REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 118th meeting held on Wednesday 26 September 1973 at 11.30 am in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant & Castle, London, SE1 6BY.

PRESENT:

- in the Chair

(deputy)

- Regional Transfusion Directors

- Blood Group Reference Laboratory

- Scottish Home & Health Department

- Scottish National Blood Transfusion Association

- Northern Ireland Blood Transfusion Service

- Department of Health and Social Security

An apology for absence was received from . He was represented by

It was reported that would prefer not to be given a lunch or dinner to mark his retirement. It was agreed that a suitable gift should be bought. The Chairman undertook to make arrangements.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 13 June 1973 were confirmed, subject to the following amendments:

Page 4: lines 1-4. These should read:
"participation by hospital-laboratories should be voluntary."

Anonymity also seemed to be an essential aspect of other schemes under way.

line 6 add "Bristol"

It was pointed out that amendments to paragraph 3 had been distributed.

2. MATTERS ARISING

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL REAGENT

said that there was nothing to report since the ETF meeting in June. He said that this subject would probably be discussed at the meeting of the Laboratory Development Advisory Group in November, for which he was preparing a paper dealing with the use of human materials - including blood - for diagnostic purposes.

mentioned that some hospitals were making their own reference standards from the residues of specimens which would otherwise be thrown away. said many hospitals probably did this, but the product is not satisfactory for some purposes and pools prepared in this way might be infected. It was pointed out that this would be the case anyhow.

thought that one of the most difficult aspects of the problem was to estimate the amount of plasma or serum needed.

suggested that the control sera should be dealt with in the same way as International Biological Standards and Reference Preparations. For example, the International anti-D Standard comprised only 2.0L National and laboratory standards which had been assayed against the International standard were prepared locally. In this way comparatively small amounts of material sufficed for International and National Standards.
b. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY

said that of the seven R&Ds that had agreed to take part in a pilot study, two regions had still to report the results of their regional trials. He expected to be able to prepare a paper for the next R&D meeting.

The meeting agreed that, when the pilot trial had been completed, it would consider instituting a pilot quality control trial organized by Blood Group Reference Laboratory. Such a pilot trial had been suggested at the meeting of LDBC Standards Sub-group on 25 July 1973 at which proficiency assessment of blood group serology had been discussed.

All centres sent sera prepared locally to the Blood Group Reference Laboratory for verification of antibody content before issuing such sera, with the exception of ETC Brentwood, ETC Manchester (which sent some) and ETC Cardiff (which sent none).

c. PRINCIPAL TECHNICIAN

reported that he had received only four comments on paper R&D(73)15 and asked R&Ds to send their comments or nil reports within the next week so that R&D(73)15 could be finally revised and sent to P Division.

d. LABORATORY AIDES

asked what the present position of this proposed grade was.

explained that this grade was still an experimental one and had not yet been accepted by the Whitley Council. All the laboratories which took part in the experiment had reported favourably, but staff side still had reservations about its introduction. said that if the grade were not introduced, the question of safeguards for persons who had been engaged as laboratory aides for the experimental period would need to be considered.
NOTES ON TRANSFUSION

reported that the fifth edition had been issued. There were two
misprints and corrigenda slips were now included in copies sent out from the
Department. He had placed a summary of main points under 4.02.

The amendments were:

Page 2 sect. 6 line 13: substitute "2.0 millimoles K per litre"
Page 2 sect. 7 line 13: substitute "not more than 0.65 millimoles/g protein"

RTOs asked to make a copy of corrigenda slips to insert in copies already in their
possession.

REGONAL TRANSFUSION CENTRE STAFF

1. Needle sharpeners: said it was hoped to make use of an
ad hoc grading under the Ancillary Staffs Council, for this staff at
RTC Sheffield. The Department would write directly to

said he hoped that the suggested rate of pay would be adequate,
as needle sharpeners could not work much overtime due to the exacting
nature of their work.

2. Sterilizer-Attendants: This grade of staff were included in ASC
Advance Letter No.573. said that the Personnel Division had
not yet visited RTOs: to investigate this grade.

said that a staff inspector from Personnel Division had visited
his centre to investigate the grading of the supervisor of bottle
processing and sterilizing section. The outcome of this was that this
person has been graded under No.4 with £33 increase.

3. Drivers: reported great difficulty in recruiting and
retaining drivers of heavy goods vehicles because of the high wages paid
outside NHS. Some of his drivers thought an allowance should be paid for
loading and unloading of crates of blood at hospital.

in where a system of incouraging and supporting transplantation would be

recommending donation. More needs to be done. The whole process
said that Newcastle NHT had agreed to employ two drivers who were undergoing training at the Board's expense to obtain an HGV licence.

