

SMALLER HAEMOPHILIA CENTRES

PORTSMOUTH AND ISLE OF WIGHT HAEMOPHILIA CENTRES

The Portsmouth Centre

1. The Portsmouth Haemophilia Centre was designated centre number 8. It formed part of the Oxford Supraregion,¹ and there is evidence of advice on patient care being sought from the Oxford Haemophilia Centre.²
2. The Centre was based at the Central Laboratory, St Mary's General Hospital, Portsmouth, under the Wessex Regional Health Authority,³ and later under the Portsmouth & South East Hampshire Health Authority.⁴
3. The Centre Director was Dr J R O'Brien between 1960⁵ and 1981.⁶ Dr Peter Green became the Centre Director in 1981 and remained in that role until at least 1997.⁷
4. On 17 November 1976, Dr Maycock at BPL wrote to Dr O'Brien, noting that for some time BPL had been sending the Centre 10 bottles of concentrate per month, but that from December onwards supplied should be obtained from Dr Donald Smither at the Wessex Regional Transfusion Centre.⁸ As well as factor VIII concentrate, Wessex RTC supplied Portsmouth with albumin, anti-tetanus and anti-D immunoglobulin.⁹

Numbers of patients treated

¹ HCDO0000138_012

² WITN5647005

³ CBLA0000699

⁴ OXUH0001360_002

⁵ MRCO0005458_008 - 1960 is the earliest record we have of Dr O'Brien

⁶ CBLA0001464

⁷ ARMO0000808; BPLL0004826; PHNT0000001_181 p.21, HCDO0000275_106

⁸ CBLA0000485

⁹ BPLL0000837_013

5. In 1972, there were 40 haemophilia patients regularly treated at the Centre.¹⁰
6. In 1973, there was at least one haemophilia A patient treated at the Centre.¹¹
7. In 1974, there were 47 haemophilia A patient and 3 haemophilia B patients treated at the Centre.¹²
8. In 1975, there were 34 haemophilia A patients treated at the Centre.¹³
9. In 1976, the Centre treated 20 haemophilia A patients, 4 haemophilia B patients and 1 von Willebrand's patient.¹⁴
10. In 1977, there were 14 haemophilia A patients, 3 haemophilia B patients and 7 von Willebrand's patients at the Centre.¹⁵
11. In 1978, there were 15 haemophilia A patients and 2 von Willebrand's patients treated at the Centre.¹⁶
12. In 1979, there were 9 haemophilia A patients, 3 haemophilia B patients and 2 von Willebrand's patients treated at the Centre.¹⁷
13. In 1980, there were 15 haemophilia A patients, 2 haemophilia B patients and 2 von Willebrand's patients treated at the Centre.¹⁸
14. In 1981, there were 16 haemophilia A patients, 2 haemophilia B patients and 4 von Willebrand's patients treated at the Centre.¹⁹

¹⁰ CBLA0000102

¹¹ OXUH0003476

¹² PHNT0000001_248; OXUH0003478

¹³ PHNT0000001_298

¹⁴ CBLA0000699; HCDO0001110

¹⁵ HCDO0001196

¹⁶ PHNT0000001_297

¹⁷ HCDO0001363

¹⁸ HCDO0001461

¹⁹ HCDO0001561

15. In 1982, there were 19 haemophilia A patients, 1 haemophilia B patient and 3 von Willebrand's patients treated at the Centre.²⁰

16. In 1983, there were 17 haemophilia A patients, 2 haemophilia B patients and 6 von Willebrand's patients treated at the Centre.²¹

17. In 1984, there were 21 haemophilia A patients, 1 haemophilia B patient and 5 von Willebrand's patients treated at the Centre.²²

18. In 1985, there were 19 haemophilia A patients and 2 von Willebrand's patients treated at the Centre.²³

Blood products usage

19. In 1970, patients at the Centre received 913 donor units of cryoprecipitate and 6 donor units of plasma to treat haemophiliacs.²⁴

20. In 1971, the Centre required 1,509 single donor preparations of cryoprecipitate annually and 1,000 bottles of freeze-dried concentrate annually, for their present treatment policy.²⁵

