

BO1988 12 13 /

0026

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' Meeting held in the HQ Unit
on 13 December 1988

Present: Professor J D Cash (in the chair)
Dr W Whitrow
Dr S J Urbaniak
Dr E Brookes
Dr D B L McClelland (not items 7 onwards)
Dr R Mitchell (item 3a iii onwards)
Dr R J Perry
Dr H Gunson (National Director, NBTS)
Dr W Wagstaff (chairman NBTS Directors' meeting)
Dr R Skinner SHHD
Mr R Panton SHHD
Miss M Corrie (secretary)
Mr J N Francis

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

The Directors welcomed Dr Gunson in his new role as National Director of the NBTS and Dr Rosalind Skinner, SHHD, who had replaced Dr Forrester.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27 September 1988 had been circulated and the following comments made by Dr Wagstaff were accepted as amendments.

Minute 5f: Anti-D Working Party After "weeks of gestation" add "These doses were for the ante natal trial only. There was no suggestion that the regime should be applied universally"

5 g Haemolytic Transfusion Reactions: Replace the first sentence by "It was noted that Dr Contreras offered to collect and collate reports of haemolytic transfusion reactions"

3. MATTERS ARISING

(a) Developments with the Private Sector (3a)i. Charging for Anti -D Immunoglobulin:

Mr Panton reported that the Department of Health had not yet advised the SHHD (following a statement that they were considering charging the Private sector for Anti - D.)

ii. Availability of Products: JDC confirmed (for the benefit of Dr Skinner and Mr Panton) the groups of product and their availability to the Private Sector.

iii. **Clydebank Hospital:** JDC reported a meeting at which the Chief Medical Officer and others had met Drs Eraklis and Levey of HCI and representatives from SDA. The HCI had advised that they would after all need platelet concentrates. It was agreed that blood would be issued according to the distribution of Scottish blood groups. Dr Harold Churchill of the Children's Hospital Boston would soon visit the Glasgow and Edinburgh Centres to discuss future arrangements. He had also agreed to assess the need for platelets. HCI were due to report on these matters to the CMO for onward transmission to the SNBTS. JDC repeated how necessary it was for the SNBTS to assess the need according to local professional judgements.

In the past twelve months communications between the HCI, SDA and the Blood Transfusion Service had been through the Scottish Office. Since this had not worked well, the SNBTS had now made direct contact with Dr Churchill and SHHD would be kept fully briefed. JDC, Dr Mitchell and Dr McClelland would assess how far the two larger centres could support Clydebank Hospital between them. They would assume, for the purposes of planning, that the SNBTS estimates of need are correct and the service would prepare accordingly.

Dr Mitchell was to visit Boston in the spring of 1989 at the expense of SDA.

The time scale for building the hospital was not known yet.

(b) AIDS (3b)

i. **Uniform advice on microbiological testing:** Dr Gunson recalled that advice on anti-HIV testing had come originally from the UK working party on AIDS and from EAGA: the latter had subsequently withdrawn from the field.

Dr Pickles of the DoH had indicated some nine months ago that the Department would take an initiative but this had not happened and meanwhile certain problems needed to be addressed.

Mr Panton reported that his medical colleagues would welcome the formation of a professional group on which the SHHD would wish to be represented.

After discussion it was agreed that UK Blood Transfusion services should establish a group to advise the Departments of Health on policies. It was noted that the matter was urgent since the USA would soon begin testing blood donations to HTLV-I and HG agreed to liaise with Dr Pickles as soon as possible.

JDC/HG

JDC and Dr Gunson together with the SHHD would exert pressure on the Department of Health.

JDC/HG/RS

ii HIV Positive Donations: The situation was unchanged since June, the numbers of positive donations being as follows:

Inverness	2	Edinburgh	13
Aberdeen	0	Glasgow	11
Dundee	5	Belfast	MC to ask.

(c) Transfusion Medicine Handbook (3c)

i. **Printing:** Dr Mc Clelland reported that the handbook was now at the printer after all the English and Scottish Transfusion Directors and other consultants had been able to comment. Detailed and useful comments had been incorporated and Dr McClelland thanked his colleagues.

Ten thousand copies had been estimated necessary for free distribution throughout Scotland(2 years supply) This was a priced HSMO publication and further copies would have to be bought (price not yet known). Dr Gunson would contact those officers in the Department of Health who were handling distribution for England and Wales.

HG

The estimate of 10,000 copies was explained as having been calculated from information from the GMC that 3,900 doctors qualify each year in the UK.

JDC asked if the SHHD would use its good offices to ensure that the handbook was available widely throughout the NHS free of charge to relevant doctors and nurses, on the basis that this would influence prescribing to good effect

RP

iii. **Second Edition:** It was agreed that JDC should write to Dr Wagstaff suggesting the NBTS directors should consider establishing a UK editorial group to agree revisions. A small budget would be needed to support the production of the next edition. Directors asked whether royalties from sales would be used to fund this and Mr Panton would find out.

