32

CCC(M)(72)3

SCOTTISH HOME AND HEALTH DEPARTMENT
CENTRAL CONSULTATIVE COMMITTEE ON BLOOD TRANSFUSION

Minutes of the eleventh meeting held in Conference Room D, St Andrew's House, Edinburgh at 2.15 pm on Tuesday 10 October 1972.

Present:- Dr A E Ritchie (Chairman)
Dr P Aitken
Dr C Cameron
Dr I A Cook
Dr R A Cumming
Professor R H Girdwood
Dr J C J Ives
Mr A K Johnston
Mr I S Kirkland
Dr H B M Lewis
Dr G A McDonald
Dr I S Macdonald
Dr J G Robertson
Dr J Wallace
Mr J G Watt

In Attendance:- Mr R N Roberts, Miss M I Pollock) Secretariat

Apologies for absence

1. Apologies for absence were intimated on behalf of Mr Batchelor, Professor Douglas, Dr Harvey, Miss Macdonald and Mr McIver.

Minutes of meeting held on 16 May 1972

2. These were approved as a correct record.

Blood Transfusion Service - Discussion Paper

3. The proposals in the paper had received Ministerial approval and the SNBTA had been so informed.

Management Sub-Committee for the PFC - Report of tenth meeting

4. It was reported that the Sub-Committee had met on 26 September and that one of the main matters discussed was progress on the Liberton building. Prior to the recent industrial dispute in the building industry work had been progressing slightly ahead of schedule and although it was too early yet to gauge the effect it was hoped that the strike would not have caused a serious delay. The total cost of work completed to date was £212,000.

Training of future consultants - Paper CCC(M)(72)5

5. This memorandum had been prepared by the Regional Directors as they were concerned about the lack of suitable candidates coming forward for consultant posts in Blood Transfusion. The question now was how it could be brought to the attention of the authorities (eg Royal College of Pathologists) who would be able to implement it.

6. It was emphasised that the memorandum should be circulated to as wide a field as possible and in this context all the Royal Colleges in Scotland and the Scottish Council for Post-Graduate Medical Education were mentioned. There was also a suggestion that copies should be sent to English Regional Transfusion Directors but this was not pursued.

7. The need for a fresh look at the training facilities for future consultants was essential in the light of the rapid development in blood transfusion. Information was needed on what clinical experience was expected before going into the service and it was understood that the Royal College of Pathologists had recently resolved to recommend that haematology candidates must have spent six months in a blood transfusion laboratory.

8. It was agreed that the memorandum should be submitted to the Executive Committee on 19 October with a recommendation that it should be put to the Royal College of Pathologists. It was pointed out that this should not commit SHETA to the actual implementation of all the detailed proposals in the memorandum some of which, eg coagulation, might not be solely for the blood transfusion service. Each project would have to be considered on its merits as it arose.

9. It was suggested that the paragraph on page 2 of the memorandum might be modified to exclude reference to a specific number of consultants. The Department should be made formally aware of the memorandum.

Chairman's Advisory Group - Virological requirements

10. The Regional Director's were in general agreement with the recommendations of the Chairman's Advisory Group but they were concerned about the delay in introducing

(1) more sensitive screening of donations for Australia Antigen and its Antibody.

(2) co-operation with regional reference laboratories in relation to testing for hepatitis - at present Regional Transfusion Centres were not getting the service recommended in the Maycock Report.

(3) discussion on the future microbiology requirements of the BTS, particularly of the PFC.

11. The SERHB had been written to about the provision of facilities and a meeting to discuss and clarify the BTS requirements as far as the PFC was concerned would be being arranged. Although virological assistance given in the South-Eastern Region was satisfactory meantime it was unreasonable to expect this to go on for an indefinite period. The situation in the Western Region was not satisfactory although discussions had taken place; no progress had yet been made.

12. It was suggested that a BTS virology laboratory might not be to the advantage of the service in the long run; in any event the supply of high grade virologists was not unlimited. In rebuttal of this the point was made that the Regional Directors had stated an unequivocal need and that the Service had gone a long way in training staff. They were not concerned solely with hepatitis; there was a need for a microbiological service for the BTS to cover the whole field preferably from a laboratory sited at Liberton.

13. It was not clear where the PFC microbiological needs were going to lie. There was likely to be sophisticated immunology in the future and it was important that quality control was not prejudiced.

14. The BTS had a special need and must attain the highest possible standard within its resources. It was essential that there were more sensitive procedures at transfusion centres - it was known that, in England, more sensitive tests were being provided through the PHLS.

15. The question had to be asked, however, whether an establishment built up by the BTS could be maintained. Whatever was established there would still be a need for matters on occasion to be referred to a consultant virologist.

16. The requirements of the Medicines Act 1968 would also have to be kept in mind. The implications for the PFC might be extensive; every product would require to be licenced.

17. It was suggested that the Executive Committee should be asked to provide the best possible service for the time being with a view to its extension in the future if the need arose. The question of central facilities at Liberton would be discussed at the next meeting of the Committee.

Administrative Structure

18. The report of the Scottish Office Management Services Division was expected to be available within the next few weeks.