21. In 1974, Dr O'Brien wrote to Dr Smith at Wessex BTC, informing him that an operation has been postponed until there is sufficient stock of cryoprecipitate provided. Dr O'Brien stated that Portsmouth would need '*at least 50 cryo*' to be guaranteed especially for this patient.²⁶

22. In the 1974 annual returns, the Centre used 3 bottles (600 units) of plasma, 3,277 bottles (327,700 units) of cryoprecipitate, 32 bottles (96,000 units) of NHS factor

²⁰ HCDO0001660

²¹ HCDO0001756

²² HCDO0001850

²³ HCDO0001945

²⁴ PHNT0000001_253

²⁵ CBLA0000102

²⁶ NHBT0111670

VIII, and 28 bottles (8,400 units) of Hyland Factor VIII to treat haemophilia A patients and 27 bottles (21,600 units) of NHS Factor IX to treat haemophilia B patients.²⁷

23. In 1975, the Centre used 1 bottle of plasma, 3,005 bottles of cryoprecipitate, 55 bottles (16,500 units) of NHS factor VIII, and 77 bottles (23,100 units) of Hyland Factor VIII to treat haemophilia A patients and 35 bottles (2,800 units) of NHS factor IX to treat haemophilia B patients.²⁸ The Centre also used at least 77 bottles of Hemofil to treat patients with hepatitis.²⁹

24. In 1976, the Centre received 10 bottles of Factor VIII concentrate per month from Wessex RTC.³⁰ In the annual returns for 1976, the Centre used 1,994 bottles (99,700 units) of cryoprecipitate, 146 bottles (55,800 units) of NHS factor VIII concentrate to treat haemophilia A patients. Patients with haemophilia B received 47 bottles of NHS factor IX concentrate. The Centre also used 8 bottles (400 units) of cryoprecipitate to treat one von Willebrand's patient.³¹

25. In 1977, the Centre used 1,344 bottles (94,080 units) of cryoprecipitate and 502 bottles (125,500 units) of Elstree factor VIII concentrate to treat haemophilia A patients. Haemophilia B patients received 93 bottles of NHS factor IX. The Centre also used 84 bottles (82,810 units) of cryoprecipitate and 11 bottles (28,780 units) of Elstree factor VIII to treat one von Willebrand's patient.³²

26. In 1978, Dr O'Brien requested 250 units of Factor VIII commercial concentrate for a haemophiliac patient for an operation.³³ The Centre used 1,531 bottles (76,500 units) of cryoprecipitate, 819 bottles (204,750 units) of NHS Ffactor VIII, 47 bottles (11,750 units) of Hyland Hemofil and 61 bottles (39,650 units) of NHS Factor IX concentrate

²⁷ PHNT0000001_248

²⁸ PHNT0000001_298

²⁹ PHNT0000001_236; PHNT0000001_236; PHNT0000001_237

³⁰ CBLA0000485

³¹ HCDO0001110

³² HCDO0001196

³³ NHBT0107831

to treat haemophilia patients. The Centre also used 8 bottles (400 units) of cryoprecipitate to treat von Willebrand's patients.³⁴

27. In 1979, the Centre used 1,563 bottles (78,150 units) of cryoprecipitate and 630 bottles (157,500 units) of NHS factor VIII to treat haemophilia A patients and 45 bottles of NHS factor IX to treat haemophilia B patients. The Centre also used 38 bottles of cryoprecipitate (1,900 units) and 6 bottles (1,500 units) of NHS factor VIII to treat von Willebrand's patients.³⁵

28. In 1980, the Centre used 39 bottles (1,950 units) of cryoprecipitate at the hospital and 3,115 bottles (188,750 units) for home treatment for haemophilia A patients; 225 bottles (56,258 units) of NHS factor VIII at the hospital and 345 bottles (units illegible) in home treatment for haemophilia A patients; and 67 bottles (3,350 units) of cryoprecipitate to treat von Willebrand's patients in hospital. Haemophilia B patients received NHS factor IX concentrate.³⁶

