Minutes of a Directors’ meeting held in the
BTS Headquarters Unit on Tuesday 11 September
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 E J Urbaniak
Dr V Whitrow
Dr A E Bell, SHKD
Dr I D Fraser, Bristol
Miss N Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notified from Dr H H Gunson, Dr W M McClelland and
Mr A J Murray.

Dr Cash welcomed Dr Fraser to the latter’s first Directors’ meeting.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12 June 1984 had been circulated.

Dr Mitchell had written to Miss Corrie concerning item 3d i. and it was agreed
as a result to include in the first paragraph of that minute words which had
been omitted in typing. As a result the paragraph would read as follows:

“Miss Corrie reported that substantive agreements for the supply of cross-
matched and non-crossmatched blood had been sent to the SHKD with a request for
the latter to nominate an appropriate service charge for crossmatching.”

With this amendment the minutes were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a) Anti-D Working Party (3b)

i. Meeting between SNHTS and obstetricians

It had been agreed at the previous meeting that Dr Cash and Dr Mitchell
should meet Professor Whitfield (Glasgow) and Dr Crawford (Dundee) to
explore the interface between transfusion, obstetrics and neonatal
clinical practice with antenatal prophylaxis for HDN as the specific
topic. Dr Bell was to arrange the meeting (to be attended by appropriate
SHKD colleagues) on receipt of dates from Dr Cash.

Dr Bell reported that the dates had proved unsuitable to Professor
Whitfield and Dr Crawford and it was agreed that Dr Cash should offer
new dates.

ii. Guidelines for the immunization of human volunteers for anti-D production
(formerly Code of Practice for Plasma Donation)

As agreed at the previous meeting Dr Urbaniak had drafted a set of
guidelines which he had revised following comments from the Directors. The second draft had again received Directors' comments and draft 3 had been circulated by Dr Urbaniak who introduced it. A number of further amendments were made and these are listed in appendix A to these minutes.

It was agreed that Dr Urbaniak should incorporate the comments which had been made into a draft 4 which should be circulated for final comments. If none was received he should issue the guidelines to the Directors.

b) Charges to the Private Sector (3d)

Dr Bell reported the existence of a draft circular from DHSS notifying that no charge should be made to the private sector for the supply of anti-D immunoglobulin. This replaced a previous instruction that products available commercially would not be provided to the private sector in England and Wales.

c) Scotblood 1985 (7)

It was noted that the date of Scotblood 1985 had been changed to Saturday 30 March 1985. An organising committee had been formed and would meet shortly.

4. DISPOSAL OF SURPLUS BLOOD PRODUCTS

There had been circulated with the agenda a paper entitled "Guidance for SNBTS Directors on the release of products to organisations outside the Scottish Health Service" which had been drafted by Dr Cash in consultation with the Scottish Directors. The paper would be presented to the BTS Sub-committee's Working Party on the Disposal of Surplus Blood Products and subsequently to the BTS Sub-committee.

As agreed previously Dr Cash had incorporated into the paper a foreword explaining the meaning of the word "possible" as used in the tabulation in the paper. Dr Cash had also drafted a skeleton donor consent form which could be adapted by the Directors for specific donations. It was agreed that the form was intended for use only when donors were called specifically for special purposes: there was no question of attempting to use it retrospectively in respect of blood which had been taken for normal purposes and been used subsequently for purposes other than transfusion. It had been agreed previously that the paper was guidance and not mandatory and Dr Cash had established that donor consent forms, while desirable, were not necessary legally.

5. HTLV - III DETECTION: CURRENT POSITION IN THE UK

Dr McClelland reported that Dr Richard Tedder (Middlesex Hospital) had acquired a significant quantity of reagents from the USA and was establishing anti-HTLV-III assays.

Dr Bell advised that it was hoped to establish a UK Working Party on AIDS related to the Transfusion Service to which Scotland would be invited to nominate a representative.

6. MEETING OF TRANSFUSION DIRECTORS, ENGLAND AND WALES

Dr Mitchell spoke to the notes which he had circulated to the Directors following the England/Wales meeting which had been held on 11 July 1984.
Concerning emergency blood cover for Nursing Homes Dr Bell would refer to the National Medical Director once the DHSS had produced guidelines and these had been received in Scotland.

The Scottish Directors would discuss at a later date the matter of medical staffing at blood donor sessions.

7. SURVEY ON BEHALF OF THE BGRL: SHEARWATER COMMUNICATIONS SERVICES

The Scottish Directors had received a survey questionnaire which had been distributed by Shearwater Communications Services Ltd on behalf of BGRL. It sought information about BGRL reagents currently used and those which customers might wish to use if they were available, as well as requesting comments about stock levels of BGRL products and whether users were satisfied with them and with the general service provided by BGRL. Finally, it asked for comments about distribution not only of BGRL products but also commercial ones.

In response to a question Dr Bell explained that there was nothing in current SHHD circulars which prohibited completion of the questionnaire, which was for use within the NHS.

Some of the Scottish Directors had completed the questionnaire, but it was agreed, after discussion, that there was no need for them to do so.

8. EUROPEAN BANK OF FROZEN BLOOD, AMSTERDAM

The Council of Europe's Committee on Blood Transfusion had proposed that there should be maintained in Amsterdam a register of the frozen units of red cells of rare groups held in the banks of the member countries of the Council of Europe.

Since the only Scottish bank of frozen red cells was that maintained in W Scotland BTS Dr Mitchell was asked to make his list available to the European bank once the UK register of rare cells had been fully organised.

