

Not for Publication

REGIONAL TRANSFUSION DIRECTORS' MEETING

RTDM/188

Minutes of the 188th meeting held on Wednesday, 18th May, 1983 at the East Anglian RHA Headquarters.

Present:	Dr. F. Ala	Dr. R. S. Lane
	Dr. J. Barbara	Dr. D. Lee
	Dr. A. K. Collins	Dr. W. M. McClelland
	Dr. J. Darnborough	Dr. R. Mitchell
	Dr. T. D. Davies	Dr. J. A. F. Napier
	Lt. Col. R. C. Deacon	Dr. F. M. Roberts
	Dr. C. C. Entwistle	Dr. K. L. Rogers
	Dr. I. D. Fraser	Dr. D. S. Smith
	Dr. J. Harrison	Dr. L. A. D. Tovey
	Dr. A. M. Holburn	Dr. W. Wagstaff

1. Apologies for absence were received from Dr. J. D. Cash and Dr. Gunson.
Dr. Barbara attended as a representative of the Working Party on Transfusion Associated Hepatitis.
Dr. Lee represented Dr. Gunson.
Dr. Walford attended from the DHSS.
2. MINUTES OF THE LAST MEETING
Minute 3c RTDM/187 should have read "Dr. Fraser confirmed that the Leukaemia Research Fund had allocated a grant to Dr. Bradley to look into the possibilities of setting up a potential bone marrow donor panel".
Minutes 3f should be corrected to "Dr. Darnborough reported that it appeared that not many regions had regional policies regarding vaccination of staff".
Minute 7 RTDM/187 should be altered to "Dr. Holburn explained the contents of RTD(82)22. Dr. Darnborough reported that the Eastern Division were concerned with (1) the labelling of monoclonal reagents produced by Celltech and (2) whether there was a guaranteed supply of immune ABO substance".
The minutes of the 187th meeting were accepted.
3. ELECTION OF SECRETARY
RTDs thanked Dr. Napier for his services as secretary over the past two years. Dr. Napier agreed to continue as secretary pending proposal and election of a new secretary.
3. MATTERS ARISING FROM THE MINUTES
 - (a) Blood supplies to the private sector
Dr. Wagstaff reported that no further progress had been made with this issue. The position remained that blood and blood products should not

be charged for until ministerial agreement.

(b) Register of tissue typed donors

See letter from Dr. Fraser circulated 21st June, 1983.

(c) Training of medical personnel for posts in the NBTS

Dr. Wagstaff said that there was nothing more to report on this matter. He advised that the Primary MRCPATH examination will continue but it is recommended that doctors seeking a career in haematology should take the MRCP exam. The question of the slanted exam was not reviewed and there had been no mention of a specific training programme for the BTS. Dr. Tovey had been in contact with Professor George Jenkins to expedite a meeting of examiners to discuss possible alterations in the final MRCPATH exam. This meeting is still awaited.

*** Dr. Wagstaff offered to write to Professor Jenkins conveying the views of RTDs concerned about a specially slanted MRCPATH exam or who were involved in the present exam. RTDs were asked for their comments.

(d) Blood Transfusion Research Committee

Dr. Wagstaff reported no progress had been made with this matter and possibilities included inclusion of this in the brief of the Special Authority for Management of the Central Laboratories or alternatively the Council of the British Blood Transfusion Society. The position remains the same until the newly formed British Blood Transfusion Society meets for the first time.

(e) Draft recommendation for Working Party on Quality Control in Automation.

*** Dr. Wagstaff asked RTDs who had not replied to this draft to forward comments for submission to the Users' Group.

(f) Blood Group Reagents/Request for Scottish representative on Working Party.

RTDs agreed to the request that a Scottish representative be allowed to sit on the Working Party.

(g) Code on practice for manual plasmapheresis

*** Dr. Wagstaff asked RTDs who had not returned comments on this document to Dr. Gunson to do so.

5. TRANSPORT OF PLASMA AND BLOOD PRODUCTS TO AND FROM BPL

*** (a) A report on projected growth of plasma supply and return of finished products will be distributed to RTDs (RSL).

RTDs were asked to state whether they wished BPL to organise a fleet for transport of blood products to and from RTCs.

*** (b) Fresh plasma stocks and supplies: Currently 125 tonnes pa are received at BPL. Regions will be notified individually of targets required to reach the BPL capacity figure of 150 tonnes pa (RSL).

(c) The current excess stock of time expired plasma was not a problem and mainly provided an adequate safety margin to ensure future continuity of albumin supply.

*** (d) A 'tared weight' system will be introduced for single plasma packs received at BPL. Regions will then be fully compensated for the actual volume of source plasma supplied to BPL. Dr Lane will report progress.

(e) A further meeting of RTDs at Elstree is planned for July 11th.

6. RECORD KEEPING AND STOCK CONTROL.

Dr. Wagstaff referred to RTD(83)6a. Consultant haematologists accepted the principles but were concerned about the extra clerical work which could not at present be accommodated. Comments were invited on a regional basis by the RMOs.