29. In 1981, the Centre used 489 bottles (units illegible) of cryoprecipitate at the hospital and 3,222 bottles (units illegible) of cryoprecipitate for home treatment for the treatment of haemophilia A patients; 323 bottles of NHS factor VIII at the hospital and 340 bottles for home treatment of haemophilia A patients; and 167 bottles of cryoprecipitate for the treatment of von Willebrand's patients. Haemophilia B patients received NHS factor IX concentrate.³⁷

30. In 1982, the Centre used 661 bottles (46,270 units) of cryoprecipitate for use in hospital and 2,921 bottles (204,470 units) for home treatment of haemophilia A patients; 373 bottles (93,250 units) of NHS factor VIII for use in the hospital and 413 bottles (103,250 units) for home treatment for haemophilia A patients; 18 bottles (4,500 units) of Immuno Kryobulin factor VIII for haemophilia A patients at home; and 40 bottles (2,800 units) of cryoprecipitate for von Willebrand's patients at the hospital. Haemophilia B patients received NHS factor IX concentrate.³⁸

³⁴ PHNT0000001_297

³⁵ HCDO0001363

³⁶ HCDO0001461

³⁷ HCDO0001561

³⁸ HCDO0001660

31. In 1983, the Centre used 90 bottles (6,300 units) of cryoprecipitate at the hospital and 1,834 bottles (128,380 units) of cryoprecipitate for home treatment of haemophilia A patients; 323 bottles (80,750 units) of Cutters Koate at the hospital and 286 bottles (71,500 units) for home treatment of haemophilia A patients; 36 bottles (9,000 units) of Immuno Kryobulin for use at the hospital and 54 bottles (13,500 units) for home treatment of haemophilia A patients; and 85 bottles (5,950 units) of cryoprecipitate for von Willebrand's patients at the hospital and 6 bottles (420 units) for home treatment. Haemophilia B patients received NHS factor IX concentrate.³⁹

32. In 1984, Dr O'Brien requested two vials of Koate for laboratory testing.⁴⁰ In the 1984 annual returns, 94 bottles (6,580 units) of cryoprecipitate were used in the hospital and 1,899 bottles (132,930 units) were used for home treatment of haemophilia A patients; 227 bottles of NHS factor VIII were used at the hospital and 431 bottles for home treatment of haemophilia A patients; 105 bottles of Cutters Koate were used at the Hospital and 477 bottles for home treatment of haemophilia A patients; 21 bottles of Travenol Hemofil were used at the hospital and 89 bottles for home treatment of haemophilia A patients; 60 bottles (3,780 units) of cryoprecipitate were used for von Willebrand's patients. Haemophilia B patients received NHS factor IX concentrate.⁴¹

33. In 1985 the Centre was using heat treated and untreated Koate,⁴² Factor VIII 8Y⁴³ and cryoprecipitate or cryoprecipitate mixed with NHS material to treat patients.⁴⁴ According to the 1985 annual returns, the Centre used 47 bottles (3,290 units) of cryoprecipitate at the hospital and 1,771 bottles (123,970 units) for home treatment of haemophilia A patients; 104 bottles (26,000 units) of NHS factor VIII at the hospital and 285 bottles (71,250 units) for home treatment of haemophilia A patients; 20 bottles (5,000 units) of Alpha Profilate at the hospital and 39 bottles (9,750 units) for home treatment of haemophilia A patients; 38 bottles (9,500 units) of Armour Factorate at the hospital and 522 bottles (130,500 units) for home treatment of

³⁹ HCDO0001756

⁴⁰ BAYP0000026_044

⁴¹ HCDO0001850

⁴² BAYP0000007_074

⁴³ BPLL0002372_002

⁴⁴ BPLL0011918

haemophilia A patients; 84 bottles (21,000 units) of Cutters Koate for home treatment of haemophilia A patients; 24 bottles (6,000 units) of Travenol Hemofil at the hospital and 112 bottles (28,000 units) for home treatment of haemophilia A patients. For von Willebrand's patients, 14 bottles (980 units) of cryoprecipitate were used at the hospital and 81 bottles (5,670 units) for home treatment; 10 bottles (2,500 units) of NHS factor VIII for home treatment; and 10 bottles (2,500 units) of Armour Factorate for home treatment. Haemophilia B patients received 4 bottles of NHS factor IX at the Hospital and 35 bottles for home treatment.⁴⁵

Treatment Policies

34. In 1972, Dr O'Brien specified that he preferred to use freeze-dried concentrate and a mixture of freeze-dried concentrate and cryoprecipitate, rather than using cryoprecipitate on its own.

