IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in SNBTS Headquarters
Unit on Tuesday 14 December 1982

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr H B M Lewis
Dr D B L McClelland
Dr W M McClelland
Dr R Mitchell
Dr S J Urbaniak
Mr J G Watt
Dr A E Bell (SHHD) (Item 3a onwards)
Mr J O Wastle (SHHD) (Items 1 to 3a)
Dr H H Gunson (Manchester) (Items 1 to 6(i))
Dr W Wagstaff (Sheffield) (Items 1 to 6(i))
Mr C H Wooller (General Administrator, CSA) (Item 3a)
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Cash welcomed Mr C H Wooller for Item 3a.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 14 September 1982 had been circulated. A comment which had been received from Mr Watt was considered and it was agreed to add to the end of the last sentence of minute 3c the words "particularly with regard to identification and quality assurance".

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

3. MATTERS ARISING FROM THE MINUTES

a) Supply of blood for, and charges to, the private sector (minute 3a)

i. It was reported that, as agreed at the previous meeting, Mr Wastle had sent to Dr Cash details of the five notifications of private hospitals which had been received so far by the Secretary of State, and Dr Cash had circulated the details to the Regional Directors. It was noted that private hospitals and nursing homes were required to notify Health Boards of their intentions at the same time as applying for planning permission. This should enable SNBTS to be alerted to possible requirements for blood and blood products at a very early stage. It was agreed to keep this item on the agenda for forthcoming meetings.

ii. Dr Cash drew the attention of the meeting to a letter from Mr Wastle to CSA Secretary which had been noted at a meeting of the BTS sub-committee on 24 November. In the letter Mr Wastle stated that the Department had consulted the Minister for Health and Social Work, who had confirmed that the present policy on the matter of the supply of blood and blood products to private hospitals was to be maintained,
namely that blood is donated voluntarily through the Blood Transfusion Service for use where it is needed. In his letter, Mr Wastle went on to explain that this meant that blood and blood products should be supplied from W Scotland BTS to the Nuffield McAlpin Clinic in Glasgow, and to any other similar private facility which might be set up in Scotland, provided that this could be done without detriment to the NHS, its patients or persons awaiting treatment; and provided that appropriate records were maintained and quality assurance established in private hospitals. It would be for Directors of the Blood Transfusion Service to make appropriate supply arrangements with officials of private hospitals and local management would be expected to take any necessary action to ensure that supplies were maintained.

The reference to the Nuffield McAlpin Clinic was explained. Until recently, that Clinic had received blood which had been issued by W Scotland BTS to Glasgow Western Infirmary and grouped and cross-matched there for patients in the Clinic. As part of recent industrial action, the laboratory at the Western Infirmary had ceased to undertake work for the Nuffield McAlpin Clinic and the latter had established a private laboratory and was asking for blood to be supplied to that private laboratory for grouping and cross-matching.

Dr Mitchell wished to discuss with the Directors what was meant by "without detriment to the NHS, its patients or persons awaiting treatment" and to ask whether there was any restriction on supplying blood or blood products to non-British nationals who come to this country specifically for medical treatment. There was an urgent need to take action in his Region because of the pressure being exerted by Consultants associated with the Nuffield McAlpin Clinic and by potential patients.

After a thorough discussion the following points were noted:

i.i. There was no distinction between UK nationals and non-nationals. There was now a framework in the NHS for identifying foreign nationals who should be charged for NHS treatment and it was agreed that the Directors should maintain records of foreign nationals supplied in private hospitals.

i.ii. Dr Mitchell should explain to the Staff Associations in his Centre the contents of Mr Wastle's letter and tell them how he intended to fulfill the instruction in the letter. In the event of an adverse reaction from the Staff Associations, he should not attempt to resolve the matter locally but bring it to the attention of the Agency through Mr Wooller or Mr Maltman (Personnel Officer).

i.iii. The remaining Directors should explain the matter at times appropriate in each case.

i.iv. "Without detriment to the NHS, its patients or persons awaiting treatment" referred to the BTS as a whole, not to individual Regions.

