10002 DIRECTORS MEETING

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' Meeting held in
HQ Unit on 29 September 1989

Present: Professor J D Cash (chair), Miss M Corrie, Dr W Whitrow, Dr S J Urbaniak, Dr E Brookes, Dr R J Perry, Mr J Francis, Dr D Lee

ACTION

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Professor Cash welcomed Dr Lee to his first Directors' meeting. There were apologies from Dr Brian McClelland, Dr Morris McClelland, Dr Gunson, Mr Panton and Dr Watt (SHHD, successor to Dr Skinner).

Mrs Mairi Thornton, National Donor Programme Manager, would attend for items 3g and 3j.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13 June 1989 had been circulated. It ws noted that the last lines of item 11 should have read:

"This matter was last mentioned at a Directors' meeting on 8 December 1987. Dr Skinner hoped to produce a paper shortly".

3. MATTERS ARISING

a. Developments with the Private Sector (3a)

i. **Handling charges for anti-D immunoglobulin:** It was noted that the SNBTS had begun using the UK handling charges with effect from 1 October 1989.

ii. **Clydebank Hospital:** JDC had asked the managers for a projection of a five-year workload and awaited this. Dr Mitchell reported seeing a press notice that HCI had obtained funds from European banks.

JDC to remind HCI about the workload projections in association with SHHD. JDC

ACTION

b. Advisory Committee on Virus Safety of Blood and Tissue (3bi)

i. **Recommendations of the Committee:** It was reported on behalf of Mr Panton that it would be in order for Dr Perry and Dr Mitchell (members of the Committee) to report its discussions and recommendations to their fellow Directors.

Miss Corrie to obtain this assurance in writing from Mr Panton and to say she hoped the Transfusion Directors could have copies of the minutes. MC

ii. **Issues under consideration:** Dr Mitchell's letter of 4 July 1989 to Professor Cash had been circulated. It was noted that Dr Follett was due to produce a paper on accepting blood donors who had suffered from jaundice twelve months previously and recommending that anti-HBC testing should be performed before reinstatement. JDC

iii. **Proposed HTLV1 screening of 100,000 random donors:** This proposal was noted: no decision had been taken.

c. AIDS (3b)

i. **HIV antibody +ve donations:** Directors reported the current position as follows:

Inverness	2	Edinburgh	14
Aberdeen	1	Glasgow	16
	(+ 1 possible)	Belfast	4
Dundee	6		

d. Handbook of Transfusion Medicine (3c)

i. **Circulation of first edition:** It had been noted at the previous meeting that the intention was to issue them to those staff who prescribe, order or administer blood and blood products and a need for 50,000 copies had been estimated for free distribution in the NHS on a UK basis. (Secretary's Note: Scotland received 8,000 of these). MC to check

Directors were due to let Dr McClelland have a list of staff who they felt should receive copies. **Dr Brookes and Dr Whitrow had not done so and undertook to write to Dr McClelland.** EB/WW

Miss Corrie to find out where copies were held, how many there were and what the SHHD attitude would be towards reprinting if necessary. MC

ACTION

ii. **Availability through booksellers:** It was reported on behalf of Mr Panton that HMSO circulate details of their publications to all booksellers, who can take them up if they wish.

iii. **Second edition:** Dr McClelland had written that he had accepted the invitation to edit the second edition. He had not yet formed his editorial group. BMcC

e. <u>UK Advisory Group on Transfusion-transmitted Diseases</u> (3d)

i. **HTLV1:** Dr Mitchell reported having tested three commercial kits (Fuji, Dupont and Abbott) on 3,000 specimens. There was no concordance between the results obtained from the tests and reference testing was therefore necessary.

ii. **Hepatitis C:** Dr Mitchell tabled a report on the Ortho (Chiron) test and a table of preliminary data. It was recalled that Scotland had not been invited to participate in the UK evaluation group but the SHHD had asked that they should and so West and SE obtained kits for evaluation. Dr Mitchell explained that his data would now be submitted to the UK Advisory Group.

It was noted that any routine testing would be on a UK basis, on a date to be determined by the Department of Health following the advice of the Advisory Committee on Virus Safety of Blood and Tissues, due to meeting next on 5 November.

Meanwhile the UK Committee on Transfusion-transmitted Diseases would meet in early October and would transmit the BTS view to the 5 November meeting of the Virus Safety of Blood and Tissues group.

