

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in SNBTS Headquarters  
Unit on Tuesday 29 March 1983

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Present: Dr J D Cash (in the chair)  
Dr E Brookes  
Dr D B L McClelland  
Dr W M McClelland  
Dr R Mitchell  
Dr S J Urbaniak  
Mr J G Watt  
Dr A E Bell (SHHD)  
Mr J O Wastle (SHHD)  
Mr D Gilhooly (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Gunson, Dr Taylor and Dr Wagstaff.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 14 December 1982 had been circulated and the following amendments were agreed:

- i. Minute 3(a) i.i, Page 2, lines 4 and 5. Replace "maintain records of foreign nationals supplied in private hospitals" with "have access to such records of foreign nationals as may be maintained in private hospitals".
- ii. Minute 3(g), Page 4. Replace second paragraph with "If the ante-natal administration of anti-D was confined to RhD negative mothers who had no living child and the current policy for post-natal anti-D continued, the combined total would be approximately 9.5 million i.u. per annum, which is about twice the current use".
- iii. Minute 5, Page 5, line 1. Replace "Industrial" with "Occupational".

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

3. MATTERS ARISING FROM THE MINUTES

a) Supply of blood to the private sector (minute 3a)

- i. Dr Mitchell reported that from the 4 January 1983 the Nuffield McAlpin Clinic, and from the 21 March 1983 the Bon Secours Hospital, had ordered and received products from the Regional Transfusion Centre in the same way as other institutions. Both establishments participated in the National External Quality Assurance Scheme and the premises had been inspected by Dr Mitchell.

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The Trades Unions in his Centre had requested a copy of the model agreement being prepared for private hospitals and Dr Mitchell had refused this request, as he felt that this was a question for the CSA to consider. He had, however, informed the Trades Unions of the general nature of the proposed document. Directors expressed their agreement with this action.

- ii. Consideration was given to comments, which had been previously circulated, on the second draft Model Agreement for Blood and Blood Product Supplies to Private Hospitals and the attached, third draft, incorporates the alterations which were agreed.

It was agreed that Dr Cash would circulate the third draft to Directors before submitting the document to the CSA for consideration by the BTS Sub-Committee. Dr Cash would also prepare a brief note for the Committee which would explain the problems that charging private hospitals could create, and request that the Committee make a policy decision on this issue. In the meantime, private hospitals would not be charged for BTS services.

In response to a question from Mr Wastle, Dr Cash advised that it would be up to the CSA to decide if DHSS should receive a copy of the final document. Directors advised Mr Wastle that they had no objections to DHSS receiving a copy.

- iii. Dr Cash referred to a letter from NALGO Greater Glasgow Health Board Branch to the Organising Secretary for the West of Scotland, which requested information on BTS policy in relation to the supply of blood to the private sector. Directors agreed that this, and any other future enquiries on BTS policy, should be referred to the Secretary of the CSA.

b) Freeze-dried fibrinogen concentrate (minute 3c)

Mr Watt tabled a paper, which showed the stocks and issues of freeze-dried fibrinogen during the period March 1982 - March 1983, and it was noted that there were 6 units in stock at Transfusion Centres (excluding West) and 51 units in stock at the PFC. Mr Watt advised that the freeze-drier used for the production of this product was the same type as that used in the West which was condemned by the Medicines Inspector, and as a consequence he felt unable to continue to use this equipment for the production of freeze-dried fibrinogen. Dr Brookes confirmed that there was no demand for the product in her region. Drs B McClelland and Mitchell advised that they had consulted with clinicians in their regions and, as a result, had no objections to the product being phased out. Dr Urbaniak did not yet know the precise position in his region but was prepared to recommend the use of alternative products in his region. It was noted that Northern Ireland had no requirement for this product.

Directors agreed to abandon production and availability of freeze-dried fibrinogen concentrate and Dr Cash agreed to inform the BTS Sub-Committee of this decision.

c) Record of allo-immunisation (minute 3d)

Dr Mitchell reported that he had circulated a proof of the proposed allo-immunisation card to Directors and had received their comments and criticisms, and as there was no consensus of opinion he suggested that it would be more practical for the record card to be produced by individual regions. Directors agreed with this proposal and thanked Dr Mitchell for his efforts.

