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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' meeting held in the
SNBTS Headquarters Unit on Tuesday 13 March 1984

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr R J Perry
Dr S J Urbaniak (items 1-8)
Dr W Whitrow (items 1-8)
Dr A E Bell SHHD (items 1-8)
Mr A J Murray SHHD (items 1-8)
Dr H H Gunson, Manchester (items 1-8)
Dr W Wagstaff, Sheffield (items 1-8)
Mr J Davidson CSA Finance Branch (items 1-4)
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

An apology was notified from Dr W M McClelland (Belfast). Dr Cash welcomed Mr John Davidson to his first Directors' meeting.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 8 December 1983 had been circulated. The following amendments were agreed:

- a) Minute 3f - heading to read NBTS ANTI-D WORKING PARTY
- b) Minute 3f, final line, insert "ante natal" before "anti-D administration".
- c) Minute 8 - add "Dr Urbaniak indicated there would be an anomaly in Scotland where the RTCs undertook crossmatching; the Health Boards would recover the charge; the CSA would be paying for the work."
- d) Comments received from Dr Urbaniak and Dr Whitrow on the matter of NEQAS advisers were deferred till consideration of item 3e below.

3. MATTERS ARISING FROM THE MINUTES

- a) Freeze dried plasma (Clinical trial of "burns" SPPS) (3a)

As agreed at the last meeting Dr Cash had contacted Miss Anne Sutherland (Bangour Burns Unit) for a revised protocol which was awaited from the September 1983 Directors' meeting. Despite having communicated twice he had received no reply.

Dr Perry had notified Miss Sutherland that the trial material was available and had received a reply to the effect that a revised protocol would arrive shortly.

Dr Urbaniak noted that the trial material was now appearing on the PFC stock list. It was agreed that no action was required by the Transfusion Directors meantime.

b) AIDS (3c)

i Draft revised leaflet for donors

It had been agreed that a leaflet on AIDS should be sent once to each blood donor as an enclosure with the call-up letter to a session. Dr McClelland had agreed to undertake a revision of the existing leaflet for this purpose and this had been circulated with the agenda. It was reported that Dr Alison Smithes of the DHSS would undertake revision for England and Wales. While the leaflet had been mailed to all blood donors in some English Transfusion Regions, in Scotland it had been made available at donor sessions and at some STD clinics and the Scottish Directors felt their position would be strengthened by mailing to all blood donors.

The Directors undertook to send to Mr McClelland comments on his draft within two weeks, following which he would submit a further draft for consideration.

There had been tabled a leaflet prepared by the Blood Transfusion Service Board (BTSB) in Dublin in response to a request from the Council of Europe and it was agreed that this leaflet had much to recommend it.

ii SNBTA interest

It had been considered previously that the SNBTA should be asked to comment before a leaflet was issued to all donors. Dr Cash now felt this to be less necessary than it had appeared previously and that it would be sufficient if the chairman of the SNBTA Executive Committee received a courtesy copy for information. Any approach to the BTS Sub-committee should equally be for information only.

It was noted that the cost of the first national leaflet would probably have to be met from the SNBTS publicity allocation and it was felt that it might be possible to reproduce the second in a Transfusion Centre at a considerably lower cost.

c) Blood: Record keeping and stock control (3d)

A summary by Dr Cash of the Scottish Transfusion Centres' position with regard to individual recommendations of the report Ref CMS(A7/82) "Blood Record Keeping and Stock Control" had been circulated with the Agenda.

Dr Urbaniak reported that he had indicated to Dr Cash in overall terms that he had complied with virtually every recommendation apart from some minor administrative details. Dr McClelland felt that the summaries did not represent the position of his Centre fully and that while he accepted it as an informal record he would not wish it to be circulated more widely.

Dr Gunson reported that the status of the CMS report in England and Wales was that it was about to be issued to the Transfusion Service in the form of a DHSS circular. Dr Bell reported that its official status in Scotland was that although it was known that it had been discussed by SNBTS, SHHD would not wish to adopt it without an

assessment of the Scottish position where systems might differ from those in England and Wales. It was noted that W Scotland BTS, having many peripheral hospital blood banks, would welcome a document from SHHD to Health Boards on the subject of record keeping and stock control. It was felt that the publicity which would be received by a forthcoming trial at the Old Bailey would draw attention to the problem and that the existence of a document from the SHHD would support the Transfusion Directors in their efforts to improve matters and deflect criticism. As things stood the existence of model agreements with private hospitals could well result in higher standards of stock control in the latter than in NHS hospitals. Dr McClelland and Dr Mitchell had both informed haematologists in their regions about the document and were aiming to achieve standards detailed in it.

