IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of meeting of Directors held at the Protein Fractionation Centre at 11 on Thursday 1 July 1976.

Present: Dr. J. Wallace (in the chair)
Dr. C. Cameron
Dr. J.D. Cash
Dr. H.B.M. Lewis
Mr. J.G. Watt
Dr. A.D. McIntyre
Mr. R.N. Roberts
Miss M. Corrie Secretary (Items
Miss G. Feeney Secretary (Items

1. INTRODUCTION

Dr. Wallace intimated apologies for absence from Dr. Cook, Dr. Maycock, and General Jeffrey.

2. MINUTES OF THE LAST MEETING

The following amendments were made to the minutes of the meeting held on 1 April 1976.

Minute 5 line 1 Last two words in line 1 of this minute to read "January 197

Second line, page 4 to read ... "the opinion that it was beyond the capabilit of equipment presently available within the NHS".

3. MATTERS ARISING FROM THE MINUTES

a. Supply of factor VIII concentrates (3c)

Directors discussed their disappointment at the small number of Reaction Forms received from the Centres using factor VIII preparations. It was felt that the amount of clerical work involved in submitting these forms quarterly might have been under-estimated by the Centres. The next meeting of SNBTS and Haemophilia Directors, to be held on 4 October, was felt to be a suitable occasion upon which to discuss the completion and submission of the Reaction Forms by the users. Directors felt a point worth stressing was the importance of obtaining reports immediately should any serious reaction to factor VIII occur.

Discussion followed on the importance of obtaining detailed information on factor VIII products given to individual patients. Mr Watt proposed the formation of a National Register of Haemophiliacs. Dr. McIntyre indicated that he was proposing to gather information from Transfusion Directors and Directors of Haemophilia centres relating to the use of factor VIII products, the number of haemophiliacs, the severity of the disease, the amount of factor VIII given to individual patients and the extent of home therapy. Dr. McIntyre hoped to prepare a paper using this information for discussion at the next joint meeting.

Mr Watt raised the problem concerning the use of factor VIII preparations which he had made from cryosupernatant. Directors felt it would be helpful to obtain more information about the clinical value of the product. The material was available to any Director who wished to use it. It was hoped

that Mr Watt and Dr. Cash might be willing to prepare a joint paper on the availability and use of factor VIII products, and that relevant information on the clinical value of the product would be available for discussion at the next joint meeting.

b. Training of technicians (3d)

Directors agreed that the circular was helpful. Although reservations were expressed about the Special Examination, it was acknowledged that the present form would operate for the next few years. It was therefore important to provide facilities for technical staff preparing for the Special Examination. The main concern of Directors was the workload generated by the ~~progress~~ projects. These would require to be planned, supervised, and assessed. The number of students, in the larger regions at least, would increase rapidly within the next few years. Dr. Wallace indicated that Miss Corrie would be conveying the views of the Directors on the draft circular to the CSA and to SHHD. It was hoped to incorporate in the reply the views of the Senior Chief Technicians who had discussed the matter at their recent meeting. Although, unfortunately, the proposed half-day release scheme did not suit all the Regions, it seemed to be the best arrangement for the majority.

c. Provision of biochemical control sera to NHS (5)

Dr. McIntyre reported that fresh human serum was being made available to four commercial firms which were interested in a contract for freeze-drying accurately dispensed aliquots of serum. It was uncertain when a decision would be taken by the Central Health Departments on these proposed contracts.

Meantime, Dr. Wallace was providing Dr. Kenny with fresh human serum to meet Scottish requirements, amounting to approximately 50 litres per annum.

There was discussion on the need for more information about the requirements of those who use human serum in quality control and in proficiency testing. Mr Watt felt that the PFC could play an important part in dispensing and in drying serum. Directors felt it necessary for further discussion of the problem and for recommendations to be made and asked Dr. McIntyre if SHHD could convene a meeting of an *ad hoc* group to do this.

d. Human Specific Immunoglobulins (minute 6)

(i) Anti-CMV

Dr. Wallace reported sending to Mr Watt a first batch of 15 donations of plasma containing the CMV antibody. He had hoped to collect more donations but the incidence of anti-CMV was lower than had been anticipated from earlier investigations. It was known that the presence of this antibody showed seasonal variation.

(ii) Anti-D

Mr Watt reported having 2784 vials ready for issue and four batches in progress. Most of this was from plasma supplied by Dr. Cook and was of very high quality. Dr. Cash explained he had recruited a further group of donors. It was agreed that Mr Watt should accrue 1 kg. of dried powder containing a high titre of the anti-D antibody which would store well and could be ready for issue at 3 months' notice.

(iii) Anti-Tetanus

Directors agreed that demand had so far been low following the issue on 5 May of circular letter SHHD/CAMO(76)20. Issues from PFC to Regions during the quarter ended 30 June 1976 had totalled only 240 vials of 250 units and 4 of 5000 units. It was pointed out that Directors had not received copies of the circular letter at the time of issue. Dr. McIntyre undertook to see that any future 'CAMO' letters issued by SHHD on blood transfusion matters would be sent to Directors.

(iv) Anti-rubella

Dr. McIntyre said that the expert group to which he had referred at the previous meeting had so far produced only an interim report. The contents of their final report would be notified to Directors.

(v) Anti-herpes simplex

Dr. Cash explained that he could obtain access to plasma containing anti-herpes simplex if it was needed. After discussion it was agreed that Mr Watt should fractionate one pool of 70 litres from plasma from Inverness against possible requests. Concerning the clinical application it was explained that Dr. C.C. Smith, a member of the Planning Council's Blood Transfusion Advisory Group, had agreed to prepare a paper on specific immunoglobulins for the October 1976 meeting of the Group.