35. In 1984, the Centre was expected to participate in a trial of Immuno's Feiba product.⁴⁶

36. On 9 August 1985, Dr Green wrote to Dr Lane at BPL with the names of 8 patients who had only received cryoprecipitate or NHS material who he wished to provide with 8Y when it became available.⁴⁷

37. In November 1985, Dr Snape of BPL wrote to Dr Green regarding the recall of unheated factor IX concentrate, noting that heated factor IX concentrate was available and that *"supply of concentrate to your centre has been delayed only for lack of named patient data"*.⁴⁸

38. On 15 January 1986, Dr Green wrote to Dr Smith at the Wessex RTC, reflecting a practice of prioritising stocks of NHS concentrate for younger patients:

"I am a little worried about this. I know it may have been wrong of me to give commercial material to a 'virgin' haemophiliac patient but as I prefer to keep

⁴⁵ HCDO0001945

⁴⁶ SHPL0000101_045

⁴⁷ BPLL0011918, see also BPLL0002372_002

⁴⁸ CBLA0002276

the NHS material for my young patients and as this man had a serious disorder, i.e. cancer of the stomach, and probably therefore not a long life I felt justified in treating him with Armour Factorate.

Some years ago I gave up using the Armour material for this very problem and while I have been assured by the company and by Dr. Craske that their incidence of hepatitis is no higher than anyone else's this has not been my clinical impression. While I am happy to continue to give Armour material to my older haemophiliacs who have come across all sorts of stuff in the past I think I would be happier if I have to use factor VIII in similar cases in the future to use material from another manufacturer.”⁴⁹

39. On 11 March 1988, Dr Smith at the Wessex RTC wrote to Dr Green:

“We are trying all we can to achieve our Regional target of fresh frozen plasma required by the Blood Products at Elstree for fractionation to Factor VIIIy. This means that we are endeavouring to reduce production of cryoprecipitate, otherwise we enter into a competitive situation. NHS Factor VIIIy is probably the safest product available in view of the stringent heat treatment, and everything points to the fact that by October, 1988 we shall be receiving a substantial increase of this from B.P.L. Please could I ask if you will review your requirements for cryoprecipitate as we now wish to lower production of it as much as possible.”⁵⁰

Knowledge of risk of Hepatitis

40. In April 1971, Dr O'Brien attended a UKHCDO meeting where Dr Biggs gave a summary of the report on *'the incidence of jaundice and inhibitors in haemophilic and Christmas disease patients treated during 1969.'* There was also a discussion on the incidence of Australia antigen and antibody in the haemophilic population, and the

⁴⁹ NHBT0144507

⁵⁰ NHBT0111659_001

precautions which should be taken to prevent the spread of infection in the wards and among laboratory staff handling blood samples.⁵¹

41. In September 1975, Dr O'Brien attended a UKHCDO meeting where the progress of a study on jaundice was discussed, along with a proposed pilot study of hepatitis in haemophilic patients.⁵²

42. In March 1977, Dr O'Brien attended a UKHCDO meeting where Dr Craske presented a report on his study of Hepatitis in Haemophilic Patients and outlined the findings detailed therein.⁵³

43. In 1980, Dr O'Brien attended the 10th UKHCDO meeting where Dr Craske presented his report on the Hepatitis Working Party and asked that Directors would complete 'Form C3,' which was for patients with chronic hepatitis.⁵⁴

44. In 1981, the Centre 'reopened' their arrangement⁵⁵ for testing of haemophiliac boys from the Lord Mayor Treloar Hospital for HBsAg.⁵⁶

45. In October 1985, Dr Green attended the 16th UKHCDO meeting, where Dr Craske presented reports on hepatitis.⁵⁷

46. It may be reasonable to assume that as Director of the Portsmouth Centre, Dr Green would have received copies of the reports circulated for, and the minutes of, UKHCDO meetings that he did not attend.

