IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' meeting held in the BTS Headquarters Unit on 20 June 1985

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr W M McClelland (items 1-3h)
Dr S J Urbaniak
Dr W Whitrow
Dr J Forrester SHHD
Mr A J Murray SHHD
Dr I Fraser, Bristol (items 1-3d)
Dr H H Gunson, Manchester
Miss M Corrie (Secretary)
Mr J N Francis

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Cash welcomed Dr John Forrester, SHHD, to his first Directors' meeting. Dr Perry had submitted an apology for absence.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27 February 1985 had been circulated. Comments and amendments received had also been circulated. The Directors considered these and the decisions reached are recorded in Appendix A.

3. MATTERS ARISING

a) Anti-D (3a)

i. **Working party:** Dr Forrester explained that Professor Whitfield had said he would like to conduct a multi-centre study of prophylaxis but would be unable to do so in the foreseeable future because of other commitments. Dr Forrester suggested that Dr Cash might approach Professor Peter Howie of Dundee: if he was unable to help, there was no one else in Scotland who could.

After discussion the Directors and Dr Forrester registered disappointment and agreed to abandon the concept of a trial until obstetricians wished to undertake one.

ii. Guidelines for immunisation of anti-D cell donors: Guidelines for immunisation had been presented to the BTS Sub-Committee on 22 May 1985 and had been accepted. The CSA Treasurer had asked for the cost implications and Dr Cash had responded that these were not known, likely to be minimal, but could result in some savings.

iii. **HTLV-III antibody testing:** Dr Cash reported that all donors of boosting cells had been tested for HTLV-III antibody.

b) Developments with the private sector (3b)

i. **SNBTS charges for laboratory tests:** Directors noted that CSA were so far gathering only the DHSS handling charges for products and no charges were being levied for laboratory testing. CSA General Administrator was awaiting from BTS the information necessary to compile an SNBTS list of tests undertaken for the private sector to which costings calculated in SE Scotland would be applied. **Mr Francis undertook to circulate to the Scottish Directors the basis of each SE laboratory test cost.** *

ii. **Provision of laboratory services to the private sector:** Despite repeated requests the CSA had not clarified to the Transfusion Directors whether the Agency was authorised to undertake work in its laboratories for the private sector of medicine under Section 50 of the NHS (Scotland) Act. Dr Mitchell had (on behalf of the other Directors) asked CSA chairman to meet them. There had been no reply and the Directors had subsequently written to say that they would not collaborate further in preparing lists of tests or fees until the Agency's authority was made absolutely clear.

c) Release of products not required for transfusion (3c)

The following information was noted:

i. **Information for staff and donors:** A draft information sheet for staff and donors had been prepared by the Donor Organising Secretaries and circulated to the Directors for local adaptation where necessary and subsequent use.

ii. **SNBTA Executive Committee:** This committee had given approval in principle to the release of products not required for transfusion.

iii. **Press release:** Dr Cash explained his understanding that the SHHD would not now issue a central press release, expecting the CSA to do so but with any help which they might need from the SHHD or Scottish Information Office. It was unlikely that a press release would be issued until after the holdiay period and the Directors agreed this would be suitable. Dr Cash undertook to get a date from the CSA and notify it to the Directors. It was agreed that the press release should be made when all Directors were on duty.

Dr Mitchell asked who would be the central contact for enquiries from donors or the public if the SIO were not issuing the press release. Each Director had the draft information sheet available for the answering of queries and Dr Cash would also raise the matter with CSA Secretary. Mr Murray undertook to bring it to the attention of the SIO also.

d) AIDS (3d)

i. **Introduction of testing for HTLV-III antibody:** Dr Cash explained that the SNBTS were awaiting the evaluation of tests arranged by the Expert Advisory Group. The SHHD had undertaken to provide funds for testing kits once it had been agreed to commence routinely.

Dr Cash explained that Wellcome Laboratories had asked him and Dr Brian McClelland if they would support a technical familiarisation study of the kit Wellcome intended to produce.

It was agreed that the SNBTS should offer to any kit manufacturers the opportunity for technical familiarisation provided the manufacturer provided blood samples. In addition it was agreed that Dr Cash would advise Wellcome that the SNBTS were prepared to assist in the development of the kit. *

Dr Mitchell was asked if he would offer Wellcome Laboratories the opportunity to undertake this work on behalf of the SNBTS and **he agreed to consult his staff and report back to Dr Cash.** * Any contract drafted with Wellcome would make it clear that the opportunity was **not** a substitute for participating in a national trial. The company would have to pay for the exercise in its entirety.

