IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors meeting held in the
B T S Headquarters Unit on Thursday 8 December 1983

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr S J Urbaniak
Mr J G Watt
Dr W Whitrow
Dr A E Bell (SHHD)
Mr A J Murray (SHHD)
Dr W Wagstaff (Sheffield, items 1-3c or e)
Miss M Corrie (Secretary)

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1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notifed from Dr H H Gunson and Dr W M McClelland (Belfast). Dr Cash welcomed to the meeting Mr A J Murray who had replaced Mr Wastle at the SHHD. Dr Cash had received from Mr Wastle a letter thanking him for the good wishes which Dr Cash had offered on behalf of the BTS Directors.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13 September 1983 had been circulated. The following amendments were agreed:-

i. paragraph 3d, page 4, line 4 - replace Scotland by the SNBTS

ii. minute 5, page 5, in the 3rd paragraph - replace UK joint Sub-Committee on HDN by NBTS anti-D Working Party.

iii. item 6, page 5, reference North - replace this sub paragraph by "Dr Whitrow would discuss this with Dr Taylor and physicians nominally in charge of outlying hospitals."

iv. item 8, page 6, paragraph 2, 4th line - replace be considered out of date by not be appropriate for.

In the first paragraph 6th line - replace see draft by see comments on drafts received from Centres.

3. MATTERS ARISING FROM THE MINUTES

a) Freeze dried plasma (3a)

It was noted from the previous meeting that a revised protocol was awaited from the participating burns units and a recommended starting date from Mr Watt.

The protocol had not been received and Dr Cash agreed to contact Miss Anne Sutherland (Bangour Burns Unit) on behalf of her colleagues.

Mr Watt showed proofs of the labels which would be attached to the 2 solutions to be used in the trial. The labels would be printed respectively burns solution 1 and burns solution 2 for clinical trial only. They would be ready for issue in the second week of Janurary 1984 and the expiry date was October 1986. It was noted that Dr Gunson and Dr Lane had both been informed of the trial and welcomed it.

As previously agreed between the Scottish Directors the solutions would be sent by the PFC to the Transfusion Centres for onward transmission to the participating units where Mr Watt would check the holding facilities.

b) RTC quality assurance programme (3b)

Dr Cash had received information from all the Transfusion Centres and would prepare a tabulation for comment by his colleagues.

It was noted that the DHSS Medicines Division were considering revising "Standards for the Collection...." and that if they decided to do so they would welcome comments and advice from the Transfusion Directors with regard both to the scope and to the contents of the publication. Dr Cash had received from the CSA General Administrator an invitation for SNBTS to comment and he would invite the Directors to do so at a forthcoming meeting of the Co-ordinating Group of Scottish Directors.

It was noted that Dr Cash and CSA colleagues would be meeting SHHD officers on 19 December to discuss the scope of the Medicines Inspectors within the BTS, in the light of the development proposals for 1983-84, only some of which had been approved.

It was further noted that the reports of the Medicines Inspectorate Action Group (on which the development approvals had apparently been based) were very short, much more narrowly based than the Medicines Inspector's criticisms of the Transfusion Centres, and there were substantial inconsistencies between the Transfusion Centres. The Action Group reports contained no explanation as to how they had reached their decisions.

c) AIDS (3c)

i. Method of distributing leaflets

The leaflets had been available for some time at donor sessions and it was agreed that a more active approach would be acceptable now. It was felt that each blood donor should receive a copy and that the health questionnaire to donors should include the question, "Have you read and understood the leaflet on AIDS?" It was noted that it had been agreed at a previous meeting that it might be appropriate to consult the SNBTA before undertaking a widescale circulation. It was agreed that no further action would be taken until a revised leaflet had been issued and Dr McClelland agreed to produce a revised version for consideration by the Scottish Directors.

ii. W H O meeting on AIDS

Dr McClelland had prepared (and given to his colleagues) a report on aspects relevant to the BTS of a recent W H O meeting which he and Mr Watt had attended in Geneva.

An official draft report of the meeting would be received in January and Dr McClelland would seek comments from the Directors if there was sufficient time.

