IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in the SNBTS Headquarters Unit on Tuesday 23 June, 1981

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr C Cameron
Dr I A Cook
Dr H B M Lewis
Dr D B L McClelland
Dr R Mitchell
Mr J G Watt
Dr A E Bell (SHHD)
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Cash welcomed Dr Brookes to her first Directors' meeting.

An apology was notified on behalf of Mr J H F Finnie.

2. MINUTES OF THE PREVIOUS MEETING

The following amendments were agreed to the minutes of the meeting held on 17 March 1981 (which had been circulated) :

i. heading to the minutes: change '27 March' to '17 March'
ii. minute 3d(iii) : replace "efficiency" by "efficacy"
iii. minute 10 : in line 11 replace "than" by "then"

With these amendments the minutes were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a. Serum and plasma for quality control (minute 3a)

Dr Cash reported that he had written, as agreed, to Professor Whitehead to explain that the SNBTS would continue to support that part of the External Quality Assessment Scheme (EQAS) being run in Scotland, i.e. for Peptide and Thyroid Hormones. He had also contacted Dr Hunter for information on how the sera supplied to the Peptide and Thyroid Hormones Steering Group of EQAS was being used. Dr Mitchell reported that he was actually supplying 44 litres a year (not 20 as had been reported previously). The additional 24 litres were sent to Scottish laboratories by Dr Eaton (after removal of the T4) for standard calibration for hormone assays. The Scottish total was therefore 64 litres. Dr Bell had reported the position to the Clinical Chemistry sub-group of SSAG who had endorsed the decision taken by SNBTS to support the Scottish section of EQAS and had noted that the contribution made by the SNBTS was high in UK terms. The Clinical Chemistry sub-committee had looked closely at the local variations in consumption of the sera supplied.

b. Anti-tetanus IgG (minute 3b)

It had been agreed at the meeting held on 16 December 1980 that N, SE and W Scotland would propose plans for increasing their panels of donors of anti-tetanus plasma and reducing other panels to compensate for the extra finance involved. Miss Corrie reported that she had written recently to the Directors concerned and hoped soon to have the plans. Dr Mitchell tabled for circulation papers demonstrating the increase in anti-tetanus donations and decrease in others in his Centre.

There was some discussion on current demand for the IgG. Mr Watt explained that he had received 323.5 kg. of anti-tetanus plasma in the 3 months to June 1981 (i.e. as much as for the previous 12 months). The current level of issue (2,800 p.a.) did not justify such a high intake. Dr Mitchell reported that he had recruited 250 donors (instead of the 20 agreed at the meeting on 16 December). It was agreed that Dr McClelland and Dr Cook should relax their efforts in compensation.

Dr Cash said that he would convene a small Working Party to discuss the production of anti-tetanus IgG.

c. Anti-D IgG (minute 3d)

i. Assay

Following discussion on continuing problems with conflicting assay results (reported by Dr Mitchell) it was agreed that Dr Cash should invite Dr S J Urbaniak to undertake an investigation into ways of improving anti-D quantitation assays and report not less than once a year to the Transfusion Directors. Meanwhile Dr Cook should send his material to W Scotland BTS for assay.

Mr Watt said that he felt he would require to develop his own assay but that PFC should not be a Scottish reference centre.

Dr Cook had been unable to complete his paper on future needs for the IgG because of the continuing problems with assay. The Transfusion Directors recommended that he should complete it now, using the worst estimates of yield.

ii. Guidelines for the accreditation of donors

It was noted that Dr F Boulton had accepted an invitation to chair a group of appropriate SNBTS staff.

d. Rabies IgG (minute 5)

Mr Watt reported that he had obtained 10 vials of anti-rabies IgG from BPL. He also had 53 gm of powder (i.e. 100 vials equivalent) in stock which, together with the small amounts of plasma being sent by the Transfusion Centres, would enable him to replace vials as they expired.

e. Fractionation for Northern Ireland (minute 7)

It was reported that SHHD had received a formal approach from the authorities in Northern Ireland. Approval in principle had been given and CSA had been approached and were apparently considering the cost implications. Dr Cash agreed to ask CSA Secretary for information on the subject. It would be necessary for PFC staff to visit Northern Ireland in the near future and the method of transporting the plasma would have to be decided.

f. Visit of SNBTS group to Belgium (minute 8)

It was noted that the BTS sub-committee had approved a visit by an SNBTS group and that Miss Corrie would contact the group members as soon as she had suitable dates from Belgium. It was agreed that she should inform Dr Bell of the arrangements.

g. Meeting of NBTS Directors (minute 9)

Dr Mitchell had attended a meeting of NBTS Directors in Cambridge on 19 May and had circulated notes, for which he was thanked.

