

## SCOTTISH NATIONAL BLOOD TRANSFUSION ASSOCIATION

MINUTES OF MEETING OF REGIONAL DIRECTORS HELD IN ST ANDREW'S HOUSE  
EDINBURGH ON THURSDAY 4 OCTOBER 1973 AT 11.00 AM

Present:  
 Dr A E Bell  
 Dr C Cameron  
 Dr I A Cook  
 Dr R A Cumming  
 Dr H B M Lewis  
 Dr J Wallace  
 Mr J G Watt (part-time)  
 Mr R N Roberts )  
 Miss M I Pollock) Secretariat

1. The Chairman said that Mr Milne had had an unfortunate spell of ill health but was glad to say that he was now much improved and convalescing.

Minutes of meeting held on 12 June 1973

2. Subject to the following amendments the minutes were approved as a correct record:-

Paragraph 4 - delete second sentence and substitute "Mr Watt had completed licence applications for two products - super factor VIII and factor IX - and sent them to the Medicines Division by way of trial to check the method of completion; they were in no wise formal submissions".

Paragraph 9 - second last line delete "used" insert "processed".

10 and 12 - delete "Hemophil" insert "Hemofil".

13 - delete second sentence

13 - third sentence delete "IV" insert "VII"

15 -- third sentence delete "and Aberdeen".

Anti-D Immunoglobulin

3. As previously agreed Dr Maycock had provided 60 vials of 500 ug doses for use in cases of incompatible transfusion; five had been sent direct to Aberdeen and the balance of 55 to the South-East Region for distribution to other Regions when required. The North Region had since been sent 5 of these vials. Dr Maycock wished to be informed when this material was used so that another batch could be prepared. There was some discussion on the possibility of wastage if the stocks were distributed amongst all the Centres but there appeared to be no greater risk either way. It was agreed that Regional Directors should notify Dr Cumming of details of usage as appropriate and that he would notify Dr Maycock.

Anti-Vaccinia Immunoglobulin

4. Dr Wallace was asked to speak to the terms of his paper which had been circulated. From figures available there was every likelihood that there would be an increase in the demand for human anti-vaccinia immunoglobulin and the BTS should be prepared for this situation. At present the only assay facilities available for the testing of both the starting plasma and the end product were those provided by Dr Somerville at Belvidere Hospital, Glasgow.

5. It was considered that the present procedure of accepting donations for AVIG production from all recently vaccinated donors when about 20% of the donors would have a very low titre was a waste of both time and money.

6. Dr Somerville had already given the BTS a great deal of help but he could not be expected to carry on indefinitely without some support from the BTS. Possibly the addition of one graduate or technician would cover the staffing needs. One possibility was secondment of a member of PFC staff to Dr Somerville's laboratory.

7. What had started as a virological requirement was now the microbiological requirements of the entire BTS. Mr Watt said he thought it would be possible to tender in the Spring 1974 for the microbiology laboratory at Liverton with approximately 15 months building time. It might be possible to start testing on a limited scale in the main building.

8. It was agreed to recommend to the Executive Committee that the service provided by Dr Somerville should be supported by the SNBTA.

9. The Chairman said that it had come to the notice of the Department that at recent meetings of the Epidemiology Committee at DHSS a recommendation had been made to the BTS to build up stocks of AVIG. Enquiries had been made of DHSS and the following reply had been received:-

"It was desirable to have adequate stocks of anti-vaccinia immunoglobulin available since a large and increasing proportion of the population will not be protected by vaccination in the event of an outbreak. Large numbers of persons might then require to be given anti-vaccinia immunoglobulin as contacts, or to be vaccinated for the first time despite the presence of contraindications to vaccination. Evidence from the Epidemiological Research Laboratory's survey of the efficacy of anti-vaccinia immunoglobulin suggested that a reduced dose was efficacious, and in view of the need to conserve stocks it was proposed that this reduced dose should be employed. This remains only a suggestion at the moment since the Committee of Enquiry dealing with the recent outbreak of smallpox may make proposals."

10. The opinion was expressed that dosage should not be changed until scientific evidence was produced; the reasoning behind the recommended cut was haphazard and not based on established facts. It was agreed that the CCC should be asked to make a decision and advise the Secretary of State on whether dosage should be cut in Scotland.

#### Likely usage of AHF

11. Mr Watt reported that 60 doses of Supernine were held in stock in the PFC and none were in process. Approximately 50-75 doses per month could be the maximum need. There were 59 doses in stock of fraction II, IX, X with none in process. 288 doses of factor VIII - Cohn fraction I were held in stock with none in process; all existing stock would be out of date by March 1974.

12. Because of activity on development of factor VIII concentrates production of fibrinogen had been relaxed and there was a danger that in the present quarter supply might not meet the demand. Half the production of fibrinogen was for Northern Ireland and as the NI plasma was sent to Law it seemed reasonable that Law should meet this requirement.

