

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in SNBTS Headquarters Unit
on Tuesday 14 June 1983

Present: Dr J D Cash (in the Chair)
Dr E Brookes
Dr D B L McClelland
Dr R Mitchell
Mr J G Watt
Dr A E Bell (SHHD)
Mr J O Wastle (SHHD)
Dr H H Gunson, Manchester, Items 1 to 3i and 4
Dr W Wagstaff, Sheffield, Items 1 to 3i and 4
Miss M Corrie (Secretary)

1 INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notified from Dr W M McClelland, Dr S J Urbaniak and Dr T G Taylor.

2 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 29 March 1983 had been circulated and the following amendments were agreed:

Minute 8:

Correct the spelling of HBsAG.
Add "study" after MRC at the end of line 4.

Minute 9:

Correct the spelling of "hostilities".

Minute 10:

Replace this by "Dr Brookes reported that she had received a request from Dr Holburn for anti-D plasma for blood grouping reagent and she was advised that the other regions (West, East and North-East) had said they were unable to supply Dr Holburn".

3 MATTERS ARISING FROM THE MINUTES

a Freeze-dried plasma (3d)

There had been circulated a letter dated 15 May 1983 from Mr Watt to Dr Cash enclosing a protocol for the evaluation of modified SPPS for the treatment of burn shock, the participating study centres to be Aberdeen, Bangour, Dundee, Glasgow and Wakefield (Dr John Settle). During a long discussion on the protocol it was observed that the participating burns units had widely differing criteria for estimating the success of their treatment regimes and some Directors wondered whether, in the circumstances, the measurements in the protocol would be followed by all the participants for the purpose of the trials while using other parameters in their assessment of the patient. It was noted also that the record card attached to the protocol appeared to provide for the use of dried plasma and synthetics as well as the ordinary and modified SPPS which were the subject of the study.

It was finally agreed that Dr Cash should advise the participating consultants through Miss Anne B Sutherland (Bangour) that the modified solution carried cost implications and represented a less economic use of human material. It would be sensible to move to it only if it proved more efficacious than the normal SPPS. SNBTS could not base policy decisions on the trial as it

appeared to lack randomization and was not analysable statistically. Dr Cash was asked to convey these conclusions to Miss Sutherland.

b RTC Quality Assurance Programme (3e)

Dr Cash expressed the opinion that it would be unwise for each Transfusion Centre to make development proposals for quality assurance in isolation. The Directors were providing information about their existing quality assurance programme so that Centres could be brought to an agreed level within existing financial resources. The final data had only recently been received from Transfusion Centres and a report would be brought to the next meeting. It was reported that the Medicines Inspectorate were concerned to have a new version of the "Standards for the Collection and Processing of Blood and Blood Components and Manufacturing of Associated Sterile Fluids", and the Directors felt that it was essential for BTS to collaborate with the Inspectorate in the re-writing process. Dr Gunson and Dr Wagstaff recommended that one Senior BTS person from England and Wales and one from Scotland might collaborate with the Inspector. This was agreed.

It was agreed that in the case of Scotland Dr Cash should inform the Inspectorate through the appropriate channels that SNBTS were prepared to offer assistance in the re-writing of the publication.

c Tear down pack system

- i A demonstration of the plasma pack splitting machine was given in PFC.
- ii The Scottish system had been mentioned at a meeting of English and Welsh Directors on 18 May. The chairman of the English Single Packs Committee (Dr R Lane) had (Dr Mitchell reported) expressed disquiet about the manner in which the Scottish system was being developed and wondered when it might be discussed. It was hoped that the participation of Dr Gunson and Dr Wagstaff in the demonstration would provide evidence of the desire of the SNBTS to collaborate with NBTS colleagues.
- iii It was confirmed that the sum of £20,000 in the development proposals for a trial in W Scotland was not now required since the packs for trial would be obtained free of charge from the manufacturer. A sum of £200 would be required for cassettes and Dr Mitchell could fund these from existing resources.

d Computer Development in Hospital Blood Banks (5)

Mr Watt reported that his researches to date had led him to conclude that whatever the ISBT decided about bar-coded labels the PFC products label would not be affected, ^{because serial coding rather than lot number was not practicable.}

e Optimal Additive Solution (4)

Dr Cash referred to the development proposals which had been put to the BTS sub-committee on 25 May for the addition of Optimal Additive Solution to all red cell concentrates in Scotland over a period of two years commencing in 1983-84. On further reflection Directors had decided that activity in 1983-84 should be limited to an experiment which had commenced in S E Scotland BTS. Dr Urbaniak (who had not been present at this further discussion) had agreed with the decision. The reasons for the revised proposals included Dr Mitchell's experience that the use of Optimal Additive Solution required changes in practice in plasma separation, that major reconstruction was planned for the production area of each of the Transfusion Centres (following the Medicines Inspector's visit), that the latest information from the PFC was that a further improved yield might be sufficient significantly to offset the loss of product which would be incurred through the heat-treatment of F VIII and that there existed significant stocks of FFP at PFC. Dr Mitchell drew the Directors' attention to his query at the last meeting as to whether the addition of Mannitol in blood packs was known to cause increases in haemolysis. He explained that the question had arisen in the Working Party on Red Cell Preservation where it had been suggested that Mannitol introduced intravenously was osmotically active and might be harmful to neonates.

