

**Preliminary Outline of my time as Haemophilia Centre Director at Yorkhill by Dr  
(now Professor) Ian Malcolm Hann**

1. This is an outline for comment based on my best memory of the time. I am happy to try to fill in details, but would point out that this was between 23 and 28 years ago and I did not retain any paperwork from Glasgow when I moved to Great Ormond Street 23 years ago. My memories of the time are not clear, but I will do my very best. My current situation is that I am retired and a house husband with 3 young and two older children in Cork, Republic of Ireland.
2. I took up my post I believe on January 1<sup>st</sup> 1983. This was my first consultant post and I was single-handed for approximately the first year. I was responsible for the haematology service to Yorkhill and The Queen Mothers Hospital and was in Administrative Charge of the haematology laboratories for those hospitals. I provided all of the paediatric haematology malignant and non-malignant service for the West of Scotland and a large part of the paediatric oncology service too. Although I was able to take on a colleague a year or thereabouts after I started, it was an exceedingly busy time as evidenced by the number of Consultants who now do the job. One of my main tasks was to set up the childrens' bone marrow transplant service for Scotland, a project that I believe to have been a success. I also had to turn around a poorly-performing laboratory with low morale following industrial actions. I was also very busy fund-raising and involved in the design of the new haematology office building which resolved the very cramped space that we had when I arrived.
3. Throughout my time at Yorkhill I was Childrens' Haemophilia Centre Director and worked very closely with the Adult Centre at Glasgow Royal Infirmary. There were many meetings and agreed protocols with Dr C.Forbes and Dr Lowe. I had an absolutely first rate Clinical Assistant, Dr Pettigrew, who knew the families very well and liaised with them on a daily basis. In my view her interactive skills and clinical skills were excellent. The day-to-day care of children with bleeding disorders was by herself and the excellent Day Care nursing staff, in consultation with myself.
4. Throughout my time at Yorkhill I kept in touch with the Haemophilia Society – I think that the main contact then and for many years afterwards was Philip Dolan, but my memory may not serve me well. I believe that I had a good relationship with the patient group and did my best to maintain this. I was subsequently asked by the Chair of the medical advisory panel of The Haemophilia Society to be a member on the basis that I had been supportive, and I was happy to serve on that for a large number of years until I passed on the Haemophilia Directorship at Great Ormond Street which I had held from 1987 until about 2000.
5. It is very difficult to remember details of coagulation replacement policies at that time and I can only do my best and state some principles. I had trained at the Royal Free Hospital with Dr Kernoff and others who had led the way in managing patients in the safest ways. I certainly took on board the fact that pooled plasma products carried a high risk of what was then (and throughout my time at Yorkhill) known as non-A non-B hepatitis. The virus had not been demonstrated and there was much and continuing debate in various fora and especially The UK Haemophilia Directors' Organisation – UKHCDO - (which I attended regularly) about what the virus was eg was it G / E whatever ? and what methods could maybe eradicate the risk. Our energies were first and foremost to prevent serious bleeding and secondly to find ways out of the awful situation of virus risk.

I thus did everything I could to minimise pooled plasma product use throughout the hospital, and not just in the haemophilia centre as we knew that cardiac patients, leukaemia patients and others were at risk. With regard to the haemophiliacs, we used non-blood products where we could safely do so eg tranexamic acid and DDAVP. However, my memory is that we did not have enough SNBTS factor concentrate to deal with all emergencies and significant operations eg on patients with inhibitors or those needing orthopaedic procedures. I have not retained the details but we would source factor concentrate products that we believed carried the lowest risk, bearing in mind that in the absence of a test defining safety, that this would mean going mainly on the products' record and any reports of adverse events if they came through the UKHCDO.

6. During my time as Haemophilia Director the greatest challenge was the emergence of the awful HIV problem about two years after I had taken up post. The Clinical Assistant, Social Worker, Day Care staff and others worked tirelessly to provide information and manage the children without allowing them to become pariahs. This was a very difficult time for the families as I am sure everyone is aware and I did everything within my ability to help. By the time I had left Yorkhill, some time (towards the end of 1986, I think) there was still a great deal of uncertainty about the situation with regard to hepatitis and HIV. There were no proven effective therapies and we did not even know the real extent of the severity of the 'silent' hepatitis problem until some time later, to my recollection.

Prof Ian M. Hann 05/05/2010