

BO 1988/06 14/

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IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors meeting held in
the HQ Unit on 14 June 1988

Present:-

Professor J D Cash (In the Chair)
Miss M Corrie (Secretary)
Dr E Brookes
Dr Brian McClelland
Dr Morris McClelland (items 1-7)
Dr R Mitchell
Dr R J Perry
Dr S J Urbaniak (items 1 to part 7)
Dr W Whitrow (items 1-7)
Dr W Wagstaff, Sheffield
Dr J M Forrester, SHHD
Mr T Macdonald, SHHD

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Wagstaff was welcomed back as the NBTS representative. There were apologies from Mr Francis and Dr Gunson. Due to an oversight the latter had not been sent an agenda and this was regretted.

Mr Macdonald was shortly to leave the SHHD for another Government post. The Directors thanked him for his work on behalf of the SNBTS, expressed their regret at him leaving and wished him well in his new post.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12 April 1988 had been circulated and the following amendments were approved:-

3a Developments with the private sector/NHS patients admitted to private hospitals: It was agreed to omit from the second paragraph the sentence beginning 'The formal position ...'.

3b(iv) Current status report of confirmed HIV antibody positive donors: Aberdeen should have read nil.

3f(iv) NIBSC/UK BTS Liaison Group: The membership of the Sub-Groups should have read as follows:

Specification for RTC products (A Barr and R Crawford)
Reagents (M Bruce and R Mitchell)
Fractionated products (R Perry and B Cuthbertson)
Microbiology (A Barr)

6 Co-ordinated study of transfusion-transmitted HIV infection: The Dundee entry to read 'two patients infected by BTS products'.

3. MATTERS ARISING

a. Developments with the private sector (3a)

- i. 1988/89 Scottish Health Service initiative to reduce waiting lists: JDC had asked previously that the SNBTS be forewarned in future of such initiatives and he had received excellent collaboration this time from the SHHD. The information being supplied was however not sufficiently detailed. The SNBTS would offer a pro forma for use by Health Boards.

JDC

There might be a problem with cardiac surgery in Aberdeen but this would be tackled separately. Information supplied to Dr Urbaniak represented the Grampian Health Board's full requirement for blood.

Dr Mitchell queried the basis of the calculations in respect of his region which he believed to be low.

It was concluded that the SNBTS was likely to be able to cope. The comments made by Dr Urbaniak and Dr Mitchell were noted and Dr McClelland offered to transfer red cells to Glasgow should they be needed.

It was noted that there was no apparent mechanism for extra funding to centres with extra crossmatching and other work required of the blood bank. The Directors agreed to monitor this.

TDs

- ii. Clydebank Hospital: According to a recent article in the press the proposals for Clydebank Hospital were with Inverclyde District Council for planning permission and if all went well building would commence at the end of 1988 with an opening in 1992.

The Chief Medical Officer intended to call a meeting of HCI, the SHHD and representatives of the SNBTS to plan for the commissioning. JDC had asked that Dr Mitchell and Dr McClelland should attend.

It was confirmed that the SNBTS would seek to supply Clydebank Hospital's needs on the same basis as other hospitals primarily through red cell concentrates.

b. AIDS (3b)

- i. Heat treatment/AIDS validation studies: Since the previous meeting the CMO of the SHHD had notified the CSA General Manager that he approved the proposals. Dr Perry hoped to have the data required by the licensing authority and the technology was being transferred to the PFC by the member of Professor Collee's staff who had done the work previously.

- ii. Alternative testing sites: JDC had reported in correspondence with the CMO the Directors' concern that alternative testing sites were not as effective as they might be. He had supplied information on areas of high HIV positivity.
- iii. Current status of confirmed HIV antibody positive donors: The Directors reported as follows: (the 12 April 1988 figures are in parenthesis)
- | | |
|----------------|------------------|
| Inverness 2(2) | Edinburgh 14(14) |
| Aberdeen 0(0) | Glasgow 11(10) |
| Dundee 5(5) | Belfast 3(3) |
- iv. Anti-HIV 2 testing of blood donors (Dr Mortimer's study): Miss Corrie had asked Dr Mortimer to confirm whether he had received samples from Scottish Transfusion Centres and had been told that he had received 35 from Glasgow and 7 from Edinburgh. This was lower in the case of Glasgow than Dr Mitchell believed.
- v. Dr Gunson's letter of 14 April: There was a thorough discussion of Dr Gunson's letter (discussed at a SNBTS Co-ordinating Group) which implied that it would be mandatory from now on to submit samples to Dr Mortimer and not use the donation until it had been cleared.