ii. **UK trial of kits:** Dr Gunson described the operation of the UK trial of FDA-licenced kits in his own Centre and at Edgware. The kits to be made available for routine screening would be selected from those currently on trial. **Dr Gunson agreed to notify Dr Cash in due course which were the likely tests and the Scottish Directors could choose if they wished to evaluate them in their own Centres.** * The Directors acknowledged the need to choose the methodology suited to each Centre.

iii. **AIDS leaflet:** Dr Brian McClelland explained it would not be necessary to re-draft the leaflet "Important Message to Blood Donors" following the recent CDC conference in Atlanta, Georgia. If at all possible, any revised leaflet should be a UK one. **It was agreed to consider the matter again at the next meeting by which time the Expert Advisory Group would have met again.** * The need to inform donors about antibody testing would have to be taken into account as well as the SHHD's recent letter to all doctors.

Concerning circulation of the existing leaflet, Mr Francis had asked the Directors the additional cost of circulating it to all donors and was awaiting replies.

iv. **Explanatory leaflet for donors:** It was noted that Dr J Gillon (Edinburgh) had undertaken to draft (by 31 August 1985) a question/answer leaflet for donors. **It was agreed that this could be delayed and to await the outcome of the EAGA meeting.** *

v. **Reference facilities for confirmation:** Dr Cash reported that he and Dr Brian McClelland would be meeting Professor Timbury and colleagues again on 26 June to try to agree the establishment of reference facilities. The reference Centres for Scotland would be the laboratories of Professor Timbury (Glasgow) and Professor Collee (Edinburgh).

vi. **Expert Advisory Group:** Dr Gunson explained the work of the Expert Advisory Group (EAGA) which had established working parties on the counselling of donors and on HTLV-III antibody testing. Dr Gunson was the only BTS representative on the working party on counselling which concerned itself mostly with patients: there had been only one discussion on blood donors. The NBTS Directors had been consulted via the Chairmen of their three divisions who had met three members of the EAGA and Dr Smithies (DHSS). They had concluded that a test could be considered positive if it was still so after the following:-
initial screening
re-test (same technique)
test of a sample from the donation itself
reference laboratory

The 6 PHLS laboratories in England and the central laboratory at Colindale had been nominated as the reference laboratories. After further discussion it was agreed that:- *

1. The concept of maintaining compulsory names and addresses of all donors' GPs should be rejected. *

2. That donors should be informed that their donations would be HTLV-III A/B tested and should indicate by signing they had understood this. *

3. That the first contact (counselling) of all confirmed antibody positive donors would be the BTS medical staff. *

4. That BTS doctors would use their best efforts to encourage donors to agree that their GPs/dentists be informed by BTS of their positive A/B status. *

5. That BTS medical staff would ensure the establishment of appropriate counselling and medical follow-up of A/B donors. *

6. The BTS would take steps to track the recipients of A/B positive blood products produced at RTC's by informing the consultant responsible for the care of the patient. All subsequent actions would be determined by the clinician. *

Dr McClelland introduced a flow chart which he had prepared earlier for the EAGA. This formed the basis of a thorough discussion and Directors agreed amendments to it. **Dr Cash undertook to revise it and issue the revision to the Directors for comment.** It was noted that Dr Gunson wished to see an agreed SNBTS approach so that he could table it for discussion on 10 July for the next meeting of the NBTS Directors. Thereafter it was hoped that an agreed UK BTS approach could be tabled at the next EAGA meeting on July 30th. *

vii. **Retention of donor samples:** **It was agreed that the ideal would be to retain these as long as possible. Dr Cash was investigating the matter of a central library of samples for Scotland and the Directors' working group in England were due to advise EAGA.** All samples would be retained pending the introduction of testing. *

e) Purchase of commercial blood products (3h)

Dr Cash had written on 22 November 1984 to the chief Pharmacist to ask whether the SNBTS figures of purchase of commercial blood products in the year to 31 March 1984 were correct.

Dr Forrester reported that he could not confirm the BTS figures since the data in SHHD were incomplete. **Dr Forrester offered to undertake a prospective study, asking all NHS pharmacists to provide him with data for the current financial year and further suggested this be extended to the private sector. He would wish the Transfusion Directors to collect information from Haematologists. Dr Cash undertook to supply to Dr Forrester such information as the BTS could obtain. Directors welcomed and accepted Dr Forrester's proposals and it was agreed that the results would be reported early in financial year 1986-87.** *

f) Hepatitis vaccine for staff (3i)

The Scottish Directors had agreed at their meetings on 11 December 1984 and 27 February 1985 **not** to offer vaccination to all BTS staff but that it should be offered along with specific immunoglobulin in the event of accidents etc. Since then Dr Perry had proposed to the Scottish Directors that all staff in the PFC (except office staff) should be offered vaccine. This was in recognition of their particular exposure to large pool plasma. **It was noted that the Directors had agreed in principle to this proposal and Dr Perry had undertaken to prepare a paper for further consideration.** *

g) Code of practice for plasmapheresis (3k and 31)

i. **NBTS working party:** Dr Urbaniak reported that the working party's planned meeting had been postponed to 24 June when he would be present, but that they were making good progress.