JDC

RP

The directors thanked Dr McClelland for his excellent work on the project.

(d) Scottish BMA/BTS forum (3d)

It was noted that the draft report "Transfusion, HIV infection and the use of blood products" had been received and that the Scottish Directors' comments, (and those of Dr Wagstaff), had been forwarded to the BMA Scottish Secretary.

Dr Perry (a BTS member of the Forum) would ensure that the UK Transfusion Directors received advance copies of the publication

RJP

(e) Donation testing for NANB (3e)

Surrogate testing: The Microbiological Validation Group had not done any significant work since the last meeting as the Anti-HBC project had a low priority.

The Directors agreed that the Microbiological Validation Group had more important matters to fulfil.

Concerning ALT technology, Dr Wagstaff now had the Scottish details. The Department of Health had funded three centres to do a study of ALT and Anti-Core and Dr Gunson would send the results to JDC.

HG

Dr Gunson advised that Chiron had agreed to test one thousand randomly selected samples from the NBTS study, by their new test and the Finnish Red Cross had also arranged for Chiron to test samples. Dr Gunson would report to the next meeting.

HG

JDC confirmed that Scottish Directors would not commence surrogate testing until the Department of Health and SHHD supported and funded the project, which would be a task for the National Advisory Body (discussed in 3bi above) to consider.

Product Liability and Product Licensing)

JDC had repeated at the last meeting the need for a clear policy statement and intention of priority from the SHHD .

Mr Panton (who undertook to investigate the situation at the SHHD) hoped to make a definitive statement next time.

RP

(g) Blood Supplies to Greater London (3g)

i General: Mr Panton reported that he was still investigating the possibility of the Treasury relaxing the rules on the receipt of income to enable SNBTS to retain any income received from blood which might be sent to London. He would report next time.

RP

It was noted that some English Centres retain income from blood sent to London but that their revenue allocations were reduced by the amount received.

ii. The Clapham Junction rail accident: Dr Gunson reported that he had arranged that Dr Roger Moore would have contacted him at the Directors meeting if blood had been required.

(h) Unrelated Bone Marrow Transplantation (3h)

i. England and Wales: Dr Pickles of the Department of Health had stated at the NBTS Directors meeting on 4 October 1988 that a decision on funding would not be made for several weeks.

ii Scotland: JDC repeated the history of the views of the Scottish Directors on the matter, the current position being that they wished to be part of a United Kingdom NHS initiative. West Scotland BTS would be the centre of responsibility for Scotland. Meanwhile donors who applied were being put on to the platelet panels.

There was discussion about the donor recruitment leaflet produced by Dr Gillon of Edinburgh BTS for the UK working party. Dr Mitchell had bought copies of these from a colleague in England. Noting that BTS had asked for funds in the PES estimates for 1989-90 it was agreed not to issue the leaflet to donors in the meantime.

TDs

Dr McClelland agreed to send a few copies to Morag Corrie for distribution and for information only.

BMCC/MC

(i) MLSO Restructuring (3i)

i. England and Wales: A working party chaired by Dr Ian Fraser had prepared a report for the Department of Health on scientific staffing in the BTS. The department were interested but any move towards implementation would mean moving out of the Whitley machinery. This was not ruled out but it would take time and the Department's recommendation was to make the most of the current PTB agreement.

The Blood Transfusion Directorate in England had asked Dr Fraser and his group (with some Principal and Senior Chief MLSOs) to consider the new proposals and report by mid-January.

JDC would issue to the Directors a further copy of the proposals from Dr Fraser's group.

JDC

ii Scotland: JDC explained about the proposals produced recently by the Scottish Principal and Senior Chief MLSOs Group. Scotland intended to implement the current PTB agreement first then look at the MLSO proposals.

It was agreed there was a need for the two blood transfusion services to move in tandem. Bill Muir, Principal MLSO West Scotland would remain a member of the NBTS Group.

Morag Corrie gave some information about a recent visit to Edinburgh by the Management side Secretary of the PTB Council and that it was intended to organise for the SNBTS a workshop in January with CSA Director of Personnel in the chair. That meeting would plan the implementation of PTB agreement to the SNBTS. Meanwhile each Director would ensure that each member of the MLSOs staff had a current job description.

TDs

(j) Commercial Blood Products (3g)

i. 1987-88 purchases by Health Boards: The CSA General Manager had received replies from all Health Boards and forwarded these to Morag Corrie who had tabled a summary. Dr Urbaniak knew that Grampian Health Board (who had sent a nil return) had bought commercial product and he would send her details.

SJU

Directors were not certain how much credence to place on the returns and JDC would recommend to the General Manager that Dr Bob Stewart should undertake the task in future.

