatments, Dr Chipping confirmed that DDAVP was not available as an alternative treatment when she was at Hammersmith Hospital.[156] By the late 1970s and 1980s, cryoprecipitate was not routinely used at Hammersmith for the treatment of haemophilia:

> *"This was because of the time required to thaw, draw up and administer the product. It was also more difficult to assess the concentration of factor VIII as this varied from bag to bag. The other major problem was the relatively large volume of product required for effective treatment. The advantage of cryoprecipitate with the knowledge we now have is that it was drawn from a smaller donor pool and therefore less likely to be infected. When factor concentrates became available the switch to their use became routine for all the reasons outlined as the disadvantages of cryoprecipitate."*[157]

48. Dr Chipping explained that *"By the late 1970s and certainly in the 1980s it was routine for most adult patients and some children whose parents were able to administer factor concentrates to be on home treatment. This was regarded at the time as gold standard therapy."*[158]

49. It appears from correspondence that Dr Hows was involved in the purchasing of blood products in 1986.[159]

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[155] WITN4567001 para 18
[156] WITN4567001 para 19
[157] WITN4567001 para 20
[158] WITN4567001 para 21
[159] BAYP0000008_250

50. Dr Laffan confirmed that as a registrar at the Hammersmith between 1985 and 1987, he did not have any responsibility for or play any part in the purchase of blood products.[160] He was not aware of external guidelines in 1985-7 but beginning in 1988, the UKHCDO and NHS published guidelines on choice of products for bleeding disorders.[161]

51. He later had full responsibility for these decisions as a consultant,[162] and was involved in generating guidelines from 2000.[163] Dr Laffan attended meetings of the Blood Transfusion Committee at Hammersmith Hospital on 1 July 1998,[164] and 15 October 1998.[165] Dr Laffan provided a list of products used by the Centre in later years.[166] As alternative treatments to factor concentrates, Dr Laffan listed the following treatments, with advantages and disadvantages:[167]

    a. Tranexamic acid;
    b. Desmopressin;
    c. Plasma;
    d. Cryoprecipitate;
    e. Platelets;
    f. Hormonal therapy.

52. Regarding the Centre's treatment policy in the mid-1980s, Dr Laffan stated:[168]

> *"In 1985-7 patients at the Hammersmith were treated with non-concentrate therapies whenever possible and whenever it was judged safe from a haemostatic point of view. When it was thought essential to use a concentrate to achieve haemostasis, then the UK concentrate was preferred.*

[160] WITN3089003 para 10.1
[161] WITN3089003 para 14.1
[162] WITN3089003 paras 10.2, 25.2
[163] WITN3089003 para 14.2
[164] NHBT0086563_003
[165] NHBT0086562_001
[166] WITN3089003 para 11
[167] WITN3089003 para 16-17
[168] WITN3089003 para 18

In 1985 cryoprecipitate was used wherever possible for patients with VWD and haemophilia A. After 1992 we rarely used cryoprecipitate for inherited bleeding disorders."

53. Although Dr Laffan was aware that heat treated products became available in 1986, he could not recall their use at the Hammersmith Hospital before he left in 1987.[169]

54. In relation to home treatment, Dr Laffan did not recall a defined policy in 1985-7. However, he confirmed that "*some patients did keep concentrate at home and others attended the hospital whenever they needed treatment*". [170] As far as he could recall, Dr Laffan stated that "*home treatment was available to all patients who wished to use this approach*".[171] After 1992, prophylactic home treatment became the norm.[172]

55. Dr Laffan gave evidence that, apart from the period when recombinant concentrate was funded only for children, "*the policy for children was generally not different from adults*".[173] He also stated that the principles for treating people with mild or moderate bleeding disorders with factor concentrates "*were not different, except that mild bleeding disorders in general did not warrant prophylaxis*".[174] Further, that "*Patients with mild or moderate haemophilia A or VWD are the only groups who could use desmopressin and this was used in preference to concentrates when it could achieve the necessary haemostatic effect*".[175]

