REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of a meeting held on Wednesday 6 October 1971 at 11 am in Room D104, Department of Health and Social Security Alexander Fleming House, Elephant and Castle, London, SE1

PRESENT

- in the Chair

(deputy)

- Regional Transfusion Directors

- Blood Group Reference Laboratory

- Scottish National Blood Transfusion Association

- Northern Ireland Blood Transfusion Service

- Department of Health and Social Security

Apologies for absence were received from and .

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 14 July were confirmed, subject to the following amendment:-

Page 4, 3rd line - delete "Auto-Technicon Incorporated" and insert "auto-analyser users".

2. MATTERS ARISING

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

reported that and and he had attended a meeting of LDAG Standard Sub-Group on the 29 September, at which the views of the RTD meeting on the provision of human plasma and serum for use as a control preparation had been fully discussed.

summarized the discussion. He said the Sub-Group had been told that the meeting was in favour of supplying this material but was anxious about how the supply should be organized, particularly in so far as commercial firms were concerned. Although the Sub-Group expressed its willingness to consider the use of plasma, it turned out later in the meeting that only heparinized plasma could be used. About five litres of plasma per week might be needed. The Sub-Group had considered using animal sera but these were not entirely suitable. said it appeared from the discussion that some members of the Sub-Group were willing to use control reagents without knowing how they were prepared or what they contained and that the necessary expertise was confined to certain large American firms. It was not clear how an English firm, if used, was to obtain access to such expertise.

said had suggested ways in which the NHS could, itself, prepare and distribute control preparations and asked whether an attempt had been made to cost preparations by the NHS and by a commercial firm. It appeared that such a costing had not been made.

said that the Department would now examine further all the factors involved in the preparation of control sera in UK, including costing, and would then consider the most appropriate means of providing the preparations needed.

said that in view of the outcome of the meeting with the Sub-Group the invitation to and to attend the RTD meeting has been postponed.

b. FUTURE ORGANISATION OF NBTS

reported he had given the document prepared by the RTD meeting to the CMO on the 1 September. The document was now being considered within DHSS.

said he had discussed with the BMA the recommendations concerning the blood transfusion service made in the Report by Central Committee for Hospital Medical Services on the Consultative Document on National Health Service Reorganization.

of BMA had explained that this recommendation had been discussed within BMA and that it was possible for any member to make his views known through divisional meetings. He has asked whether any Regional Transfusion Directors sat on the Consulting

Pathologists Group. said she had been a member for several years but had rarely attended. She had also been chairman of the Newcastle BMA Division. undertook to raise the recommendation of CCHMS if an opportunity arose at the Consulting Pathologists Group. It was reported that was now Chairman of the Sheffield Division. undertook to report the discussion to

c. BCSH WORKING PARTY ON CONTROL AND CERTIFICATION OF BLOOD GROUPING REAGENTS

i. A paper by setting out the colours used in certain countries to distinguish ABO grouping sera was received.

ii. A paper by concerning the reaction between "papain-like" enzymes and the green dye recommended for staining anti-D for use in blood grouping machines was received. At the pH and concentration at which the reagents were used false positive reactions did not occur.

d. PROPOSED CHANGES IN THE NATIONAL PANEL OF DONORS OF RARE BLOOD TYPES

The meeting considered the paper prepared by setting out proposals to exclude from the panel all donors save those whose red cells carried the antigens or antigen complexes listed.

The meeting supported the proposals and agreed that in future only donors with these antigens should be added to the panel.

I - i+ suggested that there was really no need for this type to be retained on the panel. mentioned a case where this type was urgently needed. It was agreed to retain this type.

said that some regions did not inform him of the removal to other regions, of the withdrawal or of the death of donors on the panel. If the panel was to be reliable, RTDs must arrange to keep informed regularly, eg. quarterly, of such changes. This the meeting agreed to do. It was also agreed that an effort should b made to replace, as they occurred, losses from the revised panel.

The meeting agreed that it should be left to RTDs to decide whether to inform donors whose names would be now removed from the panel as a result of the reorganization.

e. AUSTRALIA (HEPATITIS ASSOCIATED) ANTIGEN

i. REPORT OF THE ADVISORY GROUP ON TESTING FOR THE PRESENCE OF AUSTRALIA (HEPATITIS ASSOCIATED) ANTIGEN AND ITS ANTIBODY

Comments had been received from 5 RTDs as well as from, among others, the Association of Clinical Pathologists, Royal College of Pathologists and Joint Consultants Committee. Several organizations, including the Royal College of General Practitioners, had made no comments.

