IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in the SNBTS Headquarters Unit on Tuesday, 15 June 1982

Present : Dr J D Cash (in the chair)
Dr E Brookes
Dr H B M Lewis
Dr D B L McClelland
Dr R Mitchell
Mr J G Watt (Items 1 to 13 inclusive)
Miss M Corrie (Secretary
Dr A E Bell, SHHD
Mr K A M McBryde, SHHD
Dr W Wagstaff, Sheffield

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Cash explained that Mr B Sharry, who had replaced Mr J H F Finnie, SHHD, had in turn been replaced by Mr J O Wastle who was, however, unable to attend, and was being represented by Mr McBryde.

Apologies were intimated on behalf of Dr H H Gunson and Dr I A Cook.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 16 March 1982 had been circulated. They were agreed as a true record.

3. MATTERS ARISING FROM THE MINUTES

a. <u>The supply of blood for, and charging to, the private sector</u> (minute 3d)

JOH/3/2

<u>Supply</u>

Dr Mitchell explained that he had not in fact made a specific proposal to undertake crossmatching for new private hospitals being planned for Glasgow. He had had a wide ranging discussion about laboratory services with one person associated with one private hospital, and had nothing to report.

Dr McClelland had asked BUPA about their plans for the supply of blood to their hospitals. He had been told that all other BUPA hospitals co-operated with their local Regional Transfusion Centres for services including compatibility testing and they hoped to make a similar arrangement in Edinburgh. In the long term BUPA hoped to develop their own compatibility testing.

There were no developments to report in North East or East Scotland.

Dr Cash reported that he had, as agreed at the last meeting, invited the SHHD to consider if there was some way in which private hospitals of any size should be obliged to discuss with the BTS how they proposed to obtain blood and blood products. He had received no reply to his letter which was dated 23 March. It was noted that a formal reply was required.

It was explained that companies intending to open private hospitals with up to 119 beds required only to notify the Secretary of State of their intention. However, it was not the number of beds but their type which determined the requirements for blood and blood products. Mr McBryde thought that the SHHD might be able to pass on information about such hospitals as it arrived at the Department. Hospitals planning to have 120 or more beds required to apply through their local Health Boards for permission and the application form included questions about blood and blood products.

It had been thought at the previous meeting that a Circular or Dear Secretary letter existed on the topic of blood products and private hospitals, but Mr McBryde explained that he had been unable to locate such a Circular or letter.

It was noted that Directors were still receiving letters from blood donors who wished to know whether their blood would be used in the private sector.

b. Insurance cover for plasmapheresis donors (minute 3e.ii)

Dr Wagstaff explained that he had been assured by the DHSS that the latter would contact the Life Offices Association on behalf of plasmapheresis donors. It was hoped that the SHHD would confirm the arrangements to the SNBTS once they had been finalized.

c. Commercial blood products purchased in the year to 31 March 1981 (minute 3g)

Dr Mitchell had been asked to report his findings on the apparent purchase in his Region of commercial anti-D IgG and Factor IX complex. He explained that the Consultant concerned had said that no such commercial purchases had been made and that he was unable to account for the mistaken report.

The Directors agreed to keep a watch open for "activated Factor IX" which appeared to be used in some areas and which was not manufactured by SNBTS.

d. Freeze-dried Fibrinogen Concentrate (minute 5)

i. Manufacture of 100 bottles at PFC

Mr Watt explained that he had 150 bottles in process. 11 of these were ready for issue at present and the total would be ready for issue by July 1982. They would be put into cold storage to help extend their shelf life.

ii. Consultation with Obstetricians on the use made of, and requirement for, the product

At the last meeting the Directors had agreed to consult with Obstetricians in their Regions. In the event they had not done so because they had felt that consultation would be of limited value. After discussion it was agreed that it would be helpful to consult with Obstetricians and Haematologists.

iii. Consultation with the Obstetrics and Gynaecology Sub-Committee of the NMCC

It was agreed that consultation should await a clear proposition from the SNBTS Directors.

iv. Other sources of freeze-dried fibrinogen

Dr Cash reported having heard from the Swiss Red Cross that the latter's total production of the product was from plasma supplied by two donors, which reduced considerably the danger of hepatitis. It was agreed that it might be uneconomic to manufacture in Scotland for Scottish needs alone. It was agreed that Dr Cash should ask the Director of BPL whether the latter would be interested in manufacturing for the UK. He would also approach the Swiss Red Cross.