56. Dr Laffan did not recall treating any PUPs in 1985-7 but did treat PUPs after 1992.[176]

Knowledge of risk of hepatitis/HIV and response to risk

57. During the 1970s, Dr Mibashan attended several UKHCDO meetings on behalf of Hammersmith Hospital including on:

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[169] WITN3089003 para 36.2
[170] WITN3089003 para 19.1
[171] WITN3089003 para 19.2
[172] WITN3089003 para 19.3
[173] WITN3089003 para 21.1
[174] WITN3089003 para 22.1
[175] WITN3089003 para 22.1
[176] WITN3089003 para 77

a. 5 April 1971;[177]
b. 27 October 1972;[178]
c. 31 January 1974;[179]
d. 1 November 1974;[180] and
e. 18 September 1975.[181]

58. It is recorded that Dr Crawford attended the UKHCDO meeting on behalf of Hammersmith Hospital on 13 January 1977.[182]

59. Dr Hilgard represented Hammersmith Hospital at the UKHCDO meeting on 13 November 1978.[183]

60. Dr Chipping attended on behalf of Hammersmith Hospital at the UKHCDO meetings on 30 September 1980,[184] and 9 October 1981.[185] It was noted at the September 1980 meeting that Dr Chipping had succeeded Dr Hilgard.[186] However, according to Dr Chipping's written statement, she "*was not at any time director of the Haemophilia Centre*".[187]

61. Dr B Rotoli attended the UKHCDO meeting on 13 September 1982 on behalf of Hammersmith Hospital.[188]

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[177] HCDO0001014
[178] HCDO0001015
[179] CBLA0000187
[180] HCDO0001017
[181] OXUH0003735
[182] PRSE0002268
[183] HSOC0010549
[184] PRSE0003946
[185] CBLA0001464
[186] PRSE0003946
[187] WITN3779001 para 8
[188] CBLA0001619

62. Dr S M Lewis on behalf of Hammersmith Hospital sent his apologies to the UKHCDO meeting on 17 October 1983.[189] It is recorded that Dr Lewis attended the next UKHCDO meeting on 27 September 1984.[190]

63. Dr Hows sent her apologies for UKHCDO meetings on 17 March 1986,[191] and 9 October 1986.[192] At the meeting on 9 October 1986, Dr Hows was represented by Dr S Durrant on behalf of Hammersmith Hospital.

64. It does not appear that Dr Crawford, Dr Hilgard, Dr Rotoli, Dr Lewis or Dr Hows contributed to the Glasgow Symposium on Unresolved problems in Haemophilia in 1980,[193] or the Manchester Symposium on Current Topics in Haemophilia in 1982.[194] Dr Mibashan did contribute to the Glasgow Symposium but he had left Hammersmith Hospital by that time and was working at King's College Hospital.[195]

65. Dr Chipping stated that whilst working at the Royal Free and then the Hammersmith,

> "*it became clear from patient reports and discussions with colleagues that patients often experienced a brief episode of jaundice after exposure to factor concentrates. It was known that hepatitis B could be transmitted by transfusion of blood products, but patients tested negative for Hepatitis B. This appeared at the time to be a minor problem and the assumed causative agent was labelled non-A non-B hepatitis. Over time the problem was reported at medical meetings, discussion with peers and in journals leading to increasing knowledge. However, it was not until the late 1980s that Hepatitis C was identified as the causative agent. It then became clear that late onset liver disease was associated with hepatitis C.*"[196]

66. Dr Chipping added:

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[189] PRSE0004440
[190] PRSE0003659
[191] PRSE0001688
[192] PRSE0004317
[193] RLIT0001242
[194] DHSC0002221_003
[195] RLIT0001242
[196] WITN4567001 para 25

> *"it was difficult to ascertain the source of donors for commercial factor VIII products; thus, it was my assumption that these were less safe than NHS blood products. NHS products at the time were thought to be relatively safe but this was before the long-term effect of Hepatitis C was recognised and before the problem of transfusion transmitted AIDS was recognised."*[197]

67. In response to the risks, once they became known, Dr Chipping stated:

> *"Once the risk of Hepatitis C was recognised and screening of donors became possible, but particularly because of the much more pressing problem of HIV, donors were screened more carefully with certain groups being excluded from being donors. Once heat treated products became available these became the choice for treatment of haemophilia and other blood disorders."*[198]

68. But,

> *"There was insufficient information available to switch back to cryoprecipitate whilst I was working at the Hammersmith."*[199]

