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7/11(i)

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors meeting
held in the BTS HQ Unit on 27 February 1985

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland (items 1-6)
Dr W M McClelland (items 1-5)
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow
Dr A E Bell SHHD
Mr A J Murray SHHD
Dr I Fraser , Bristol
Miss M Corrie (Secretary)
Mr J N Francis (item 3c onwards)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

An apology was notified from Dr H H Gunson.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 11 December 1984 (which had been circulated) were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a) Anti-D

i. Working party: the proposed meeting with obstetricians had been held. Professor Whitfield had undertaken to produce a protocol for a multi-Centre study of routine ante-natal prophylaxis using half the dose which had been used in the study in Leeds.

ii. Guidelines for immunisation of human volunteer donors: as agreed at the previous meeting Dr Cash had revised appendix III (Message to Anti-D Plasma Donors) to the guidelines. The matter had been sent to the CSA for consideration by the BTS Sub-committee.

iii. HTLV-III testing for anti-D cell donors: Dr Mitchell had not yet obtained information on testing.

iv. SHHD position on compensation for donors: DHSS and SHHD were both in contact with the Life Offices' Association concerning donors boosted with material other than anti-D positive cells.

Dr McClelland undertook to send to Mr Murray a submission (concerning HBsAg vaccine) which he was about to make to the SNBTS Ethics Committee to strengthen the Department's hand in obtaining a reply from the Life Offices' Association. *



v. HTLV-III testing: it had been agreed at the Co-ordinating Group meeting on 19 February that no Transfusion Centre would commence HTLV-III testing unilaterally. One exception (which Dr Mitchell had undertaken to pursue) was that of donors of anti-D boosting cells.

vi. NBTS Anti-D working party: Dr Urbaniak reported from a recent meeting that England and Wales were having some short term difficulties with supplies.

vii. Plasma collection in Scotland: Dr Cash expressed his concern that the implications for the Centres of the targets for anti-D plasma set at the special meeting on immunoglobulin supply and demand on 4 December 1984 might not be appreciated fully. Some Directors had already reported difficulties.

b) Charges to the private sector (3b)

Dr Cash (who had now attended the promised meeting with Mr Mutch and Mr Maltman) reported as follows:-

i. Provision of laboratory services to the private sector: CSA had still not resolved whether they had the authority to provide laboratory services to the private sector under section 50 of the NHS Act 1978 (which mentioned Health Boards, but not CSA). The status quo would therefore prevail until the Agency had been advised by SHHD. * *amended*

ii. SNBTS charges for laboratory testing: the study under way in the Edinburgh Transfusion Centre would be completed and the charges there would become the SNBTS charges. Mr Francis would convey the results of this Edinburgh study to all the Directors and ask if it covered the work which they were undertaking for the private sector. Agreements which had been drafted by the SNBTS would not be issued to private hospitals until the charges had been settled and the CSA had authority under the NHS act. * *amended 2/6/85 see foot of page **

iii. Consultants' remuneration: Dr Cash expressed the belief that this was the principal issue causing difficulty in the CSA over their authority to provide laboratory services to the private sector further clarification would be forthcoming when item (i) above had been resolved. * *amended (i) 2/6/85*

c) Release of blood products (3c)

i. Draft information sheet for staff/donors: a draft had been issued in confidence to the Directors on 28 January for whatever modifications they might wish to make. It had been re-drafted subsequently to take account of the fact that the SNBTA had apparently not approved the release of products as had been stated in the notes (and believed by BTS Directors). This second draft might be superseded - see ii. below.

The view had been expressed that the draft notes were inappropriate for their purpose and it was confirmed that the Centres were free to re-draft provided that each one which did so asked Miss Corrie to check that varying interpretations were avoided. One possible solution would be for the Donor Organising Secretaries to prepare a draft for SNBTS use and Miss Corrie would take this up at their next meeting on 8 March. *

* CSA had indicated that most of the charges in the SNBTS Scheme would be based for the time being on the SE Costings.

ii. SNBTA interest: the role of the SNBTA representative on the CSA working group on the release of products appeared not to have had the desired effect of keeping the SNBTA executive committee informed of progress and the chairman had convened a special meeting to consider the topic.

iii. Professional and staff interests: it had been stated at the November 1984 meeting of the BTS Sub-committee that the Management Committee chairman should explain the topic to the Secretary of ASTMS. This had apparently not been done by the time of the February 1985 meeting. Dr Cash agreed to press this matter with the Secretary. *

iv. Press release: a draft proposed press release had been submitted by CSA to the Scottish Information Office (SIO) in December and had been considered in the SHHD. Mr Murray explained that the SIO (as the CSA's press officers) would have the final say as to the wording. Dr Fraser was concerned about possible repercussions in England and Wales and Mr Murray undertook to see if he could inform the DHSS in advance. *