It was agreed to discuss the matter again at a later date. Meanwhile, Dr McClelland would circulate a document in which were listed all the alternative NHS products available at present.

e. Salt-poor albumin 20%

As agreed at the last meeting that Dr Cash should consult renal physicians on the need for salt-free albumin, consultation had been completed and there was a unanimous desire for the product. Mr Watt explained that large scale production was less easy than his pilot experiment had led him to believe but that he was continuing to develop towards a salt-free product. The position was noted.

f. Anti-CMV Plasma (minute 7)

i. Input to PFC

Mr Watt reported that his current holding of anti-CMV plasma was 14.6 litres, quarterly intake having increased to 8 kilograms; the increase totally from W Scotland. The PFC could, Mr Watt said, cope with 50 kilograms a quarter, which would have to be assayed centrally.

ii. Regional Directors' comments

Dr McClelland explained that he would be able to supply plasma shortly. Dr Lewis had contacted some ex-patients. It was agreed that contacts were well worth pursuing because so little plasma of worthwhile titre was available. Only 1.7% of the random donor population reached the required titre of 1:32 and there was usually a rapid, early decline.

It was noted that several marrow transplant surgeons wanted the IgG and at least one surgeon involved in renal transplantation. It was agreed that the cost of providing the IgG should be included in future requests for development funds to help the SNBTS meet the needs of Health Boards who had bone marrow transplantation programmes.

g. Record of Allo-immunisation (minute 8)

Dr Mitchell tabled a card which he had drafted for possible use throughout the SNBTS together with a plastic wallet into which a preprinted card could be inserted and sealed automatically. The Directors agreed to comment at the next meeting on the draft wording and to give the number of cards which would be required in each Region.

h. AHG Serum (minute 9)

Dr Cash reminded the meeting that the purpose of the investigations into the manufacture of AHG serum was to ascertain whether the SNBTS supply

should be manufactured in one of the two Transfusion Centres currently manufacturing the serum and that the help of Management Consultants had been sought in costing the product currently manufactured in SE and W Scotland. Dr Mitchell explained that he was producing a report.

Meanwhile, SE and W Scotland had each convened a group of senior staff whose job was to prepare a specification and immunisation programme.

It was noted that Dr Holburn of the BGRL had offered to supply the SNBTS with AHG serum and it was agreed to discuss this offer in due course.

4. FREEZE-DRIED PLASMA

It was noted that the enquiries made in their Regions by the SNBTS Directors had not enabled them to make a unanimous decision as to whether or not to continue manufacturing freeze-dried plasma in the national plant in W Scotland BTS. The vast majority of clinicians who had been asked appeared not to need the product but the few who did felt very strongly about it. Dr Lewis felt that he needed to ask the appropriate surgeons in his region to prove to him in support of their request for continued supplies of freeze-dried plasma that SPPS was not in the interest of their patients.

After discussion it was agreed to recommend to the BTS sub-committee that it was unjustifiable to continue to produce freeze-dried plasma and to ask the sub-committee's support in suspending production. It was noted that no reply had been received from the Ministry of Defence and the view was expressed that Scotland should not, unless invited, accept a UK strategic role.

5. WORKING PARTY ON ANTI-D PLASMA

It was agreed to hold a special meeting on 22 September 1982 to consider the reports produced by Dr I A Cook (already circulated) and Dr F E Boulton (which was tabled). It was hoped to establish a policy for production and administration of the product in Scotland.

6. REPORTS FROM WORKING PARTIES

It was suggested that it might be worthwhile to receive and discuss periodically a brief report from staff who were nominated to sit on working parties. After discussion it was agreed that such staff should circulate to the Directors a note, or the minutes, of meetings which they attended on behalf of the SNBTS as a whole.