4 AIDS

Dr Cash described to the meeting the discussion which had taken place in a recent meeting of the SNBTS Co-ordinating Group. Dr McClelland tabled a revised version of a leaflet which he had given to the Co-ordinating Group and Dr Mitchell

circulated his blood donor questionnaire into which he had inserted an invitation to donors who were worried about AIDS to discuss it with the doctor at the blood donor session.

The Co-ordinating group had known about a leaflet being produced for use in England and Wales by Dr Barbara and Dr Gunson explained that this had been circulated and revised following comments from the service in England and Wales. DHSS Administrators had expressed the view that the leaflet would not have the required impact so Dr Gunson had edited it, adopting a question and answer format. He had identified those donors whom the service would prefer not to see for the time being - homosexual men (especially those with multiple partners) drug addicts and anyone who had had sexual contact with a sufferer from AIDS. There was pressure in England and Wales for this leaflet to be sent or given to every donor rather than merely made available at sessions. Dr McClelland had amended his leaflet following discussion with representatives of the Scottish Homosexual Rights Group who were issuing a press statement and who would distribute the leaflet, (which was ready for issue) within their own organisation. It was acknowledged that if the purpose of a leaflet was to deter donors it would require to be issued before they attended a donor session and Dr Gunson explained that it might be circulated with donor call-up letters in England and Wales.

There was some discussion on the attitude being taken by the American Red Cross and by the Council of Europe. Dr Cash agreed to circulate copies of a Council of Europe paper on the subject of AIDS.

It was suggested that the BTS, the Homosexual Rights Group and a Venereologist might co-operate in research into AIDS, and Dr McClelland felt from his contacts in the Group that they would welcome this.

There was also discussion on how best to deter certain donors without causing offence to others. Mr Watt suggested this would be best achieved by addressing as wide an audience as possible through radio and television.

The Directors noted that the DHSS were closely involved in England and Wales and recommended that the SHHD should have a similar involvement in Scotland. There would also be a need for a Government Press Officer to handle enquiries.

Dr Cash undertook to liaise with colleagues in the SHHD.

5 RECOMMENDATIONS OF THE CENTRAL MANAGEMENT SERVICES REPORT:

"BLOOD: RECORD KEEPING AND STOCK CONTROL"

Dr Cash referred to a special meeting of Scottish Directors which had been held in February 1983 to discuss the above report, a copy of which he had received from Mr Godfrey, Secretary to the Advisory Committee on Blood Transfusion to the DHSS. Following the special meeting Dr Cash had circulated to his colleagues for comment a proposal for modifying the report to meet Scottish conditions.

It was noted that the recommendations could not be implemented by the SNBTS alone since they required co-operation from Health Boards. After discussion it was agreed that Dr Cash, in his capacity as Consultant Adviser to the SHHD would ask the latter to consider how the recommendations might be implemented. In the meantime Dr Cash agreed to obtain the relevant information to enable the existing situation in Scotland to be reviewed.

6 N E Q A S

It was noted that the BTS provided all the local advisers for N E Q A S cross matching proficiency testing exercise.

A report on the N E Q A S sera supplied by the SNBTS in the year to 31 March 1983 and a list of the centres to which services were provided had been circulated. The information was noted.

7 DEFINITION OF FRESH FROZEN PLASMA

Dr D F Hopkins, W Scotland BTS had written on 17 February 1983 to Dr Cash for clarification of the scottish definition of Fresh Frozen Plasma and the letter had been circulated. It was noted that PFC had begun to include in their weekly stock sheet a differentiation of Fresh Frozen Plasma into 0-6 hours and 6-18 hours. This conflicted with Dr Hopkins' understanding of the agreed definition. It was noted that it had been decided some years previously in Scotland that plasma up to 18 hours old yielded sufficient F VIII to justify fractionation ~~because it had a F VIII content similar to plasma separated in less than 18 hours although it had a lower recoverable F VIII content.~~ Dr Mitchell explained that the W Scotland definition of Fresh Frozen Plasma was separation within 10 hours of collection although 90% was separated sooner than this. It was noted that there was an SNBTS Working Group on Fresh Frozen Plasma whose task it was to provide a workable specification. The Transfusion Directors were asked meantime for a minimum delineation of Fresh Frozen plasma into: less than 2, 2-6 and 6-18 hours.

8 PURCHASE OF COMMERCIAL BLOOD PRODUCTS: YEAR TO 31 MARCH 1983

Miss Corrie reminded the Directors that they decided some years previously to produce an Annual Return of the commercial blood products purchased in their Regions. Since financial year 1981-82 the information was provided in quarterly workload statistics and the table which had been circulated had been extracted from these statistics. It had been assumed for the purpose of compiling the table that a blank represented a Nil return.

There was no problem in providing the required information in those Regions where the Transfusion Centre purchased commercial blood products on behalf of the Health Board. Notably in the W of Scotland this was not the case and it was very difficult for the Director to obtain accurate information through the Health Boards. It was concluded that the data obtained from the workload statistics was less than satisfactory and that, as recommended in the SNBTS proposals mentioned in Minute 5, further enquiries should be made into the merits of instituting the purchase of all commercial blood products through the aegis of Regional Transfusion Centres.

9 DATE OF NEXT MEETING

Tuesday 13 September 1983.