It was confirmed that it had been promised previously that Directors would have good advance notice of publication. Mr Murray undertook to keep Dr Cash informed and to provide him with the telephone number and name of the SIO press officer who would deal with any enquiries. *Mr Murray would also provide DHSS (Northern Ireland) with advance information.* *

d)

AIDS

Expert Advisory Group on AIDS (EAGA)
 i. ~~Central Advisory Committee on the NBTB (Working group on AIDS)~~: Dr McClelland reported that this group had the general remit of advising both Secretaries of State on all matters relating to AIDS. Dr Cash, Dr McClelland and Dr Gunson were members. The group had established two working parties - one on the implications of the introduction of screening blood donations for HTLV-III antibody, the other on how counselling *and clinical management of donors found to be positive.*
 ii. Implications of the introduction of HTLV-III screening: Dr McClelland was a member of this working party, who were due to advise the parent group on 13 March. They would counsel not to embark on HTLV-III testing of blood donations until there was good UK data on the sensitivity of the tests and until they were certain that testing would be available other than through the BTS for anyone in a high risk group who wished to learn his HTLV-III antibody status.

A letter signed by a substantial number of UK Transfusion Directors, which conveyed a similar message, would appear in the Lancet on 2 March.

The ambiguous position in the USA was reported. It was understood that the FDA might licence only one of 5 test kits submitted by manufacturers.

iii. Circulation of AIDS leaflets: leaflets produced by the Terrence Higgins Trust and AIDS Monitor (which had been circulated)



were noted. In a letter circulated with the agenda Dr McClelland had recommended that the SNBTS leaflet should not be amended meanwhile and it was agreed to discuss this again once Dr McClelland had attended a meeting at the CDC in Atlanta, Georgia in April. Dr McClelland was now mailing the leaflet to all active donors on his panel. It had been agreed at the previous Directors meeting that such action was impracticable, but the matter had been reconsidered by the Co-ordinating Group on 19 February when it was proposed that mailing should be extended to all active donors wherever possible. The Directors confirmed their agreement to this principle. It was noted that some Centres might have great difficulty in achieving it. Mr Francis should check the position and seek to acquire any additional funds which might be required. *

iv. Explanatory leaflet for blood donors: Dr Cash proposed that an explanatory leaflet about AIDS should be prepared for the information of blood donors, on the lines of the Haemophilia Society document or one in preparation by the Health Education Council.

After discussion it was agreed that a leaflet should be drafted and that the decision would be taken at a later date as to whether or not it would be issued. It was agreed to ask Dr Jack Gillon to consider preparing a draft on his return from the USA. *

Dr Mitchell expressed the need for information for donor teams in his region.

- e) NBTS working party on the training of medical specialists in blood transfusion (3f)

The paper prepared for the NBTS Directors by Dr Derrick Tovey had been circulated as agreed at the previous meeting together with comments by Drs McClelland and Whitrow, which were further explained by the writers.

It was noted that Dr Tovey's paper was now historical, the present position being that Dr Tovey had been invited to join the examination board of the Royal College of Physicians which was preparing an examination syllabus.

- f) Notes on Transfusion (3g)

Dr Mitchell reported having discovered that the new Notes on Transfusion were not in circulation in West Scotland and it was noted that some NBTS Directors had decided not to issue it. Efforts were to be made to produce a replacement nationally and it was agreed that contact would have to be maintained between the DHSS and SHHD. The latter in turn would ensure they kept in touch with the SNBTS. Meanwhile any Scottish Director requiring copies of the current publication should apply to Mr Murray. *



g) Provision of blood to the private sector: Murrayfield Hospital 3i)
Dr McClelland had nothing further to report.

h) Purchase of commercial blood products in Scotland (7)
Dr Cash had written on 22 November 1984 to the Chief Pharmacist asking if the latter could confirm the figures on purchase of commercial blood products which had been gathered by the SNBTS. A reply was awaited.

i) Hepatitis vaccine for staff (8)
As agreed at the previous meeting Dr McClelland had consulted the Lothian Health Board as to their practice in the matter of hepatitis vaccination for staff. The reply (which had been circulated) was that medical and technical staff in Haematology Departments were being, or had been, offered vaccine. Dr Cash had discussed the matter with the Legal Adviser who took the view that a decision on offering vaccine had to be a medical one.

Dr McClelland withdrew the final paragraph of his letter of 23 January to Dr Cash (which had been circulated). He had circulated a relevant MMWR as agreed.

