

CCC(M)(73)1

CENTRAL CONSULTATIVE COMMITTEE ON BLOOD TRANSFUSION

Minutes of the thirteenth meeting held in Conference Room D, St Andrew's House, Edinburgh at 2.15 pm on Thursday 15 March 1973.

Present:-

- Dr J C J Ives (Chairman)
- Dr P Aitken
- Mr A R Batchelor
- Dr C Cameron
- Dr R A Cumming
- Professor A S Douglas
- Professor R H Girdwood
- Dr S Harvey
- Mr I S Kirkland
- Dr H B M Lewis
- Dr G A McDonald
- Dr I S Macdonald
- Dr J G Robertson
- Dr J Wallace
- Mr J Watt

In attendance:-

- Mr R W Roberts) Secretariat
- Miss M I Pollock)

1. Owing to Dr Ritchie's illness Dr Ives had been invited to chair the meeting. The Committee asked that their best wishes for a good recovery should be sent to Dr Ritchie.

Apologies for absence

2. Apologies for absence were intimated on behalf of Dr J A Cook and Dr A E Ritchie.

Minutes of meeting held on 14 December 1972

These were approved as a correct record.

Management Sub-Committee for the PFC - Report of twelfth meeting

4. The Sub-Committee had met on 9 March and a minute of the meeting would be circulated in due course. It had been reported by the SERHB that the contractor had increased his expenditure since the beginning of the year; this was essential if the work was to keep to programme. Progress on the project was about 5 weeks behind schedule, four of which were attributable to the industrial dispute in the late summer. The value of the work done to date was £1,000,000 out of an accepted tender of £1,012,000; completion date was expected to be April 1974.

Chairman's Advisory Group - Virological requirements

5. The proposed discussion with the SERHB had not yet taken place mainly because it was felt desirable to clarify several points before a meeting was arranged, Dr Cumming and Mr Watt were however finding it difficult to provide the necessary information.

6. It was accepted that some guideline on the scale of requirements was necessary but in the present situation any figures provided would be guess work. For example plasma for the preparation of anti-vaccinia laminoglobulin was in short supply at present; it was difficult to get donors with usable levels of antibody. The PFC had carried this exercise as far as they were able and now required expert advice;

it was essential to plan for 5-10 years ahead. Professor Marmion had indicated his willingness to help get this service off the ground and it was agreed that Dr Cumming and Mr Watt should discuss the matter with him in an attempt to produce some figures in order that the matter could be taken up with the RHB.

Administrative Structure

7. A draft advertisement and job description for the post of Administrative Officer had been agreed by the Department and the NHS Staff Commission had been asked for urgent clearance for the post to be advertised as soon as possible. The advert and job description would be considered by the Executive Committee at its meeting on 22 March.

8. It was hoped that the National Medical Director would be in post by September 1973 but would be able to assist before that date in the selection of the Administrative Officer.

9. Some members felt that the level of salary scale - £3654-£4506 - was too low for the calibre of individual required and for the responsibility to be carried. The Department said advice had been taken and that every effort had been made to align the post with comparable posts in the health service, the grading proposed was similar to that of Assistant Secretary in the health service.

10. The question was also asked whether the post should not be "Secretary" instead of Administrative Officer; Administrative Officer might not give a clear indication of the responsibility of the post and the term Secretary was more easily identified. It was explained that originally it had been intended that the post should be Secretary/Treasurer but this had been altered when the financial arrangements within the Common Services Agency had become known. There was however no hard and fast rule about this; some consideration had already been given to the title and the matter could be considered again when the future of the Association was considered.

Supply of fractions containing Factors VIII and IX - Paper PFC(P)(72)1

11. A Working Party had been established by the CCC with the following terms of reference - "To consider the production, laboratory and clinical evaluation of the various factor VIII and IX products in relation to the overall production capacity of the BTS and to report."

12. The working Party had met on 21 September 1972 and a minute of the meeting had been circulated; certain doubts about the accuracy of the minutes had been raised. As a result the members of the Working Party had been asked to submit written comments on the minutes to the chairman, Professor Douglas. A paper summarising the comments was tabled.

