REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 148th meeting held on Wednesday 26 September 1973 at 11.30 am in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant & Castle, London, SE1 6BY.

PRESENT:

	- in the Chair
(deputy)	- Regional Transfusion Directors
	- Blood Group Reference Laboratory
	- Scottish Home & Health Department
	- Scottish National Blood Transfusion Association
	- Northern Ireland Blood Transfusion Service
	Department of Health and Social Security

An apology for absence was received from . He was represented by .

It was reported that would prefer not to be given a lunch or dinner to mark his retirement. It was agreed that a suitable gift should be bought. The Chairman undertook to make arrangements.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 13 June 1973 were confirmed, subject to the following amendments:-

Page 4: lines 1-4 These should read:-

"participation by hospital laboratories should be voluntary.

Anonymity also seemed to be an essential aspect of other schemes under way.

line 6 add "Bristol"

It was pointed out that amendments to paragraph 3 had been distributed.

2. MATTERS ARISING

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL REAGENT

said that there was nothing to report since the RTD meeting in June. He said that this subject would probably be discussed at the meeting of the Laboratory Development Advisory Group in November, for which he was preparing a paper dealing with the use of human materials - including blood - for diagnostic purposes.

mentioned that some hospitals were making their own reference standards from the residues of specimens which would otherwise be thrown away. said many hospitals probably did this, but the product is not satisfactory for some purposes and pools prepared in this way might be infested. It was pointed out that this would be the case anyhow.

thought that one of the most difficult aspects of the problem was to estimate the amount of plasma or serum needed. suggested that the control sera should be dealt with in the same way as International Biological Standards and Reference Preparations. For example, the International anti-D Standard comprised only 2.0L. National and laboratory standards which had been assayed against the International standard were prepared locally. In this way comparatively small amounts of material sufficed for International and National Standards.

b. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY

said that of the seven RTDs that had agreed to take part in a pilot study, two regions had still to report the results of their regional trials. He expected to be able to prepare a paper for the next RTD meeting.

The meeting agreed that, when the pilot trial had been completed, it would consider instituting a pilot quality control trial organized by Blood Group Reference Laboratory. Such a pilot trial had been suggested at the meeting of LDAG Standards Sub-group on 25 July 1973 at which proficiency assessment of blood group serology had been discussed.

All centres sent sera prepared locally to the Blood Group Reference Laboratory for verification of antibody content before issuing such sera, with the exception of RTC Brentwood, RTC Manchester (which sent some) and RTC Cardiff (which sent some).

c. PRINCIPAL TECHNICIAN

reported that he had received only four comments on paper RTD(73)15 and asked RTDs to send their comments or nil reports within the next week so that RTD(73)15 could be finally revised and sent t
P Division.

d. LABORATORY AIDES

asked what the present position of this proposed grade was.

explained that this grade was still an experimental one and had not yet been accepted by the Whitley Council. All the laboratories which took part in the experiment had reported favourably but staff side still had reservations about its introduction. said that if the grade were not introduced, the question of safeguards for persons who had been engaged as laboratory aides for the experimental period would need to be considered.

The meeting unanimously supported the proposal to introduce a grade of laboratory aides and asked that Personnel Division should be informed of their view.

e. NOTES ON TRANSFUSION

reported that the fifth edition had been issued. There were two misprints and corrigenda slips were now included in copies sent out from the Department.

The amendments were:-

Page 2 sect.6 line 13: substitute "2.0 millimoles K per litre"

Page 2 sect.7 line 13: substitute "not more than 0.65 millimoles/g protei

RTDs asked for corrigenda slips to insert in copies already in their possession.

f. REGIONAL TRANSFUSION CENTRE STAFF:

i. Needle sharpeners: said it was hoped to make use of an ad hoc grading under the Ancillary Staffs Council, for this staff at RTC Sheffield. The Department would write directly to

said he hoped that the suggested rate of pay would be adequate, as needle sharpeners could not work much overtime due to the exacting nature of their work.

ii. Sterilizer Attendants: This grade of staff were included in ASC Advance Letter No.5/73. said that the Personnel Division had not yet visited RTCs to investigate this grade.

said that a staff inspector from Personnel Division had visited his centre to investigate the grading of the supervisor of bottle processing and sterilizing section. The outcome of this was that this person has been graded under No.4 with £23 increase.

iii. Drivers: reported great difficulty in recruiting and retaining drivers of heavy goods vehicles because of the high wages paid outside NHS. Some of his drivers thought an allowance should be paid for loading and unloading crates of blood at hospitals.

said that Newcastle RHB had agreed to employ two drivers who were undergoing training at the Board's expense to obtain a HGV license.

said that Edgware RTC experienced relatively little difficulty in recruiting drivers, as no vehicles exceeded 3 tons.

The meeting agreed to review the position regarding drivers again at a future meeting.

