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Not for Publication

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 195th Regional Transfusion Directors' Meeting held at the Department of Health and Social Security (Hannibal House) on Wednesday 17th April 1985.

PRESENT:	Dr F A Ala	Dr D Lee
	Dr J D Cash	Dr W M McClelland
	Dr A K Collins	Dr R Mitchell
	Dr M Contreras	Dr J A F Napier
	Col R C Deacon	Dr F M Roberts
	Dr J Darnborough	Dr K Ll Rogers
	Dr C C Entwistle	Dr D S Smith
	Dr I D Fraser	Dr L A D Tovey
	Dr H H Gunson	Dr W Wagstaff

1. APOLOGIES

Apologies for absence were received from Dr J F Harrison and Dr R S Lane

2. MINUTES OF THE LAST MEETING

The Minutes of the 194th Meeting were accepted as a correct record.

3. MATTERS ARISING FROM THE MINUTES

## 4. i) Staffing (MLSO) at Transfusion Centres.

A further meeting is to be held with Mr Armour to prepare the paper.

## j) NEQAS in Serology.

Dr Fraser raised the question at the NEQAS meeting on 5th March 1985 as to whether it was right for the organiser of a scheme also to act as a supplier of reagents to laboratories within the United Kingdom. The NEQAS Haematology Advisory Panel agreed that they would review the General Haematology, the Blood Coagulation and the Blood Group Serology Schemes and would refer any problems to the relevant Steering Committee.

## 6. National Bone Marrow Donor Panel.

There are mixed feelings over this and most would like to see collaboration between Bristol and the Anthony Nolan panel since there is obviously some need for unrelated donors, although the numbers are likely to be small. It seems likely that autologous transplants will develop further as techniques improve.

## 7. Heat Treatment of Factor VIII.

An interim heat-treated product will be available from BPL until July while the new product is undergoing trials. It is hoped to obtain a provisional licence for this before September. All present expressed concern over supplies and agreed that such changes in BPL policy should be discussed at this meeting. The Chairman will write to requesting up-to-date information.

## 11. Data Protection Act.

It is not clear whether the Transfusion Service has to register where there is no specific mention of the BTS in the section on Health and Social

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Welfare although we hold considerable numbers of donor records. A working group has been set up by the DHSS and Dr Gunson has formally asked on behalf of RTDs that a senior member should address senior staff of the Transfusion Service - possibly at a seminar organised by the DHSS.

17. Anti-A and Anti-B.

Dr Fraser had written following the last meeting. Dr Gunson reported that the CBLA has met. There is not sufficient finance available to eliminate the use of human material.

15. British Standards Institution Technical Committee SAC II.

Dr Contreras pointed out that Dr Erozcovic is also a member.

With regard to the ILEA Teaching Pack, Dr Rogers reported that this may not now be produced as there is some political involvement. Dr Contreras supported the preparation of a Schools Teaching Package.

The Chairman added to discussion of the proceedings of the last meeting that he had written to Dr Smithies thanking her and saying how valuable the recent (AIDS) meeting had been to us all. Dr Smithies had replied that she also had felt it most useful.

Dr Fraser introduced the matter of regularly inviting DHSS staff to the meeting.

Some feeling were expressed about the status of the Directors' Meeting. It is apparent that the meeting is very valuable in the running of the Service and the Department needs our expert advice. However for us to implement major DHSS decisions requiring funding is not possible without Regional support. If observers were present they would be aware of our problems and much delay in communication would be avoided.

There was support for an invitation to be extended to Dr Smithies and Mr Williams and for Dr Gunson's suggestion that the secretary of the CBLA (Mr Armour) should also be invited.

It was felt most appropriate that RTDs meet alone in the morning with the formal meeting in the afternoon and that the DHSS should be the venue for the next meeting rather than Cardiff as previously agreed.

4. CODE OF PRACTICE FOR CELL SEPARATORS IN THE NBTS

Dr Robinson circulated the documents on behalf of the Working Party and Dr Harrison had asked for the subject to be raised at Divisions. There is a meeting on 20th May 1985. It was hoped the printed document would be published in the autumn.

Dr Fraser reported that DHSS input had been helpful and asked for comments. In general members were very appreciative.

Reference was made to page 4 item 9.1 where there was some confusion over 'nurse and/or doctor'. Eastern Division suggested this should clearly be nurse or doctor.

A general consent form would have been simpler but legal advisors in DHSS were against anything on a consent form involving crossing off options.

It is essential that a person is clearly legally responsible and the Nurse Manager is responsible to the Consultant in charge of the unit.

The Training Form is only for Nurses and cannot be applied to donor attendants.

The medical examination and tests were the basic practice which should be followed. It was recognised that some Centres might wish to do more.

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It was decided to call the document 'Guidelines' rather than 'Code of Practice' to avoid further delay.

It was agreed that reporting of problems should be commenced immediately and major defects back to January 1985 would be recorded for UK and Northern Ireland. Dr Tovey hoped a computer programme could be established. It was obvious that reports would fall into urgent and non-urgent categories.

5. RCN GUIDELINES FOR THE USE OF BLOOD CELL SEPARATORS

This document has no authority or status. The profusion of documents reduces the impact of each one. It was strongly felt that there should have been consultation with the Transfusion Service. This paper is presumably aimed at hospitals where the running of a unit is left to nursing staff. It re-emphasises the fact that the original DHSS Cell Separator document needs urgent revision (1976).

