REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of a meeting held on Wednesday 11 March 1970 at 12 o'clock in Room D110/11, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London, SE1

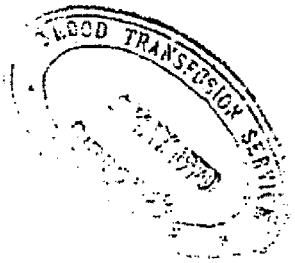
PRESENT

- in the Chair

(part-time) - Department of Health & Social Security

(part-time) " "

- Regional Transfusion Directors



- Blood Group Reference Laboratory

- Scottish Home and Health Department

- Northern Ireland Blood Transfusion Service

Apologies for absence were received from

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 17 December 1969 were confirmed, subject to the following amendments:

Page 2 : 1st line to be amended to read: "possible to insist upon a WR test being done before the transfusion took place".

Page 7 : para. 4b. amend to read "Cambridge: several donors had been boosted and were being plasmapheresed and ..... "

"Cardiff : had not begun boosting".

Page 8 : 5th and 6th lines from bottom of page 8 to be altered to read: "The Department of Health's view was that the blood grouping tests should be the responsibility of the departments of forensic medicine. The Home Office had

been told that the Department would consider requests for supplies of blood grouping sera and for advice".

MATTERS ARISING

a. AWARDS FOR DONORS

reported that the proposal to award a Wedgwood plate for 100 donations had been approved by the Committee on Honours and Awards whose recommendation had been passed to the Prime Minister and the Queen. said that some donors had expressed resentment about the rapidity with which plasmapheresis donors qualified for gold badges. It was pointed out that the Sub-committee had considered this possibility and had decided that the same badges should be awarded to plasmapheresis as to other donors because the advantages of such an arrangement seemed to outweigh the disadvantages.

b. DONOR ATTENDANT STAFF

reported that the application of the recent pay revision to nursing and donor attendant staff of NBTS was still with the Whitley Council. Several directors stated that they had been specifically asked by their staff if the 20 per cent increase would apply to them. undertook to find out and inform Directors so that queries could be answered and uncertainty dispelled. stated that he had been informed that, under the Whitley Council constitution, an appropriately informed hospital authority member could be co-opted on to any council when matters affecting minority groups of staff were being considered; the Department's representatives would look into this. confirmed that he had informed the Directors concerned of those regions which were represented on the management side of NMC.

c. TRANSPORT ACT, 1968, PART VI, DRIVERS' HOURS

i. Ministry of Transport, Memorandum G12 (February 1970) concerning Transport Act 1968, Part VI, Goods Vehicle Drivers' Hours and Records was distributed at the meeting. said it was not clear whether Crown drivers were or were not exempt from the obligation to keep records in the prescribed form. He was expecting written information from MOT. He said there was, however, a moral obligation on the Crown to abide by regulations. He would write to Directors in due course.

[Later it was established that drivers of Crown Goods Vehicles are not exempt.]

ii. It was reported that in certain regions implementation of the Act would lead to a reduction in blood collected unless extra staff was employed or local agreements with unions were re-negotiated or both. said that the exemption agreed with MOT (i.e. that NBTS drivers could perform two 14-hour duty periods a week had also been agreed with the unions centrally. Several Directors emphasized that caution should be observed by RTCs before making local agreements which might affect other centres: for example it had been suggested that simple daily vehicle maintenance and washing should be excluded from a driver's duties.

3. SUPPLY MATTERS

a. FERROUS SULPHATE TABLETS

The meeting agreed that the standards of packing pharmaceutical preparations now recommended by the Department must be observed by NBTS and that the improved form of tablet (i.e. sugar-coated in foil strip) discussed at RTD meeting in December 1969 should be used by NBTS.

b. BLOOD GIVING SET FOR USE IN PLASTICS BLOOD CONTAINERS

reported that Avon Medical Ltd proposed to introduce a set without an airway for use with plastics containers. The meeting considered it essential that giving sets should be so designed that they could be used with a plastics container or glass bottle and recommended that Avon Medical should consider modifying their present sets (fitted with a combined air inlet-blood outlet) so that it could be used safely with plastics containers. The meeting thought that everything possible should be done to avoid the production of yet another variety of giving set.

