REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 143rd meeting held on Wednesday 20 September 1972 at 11.30 am in Room 1114, Department of Health and Social Security, Euston Tower, 286 Euston Road, London, NW1 3DN.

PRESENT:

- in the Chair

(deputy)

'deputy)

- Regional Transfusion Directors

- Blood Group Reference Laboratory

- Scottish Home and Health Department

- Department of Health and Social Security

Apologies for absence were received from and

The Chairman informed the meeting that had been admitted to hospital. The Directors asked to send him their best wishes.

The Chairman welcomed and

The Chairman reported that he had sent a telegram in the name of NBTS to the Finnish Red Cross Transfusion Service on the occasion of the opening of their new headquarters laboratory.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 7 June 1972 were confirmed subject to the following amendments:-

PAGE 9, line 5 (para.3e) - delete "RTC Edgware and all Scottish RTCs." and insert "RTCs Edgware and Brentwood".

PAGE 9 lines 7-9 (para.3c) Delete from "in new ... 1/135" and substitute "in general public donors and prisoners tested for the first time the incidence was respectively 1/1462 and 1/139".

2. MATTERS ARISING

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

It was reported that enquiries were being made regarding the observance by producers of conditions which had been recommended by the RTD meeting and that a comparative costing of production within NHS or commercially had to be prepared.

Representatives of LDAG Quality Control Sub-Group had been nominated to meet the representatives of RTD meeting. They were

and

b. NOTES ON TRANSFUSION

It was reported that the text was now ready for the printers.

c. PROCEDURE IN THE EVENT OF AN RTC BEING PUT OUT OF ACTION

The meeting discussed Paper RTD(72)1 prepared by , which summarised answers to a questionnaire sent to all RTCs. The chief points emerging from the answers were:-

MAIN SERVICES. One centre lacked an emergency generator and one had limited water storage capacity.

TRANSFUSION EQUIPMENT. (Central and local supplies). It was agreed that the size of stocks kept, both centrally and locally, and the places where stocks were kept, should be examined in more detail.

FACILITIES FOR BLOOD STORAGE. In some regions arrangements had not been made for the storage of blood outside centres in the event of loss of cold rooms.

TRANSPORT. It was agreed that loss of transport was unlikely to cause serious difficulties.

BLOOD COLLECTION. Three centres had plans which would allow blood collection to be maintained in the event of major damage to the centre. Most centres would be able to increase blood collection to assist a centre put temporarily out of action. Most centres had sufficient donors who could be called up to be bled by staff transferred from another region.

DONOR RECORDS. Four centres had complete duplicate sets; one had duplicate records for about 95 per cent of its panel.

In three centres records were stored in fireproof cabinets; in some centres some of the donor records were kept at local BTS regional offices or by local organizers. Five centres mentioned reliance upon intensive use of publicity media to rebuild their donor panels if their donor records were destroyed.

It was agreed that DHSS should consider if action should be taken as a result of the information summarized in the report, in particular in relation to size of stocks of equipment of all kinds, cold storage for blood and donor records.

[subsequently reported that some 500L of unprocessed and some 40L of processed sera were in stock at BGRL on 19 September 1972. There were also reserves of ABO sera dispersed among transfusion centres which were considered adequate. On the above date BGRL had in stock some 31.0L of unprocessed and 8.0L of processed anti-D sera.]

d. PLASMA FOR PREPARATION OF SPECIFIC IMMUNOGLOBULIN

A summary (RTD(72)9) showing the donations of antibody containing plasma (Au antigen, chickenpox, herpes zoster, mumps, vaccinia, tetanus) sent to BPL during period January to August 1972, was tabled. There was great unevenness in the size of regional contributions. The volume of each type of plasma received quarterly had, on the whole, remained steady in the period.

e. STANDARD DONATION

reported that following the decision of the meeting on 7 June that the "standard" donation of blood taken from the donor should remain 420ml. Notes on Transfusion, Section I para. 1 had been amended and now stated that a bottle of citrated blood normally consisted of a mixture of about 420ml blood and 120Ml ACD anticoagulant (as described in BP) and that a plastic container of citrated blood contained a mixture of 420ml blood in 75 ACD NIH formula A.

f. LEUCOCYTE-POOR BLOOD

reported that , as requested by the meeting on 7 June, had discussed the need for a special meeting to determine policy and consider arrangements for providing leucocyte-poor blood and had concluded that such a meeting, arranged by DHSS, was not at present necessary. The value of leucocyte-poor blood was still being assessed. However, RTCs should be prepared to provide leucocyte-poor blood in one form or another. In some regions leucocyte blood was prepared in hospital or unit where it was used (eg. Bristol, Oxford). The meeting did not foresee any particular difficulties in meeting requests. In answer to specific questions by the Chairman the Directors present stated that additional staff and equipment was not required.

3. USE OF COMPUTERS IN RTCs.

The Chairman welcomed ,] an .

The meeting considered the document RTD(72)2 Feasibility Study Into the Use of Computers in the Work of the National Blood Transfusion Service (NBTS).

explained that this was an abbreviation of the report he prepared following RTD Meeting Dec.1969 when he undertook to visit RTCs. Newcastle, Sheffield, Sutton, Oxford and Bristol. These centres were visited in the period Jan-June 1970. Completion of the report had been unavoidably delayed.