69. Dr Laffan explained that, in February 1985, he "*knew relatively little about transfusion transmitted infection when compared with the situation now*".[200] He stated that he was familiar with Hepatitis B and the risks of malaria and other parasitic transmission. He knew about CMV transmission in relation to immunosuppressed patients.[201] In 1984, he read an editorial in the British Medical Journal and noted the progress and also the uncertainties relating to the acquired immunodeficiency syndrome.[202] He also recalled seeing Dr P Duesberg of the University of California give a lecture at the RPMS (Royal Postgraduate Medical School) between 1985-7.[203] By the time he started as a registrar

[197] WITN4567001 para 28
[198] WITN4567001 para 30
[199] WITN4567001 para 35
[200] WITN3089003 para 24.1
[201] WITN3089003 para 24.2
[202] WITN3089003 paras 24.3, 32.1
[203] WITN3089003 para 24.4

at Hammersmith in 1985, Dr Laffan said that he "*was aware that the HTLV-III virus had been isolated and was the likely cause of the acquired immunodeficiency syndrome*".[204] He recalled that by this time "*most if not all patients had been tested for antibodies to HTLV III*".[205]

70. Regarding the risk of infection from commercial and NHS products, Dr Laffan stated that the "*relative risks of commercial and NHS products have changed over time*". Specifically, he recalled that "*in 1985-7 the blood products produced by the NHS (and from UK plasma) were regarded as having a lower risk of transmitting infection than the commercially supplied products from overseas".*[206] In 1985, Dr Laffan recalled that "*little was known about NonANonB hepatitis. At the time its aetiology was uncertain, its prognosis was uncertain and no transmissible agent had been identified*".[207]

71. In response to the risk of infection in the 1980s, Dr Laffan explained that in "*1985-7 the principal concern was the transmission of HIV/HLTV-III. There were no additional measures taken for hepatitis. It was not established that NonANonB hepatitis was an infection*".[208] He added that "*In 1985-1987, wherever or whenever possible, exposure to blood products was avoided. When they were used, the most effective product thought to carry the least risk of HIV infection was chosen*".[209] Furthermore, that:

> "*By the time the risk of HIV infection had been identified, the majority of transmissions had already occurred. In the small number of patients who were not infected, the lowest risk approaches were used... this would, when possible, involve using*
>
> *desmopressin rather than plasma derived products,*
>
> *cryoprecipitate rather than concentrate and*

[204] WITN3089003 para 31.1
[205] WITN3089003 para 33.1
[206] WITN3089003 para 26.3
[207] WITN3089003 para 27.2
[208] WITN3089003 para 29.1
[209] WITN3089003 para 34.1

UK-derived concentrates rather than foreign commercial concentrates."[210]

72. In relation to cryoprecipitate as an alternative treatment, Dr Laffan confirmed that "*many patients were treated with cryoprecipitate rather than concentrate in 1985-1987*".[211] This could only be used for haemophilia A and von Willebrand's disease. The only reason for not using it, that Dr Laffan could recall, was that higher levels of coagulation factor were required. He could not recall any shortage of supply of cryoprecipitate.[212]

73. Regarding the information that was given to patients in relation to the risks of infection, Dr Laffan stated that for the period 1985-7, he did not recall "*specific information being provided to patients although it was frequently discussed*" and his "*impression was that patients were well aware of the risks. Most patients had been receiving concentrates for many years*".[213] Furthermore, in relation to information about alternatives to treatment with factor concentrates, Dr Laffan reiterated that "*In 1985-7, I do not recall general information being provided. However, when treatment was requested or required, I recall that the reasons for the choice of treatment were explained to the patient*".[214]

74. In 1985, a meeting of Directors of Haemophilia Centres supplied by NBTS Edgware was arranged for 18 January 1985 to discuss the problems related to AIDS/HTLVIII in Haemophiliacs, to which Dr Hows of Hammersmith Hospital was invited to attend.[215]

Testing patients for HTLVIII and informing them of diagnosis

75. Dr Laffan assumed that he first discussed HIV/AIDS with his patients shortly after starting at Hammersmith Hospital in 1985 "*because it was a major problem at that time*

[210] WITN3089003 para 35
[211] WITN3089003 para 39.1
[212] WITN3089003 para 39.1
[213] WITN3089003 para 44.2
[214] WITN3089003 para 45.1
[215] CBLA0001975. The Directors of the following Haemophilia Centres supplied by NBTS Edgware were invited to the meeting: GOSH, UCH, Luton & Dunstable, Ashford, Bedford, Edgware, Middlesex, Hillingdon, Lister (Stevenage), and Charing Cross.