13. There were 38 doses of the intermediate concentrate ready for issue. A further 84 would be ready in one week, 37 in two weeks and 50 in four weeks. Production cycle was four weeks and with a pool of 120-160 litres per week a maximum production of 150 doses per month could be achieved between now and production at Liberton.

14. The stock position, particularly of fibrinogen, made the need for a meeting with Directors of Haemophilia Centres more urgent than ever; only they could advise on dosage. Some discussion followed on whether limited clinical trials should be held before the meeting; the results of a few doses would give meaningful information. There was a danger however that if material was issued without an agreed protocol there would be no satisfactory feed-back; proper assessment of the product was essential. It was agreed that a meeting with the Haemophilia Directors was of the utmost importance and should be convened as soon as possible.

#### Plasma Identification

15. It was agreed to accept the finalised scheme prepared by Mr Watt and to make modification in the light of experience.

#### Joint staff discussion

16. There was nothing further to report on this subject. Any proposals would probably be linked with the opening of the PFC.

#### PFC statistics

17. Dr Wallace had had clarification from Mr Watt on certain points in the statistics and this subject could now be dropped from the agenda.

#### Telex

18. Dr Cook reported on the 3 month trial period of use by the Northern Regional Hospital Board of Telex between Inverness and Stornoway. The matter had been discussed by the Regional Scientific Advisory Committee after receipt of reports from the various laboratory disciplines. The general opinion had been that too much time was lost in transmitting messages and as a result the machine was removed. The Inverness Centre had been a regular user of the machine and its removal was a great loss. Mr Watt said that he found the Telex of enormous benefit but its full effectiveness depended on the number of outlets and the degree of usage. It was anticipated that in the future all hospitals would be using the system.

19. The Western Region had agreed with the Post Office to participate in a 3 month trial period early in 1974.

#### Opening of the PFC

20. The subject had been discussed at the last meeting of the Management Sub-Committee for the PFC and would be discussed further at the next meeting on 11 October; it was expected that some details about cost and suitable conference accommodation would be available. The point was made that the SNBTA was one of the best integrated services in the world and any conference should involve the whole service.

#### "On-call" payment to scientists

21. It was reported that the Department had received a letter from DHSS about "on-call" payments for biochemists. DHSS had had discussions but were not yet fully agreed on the method of tackling the problem. The matter was being looked at in the wider aspect of general policy matters concerning graduate staff and no decision concerning biochemists could be made in isolation.

22. It was understood that in at least 1 English RTC biochemists were registered as MLT, thereby receiving "on-call" payments while being paid as biochemists.

23. The Department agreed to keep in touch with DHSS on this matter.

#### Any other business

#### Notice to SNBTA staff

24. A draft notice to all staff employed by SNBTA explaining the establishment of the HQ unit and the place of the BTS in the reorganised health service was tabled. The draft was to be considered by the Executive Committee at its meeting on 11 October. A blue-band circular on the transfer of staff had already been issued by the Department.

25. The Regional Directors welcomed this notice to individual members of staff and expressed concern that staff had not been informed earlier and in more detail about the arrangements after 1 April 1974. The Department explained that the issue of a blue-band circular on the future of the blood transfusion service had been delayed because of the difficulties surrounding the appointment of a National Medical Director.

26. Fears were expressed that the BTS would be absorbed with other disciplines and would not have a voice of its own in the CSA. Health Board Chairmen had recently been asked to nominate members for the Management Committee of the CSA and the terms of the draft blue-band circular stated that the NMD and the Management Committee would obtain advice from an expert panel appointed by the Management Committee which would include persons with specialised knowledge of the service. Advice on major policy matters would be obtained through a committee of the Planning Council, on the lines of the CCC.

27. There had been a suggestion at one time that RHBs might run the BTS and fears were expressed that Health Board representatives might hold similar views. It was known that some haematologists held the view that the BTS could be run by the haematology service. (This point was discussed further under any other business).

#### SI Units

28. A report was tabled outlining recommendations for the use of SI Units in reporting the results of investigations made in hospital laboratories. The report was to be circulated shortly to various bodies, including the SNBTA, for comments.

#### Date of next meeting

29. It was agreed to try to arrange a meeting with the Directors of Haemophilia Centres in the afternoon of 19 or 22 October. The next regular meeting of Regional Directors was arranged for Thursday, 17 January 1974 in Conference Room C, St Andrew's House at 11 am.

#### Administrative Structure

30. The Department said that there seemed to be imminent likelihood of an NMD being appointed and the situation was to be discussed by the Executive Committee at its meeting on 11 October.