It was noted in discussion that the PFC's SOP for plasma does not include the need for it to be declared free from HIV 2 but all plasma was quarantined.

It was agreed to continue to support Dr Mortimer's PHLS epidemiological study but not allow it to affect the operation of the Transfusion Centres.

TDs

There was a need for microbiological operational advice specific to Blood Transfusion Services and it was important this should be uniform throughout the UK. EAGA could offer advice only as to policy, having no infrastructure to execute policy. JDC would discuss the possibilities with Dr Wagstaff.

JDC/WW

It was agreed that JDC would issue for use in Scotland a recommendation that (where it is operationally feasible) the Transfusion Directors should make efforts to identify donors from the countries specified in relation to HIV 2 and send samples to the PHLS. If appropriate operationally the Transfusion Centre would not use the donation until it had been cleared by the PHLS. Plasma meeting the PFC's existing SOP should be sent there for quarantine and fractionated in the normal way.

JDC

c. Notes on Transfusion/Transfusion Medical Handbook (3c)

Dr McClelland reported that the text was ready for consideration by its contributors.

Product nomenclature remained a problem which was overcome for the time being by using the titles given to components in the latest issue of the ABC Codabar handbook. The Working Group on components of the NIBSC/UK BTS Liaison Group would require to evolve nomenclature for products.

The following was agreed:

- i. Dr McClelland would consider with Dr Fraser whether to submit the draft to the Royal Colleges. BMcC
- ii. It would be submitted to the NBTS and SNBTS Directors. WW/JD
- iii. A list of those professionals whose comments were incorporated would be included in the preface. ●
- iv. The SNBTS Directors would hope to give their backing to it at the next possible Co-ordinating Group or Directors meeting. MC
- v. Dr McClelland would liaise with Dr Forrester to consider if HMSO might publish it. BMcC

d. Scottish BMA/BTS forum

Dr Perry and Dr Gillon were members of this. It met twice in 1987 then (under a new Chairman) in May 1988. Three papers were being drafted: on autologous transfusion, hospital transfusion committees and research.

The Secretary of the Scottish BMA Council was drafting the report on autologous transfusion for July 1988 and it would be sent to the SNBTS Directors for comment before going to the BMA in the September. ●

JDC would keep in touch with the BMA Secretary to ensure that the Directors saw the paper and that (if it was to be a UK one) the NBTS Directors saw it also before publication. JDC

e. Donation testing for NANB (3a)

- i. Anti-core testing: Dr Bruce Cuthbertson's Microbiological Validation Group had agreed at the last meeting to assess the available test systems.

They had decided that to undertake a full evaluation would be too time-consuming and expensive so they would use in their assessment data from a large scale study already undertaken in Glasgow and a smaller one in Edinburgh. They expected to circulate their proposals in September.

- ii. ALT technology: The group's final report was not ready because they awaited information from Aberdeen, Dundee and Belfast. The details would appear shortly in the minutes of their most recent meeting.
- iii. Position in England and Wales: Dr Wagstaff explained that the DHSS had funded a trial to study the impact on Transfusion Centres. This involved Manchester, Bristol and Edgware and would start probably in August. It was believed that the Birmingham centre was about to begin ALT and anti-core testing routinely.
- iv. Cloning of virus for NANB: This concerned the statement in a recent issue of Blood Bank Week that Ortho Diagnostic Systems would soon market an ELISA test for NANB antibody. Dr Wagstaff hoped that someone at CDC might co-operate with the Edgware Centre and assess the new test on samples from patients with high ALT levels after transfusion.

JDC would contact Ortho Diagnostic Systems to enquire about the availability of the test in the UK.

JDC

f. Product liability and product licensing (3f)

After a general discussion the following was agreed:-

JDC would ask the General Manager of CSA to obtain a clear statement from the SHHD of Government policy towards product licensing. If the SHHD supported the concept of licensing then it would require to earmark funds specifically for the purpose.

