Questions for Dr Willoughby

Before answering these questions, Dr Willoughby may find it helpful to read Dr Anna Pettigrew’s evidence to the Inquiry (Day 20, 5 May 2011). Dr Pettigrew worked as a clinical assistant with Dr Willoughby at Yorkhill from May 1980. Professor Hann’s evidence (Day 21, 6 May 2011 and Day 31, 10 June 2011) may also be useful. Dr Willoughby should also look at Appendix 1 (Use of Factor VIII etc by Scottish Centres from 1969-1991) at page 566 of the Preliminary Report for UKHCDO data for Yorkhill.

Product usage at Yorkhill

1. It is apparent that large amounts of commercial Factor VIII products were used at Yorkhill in the early 1980s. From data provided by the UKHCDO, the Inquiry team has worked out that the ratio of commercial product to domestic product in 1980 was approximately 4:1, although in 1981 it was 1.4:1

1.1 Please describe the treatment regime which operated at Yorkhill for children with haemophilia from 1 January 1974 until your departure.

1.2 What lay behind the decision to use such a high proportion of commercial Factor VIII concentrates rather than concentrates produced by the Scottish National Blood Transfusion Service (SNBTS)?

2. The data from UKHCDO shows that Armour Factorate was the only commercial factor VIII product used at Yorkhill between 1979 and 1984 inclusive. In 1977 and 1978, commercial factor VIII concentrates produced by Travenol/Hyland were used as well as the Armour Factorate.

2.1 What was the reason for choosing the Armour product in particular?

Home treatment and prophylaxis

3. You refer in your statement to the development of a home therapy programme. In his evidence, Professor Hann (your successor as haemophilia centre director at Yorkhill) suggested that you were keen on prophylactic treatment and that you were somewhat of a pioneer in that area.¹

¹ Transcript for 06/05/11 (day 21); 28 to 29 (Professor Hann)
3.1 Who was eligible for home therapy and/or prophylactic treatment?

3.2 Did you have concerns about increased exposure to plasma products when patients were on a prophylactic regime, and if so, what were these concerns?

3.3 If children were not on home therapy/prophylaxis, what was their treatment?

3.4 What advice (if any) was given to patients and their parents about the benefits and risks of home therapy and/or prophylactic treatment?

Reliability of Products

4. Doctors have told the Inquiry that the solubility of the NHS concentrates was sometimes a problem in the early 1980s. Dr Pettigrew remembered that the NHS product was difficult to work with as it took about half an hour to dissolve. She remembered that the commercial product was much more user friendly and thought that parents preferred the commercial product as it came in a box with all the necessary equipment. Dr Pettigrew recalled that when you started home therapy you were unable to get a guarantee from SNBTS that you would get the supplies of product you needed to maintain home treatment so you preferred to use commercial products.

4.1 What is your recollection of the differences between the NHS and commercial products in relation to reliability and supply of product?

4.2 Did the commercial companies provide guarantees in relation to supplies?

4.3 Do you remember any problems with consistency and ease of use of the NHS products?

4.4 Do you remember any difference between the SNBTS Factor VIII product and the Factor IX product (DEFIX) in terms of ease of use?

The ordering of products

5. Dr Pettigrew told the Inquiry that she thought that commercial products were ordered by the haemophilia department and at that time, by a senior
clinical technician (she remembered a technician called Mr Jewel). You refer in your statement to orders through the hospital pharmacy.

5.1 Do you recollect the involvement of Mr Jewel? Did you ever request a particular product? Do you know how the products were paid for?

5.2 Were you aware of any discounting arrangement for the supply of Armour or other commercial products such as a reduction in price based on a minimum quantity?

6. Doctors have told the Inquiry that some commercial companies sponsored symposia or provided funding for attendance at scientific meetings.

6.1 Were you aware of any involvement of Armour or any other commercial company in supporting these activities?

6.2 Were any haemophilia posts (medical, nursing or ancillary) funded in whole or in part by the commercial companies?

6.3 Was haemophilia care supported in any other way by any commercial company?

Knowledge of the risks of viral transmission

7. The risk of viral transmission through blood and blood products was understood by the early 1980s. At that time it was thought that concentrates prepared from large pools of donors carried a greater risk of viral transmission.

7.1 What was your perception of the risk of transmission of viruses such as hepatitis at this time?

7.2 Did you think there was any increased risk with commercial products?

7.3 Were you aware of the 1975 World in Action documentaries on the preparation and supply of blood products?

7.4 Were the children or their parents made aware of any risks?

Your position at Yorkhill

8.1 Before your departure from Yorkhill, what proportion of your time was spent on the care of children with bleeding disorders? What was the rest
of your time spent doing? Do you feel that there were adequate resources to be able to provide the care which the children with bleeding disorders required?

8.2 An article from the Glasgow Herald dated 11 August 1982 is attached which states that you left Yorkhill because of “frustrations within the NHS”. Why did you decide to leave Yorkhill? Did any issues related to haemophilia care feature in your decision?