The Directors then considered Dr Jean Harrison's letter of 4 July 1984 to all Transfusion Directors concerning the UK register of rare red cells and agreed to discuss this at a forthcoming Co-ordinating Group meeting. Meanwhile Dr Mitchell would take to the Working Party on rare red cells the opinion of the Scottish Transfusion Directors that a single list was needed in the UK for frozen and "on the hoof" red cells.

9. NBTS WORKING PARTY ON THE TRAINING OF MEDICAL SPECIALISTS IN BLOOD TRANSFUSION

Dr Cash reported that the NBTS Directors had established a Working Party to produce a report for them and subsequently for the Royal College of Pathologists. A Scottish representative had been invited and Dr Cash’s recommendation that he should represent Scotland for its first meeting, to be held on 13 September, was endorsed.

It was understood that the GMC would be in a position to exercise greater influence in the future on post graduate medical education.
10. NOTES ON TRANSFUSION

As agreed at the Co-ordinating Group meeting on 28 August Dr Cash had recommended to Dr Bell that the recent revision of Notes on Transfusion should not be issued to the NHS in Scotland, partly because of the large number of printing and other errors in the text, partly for professional reasons.

Dr Fraser explained that he and two other Transfusion Directors in England were refusing to issue the publication in their regions for the same reasons offered by the SNHTS Directors.

Dr Bell explained that he and his colleagues had a responsibility to consider how to proceed. It was noted that some pages were being reprinted in total and that a list of errata was also awaited. Dr Bell recommended that the Scottish Directors should consider whether these met their criticisms. If not, it would be necessary for the SHHD to consider what alternatives would be acceptable to the SHHD. The decision taken by the Scottish Directors (Co-ordinating Group) 28/8/84 to produce guidelines to be distributed locally was noted.

11. BTS SUPPORT FOR LIVER TRANSPLANTATION

Dr Cash explained that the Tayside Health Board had sent to the SHHD a letter of intent to establish a liver transplantation programme. The Board had difficulty in estimating their need for blood and blood products, but had reason to believe it would be substantial. Dr Brookes asked her colleagues whether they could assist if Dundee became a Scottish Centre for liver transplantation.

The following action was agreed:-

a) more data on the need for transfusion support to liver transplantation should be obtained. Dr Cash and Dr Brookes should consult Dr Smit Sibinga (Netherlands) and Dr Bayer (USA) on the subject.

b) the Directors agreed in principle to assist Dundee where necessary.

c) the implications should be costed and a bid made for funds which should not be part of the BTS own development allocation. There was a possibility that the Tayside Health Board proposals would receive SHHD consideration in November 1984 and that they would be asking BTS soon what the transfusion resource implications were. The costing should therefore be undertaken at an early date.

12. PROVISION OF BLOOD TO THE PRIVATE SECTOR: MURRAYFIELD HOSPITAL, EDINBURGH

There was discussion on the following papers, tabled by Dr Cash:

a) 21 August letter from CSA Personnel Officer to Divisional Officer, ASTMS
b) 4 September letter from ASTMS to CSA Personnel Officer
c) draft reply to b)
d) Dr Cash's comments on c)
e) further draft reply to b)

The Directors agreed that the content of e) was appropriate.

13. CIRCULATION OF PAPERS

Arising out of item 6, (meeting of English Transfusion Directors) it was agreed that for subsequent meetings copies of papers relevant to the agenda should be circulated whether or not they had already been received by the Directors.

14. DATE OF THE NEXT MEETING

Tuesday 11 December 1984.
APPENDIX A

SNBTS DIRECTORS' MEETING 11/9/84

SNBTS GUIDELINES FOR THE IMMUNISATION OF HUMAN VOLUNTEERS FOR
ANTI-D PRODUCTION: DRAFT 3

Amendments to be made to the above

Page 1: Red cell donor selection

In the section on fulfilment of criteria for normal donor selection, the
following alterations:

Expand the section on recommended red cell matches

HBV - 12.5g/dl

VDRL and/or TPHA

It was noted that the line "HBV markers negative" meant HBsAg as a minimum,
this had been agreed at a previous draft.

On the matter of a national register it was noted that it had been agreed in
respect of draft 1 that Dr Urbaniak would maintain a register of donor ID
numbers and phenotypes, the purpose being to ensure that one individual in
the SNBTS had responsibility for maintaining standards of record keeping.
Dr Mitchell said that he would like to see the register being maintained in
the Central Legal Office and it was agreed to decide at a later date how and
when information should be entered into the register.

Dr Urbaniak to add a note about the minimum information needed to maintain
a register.

Page 2: Plasmapheresis donor selection

Concerning informed donor consent it was noted that Directors had the delegated
authority to recruit and immunise donors according to guidelines established
a number of years previously by the SNBTA.

The initial full independent medical examination to be undertaken by "a
Consultant Physician." Add that the donor's GP to be informed.

Identity/transfusion hazard bracelets or necklaces: it was noted that some
Centres issued these, others issued cards and it was agreed that the issue of
cards was safer and more appropriate than that of bracelets or necklaces.

Page 3: Immunisation schedule

The meaning of "unsensitised" and "sensitised" to be clarified.

The line on initial dose to unsensitised volunteers to read "150 - 200 ml
maximum initial dose recommended."

In the section on previously sensitised volunteers: the reference to nil
response to read "if no anti-D response has been obtained after 2 boosts
related to that dosage, donor should be withdrawn from programme."

On maintenance boosts, it was noted that "at least 4 weeks apart" meant
"no more frequently than 4 weeks."

Annual medical examination to be undertaken by an appropriate BTS medical officer.