6. BPL TRANSPORT SURVEY

Dr Lane's letter was presented. It was pointed out that comments had been requested by BPL's Administrator on this document.

It was felt that a decision must be made soon but doubts were expressed whether such a uniform system was applicable to all Regions. Many were already committed or had existing efficient arrangements. Doubts were expressed also about the costing, maintenance and replacement of such vehicles. It was apparent from staff comments that improvements could be made in handling of our material at BPL.

The document is not acceptable as it stands and the Chairman will write to Mr Bailey at Elstree with comments.

7. LABORATORY REPORTING OF HTLV3 POSITIVE ANTIBODY TESTS AND DONOR COUNSELLING FOR CONTACTS OF HIGH RISK GROUPS. PROGRESS OF WORKING PARTIES.

Dr Gunson informed the meeting that it is intended to collect 10,400 donor samples - this to be funded by DHSS who are also being pressed to purchase the Kits (the likely cost is £25,000).

The first 1,500 samples will be tested in the PHLS together with known panels containing samples of high risk groups. If the initial appraisal is satisfactory then the survey will be extended to the Transfusion Service. All kits will be tested against the same samples and all firms have agreed to comply. (Only 2 are approved at present). RTC samples will be required by mid-May and testing will be carried out during the summer - no decision has yet been taken on Centres undertaking this. The results will be available to all RTCs.

It is stressed that uniformity of action is essential among RTCs; 1st October is suggested as the starting date.

A standard will be established by PHLS at Colindale who will send out samples for external quality control.

Reference Centres - the requirement has been taken on by the DHSS as also has the problem of a reference test.

RTDs will need to approach Regions for the funding required for facilities and staff. The technique most likely to be used, at least initially, is ELISA.

The question of counselling of donors and staff and the significance of antibody to HTLV3 was raised.

A working group is to be set up by Dr Gunson with Dr Fraser, Chairman of Divisions, Dr B McClelland and Dr Smithies, and should meet very soon, as there are major problems regarding donors, staff and other members of the community at risk.

8. SENIOR REGISTRAR POSTS IN BLOOD TRANSFUSION

Concern has been expressed over the poor quality of applicants for these posts. There are seven such posts in England and three in Scotland. The job descriptions will be collected and reviewed, together with Dr Tovey's paper on SR training. It is felt that standards must be maintained and external assessors could be from within the Service. Dr Collins described the new job description drawn up in Newcastle and agreed to circulate it. Dr Tovey spoke on the role of the JCHMT and there was support for action on this matter.

9. JOURNALS TAKEN BY THE BLOOD TRANSFUSION CENTRES

It had been suggested that a central list be circulated. The Northern Division considered that availability of photocopies of articles of interest would be useful.

A list of rarer journals taken should be sent to Dr Fraser by all interested parties. Dr Cash agreed to circulate copies of Dr Pepper's current contents scan.

10. BLOOD SUPPLIES FOR LIVER TRANSPLANT PATIENTS

Dr Darnborough reviewed the demands placed on his Centre. Additional funding given to Professor Calne imposes supply problems for blood and blood products which have to be found locally even if the patient is from elsewhere. The routine is to prepare 30 blood packs and 8 fresh frozen plasma units initially. This will obviously be an extra load as the surgical unit develops.

The options are to extend the shelf life of the donor blood packs, to request supply from the appropriate Regions since frozen blood and volunteer blood could not be made available in time. A wider National back-up is required since this is not a local problem.

It was apparent from discussion that all transplant centres are facing somewhat similar problems and it was felt that DHSS should fully inform and discuss with RTDs and RHAs the supply of blood and blood products to such units.

The value of rapid communication between Centres was raised since some Centres felt secure only with large stocks and others operated on a lower level. The Scottish Transfusion Centres have a Telex System, feeling that daily information was essential for efficient operation of a National service. Providing funding was available the meeting would support the more ready exchange of both information and therefore blood and products between Centres. It was agreed the insulated boxes with ice inserts were satisfactory for short term preservation of blood during transport.

11. PROPOSED REVISION OF NBTS3, NBTS 34 and NBTS 40

There is considerable variation in procedure - some Centres have a Computer printout of group, incorporating information to donors. Dr Ala agreed to circulate the Birmingham format. There is long-established practice - some RTCs issue cards to ante-natal patients and some Hospitals do so also. It would be difficult at present to standardise the system.

12. ANY OTHER BUSINESS

Reports of Working Groups - Anti-D Working Party.

Dr Tovey is setting up a panel of cells to be used in immunisation and boosting. Persons involved are requested to send details (genotype) of cells used.

Dr Contrenas reported discussions on manufacture of packs (Travenol) to allow preparation of multiple samples and Dr Ala is exploring the feasibility of "snap-off" frozen segments as Dr Hogman uses.

The strength of anti-D antibody should average over 50. Plasma below this level can be accepted provided the average is maintained (Dr Kavanagh).

The meeting appreciated Dr Tovey's information that no charge was to be imposed on anti-D immunoglobulin.

Reports of Divisional Meetings.

Most matters had been raised. The Eastern Division had discussed the recent publicity of the Sickle Cell Society and felt that more information had helped the situation. There would be a programme of recruitment of coloured donors.

Dr Galbraith's letter

Dr Gunson had replied that referring laboratories would inform CDSC and this was accepted in principle but referred to the working group.

13. DATE OF NEXT MEETING

The next meeting will take place in London on 10th July 1985 with Dr Smithies, Mr Williams and Mr Armour to be invited.

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