The following items from the meeting were discussed :-

i. Red cell requirements in England and Wales

It was reported that the Directors in England and Wales believed that the demand for red cells could be met from a national intake of whole blood equalling 45 donations per 1000 population p.a. Some Scottish Directors expressed interest in the Scottish donation rate which is currently 55/1000/p.a. and felt that the difference between the two countries might merit investigation in the future.

ii. Shelf-life of whole blood

With the likely introduction of CPD-Adenine anticoagulant, the possibility of extending the shelf-life of whole blood to five weeks had been discussed. Colonel Parry of the Army Blood Supply Depot had explained that the army would continue to recommend a three-week expiry, extending to five weeks only in the event of a strategic emergency. It had been noted that licensed CPD-Adenine packs were now available in the UK. Mr Watt suggested the introduction of CPD-Adenine should not take place in the SNBTS until PFC fractionated some CPD-Adenine plasma. This was agreed, and it was noted that plasma would be sought from the cell separator unit in Leeds BTS, where CPD-Adenine was being added to plasma from the cell separator. Once Mr Watt had reported on his results the Transfusion Directors could consider the matter further.

iii. Computer developments

It was noted with regret that the English RTDs had decided that it was too late to have a national computer scheme, a number of the Regions having progressed their own schemes beyond a stage at which uniformity with other Regions could be achieved. It was felt that it should still be possible to develop a common policy for the SNBTS. It was noted that the needs were being formulated in N, SE and W Scotland whose staff were having inter-Regional discussions. It was agreed that work should proceed on the development of a computer policy for the SNBTS.

iv. Any other business

Dr Cash raised again the question of inviting a member of the English and Welsh Directors' meetings currently chaired by Dr W Wagstaff to attend meetings in Scotland. After discussion it was agreed that Dr Wagstaff (as Chairman of the NBTS Directors' Meetings) should be invited to SNBTS Directors' meetings as an observer. Dr Tovey would continue to be invited. Dr Cash had recently been asked to attend the English meetings as well as Dr Mitchell and had accepted.

h. Code of practice for automated plasmapheresis (minute 10)

Dr Bell reported having conveyed to the UK Working Party the Directors' comments on the code of practice. He had received a reply, the contents of which were explained. It was agreed that Dr Bell should seek the views of the National Medical Consultative Committee (NMCC). If the latter wished to set up a working group to consider the code of practice, Dr S J Urbaniak (who had been a member of the UK Working Party) should represent the SNBTS.

4. AHG SERA TO ARMY BLOOD SUPPLY DEPOT

It was noted that W Scotland BTS had been sending 12 vials of AHG serum a month to the Army Blood Supply Depot for some time.

5. UK CROSS-MATCH QUALITY CONTROL SCHEME

Dr Mitchell confirmed that Dr Holburn had agreed that laboratories participating in the above could use their own reagents and methods and this was welcomed.

6. REPLACEMENT OF DHSS GLASS CONTAINER

Mr Watt referred to the discussion at the previous meeting when he had explained that the MRC glass container currently used at PFC for SPPS and albumin had been condemned together with their caps by the Medicines Inspector. They had not been condemned for use in the plasma drying plant at W Scotland BTS and Dr Mitchell had succeeded in obtaining a further year's supply.

Mr Watt further explained the differences between class 1 (neutral) and class 2 glass and expressed his preference for the more expensive class 1 which was, he said, also preferred by the Medicines Inspector. BPL had also elected to use this type of glass. Mr Watt was of the opinion that it would be impossible to meet the BP standard on particulates using class 2 glass, although this was disputed by Supplies Division and NHS pharmacies would be using class 2 glass. One problem about buying class 1 glass was the expense, another the fact that he would require to buy into a "melt" by the manufacturer which would mean purchasing a minimum of 40,000 bottles, probably early in calendar year 1982 when he would not have the cash with which to make the purchase. A further problem was the need for a spin-closure machine (which had not been budgetted for in the current financial year).

