

0137

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the Co-ordinating Group
held in the HQ Unit on 18 August 1987

Present: Professor J D Cash (in the chair)
Miss M Corrie (Secretary)
Dr E Brookes
Mr J Francis
Dr D B L McClelland
Dr R Mitchell
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Action

There was an apology from Dr Morris McClelland.

2. MINUTES OF EARLIER MEETINGS

Minutes of the ordinary meeting of 12 May and the extra meeting of 16 June had been issued. Comments and amendments which had been received were circulated with the agenda. The comments were noted and the accepted amendments are listed in annex A.

3. MATTERS ARISING

12 MAYa. Developments 1987-88

- i. Present position: Mr Francis reported the following:

<u>Allocation</u>	<u>Development bids approved in principle</u>
£	£
342,800	
preemptions 74,000	
£ 268,800	£ 460,253

He had requested from Directors self-funded development proposals but had received none so far. TDs

JDC reported that the release of development allocations was unlikely until January 1988 in order to provide some non-recurring JDC

Action

funds. It was however open to the Directors to apply at any time for any development bids already approved in principle and which were needed urgently.

TDs

Capital Programme: Some building work had begun and some other capital items would be considered by the BTS Sub-Committee on 19 August.

ii. **Plasmapheresis machines:** A bid for capital funds of £97,000 and revenue of £38,250 a year had been approved in principle for the purchase and maintenance of plasmapheresis machines for certain transfusion centres.

Based on the following:

A letter from Dr Perry concerning plasma quality and current problems with the PFC's Factor IX process,

The development proposal which the Ad Hoc Group had approved in principle,

The machines currently in use,

The fact that the prime purpose was to collect hyperimmune plasma (for which both filtration and centrifugal machines were satisfactory).

It was agreed that Mr Francis should continue to pursue a discount offer by Travenol (Haemonetics machines) and to enquire about an offer from Haemosciences to provide machines free of charge given a minimum monthly order for disposables.

JNF

A report would be given at the next meeting.

b. AIDS

i. **Look-back procedures/analysis of results:** JDC confirmed that Dr Crawford was working on JDC's redraft and he would report again.

JDC

Each Transfusion Director would co-operate in Dr Tim Wallington's study as far as they could resource their participation.

TDs

ii. **Reference testing:** Dr McClelland reported that the service to his Centre in South East Scotland was now satisfactory. Dr Urbaniak was not entirely satisfied and the Directors advised him to contact Dr Peutherer.

SJU

iii. **Next revision of AIDS message:** A list of exclusions awaiting consideration had been circulated. It was agreed to make no changes meantime but to discuss the position again in January or February 1988 with a view to a new issue in May of that year.

MC/TDs

iv. **W Scotland problem about donors who claim to have been to Africa:** It was agreed that such donors would not be accepted:

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even if not in one of the self-exclusion categories they would be deferred for malaria.

Dr Brian McClelland would ask Dr Jack Gillon to produce a note of the findings of an informal study in the Edinburgh Centre which sought to increase substantially the time spent on donor interviewing. Dr Gillon would add some recommendations. Dr McClelland would circulate these and the findings to the Transfusion Directors. BMcC

v. **Survey of effectiveness of donors' self-exclusion publicity material:** Professor Douglas Leathar had revised his protocol to include a better sample of donors/non-donors and to extend interviews beyond the central belt of Scotland. The estimated cost for the fieldwork had increased from £8,600 to £11,450 and the time required from 6/8 weeks to 7/9.

There was also a recommendation to participate in an 'omnibus' service at a cost of £700 approximately and 6 weeks' duration. Professor Leathar's team would provide a verbal debrief followed by a written report.

Miss Corrie should explain to Professor Leathar the importance of studying separately sessions in Transfusion Centres and in the community/industry. MC

e. The Directors accepted the proposals in broad outline and Miss Corrie undertook to arrange for the study to be undertaken in collaboration with the Regional Donor Organisers. Time precluded the latter discussing the study in their next meeting and Miss Corrie would inform them what was happening. The 'omnibus' suggestion would also be accepted. MC

Miss Corrie agreed to make a non-recurring bid for the sum required. MC

vi. **AIDS antibody positive donors:** Directors reported the current position as follows:

	<u>Donors</u>	<u>Patients</u>
N	2	0
NE	0	0
E	3	2
SE	12	3 confirmed/1 death/1 under
W	7	2 (investigation)

vii. **Seroconversion of previously ELISA+, WB- donors:** EAGA had accepted a recommendation which was substantially the same as that originally proposed by the Scottish Directors and this recommendation had been circulated. It was noted that the paragraph concerning the checking of donors at other Transfusion Centres was acceptable to the English/Welsh Directors only on the basis that the latter would 'use their best efforts' to undertake these checks.

Action

It was agreed that there was a need to consider a method of ~~flagging and circulating information about high-risk donors~~ (for any reason) to bring them to the attention of any other Scottish Centre at which they might donate. Directors agreed to bring ideas to the next meeting.

RTDs

viii. 'Escape route': Deferred to the next meeting as the paper had not been circulated.