After further discussion the following was agreed:-

- i. there was a need for the CMS recommendations to be implemented in Scotland
- ii. the Directors would review their own situations in the light of Dr Cash's summary and contact him within 2 months to enable him to update colleagues in the SHHD
- iii. the SNBTS position should be reviewed in 12 months' time.

It was pointed out that whereas in England and Wales Regional Health Authorities were responsible for collection, issue and use of blood, in Scotland collection and issue were the responsibility of the CSA while use was the responsibility of the Health Boards. This fact increased the need for effective control and made it more difficult.

d) Anti-D Working Party (3f)

It had been remitted to Dr Cash at the previous meeting to ask the SHHD to establish a group comprising BTS/Obstetric/Neo-natal interests. He had done so and Dr Bell reported that the chairman of the NMCC specialist sub-group on obstetrics and gynaecology had invited 2 obstetricians to hold a pilot meeting with a small group of SNBTS Directors. There might be a resultant invitation to paediatricians to join the group.

Dr Urbaniak (who was drafting a code of practice for donors of plasma for Anti-D immunoglobulin) reported that he was awaiting the result of correspondence with BTS colleagues in order to complete his draft. Dr Gunson undertook to send to Dr Urbaniak a code of practice which had been produced by the NBTS Working Party on anti-D and the Scottish Directors would let Dr Urbaniak have their comments on a paper which had been prepared by Dr F E Boulton (SE Scotland BTS) for a recent special Co-ordinating Group meeting on immunoglobulins.

Anti-D immunoglobulin leaflet: there had been circulated a letter from Dr Mitchell to Dr McClelland dated 19 January 1984 and copies were tabled of the leaflet to which the letter referred. This was a joint production by W Scotland BTS and of the division of gynaecology and obstetrics of the Lanarkshire Health Board which covered amongst other matters indications for administration, dosage and Kleihauer tests. Dr Mitchell was congratulated on the leaflet and agreed that other Directors might use it if they so wished, regional arrangements being at the discretion of each Director.

Dr Perry undertook to ask a member of his staff to prepare a draft product information leaflet based on Dr Mitchell's leaflet for circulation with the product. This draft might be available for consideration at a special Co-ordinating Group on 2 May 1984.

e) NEQAS Local advisers (3g)

Following a recent meeting of the Directors' Co-ordinating Group Dr Cash had been asked to express to the SHHD the disquiet of the Scottish Directors at the multiplicity and cross membership of groups with responsibility for quality assurance. Dr Wagstaff reported similar disquiet in England and Wales and dissatisfaction at the performance of NEQAS, in particular the withholding of the identity of participating laboratories with the result that local advisers could not properly supervise the scheme.

Dr Gunson defined the respective roles of the panel, steering committee and scheme organiser.

The developments taking place in England were welcomed and it was agreed that the subject should be reviewed at a later meeting.

f) British Telecom attitude to staff shown to be HbsAg positive (4)

It was noted from a recent letter received by Dr Cash from Dr Mitchell that the donor concerned would resume his duties [REDACTED] with British Telecom within three months.

Dr Cash had agreed previously to pursue the principle with SHHD once the donor's position had been clarified. It was agreed after discussion that this was no longer appropriate.

g) NBTS Hepatitis Working Party (5)

Dr Gunson, as chairman of the Working Party, explained that a meeting would be convened once information on the UK use patterns of HB-immunoglobulin had been obtained by Dr John Barbara (RTC Edgware). The Scottish Directors appeared not to have been approached by Dr Barbara and Dr Gunson undertook to enquire about this.

h) Rabies immunoglobulin (7)

Dr Perry had reported the supply position to Dr Cash and it would be discussed at a special Co-ordinating Group meeting on 2 May.

Dr Cash had discovered that four of the hospitals in Scotland which were holding centres for vaccine were being supplied with immunoglobulin from BPL through CSA Supplies Division (these hospitals were Aberdeen Royal Infirmary, King's Cross - Dundee, Raigmore - Inverness and Western General - Edinburgh.) He had consulted the Chief Pharmacist at SHHD who had advised him to notify Supplies Division that PFC product was available from Transfusion Centres. Dr Cash had done so and had advised the respective Transfusion Directors to notify the holding centres in their regions that BTS would supply in future. The Director of the Supplies Division was reported to have been unhappy about the events and Dr Cash undertook to contact him.