47. In 1986 there was a suspected adverse reaction at the Centre to Factorate Heat Treated (Alpha).⁵⁸

⁵¹ HCDO0001014

⁵² OXUH0003735

⁵³ PRSE0002268

⁵⁴ BPLL0007384

⁵⁵ HHFT0000915_003

⁵⁶ HHFT0000915_002

⁵⁷ PRSE0001638

⁵⁸ ARMO0000808

Knowledge of risk of AIDS/HTLV-III

48. In October 1983, Dr Green attended the 14th UKHCDO meeting, where there was a discussion surrounding patients refusing to take up commercial factor VIII concentrate because of '*the AIDS scare*' and the possibility of Directors reverting to using cryoprecipitate for home therapy.⁵⁹
49. A patient who was treated with Factor VIII at the Centre in 1984 and 'contracted AIDS antibodies' queried in 1987 whether he was entitled to compensation.⁶⁰
50. In 1985, Portsmouth Haemophilia Centre treated five patients with Factor VIII batch HL3186, which was later subject to product recall on the basis that blood donors were subsequently found to be suffering from AIDS or HIV infection. The Centre returned 6 vials of 50 recovered, and confirmed that 42 had been used to treat 4 patients.⁶¹ In other documents, it is reported that 50 vials were sent to the Portsmouth Centre, but 10, rather than 6, were returned.⁶²
51. Also in October 1985, Dr Green attended the 16th UKHCDO meeting, where there were reports from the AIDS group. Discussions included an HTLV-III antibody study and counselling for patients and families.⁶³
52. In March 1986, Dr Green attended the 17th UKHCDO meeting, where Directors were asked by Dr Forbes to complete a form which requested information on the anti-HTLV III status of their patients.⁶⁴

Testing for HIV/numbers of patients infected

⁵⁹ PRSE0004440

⁶⁰ HSOC0004775_002

⁶¹ BPLL0016023_009

⁶² CBLA0000010_211

⁶³ PRSE0001638

⁶⁴ PRSE0001688

53. In 1983, a patient at the Centre was found to be anti-HIV positive by ELISA and Agglutination tests.⁶⁵

54. Provisional UKHCDO data available to the Inquiry suggests that 8 patients were infected with HIV at the Centre.⁶⁶

55. In 1989, Dr Green wrote to the MacFarlane Trust, “*I have reviewed the patients found to be positive for HIV and they have all registered with you bar 2 who have moved away, one who refused to be tested and 2 others who have died from non-AIDS related causes.*”⁶⁷ This may be read as suggesting that the patient who refused to be tested had in fact already been tested, if he had been found to be positive for HIV.

Other information

56. In 1977, the Portsmouth Centre contributed to a study by Rosemary Biggs titled ‘*Haemophilia Treatment in the United Kingdom from 1969 to 1974.*’⁶⁸

57. The Portsmouth Centre was a defendant in the HIV Haemophilia Litigation.⁶⁹

58. On 4 May 1990, a product recall was initiated by BPL concerning batches of Factor IX (FJA0063). St Mary’s Hospital received 20 vials of the batch on 20 December 1989. The Centre returned 2 vials to BPL.⁷⁰

The Isle of Wight Centre

⁶⁵ PHNT0000009_006

⁶⁶ INQY0000250, WITN3826020

⁶⁷ MACF0000175_014

⁶⁸ PRSE0004645

⁶⁹ ARMO0000717

⁷⁰ BPLL0001856

59. The Isle of Wight Centre was associated with the Portsmouth Centre. Dr R Joshi was a Consultant Haematologist at St Mary's Hospital on the Isle of Wight.⁷¹ The Centre was number 32.⁷²

