

Com → TDS

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Not for Publication

RTDM/189

English  
REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 189th meeting held on Thursday, 22nd September, 1983 at Hannibal House.

Present:	Dr. F. Ala	Dr. R. S. Lane
	Dr. J. D. Cash	Dr. W. M. McClelland
	Dr. A. K. Collins	Dr. R. Mitchell
	Dr. T. Gibson	Dr. J. A. F. Napier
	Dr. T. D. Davies	Dr. F. M. Roberts
	Lt. Col. R. C. Deacon	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
	Dr. A. M. Holburn	

1. Apologies for absence were received from Dr. J. Harrison

Dr. Gibson represented Dr. Darnborough.

2. MINUTES OF THE LAST MEETING

The minutes of the 188th meeting were accepted.

3. MATTERS ARISING FROM THE MINUTES

- (a) AIDS. Dr. Wagstaff reported that the AIDS leaflets had been issued and Centres had been encouraged to use differing methods of distribution. The three methods being used were:

- (a) Posting of leaflets with call-up cards.  
(b) Handing leaflets to donors.  
(c) Making leaflets available at sessions for donors to pick up.

\*\*\* The DHSS were prepared to produce a further supply of leaflets but requested feedback on donor reaction to the leaflet by the end of November at the latest.

- (b) Meeting of RCPATH Examiners. Dr. Wagstaff had received replies from RTDs and had written to Professor George Jenkins suggesting that the meeting be arranged for the Thursday afternoon before the blood transfusion meeting in Cambridge. Confirmation was awaited.

Dr. Tovey informed RTDs that they were now on the list of College assessors for Consultant Haematologist appointments.

- (c) Scottish representative on WP on rationalisation of Reagent Production. Dr. Wagstaff reported that the Working Party had been joined by Dr. Ruthven Mitchell.

- (d) Code of Practice for manual plasmapheresis. Dr. Gunson hoped to circulate the final draft before the next meeting.

- (e) Purchase of blood packs. The response to Dr. Wagstaff's letter was that RTDs did not wish the Supplies Council to negotiate prices on behalf of

of the BTS. Objections were that RTDs wanted direct contact with the manufacturer and that a manufacturing monopoly should not be allowed to exist. RTDs wished to control mixing and matching of packs and felt this would best be dealt with directly with the manufacturer. RTDs agreed that blood pack purchase could not be dealt with on a national basis but could possibly be on a divisional basis.

\*\*\* It was decided that RTDs would send details of current usage and proposed usage of blood packs for next year, details of contracts and any other relevant information to Dr. Wagstaff. Dr. Wagstaff would disseminate this information to all RTDs to assist smaller centres in negotiations.

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(f) Transport of plasma and blood products to and from BPL. Dr. Lane reported that BPL could arrange central transport if RTDs were agreed to this scheme. The logistics of the scheme would need to be analysed before proceeding and Dr. Lane advised that a financial marker had been placed with the DHSS to fund this service. Dr. Lane stated that the service would be viable only as a full service to all centres and could not be considered as a part service. The scheme depended upon RTDs' needs and comments were to be sent to Dr. Lane during October. Dr. Lane would produce a feasibility study by the next RTD meeting.

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(g) NBTS costing forms. Dr. Wagstaff reported that three regions had undertaken completion of these forms as a feasibility trial and when complete, forms would be circulated to RTDs again for comments.

Dr. Gunson reported that the North West had tried and failed to complete the costing form and had written to Mr. Lazell advising that sections were impractical for NBTS use. The revised form was awaited. Dr. Gunson would report this at the next meeting of the Advisory Committee on 7th October.

Dr. Cash advised that external cost accountants had been engaged in Scotland to cost the whole service and the results from the private firm were satisfactory.

#### 4. BANKS FOR FROZEN BLOOD

RTDs were asked if one central frozen blood bank for England and Wales would be an acceptable idea as less frozen blood was now used. RTDs felt that one bank could possibly be inadequate and that frozen blood banks could be arranged on a Divisional basis (Birmingham, Brentwood and Aldershot). It was decided that the Blood Preservation Working Party would monitor this arrangement and report back to the RTD Committee. Dr. Tovey and Dr. Davies wished to maintain their frozen banks for thalassaemic patients.

\*\*\* RTDs asked if Dr. Harrison, Dr. Holburn and Dr. Mitchell could liaise to produce a register of the rare donor frozen bank combined with the national donor panel. Dr. Gunson reminded RTDs of the European Bank in Holland and hoped Centres would support this bank where possible.