7. JOINT SUB-COMMITTEE ON THE PREVENTION OF HAEMOLYTIC DISEASE OF THE NEWBORN

NQH 3/4

Dr Cash explained that he had seen the minutes of the final meeting of the Joint Sub-Committee on HDN and that these included the suggestion that clinicians could give anti-D IgG in the ante-natal period if they wished. Dr Bell (who had been present) thought that no change in policy was intended.

8. CDS WEEKLY REPORT: PUBLICATION OF A PAPER ON ANTI-MICROBIAL PREPARATIONS AVAILABLE TO THE SNBTS

Dr Cash had circulated a letter and a paper by Dr Bruce Cuthbertson which the latter had thought might be published in the CDS Weekly Report. Mr Watt and Dr Cash supported the proposal to publish. It was agreed that the paper should be forwarded to the CDS Weekly Report and that it might be followed by a series of paragraphs on specific products in succeeding issues of the report. It was decided to include in the paper a request to Community Medicine Specialists to

contact Transfusion Centres in confidence when they had convalescent patients who might be invited to become plasma donors for specific IgG.

9. SERUM FOR QUALITY CONTROL

Dr Cash reminded the Directors that he had undertaken to ask Dr W Hunter to review, on behalf of the Peptide and Hormone Steering Group of NEQAS, what use was being made of the serum supplied to the Group by the SNBTS. There had been no reply, but it was known that Dr Hunter was shortly to leave Scotland and Dr Cash agreed to write again, this time to Professor Whitby.

It was noted that there was no feedback yet on the reason for the differences in the level of use of the serum in different laboratories.

10. MEDICAL ADVICE AND MANAGEMENT IN THE NHS

Dr Mitchell had asked for a discussion on Circular 1982(GEN)15 on the subject of medical advice and medical management which had been circulated to the Scottish Directors. Dr Mitchell reported an instance in which an English Transfusion Director had been told that his Senior Nurse would be accountable to the Regional Nursing Officer. It was emphasised that such a practice was unacceptable from the point of view of GMP but acknowledged that such a situation could not occur in the CSA. It was explained that the Circular had been sent to the Directors for information and to enable them to know who their contacts in the Health Boards would be. It was suggested also that each Director might wish to become part of the medical advisory machinery for his Health Board. Some Directors already did so; others felt it more advantageous to be members of active clinical groups.

11. MEDICAL EDUCATION AND TRAINING

Circular 1982(GEN)4 and the related White Paper (Cmnd.8479) had been circulated. It was explained in the accompanying Circular that the White Paper had set no overall targets for an increase in Consultant numbers or for the ratio of Consultants to juniors for Scotland in the same way as it did for England and Wales. The SHHD suggested that more might be achieved by defining new targets for medical establishments on a specialty by specialty and area by area basis. It was noted that proposals would be put to Health Boards and the profession in the course of normal meetings with the Department.

12. DIN BOTTLES

Mr Watt demonstrated the DIN bottle which had been introduced recently at PFC, together with a plastic harness to suspend the bottle from drip stands. He explained that the bottles would be difficult to pack with the harness already attached and that he proposed to issue supplies of them in boxes together with the bottles, replacing the nylon net in which each bottle was packed presently. It was noted that there was no need to swab the stopper of the bottle once the seal was broken.

There were differing views about the harness and it was finally decided to continue with the nets.

13. MEETING OF REGIONAL TRANSFUSION DIRECTORS, ENGLAND AND WALES

Dr Mitchell had circulated a note of the meeting.

14. ANTI-TETANUS PLASMA TO THE PFC

A paper was tabled on behalf of Mr Watt (who had been called away from the meeting). It showed the intake of anti-tetanus plasma from the Scottish regions in the period 1 January 1981 to 9 June 1982, i.e. five complete quarters and one incomplete quarter. The Directors agreed to check the figures shown in respect of their Regions against the targets which had been set for them.

15. DATE OF THE NEXT MEETING

14 September, 1982.