Dr Bell reported that Scotland was committed to the introduction of new cards associated with the prevention of HDN which had been introduced in England and Wales and that SHHD had several thousand cards ready for distribution. Dr Cash agreed to write to Dr Bell for samples to send to Directors.

d) Freeze-dried plasma (minute 3e)

- i. Mr Watt reported that he had a meeting with representatives of Burns Units on 28 March to discuss the development of new Albuminoid Solution for burns patients. The basis for a structured formula had been agreed, and it was hoped that clinical trials would be held in the Autumn of 1983. Dr Cash reminded Directors that it had been agreed at the meeting at Bangour Hospital on 25 October 1982 that the representatives of Burns Units would liaise with Mr Watt on the viability of a new product and that this would be followed by a further meeting between SNBTS Directors and staff from Burns Units before any clinical trials proceeded.

It was agreed that Directors would need full information on the specificatio of the proposed new product, and the clinical trial protocol before the trial could be instituted. It was hoped that Mr Watt would be able to prepare a paper on the project for consideration at the next Directors' meeting.

- ii Dr Cash spoke to a paper on the issues of bottles of freeze-dried plasma during the period June 1981 - December 1982 (which had been previously circulated). It was noted that Centres had issued a total of 9740 bottles during this period and the largest number of issues, 8879 bottles, had been made in the West.

It was noted that the loss of freeze-dried plasma was of particular concern to the West and it was agreed to consider this matter at the special meeting being held on 19 April 1983.

e) RTC quality assurance programme (minute 3h)

In the absence of Drs Gunson and Wagstaff it was agreed to defer this item to the next meeting.

f) Use of hepatitis vaccine for NHS staff (minute 5)

Dr Cash invited Directors to give an update of the situation regarding the use of hepatitis vaccine for staff and the following was reported:

Dr Urbaniak had had local discussions and had decided not to vaccinate staff, but immunoglobulins would be administered for specific incidents.

Drs B McClelland and Mitchell had nothing further to report and Dr Brookes advised that NHS staff were a low priority for vaccination.

Dr W McClelland advised that the policy in Northern Ireland was not to vaccinate all staff.

g) Tear-down plasma pack system (minute 6)

- i. Mr Watt reported that three manufacturers (Biotest, Tuta and Travenol) were interested in producing a tear-down pack. The West of Scotland had already received trial packs and 40 had been filled with plasma and sent to the PFC. An additional 150 trial packs would soon be sent direct/

direct to Dr Mitchell and he agreed to send sample packs to the other Directors in order to permit them to examine what alterations (if any) might be required in the future for the blood processing laboratory procedures, etc.

Mr Watt did not know if the shape of the trial packs would be the final shape. The volume of the pack would be 310 ml.

Mr Watt advised that the prototype machine for splitting the tear-down packs was still in the manufacturer's workshop. As it could not be sanitised at present, he was not ready to receive any more plasma in tear-down packs. He envisaged that extensive studies between PFC, the West of Scotland and manufacturers would be underway within the next year.

Directors advised Mr Watt that the effects on Transfusion Centres would have to be given consideration before any final decisions were taken. Particular attention would be required to problems of storage, accessibility and weight of tear-down pack cassettes and the compatibility of new packs with existing centrifuge cups.

It was agreed that Mr Watt would liaise with Directors before finalising any agreements and that he would prepare a proposal document with illustrations for consideration at a future meeting.

- ii. Dr Cash reported that he had written to Mr Mutch with a request for the tear-down pack trials to be funded in 1983-84. Dr Mitchell advised that there had been no costs incurred in the West as the materials had been supplied free of charge. Mr Watt thought that the trials would involve very little additional costs.

#### 4. ADDITIVE SOLUTIONS

Dr Cash reminded the meeting that development funds had been requested for packs with additive solutions in 1983-84 and that it was essential to ensure that funds were available before any increased expenditure was incurred. Dr Mitchell reported that SAGm packs were being used in his region from 28 March 1983. Dr Mitchell asked if the addition of mannitol in blood packs was known to cause increases in haemolysis and was advised that mannitol, or its equivalent, was known to reduce the incidence of haemolysis.