60. St Mary's Hospital fell under the Isle of Wight Health Authority.⁷³ Dr G Stewart (of the Isle of Wight HA) was a Specialist in Community Medicine and a member of the 'Wessex Expert Advisory and Coordinating Group on AIDS'.⁷⁴

61. By 1984, there was no active Haemophilia Centre on the Isle of Wight and treatment (for at least one patient) was supplied by Southampton General Hospital.⁷⁵

62. In later years, the Isle of Wight Centre joined with Hampshire Haemophilia Centre to become the '*Hampshire and Isle of Wight Haemophilia Comprehensive Care Centre*'.⁷⁶

Numbers of patients treated

63. In 1973, there was a haemophiliac patient from the Treloar Haemophilia Centre who was treated at the Isle of Wight Centre.⁷⁷

64. In 1983, 2 haemophilia A patients and 2 von Willebrand's patients were treated at the Isle of Wight Centre.⁷⁸

65. In 1985, there was a haemophiliac patient from the Treloar Haemophilia Centre who was treated at the Isle of Wight Centre.⁷⁹

⁷¹ CBLA0000010_225

⁷² BPLL0003809

⁷³ CBLA0000010_225

⁷⁴ HHFT0000326

⁷⁵ WITN1541001

⁷⁶ HSOC0025290; WITN3826016

⁷⁷ TREL0000321_006

⁷⁸ HCDO0000171_013

⁷⁹ TREL0000267_089

Blood products usage

66. In 1970, the Isle of Wight Centre used 12 units of cryoprecipitate.⁸⁰

67. In 1981, the Isle of Wight Centre was using NHS factor VIII concentrate.⁸¹

Knowledge of risk of AIDS/HTLV-III

68. In 1981, one patient with haemophilia received factor VIII treatment at the Centre and was subsequently found to have seroconverted. Dr Joshi at the Isle of Wight Centre sent a letter to BPL, asking whether the batch was contaminated with HIV.⁸²

69. In 1987, the Isle of Wight Centre was considering a policy where patients would be able to bank their own blood for use before surgery, in order to minimise the risk of AIDS.⁸³

70. In 1989, the Isle of Wight HA held the view that *‘those suffering from HIV will almost inevitably get AIDS’* but *‘nobody knows for certain how many people are HIV antibody positive.’* As a result, the HA aimed to place a bid for a specific team of ‘Macmillan’ type nurses to deal with such cases.⁸⁴

Treatment of patients for HIV or HCV or HBV

71. In 1973, the Isle of Wight HA recommended that *“all patients with Australia Antigen hepatitis should be kept out of hospital if at all possible”* and that patients should only be referred to St Mary’s Hospital *“if a patient is seriously ill and needing urgent medical attention.”*⁸⁵

⁸⁰ PHNT0000001_253

⁸¹ CBLA0000010_225

⁸² CBLA0000010_225

⁸³ IWCR0000031_002

⁸⁴ IWCR0000006

⁸⁵ IWCR0000077

72. On 19 March 1985, it was noted that an Isle of Wight patient who attended the Lord Mayor Treloar College had tested positive for anti HTLV-III.⁸⁶

73. In 1988, the Isle of Wight HA was specifically allocated £33,000 by the DHSS '*on a recurring basis to improve services*' for HIV and AIDS patients.⁸⁷

74. In 1989, the Isle of Wight Centre employed a Health Adviser/AIDS Counsellor and held male and female AIDS clinics.⁸⁸

75. Also in 1989, it was agreed by the Isle of Wight Health Authority's sub-group on AIDS that there was a need for counsellors and that '*all patients prior to a blood test for HIV must be counselled.*'⁸⁹

Other information

76. The Isle of Wight Centre was a defendant in the HIV Haemophilia Litigation.⁹⁰

MICHELLE FRENCH

Inquiry Legal Team

JENNI RICHARDS KC

RACHEL BARRETT

Inquiry Counsel Team

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⁸⁶ TREL0000267_089

⁸⁷ IWC0000022

⁸⁸ HHFT0000326

⁸⁹ IWC0000006

⁹⁰ ARMO0000717