In discussion the following main points were made:

The crucial importance of a satisfactory confirmatory test.

The need to consider the implications for donor management.

That there would be a UK price per test, probably £2 including VAT. Ortho had a monopoly meantime but the equipment costs were modest.

The current Wellcome washers might suit but would probably have to be dedicated to the HCV testing.

The Advisory Committee on Virus Safety of Blood and Tissues would be considering the matter of retrospective sampling.

ACTION

The Chiron test was not robust and could not detect well after dilution. It was not picking up all known positives and there were storage problems. However hepatitis C testing was inevitable under the Single European Act if other European countries are already testing.

Birmingham, Manchester and Edgware were doing a three-centre trial of 9,000 tests and Ortho could be advised.

It was agreed not to circulate Dr Mitchell's preliminary data. Directors undertook to notify Mr Francis of their needs so that he could cost the introduction of testing and Ortho could be advised. TDs

Directors were required to develop a protocol for testing and donor counselling. To be discussed at a future meeting. MC

f. <u>Unrelated Bone Marrow Transplantation</u> (3h)

It was reported on behalf of Mr Panton that the matter was still under consideration and it was not known when a decision would be taken.

It was noted that the UK would need a panel of 200,000 donors to be viable and Scotland would therefore need to type 20,000. Dr Robert Crawford of West Scotland had produced a budget for the Scottish centre of responsibility. **Other Centres would need funds and this should be discussed on another occasion.** MC

JDC to circulate a recently revised document by Dr Crawford and Miss Corrie to arrange for discussion at a Co-Ordinating Group, with Dr Crawford present. JDC MC

There was no insurance cover (despite attempts by the UK Working Party on BMT to obtain it). The Treasury compensation scheme would apply. **Scottish Directors to decide how to advise the BTS consultants who would counsel prospective donors. JDC would explore position with SHHD.** TDs/ MC/ JDC

g. <u>Current Donor Campaign</u> (3j)

Mrs Thornton reported that there had been very good newspaper, radio and TV coverage of the introduction of the television campaign. There had been about 230 freephone calls to date and the system for passing donor details on to the relevant Transfusion Centre was working well. Donor attendances appeared to be benefitting from the TV campaign.

Concerning evaluations, the first report from the pre-TV "omnibus" survey had been received and The Leith Agency were analysing attendances and details of the freephone calls.

h. Immunoglobulins (6) ACTION

i. **Supply of 250mg vials of normal IgG:** There had been an explosion in demand for normal immunoglobulin and the Directors had decided to replace the current 750mg vials by 250mg.

Dr Perry explained these had been available since 1 September and that a new product insert had been circulated to Directors for approval.

ii. **Issue to GPs:** Dr Mitchell reported an ever increasing demand for specific immunoglobulins by GPs out-of-hours involving expensive transport arrangements. The BTS had paid for this in the past but found it increasingly difficult to do so and GPs were unwilling to meet the cost when asked. After hearing how other Regions coped, **Dr Mitchell was recommended to try to limit the occasions on which individual deliveries were made, by developing stocks of material under the control of local haematologists.** RM

iii. **Use of, and charge for normal IgG:** Dr Whitrow questioned whether the NHS should be supplying this product free of charge. He pointed out that if a GP prescribes a commercial product the patient pays a prescription fee. The current recommendations for administering the product to travellers would mean an open-ended commitment.

It was agreed after discussion to continue producing and issuing the immunoglobulin for the time being. However, JDC undertook to draw to the attention of the SHHD the medical and financial problems and ask for expert advice on those areas of the world for which pre-travel administration was recommended. JDC

i. Donor Insurance and HIV

i. **Sun Life Assurance Society:** Dr Lee said the matter had not been discussed at the most recent meeting of the NBTS Management Committee and it was probably not being pursued actively. OFF AGENDA.

ii. **Proof of HIV negativity:** It was noted that Directors were due to discuss at their next Co-ordinating Group meeting a recent request from a donor for proof of anti-HIV negativity. **It was agreed that if the donor asked for help it should be given in terms such as the following:**

". . . . . .was tested for HIV antibody as a blood donor on . . . . . .and was found then to be negative." TDs

ACTION

j. 17-year-olds

Mrs Thornton reported that 400 17-year-old donors had attended since the launch on 1 August. There had been a good response from schools, colleges, skill centres, etc.

k. BS2463 Transfusion Equipment for Medical Use (9)

At the previous meeting Dr Mitchell had reported that the Fenwal blood packs did not meet the BS standard on tamper-proof needles. He had agreed to repeat his warning to a representative of the company.

