

~~DRAFT~~CONFIDENTIAL

MINUTES OF THE EXTRA-ORDINARY MEETING OF THE MEDICAL & SCIENTIFIC COMMITTEE HELD ON 14TH AUGUST 1990 AT HEADQUARTERS UNIT, EDINBURGH

PRESENT: Professor J D Cash (Chairman)
Dr E Brookes
Dr D B L McClelland
Dr R Mitchel
Dr R Perry
Dr S Urbaniak
Dr W Whitrow

IN ATTENDANCE: Mr D McIntosh
Mrs S Shearer

The meeting was Chaired by Professor Cash.

1.01 Item 1: INTRODUCTION AND APOLOGIES

The Chairman began by welcoming those present and introducing Mrs Shearer. Apologies were intimated on behalf of Dr W McClelland (Belfast BTS).

1.02 The Chairman announced that Item 5 had inadvertently been placed on the Agenda and would now be dealt with separately by the Directors at a meeting immediately following this one.

2.01 Item 2: FUNCTIONS AND MEMBERSHIP OF THE MEDICAL & SCIENTIFIC COMMITTEE

The Chairman referred to the previously circulated Paper and invited comment on the proposed functions of the Committee.

After discussion, the Paper was accepted in principle. It was agreed that the main function of the MSC is to provide a scientific and professional forum for the SNBTS. Matters medical and scientific could and would be referred for consideration to the MSC and recommendations by the MSC presented to the Board. Mr McIntosh expressed the wish to avoid Board Meetings digressing into too much medical and scientific detail and felt that MSC was the correct vehicle for this purpose. This was agreed.

It was pointed out, however, that the ultimate responsibility rests with the SNBTS Board but that as the NSMD and Directors sat on both the MSC and the Board, any such individual would have ample opportunity to make his/her views known on any matter of contention.

Mr McIntosh stated that he wished the MSC to be a vehicle generating long term strategic advice on matters Medical and Scientific. Doctor Perry supported the concept that the MSC should primarily be a professional vehicle for the SNBTS and all agreed that this was the way forward.

It was unanimously decided against too formal a committee structure at this stage in order to allow the necessary flexibility demanded of the current climate within the NHS.

2.02 MSC Sub-Groups

On the matter of MSC Standing Sub-Groups, the 4 proposed in the Paper were agreed as was the concept that ad-hoc Groups would be created and disbanded as appropriate, at the discretion of the MSC.

It was decided, at this stage, against forming a specific Sub-Group for RTC Research. Instead, it was felt the matter could best be resolved by making it a STANDING ITEM on the Agenda. Any member would then have a vehicle by which to bring to the attention of the full Committee such projects he/she thought worthy of further consideration. This was genuinely welcomed by all members as a means by which inter-regional co-operation could best be utilized to the benefit of the SNBTS, both in terms of manpower available and the total financial resources available.

Doctor Urbaniak suggested that medical and scientific matters associated with the Blood Collection Programme should also be a STANDING ITEM on the Agenda. This was agreed.

ACTION: SDS

2.03 SERVICING OF THE MSC

The Chairman felt strongly that it was essential that the Secretary to the Committee be a suitably qualified person in terms of medical/scientific background in view of the nature of the proposed function of the MSC. This was agreed and after discussion the Chairman was asked to approach Dr R Stewart, Clinical Trials Manager to see if he would be willing to take up this office. The Chairman also felt the administrative aspect should be in the hands of the National Administrator's office but the matter was left open until Mr McIntosh had had an opportunity to discuss this aspect with Miss Corrie.

ACTION: JDC, DMcI

2.04 MEMBERSHIP

The Chairman pointed out that provision has been made for Dr W McClelland (Belfast BTS) and Dr Angela Robinson (Director, RTC Leeds) to be members.

Dr Mitchell expressed the wish that the MSC not become too large as this could lead to it being ineffectual. This was agreed in principle and, after discussion, the following membership was decided:-

Professor J D Cash (Chairman)
 Dr E Brookes
 Dr D B L McClelland
 Dr R Mitchell
 Dr R Perry
 Dr S Urbaniak
 Dr W Whitrow
 Dr C Prowse
 Dr W McClelland (Belfast BTS)
 Dr Angela Robinson (RTC Leeds)
 Dr R Stewart (Secretary)

In this context it was also agreed that experts in their field such as Dr E Follett or Martin Bruce would be invited to attend on an ad-hoc basis for Items pertaining to their area of expertise.

3.01 ITEM 3: PRODUCT DEVELOPMENT

The Chairman referred members to the previously circulated Paper and invited Doctor Perry to lead the discussion.