and many patients knew that they were infected".[216] In 1985, most patients had been tested and already knew the results of their test.[217] Dr Laffan did not recall any occasion when he had to inform a patient that they might have been infected with HIV when he was a registrar.[218] Dr Laffan was not aware of any post-test counselling in the time patients at the Hammersmith were tested, which was prior to 1985.[219]

76. Dr Laffan also stated that:

> "*When testing for HIV, it was customary to make special arrangements to inform patients of the result. For hepatitis C this was not usually done.*"

77. Dr Laffan was not aware of any factors causing a delay in delivery of results.[220] He stated that "*Informing patients about the mechanisms and risks of viral transmission were an important part of counselling in clinic.*"[221] He also added that "*The mechanisms of transmission were discussed with patients and testing was offered to others who have been infected.*"[222]

78. Regarding the taking of blood samples, including stored samples, Dr Laffan said:[223]

> "*Blood samples were taken at most clinic visits. The purpose varied between patients and over time. In some cases it was a simple check on overall health, in others it was to monitor for occult bleeding, test for inhibitor development or to monitor changes in liver tests. It was routine practice for the virology laboratory to retain samples. This practice preceded hepatitis C and HIV and was not restrict to patients receiving blood products. The purpose of testing was usually explained to patients but there was no recording of consent for performance of blood tests, except for HIV testing…*"

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[216] WITN3089003 para 47.1
[217] WITN3089003 para 49.2
[218] WITN3089003 para 50.1
[219] WITN3089003 para 54.1
[220] WITN3089003 para 69
[221] WITN3089003 para 70
[222] WITN3089003 para 72
[223] WITN3089003 para 74

79. As set out above, the evidence of Mr Evans was that he was not made aware that he was being tested for HIV in 1984, and nor was he aware that he had been tested for hepatitis B between 1983 and 1984.[224] He had no memory of his HIV positive test result being communicated to him before he left the Hammersmith Hospital and his care was transferred to the Royal Free Hospital.[225]

80. Mr O'Shea Phillips remembered having a HIV test at the Hammersmith Hospital when he was 13 or 14.[226] He stated that it seemed to be "*standard practice*" and he "*was not told of any reason why*" he required the test. He stated that he trusted the team at Hammersmith and did not question it. He did not recall being told the result.[227] He stated that neither he nor his mother were aware that he was being tested for HIV.[228]

Numbers infected with HIV

81. According to the evidence of Dr Laffan, a total of 31 patients infected with HIV have attended the Centre. 2 patients acquired infection before attending.[229] 31 infected patients had severe haemophilia A and 3 patients were under the age of 16 in 1985.[230] This appears to be broadly consistent with provisional data received by the Inquiry from UKHCDO which suggests that 26 patients were infected with HIV at the Hammersmith Hospital.[231]

82. Dr Laffan referred to a published study in the BMJ 1985 Vol 290 page 1705 co-authored by the following members of the Department of Haematology, Royal Postgraduate Medical School (Hammersmith Hospital): S E Ball, registrar, J M Hows, consultant, A M Worsley, senior registrar and L Luzzatto, professor.[232] The study was carried out on a group of 30 patients with haemophilia who had received factor VIII treatment within five years for clinical and immunological features associated with AIDS. The findings

[224] WITN1212001 para 14
[225] WITN1212001 para 13
[226] WITN1696001 para 13
[227] WITN1696001 para 13
[228] WITN1696001 para 21
[229] WITN3089003 para 55
[230] WITN3089003 para 55
[231] INQY0000250
[232] WITN3089007

were correlated with the time from onset of HTLV-III infection in patient as determined by retrospective antibody studies. The findings were summarised thus in the comment section:

> "*British patients with haemophilia, like Americans, have been exposed to HTLV-III for at least four years. Most of our seropositive patients had had large amounts of factor VIII treatment, predominantly commercial concentrate from the United States, often over 50,000 units/year of factor VIII activity. Four patients who seroconverted during 1984, however, had had little treatment, including one man who had used only 3250 units during 1983, all from the same batch of commercial concentrate. Five patients had used only products from the National Health Service over five years, and all were seronegative, in keeping with the low prevalence of anti-HTLV-III in British blood donors.*"[233]

