

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' meeting held in
the BTS Headquarters Unit on 2 October 1985

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr D B L McClelland
Dr W M McClelland
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow
Dr J Forrester SHHD
Mr A J Murray SHHD
Dr I Fraser Bristol
Miss M Corrie (Secretary)
Mr J N Francis

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notified from Dr H H Gunson and (on account of illness) from Dr Mitchell. Dr Cash undertook to convey good wishes to Dr Mitchell.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 20 June 1985 had been circulated. A comment submitted by Dr Whitrow on para 6, page 4 was discussed. It was noted that it might be necessary to trace patient recipients of blood or products from previous donations of donors found to be Ab positive. As a result it was agreed to amend the final paragraph of page 4 to read:-

"The BTS would take steps to trace the recipients of previous donations from individuals found subsequently to be Ab positive."

In response to a further comment from Dr Whitrow it was agreed to amend the final sentence of para 3 d vii. on page 5 to read:-

"All samples would be retained (as far as practically possible) pending the introduction of testing."

Dr Brookes asked that the final paragraph of item 7 on page 7 be amended to read:-

"Dr Brookes distributed a **draft** pro forma....."

With the above amendments the minutes were agreed as a true record.

3. MATTERS ARISING FROM THE MINUTES

a) Developments with private sector

i. SNBTS charges for laboratory tests: As agreed at the previous meeting Mr Francis had circulated to the Scottish Directors the basis of each SE laboratory test and he and Dr McClelland were due to meet shortly to clear the final queries from the other Directors.

They agreed to prepare for consideration the following options:
That crossmatches should be of 2 sorts, namely routine and specialised, the latter to cost twice the former. They should also propose as an alternative a single charge covering all types of crossmatch.

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In both cases they should follow the principle of covering costs.

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It was noted that each Transfusion Centre was preparing and issuing its own invoices to the private sector but the CSA Treasurer collected the funds and where necessary pursued payment.

ii. Directors' meeting with CSA Chairman: CSA General Administrator had written to the SHHD to ask whether the Agency was acting under section 50 of the NHS act in supplying the private sector. Mr Murray explained that the reply would be affirmative, the CSA carrying out the Secretary of State's statutory duties directly on his behalf.

b) AIDS

i. Status reports on overall screening:

East: had chosen the Wellcome test and had purchased a 6-month supply. Equipment was on order and regular screening had begun informally. The PHLS panel had been obtained and a SOP for testing was in preparation.

South East: Wellcome test chosen and 3-months supply purchased. The Centre had begun testing some blood bank stock.

West: in Dr Mitchell's absence it was understood that the Centre was ready.

PFC: All finished product and plasma pools were being screened.

North: Wellcome test had been used since 1 October; 3 months in stock.

North East: Wellcome test selected and a 4 month standing order placed. Had been testing donations for 2 weeks as well as library samples of FFP and cryoprecipitate.

It was noted that the Wellcome test might be subject to substantial variations between batches.

ii. Reference Centre facilities: All the Centres knew the name and whereabouts of their reference Centres.

iii. Abbott test evaluation in W Scotland BTS: As agreed at a recent Co-ordinating Group meeting Dr Cash had asked Dr Gunson for material to enable Dr Mitchell to evaluate the Abbott test. A reply was awaited: DHSS authority was required since it was they who had provided the resources for this work.

iv. **Counselling:** It was noted that the following BTS staff had attended counselling courses at St Mary's, Paddington:

INVERNESS	Nil (1)
ABERDEEN	Dr Galea
DUNDEE	Dr Brookes
EDINBURGH	Dr Davidson
	Dr Conn
GLASGOW	Dr Crawford
	Dr Hopkins

(1) A Highland Health Board STD consultant will counsel in this region.