The Directors confirmed their stated policy from the previous meeting, namely that they supported the concept of not advising staff to have mass vaccination, but that it should be offered along with specific immunoglobulin in the event of accidents etc.

j) PL1240 Platelet packs (9)
Papers relevant to an inquest in Canada had been circulated previously in strict confidence and an apology had been received from Travenol Laboratories Ltd for not having alerted the SNBTS to the position at an earlier date. It was noted that Dr Gunson had indicated that Travenol in Brussels were to undertake two studies - a retrospective analysis of platelet transfusion in 6 European countries comparing PL1240 packs with others and a prospective study which he hoped to invite some Scottish Transfusion Centres to join. It was noted that some 500,000 packs sold in Europe had been manufactured from plastic made in Europe (the Canadian packs had been manufactured from plastic made in the USA).

k) NBTS Working party on the code of practice for plasmapheresis (10)
The working party had met on the 13th January. Comments from the Scottish Directors had not all been received in time to be incorporated. The main comment (concerning certificates of proficiency of, and payment to nursing staff) was under consideration in the DHSS. Dr Urbaniak was asked to pursue the matter vigorously. *

l) Cell separator nurses' forum
Dr Mitchell drew attention to a group (apparently about to meet in Leeds) of staff from hospitals and the BTS which his SNO had asked permission to attend. He had said he would not permit her to do so until he was satisfied as to the nature of the organisation. Dr McClelland (whose SNO had not approached him) would enquire whether she had been invited. *



ACDP

Interim guidelines in AIDS (5)

This minute to be amended to "Dear Secretary letter SHHD/DS(84)10 dated 4/2/85 and the ACDP interim guidelines had been circulated. An apparent inconsistency was noted between the DHSS and SHHD Dear Secretary letter and it was agreed to await substantive advice from the SHHD before taking action on the guidelines. Dr Bell would seek to stimulate this advice."

Amended 28/6/85

Dr Bell would

4. CATEGORISATION OF PATHOGENS

NHS Circular 1984 (GEN) 22 and the report by the Advisory Committee on Dangerous Pathogens (ACDP) had been circulated in September 1984. Dr A D McIntyre of SHHD had been invited to attend the Directors' meeting but was unable to do so due to a prior commitment. Dr Bell drew attention to a publication entitled "Safety in Health Service Laboratories: Hepatitis B" (Health and Safety Executive 1985) which was about to be issued and which would supersede the Howie Code of Practice for Pathology Laboratories. The new publication, unlike its predecessors, addressed itself to routine screening.

After discussion the following points were agreed: *

- a) Await issue of the HSE report.
- b) Miss Corrie to invite each Director to nominate someone to attend on his or her behalf a discussion/demonstration at PFC which Dr Bruce Cuthbertson would chair.
- c) Regional representatives to report back to their Directors.

5. ACDP INTERIM GUIDELINES ON AIDS

Dear Secretary letter SHHD/DS (84)10 dated 4.2.85 and the ACDP interim guidelines had been circulated. An apparent error was noted in the Dear Secretary letter and it was agreed to await substantive advice from the SHHD before taking action on the guidelines. Dr Bell would seek to stimulate this advice. *

6. SAGM

Dr Cash reported that Directors in England and Wales appeared to be purchasing packs containing SAGM. It was recalled that the Scottish Directors had ceased their experiments with SAGM partly because of the macroaggregates discovered in the red cells. These results had been reported at the Fenwal and BBTS conferences in 1983 and the manuscript of a paper to be published ultimately in Vox Sanguinis had been circulated to all English and Scottish Directors. It was noted that the Scottish experience had been shared by some European Centres which had however decided not to cease using SAGM, having transfused very many red cells without reaction.

The Scottish Directors agreed not to re-introduce SAGM meantime. *

7. ENGLAND AND WALES DIRECTORS' MEETING

Dr Mitchell introduced his notes (which had been circulated) of the meeting of Regional Transfusion Directors on 23rd January.



8. DATA PROTECTION

The Director of ISD had organised a very good seminar in CSA in January and was due to return to speak to the Scottish Directors on 28 February. There appeared to be a very tight statutory timetable which was of concern to Directors.

9. AABB MEETING 1985

(Deferred from Co-ordinating Group meeting of 19 February)

The following nominations had been received and were considered:-

Dr Urbaniak

Dr Brookes or Mrs Smith or Mr Simpson (depending on whether a Director, Donor Organiser or MLSO was sought)

Mr Mc Gowan

It was decided to recommend to the BTS Sub-committee that Dr Urbaniak, Dr Brookes (to concentrate on blood donor matters) and Mr McGowan should form the BTS team to attend the 1985 AABB Annual Meeting. *

Concerning reports by SNBTS delegates to the 1984 meeting Dr Cash explained that he had received those of Miss Corrie and Mr Scott and that Dr Crawford's was still awaited. Dr Mitchell and Dr Cash would each ask Dr Crawford once more and in the meanwhile the two reports already submitted would be circulated to the Directors. *

10. DATE OF THE NEXT MEETING

11 June 1985. (Since cancelled: other dates being offered).

15