13. Professor Douglas said that he considered the minute to be an accurate factual account of the discussion. Referring to paragraph 23 of the minutes of the CCC meeting held on 10 October 1972 he said that he considered that the points mentioned in sub-paragraphs (a) - (e) were correct although the figure of 30,000 donations per annum required for the production of Factor VIII concentrate was probably an underestimate now. He took exception to the last sentence of paragraph 24 - "In the meantime the existing minute would be taken as a preliminary note"; in his view the minute was an accurate account of the meeting and he could not accept that it should be demoted to a preliminary note.

14. The situation was further compounded now because a commercial super-concentrate had been licensed for sale in this country at a high price; there was to be a meeting at DHSS on 20 March to discuss the matter.
15. Dr Wallace said that he had found the meeting helpful and regretted the subsequent history. He emphasised that time and effort were required not only for the design of effective trials, but for the conduct of the trials; it was up to the BTS to produce a better concentrate than the commercial product.
16. Mr Watt said that he was not happy about the minute and could not accept paragraph 13 which gave support to a project at Glasgow Royal Infirmary for the evaluation of cryoglobulin precipitate as he had been in total ignorance of the project. He had been surprised at the reference to insufficient supplies of Factor IX products; the PFC was not stock piling, not because of lack of material but because they were concentrating on other developments. He also felt that the meeting had gone in to too much detail and that a further meeting should have been held.
17. Reference had been made to production and trials being carried out in the West and South-East Regions and Mr Watt felt that production should be contained within the PFC. It was explained that no slight to the PFC had been intended but that it was thought that the field was too large for one centre; Scotland was fortunate to have clinicians who were willing and able to assist in this work. The clinical trials being undertaken at Glasgow Royal Infirmary were under a Higher Medicine Development grant from the WRHB.
18. The Department said that for the meeting with DHSS it was necessary to know the Scottish objective. It was hoped that there would be step-up of production of Factor VIII and that in the meantime although the commercial material might require to be used it would only be in very small quantities. The situation was an evolving one and although 30,000 donations might have been the correct figure six months ago 50,000 was perhaps a more realistic figure now. The West Region had been sending the equivalent of 20,000 donations of fresh plasma per annum to the PFC and this figure had now been increased to about 20,000; other Regions could increase their supply too to meet the 50,000 donations required. In the WRHB the use of concentrated Factor VIII was minute compared to the amount of cryoglobulin used and it was therefore very difficult to give any kind of estimate of what the demands for a super-concentrate might be.
19. The PFC had until recently made Cohn Fraction I which was not a good product but for a long time had been the only product. The facilities at Liberton would be more than adequate to provide all the Factor VIII products required.
20. It was possible that the meeting at DHSS on 20 March would recommend the central purchase of the commercial concentrate for health service use and that distribution should be through BTS centres. This would keep the situation under control and not allow a widespread market to be established through hospital pharmacies; it would also allow the BTS to step up its own production. The meeting agreed that if commercial concentrates had to be provided it should be by central purchase but that distribution should be made by the Haemophilia Centres not through BTS Centres.
21. The minutes of the meeting of the Working Party held on 21 September 1972 were approved with the addition of the following rider:-

"Mr Watt had had no prior knowledge of the detail of the project mentioned in paragraph 13 and whilst approving in general principle of such a project, he had reservations regarding the establishment of a trial centre other than in the short term. The subject of cryoglobulin precipitate was not mentioned at the meeting in this context. Beyond general accord as mentioned he was not in a position to support this paragraph."

Au/HAA Specific Immunoglobulin

22. It was reported that the Department had written to SAMO's advising them of the availability of this material. The letter confirmed that supplies were held at Transfusion Centres and that accidents involving known or suspected infected material should be reported to Regional Directors.

Any other business

Proposals for the staff structure for the PFC - PFC(P)(73)1

23. Mr George Milne and Mr Watt had been commissioned by the Management Sub-Committee for the PFC to prepare a report on proposals for a staffing structure for the PFC. They had now produced a Report which had been commended by the Sub-Committee and would be considered by the Executive Committee of the SNBTA at its meeting on 22 March. Mr Milne and Mr Watt had asked that they should be involved in any further discussion on the Report.

Giving Sets

24. In answer to a question from Mr Kirkland about the suitability for use in paediatrics of the giving sets which had been distributed for clinical trials Dr Lewis said that the results of the trials had not yet been considered by the DHSS Working Party; he would however bear in mind that from the paediatric viewpoint it was essential that there was an intermediate reservoir.

Date of next meeting

25. The next meeting was arranged for Wednesday 27 June at 2.15 pm in Conference Room D, St Andrew's House.

March 1973