CSA Secretary required to reply to the formal request from the Nuffield McAlpin Clinic in Glasgow to be supplied by W Scotland BTS. It was agreed that Dr Cash should write to CSA Secretary to the effect that Dr Mitchell would be in touch with the Nuffield McAlpin Clinic over practical arrangements for the supply of blood and blood products.
iii. There was discussion on the draft model agreement for the supply of blood and blood products to the private sector which Dr Cash had circulated to the Directors for comment. The attached, revised draft agreement incorporates the comments and suggestions made in the course of the meeting.

b) Insurance cover for plasmapheresis donors (minute 3b)

There had been circulated a letter from Mr J O Wastie to CSA Secretary describing the arrangements which had been made for the resolution of individual claims from a volunteer plasmapheresis donor or his family. These arrangements were noted.

c) Freeze-dried fibrinogen concentrate (minute 3d)

Dr Cash recalled the agreement which had been reached at a previous meeting for Mr Watt to manufacture 100 doses of freeze-dried fibrinogen (a normal 3 years' supply). Once the FPC stocks had reduced to 6 months' supply, consideration would be given to purchasing the product from BPL Elstree or the Swiss Red Cross. The level of orders from the Transfusion Centres had increased since the decision to cease manufacture was taken, and the FPC was already down to 6 months' stock.

It was noted that the enquiries which it had been agreed should be made amongst haematologists and obstetricians had not been concluded. It was agreed that the remaining Directors to undertake this task would do so and that the subject should be discussed again at the next meeting.

d) Record of allo-immunisation (minute 3f)

Dr Mitchell tabled a proof of a new record card proposed for SNBTS use. He agreed to circulate this proof to his fellow Directors, in the precise size and format intended, for their views, and a decision would be taken at the next meeting.

e) Freeze-dried plasma (minute 3g)

A meeting to consider the proposed albuminoid solution to replace freeze-dried plasma in Burns Unit had been held on 25 October. It was noted that a further meeting had been arranged for 20 January 1983 at FPC. The purpose of this meeting was to agree the constituents of a new solution.

f) Manufacture of products in the NHS: draft circular (minute 5)

It was noted that Mr C H Wooller (CSA General Administrator) had received from Mr J O Wastie, SHHD, the following letter:

"I refer to your letter of 29 September 1982 with which you enclosed copies of the DHSS draft circular and Dr Cash's letter of 22 September. The provisions of the DHSS circular will not apply to Scotland but you will wish to note that the question of a Scottish equivalent is being considered. If it is decided to proceed with this step, the interests of the Blood Transfusion Service will be taken into account."

g) Working Party on anti-D immunisation (minute 6)

Dr Urbaniak tabled the Working Party's draft proposal (dated 12 December 1982) to the Royal College of Obstetricians and Gynaecologists and to the English RTDs. The conclusion of the Working Party was that a gradual introduction of ante-natal administration of anti-D to RhD negative mothers with no living children was possible if obstetricians wished it. The Working Party did not consider it practical or necessary to direct resources towards a policy of ante-natal anti-D for all RhD negative mothers in every pregnancy.
It was noted that the matter would be discussed further at a forthcoming SNBTS meeting on anti-D.

h) RTC Quality Assurance Programme/Medicine Inspectorate (minute 8)

It was noted (from correspondence between Dr Cash and Dr Wagstaff, which had been circulated) and in discussion, that a Council of Europe Select Committee was preparing guidelines on quality assurance, that a draft of the first part of the guidelines had been released with the permission of the Council of Europe, and had been circulated to the Scottish Directors. The second part was expected some time after January 1983 and would be ratified in May of that year. It was hoped that a UK Working Party would be established to consider guidelines and that a Scottish representative would be included.

It was agreed to discuss the matter further at the next meeting, by which time each Director in Scotland would have had time to consider whom he would wish to see as the Scottish representative on a UK Working Party, and a nomination(s) would be made at the meeting.

i) Membership of Directors' Meetings (minute 10)

Dr Duncan Thomas of NIBSAC had, on reading the minutes of the previous meeting, requested that he receive in future only those agendas which it was thought contained items of interest to him. (Dr Thomas had been invited in 1980 to attend meetings but had not been able to do so). This request was agreed.

4. SUPPLY OF STERILE DISTILLED WATER IN PLASTIC PACKS

Dr Mitchell and Mr Watt intimated that discussion was no longer needed as the problems were solved.

5. USE OF HEPATITIS VACCINE FOR SNBTS STAFF

Dr Cash introduced the question of application to the SNBTS of the guidelines (contained in Dear CAMO letter, reference SNHD(CAMO)82/12 dated 15/10/82) for the use of hepatitis vaccine which was now available in small quantities in the UK. The Joint Committee on Vaccination and Immunisation had recommended that the vaccine be given to "laboratory workers regularly exposed to increased risks through infected material".

Mr Watt described the experience at PFC, whose Medical Officer measured the hepatitis (serological) status of staff regularly. All staff were currently negative for both antigen and antibody. No serum conversion had been recorded. About 25 doses of IgG were administered annually. He had asked his Medical Officer to organise a study of the liver-function status of PFC staff compared with a normal population in the Liberton area.