MC/RS

ii. Commercial Factor VIII: Following recent activity, Dr Perry reported that PFC might be able to get NHS Factor VIII back from Northern Ireland in exchange for Commercial Product so that the NHS product could be reserved for haemophiliacs uninfected with hepatitis. This awaited the approval of the Northern Ireland Government which Mr Panton was seeking. This would apply to Northern Ireland the same system as had been agreed for Scotland. Dr Perry would allocate FVIII to the Regions by a modification of the monthly allocation.

RJP

JDC would send to the Directors a recent letter from Dr Ludlam (Haemophilia Director Edinburgh) on the subject.

JDC

(k) Current difficulties in supply of Factor VIII and proposals for re-establishing self-efficiency.

This referred to JDC'S paper which had been circulated for the previous meeting. It was explained that the BTS would hear soon whether funds would be available in the current financial year to commence using optimal additive solution (OAS).

Directors thought there would be little difficulty in persuading bag manufacturers to exchange their current stock if necessary. Some Directors had already made plans, others not.

After discussion it was agreed that each centre would consider the best way for itself of producing additional plasma but would give OAS a high priority.

TDs

- (1) Current donor campaign: It was reported that the service had requested the sum of £69,000 to promote a donor recruitment campaign in the current financial year and details were explained. This was against the background of experience in two recent campaigns that maintaining a high profile in the media was helping donor attendances. Mr Panton was investigating other possible sources of funds as well as free public service advertising for the BTS.

RP

4. NBTS DIRECTORS' MEETING

The minutes of the meeting held on 4 October 1988 had been circulated. Dr Gunson introduced the paper which had been received by that meeting outlining his intentions as National Director.

The SNBTS Directors wished Dr Gunson well in his initiatives.

5. BS2463: TRANSFUSION EQUIPMENT FOR MEDICAL USE PART 1

Dr Urbaniak's letter of 24 October and the final draft of the above had been circulated for information and for editorial comments. It would now go to publication.

The Directors congratulated Dr Urbaniak and his colleagues on the British Standards Technical working party. It was noted that the principal suppliers of transfusion equipment for medical use were represented on the technical working party also.

6. PRODUCT INSERT FOR ANTI - D

The contents of the above (which Dr Perry had circulated) were discussed. It was agreed that Dr Urbaniak would review the section on dosage which Dr Perry would redraft.

SJU/RJ

7 SCOTTISH REPRESENTATIVE TO NBTS DIRECTORS' MEETINGS

Dr Wagstaff confirmed that these meetings would continue unchanged. The Scottish Directors had agreed that Dr Brookes would succeed Dr Whitrow.

8. DONATION TESTING

- i. Donor Consent: As was agreed at the recent coordinating group meeting JDC had consulted Dr Gunson about the SNBTS wish to amend the donation testing statement signed by donors to read "I consent to my donation being tested for the presence of transmissible diseases"

Dr Gunson had agreed this approach and JDC would consult the SHHD writing, and would subsequently discuss the matter with the Legal Adviser to the Scottish Health Service. JDC

- ii. Implications of virus positive status: JDC had written to the GMC for the latter's views on the BTS testing for virus without warning donors of the implications of their being found positive. He had received a sympathetic and supportive reply.
- iii. Implications for insurance: Mr Panton reported that the SHHD had consulted the Association of British Insurers (ABI) in relation for testing for HIV and there seemed to be no major general problem.

9. AGE FOR TESTING ELIGIBILITY FOR BLOOD DONATION

i. **Under 17:** It had been agreed at a recent Coordinating Group meeting to pursue pilot studies with donors under 17 and as agreed JDC had consulted Dr Gunson. As a result JDC would discuss further with his colleagues the proposals for the pilot studies at the February 1989 Coordinating Group meeting

MC

ii. **Continuing over 65:** Dr Gunson reported that this had been discussed at a recent NBTS Directors meeting on the grounds that if donors wished to continue to donate and their health was good they should be allowed to continue until 70. There had been subsequent press publicity and Mrs Edwina Currie had written to Age Concern a letter implying that donors would routinely be able to continue to 70, the final decision resting with the doctor at the donor session. This statement was likely to appear in the next edition of the Age Concern Newsletter. The NBTS Management Committee had asked Dr Gunson to write to Age Concern to make the position clear. It was agreed that donors must ask to continue in order to be accepted and that further details would be considered by the Co-ordinating Group.

MC

10. COURSES FOR QA MANAGERS

Dr Mitchell asked whether SNBTS should attend current commercially run courses for QA Managers. JDC reminded the meeting that the SNBTS awaited SHHD reaction to the proposal in the PES submission to appoint QA Managers. There should be no action until a positive response was received.

11. DATE OF THE NEXT MEETING

Monday 10 April 1989.