The Advisory Group had considered the comments received and a final text of the report had been prepared which would be distributed as an Appendix to a Hospital Memorandum.

ii. CENTRIFUGES. [redacted] reported that MSE were about to make a prototype model of a Super-Minor centrifuge fitted with a rotating windshield. If MSE could expect firm orders for this model the cost of the prototype would be reduced. It was agreed that the model must be shown to be satisfactory before orders could be placed.

iii. TESTING OF DONATIONS FOR HEPATITIS ANTIGEN

The position was:-

Testing all donations now:	Sheffield, Edgware, Wessex, Cardiff (PHLS)
Testing all donations by end of 1971:	Bristol, Liverpool, possibly S.London
Testing about half donations:	Newcastle, Cambridge

The position in other centres was as reported in RTD Minutes 14 July, para.6, except for RTC Brentwood which had had to stop testing until accommodation could be provided.

iv. ACCIDENTS. Two incidents were reported in which a member of RTC staff had pricked themselves with an instrument contaminated with Au positive blood: a doctor at Birmingham who did not develop hepatitis or become Au positive; a scientific officer at Bristol who had so far remained well for 4 weeks since the incident.

v. PRISONERS AS DONORS.

It was noted that since 1 July 1971 American Red Cross had stopped collecting blood from donors in "correctional institutions" because it is generally accepted in USA that the incidence of infective but Au-negative donations is higher among those from prisoners than from voluntary unpaid donors, and that the incidence of Au-positive individuals among prisoners is 10 times greater than among voluntary unpaid donors.

The following points were made in discussion:-

All RTCs collected blood in prisons, borstals or other similar institutions.

Several RTDs did not consider that the association of donations from such sources with cases of hepatitis was any greater than that of donations from other donors.

reported that he had found a greater incidence of Au positives among prisoners than among other donors. These results confirmed those of in Glasgow.

There was great difficulty in following-up prisoners found to be Au-positive and arranging for confirmatory tests. This was particularly so after prisoners had been discharged. In one prison the names of donors were not given to the RTC. Dr Grant said it was sometimes difficult to keep any record at all of prisoner donors.

suggested that prison and borstal governors should be asked to prevent any individuals known to be or to have been a drug user from volunteering as a donor.

After further discussion the meeting agreed to adopt suggestion but decided that before considering whether to stop collecting blood in prisons etc. more information should be obtained about the association of such donations with cases of serum hepatitis.

vi. AU-POSITIVE DONORS WHO CANNOT BE TRACED

referred to RTD Minutes 1966, 16 February, recording the decision that particulars of donors associated with cases of hepatitis, who could not be traced and warned not to give blood again, should be sent to all UK transfusion centres and to RTC Dublin. The meeting decided that this was not necessary in the case of untraced Au-positive donors as they would be detected if they attend to give blood.

/ Note:- this is not necessarily correct. /

f. FIVE LITRE DISPOSABLE BAGS FOR SENDING PLASMA TO BPL.

It was reported that only one reply had been received to letter of 14 Septembe to RTDs asking them to ascertain whether RHB's could finance the purchase of the equipment required. In most regions the matter was still being considered: in two it seems that the RHB would not provide funds.

Mr Walters undertook to reconsider this matter.

3. NOTES ON TRANSFUSION

said he had written to all Directors in 1970 asking for comments and suggestions to be incorporated in a revised edition of this booklet. Just over half the RTDs had replied. The meeting agreed that this booklet was useful and that it should be revised. A small group to revise the text was nominated: (Convenor), and I undertook to send to the comments so far received and to write again to those RTDs who had not replied. It was agreed that the editorial group would prepare a draft which would circulate to RTDs.

requested that the booklet should, if possible, retain its present size.

4. SUPPLY MATTERS:

a. USE OF ALUMINIUM SLIP WASHERS TO REDUCE INCIDENCE OF RUBBER CLOSURES BEING PUSHED INTO BOTTLES.

A paper by , Abbott Laboratories Ltd. was considered. The use of a slip washer permitted the screw cap to be applied more tightly with less effort over rubber wads and closures than was possible without its use. Certain centres and BPL had used slip washers for several years. Their cost was about one sixth of a new penny each.