3. REORGANIZATION OF NBTS

reported that the Working Party set up to consider this matter had met on 18 July. The meeting was largely occupied by general survey and discussion of the present structure, administration and functions of NBTS. The Working Party considered three proposals - that the organization of NBTS should remain unchanged, that it should be established as an independent service, or that some still undefined form of organization and administration which would give greater control and co-ordination should be devised.

The Working Party considered that NBTS could not continue to be organized and administered as it is at present, and that the other two proposals should be examined at its next meeting in November.

4. NATIONAL PANEL OF DONORS OF RARE BLOOD TYPES

Paper RTD(73)23 was introduced by who explained that on recent occasions there had been difficulty in supplying blood for members of the immigrant population who had developed certain unusual antibodies. This difficulty could be overcome to some extent if the ethnic origin of donors could be identified from the records (NBTS 101) and particularly if members of the immigrant community could be encouraged to become donors. At present the ethnic group of donors was not recorded. The only information recorded, usually as TA (Tropical area), allowed identification of donors who had come from malarious areas. The meeting agreed to defer direct

recording of the ethnic group and it was left, for the time being, that each centre should decide how to maintain records which would allow identification of the ethnic group. mentioned the difficulty of obtaining volunteers among immigrants. He reported that the stock of anti-U serum was almost nil and there was an urgent need for this material in order to screen people. It was pointed out that the blood of first generation immigrants whose parents came from malarious areas, was safe to use as whole blood.

5. SUPPLY OF PREPARATIONS OF HUMAN BLOOD FOR PURPOSES OTHER THAN TRANSFUSION: REPLIES TO QUESTIONNAIRE SENT OUT BY THE LATE DR OBANK

said that the completed questionnaire received from RTCs showed that the amount of blood being used for purposes other than transfusion was very small. The supply was generally in accordance with RTD Minutes October 1956 and the Memorandum issued for that meeting. He felt that no further action was required at the present time; it might be advisable to review the existing arrangements in 2 or 3 years' time. Meanwhile it was suggested that any arrangements made for repeated supply should be for defined periods, and not indefinitely.

pointed out that all preparations of blood, collected or prepared by NBTS, BGR. Laboratory and BPL were the property of the NHS and that RTDs, who receive requests for blood or other preparations from commercial firms, should refer them to DHSS. He mentioned that BPL, with the agreement of the Department, has supplied albumin for many years to the Radiochemical Centre, Amersham, for iodination. More recently fibrinogen had been supplied. The position was reviewed annually.

6. PUBLICITY:

a. WEDGWOOD PLATES. reported that the need to order a further supply presented an opportunity to alter the design. After discussion it was agreed that the reverse should have added the following phrase: "National Blood Transfusion Service 100 donations". It was also agreed

not to proceed with the idea of having the names of donors inscribed on plates because of the great delay this would impose on delivery.

b. PAMPHLETS. It was reported that new material was needed for the Life Blood Series of pamphlets. The following subjects had been suggested: Plasmapheresis, Prevention of Haemolytic Disease of the Newborn, Haemophilia, Tissue Typing and Transplantation.

reported that was preparing a text on plasmapheresis; said that at Sheffield they had prepared or proposed to prepare texts, for local use, on the other subjects mentioned. He agreed to send copies to RTDs for information and agreed that the Department might use the Sheffield texts as a basis for centrally produced leaflets.

The meeting requested that , pamphlet "Blood Groups and the Study of Mankind" should be reprinted. undertook to revise the pamphlet "The Gift of Life" for which there was a constant demand.

c. POSTERS. said that the posters now available lacked impact and asked the Department to consider preparing posters which had a sentimental appeal (these were more popular) and which could be displayed more generally. Many of the present posters were suitable for display only in a restricted number of places.

7. AUSTRALIA ANTIGEN RTD(73)18

Incidence of antigen in donors. referred to RTD(73)18 and RTD(73)25. In the latter paper the figures had been adjusted so that the heading "new donors" did not include any donors from the Armed Forces or from prisons, borstals and similar institutions. The adjusted figures seemed to show that the incidence of antigenaemia in prisoners was higher than in the general public as represented by new donors and that frequency of antigenaemia among members of the Armed Forces was similar to that among general public new donors. The range of incidence, however, was wide.

Donors in Prisons, Borstals etc. The meeting considered whether NBTS should stop collecting blood in prisons. Seven directors (Sheffield, Cambridge, Edgware, Brentwood, Tooting, Cardiff and Birmingham) thought prisoners should no longer be bled because the incidence of antigenaemia not detectable by IEOP was probably higher in this population than among the general public. Seven (Newcastle, Leeds, Oxford, Bristol, Manchester, Liverpool and Wessex) thought that screening for antigen gave adequate protection, and that blood collection in prisons should be continued until the statistical significance of the figures in RTD(73)25 had been examined. : undertook to arrange this.

It was agreed that if it were decided to discontinue bleeding prisoners, the Department should inform the Home Office before any local action was taken.

Motivation in donors in prisons. reported that , a Principal in DHSS had made a study of the reasons why prisoners volunteered as donors. Copies of her report would be circulated for information.