83. It was noted at the end that Professor B Griffin and staff of the virology department at the Royal Postgraduate Medical School (Hammersmith Hospital) made stored serum samples available for analysis.[234]

Testing for HCV

84. Dr Chipping did not have any information relating to testing and informing patients of hepatitis B and C.[235] She stated that, in relation to consent,

> "*At the Hammersmith, consent was sought verbally before administering factor concentrates but would not have been recorded. During my time at the Hammersmith patients could not have been informed of all the risks involved as these risks were only becoming clear well after I had left the Hammersmith.*"[236]

[233] WITN3089007 [footnotes omitted]
[234] WITN3089007
[235] WITN4567001 para 44
[236] WITN4567001 para 46

85. Dr Laffan reported that 64 patients at the Centre were found to have evidence of hepatitis C infection. One of these patients had evidence of concurrent hepatitis B infection.[237]

86. In 1985-1987, Dr Laffan recalled little attention being paid to the question of what information was provided to patients infected with NANB hepatitis. He stated "*There was no test available, no treatment available and it was unclear that it was an infectious disease or how frequently long-term effects developed*".[238]

87. Dr Laffan stated that testing for hepatitis C in the Centre began before 1992. He explained that "*Any cases subsequently identified were usually informed by me in clinic. It was not policy to inform patients by phone or by letter*".[239] He also added that:

> "*After arriving in 1992 I tried to ensure that all such patients [patients who had received blood or blood products] were tested for hepatitis C antibodies. Later, it became possible to test for Hepatitis C virus by PCR and this was also done. However, this was not done systematically. A systematic review to ensure that all patients who received any blood products were tested was carried out in 2010 and followed up in 2017 under direction of the UKHCDO.*"[240]

88. When a patient tested positive with hepatitis C, Dr Laffan stated that:

> "*Patients attending the haematology clinics were informed about the results of their tests and given preliminary information available at the time regarding significance, prognosis, treatment options and management. They were told that we would refer to the hepatology clinic for further advice.*"[241]

89. Mr O'Shea Phillips referred to several references in his records to the fact that Hammersmith Hospital was aware that he had tested positive for hepatitis C but that he

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[237] WITN3089003 para 60
[238] WITN3089003 para 61
[239] WITN3089003 para 62.2
[240] WITN3089003 para 66
[241] WITN3089003 para 67

and his family were unaware of this.[242] His mother first became aware that her son was infected with hepatitis C in 1997 but his records indicated that he tested positive in 1993.[243] Neither of them was aware that he was being tested for hepatitis C or HIV.[244] Mr O'Shea Phillips identified at least 2 references to the fact that neither he nor his mother were informed when he first tested positive for hepatitis C.[245]

Treatment arrangements for HIV and HCV patients

90. During her time at Hammersmith Hospital, Dr Chipping stated that she "*was not involved with the management of patients infected with hepatitis and at this stage HIV was not known to be an issue*".[246]

91. Dr Laffan described his involvement in treatment arrangements as follows:[247]

> "*I was primarily responsible for the haematological care of patients with bleeding disorders. Although some also had HIV infection and/or hepatitis, I did not take primary responsibility for these aspects of their care and my policy was and remains, to refer them to the relevant specialist clinics. Nonetheless we supported joint care and provided treatment via the haematology department when this was convenient for the patient. For example, prescribing AZT or providing nebulised Pentamidine.*"

92. Dr Laffan further confirmed that he "*referred patients with evidence of hepatitis C infection to the hepatology clinic for management*".[248] "*All patients with HIV infection were referred to a dedicated HIV clinic*".[249] Treatment options were managed by the hepatology or HIV clinic.[250] With regard to obtaining specific therapeutic treatments, "*any such problems were dealt with by the hepatology and HIV clinics*".[251]

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[242] WITN1696001 para 16, WITN1696008
[243] WITN1696001 para 15, WITN1696007, WITN0043001 para 2.9
[244] WITN1696001 para 21, WITN0043001 para 4
[245] WITN1696001 para 21
[246] WITN4567001 para 12
[247] WITN3089003 para 8.4
[248] WITN3089003 para 61.3
[249] WITN3089003 para 84.1
[250] WITN3089003 para 86-87
[251] WITN3089003 para 95.1

93. Dr Laffan stated that the arrangements made for the care and treatment of children infected with HIV or hepatitis were the same as for adults.[252]

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[252] WITN3089003 para 92