

0002

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the BTS Co-ordinating Group held
in the Headquarters Unit on 22 February, 1983

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr H B M Lewis
Dr R Mitchell
Dr D B L McClelland (Items 1 to 6)
Dr S J Urbaniak
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were intimated on behalf of Dr Morris McClelland and Mr Watt.

Noting that it was Dr Lewis's last Co-ordinating Group meeting, Dr Cash thanked him for his contribution to the work of the Group.

2. MINUTES OF PREVIOUS MEETINGS

The minutes of the undernoted meetings had been circulated :

Ordinary meeting - 23 November,

Estimates meetings - 22 December, 31 December, 7 January.

Dr Urbaniak had noted that some development proposals for his Centre had not been minuted. Miss Corrie explained that this was because the developments in question had already been approved in principle, either by the Co-ordinating Group or by the BTS sub-committee. She confirmed that they were all included in the bid for 1983-84 which would be put to the BTS sub-committee at the latter's May 1983 meeting.

She offered to send out to Directors in the near future a list of the proposals for 1983-84, together with all those for previous years which were either not yet funded or were still under consideration. This offer was accepted.

3. MATTERS ARISING FROM THE MINUTES

(a) CSA Ordering Procedure (minute 3a of 23 Nov.)

It was noted that the Secretary had now written to Dr Cash outlining who the BTS budget-holders were. This memorandum had been circulated to the Directors and some responses had been received and circulated. A suggestion from Mr Watt that a special meeting of the Co-ordinating Group should be convened was agreed. Dr Lewis agreed to submit his comments in writing.

(b) Developments 1982-83 (minute 3b of 23 Nov.)

It was noted that approval had been received to proceed with all the development proposals for 1982-83 which had been funded.

Dr Cash explained that fibrinopeptide kits which had been funded were for use by the Headquarters laboratory to assist PFC in their work on the production of new products, principally Factor IX, and to investigate the effects of

donation variables on the level of Factor VIII in the plasma of donations. It was noted that the Factor VIII Working Group had initiated these studies and the results would be available to all Directors.

(c) Fees for blood-grouping and donations to the Service
(minute 3e of 23 Nov.)

Dr Cash explained that Mr Peter Taylor (SNBTA and Deloitte, Haskins and Sells) was in touch, through his tax colleagues, with the Inland Revenue on the matter of liability for tax for Consultants who might receive their portion of fees for blood-grouping and remit them to the BTS for endowment-type purposes.

It appeared more than likely that fees would be taxable and, since the CSA Treasurer was anxious for a decision (the matter having arisen from an audit query) it was agreed to assume that blood-grouping was category 2 work under the Medical/Dental Conditions of Service.

Concerning donations to the Service, it was agreed that these should be regarded as non-public funds to be used within the BTS for purposes similar to those for which Health Boards use their endowment funds.

(d) CPD-Adenine (minute 3 of 23 Nov.)

Dr Mitchell had proposed, at the meeting on 23 November, that BTS should move to using CPD-Adenine from 1 April 1983. It was noted that no extra cost was involved and that it had been agreed UK-wide (following experience of the Blood Preservation Group) to move towards CPD-Adenine. The Scottish Directors agreed therefore to commence using it as soon as possible. Dr Cash had discussed with Mr Watt the latter's observation that concurrent use of different anti-coagulant by Transfusion Centres might present problems for the PFC.

It was noted that funds to introduce SAGm on a wide scale had not yet been voted. This development had been submitted as a late inclusion into the 1983-84 development proposals, which had been seen by the BTS sub-committee, who still had to consider them in detail.

(e) Hepatitis Reference Laboratory (minute 4 of 23 Nov.)

Dr Mitchell explained that he was awaiting from Mr Watt confirmation as to the extent of the commitment required so Dr Cash undertook to obtain from Mr Watt a precise statement of the amount and nature of work required. This statement would be submitted to the Co-ordinating Group.

4. EMPLOYERS' STATUTORY SICK PAY (SSP)

Miss Corrie explained the principles of SSP due to replace (from 6 April 1983) the existing system of State Sickness Benefit for the first eight weeks of sickness. CSA Personnel Branch had run a series of seminars throughout Scotland, an introductory memorandum had been received by Directors and a package explaining in detail the CSA procedure would follow in mid-March.

It was agreed that the local education of line managers was necessary. Miss Corrie agreed to attend meetings which would be arranged in the Transfusion Centres and possibly to arrange the attendance of someone from CSA Training Section. She was also convening a meeting of the BTS Unit Administrators and would try to obtain advance copies of the forms etc. to be used.

5. DISCIPLINARY AND GRIEVANCE PROCEDURE: LEVELS

Under the Agency's Disciplinary and Grievance Procedure, it had been necessary to identify the A, B and C levels of staff and this had been done and noted in respect of the three larger Centres. The Personnel Officer had asked that BTS should look

again at the levels which had been proposed to bring them closer in line with each other, or, alternatively to confirm why they should be different.

A Table had been circulated showing in respect of each category of staff the A, B and C levels in each of the Centres concerned. The Table was studied item by item against the following principles :

- a. Contain the levels within the Centre if possible,
- b. Failing a., contain them within SNBTS,
- c. Levels not to cross professional hierarchies if possible,
- d. Hierarchies followed to be the same from one Centre to another.

A revised Table would be circulated.

6. BTS NURSES' CONFERENCE FUND

It was noted that the Treasurer to the SNBTA held a balance of £300 from the funds which had been raised to finance the UK Transfusion Nurses' Conference when it was held in Edinburgh in 1982. Ideas were sought as to the use to which it might be put.