7. REVISED BTS COST FORMS

The revised cost forms have been returned to Mr. Lazell, treasurer of Southampton RHA for production of the final version. Dr. Entwistle asked that specific instructions be given to assist completion of these forms. Dr. Wagstaff agreed to write to Mr. Lazell requesting that RTDs have opportunity to consider the best version before it was introduced.

8. REQUIRED GROWTH IN PLASMA SUPPLY

See item 5.

9. PURCHASE OF BLOOD PACKS

*** Dr. Fraser and Dr. Tovey agreed with the suggestions in the documents circulated from the RTC Administrators' meeting. The matter was discussed at length and it was decided that RTDs should ascertain proportions of packs used at present and the intended usage over the next few years. Blood pack manufacturers could be asked to place their quotations to the RTD committee secretary who could then circulate to regions. This matter could be considered at the BPL meeting on July 11th.

There was lengthy discussions on the state of developments of the Biotest/Cutter single plasma pack development. Dr. Lane stated his readiness to cooperate with this development if the manufacturers approached him.

10. AIDS

Dr. Walford reported from the DHSS meeting and stated the position of the Department on this matter.

Dr. Wagstaff referred to a letter from Dr. Gunson giving four options that RTDs could accept.

1. Questioning of donors at sessions.
2. Sessions to be discontinued in areas of high risk donors.
3. Pamphlets explaining AIDS to donors.
4. Publications in newspapers.

Since Dr. Gunson had written this letter Dr. Smith had been approached

by the medical branch for the 'Gay Society' who had offered to publish information about AIDS and offer advice to people.

*** Dr. Wagstaff tabled an example of a pamphlet prepared by Dr. McLelland (Edinburgh). RTDs discussed the options presented above and rejected options 1 and 2. It was agreed that Dr. Davies would contact the medical branch of the Gay Society stating that until more is known about the disease practising homosexuals should be asked not to donate blood. It was also felt that RTDs would like to be involved in any publicity about this issue which the Gay Society would publish.

*** It was decided that Dr. Davies and Dr. Barbara would draw up an information leaflet on AIDS and circulate same to RTDs for comments. It was hoped that the leaflet could be ready for printing in six weeks and Dr. Walford would try and have the leaflet printed through the DHSS as quickly as possible. If printing could not be done quickly Dr. Walford would try and obtain finance for printing outside the Department.

*** Dr. Walford reminded RTDs that because of the approaching election press releases were restricted and it was suggested that all press queries regarding AIDS be referred to the Press Office at the DHSS.

11. TERMS OF REFERENCE FOR ADMINISTRATORS' MEETING

*** Dr. Rogers had prepared and sent the draft terms of reference for administrators to Dr. Wagstaff and this would be circulated to RTDs for discussion at the next meeting.

12. REPORTS FROM CHAIRMEN OF WORKING PARTIES

Blood Preservation

Dr. Ala had established a completion time for the leucocyte filter trials. The Working Party will meet again at the end of June.

Dr. Wagstaff asked if the Working Party would be considering the problems with microaggregates in optimal additive blood packs.

Medical Staffing

Dr. Rogers has circulated the final draft to members of the Working Party. Dr. Rogers said that the Working Party felt there to be no point in considering medical staffing without considering the whole aspect of management and centre finance and this was the direction in which the Working Party was progressing.

Anti-D

*** Dr. Tovey had written to Professor Cooke with RTDs recommendations and would send a copy of these to RTDs.

*** Dr. Tovey stated that there would be sufficient supplies of anti-D for antenatal prophylaxis if used appropriately. Dr. Harrison felt that new guidelines on use of anti-D needed to be issued to obstetricians. The Working Party was asked to prepare a one sheet guide on use of anti-D. *** Dr. Wagstaff also agreed to investigate the feasibility of preparing sufficient 'standard' Kleihauer slides for distribution to all hospitals.

*** Dr. Entwistle asked if anyone had not returned applications for the meeting at Oxford on Haemolytic Disease would they please do so.

Machine Readable Labels

Dr. Wagstaff informed RTDs that Computype will produce labels in the UK as well as in the USA and are writing programmes to produce labels again in July. It will take a minimum of eight weeks to get supplies from Computype through Midco (The UK agents).

Single Packs

See item 5.

Update on Care and Selection of Donors

Dr. Entwistle reported that the Working Party will meet on 30th June to decide on publication of this document.

Monoclonal antibodies

The Working Party had not met since the last RTD meeting.

Donor Recruitment

A document had been circulated by Dr. Smith and discussion was deferred until the next meeting.

Post Transfusion Hepatitis

Dr. Barbara summarised the recommendation of transfusion associated hepatitis report RTD(83)8 which had already been circulated and to several aspects regarding which action by RTCs was required.

13. REPORTS FROM DIVISIONAL CHAIRMEN

*** Chairmen were asked to circulate reports from Divisional meetings to RTDs.

14. REPORT FROM ADVISORY COMMITTEE

To be discussed at the next meeting.

15. ANY OTHER BUSINESS

There was no other business.

16. DATE, TIME AND PLACE OF NEXT MEETING

The next meeting to be held the week beginning September 19th. Dr. Wagstaff will write with suggested dates.