It was agreed that the topic should be discussed at a subsequent meeting.

d) Blood record keeping and stock control (3d)

Dr Cash (who had received from the Scottish Directors details of their existing stock control systems) would circulate these to his colleagues. There would be discussion at a future meeting.

e) Purchase of commercial blood products (8)

Dr Whitrow and Dr Brookes reported that they were satisfied that their local Health Boards understood that all commercial human blood products required in their regions would be purchased by the Transfusion Director who would be reimbursed subsequently by the Health Board. Dr Urbaniak had discovered that the only confirmation in writing in his region referred to SPPS. The Grampian Health Board were now finalising arrangements to cover all human blood products. Dr McClelland indicated that despite a written agreement with the Lothian Health Board (issued in 1976) the previously satisfactory practice was unacceptable to the newly appointed Haemophilia Director and the Health Board were not prepared to intervene. Dr Bell had spoken informally to the Chief Pharmacist about purchases in the W of Scotland where the Transfusion Service supplied products to 6 Health Boards via a large number of hospital blood banks. The inquiry had revealed a purchase at Glasgow Western Infirmary/RHSC in the year to 31 March 1983 of 550,000 i.u. of FVIII which was unknown to the BTS.

During a full discussion, in which it was acknowledged that the Glasgow Western Infirmary/Royal Hospital for Sick Children appeared to be the last remaining hospital to use substantial quantities of commercial FVIII in the West of Scotland. It was agreed that Dr Mitchell should write to the consultants concerned to enquire why they needed commercial products. In addition Dr Cash would include the matter in a document which he was preparing concerning planning for self sufficiency in clinically safe products.

f) SNBTS ANTI-D Working Party (5)

Dr Urbaniak reported on a meeting of the above which he had attended since the previous Directors' meeting. The RCOG appeared not to have issued advice to its members, but it seemed that there was no pressure from the latter for antenatal prophylaxis and there was no evidence of obstetric units undertaking it in a planned way though some were administering anti-D post-natally before the Rh group of the baby had been identified. It had been stated that the current annual uptake in England and Wales was 50,000,000 i.u. against a current production capacity at BPL of 90,000,000 i.u. This production level would allow for selected primagravidae with no living child to receive the IgG. The DHSS representative who had been present had explained that the Department was not promulgating any policy on anti-D administration.

It had been decided not to pursue a suggestion by Dr Tovey that the "green booklet" produced by the DHSS required to be updated: the uptake was very small indeed.

Dr Cash undertook to ask the SHHD to consider establishing a group comprising BTS/obstetric/neo-natal interests to pursue their joint concerns on the matter.

It was noted that Dr Urbaniak was preparing a draft code of practice for donors of plasma for anti-D immunoglobulin following the concern which had been felt about repeated boosting and plasmapheresing of donors.

It was noted that a special meeting of Scottish Directors would be held on 17 January 1984, one of the subjects being immunoglobulins. The Directors were invited to send to Dr Cash any thoughts which they would wish to be considered at this meeting.

g) NEQAS local advisers

Dr Whitrow had advised Dr Holburn of NEQAS that Dr Taylor plus the physicians superintendent of the two hospitals in N Scotland for which the BTS did not undertake crossmatching would be the local advisers. Dr Urbaniak still awaited a reply from the NEQAS panel.

h) Working party on the selection of donors/Notes for Transfusion (8)

Dr Brookes had circulated to her colleagues Dr Entwistle's final version of the above asking them to write direct to Dr Entwistle. After discussion it was decided to take no further action until the topic was raised as part of the revision of "Standards for the Collection..." In respect of Notes for Transfusion it was decided to await publication after which SNBTS representatives would be nominated to delineate any practices in it which differed significantly from those in Scotland, and report to the Directors. It was noted that there was an urgent need in W Scotland for a revised "Notes for Transfusion" since the existing stock was almost totally depleted.

Reporting her consultation with the English/Welsh Transfusion Directors concerning collections in prisons and borstals Dr Brookes explained that only one of the 12 which she had consulted was attending prisons. It was noted that the only Scottish region to continue holding sessions in prisons was the West.

4. BRITISH TELECOM ATTITUDE TO STAFF SHOWN TO BE HBsAg POSITIVE

Dr Robert Crawford (consultant W Scotland) had circulated to the Directors his in confidence letter of 1 December to Dr Cash. Further copies were tabled.