Dr Mitchell had done so and the senior Fenwal executives to whom he spoke did not agree, saying they had drawn the attention of the BS Committee to their design.

It was agreed that Dr Mitchell should write to the appropriate British Standards Committee. RM

l. Guidelines for Emergency Cover for Nursing Homes Registered for Abortions (11)

This had been last discussed at the Directors' meeting on 12 December 1987 when Dr Brookes had agreed to finalise the guidelines which she was preparing on behalf of the Directors. She had done so and submitted them to Dr Forrester at the SHHD. It was reported on behalf of Mr Panton that a report was due soon from SHHD and that Professor Cash would receive an advance copy very shortly.

4. NBTS NORTHERN SUPRA-REGIONAL MEETING

Dr Brookes had attended her first meeting on 7 July 1989. She handed a copy of her notes to Miss Corrie. **These are attached.**

Dr Brookes agreed in future to circulate her notes in advance of the Directors' meeting. EB

5. SNBTS CONTRIBUTION TO UK RED CELL PANEL

Dr Mitchell gave his annual report as follows:

Other RTCs: 11 units were recovered for 14 donors.

West Scotland: 17 units recovered for 4 donors for primary immunisation.

15 units recovered for 17 donors.

ACTION

Two donors boosted three times.

Three donors boosted twice.

Dr Mitchell confirmed that he was maintaining a watch on developments in the armed forces.

6. PURCHASE OF COMMERCIAL BLOOD PRODUCTS

A summary was attached of the commercial blood products purchased by the Health Service in Scotland in the year to 31 March 1989. **Mr Francis to investigate the apparent difference in price being paid by Lothian and Grampian for FEIBA.** JF

7. NEW PRIVATE HOSPITALS

a. Stirling

It was noted from the press that a company were building a series of small acute hospitals in Scotland, the first in Stirling. **Miss Corrie to ensure that Dr Mitchell receives papers in the possession of JDC on the matter. RM agreed to make contact with appropriate managers.** MC RM

b. Schaw Home

Miss Corrie to investigate the transfer to Schaw Home of acute services from elsewhere and the need for a contract if the hospital requires supplies of blood. MC

8. BLOOD DONATION AND HUMAN GROWTH HORMONE

A letter from Dr Gunson to Transfusion Directors in England and Wales had been circulated. This concerned recent DOH requirements that blood donors should be asked if they had ever been treated with human growth hormone. If they had, they would be counselled and not allowed to donate again.

It was reported on behalf of Mr Panton that a submission was to be made to the Scottish Minister of Health very shortly. All recipients of human growth hormone would be contacted by the DOH Central Registry and asked not to donate. An exclusion clause should be added to donor documents.

After discussion is was agreed that it would be sufficient at present to have a notice at donor interview desks. Monday 13 November was agreed as the commencement date and JDC would issue a letter to Directors with this date and the wording to be used. Scottish Regions would incorporate the question into donor questionnaires at their next printing. JDC/ TDs

ACTION

9. **MULTI-CENTRE ANTE-PARTUM Rh(D) TRIAL**

Dr Lee had sent the protocol for the above together with the letter of recruitment which had been sent to obstetricians. These were tabled and Dr Lee answered questions.

It was noted that Professor Charles Whitfield would undertake tasks such as recruiting hospitals to participate and he would meet all obstetric co-ordinators. Mrs Violet Rawlinson would collate and analyse the results.

It was noted that the participating hospitals in Scotland were Aberdeen Maternity, Ninewells, Edinburgh, Bellshill, and the Queen Mother's in Glasgow.

The Scottish need for product for the duration of the trial would be 1300 patients X 2 doses of 250iu. (Total 650,000 iu) Dr Perry advised that PFC could supply this amount without detriment to SHS routine requirements.

The letter to potential patients was offered as a basis for local adaptation.

10. **HIV1 AND HIV2 TESTING**

Dr Mitchell reported a delay in receiving results from the PHLS and asked colleagues if they considered the BTS should undertake combination testing.

It was agreed not to do so meantime but JDC should take the matter to the next meeting of the UK Advisory Committee on Transfusion-transmitted Diseases. JDC

10. **DATE OF THE NEXT MEETING**

Tuesday 12 December 1989.