#### 5. TEAM LEADER'S PAY

Dr. Wagstaff had written to the management side of Whitley Council following information that there could be a delay in payment of the 10% differential to team leaders. Dr. Wagstaff had received a letter dated 8th September from Whitley Council stating the 10% increase had been

accepted by the Whitley Council but would be subject to approval from the new review body.

Dr. Entwistle asked if RTDs had considered the fact that the RCN could be seeking to exclude donor attendants from the Nurses' and Midwives' Council. Dr. Entwistle reported that NUPE were trying to get a national investigation into DAs' activities and pay. Dr. Wagstaff and Dr. Gunson could not confirm this information.

Dr. Gunson asked if the Whitley Council was looking at salaries and grades of head nurses. The RCN has been taking a more active interest in the BTS and were pressing for nursing officer status for head nurses.

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Dr. Wagstaff agreed to write to the Management Side of Whitley Council and ask if they were considering any other grades of nursing staff in the NBTS. RTDs were concerned that upgradings of head nurses would invoke a position whereby nursing staff were no longer accountable to RTDs. RTDs felt there must be consultation with the RTD Committee before such moves are sanctioned. There was general agreement that this could usefully be discussed at the Advisory Committee together with applicability of GMP to the blood donor area and its relation to staff accountability.

6. DONOR ATTENDANTS' COMMITTEE

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Dr. Wagstaff referred to the letter received from this Committee. RTDs discussed this matter and felt that no support should be given to this committee as the present representation of donor attendants by unions was satisfactory. It was decided that no response would be made to this letter and RTDs should inform head nurses that no support would be allowed for such meetings.

7. SYPHILIS TESTING AND AIDS

Dr. R. D. Caterall, Consultant Adviser to the DHSS in Genito urinary medicine (retiring on September 30th) and his successor, Dr. P. Rodin attended the meeting for this item.

The current trend towards issue of large amounts of fresh blood or platelet donations could increase the risk of syphilis transmission. It was recommended that the more sensitive TPHA tests be considered for testing fresh blood products as a complement to reagent tests. There was a slight risk that TPHA tests would not detect some highly infective early primary disease that would be found by reagent antibody testing.

No tests for AIDS were available but early information suggested that the most risky populations, namely promiscuous homosexuals, may be distinguished by possession of positive results for hepatitis B core antibody (possibly the most valuable marker) hepatitis B surface antigen and antibody and TPHA syphilis tests.

8. CLEARING HOUSE FOR EXCESS RED CELLS.

Dr. Napier said that because of the demand to meet component needs Cardiff BTC occasionally had an excess of red cells which were not being used. It was suggested that a system be operated whereby a centre with a deficit of red cells would take the excess red cells from another centre.

It was suggested and agreed that a six months' trial be undertaken by the

Cardiff Centre, which would act as a liaison point. Only Centres with a deficit or excess would need contact the Cardiff Centre. Dr. Napier would write to RTDs with final details of the arrangements.

9. ITEMS REFERRED FROM MEETING OF RTC ADMINISTRATORS

Minute 4(b) RTD(83)10. Dr. Wagstaff reported that the Northern Group had discussed Miss Corrie's paper at length and accepted the document as interesting but could make no decision on action to be taken. It appeared that above certain grades, administrators would no longer be responsible to a medical person. RTDs expressed concern about this bar to responsibility and Dr. Wagstaff agreed to follow up the question and report back to the next RTD meeting.

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Dr. Entwistle referred to the proposal for rotating administrators and asked for RTDs' comments. RTDs felt that administrators rotating into BTCs should be responsible to the RTD. RTDs thought this scheme was designed for junior personnel and did not apply to senior administrators.

RTDs agreed to accept the terms of reference set down in RTD(83)15. Dr. Wagstaff would write to the Secretary of the Administrators meeting and confirm acceptance.

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10. ITEMS REFERRED FROM MEETING OF RDOs (RTD(83)11)

RTDs discussed the question of the number of certificates issued to plasmapheresis donors. It was agreed the number should be uniform at two certificates per manual plasmapheresis but this might need to be reconsidered with plasmapheresis of normal donors on a larger scale.

Dr. Cash felt that the question of awards for other than straight forward donations should be reassessed. This matter would be passed to the Publicity Sub-Committee for consideration.