There was then discussion on the lines being taken by the Health Boards in Blood Transfusion Regions. There was no general decision yet in the Grampian Region; in Lothian discussion in the Hepatitis Group had revealed that no head of laboratory felt there was a case for the routine vaccination of laboratory staff; however, there would be individual cases of staff working intensively with infected material. The Greater Glasgow Health Board had established a Working Party and the company marketing the vaccine in the UK (Merck, Sharp and Dohme) had organised a seminar.
One meeting had been held in Tayside with the participation of the Industrial Health Department. Only one clinically-determined case had been noted in ten years and vaccination was a low priority. Dr Waggstaff reported that in Sheffield, six-monthly routine tests of staff in the Transfusion Centre had been in operation for five or six years. This was against a background that the recruitment of staff was restricted to serum-negative persons. There had been only one antibody-positive case at that time; three staff who had had an accident in the hepatitis laboratory had received IgG in the same period and had not sero-converted. In Manchester, vaccine would be offered to members of BTS staff engaged actively in hepatitis testing.

Mr Watt explained that he had notified the SHHD of the practice within the FPC of monitoring the serological status of staff, which was counter to SHHD current policy; he undertook to locate the relevant document and copy it to the Directors.

The current position within SNBTS was noted and it was agreed to receive an update at the next meeting.

6. PLASMA PACK TEAR-DOWN SYSTEM

i. Position at the FPC

Mr Watt explained that fractionators throughout the world were seeking ways of avoiding the introduction of organisms into donor plasma by the methods employed to cut packs of frozen plasma and crush and thaw the contents. He was seeking a solution which would not restrict the Transfusion Centres to a specific pack manufacturer. He demonstrated a prototype plasma transfer pack and explained the machine which was being designed to split the pack and eject the frozen plasma. The system included the introduction of cassettes to be filled with packs at the Transfusion Centres. Packs in three sizes (250/310/400/700 ml) were being designed by Tuta and Biostest; and it was hoped that Baxter-Travenol would also soon be involved. Mr Watt hoped to organise, with Dr Mitchell, a trial in a month's time which would last until July 1983.

Dr McClelland reported that the most attractive pack for his first batch of SAGm plasma was a Travenol one; the Tuta pack was not licensed and the additive was less effective than the Travenol product.

It was agreed to continue the discussion at the next meeting.

ii. Extra cost of sending outdated plasma and cryosupernatant to the FPC in single donor packs

Dr Cash had written on 3 November to the Directors asking the annual extra cost of sending plasma to the FPC in single packs. The replies were noted as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>North and North East</td>
<td>no additional expenditure</td>
</tr>
<tr>
<td>East</td>
<td>£13,250</td>
</tr>
<tr>
<td>SE</td>
<td>£43,200</td>
</tr>
<tr>
<td>W</td>
<td>a maximum of £12,000</td>
</tr>
</tbody>
</table>

It was agreed to continue the discussion at the next meeting. Meanwhile, any Director intending to commence the use of SAGm before financial year 1984-85 (for which the move was budgeted) should inform Miss Corrie and Mr Watt as soon as possible.
7. REGISTER OF TISSUE TYPED DONORS FOR BONE MARROW TRANSPLANTATION

Dr Mitchell reported that the English and Welsh Transfusion Directors had agreed to send their registers of tissue typed donors via the South Western BTS to Euro-transplant in Bristol where the information would be computerised. Dr Cash invited the Scottish Directors to decide whether they wished to participate and in the discussion which ensured the following main points arose:

It was agreed that donors must know, and agree, in advance, why they were being tissue typed. The advice of Professor Heather Dick (Immunology, Glasgow Royal Infirmary) that a low priority should be given to the matter was noted, as were the differences of opinion between specialists about non-related donor transplants.

It was agreed that Dr Cash should write to Dr Ian Fraser, Director, South Western BTS, to say that the SNBTS did not intend to participate at this stage.

8. MEETING OF TRANSFUSION DIRECTORS, ENGLAND AND WALES

Dr Mitchell reported on the meeting which had been held on 20 September 1982. He said that Dr Entwistle, who was Chairman of the Working Party on the Care and Selection of Donors, would be sending the second draft of the Working Party’s paper to the Scottish Directors. It emerged in the discussion that Dr Brookes (the Scottish representative on the Working Party) had a copy of drafts one and two and she agreed to circulate draft two to the National Medical Director, Directors and Dr Morris McClelland.

9. DATE OF THE NEXT MEETING

It was noted that the meetings in calendar year 1983 would be arranged shortly by correspondence.