Dr Mitchell enquired whether the PFC could screen potential donors, there being no UK assay at present. It was agreed to discuss this matter at the 2 May meeting. It was noted that present PFC policy was to hold a minimum stock of dispensed products plus powder which could be dispensed immediately a need was made known.

i) Charges to the private sector (8)

i. It was noted that agreements to supply crossmatched and non-crossmatched blood to the private sector in Scotland had been drafted and submitted to the CSA. There had been discussion within the BTS Sub-committee as to whether private hospitals should be made responsible for undertaking their own crossmatching. It was recognised that the Secretary of State may need to know the potential scale of demand for crossmatching and the implications in terms of facilities required and staff expectations were discussed. The general feeling was that the private sector should not expect crossmatching to be done by the SNBTS, apart from reference work, which each Centre could undertake. This was the position in England.

During discussion it was noted that the Donor Organising Secretaries were in constant receipt of enquiries and comments from blood donors and that local health councils were continuing to approach the CSA on the matter of issue of blood and blood products to the private sector. One opinion emerging from both sources was that the private sector could undertake its own blood collection and it was recognised that the membership of BUPA for example could provide a large number of accredited donors. The problems created in the United States by the fragmentation of blood collection was discussed and it was noted that the USA were unable to sign the World Health Assembly Resolution on volunteer programmes as a result of dependence on commercial fractionation.

ii. Private sector blood handling services

Dr Cash introduced the possibility of the Transfusion Services being established by the private sector and recommended to his colleagues to ask the CSA to advise SHHD that legislation should be passed to prevent the establishment of private blood collecting services. A similar recommendation had been made by English Transfusion Directors to the DHSS. It was recognised that the existing NHS (Scotland) Act enabled the Transfusion Service to provide equally to the public and private sectors except that where shortages occurred the NHS received priority.

Dr Cash was asked to prepare for the BTS Sub-committee a brief paper based on the preceding discussions and including the professional opinion of the Transfusion Directors in Scotland that blood collection by the private sector should not be permitted.

j) Home defence planning (9)

Since the previous meeting Dr Urbaniak had circulated to the Scottish Transfusion Directors the following documents:-

i. /

- i. a paper prepared by himself and Dr Ala of Birmingham during a course which both had attended at the Home Defence College
- ii. a paper from the South of England Home Defence Sub-Region
- iii. the BTS section of the Trent Region plan.

While it would be necessary for Transfusion Directors each to plan matters locally it was recognised that collaboration by Health Boards was important and this would not always be available. At a recent meeting of the Co-ordinating Group it had been proposed to increase the stock of blood packs held by the Scottish Transfusion Centres and Dr Cash would forward a request to CSA on receipt of information from Transfusion Directors as to the likely cost.

It was remitted to Miss Corrie to arrange a half day meeting of Scottish Directors at which Dr Urbaniak would speak to the papers which he had circulated and Dr Perry would present the PFC point of view.

4. SNBTS FROZEN RED CELL BANKS

This item had been deferred from the previous meeting. Dr Cash had reported a rationalisation of the frozen red cell programme in the SNBTS and had circulated data about the use of frozen and packed red cells in Scotland which demonstrated that the low level of frozen red cell net usage scarcely justified retaining the ~~three~~ frozen red cell banks (Edinburgh, Glasgow and Inverness).

It was agreed that a single bank for rare cells should be maintained in W Scotland BTS. Dr McClelland would retain his equipment meantime in case it should be required for other purposes.

5. NATIONAL REGISTRY OF HLA-TYPED VOLUNTEER DONORS FOR BONE MARROW TRANSPLANTATION

There had been circulated correspondence to Dr Cash from the UK Transplant Service in Bristol concerning a national registry (for the establishment of which they had received a grant from the Leukaemia Research Fund) of HLA-typed volunteer donors who had expressed a willingness for their platelets (or bone marrow) to be used in transplantation. Dr Cash recalled that the idea of introducing donors to bone marrow transplantation through the HLA and platelet programmes had proved unacceptable to the SNBTS. Changing clinical practice could well mean a forthcoming acceptability of bone marrow transplantation from unrelated donors which would render the recruitment of bone marrow donors more appropriate. In the circumstances it was important to have an agreed national programme of recruitment and handling of donors. The impending legislation on data protection would require to be kept in mind in preparing a plan. Dr Brookes had experience of donors in E Scotland who had applied to the Anthony Nolan panel and had been rejected because of their distance from London and who were very keen to be accepted as donors of bone marrow.

