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the Northern Branch has established closer links with members in Cumbria and a Social Worker at Cumberland Infirmary in Carlisle. Society meetings are to be arranged in that area for those on the West Coast next year.

Those at the Conference hope that other areas will hold similar confer-

3. The RVI Newcastle Centre Staff were overwhelmed by the response for information and opinions about the service provided. Staff have pages of notes on how care can be improved. These suggestions are being taken very seriously. This patient response has been seen as an essential part of a partnership arrangement with the organisation.

4. There was an awareness by many families for the first time of the position of haemophiliacs in especially the Third World.

5. The weekend was a useful learning experience for all about haemophilia and gave many the opportunity and chance to chat informally with fellow sufferers. The shared organisation of the Conference between Centre and Group was seen as important in drawing in members.

6. Appreciation was expressed to the Society for their funding of the weekend.

George Sanderson

Editor’s Note: Congratulations to George Sanderson and the Northern Group for organising a successful and popular event.

BLOOD PRODUCTS

Two pieces of good news have emerged in recent months about blood products. The first is that of which the Secretary of State for Health and Social Security, the Rt. Hon. Norman Fowler, on 23rd March, said the foundation at Elstree. This plant will, it is hoped, be able to produce nearly 100 million units of Factor VIII a year and is intended to make the United Kingdom self-sufficient in Factor VIII. The Society has pressed for this for many years, from the time when, with the rapid spread of home treatment in the early 1970’s, severe shortages of Factor VIII began to be felt. To meet this shortage, the DHSS permitted the importation of Factor VIII by commercial pharmaceutical companies, and these companies have over recent years supplied around two thirds of Britain’s Factor VIII. There were early doubts as to the quality of commercial Factor VIII. In particular, it was feared that commercial material gave a greater risk of hepatitis infection. While this may once have been the case, better donor selection and improved testing have resulted in improved Factor VIII quality. Medical evidence shows that NHS Factor VIII is no better than commercial material as regards hepatitis risk. We have no evidence as yet to whether AIDS may be acquired more readily from commercial Factor VIII than from the NHS product but, of course, if AIDS becomes established in the UK then NHS blood and blood products are just as likely to transmit AIDS as commercial materials. All things considered, haemophiliacs have no reason to be worried about using commercial concentrates. Without commercial materials, neither home treatment nor surgery would have been generally available, and thus the availability of commercial materials has greatly benefited all haemophiliacs.

The re-development at Elstree will not necessarily mean that commercial Factor VIII will disappear from our lives. It may be that plasma supplies may not be sufficient to allow the plant to operate at full capacity, and it seems likely that more than 100 million units of Factor VIII will be needed before long. Thus there may be a role for commercial Factor VIII for some time to come yet.

The second piece of good news is the successful production of Factor VIII by “genetic engineering” techniques, which may open the way to Factor VIII being produced in larger quantities (and perhaps cheaper). This achievement will be reported more fully elsewhere in the Bulletin, but it is worthy of note that the work has involved collaboration between workers at the Royal Free Hospital in London and two commercial organisations (Spwywood Laboratories of Wrexham and Genentech of California). Presumably, therefore, synthetic Factor VIII will be manufactured and marketed on a commercial basis by these companies like any other drug.

K. E. Milne

AN ALTERNATIVE ROAD TO FREEDOM

Lawrence Lever examines the virtues of a new scheme for disabled drivers

In 1991, the Year of the Disabled, John Harris called a seminar for organisations and individuals representing disabled people. As a result of information gleaned at the seminar, the DFLC has been set up. It was primarily pioneered – through Consumer Insurance Services his specialist insurance brokerage – a combined form of vehicle insurance and breakdown/recovery service which proved very popular with disabled motorists.

He also came away from the seminar with reams of notes on the general problems experienced by disabled motorists. These notes, together with two and a half years of research and consultation with disabled organisations, provided the springboard for AID – Assistance and Independence for Disabled People – a new scheme launched this week to help disabled people purchase cars.

Mr. Harris describes AID as “an alternative form of Mobility.” In effect it is an alternative to Motability, the Government-supportedcharity set up in 1977 to convert the Mobility Allowance into money to buy a car for disabled people who are unable or virtually unable to walk, into cars.

Altogether there are some 320,000 disabled people in Britain receiving the same money tested Mobility Allowance of £19 a week. Added to this are a further 8,500 people who receive Mobility Supplement, a similar benefit for war pensioners, who is fixed at £12.15 a week.

BROADLY speaking Motability provides cars, on a three year leasing or 4½ year hire purchase contract, in return for payment of the disabled person’s Mobility Allowance (or Supplement) for the length of the contract. New and secondhand cars are available for hire purchase, whilst the leasing contract is restricted to new cars. Some 42 per cent of the cars Motability provides are leased. The major drawback here is the fact that at the end of the three year period of the lease the car reverts to Motability, thus leaving the disabled driver without a car for the money he has been paying, over the period of the lease.

It was partly because of this problem that Motability introduced a hire purchase form of providing cars, and this facility is proving more popular with clients. Like Motability, the AID Scheme will provide both new and secondhand cars on a hire purchase basis. There are, however, quite a few differences between the two schemes that are worth knowing.

AID will provide 50 different models for hire purchase on a no-deposit basis. The scheme, unlike that provided by Motability, is open to any disabled person, not just those receiving Mobility Allowance or Supplement, including those who are deaf.

Obviously the availability or otherwise of the Allowance or Supplement will be a relevant factor in assessing whether a person’s ability to meet the repayment schedule. But a general view of his or her resources will be adopted taking into account other sources or income, i.e. from a part-time or full-time job. “There are no hard and fast rules,” stresses Mr. Harris.

If you take one of the 50 models (other will be available, depending on individual needs and tastes) what do you get for your money?

Built into the cost is life assurance cover for the disabled driver which lasts for the first two years of the hire purchase term and is provided without any medical examination.

Also included throughout the five year term are fully comprehensive insurance; a 24 hour breakdown or accident recovery