It was agreed that the Directors might submit, for consideration, proposals for study visits by BTS nursing staff to study subjects which would be of benefit to the SNBTS, to which a report would be submitted by the nurse or nurses concerned.

7. BLOOD SUPPLIES/CARDIAC SURGERY

Dr Mitchell had notified Professor David Wheatley that he might be unable to support the latter's cardiac surgery programme because of lack of sufficient funding. Dr Cash had sent to Dr Mitchell a letter (which had been circulated) drawing attention to the Scottish statistics of expired red cell concentrates. He had suggested to Dr Mitchell that the latter might obtain red cells from other Transfusion Centres. Dr Mitchell indicated that he preferred to cope from within his own Region.

8. USE AND SUPPLY OF HUMAN IMMUNOGLOBULIN PREPARATIONS

Discussion postponed to a subsequent meeting.

9. REQUIREMENTS FOR VISITING SCIENTIFIC WORKERS IN SNBTS ESTABLISHMENTS

Postponed.

10. OUTDATING OF FACTOR VIII CONCENTRATE

A letter dated 18 January from Mr Watt to Dr Cash had been circulated. In this Mr Watt indicated that there might be within SNBTS substantial stocks of product nearing the end of its shelf-life. On 15 February Mr Watt had spoken to Miss Corrie to explain that he had obtained from most Regions a statement of the ages of Factor VIII which they held in stock. The position was not so serious as he had at first believed. However, forward planning should be considered to avoid loss of Factor VIII.

Those present agreed that the inspection which the Centres had made of their stocks had been a most useful exercise.

11. RTC RESPONSES TO THE MEDICINES INSPECTOR'S REPORTS

Dr Cash reported that all responses had been received except that from W Scotland BTS; he understood the reasons for this.

These responses would be considered by the Project Steering Group for Medicines Inspectorate matters. He had notified CSA that it was essential that the appropriate Transfusion Director should be invited for the discussion of his or her response (no date had yet been fixed for this meeting). Thereafter, the responses would be put to the BTS sub-committee then, via SHHD, to the Medicines Division. Proposals for substantial building alterations had to be considered by the PSG and it was necessary for each Director to consult the appropriate Medical Adviser to the Building Division (Dr C Camm) at an early stage in formulation of the proposals.

12. BTS SUB-COMMITTEE AGENDA

The contents of the agenda were discussed. Dr Mitchell raised the case of two upgradings from Senior Scientific Officer to Principal which had been considered at the 7 January reconvened meeting of the Special Co-ordinating Group of 22 December. He explained that he had withdrawn these upgradings temporarily pending an investigation by Dr Cash into how upgradings were to be considered within the Agency. Dr Cash confirmed that he had made an arrangement to discuss the matter of Scientific Officers' upgradings with the Agency's Personnel Officer.

13. WORKING PRACTICES IN THE HEALTH SERVICE: RADIOGRAPHERS AND MLSOs

Dear Secretary letter SHHD(DS(82)64 had been circulated on 3 February. The Public Accounts Committee wanted to see, on an annual basis, a return of emergency duty payments and work done; such a return had been made on an ad hoc basis early in 1982. Miss Corrie had issued with the Dear Secretary letter a list of the components of this annual return. It was her understanding that the Transfusion Directors would not themselves require to produce the return, the content of which would be obtained by the Treasurer and the Internal Auditor from payrolls and similar records which were in routine use. She undertook to check this understanding with the Treasurer.

A paper had been circulated in which Miss Corrie drew the Directors' attention to the fact that the Scientific Services Advisory Group were considering the suitability of a standard set of definitions of a request. They hoped to provide these before April 1983 and Miss Corrie asked the Directors whether it was necessary, or desirable to comment to SSAG on an appropriate definition or definitions for blood transfusion. Dr Cash explained that he was the SNETS representative on SSAG and that he had attended recently a meeting at which definitions had been discussed and great difficulty encountered in coming to any conclusions.

14. DEVELOPMENT PROPOSALS 1984-85: NE SCOTLAND BTS

In a letter (which had been circulated) Dr Urbaniak asked that a post of telephonist should be inserted into the development proposals for 1984-85 which were due to be considered in outline by the BTS sub-committee on the following day. It was agreed that Miss Corrie should insert the post before the proposals came to be considered in detail.

15. DEVELOPMENT PROPOSALS 1983-84: W SCOTLAND BTS IMMUNOLOGY SUPPORT SERVICE

In accordance with a decision taken during the series of estimates meetings, Dr Mitchell had submitted a stated case for a Consultant Immunologist post ($\frac{6}{11}$ BTS, and $\frac{5}{11}$ GGHB) as the first of a two-year development proposal. It was recalled that this proposal had been approved by the Co-ordinating Group for 1984-85 and 1985-86 but that developments within GGHB required that Dr Mitchell should bring the BTS component forward. It was noted that the BTS component of $\frac{6}{11}$ would comprise a new appointee $\frac{3}{11}$ and Professor Heather Dick $\frac{3}{11}$. Dr Mitchell $\frac{11}{11}$ explained that neither he nor Professor Dick knew the full content of the GGHB proposals despite having been told that a paper would be available at the end of 1982.

It was agreed that Dr Mitchell's proposal would have to be withheld meantime because of the lack of information from the GGHB and to the financial implications for the Agency. Dr Cash would convey to GGHB through Dr L Davidson (the appropriate Community Medicine Specialist) that BTS could not process the Agency's component further without a full document from Dr Davidson.

16. DATE OF THE NEXT MEETING

To be arranged to precede the May meeting of the BTS sub-committee once the date of that was known.