8. ANTI-D IMMUNOGLOBULIN

a. ADEQUACY OF DISTRIBUTION

RTDs Leeds, Cambridge, Brentwood and Birmingham reported that perhaps as many as 15 to 20 per cent of eligible mothers were not being given anti-D immunoglobulin. In the Birmingham Region there were 80,712 live births but only 6,328 doses of anti-D immunoglobulin were issued instead of about 7,500 to 8,000 as might be expected. Other RTDs agreed that some eligible mothers appeared not to be treated. Some hospitals apparently failed to treat eligible mothers; instances were quoted of general practitioners and midwives who were unaware of the arrangements for getting anti-D immunoglobulin.

RTDs who had evidence of failure to give anti-D immunoglobulin to eligible mothers were asked to bring this matter to the attention of regional

obstetrical advisory committees. It would also be reported to those concerned in DHSS and to the SMAC Joint Sub-Committee on the Prevention of Haemolytic Disease of the Newborn.

b. COLLECTION OF RESULTS OF TREATMENT

said that there was no need to continue to collect the results of treatment with 200 µg doses of anti-D immunoglobulin.

In those regions conducting surveys of mothers treated with the 100 µg dose (Newcastle, Leeds, Sheffield, Brentwood, Bristol), the results suggested that the failure rate after first pregnancies was similar to that after the 200 µg dose. , for example, reported failure to protect in 1 per cent of 1,700 primiparae followed up at 6 months.

suggested that the 5 regions would now have between them sufficient records of enough second pregnancies in treated mothers to form a significant group. The RTDs concerned agreed to collaborate and prepare a joint report.

c. KLEIHAUER REFERENCE CENTRES

reported that the SMAC Joint Sub-Committee had asked to be informed about the arrangements for Kleihauer testing and had mentioned that reference or designated laboratories in each region were desirable. The RTCs were reference laboratories. In the Sheffield region there were 8 designated area laboratories in addition to the RTC. A similar arrangement existed in SW Region.

d. UNTOWARD REACTIONS

i. The meeting confirmed that all high titre anti-D donors (whether naturally or deliberately immunized) were told that they should announce this fact if admitted to hospital and that they were given an appropriately worded card.

said that plasma containing even moderate titres of anti-D could not be used for the preparation of fibrinogen, anti-haemophilic globulin, or normal immunoglobulin.

8. OBSERVATIONS IN NATURALLY AND DELIBERATELY IMMUNIZED DONORS

Dr Bevan reported that a naturally immunized female donor who had given 24 single plasmaphereses in 2 years had developed myelocytic leukaemia.

reported that one naturally immunized donor had developed aplastic anaemia and that an immunized male donor had died of a brain tumour.

mentioned one immunized donor who had died of coronary thrombosis and another who could not tolerate the boosting injections.

The meeting agreed that details of such events should be collected, although they were probably unconnected with the fact that the individuals concerned were naturally or deliberately immunized donors of anti-D.

9. SOVAM BLOOD COLLECTING VEHICLE

reported that he had been approached by the agents of this French self-contained mobile blood collecting vehicle and had agreed to mention it to Directors. It appeared that the vehicle might be of use in rural areas. Some regions were already in touch with the agents.

10. CAREERS IN BLOOD TRANSFUSION: PROFILE FOR BMA

A document, (RTD(73)26), had been prepared from suggestions received from several RTDs which would be sent to BMA for incorporation in their series of pamphlets on careers in medicine. RTDs were asked to send any comments they wished to make as soon as possible.

11. SYPHILIS TESTING

reported that the procedure followed for many years when a donor is found to have a confirmed positive syphilis test had been re-examined. This had been done because a request sent out from RTC Leeds for the name and address of the donor's family doctor had received an affirmative answer from the donor's wife. The advice now given by Legal and by the Department's Consultant Adviser on Venereal Disease was that RTCs should arrange to interview such donors and to explain the findings to them. This procedure was considered desirable because a

donor, who found himself in these circumstances might not wish to be referred to his family doctor and, in the opinion of the Medical Defence Union, should not be asked to give his doctor's name and address unless he knew why these were wanted.

After discussion of the difficulties which would be encountered in RTCs if this procedure was followed - eg. small number of medical staff, long distances that might have to be travelled - the meeting asked the Chairman to discuss the matter again with the Consultant Adviser on Venereal Disease with a view to continuing the practice followed by NBTS for many years.

12. SUPPLY MATTERS:

a. TUTA BAG. reported that a pattern of the Tuta bag was now available which had a wide-bore collecting tube which enabled a specimen of 15-20 ml to be collected for laboratory tests in RTCs.

b. BSI STERILIZER COMMITTEE

said that who had recently been reappointed NBTS representative on this Committee, was ill and suggested that a Deputy Director should be invited to serve on this Committee. agreed to ask if he would act as a representative of NBTS and to inform the Chairman.

13. DATE OF NEXT MEETING

This was arranged for Wednesday 28 November 1973.