

MINUTES on the MEETING held in
the REGIONAL BLOOD TRANSFUSION CENTRE,
Royal Infirmary, Edinburgh on
FRIDAY, 14th MARCH, 1969, at
2.30 p.m.

Present: Dr. I. S. Macdonald, Chairman
Dr. D. M. Pendreigh

Dr. R. A. Cumming
Dr. J. Cash
Mr. J. G. Watt

Dr. W.d'A Maycock
Mr. L. Vallet.

Items one and two were discussed in the morning before Dr. Cash and Mr. Watt joined the meeting and Dr. Macdonald therefore gave a resume of the discussion on these two points.

1. Comparison of present proposed planning schedules for Liberton and Elstree

Liberton. Subject to finance being available it had been hoped that building would commence in January 1970 and be completed by the end of 1971 and that the unit would be commissioned by early summer of 1972. A firm decision has not yet been made about a starting date, but even in the most favourable circumstances the programme will probably be delayed at least six months. Commissioning would not be completed before the end of 1972 and is more likely to be early in 1973.

Elstree. Tenders have not yet been received but it is hoped to start building September 1969; the architect's estimate of building time is approximately 18 months, commissioning may take about six months and be completed late in 1971 or early in 1972.

2. U.K. Liaison and Policy Control

(a) Co-ordination of Administration

The need for standing arrangements for co-ordinating policy matters at departmental level which affected both B.P.L. Edinburgh and B.P.L. Elstree was discussed. It was suggested that, in the first instance a co-ordinating committee might be formed of officers from D.H.S.S. and S.H.H.D. On such a committee representation of the medical, administrative and financial sides would probably be necessary, together with representatives of the two units concerned. It was agreed that S.H.H.D. should be asked to put a proposal on these lines to D.H.S.S.

Dr. Maycock pointed out that B.P.L. Elstree along with M.R.C. Blood Group Reference Laboratory was administered by M.R.C. on behalf of D.H.S.S. An M.R.C. Managing Committee advised the Council and, through it, the D.H.S.S. on matters of broad policy (particularly scientific and technical) and finance. The relationship of the committee now proposed to this administrative arrangements with the M.R.C. would have to be considered.

(b) Co-ordination of Professional and Technical Matters

There would be an increasing need for meetings to co-ordinate professional and technical matters, and it was anticipated that meetings on the lines of the

present one would continue, but would have a formal relationship with the committee proposed under 2(a) and would refer to it matters requiring policy decisions at departmental level.

Mr. Watt asked for some further comment on Item 2(b) and some general discussion ensued.

3. Plasma Supplies from Northern England to Liberton

(a) Basis of Supply - Volume or Area?

Dr. Maycock referred to the earlier discussions where it had been suggested that supplies should be decided on volume; it was agreed that no change was necessary.

Dr. Maycock indicated that Elstree hoped to deal with two-thirds of the plasma from England and Wales and the remaining one-third would be processed at Liberton.

Mr. Watt pointed out that Liberton had been designed to produce an estimated 69,000 rising to 130,000 units per 46 week-year.

Dr. Maycock indicated that there could be some adjustment to the supply of plasma to the two units as production schedules evolved.

(b) Products to be supplied other than P.P.F. and A.H.F.

The position regarding A.H.F. would have to be reviewed. Decisions are required soon on quantities of products other than P.P.F. to be produced.

At this point Dr. Cumming brought up the possibility of disposal of excess of products to commonwealth and under-developed countries. It was agreed that discussion could take place on this point but no definite decisions could be taken at this level. It was agreed that this subject should be brought up for Departmental decision.

On the subject of Fibrinogen Dr. Maycock felt that as there were now many more uses for Fibrinogen a greater supply may be required than was originally expected. Dr. Cumming felt that Scotland had reached a peak in the use of Fibrinogen, to which Dr. Cash agreed, but Dr. Maycock felt that English usage was still rising but might level off in the near future if it followed the pattern of Scotland.

It was felt that there should be rationalisation of production of specific Immunoglobulins between the two laboratories. This would minimise the processing of small batches.

A.H.F. The view was expressed by both units that it would probably be preferable to prepare centrally concentrates of A.H.F. and that all centres should collect and freeze fresh plasma for this purpose.

(c) Cryoprecipitate supernatant

Edinburgh processes Fibrinogen, prothrombin complex, immunoglobulins and albumin both from fresh frozen plasma and from cryoprecipitate supernatants. It also processes approximately 60 litres EDTA plasma for prothrombin complex per three months; this amount is increasing.

Elstree was now fractionating regularly 60 litre pools of cryoprecipitate the Fraction III from which (and also from fresh plasma) was used for preparing Fraction IX, at P.F. Laboratory Oxford.