The following centres wished to use slip washers - Leeds, Brentwood, Tooting, Cardiff, Birmingham, Wessex. These centres and any others who subsequently decided to use slip washers were asked to inform by 30 October 1971 of quantities required. RTCs Cambridge, Edgware, Oxford, Bristol and Manchester did not propose to use slip washers.

b. PROPOSED HOSPITAL SURVEY: CHOICE BETWEEN ROLLER CLAMPS AND SCREW TYPE CLAMPS FOR BLOOD ADMINISTRATION SETS

referred his letter to Directors of 5 October enclosing a copy of a letter of 27 September to Board and HMC Secretaries, SAMO's and Regional Supplies Officers.

said that there was clearly a divergence of opinion about the superiority of the two types of clamp available: roller clamp and screw clamp. Because it would not be possible to provide a choice of sets fitted with either one or the other type of clamp, th Department had decided that it should collect user opinion and that this should be done through the channel of Board and HMC Secretaries.

In the discussion the following points were made:-

No complaints concerning the Avon Medical roller clamp had been received.

The improved Baxter clamp had been issued since August 1969.

The opinion of users might change, so that although one type was preferred now, the other would be preferred in the future.

suggested the meeting should wait to see what replies were received.

c. REDESIGNED BLOOD ADMINISTRATION SET. CLINICAL TRIAL ARRANGEMENTS

said there would be 3,000-4,000 sets from each maker for trial. He thought the Working Party on Blood Giving Sets should first assess the sets and then decide about further trials.

Samples of the redesigned set and of the separate airway from Avon Medicals Ltd. were distributed. asked RTDs to send their comments t and the Working Party would decide how a trial should be carried out after comments had been received. It was hoped also to distribute samples of redesigned sets from Baxter Laboratories Ltd. at a later date.

said there were two reservations concerning the redesigned set from Avon which RTDs might take into account when sending in comments.

1. The piercer had been siliconised and the silicone appeared to have crept between the plastic and the metal point so that there was a tendency for the latter to come adrift.

2. The flange was too large and left insufficient room for insertion of the airway needle.

These features would be rectified before trial sets were made available.

d. INSTRUCTIONS ON CARTONS

mentioned the notice on the Avon Medical carton. "If pressure is used, it should only be done under supervision of a doctor". He suggested that this should be deleted and it was agreed that the Working Party consider the instructions for use with the redesigned set.

5. ANTI-D IMMUNOGLOBULIN

a. SUPPLIES OF PLASMA

said that the amount of plasma was greater than in 1970. The amount of antibody reported by remained about the same, but the plasma from certain RTCs contained more antibody than the general run.

b. REFERENCE PREPARATION OF ANTI-D ANTIBODY FOR USE IN AUTOANALYSERS

An informal meeting had been called by , Director of Division of Biological Standards, Medical Research Council on 27 September.

and had attended.

It had been agreed at this meeting that a reference preparation of anti-D plasma should be prepared for use in connexion with measurement of anti-D antibody by autoanalyser. A preliminary specification had been prepared. would write to all RTDs and certain teaching hospitals explaining the details of the proposal and asking for samples of anti-D plasma to be sent to for preliminary examination. and would then make a reference preparation from the donations selected. It was estimated that about 40 laboratories in UK might use this preparation of which 4 litres might be distributed annually. The meeting agreed that 0.5ml volumes would be adequate.

c. BOOSTING AND DELIBERATE IMMUNIZATION

POSITION AT RTCs.

Leeds	Although quite a number of subjects produced antibody few responses were good. The best results seem to be obtained with intervals of six months between injections.
Edgware	By next meeting hoped to have results using red cell ghosts together with procaine and aluminium hydroxide.
Bristol	33 subjects now boosted, but about 10 per cent were failures. Boosting injections given every three months. Those with acceptable titres plasmapheresed once a month.
Birmingham	about 20 donors attended regularly and there are one or two with high titres. said he might need extra staff for this work.
Manchester	Number of good responders is few. Sensitized women volunteers were the best.

d. DISTRIBUTION AND USE

i. It was reported that in about 10 weeks' time 100 µg vials will be labelled "one 100 µg dose" and that 50 µg vials and the cartons now being issued were labelled "one 50 µg dose".

ii. USE OF ANTI-D IMMUNOGLOBULIN IN CASES OF ABORTION IN RH-NEGATIVE WOMEN

Although the original estimate of 15,000 doses per annum were certainly too low,

it now appeared that the amounts required might turn out to be less than was thought at the July meeting.

e. KLEIHAUER TESTING

said that about 1 case in 60 suffered a major transplacental haemorrhage necessitating a dose greater than 100 µg. reported that in NE Met. Region much thinner slides than those provided by Sheffield were used. I also used thinner slides and had not used the Sheffield slides: she was willing to abide by the results of the MRC trial mixture. It was pointed out that it was in general more satisfactory to distribute a mixture of foetal and adult cells in known proportions and for laboratories to make their own slides.