(vi) Normal human immunoglobulin for measles prophylaxis

Dr. Wallace reported that he had recently attended a symposium on communicable diseases at which a speaker had said that SHHD might mount a campaign on active immunisation against measles. In this context there was a need to provide normal human immunoglobulin in 15 mg. doses for vaccination of debilitated children. Dr. McIntyre advised that the matter was under discussion in one of the expert groups advising SHHD. He was asked to ensure that SNBTS was informed of any decisions concerning the use of human blood products.

(vii) Anti-rabies

Mr Watt expressed disquiet over factually incorrect statements made recently on BBC radio and in the Veterinary Record and hoped that SHHD would correct some of the misconceptions about rabies. Directors were also disturbed to learn that commercial human anti-rabies IgG had been issued to four holding points in Scotland none of which was a Transfusion Centre and none of which was known to SNBTS. It was hoped that human blood products would in future be available in Scotland only through SNBTS.

(viii) Anti-hepatitis

Mr Watt asked if it would be in order for him to send to the Iranian BTS a quantity of anti-hepatitis IgG due to expire in one year in exchange for fresh plasma. Dr. McIntyre explained that the NHS (Scotland) Act 1972 imposed certain restrictions on the supply of material to countries outside Scotland and that a decision by SHHD

would take some time and might require the passing of a statutory instrument.

After discussion it was agreed that Mr Watt should retain his stock of anti-hepatitis IgG against possible Scottish need.

4. THE FUTURE OF PLASMA DRYING

Dr. Wallace explained that the plasma drying plant at Law required to have between £10,000 and £20,000 spent on it if it was to continue to function and he sought his colleagues' advice on what should be done. Despite the increasing supply of SPPS issues of dried plasma had not declined. Directors were finding the future requirement difficult to estimate because of the uncertainty of the respective demands for SPPS and dried plasma. Mr Watt intimated that SPPS was being issued at the rate of 6 bottles per 1,000 population per annum but he was concerned that dried plasma was being issued at the rate of 4 bottles per 1000population per annum. Some Directors felt they were not receiving SPPS at the rate quoted.

Mr Watt offered to undertake freeze-drying of plasma for Dr. Wallace in an emergency and it was remitted to the Co-ordinating Group to decide whether to finance repair of the plant at Law from their existing or future financial allocations; Dr. McIntyre confirmed that no additional funds were available.

5. ADVERSE REACTIONS TO PFC PRODUCTS

The following was reported

a. SPPS batch 336

A patient receiving treatment on the cell separator at Edinburgh Royal Infirmary having experienced a bradykinin-like reaction to SPPS from batch 336, PFC had undertaken 7 assays and discovered a very low bradykinin level. Since the patient concerned had already received SPPS from batch 336 in common with 10 other patients, Directors concluded that the reaction was an individual one and that the remainder of the batch could be used, except perhaps for patients undergoing treatment on cell separators. Batch 336 was, it was reported, the first fully automated one.

b. Intermediate Factor VIII batch 127

There had, it was explained, been reactions by patients in Aberdeen and Edinburgh to batch 127 of intermediate factor VIII. Investigations by Dr. D.S. Dane of the School of Pathology, Middlesex Hospital Medical School had shown that the product was free of HBsAg "at conventional test limits (and a bit beyond)" while SE Scotland BTS had discovered that the batch was unique in containing no antibody to HBsAg. It was agreed that this fact and its implications merited discussion at a special Directors' meeting.

Dr. Wallace congratulated Mr Watt and his colleagues on their prompt and thorough investigation. It was agreed that two essentials following reported reaction to BTS products were:

(i) recall of the batches from users to BTS centres
(ii) investigation by a recognized external authority as well as by BTS.

The detailed procedure should be agreed at the proposed special meeting.

6. SUSPECTED TOXICITY OF DRUGS

Mr Watt referred to a confidential form (ref. CSM/AR/IND B/M272/086) which the Committee on Safety of Medicines wished licence holders to submit following suspected toxicity or side-effects and which he would require to submit in respect of PFC products. On the advice of Dr. McIntyre it was agreed to ask Dr. A.T.B. Moir of SHHD to speak to Directors on the subject at their next meeting.

7. ATTENDANCE OF DHSS REPRESENTATIVE

Dr. McIntyre explained that Dr. Sheila Waiter of SHHD had expressed an interest in the Scottish Directors' meetings and would like to attend from time to time as an observer. Directors agreed that Dr. McIntyre should extend an invitation to Dr. Waiter on their behalf.

8. TRAINING OF CONSULTANTS IN BLOOD TRANSFUSION

Directors sought the advice of Dr. McIntyre following the discussion at the Co-ordinating Group meeting on 8 June 1976. It was explained that SNBTS was concerned about its ability to attract and retain Senior Registrars, Consultant retirals over the next 6 years amounted to 14 in the UK, 4 of these in Scotland, and there were currently 9 consultant vacancies in England and Wales.

Dr. McIntyre explained that the existing establishment of 4 Senior Registrars in Scotland was adequate to meet Scottish retirals and new consultant posts. He recommended that Directors should submit to SHHD a paper outlining their joint views on the future of the specialty of blood transfusion. It was agreed that a special meeting should be held in August 1976 to prepare material for the paper. Dr. Cash was asked to prepare notes for discussion and agreed also to arrange for his colleagues to visit his Centre before their meeting.

9. DATE OF THE NEXT MEETING

The next meeting was fixed for Tuesday 26 October 1976.