4. Joint Policy on Introduction of P.P.F.

Should stocks of P.P.F. be held until there was sufficient to meet the full national demand or should it be phased in as it becomes available? Dr. Maycock stated that B.P.L. Elstree was already issuing P.P.F. on a trial basis to certain regions in England. Until the new building was in operation the maximum amount of P.P.F. that could be made at Elstree was about 10,000 x 400 ml. bottles per year. It was agreed that a phased introduction should be used. It was also pointed out that some clinicians might prefer to continue to use dried plasma.

5. Plastic Bags and Formers

Mr. Watt stated that Edinburgh had been running experiments on the Edinburgh and Lister bags and it was felt that the Edinburgh bag was more practical in that it froze in roughly one-third of the time of the Lister bag, and in thawing it required approximately half the time of the Lister bag.

On the subject of radio-frequency thawing it was felt that there were two possibilities, and more would be known next week after Dr. Smith and Mr. Grant, Edinburgh Blood Products Unit, returned from trials in London.

Under previous radio-frequency trials the Edinburgh bag appeared to be better due possibly to thickness and more even expanse.

Dr. Maycock pointed out that Dr. Jenkins, Brentwood had now developed a technique of filling the Elstree bag by which the time taken to separate the plasma needed to fill one bag (ca. 30 L.) was the same as the time needed to transfer this amount into 10 donor pools in Winchesters. Dr. Jenkins wished to use the bag routinely. A trial with Birmingham was being arranged.

Dr. Maycock wondered if the fact that the Lister bag took longer to freeze and thaw was of any real importance.

Mr. Watt referred to published work on food processing and felt that the rate of freezing was of importance.

Dr. Maycock pointed out that the Elstree bag had the advantage of being packed in cardboard boxes and easily stored. (The Elstree subzero storage rooms had been designed round these bags).

It was agreed that if the Lister bag were used in Scotland, it would be an advantage if it could be "squared off" and if its width (3") could be reduced by 1".

Squaring off might be achieved by making the metal former slightly smaller so that the bag fitted more snugly.

Squaring off could be achieved by making a bag from separate layers of film instead of using lay flat extruded tubular film.

Although maximum efficiency could not be achieved using radio-frequency for thawing if the thickness were 3" nevertheless Mr. Watt said it was probable that bags of this thickness could be thawed by this means providing they were "squared off".

Mr. Watt hoped that, if any changes were made, the capacity of the bag would be diminished.

It was pointed out that the lay-flat film had been selected because bags could be fabricated from it more easily and cheaply. The dimensions of the bag had been selected so that the most economic use could be made of the freezing compartment of a standard - 40°C refrigerator; such bags when packed in a cardboard carton could

stacked in a stable and compact manner in the cold store.

Mr. Watt asked if it would be possible to have a small pocket to hold a number or some form of identification. Dr. Maycock pointed out that the Elstree bag contained a pocket already. He asked if a number printed on the actual bag would be acceptable. Although this could be done, it was felt that full identification was essential and forms of labelling and documentation were discussed. No definite decisions were reached.

Dr. Macdonald summarised by asking Dr. Maycock if he could look into the problem of squaring off the Lister bag. On the question of volume Dr. Macdonald asked if it would be possible to have bags of half the present thickness. Mr. Watt stated that he had tried working the Lister bag as two bags and this had been quite satisfactory. Dr. Maycock said he would look into the shape and capacity of the Lister bag and would communicate with Edinburgh as soon as possible.

Mr. Watt mentioned the problem of transport in CO₂ snow at temperatures lower than the "shatter temperature" of polyethylene. Mr. Vallet said that ICI had informed Elstree that the film was unstable below - 40 C; precautions had therefore been taken to prevent the film from coming into contact with the CO₂ snow.

6. Glassware - formation of precipitates in PPF

Mr. Watt described the trouble with the formation of precipitates in PPF which had been experienced at Edinburgh and the precautions and experiments which had been carried out. It had been provisionally concluded that these precipitates were related to the quality of the glass bottles. Mr. Vallet told the meeting of observations at Elstree of cloudiness in certain batches of PPF. It seemed probable that this was associated with the presence of liquid. It seemed to be a different phenomenon from that observed in Edinburgh.

It was agreed that there should be closer communication between the two centres regarding any problems like this.

7. Any other business

It was agreed that a further meeting should be arranged and it was suggested that it be held in Edinburgh during July as the new two-trolley system should be working and it may be of interest to the meeting. After discussion it was agreed that the meeting should be held at Elstree in June, unless Mr. Watt was in a position to guarantee the working of the new system, in which case the meeting would be held in Edinburgh during July.