6. BLOOD DONATION AND ORAL CONTRACEPTIVES

had raised this matter because several donors had stated that they had been advised not to give blood while taking oral contraceptives. In 1961, , University College Hospital had stated that there was no reason why a women taking oral contraceptives should not act as a donor. had consulted again. His advice was unchanged.

7. COMPUTER POLICY REPORT

said that the report prepared by , some time ago, was now under consideration in the Department.

POSITION AT CENTRES

Three centres were using computers in the donor registration department:-

Brentwood: Ten panels were computerized. The running cost of a computer for these panels was about £4,000 p.a.

Birmingham: It was intended to put the whole panel on the RHB computer: this would take a further year.

Manchester: The Manchester city panel of 25,000 donors was on a computer which printed call-up cards, session sheets, records for mobile team clerks. It had taken between 2 and 3 years to reach this stage. It was proposed to instal visual telephone screening at the blood collecting centre at the RTC. so that the session clerk could obtain information from the computer about donors who attended sessions unexpectedly.

suggested that there should be a standard programme used at all centres.

said that although donor registration and call-up were possibly a fruitfield field for computerisation, this might not prove to be so. He mentioned that computers had not always been found to bring about a real saving. -- -- -- expressed reservations: he wondered whether the workload in a donor registration department was large enough to justify computerization.

The meeting agreed that RTCs should await further progress at Birmingham, Manchester and Brentwood centres before considering computerization.

It was suggested that there should be a joint meeting of RTDs and RDOs when Mr Kiley's report was ready.

8. FINANCE AND ORGANISATION - NBTS

reminded RTDs that they should keep RHB's informed of decisions or recommendations made centrally if these involved expenditure and obtain the Board's financial approval.

9. DONOR TRANSFERS BETWEEN CENTRES

said this matter had been discussed at the last two RDO meetings because of difficulties encountered at RTC Liverpool. After discussion the meeting agreed that the coloured NBTS 101 or a photostat should be sent to the RTC to which the donor had transferred. The RTC requesting the NBTS 101 must provide the full name of the donor, his last address in full, where the donor was last bled and the date. Unless this information were provided, it might not be possible for an RTC to find the NBTS 101 concerned.

Normally two cards should be made out for each donor. A card, usually buff NBTS 101, filed alphabetically and an ABO group coloured card filed under donor panel. The latter card should be used to record particulars of donations given and results of laboratory tests.

said he had prepared for the RDO meeting a document discussing the methods of using NBTS 101. It was agreed that copies should be sent to RTDs for comment.

10. ADVERTISING OF RDO POSTS

It was agreed that when an RDO post became vacant, the vacancy should be notified to RTDs as well as advertised.

11. NBTS REPRESENTATION ON SGMH/11 - TRANSFUSION EQUIPMENT FOR MEDICAL USE.

The NBTS representatives on this committee at present were , and and said they would now like to be replaced by someone else. The meeting nominated and . The meeting hoped that would continue to serve on the Committee and so provide continuity. undertook to inform BSI of the nomination of an

12. LABORATORY TECHNICIANS CONSULTATIVE COMMITTEE

said that , Chief Technician, RTC Liverpool had served for several years and should be replaced by a technician from another region. and did not wish to nominate a technician at the present time although neither of these centres had yet provided a representative on this committee. had agreed that from RTC Sheffield should represent the northern RTCs on this Committee from the 1 January 1972.

13. PROCEDURE IN THE EVENT OF RTC BEING PUT OUT OF ACTION

said the SAMO, RHB Birmingham had asked if the RTD meeting would consider what arrangements should be made to ensure continuity of supplies if a centre was put completely out of action, eg. by failure of essential services, by fire or by strike action.

Two views were expressed. On the one hand it was suggested that the procedure to be followed was a matter solely for each region. On the other it was suggested that in addition to intra-regional arrangements, it would be necessary to have an agreed procedure for asking for assistance from neighbouring regions.

After discussion it was agreed that would discuss this matter with his colleagues and prepare a paper for the next meeting.

14. SCIENTIFIC AND TECHNICAL MEETING - RTC SHEFFIELD

had offered to arrange a meeting in the new centre at Sheffield in September or October 1972. The meeting accepted this invitation and expressed their thanks to

15. PLASMA FOR THE PREPARATION OF SPECIFIC IMMUNOGLOBULIN

said he was to talk to PHLS Directors about the need for post-vaccinial plasma collected in the third week after smallpox vaccination and plasma obtained from adult

patients within three months of recovering from herpes zoster, chicken pox or mumps. PHLS Directors might ask RTDs for the assistance in arranging for volunteers to be bled.

16. Date of next meeting

This was arranged for January 12 at 11.30 am.