After a thorough discussion of the facts of the case so far as they were known it was agreed that Dr Mitchell should establish what was the exact employment position of the man concerned (it was not clear from Dr Crawford's letter) while Dr Cash and SHHD colleagues would attempt to progress the matter.

5. HEPATITIS WORKING PARTY

Dr McClelland reported on a recent meeting of the above which had received a report of two cases of AIDS in haemophiliacs in UK. There had been discussion of the fact that the main suppliers to BPL of plasma for hepatitis BIgG was a group of declared homosexuals who donated at the Edgware Centre. Dr McClelland and a colleague hoped to produce for the Working Party a paper on use patterns in Scotland and it was noted that Dr McClelland and Dr Mitchell were due to report to the Scottish Directors on the use of hepatitis B IgG in Scotland.

6. SNBTS RED CELL BANK

Discussion deferred until Dr Cash had received comments from all Centres on his letter of 18 November to the Directors.

7. RABIES IMMUNOGLOBULIN

There had been circulated correspondence between Dr McClelland and Mr Watt about the holding of a small quantity of anti rabies immunoglobulin at the SE Centre. After discussion it was agreed that 3 vials should be held at the Edinburgh Transfusion Centre, the remainder (following current BTS policy) at the PFC.

Mr Watt was asked to produce a status report on the supply of anti rabies plasma and product(s) as concern was expressed that existing stocks of product might be outdated.

8. CHARGES TO THE PRIVATE SECTOR

It was noted that the Scottish Directors had spent a considerable time on the previous day preparing for the BTS Sub-committee a further draft agreement for the supply of blood (uncrossmatched) and blood products to the private sector and Dr Urbaniak had undertaken to prepare a draft in respect of crossmatched blood. The Secretary of State had stated in respect of pay beds in NHS hospitals that the charges to patients would be adjusted to include blood/blood products handling charges. The DHSS were due to meet representatives of the private sector in England and Wales after which there would be a circular to Health Authorities advising them when to commence levying handling charges.

9. HOME DEFENCE PLANNING

Dr Cash reported having attended a meeting of Chief Area Medical Officers from Scottish Health Boards and other emergency planning officers. He had concluded that it would be very difficult for BTS to plan actively until the Health Boards had made some firm plans.

Following his recent attendance at a short course at the Home Defence College, Dr Urbaniak would be able to provide his colleagues with some relevant advice. This would take into account documentation which he had been able to receive from the South London Transfusion Centre, one of the English Health Regions and a paper which he and other BTS staff had produced while at the Home Defence College.

10. CONDITIONS OF SERVICE OF MEDICAL OFFICERS

Dr Mitchell spoke to his letter of 26 July 1983 to CSA Personnel Officer (which had been circulated). Briefly he had encountered a problem with some of his medica officers who insisted that the weekly number of notional half days (NHDs) for which they were contracted had to be worked regularly each week with no allowance for flexibility from one week to another to cope with donor sessions of varying length. A survey which he had undertaken of Transfusion Centres in England and Wal showed no particular pattern. Dr Mitchell had suggested in his letter that the conditions of service might be re-written to include a reference to flexibility in NHDs.

After discussion it was agreed that it would not be appropriate to suggest an amendment to the medical and dental conditions of service handbook. Dr Mitchell was recommended to deal with the problem locally. It was especially important that medical officers were informed about the need to be flexible when they were recruited and that, if appropriate this was included in their contracts.

11. LABELLING OF PLASMA FOR HBIG PRODUCTION

A letter from Dr McClelland to Dr R Perry, PFC had been circulated together with a copy of FDA recommendations on the above.

It was agreed after discussion that plasma for hepatitis B immunoglobulin and CMV immunoglobulin should continue to be processed exclusively for IgG and albumin and that no new special identification of these plasma donations should be introduced.

12. MEETINGS IN 1984

The dates which had been arranged were noted.

13. FACTOR VIII

Dr Cash asked his colleagues to reply to his recent letter concerning supply, demand and regional stock holdings as he hoped to discuss this matter with colleagues early in 1984.

14. DATE OF THE NEXT MEETING

Tuesday 13 March 1984.