MC

ix. **HIV antigen testing:** JDC reported that the Reference Laboratories would undertake HIV antigen testing of donor samples and for the anti-Rh(D) programme.

Dr Perry had undertaken exploratory testing but this was of insufficient sensitivity to be useful to the PFC.

x. **Blood needed by British staff of companies overseas:** It had been agreed at the Directors' meeting on 10 June that each Scottish Director should meet individual requests in respect of high-risk areas for AIDS as they felt appropriate. It was agreed this was a very difficult matter and (as previously decided) it should be confined to blood and not products or equipment.

xi. **HIV2:** JDC reported that Wellcome Diagnostics expected to develop a test within 12 months. Dr Gunson had arranged for the English and Welsh Directors to send samples from donors with contacts in certain African countries. It appeared that the facility to submit samples was now available to all UK Centres.

xii. **Confidentiality of donor information:** Correspondence between JDC and Mr John Griffiths of the Central Legal Office had been circulated and were noted.

It was agreed inappropriate to adopt an SNBTS policy on the matter but each Director should pass the correspondence to those of their medical staff who were counselling donors.

RTDs

xiii. **Taylor Report:** It was noted that the CSA General Manager had passed on the Directors' comments to the authors of the Taylor Report.

xiv. **Lost HIV antibody positive donors:** Dr Gillon's letter of 8 July 1987 had been circulated. It was agreed that the SNBTS could only pursue donors to a reasonable extent and that this topic should be linked to item b(vii) above.

RTDs

c. Scotblood

i. **Organising Committee:** The first meeting had been held on 12 August.

ii. **CSA contribution:** £2,100.

iii. **Venue:** It was understood that the Organising Committee were considering Jordanhill College, Glasgow.

iv. **Procedure to be followed:** Miss Corrie had issued this.

- d. Crossmatch Procedure Action
- Dr Urbaniak had just submitted his report. Miss Corrie would circulate this immediately for consideration at the next meeting. MC
- e. Private Sector: Annual Review
- It was agreed that February each year would be the best Co-ordinating Group meeting at which to review relationships with the private sector. Each Director should send to JDC a brief note of his/her meetings with the private hospital. RTDs/MC
- Miss Corrie issued a list of revised handling charges which the Directors should issue to the private hospitals for implementation on 1 October 1987. It was confirmed for the time being there would continue to be no handling charge for anti-D immunoglobulin. RTDs
- f. Development of a National Programme for QA
- JDC reported that the NBTS Working Party had now convened a Microbiology Advisory Group.
- After discussion, it was agreed that JDC should ask if Dr Robert Crawford could be accepted as a Scottish representative on this group. Dr Mitchell wished to speak first to Mr A Barr on the matter. RM/JDC
- g. Unrelated Bone Marrow Transplantation
- i. UK Working Party: This was expected to report shortly and to recommend that the UK Blood Transfusion Service should co-operate in a UK-wide unrelated BMT service.
- ii. Private sector project: Following the meeting held in London with Mr Thomas and Mr Hughes (attended by JDC) it was reported that these gentleman would mount an appeal for funds in England and Wales on 25 August for a British BMT programme. They had said they hoped to launch a similar appeal in Scotland later. They would pass any income which they received for the first appeal to five Transfusion Centres in England/Wales.
- The Directors agreed that JDC should tell the gentlemen that SNBTS did not wish at present to nominate a Transfusion Centre to participate in the programme, at least until the UK Working Party had reported. Directors should expect donors to contact their Centres and they agreed to take the names of any such donors and say they would contact them when it was appropriate. JDC
RTDs
- The Anthony Nolan Fund had been revived and expected to open a laboratory at the Royal Free Hospital in London.
- h. Surrogate Testing for NANB
- i. Reaction of NBTS Directors: The English Directors' reaction to the Scottish letter in the Lancet was noted.

- Action
- ii. **Publication of sensitive scientific material by SNBTS:** The rapid succession of the publications by Dr Dow and Dr Gillon on the one hand and the Directors' letter on the other had caused readers of the Lancet to be puzzled. The difficulties were acknowledged but it was agreed not to adopt a policy of vetting all scientific papers submitted for publication by senior SNBTS staff. RTDs
- iii. **Consequences of the current debate:** JDC tabled letters from the following companies:
- Wellcome Diagnostics - Hepatitis anti-core tests,
Instrumentation Laboratory (UK) Ltd - Analyser for ALT testing
- There would be an open day at BTS Law to view the Instrumentation Monarch 660 Analyser and Directors undertook to send appropriate members of staff. RTDs
- Dr McClelland had submitted a project grant application to the Chief Scientist Office to enable him to participate in the UK study and JDC asked the Directors to consider whether they wished to run a Scottish trial also.
- The Directors agreed that to be consistent with their policy decisions it would be prudent to proceed to a Scottish national study to evaluate ALT and anti-HBC testing. This view would be communicated to Dr Cuthbertson with a request that the SNBTS Microbiological Validation Group propose how the SNBTS should examine the available technology. JDC/RJP
- i. **Efficiency Savings**
- i. **Directors' proposals:** Mr Francis had received a proposal from the HQ Unit. He had held discussions in Edinburgh and at Law and awaited proposals from there and was due to have discussions with Dr Brookes. No proposals had been received from Inverness, Aberdeen or PFC.
- ii. **Annual review of SNBTS research work:** Deferred. MC
- j. **QA of Kleihauer Tests in SNBTS Antenatal Laboratories**
- Dr Urbaniak would run his programme in October February and June of each year and he was about to send details to the Directors. He hoped the first round would be in October 1987.
- It was agreed to have this matter on the Co-ordinating Group agenda each August. MC/SJU
- k. **Central Committee for R & D in Blood Transfusion**
- There was no response yet from Dr Gunson to JDC's letter of 6 April conveying that the proposal was unacceptable. He understood however that the Committee might be handed over to the MRC.