4. ANTI-D IMMUNOGLOBULIN FOR THE SUPPRESSION OF RH(D) SENSITIZATION

a. INTAKE OF ANTI-D PLASMA

reported that the plasma (volume and quality) received in January and

February 1970 was similar to that received in 1969, An improvement in the antibody content of pools was not yet evident, but the period of observation was possibly too short to warrant conclusions. The amount received was equivalent to a rate of preparation of immunoglobulin of about 28,000 to 29,000 200/ug doses per year; about half was being provided by Edgware.

b. BOOSTING AND DELIBERATE IMMUNIZATION

The centres listed in the minutes of December 1969 reported that the titres among boosted or deliberately immunised donors were improving but there were few donors with titres as high as 2000. Brentwood could not increase this work without additional accommodation; Cardiff required medical and technical staff before it could begin boosting; Oxford required medical, nursing and clerical staff if this work were to be increased.

The view was expressed that plasmapheresis was not being carried out intensively enough. At Edgware the maximum rate of plasmapheresis was 1 double and 1 single plasmapheresis a week for 11 weeks, followed by a rest period of a month, following which plasmapheresis at this rate was resumed. It was agreed that not all donors might be able to withstand such a regime and that a careful watch must, therefore, be kept on the donor's health and that such a regime might not suit some donors who could not spare the time necessary for it.

c. DISTRIBUTION AND USE

It was reported that the Secretary of State had accepted the recommendation of the Standing Medical Advisory Committee's Joint Sub-committee on the Prevention of Haemolytic Disease of the Newborn that anti-D immunoglobulin should not be bought because of the possible adverse effect of such action upon the preparation of anti-D immunoglobulin in the United Kingdom which would ultimately produce enough anti-D immunoglobulin for all needs. reported that the rate of issue of immunoglobulin by BPL was now about 29,000 doses per year, was still rising and probably exceeded the intake of anti-D plasma. It would be necessary to watch the situation closely and possibly to diminish the amounts issued to those centres which were not supplying enough anti-D plasma.

5. SERUM HEPATITIS

a. AUSTRALIA ANTIGEN

The present position regarding Australia antigen was discussed. There were several aspects of the problem which would affect any decisions made regarding the general introduction of tests for this antigen : (i) Although the antigen appears to be associated with serum hepatitis and not with infectious hepatitis, it has not yet been shown to be the cause of the former disease although a causal association seems very probable. (ii) If all donors were screened and those with positive tests for Australia antigen were removed from the panel, it was estimated that the incidence of hepatitis might be diminished by about 40 per cent (iii) the antibody containing anti-sera (at present all of human origin) necessary for testing were scarce, of varying potency and possibly of dffering specificity (iv) the most reliable method of detecting the Australia antigen was not yet established, (v) the overriding need was to obtain supplies of anti-sera, preferably of animal origin and to establish a reference preparation of anti-serum.

The meeting agreed that, in view of the above information, a more precise definition of the status of the Australia antigen and of the methods for detecting it, should be awaited before planning to screen donors and also that, if routine testing were to be introduced, it should be on a national basis because of the possible medico-legal significance of this procedure.

b. DONORS CONSIDERED TO BE FREE OF THE RISK OF TRANSMITTING SERUM HEPATITIS

The safety of donations from such donors could be deduced from the results of investigating the recipients of their previous donations and, in so far as they were applicable, from results of testing for the presence of Australia antigen.

There was an urgent need for plasma from such donors for preparing fibrinogen to be labelled and used for localising deep venous thrombosis. [Satisfactory fibrinogen can probably not be prepared from plasma that has been frozen for more than a day or so.]

Dr Jenkins pointed out that red cells could be preserved by freezing while the subsequent history of the donor was followed or, even, the history of the recipient of a subsequent donation from the same donor was investigated. Such frozen blood seemed ideal for transfusing haemodialysis patients since it contained few or no white cells.

said he has estimated that to form and maintain a panel of some 30 such donors would need the half-time services of a doctor and a laboratory assistant and the full-time services of an HCO. He had informed MRC Division of Biological Standards, of this estimate.

said that, if financial help were provided, he would be willing to form such a panel to meet the requests from haemodialysis units. It was pointed out that, if there were a need for such donors for haemodialysis units, the matter should be dealt with on a national basis.

6. TRAINING OF HAEMATOLOGISTS AND BLOOD TRANSFUSION MEDICAL PERSONNEL (PAPER BY)

It was reported that the group appointed at the meeting in December 1969 had met on 3 March to discuss this paper and had concluded : (i) that, since the paper on the training of haematologists submitted by the RTD meeting to the Royal College of Pathologists covered the points made by Dr Tovey, there was no need for further action on this part of the paper (ii) that the suggestions in the section on the organisation of a Blood Transfusion Centre were in operation in most centres (iii) that the Director of an RTC should be a full-time appointment although a proportion of his time should be officially designated for work in connexion with transfusion other than routine work, (iv) that there was a need for an up-to-date description of the functions of a Regional Transfusion Centre and that, the relevant parts (including those concerning senior staff) of the paper on the ideal establishment of a Regional Transfusion Centre should be brought up-to-date.