19. Concern was expressed at the delay in advertising the post of National Medical Director; a considerable time had elapsed since the Committee had approved the appointment. It was explained that the RHBs had had to be consulted about the granting of an honorary consultancy appointment before a case for the creation of a new consultant post could be put to the Advisory Committee on Hospital Medical Establishments which was meeting later in October. It was not anticipated that that Committee would resist the new post and as soon as approval was given the post could be advertised.

Tetanus immunoglobulin - Paper CCC(P)(72)1

20. Information had been obtained that during the last 8 months 360 doses of equine ATS had been issued to Scottish Hospitals; this figure was considerably less than expected. Stocks of plasma held at the PFC were sufficient to provide material for prophylactic purposes.

21. Cutter Laboratories had a supply in powder form which they were prepared to sell; the cost would be less than processing in this country. This matter had been discussed recently by the Regional Directors and they had considered that in the present supply and demand position there was no over-riding need to purchase the material.

22. The demand for this immunoglobulin for treatment of tetanus appeared to be diminishing; during the last year very few doses had been issued (the average was about 2 a year). The North Region was continuing its plasmapheresis programme and had developed a method of assaying; if the Joint Sub-Committee on Vaccination and Immunisation recommended the use of human rather than equine material it would be possible to expand these facilities. It was agreed that no further action required to be taken meantime.

Supply of fractions containing Factors VIII & IX - Paper PFC(P)(72)1

23. The minutes of the Working Party meeting held on 21 September had been circulated. The main points brought out at the Working Party meeting were-

(a) Approximately 30,000 donations of blood per annum would be required for the production of Factor VIII concentrated.

(b) The presence of Factor VII was considered to be relatively unimportant.

(c) Larger quantities of Factor IX products should be prepared.

(d) The need for extended clinical trials of coagulation factors; this would have staffing implications

(e) clinical trials of cryoglobulin precipitate and other coagulation factor preparations at Glasgow Royal Infirmary were proposed.

Some criticism was made on certain points in the minutes. In paragraph 5 the reference to prophylactic treatment being delayed because of lack of supply of cryoglobulin precipitable should refer to other factors holding up prophylactic therapy eg staffing, beds. No reference was made in paragraph 8 to the conduct of trials for Factors VIII and IX. The truth of the remark in the last sentence of paragraph 9 about products not meeting demand was queried - the supply could be increased. It was thought by the members of the Working Party present that Factor VIII should be included in the reference to clinical trials in paragraph 10. No reference was made to the staffing etc implications of the coagulation facilities mentioned in paragraph 11. The proposed evaluation in paragraph 13 required clarification; to what extent did the SNBTA finance the project.

24. In view of the points raised in discussion it was clear that clarification of what was actually intended was required. It was agreed that the Working Party should be invited to clarify the minute of the meeting and that it should then be referred to the Regional Directors before being considered by the CCC again. In the meantime the existing minute would be taken as a preliminary note.

Giving Sets

25. The Department had received supplies of two new sets - Avon and Travenol - for clinical trials and supplies were being sent to Regional Directors for distribution to hospitals.

26. Mr Pirkland asked that the DHSS Working Party should be asked to bear in mind that from the paediatric view point it was essential that there was an intermediate reservoir in giving sets.

Animal Studies - Paper CCC(P)(72)6

27. The proposal outlined in the paper was not for a short-term research project but for a continuing development. The cost would be about £6000 per annum including the salaries of a Senior Registrar and a Technician. It was pointed out that under the regulations laid down by the Committee on Safety of Medicine it was obligatory to carry out tests of new products on animals prior to administration to human beings. The Committee agreed to recommend to the Executive Committee that this application for financial assistance be granted.

Membership of International Societies

28. The Regional Directors had expressed concern about the lack of knowledge of international conferences at which the SNBTA should be represented. At present representation was on a UK basis through DHSS. It was agreed that separate representation for the SNBTA should await the appointment of the National Medical Director.

Statutory notice of the incidence of hepatitis - Paper CCC(P)(72)3

29. At present the statutory requirements were that "infective jaundice" is notifiable this is based on clinical diagnosis. It was agreed that it would be of great assistance to the BTS if this recommendation of the Rosenheim Report was implemented.

The Science Graduate in the Blood Transfusion Service - Paper CCC(P)(72)4

30. Mr G R Milne was prompted to prepare this paper because of his concern about:-

(a) the recommendations of the Zuckerman Committee not having been implemented

(b) the need to encourage young science graduates in BTS careers

(c) SHM 41/1972 which dealt with a new procedure for top grade scientific posts.

31. It was agreed that it was an interesting and useful paper but that no action could be taken until progress had been made on the Zuckerman recommendations. Dr Wallace was asked to convey the Committee's thanks to Mr Milne.

Any other business

32. Quality Control

Dr Aitken raised the matter of the recent case in England involving infected influsion fluids; as a number of Scottish hospitals produced influsion fluids he wondered whether any quality control scheme had been considered. It was reported that a number of hospitals were making use of the pyrogen testing facilities at Law but there was no indication at present that the existing facilities would not be adequate to meet future demands. Mr Watt was asked to keep the Committee advised of any further developments.

Date of next meeting

33. The next meeting was arranged for Thursday 14 December at 2.15 pm in Room 47, St Andrew's House.

October 1972