3. REORGANIZATION OF NHTS

It would appear that matters relating to reorganization of NHTS in April reported that the Working Party set up to consider this matter had met on 18 July. The meeting was largely occupied by general survey and discussion of the present structure, administration and functions of NHTS. The Working Party considered three proposals: that the organisation of NHTS should remain unchanged, that it should be established as an independent service, or that some still undefined form of organization and administration which would give greater control and co-ordination should be devised.

The Working Party considered that NHTS could not continue to be organized and administered as it is at present, and that the other two proposals should be examined at its next meeting in November.

4. NATIONAL PANEL OF DONORS OF RARE BLOOD TYPES

Paper NED(73)23 was introduced by who explained that on recent occasions there had been difficulty in supplying blood for members of the immigrant population who had developed certain unusual antibodies. This difficulty could be overcome to some extent if the ethnic origin of donors could be identified from the records (NHTS 101) and particularly if members of the immigrant community could be encouraged to become donors. At present the ethnic group of donors was not recorded. The only information recorded, usually as TA (Tropical area), allowed identification of donors who had come from malarious areas. The meeting agreed to defer direct
recording of the ethnic group and it was left, for the time being, that each centre should decide how to maintain records which would allow identification of the ethnic group. It was mentioned the difficulty of obtaining volunteers among immigrants. He reported that the stock of anti-U serum was almost nil and there was an urgent need for this material in order to screen people.

It was pointed out that the blood of first generation immigrants whose parents came from malarious areas, was safe to use as whole blood.

5. SUPPLY OF PREPARATIONS OF HUMAN BLOOD FOR PURPOSES OTHER THAN TRANSFUSION:

The supply was generally in accordance with ETD Minutes October 1956 and the Memorandum issued for that meeting. He felt that no further action was required at the present time; it might be advisable to review the existing arrangements in 2 or 3 years' time. Meanwhile it was suggested that any arrangements made for repeated supply should be for defined periods, and not indefinitely.

pointed out that all preparations of blood, collected or prepared by NERIS, EOR, Laboratory and BPL were the property of the NHS and that ETDs, who receive requests for blood or other preparations from commercial firms, should refer them to DHSS. He mentioned that BPL, with the agreement of the Department, has supplied albumin for many years to the Radiochemical Centre, Amersham, for iodination. More recently fibrinogen had been supplied. The position was reviewed annually.

6. PUBLICITY:

a. WEDGWOO D PLATES.

reported that the need to order a further supply presented an opportunity to alter the design. After discussion it was agreed that the reverse should have added the following phrase:

"National Blood Transfusion Service 100 donations". It was also agreed

...
not to proceed with the idea of having the names of donors inscribed on plates because of the great delay this would impose on delivery.

b. PHILIPPI: It was reported that new material was needed for the Life Blood Series of pamphlets. The following subjects had been suggested:

Plasmapheresis, Prevention of Haemolytic Disease of the Newborn,
Haemophilia, Tissue Typing and Transplantation.

It was reported that was preparing a text on plasmapheresis.

said that at Sheffield they had prepared or proposed to prepare texts for local use, on the other subjects mentioned. He agreed to send copies to ETDs for information and agreed that the Department might use the Sheffield texts as a basis for centrally produced leaflets.

The meeting requested that pamphlet "Blood Groups" and the Study of Mankind should be reprinted. undertook to revise the pamphlet "The Gift of Life" for which there was a constant demand.

c. POSTERS. said that the posters now available lacked impact and asked the Department to consider preparing posters which had a sentimental appeal (these were more popular) and which could be displayed more generally. Many of the present posters were suitable for display only in a restricted number of places.

7. AUSTRALIA ANTIGEN ETD(73)18

Incidence of antigen in donors referred to ETD(73)18 and ETD(73)25. In the latter paper the figures had been adjusted so that the heading "new donors" did not include any donors from the Armed Forces or from prisons, borstals and similar institutions. The adjusted figures seemed to show that the incidence of antigenaemia in prisoners was higher than in the general public as represented by new donors and that frequency of antigenaemia among members of the Armed Forces was similar to that among general public new donors. The range of incidence, however, was wide.
Donors in Prisons, Borstals etc. The meeting considered whether NEFS should stop collecting blood in prisons. Seven directors (Sheffield, Cambridge, Edgeware, Brentwood, Tooting, Cardiff and Birmingham) thought prisoners should no longer be bled because the incidence of antigenemia was not detectable by IEOP was probably higher in this population than among the general public. Seven (Newcastle, Leeds, Oxford, Bristol, Manchester, Liverpool and Wessex) thought that screening for antigen gave adequate protection, and that blood collection in prisons should be continued until the statistical significance of the figures in HTD(73)25 had been examined.

It was agreed that if it were decided to discontinue bleeding prisoners, the Department should inform the Home Office before any local action was taken.

Motivation in donors in prisons. A Principal in DHSS had made a study of the reasons why prisoners volunteered as donors. Copies of her report would be circulated for information.