With reference to (iv) above it had been suggested the revised description of the functions of a Regional Transfusion Centre should include tissue typing and histocompatibility tests in addition to ante-natal testing and investigation of haemolytic disease of the newborn, serology and preservation of leucocytes and platelets and investigation of auto-immune anaemias, most or all of which were now part of the work of RTCs. Such a description might also include (i) activities which were appropriate to an RTC if provision was not already made for them elsewhere in the region (e.g. certain aspects of immunology, cytogenetics, the investigation of coagulation disorders) and (ii) activities that an RTC might

undertake on behalf of NBTS as a whole, e.g. highly specialized tests, quality control such as pyrogen testing, preparation of special equipment.

, who had been unable to attend the meeting on the 3 March 1970, was averse to extending the scope of the work of RTCs as widely as had apparently been proposed; he thought there was plenty of work of the greatest interest to be done in the field of transfusion.

The meeting agreed that the group should meet to consider (iii) and (iv) above more fully and report back.

7. GREEN PAPER

reported that he had discussed informally with a few directors the implications of the Green Paper for NBTS and had, as a consequence, written to all directors on the 6 March 1970.

It was agreed that a special meeting should be held at 10.30 a.m. on 16 April at RTC Cambridge to discuss the Green Paper.

8. COLOURING OF GROUPING SERA USED IN BLOOD GROUPING MACHINES

A report prepared by in collaboration with seven colleagues was before the meeting. In addition to recommending the colouring of anti-A, anti-B, anti-A + B, and anti-D sera with named dyes, the report suggested that the first 9 channels of the Technicon blood typing apparatus should be used in a specific order. It was pointed out that if this were done, the order of using certain reagents in the machine would, in some regions, differ from the order in which these reagents were used manually in the RTC and hospital laboratories and, as a result, mistakes might occur.

It was agreed that should convene a meeting of those who had collaborated in preparing the report (, ,) together with to reconsider the recommendation regarding the order in which the channels were used.

9. ANTE-NATAL SCREENING FOR HL-A ANTIBODIES

invited centres, not already screening ante-natal sera for HL-A antibodies, to begin doing so. The optimal time to examine sera was early in the second pregnancy.

He would like at least 50 ml of sera found to be suitable for tissue typing. offered to assist in training technicians. RTCs already screening sera: Newcastle, Leeds, Sheffield, Cardiff, Birmingham and Edinburgh.

10. CELL-WASHING CENTRIFUGES FOR ANTI-HUMAN GLOBULIN TEST

described in general terms the features of a proposed apparatus. After discussi it was agreed that should visit some RTCs and the Blood Group Reference Laboratory to discuss the problem in more detail.

11. ROUTES TO THE FIMLT

Document CPC/P(70)3 was discussed. The opinion of the meeting was that it would become increasingly difficult to retain technicians in NHS unless they were assisted to obtain higher qualifications. It was thought that an increasing number might otherwise decide to g to universities since HNC was a qualification acceptable to many universities and generous grants for mature students were obtainable from education authorities.

In so far as the Special Examination of IMLT was concerned the meeting considered that technicians preparing to take it should be eligible for day release but that the Department would have to authorise additional staff to cover absences of qualified technicians. Such extra staff would have had to be in post for at least 3 years before they could cover such absences so that authorisation of such staff was a matter of urgency.

12. INTERNATIONAL PANEL OF DONORS OF RARE BLOOD TYPES

said he would be glad to receive the names and other necessary details of any donors who were willing to be included in the Panel. At present only RTC Brentwood is represented on the Panel. said that he had no evidence that any country has used the Panel without being fully justified in doing so.

13. ANALYSIS OF COMPLAINTS FROM DONORS - NEWCASTLE 1969

A document prepared by was received.

14. GRANTS AND LOANS TO VOLUNTARY BODIES

asked whether any RTCs made grants or loans to voluntary bodies. It appeared that RTCs paid out of pocket expenses and provided stationery etc. and, in one instance, uniform None made grants or loans in the usual sense of these terms.

15. NEXT MEETINGS

Meetings were arranged for 16 April(RTC CAMBRIDGE) and 20 May(LONDON).