31. The view was expressed that it was essential that medical expertise should be available in the HQ Unit both to provide medical cover for the PFC and to be involved in planning for the future. If the original concept of a National Medical Director was not to be possible the short term answer might be an administrative medical officer and the part time services of a senior doctor with appropriate professional experience. At present Dr Cumming as the Regional Director of the SE Region was medical adviser of the PFC and an alternative might be to continue the arrangement of a Director having this additional responsibility.

32. Another suggestion put forward to solve the medical HQ situation at least temporarily was that a personal approach might be made to a suitable qualified doctor who had either just retired or was approaching retirement.

33. The Chairman thanked the Regional Directors for their comments which would be passed to the Executive Committee. It was agreed that the Regional Directors would be advised of the Executive Committee's decision.

#### Training of medical graduates in blood transfusion

34. Both Dr Cumming and Dr Wallace were members of the Scottish Committee for Postgraduate Medical Education's Working Party set up to consider this subject. The Report proposed by the Directors was not with the Royal College of Pathologists and it was hoped that it would be considered at its next meeting.

35. The present scheme directed candidates towards Haematology. The RCP had, however, now slanted the final examination towards blood transfusion which was encouraging.

36. The Joint Committee on Higher Medical Training would approve Regional Transfusion Centres for training purposes.

#### Tissue donors

37. Some of the Regions undertook tissue-typing while others carried out screening tests and provided sera. The Western Region had limited facilities and the SE Region had good facilities provided by the RHB which were adequate at present. Tissue-typing facilities were started in the NE Region 2 years ago and funded by SNBTA; this service was restricted to ante-natal sera. Tissue-typing of patients funded by the RHB was now undertaken but Dr Lewis would prefer the service to be provided by the SNBTA. It was not anticipated that tissue-typing facilities would be required in the North Region for 3-4 years. Only one technician in the East Region had obtained the necessary expertise to carry out tissue-typing of ante-natal sera. The ERHB were anxious that the BTS should carry out this service.

38. It was considered that tissue-typing facilities and the retention of a donor panel should be the responsibility of the BTS and that an anomaly in the arrangements existed at present. The BTS had expertise in making an approach to donors which was not found in hospital clinical departments.

#### Joint Steering Committee on Blood Products Production

39. The Steering Committee had met on 20 June and it had been clear from the discussion that Scotland was in a better supply situation than England. Scotland however could not be complacent and there was a need for continuing dialogue in relation to the PFC. There would always be a need for joint consultation about such matters as standards and quality control. The next meeting of the JSC was to be held on Friday 26 October.

Working Party on Forensic Pathology

40. The comments received from the Regional Directors had been passed by the SNBTA to the Working Party.

Ancillary staff incentive bonus scheme

41. Mr G R Milne had attended the seminar on this subject and would be submitting a report to the SNBTA. Dr Wallace said that Mr Milne had found the seminar interesting and stimulating but had doubts about its application to BTS; it might only be applicable to domestic staff.

Any other business42. Matters arising from the meeting of English RTDs

(i) Prisoner Donors - Dr Maycock had produced data on the incidence of Au-positive blood amongst prisoner donors. The evidence was being re-examined and English directors were considering withdrawal of prison sessions.

(ii) Dr Maycock would welcome any information about pathological conditions arising in donors who were frequently plasmapherised. The point was made that the legal aspect was covered in Scotland by the letter sent by SNBTA to donors undergoing plasmapheresis.

(iii) Dr Lewis had completed 2 years attendance as the representative of the Scottish Regional Directors but was agreeable to continuing as their representative until the new administrative structure was clear.

Careers Leaflet for BMA

43. This paper had been prepared by two English RTDs for the BMA career service and was slanted towards the English situation. It was felt that it would be difficult to reach full agreement with the English RTDs on the paper and that it was necessary only to correct points which affected the Scottish BTS and perhaps add to the end of the paper any particular points peculiar to Scotland. It was also agreed that points of enquiry in Scotland should be added eg Regional Directors, Scottish Committee for Post Graduate Medical Education and the Post Graduate Deans.

Future of Haematology Services in relation to BTS in Scotland

44. Dr Cook in speaking to the terms of his letter said that he had recently attended a meeting of the Haematology Sub-Committee of the SHSSC and had been concerned at some of the comments made about the BTS. Some haematologists clearly considered that the haematology service could and should run the BTS and they had been reinforced in this view by the inability to appoint a NMD. He considered that it was wrong that the Regional Directors were not represented on the Executive Committee; this Committee had been brainwashed by haematologists. There was an urgent need for the Regional Directors to meet with the Executive Committee and the CCC to discuss the position of the BTS over the next 5-10 years.

45. It was noted that the Cardiff Regional Director post had not been filled despite applications from Deputy Regional Directors and the service there was being run by the Professor of Haematology.

46. The Chairman and Secretary explained that the policy of the Department was that the BTS was to be run as a separate service within the Common Services Agency.