The main conclusion of the report was that the use of computers in NBTS for blood donor panel organization and call-up, blood stock control, international panel of donors and ante-natal blood grouping could not be justified on a cost basis, whether a central computer or RHB computer were used. emphasized that any centre using RHB computer time must include in its costing figures a proportion of the capital cost of the computer and of computer running costs. Judged solely on economic grounds DHSS(MS3) therefore did not recommend the use of computers in NBTS. MS3, however, recognized that intangible benefits, such as those listed in paras.13 and 36 might outweigh the economic factors in the case of blood donor organization and ante-natal blood grouping.

said that in his opinion increasing experience of donor panel computerization at Manchester was beginning to suggest that this call-up system was better; however at present only one panel was computerized. thought that any system devised should retain NBTS 101 as the key record.

pointed out that with a suitable computer programme, such as Birmingham, NBTS 101 could be done without.

stated that quotations received from bureaux suggested that it might be cheaper to farm out computerization to commercial specialists. did not think this would be wise and could not recommend NBTS to depend on any external organisation which bore no direct responsibility for the operation of NBTS.

said that of the 3 systems being used in NBTS that at RTC Brentwood seemed to give the most economic return.

The meeting agreed that the next step was an evaluation of the intangible benefits of the use of computers in NBTS. This study would be carried out by DHSS(MS1). It was agreed that RTCs Brentwood, Birmingham and Manchester and at least one uncomputerized centre, should be investigated. undertook to arrange with MS1 to do this study with as little delay as possible. It would be necessary to brief MS1 on the special features to be examined. It was suggested that RTC Sheffield should be the uncomputerized centre to be examined.

4. AUSTRALIA (HEPATITIS-ASSOCIATED) ANTIGEN

a. TESTING OF DONATIONS: It was reported that all donations were now being tested for the presence of Au antigen or antibody at regional transfusion centres except:-

Newcastle (at present 50% of donations; all in October)
Cambridge (at present 50% of donations; all by Christmas)
Oxford (at present by PHLS for dialysis patients only; all in November)

b. ACCIDENTS: One accident, involving possible exposure to Au antigen, was known to have occurred in an RTC since June. Anti-Au immunoglobulin had been given. It was too early to report the outcome.

c. ANTI-AU IMMUNOGLOBULIN: BPL had received large volumes of plasma containing low titre Au antibody from RTC Edgware and smaller amounts from 5 other Centres. Several batches of anti-Au immunoglobulin had now been prepared. The possibility of organizing a trial of this specific immunoglobulin was to be discussed at an MRC meeting in October. In the meanwhile about sixty vials had been issued for giving to persons who had suffered accidents involving exposure to Au antigen.

d. INCIDENCE OF POSITIVE TESTS FOR ANTIGEN AND ANTIBODY

The meeting amended a proposed form of return (RTD(72)8) and agreed to use it to send results quarterly to The meeting agreed that the results reported on a sheet should all have been obtained by the same method and using the same reagents. When methods or reagents were changed, results thereafter should be collected on another sheet.

Reports of incidence of antigen and antibody in donors received by up to Sept.1972 are summarized in Appendix 1.

e. AU-POSITIVE DONORS IN PRISONS. The case was mentioned of a donor who was found to be Au positive while in prison. Before the result could be confirmed or the donor informed, he had been released and all trace of him lost. The RTC of the region where he was thought to live and neighbouring RTCs had been informed. The meeting agreed that the names and addresses of untraced Au-positive donors should be sent under confidential cover to all RTCs.

said that RTCs Edinburgh and Glasgow are collecting blood from prisoners. In Edinburgh the incidence of Au positive tests in prisoners is no higher than among the general population; in Glasgow the incidence in prisoners is significantly higher.

f. AU ANTIGEN POSITIVE RESULTS REPORTED BY BPL TO RTCs. reported that over 90 per cent of the Au antigen positive results found at BPL on pools of plasma etc. received from RTC had been confirmed by electron-microscopy, and asked RTDs if possible to have , BPL informed when any donor or donors associated with such pools were also found to be antigen positive.

5. ACTION UNDER THE MEDICINES ACT (1968)

introduced of Medicines and Food Division of DHSS.

said that, following the discovery earlier this year of infected commercially produced intravenous fluids in certain hospitals, DHSS had inspected a number of hospitals where such fluids were prepared. After discussion with the Central Pharmacists Committee the Department sent to RHBs a letter dated 11 July 1972 from Supplies Division (ref. DS(Supply)43/72), accompanied by "Guide to Good Manufacturing Pharmaceutical Practice" (HMSO) and a supplementary paper dated August 1972 (RTD(72)4) (copies of all of which had been circulated to the meeting) recommending that the procedures for preparing intravenous solutions should be reviewed and revised if necessary to meet the standards recommended in the Guide and supplementary document. was asked by the Dept. whether he would send these documents to RTCs which also prepared solutions for intravenous use. This he had agreed to do, since the standard of operation and procedures in NBTS (including Blood Group Reference Laboratory and Blood Products Laboratory must be as good as those elsewhere in NHS or in commercial laboratories. NBTS had always fulfilled the requirements of regulations made under the Therapeutic Substances Act which applied in law only to certain substances, including preparations of human blood, that were sold. The Medicines Act (1968) on the other hand embraced the preparation and supply as well as the sale of medicinal products including preparations of human blood. The question of applying the Medicines Act (1968) to NBTS had then arisen and an office meeting had been held recently to consider this. Although certain establishments could exercise Crown Privilege and claim exemption, DHSS was ~~generally~~ not in favour of exercising its Crown Privilege and it had, therefore, been decided at this office meeting that the Medicines Act (1968) should be discussed at the RTD meeting.