8. ANTI-D IMMUNOGLOBULIN

a. ADEQUACY OF DISTRIBUTION

Erla Ltd, Cambridge, Brentwood and Birmingham reported that perhaps as many as 15 to 20 per cent of eligible mothers were not being given anti-D immunoglobulin. In the Birmingham Region there were 80,712 live births but only 5,328 doses of anti-D immunoglobulin were issued instead of about 7,500. to 8,000 as might be expected. Other ETDs agreed that some eligible mothers appeared not to be treated. Some hospitals apparently failed to treat eligible mothers; instances were quoted of general practitioners and midwives who were unaware of the arrangements for getting anti-D immunoglobulin.

Erla Ltd who had evidence of failure to give anti-D immunoglobulin to eligible mothers were asked to bring this matter to the attention of regional...
obstetrical advisory committees. It would also be reported to those
concerned in DGH and to the SMAC Joint Sub-Committee on the Prevention of
Haemolytic Disease of the Newborn.

b. COLLECTION OF RESULTS OF TREATMENT

... the collection of the results of treatment with 200 μg doses of anti-D immunoglobulin...

... In those regions conducting surveys of mothers treated with the 100-μg dose
... (Newcastle, Leeds, Sheffield, Brentwood, Bristol), the results suggested that
... the failure rate after first pregnancies was similar to that after the 200-μg
dose.

... for example, reported failure to protect in 1 per cent of
1,700 primiparae followed up at 6 months.

... the 5 regions would now have between them sufficient
records of enough second pregnancies in treated mothers to form a significant
... group. The HTs concerned agreed to collaborate and prepare a joint report.

c. KLEIHUAER REFERENCE CENTRES

... reported that the SMAC Joint Sub-Committee had asked to be informed
... about the arrangements for Kleihauer testing and had mentioned that reference
... or designated laboratories in each region were desirable. The HTs were
... reference laboratories. In the Sheffield region there were 8 designated area
... laboratories in addition to the HT. A similar arrangement existed in

SW Region.

d. UNDERTAKEN REACTIONS

... the meeting confirmed that all high titre anti-D donors (whether
... naturally or deliberately immunized) were told that they should announce
... this fact if admitted to hospital and that they were given an appropriately
... worded card.

... said that plasma containing even moderate titres of anti-D
... could not be used for the preparation of fibrinogen, anti-haemophilic
... globulin, or normal immunoglobulin.
Observations on Naturally and Deliberately Immunized Donors

Bevan reported that a naturally immunized female donor who had given 2 single plasmaphereses in 2 years had developed myelocytic leukaemia. He reported that one naturally immunized donor had developed aplastic anaemia and that an immunized male donor had died of a brain tumour. Another donor who had died of coronary thrombosis and another who could not tolerate the boosting injections were mentioned.

The meeting agreed that details of such events should be collected, although they were probably unconnected with the fact that the individuals concerned were naturally or deliberately immunized donors of anti-D.


The meeting was approached by the agents of this French self-contained mobile blood collecting vehicle and had agreed to mention it to Directors. It appeared that the vehicle might be of use in rural areas. Some regions were already in touch with the agents.

10. Careers in Blood Transfusion: Profile for EMA

A document, (RTD(73)26), had been prepared from suggestions received from several RTDs which would be sent to EMA for incorporation in their series of pamphlets on careers in medicine. RTDs were asked to send any comments they wished to make as soon as possible.

11. Syphilis Testing

The procedure followed for many years when a donor is found to have a confirmed positive syphilis test had been re-examined. This had been done because a request sent out from HTC Leeds for the name and address of the donor's family doctor had received an affirmative answer from the donor's wife. The advice now given by Legal and by the Department's Consultant Adviser on Venerable Disease was that HTC should arrange to interview such donors and to explain the findings to them. This procedure was considered desirable because a million donors, being notified to confirm the test, would not accept the donor.
donor, who found himself in these circumstances might not wish to be referred
to his family doctor and, in the opinion of the Medical Defence Union, should
not be asked to give his doctor's name and address unless he knew why these
were wanted.

After discussion of the difficulties which would be encountered in ETCs if this
procedure was followed - e.g. small number of medical staff, long distances that
might have to be travelled - the meeting asked the Chairman to discuss the
matter again with the Consultant Adviser on Venereal Disease with a view to
continuing the practice followed by NPTS for many years.

12. SUPPLY MATTERS:
   a. TUTA BAG.
      reported that a pattern of the Tuta bag was
now available which had a wide-bore collecting tube which enabled a
specimen of 15-20 ml to be collected for laboratory tests in ETCs.
   b. RSI STERILIZER COMMITTEE
      said that who had recently been reappointed NPTS
representative on this Committee, was ill and suggested that a Deputy
Director should be invited to serve on this Committee. ... agreed
to ask if he would act as a representative of NPTS and to inform
the Chairman.

13. DATE OF NEXT MEETING

This was arranged for Wednesday 28 November 1973.