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RTDs felt that on matters of national importance, as far as possible, press reports should be dealt with by the DHSS press office. Matters of regional significance could be dealt with by the RDO after specific consultation with the RTDs.

Dr. Wagstaff would write to Mr. Evans setting out the above responses to the minutes.

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11. REPORTS FROM CHAIRMEN OF WORKING PARTIES

Blood Preservation

Dr. Ala had circulated the minutes of the Blood Preservation Working Party. Dr. Ala advised that the report on the filter trial would soon be complete. Members had expressed satisfaction regarding the optimal additive solutions with SAGM and biotest PAGGS bags. Dr. Ala would check with Graham Morley regarding responses to the proposed blood bag defect log.

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Medical Staffing

RTDs discussed the Working Party's report (RTD(83)13) and agreed to support the recommendation that no further action be taken with this matter.

It was thought that some items concerning medical staffing should be

discussed at the meeting with Professor Jenkins when the question of MRCP examinations are discussed.

#### Anti-D

Dr. Fraser reported that the Working Party would meet again on 7th October.

#### Machine Readable Labels

Dr. Wagstaff reported a proliferation of firms that would be able to produce satisfactory labels. Specifications of the labels have been supplied to these firms. Dr. Wagstaff asked RTDs to redirect enquiries from label manufacturers to the Working Party to ensure correct specifications are supplied to manufacturers. To date supplies can only be assured from Computype through Midco.

#### Update on Care and Selection of Donors

Dr. Entwistle had produced and circulated to the Working Party the final version of this document. RTDs agreed to accept this document although the Scottish RTDs had not had sufficient opportunity to study the final draft.

#### Monoclonal Antibodies

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Dr. Holburn had written to hospitals offering this reagent but had received little response. Dr. Holburn stated that a large supply of this reagent was in store at the BGRL and should be disposed of shortly because the stability of the product is not as good as the human product. RTDs had reservations regarding the long term cost to hospitals. Dr. Holburn agreed to write to all RTDs after the CBLA meeting and clarify the position of recharging to hospitals. RTDs would then approach hospitals on this basis.

#### Post Transfusion Hepatitis

Dr. Gunson would write to RTDs regarding this matter.

#### Blood Grouping Reagents

Dr. Gunson would write to RTDS regarding this matter.

#### Donor Recruitment

Dr. Smith advised that the Working Party had prepared a document RTD(83)4 and this had been circulated to RTDs.

Dr. Lane had received answers to the 5 year questionnaire from all regions and would meet with Regional Medical Officers and some RTD representatives on October 3rd. Following this meeting a summary of the data will be compiled.

Dr. Wagstaff thanked Dr. Smith and the Working Party for their efforts.

### 12. REPORTS FROM DIVISIONAL CHAIRMEN

#### Western Division

Dr. Fraser reported that two regions in the Western Group have an excess

of HPPF and asked if the Centres could accept a smaller distribution of this. Dr. Lane felt that this would be acceptable and alternative users could be found to take up the excess.

13. CHARGES TO THE PRIVATE SECTOR

\*\*\* RTDs felt that a decision on charging ought to be made fairly soon and it was agreed that the matter be referred to the Advisory Committee suggesting that some form of charging to the private sector now be instituted and funds recovered in this manner be returned to the transfusion service. The majority of centres were in favour of charging private hospitals.

A suggestion of an 'across the board' charge to private and public sector was made. RTDs recommended that the Minister be asked to decide on these matters soon.

A minority favoured 'an across the board charge'.

14. REPORT FROM THE ADVISORY COMMITTEE

This Committee had not met.

15. RECORD KEEPING

\*\*\* Dr. Wagstaff had circulated letters from Dr. Walford concerning record keeping (RTD(83)16). Dr. Walford thought the DHSS needed more expert advice on this matter and suggested a Working Party be set up to consider the question of record keeping. Dr. Wagstaff would correspond with interested parties to form a Working Party.

16. ELECTION OF SECRETARY TO RTD COMMITTEE.

It was proposed by Dr. F. Roberts and seconded by Dr. T. Davies that Dr. Anne Collins be elected as Secretary to the RTD Committee. This proposal was agreed unanimously.

17. DATE, TIME AND PLACE OF NEXT MEETING

The next meeting will be held at Bristol in the 3rd week of January. Dr. Wagstaff would confirm the date by post.

18. ANY OTHER BUSINESS

There was no other business.