Mr Watt's proposal to adopt bottles made of class 1 glass to a European standard was approved in principle. It was agreed that Miss Corrie should explore with Mr Watt and the Treasurer ways of funding the proposals for bottles and crimping machine. Dr Mitchell would seek a solution for W Scotland BTS and it was hoped that both Directors would adopt the same bottle.

7. PROPOSED INSPECTION OF RTCs BY MEDICINES INSPECTORS

Correspondence from Dr Bell, Dr Cash and Dr Walford (which had been circulated) was noted. The proposal contained in the letters that the Medicines Inspectors should have a meeting with Regional Transfusion Directors (England and Wales) to which Scottish representatives might be invited was noted and welcomed. After discussion it was agreed to ask that Dr Cash, Dr Mitchell and Dr Perry (PFC) should attend. It was noted that Dr Bell and possibly Mr Finnie would also attend.

8. AHG SERUM

Dr McClelland and Dr Mitchell explained that they had not been able to present a recommendation to the Directors because the consultants who had studied the production of AHG serum in SE and W Scotland had not costed the Centres on the same basis. They had been requested to amend their reports accordingly and Dr McClelland and Dr Mitchell hoped to be able to report to the next Directors' meeting on the basis of a joint paper which they would circulate before the meeting.

9. GRADED KLEIHAUER PROFICIENCY TEST

Dr Mitchell spoke to the results contained in his letter of 17 April 1981 to Directors (which had been circulated). He and his staff were thanked for having completed a series of four proficiency tests for the Scottish Transfusion Centres. It was agreed to ask Dr Urbaniak, SE Scotland, to undertake the next round of tests which should be reduced to twice a year and Dr Urbaniak should be asked to include haematology laboratories in the other Regions as well as W Scotland where they were already included.

10. LISS

Dr Mitchell reported that the Liss reagent being received from PFC was excellent and that over 50% of laboratories in his Region were using it. Mr Watt explained that most users appeared to prefer to receive it in 500ml plastic packs.

11. HEPATITIS

i. Non-A non-B hepatitis

Dr McClelland reported that he had prepared a protocol for presentation to the MRC on 25 June for a two-Centre study (SE Scotland and Manchester) of the transmission of non-A/non-B hepatitis by transfusion. It was agreed that similar studies might be made in Scotland. Dr McClelland offered to circulate to the Directors the text of a leading article in the New England Journal of Medicine of 23 April 1981 and (if the MRC permitted) the document which he had prepared for the MRC. Scottish Directors would not proceed with liver function tests on existing donations for the time being.

ii. Hepatitis and the Transfusion Service

Dr Cash introduced a paper (which had been circulated) in which recommendations were made for the establishment of an SNBTS quality assurance (hepatitis Reference Centre and a small advisory group including one member from each of two other Transfusion Centres. W Scotland had been recommended in the paper as the Reference Centre. While supporting the concept, Dr Mitchell felt he could not take on a further quality assurance commitment without an increase in MLSO staff. Dr McClelland agreed to consider whether SE Scotland could accept the commitment. The matter would be discussed further at the next meeting.

iii. Hepatitis testing reagents

Deferred till the next meeting.

12. ANTE-NATAL PROPHYLAXIS OF UNSENSITISED D NEGATIVE MOTHERS

A letter from Dr W Wagstaff (on behalf of English RTDs) to the Chairman of the Joint Sub-Committee on the prevention of HDN had been circulated and Directors' views were sought on the English Directors' recommendation that the postnatal cover should comprise the injection of every unsensitised Rhesus negative woman giving birth to a child which was not shown to be Rh negative within the first 72 hours after delivery. The Directors fully supported the letter written by Dr Wagstaff.

A proposed Addendum to the Green Book (Memorandum on HDN) was tabled. While confirming their support for this, the Directors asked the National Medical Director to convey to the SHHD their desire that clinical colleagues in Scotland were encouraged to maintain their high standards of practice with particular reference to determining the baby's blood group and Kleihauer Testing.

13. DATE OF THE NEXT MEETING

Tuesday, 22 September 1981.