JDC

JDC would issue to the Directors a draft EEC Directive due to take effect in 1991/92.

JDC

Dr Wagstaff had been asked to explore whether the Departments of Health would support the findings of the NIBSC/UK BTS Working Group on components.

g. Blood supplies to Greater London (5)

At the previous meeting the Scottish Directors had agreed that they would send surplus red cells to London as supplies permitted but would not be willing to enter into a contract to supply specified amounts.

Since then the Brentwood Centre had begun making a contractual arrangement with Oxford (and possibly Bristol).

The SNBTS were extremely short of funds for development purposes in the current financial year and JDC asked if they would like to reconsider their decision, if income received could be used for SNBTS developments.

It was acknowledged that the system would suit receiving centres only on the basis of guaranteed regular shipments of agreed amounts, however small.

There was no precedent for a Health Authority to receive additional funds in such an arrangement but the SHHD's recent interest in income generation might presage a change. If it did it would be important for the SNBTS to ensure that any income received was additional to the normal revenue allocation.

The SNBTS Directors would consider the matter further in a Co-ordinating Group meeting.

h. Co-ordinated study of transfusion-transmitted HIV infection (6)

Some Directors had completed Dr Tim Wallington's forms, others not.

i. British bone marrow donor appeal (10)

It was noted that the marathon planned for 1 June had not taken place and there had been no further contacts from the organisers.

4. NBTS DIRECTORS' MEETING 13 APRIL 1988

The minutes (which had been circulated) were discussed, principally the following:

a. Anti-D

Dr Lane of BPL had recently asked Dr Perry if he could offer an immediate supply of anti-D immunoglobulin and fractionate all the English anti-D plasma for a period of six months.

JDC, Dr Perry and the CSA General Manager had agreed to offer a certain amount of product without compromising the Scottish supplies but not to fractionate English plasma.

b. Cross-charging

Dr Gunson was collecting information to determine the cost of blood products. He had hoped to circulate it in July 1988.

c. Purchase of blood packs

The English position was noted: also that the Contracts Manager of the CSA Supplies Division was about to visit the two large Scottish Transfusion Centres for information about blood pack usage with a view to economic purchasing in Scotland.

MC

Off
Agenda

d. Data Protection Act

This concerned the disclosure of data required for criminal investigations. JDC advised Dr Mitchell to contact the Scottish Health Service Legal Adviser over a case which he raised.

RM

5. MLSO RESTRUCTURING

The management side of the Whitley Council had produced proposals for restructuring the MLSO grades and the CSA had been given two weeks in which to comment. Directors' letters had been sent direct to CSA Director of Personnel because of the time constraint.

A paper summarising the proposals and the SNBTS comments had been circulated.

Everyone had agreed with the need for restructuring. The flexibility to offer additional salary points above the normal top of the grade was welcomed as was the move away from tight definitions linked to staff supervised.

The proposals were vague in respect of what should replace the IMLS and there was great disappointment that out-of-hours working was not included.

6. COMMERCIAL BLOOD PRODUCTS

Dr Forrester had asked CSA General Manager in April if he would again obtain the details of commercial blood products purchased in financial year 1987/88.

He had not yet contacted his General Manager colleagues but intended to do so shortly and would accompany his request by a warning that supplies of factor VIII (and to a lesser extent SPPS) would be restricted in the current financial year.

7. RELEASE OF UNTESTED PLASMA

Mr D Macniven's letter of 29 April to JDC had been circulated.

It was noted that BPL's untested plasma was outdated but the PFC's was hyperimmune plasma which could be validated retrospectively.

It was agreed to discuss at a future meeting what the Directors' recommendations would be for future viruses.

MC

It was agreed that now that the Minister was involved the Directors would have to await his decision. JDC would write to Mr Macniven of SHHD.

JDC

8. UK REGISTER OF RED CELLS: SNBTS CONTRIBUTION

Dr Mitchell gave his report which concerned small numbers of valuable unusual cells. He had discarded a few which had not been HIV tested.

9. DATE OF THE NEXT MEETING

Tuesday 27 September (Dr Mitchell unable to attend).