Doctor Perry expressed the view that the key task of the PDG should be to define programmes at the outset i.e. planning implications of products from commencement to completion. Mr McIntosh, at this point, added that it was also the Group's task to ensure targets are met. Doctor Perry responded that he felt the management tools proposed should favourably meet this challenge.

The matter of "self-sufficiency" with its relevant implications was then broadly discussed until the Chairman pointed out that this would be more fully discussed at the forthcoming Board meeting.

Doctor Perry expressed concern that 2.01(a) of the Paper could present problems if too literally interpreted. Doctor McClelland suggested that a further paragraph 2.01(c) should be added to include new clinical readjustment to existing product licences - in the context of considering whether products currently produced by PFC could be marketed more effectively and also that a constant

assessment of market requirements should form part of the remit of the PDG. The Chairman pointed out that he hoped Dr Stewart's role would increasingly address this issue. He also pointed out that members of the MSC would receive minutes of the PDG, thereby enabling them to monitor the operation of, and any proposals made by, the Group.

Doctor McClelland stated that another key role of both PDG and MSC should be the need to adapt existing products in response to market forces. This matter was debated at length, the main points agreed being the essential need to manage available resources (in particular finances) effectively. This was considered to be an essential function of MSC, assisted by PDG, by all members present.

Again, with regard to the structure of the PDG, it was agreed to remain as flexible as possible meantime.

Doctor Mitchell congratulated the Chairman on his Paper, saying it was of considerable value in terms of assessing the current status in this area within the SNBTS, but members unanimously felt its content should remain confidential in the light of the commercial aspects involved at this time.

In this context, it was agreed that all future Agendae, Papers and Minutes of the MSC/PDG should be sent out under the "PERSONAL AND CONFIDENTIAL" label.

ACTION: SDS

4.01 ITEM 4: MEDICAL AUDIT

The Chairman referred to the previously circulated Paper and a lengthy discussion followed.

Paragraph 2.01 was agreed as correctly reflecting the Statutory position.

The Chairman made the point that the external audit was the key function which concerns the present Government.

Doctor Urbaniak referred to the NHS CIRCULAR NO 1989 (GEN) and suggested that paragraph 5.04 was "the teeth" of the document. This was agreed by members.

The Chairman then referred members to paragraph 4.02 of his Paper. After discussion it was agreed that all SNBTS Consultants have individual responsibility for quality of advice given. Doctor Urbaniak suggested that the RCPATH could give guidance on this matter.

At this point (1600 hrs) Doctor Brookes and Doctor Perry left the meeting.

The remaining members unanimously agreed to invite Dr D B L McClelland to form a Medical Audit Committee to provide a framework from which the SNBTS could implement Medical Audit. This he agreed to do providing it was accepted that realistic targets be set in the light of the limited resources available. This was agreed.

ACTION: BMCC

Doctor McClelland then agreed to adhere to the time-table laid out in the Paper (3.02) up to point 3. Thereafter, the Committee agreed no further action would be taken without appropriate funding.

Doctor McClelland stated that there were three main points to define:

- 1) What is Medical Audit?
- 2) Consultant's Contract
- 3) Who is in charge?

but he felt that the Clinical Audit could commence without 1 - 3 above necessarily being resolved in advance.

Doctor Whitrow suggested that the Medical Audit Committee would be an excellent vehicle for a Senior Registrar to gain valuable experience.

5.01 ITEM 6: DATES OF FUTURE MEETINGS:

The proposed dates for future meetings of the MSC were agreed.

They are as follows:

6 November 1990
19/20 February 1991
15/16 May 1991
14/15 August 1991
6/7 November 1991

It was at this point (1630) that Doctor Whitrow left the meeting.

6.01 Item 7: ANY OTHER BUSINESS

The Chairman tabled three items for discussion.

6.02 Item 7.01: Membership of BCSH Task Force

It was unanimously agreed by the remaining members present

that Doctor Mitchell be proposed as a member of the BCSH Task Force. Doctor Mitchell agreed to serve and Professor Cash agreed to inform Dr Voak of the Committee's decision.

ACTION: JDC

6.03 Item 7.02: Urgent Appeal for Supplies of HLA Typing Sera for Volunteer Marrow Donors (UKTS)

The Chairman asked that members take this matter up with their regional staff as a matter of urgency and proposed that they examine ways in which it may be possible to increase supplies. This was agreed by those present.

ACTION: RTDs

6.04 Item 7.03: ADROP draft constitution

After discussion Doctor McClelland agreed to continue to press for BBTS membership extension in the light of the ADROP document tabled.

ACTION: BMCC

The Chairman closed the meeting at 1650 and thanked those who had taken part.

MSCMINUT/SDS