In his correspondence with Dr Cash Dr Bradley had offered to meet the Scottish Transfusion Directors and it was agreed that he and Dr Ian Fraser of the Bristol Transfusion Centre should be invited to meet the Directors and appropriate Transfusion Centre staff.

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6. CBLA RESEARCH COMMITTEE

Dr Cash introduced a discussion about the status and role of the above committee, the chairman of which was Dr Gunson. Dr Gunson explained that the committee had been established, following the dissolution of the former MRC research committee, as a forum to discuss and further research in transfusion. The CBLA were asked to assume the organisation of such a committee which would combine the functions of the old MRC committee with those appropriate to the CBLA. Its title was the Central Committee for Research and Development and its remit (which had been decided by CBLA) was to further research in blood transfusion, immunohaematology, and related diagnostic and therapeutic fields. The membership included three Transfusion Directors, a virologist and a haematologist. It had been decided subsequently to extend the interest of the committee to the United Kingdom as a whole and a Scottish SHHD observer had been invited. The committee reported to the CBLA.

At a recent meeting the members of the committee had been unanimously of the view that the remit should be extended to that of a UK research committee, the role of which would be to foster collaborative studies between Transfusion Centres and the CBLA. Two current studies were the following:-

- a) a multi-centre investigation into AIDS
- b) how the BTS should respond to, and exploit, genetically engineered products.

The committee were seeking funding from the MRC.

There was general agreement amongst the Scottish Directors about the need to direct research and after a full discussion it was agreed to welcome any moves which might be made towards a UK national grouping in transfusion related research.

7. PHLS REAGENTS

There was discussion about a recent declaration to microbiologists and virologists by the PHLS that the latter would cease to supply microbiological diagnostic reagents. It was explained that the PHLS would continue to provide a restricted Hbs-Ag for quality assurance.

8. NATIONAL HEALTH SERVICE MLSO COMMITTEES

- a) UK MLSO Consultative Committee

Dr Mitchell had drawn to the attention of Dr Cash in a letter (which had been circulated) the fact that the above committee appeared to discuss items which overlapped with the activities of the SNBTS and enquired as to its relationship to the Scottish Directors.

It was noted that this committee was a forum for discussion, but had no executive authority. The SNBTS could request representation if it so wished and the Directors agreed not to do so.

- b) /

b) NBTS Laboratory Managers Meeting

It had been noted at the NBTS Transfusion Directors meeting on 25 January 1984 that a meeting had been held (unknown to them). The NBTS Directors' meeting had remitted to Dr Wagstaff to write to the Secretary of this new group to the effect that they should have terms of reference similar to those granted recently to the meetings of administrators and donor organisers, namely that they were responsible to the meeting of Directors, both for bringing matters to the attention of the latter and to receive subjects for study from them. He was to ask them also that they should replace the designation "Laboratory Managers" in the title of the meeting by "MLSOs". The objectives of the newly formed group were unclear and Directors were disappointed that it had been established without their knowledge.

The Scottish Directors suggested that (if requested) there should be a single Scottish observer who would be nominated by the Directors, but they would await the group's reply to Dr Wagstaff before taking any action.

c) SNBTS Principal and Senior Chief MLSO Meeting

As instructed at a previous meeting (Co-ordinating Group 24 May 1983) Dr Cash had invited the Scottish meeting of Principal and Senior Chief MLSOs to accept a formal remit from the Scottish Transfusion Directors as to subjects which they should study, with the possible attendance of a member of the group at Transfusion Directors' meetings where this was appropriate. The reply of the group's representative to Dr Cash had been circulated with the agenda: in it Dr Cash had been invited to address the meeting. There was a full discussion about the purpose and role of meetings of PMLSOs and Senior Chiefs and roles and relationships within the Transfusion Centres. It was agreed that Dr Cash should accept the invitation to attend the next meeting of the Principal and Senior Chief MLSOs. Following that further discussion could take place at a Co-ordinating Group meeting.

9.

Discussion deferred.

10. NBTS DIRECTORS' MEETING 25 JANUARY 1984

It was noted that Dr Cash had circulated a note of the above meeting and that the minutes had subsequently been issued.

11. DATE OF THE NEXT MEETING

Tuesday 12 June 1984.