ii. **Cell separator nurses' forum:** It was noted for the benefit of the SHHD representatives that an organisation called the Cell Separator Nurses Forum (under the auspices of the RCN) had also prepared a code of practice.

iii. **Reporting system for adverse reactions:** Dr Cash proposed that Scotland should join the UK reporting system. **After discussion it was agreed to discuss the matter again at the next meeting by which time Dr Urbaniak would have confirmed certain relevant points.** *

h) Categorisation of pathogens (4)
Miss Corrie reported that arrangements were in hand for the agreed meeting between Dr Bruce Cuthbertson, PFC and a representative from each Transfusion Centre.

i) ACDP Interim Guidelines on AIDS (5)
The Directors noted Dr A E Bell's letter of 18 February 1985 (which had been circulated). In it he invited the Directors to consider whether they wished to propose alternative wording for a SHHD circular. **After discussion it was agreed to support the existing SHHD letter and ACDP interim guidelines. Dr Cash undertook to convey this decision formally to Dr Forrester.** *

4. ENGLAND AND WALES DIRECTORS' MEETING

Dr Mitchell's notes on the above and accompanying papers and correspondence had been circulated and were noted.

Correspondence between Dr Gunson and Dr N S Galbraith (PHLS) on laboratory reporting of HTLV-III positive antibody tests was discussed. **A system for Scotland would be agreed with the Communicable Disease (Scotland) Unit.** *

5. BLOOD: RECORD KEEPING AND STOCK CONTROL

The Central Management Services had prepared and issued this report following incidents at the National Heart Hospital in London. The Directors had considered it and Dr Cash had offered Dr A E Bell some ideas for incoporation into a Scottish version. Dr Bell had asked for a status report for Scotland first. This had been prepared and it had been agreed to review the position in 12 months, which had now arrived. The Directors noted that most of the requirements of the report would be met during the current programme for introducing computers into the Trarsfusion Centres. However, consultant haematologists in W Scotland had been using the Central Management Services report to obtain microprocessors. **Dr Cash would copy to Dr Forrester the letter in which Dr Mitchell had reported this.** *

It was agreed to take no special further action other than to continue developing the national computer programme for Scotland and to review the matter 12 months hence. *

6. UK REGISTER OF RED CELLS

Dr Mitchell had circulated the updated register to the Scottish Directors and was in correspondence with Professor Engelfriet to confirm the procedure. **He undertook to send to each Director a further copy of a letter in which he had explained how to use the register.** *

7. BLOOD BANK CLEARING HOUSE/INFORMATION EXCHANGE

Dr Cash said there was a need to establish methods for transferring blood between regions to cover shortages. He and Dr McClelland had undertaken at a Co-ordinating Group meeting to prepare a scheme for consideration. Meanwhile the Directors were informing him weekly of the state of their blood banks. Dr Brookes distributed a pro forma which she had prepared for this purpose.

Dr Cash explained that colleagues in the SHHD had said they would not discourage the movement of blood between Scotland and England in cases of need, the cost of carriage being recouped. **Mr Murray undertook to confirm this in writing.** *

8. DATE OF THE NEXT MEETING

Wednesday 2 October 1985

APPENDIX A

SNBTS DIRECTORS' MEETING 20 JUNE 1985
COMMENTS/AMENDMENTS

1. Anti-D: HTLV-III Antibody testing (3a)
It was agreed not to amend this minute.

2. Charges to the private sector (3b)
amend to read - "CSA had indicated that most of the charges in the SNBTS scheme would be based for the time being on the SE costings".

iii. Final two lines of this subsection to read "further clarification would be forthcoming when item (i) above had been resolved.

3. Release of blood products (3c)
iv. Add to second-final paragraph: "Mr Murray would also provide DHSS (Northern Ireland) with advance information."

4. AIDS (3d)
i. Should refer to the expert Advisory Group on AIDS (EAGA). The final sentence in this paragraph was incomplete and should continue "... and clinical management of donors found to be positive."

5. ACDP Interim guidelines in AIDS (5)
This minute to be amended to "Dear Secretary letter SHHD/DS(84)10 dated 4/2/85 and the ACDP interim guidelines had been circulated. An apparent inconsistency was noted between the DHSS and SHHD Dear Secretary letter and it was agreed to await substantive advice from the SHHD before taking action on the guidelines. Dr Bell would seek to stimulate this advice ."