#### 5. COMPUTER DEVELOPMENTS IN HOSPITAL BLOOD BANKS

Drs Cash and Mitchell reported that a computer development had taken place at a hospital blood bank in the West of Scotland without prior consultation with the BTS or ISD. Concern was expressed that this development was potentially hazardous and costly and Directors were advised to let colleagues in their regions know of this potential problem. The particular problem in the West had been resolved and it was noted that the Director of ISD had informed CAMOs that "all computing developments associated with transfusion work done in hospital Haematology Departments should be discussed with the local Regional Transfusion Director and ISD".

In the discussion which followed it emerged that there were problems associated with the system of numbering code labels and it was agreed that Mr Watt would ask Dr Hopkins to produce a series of product codes, and to prepare a paper detailing the problems.

#### 6. RETENTION OF MEDICAL RECORDS

Dr Cash reminded the meeting that the Co-ordinating Group had decided in November 1981 to accept the advice of the Royal College of Pathologists and retain records for as long as possible after the legal requirement of six years. The/

The report of the Royal College of Physicians of Edinburgh, College workshop on Medical Records (which had been previously circulated) held on 29 April 1982 had been tabled at a recent meeting of the Scottish representatives of the Royal College of Pathologists, and it was noted that Para. 4(IV) of the report recommended that obstetric and child health records should be retained for twenty five years and other records retained for ten years.

Directors considered this report but agreed to adhere to the decision reached in November 1981.

#### 7. BLOOD COLLECTION IN PRISONS AND BORSTALS

Dr Cash reported that the Medicines Inspector had commented adversely on the practice of collecting blood in prisons and borstal institutions, and he invited Directors to comment on the practices in each region and to give their views on the Medicines Inspector's criticism.

It was reported by all Directors present that sessions were held in penal institutions in all regions, although Dr Brookes and Dr Urbaniak intended to review the situation in their regions.

It was not possible for the Directors to agree on future policy, but it was agreed that Dr Brookes, as the Scottish representative, should ask the Working Party on the Selection and Care of Blood Donors to consider this issue. In the meantime, Dr Cash agreed to inform the Medicines Inspectorate of these SNBTS discussions and conclusions.

#### 8. MRC STUDY OF BLOOD DONORS FOUND TO BE HBsA POSITIVE

A letter received by Dr Taylor of Inverness BTS from the MRC Environmental Epidemiology Unit, University of Southampton (which had been previously circulated) was discussed. It was noted that all the English regions and two of the Scottish regions (North and North East) were involved in this MRC study. Dr Urbaniak reported that Dr Lewis had already provided the information requested from the North East. As in the original study, Directors expressed concern about the possibility of confidentiality being breached, particularly in view of the information being relayed to Southampton by post, and it was agreed that Dr Cash should inform Dr Taylor of these anxieties and advise him to consult the new Director after he takes up his post.

#### 9. NBTS DIRECTORS' MEETING 4 JANUARY 1983

The minutes of the meeting had been previously circulated and discussion took place on item 3(a).

#### Blood supplies during outbreak of hostilities

Dr Cash reported that he would contact Dr Covell about the possibility of Home Defence planning funds for the SNBTS and that there might need to be another meeting on Home Defence. Directors then reported their stocks of blood packs, as follows:

NORTH EAST/

- NORTH EAST -  $2\frac{1}{2}$ / $3$  months stock is normal level, and there is no space available to increase this.
- EAST - 3 months stock is normal level and there is no space available to increase this. There is insufficient staff at the Centre to service an outside store.
- SOUTH EAST - The present stock level is  $3\frac{1}{2}$  months but this is abnormally high and there is no space available to increase this.
- WEST -  $3\frac{1}{2}$  months is the normal stock level and Fenwal Ltd hold an additional 3 months stock for the West in a Cumbernauld store. A new store at Law will provide additional space and enable 6 months stock to be carried.

10. ANY OTHER BUSINESS

Dr Brookes reported that she had received a request from Dr Holburn for anti-D *Passmay* blood grouping reagent and she was advised that the West, South-East and North-East ~~did not~~ supply BGRL with this product.

*Lead serial they were unable to supply.*

11. DATE OF THE NEXT MEETING

Tuesday 14 June 1983.