Action1. DHSS Advisory Committee on Blood Transfusion

JDC explained that he had resigned from the above Committee.

m. Blood Bag Purchases: Teardown Packs

i. **Scottish trial:** Dr Perry reported having 2,000 filled Tuta packs for immediate trial within the PFC and 1,500 Biotest. He expected to receive filled Travenol packs soon. Then he would produce an interim report on the suitability of the bags at Transfusion Centres and the PFC. As soon as the evaluations were complete the only constraint would be bag supply and he hoped that 1988-89 might be the first full year.

Biotest had taken the criticism of their packs very seriously and had reviewed their QA.

ii. **Purchasing specification:** Dr Perry recommended that an appropriate SNBTS group should draft a specification for teardown packs.

n. Autologous Transfusion

i. **SNBTS paper:** This had been sent to the Central Legal Office and the SHHD and the Scottish Haematologists Group. An amendment from the Legal Adviser had been issued to the Directors. The paper would also be considered by the BTS Sub-Committee on 19 August.

A letter from Mr Hugh Morison, SHHD, confirmed that the Department were content with the guidelines and asked for information about the aims, scope and timescale of the study. JDC had sent this information and his letter had been circulated.

ii. **Position in SE Scotland BTS:** Dr McClelland reported on the pilot project in his Region which had run since April in collaboration with one gynaecology unit. A total of 21 patients had been referred to the BTS. 15 of these were assessed and 7 found suitable. 6 had completed the process and only 1 had required blood.

Dr McClelland required more patients to provide meaningful data and the Directors agreed that he should extend the study to a further clinical unit and preferably not a gynaecological one. BMcC

16 JUNEo. Rationalisation of Reagent Production in SNBTS

JDC had received comments on the draft job description which he would incorporate into a revision which he would then submit to the General Manager. JDC

It was confirmed that the grade of the post was not yet settled.

JDC confirmed the proposed role for the post.

- Action
4. **BTS SUB-COMMITTEE 19 AUGUST**
- There was insufficient time to discuss the agenda apart from the following item.
5. **HEALTH CARE INTERNATIONAL: CLYDEBANK HOSPITAL**
- JDC tabled a paper which it was proposed to present to the BTS Sub-Committee on 19 August. This was read and amended and each Director received a copy of the revised paper which JDC would take to the BTS Sub-Committee. JDC
6. **COAGULATION FACTOR WORKING PARTY REPORT ON RECOVERED FFP QUALITY WITH RESPECT TO VIIC AND PLATELET CONTENT.**
- Deferred. MC
7. **FEASIBILITY STUDY OF BACK-UP ARRANGEMENTS IN THE EVENT OF BREAKDOWN OF AUTOMATED BLOOD GROUPING SYSTEMS.**
- Deferred. MC
8. **GUIDELINES FOR EMERGENCY BLOOD COVER AT NURSING HOMES APPROVED FOR ABORTION BY THE SECRETARY OF STATE.**
- Dr Brookes had prepared a revised draft which had been circulated.
- She undertook to consider comments from Dr Gillon and others which the Directors offered during the meeting and would submit a further draft as soon as possible. EB
9. **LETTER FROM PRINCIPAL AND SENIOR CHIEF MLSOs**
- Deferred. MC
10. **FACTOR VIII DEFICIENT SUBSTRATE PLASMA**
- Deferred. MC
11. **WELLCOME HIV ANTIBODY MONOCLONAL TEST KIT**
- Wellcome Diagnostics letter of 7 August 1987 to JDC was tabled. The W Scotland BTS had tested the above assay and found it to be eminently satisfactory in their conditions.
- It was agreed that as a matter of urgency JDC should convey to Dr Bruce Cuthbertson a request for the latter's Microbiological Validation Group to consider the existing evaluation on behalf of the SNBTS as a whole, JDC/MC

Action

extend it if necessary and make a recommendation to the Directors' meeting in October.

12. HYPERIMMUNE PLASMA VALIDATION

Dr Whitrow's letter of 31 July to JDC concerned discrepancies in plasma validation at PFC/Edinburgh particularly in regard to anti-CGL.

Dr Perry said he would be in a position to report very soon.

RJP

13. DATE OF THE NEXT MEETING

a. Tuesday 20 October 1987 (General Management, extended use of IV IgG plus any other items awaiting discussion).

b. Tuesday 10 November: Ordinary meeting.