A HQ seminar had been arranged for 4 October.

v. **CDSC prospective study of staff: Accidental contamination with HTLV-III:** Dr Brian McClelland had received the protocol for this joint PHLS/CDSC study from the Lothian Health Board AIDS Group. After discussion Dr Cash undertook to consider with Dr Emslie of the CDSC whether such a study was appropriate at the present time. *

vi. **National reporting of Ab positive positive donors to CDSC:** Dr Cash reported that he was contacting Dr Emslie of CDS in respect of the above.

vii. **Donor leaflets:** It was reported that the above had all been issued to the Transfusion Centres.

viii. **PHLS panel:** Dr Cash reported from a meeting with the reference centres the importance of ample facilities for daily QC. The W Scotland reference centre (Dr Follet) had agreed to provide all Transfusion Centres with samples for QC, but had not yet done so. Meanwhile the PHLS had offered Dr Cash samples which the Transfusion Directors would receive shortly.

It was agreed to use the PHLS samples and organise a supplementary set to use and send to the Scottish reference centres. It was agreed that all Scottish positives must be retained and used in Scottish QC. Dr Cash undertook to consult the reference Laboratories as to which positives to keep (i.e. after how many tests) and to report to the Directors. *

c) **Hepatitis B vaccine for PFC staff**

It was noted that Dr Perry's proposals to offer vaccine to PFC staff had been approved by the BTS sub-committee and was funded. Dr Perry reported that the vaccine had been delivered and that his staff were deciding on a personal basis whether to accept the offer of vaccine.

d) Categorisation of pathogens

Dr Perry reported that Dr Cuthbertson had met a representative from each Transfusion Centre on 1 October to consider the HSE guidelines for handling hepatitis B specimens. The group had concluded that guidelines could not be applied appropriately to the BTS now or in future and they would prepare proposals for consideration by the Directors. It was agreed that an SNBTS policy was a matter of importance. *

4. ENGLAND AND WALES DIRECTORS' MEETINGS

Dr Mitchell's report on the 10 July meeting had been circulated. It was noted that officers from the DHSS and the CBLA were now attending the afternoon sessions of these meetings.

5. BLOOD BANK CLEARING HOUSE/INFORMATION EXCHANGE

It was noted that the SHHD would encourage the movement of blood between Scotland and England in return for payment of cost of carriage and that the Scottish Directors would consider specific proposals at their next Co-ordinating Group meeting.

Dr Fraser explained the arrangement in England and Wales to help the London Transfusion Centres. Dr McClelland reported that the Edgware Centre had not approached him for some time and Dr Whitrow explained the system in his region was that when he had surplus he contacted the Tooting Centre to ask if the latter wished it.

Dr Cash recommended a Scottish clearing house to replace existing ad hoc arrangements and that the details would be discussed at a forthcoming Co-ordinating Group meeting.

Concerning surplus, it was noted from several countries that the blood intake could fall significantly once HTLV-III antibody testing began.

6. CMV TEST VALIDATION

Dr Robert Crawford's letter to Dr Cash of 11 June 1985 had been circulated. Dr Crawford had explained that his Centre had composed a panel of 20 sera externally tested by multiple methods and dispensed by the DRMQC at Colindale. He had communicated the name of the contact there for the benefit of anyone wishing to set up CMV tests or check their proficiency against the rest of the UK.

Dr Cash agreed to thank Dr Crawford. *

Current CMV testing in the SNBTS was confirmed as follows:

East: being done by PFC

South East: screening for high titre plasma and CMV negative platelets

North: screening for high titre plasma done by SE, neonatal donor panel by the Inverness virology department.

North East: a prospective study with local neonatal unit testing low birth weight babies with CMV negative mothers.

West: extensive screening for CMV negative products for the local bone marrow unit in lieu of immunoglobulins. Also neonatal programme.

It was agreed not to recommend a further expansion of CMV testing throughout the SNBTS at the present time. *

7. SNBTS NATIONALLY-SPONSORED CLINICAL TRIALS

a) Identification codes

Dr Robert Crawford's letter of 23 May 1985 to Dr Cash had been circulated. Dr Crawford was suggesting the introduction of identification coding for nationally sponsored trials.

Dr Crawford's proposal was welcomed in principle. It was agreed that Dr Perry should suggest an identification system for Directors consideration, concentrating on trials of PFC product. *

b) Side effect review panel: Dr Crawford's letter of 21 August 1985 had been circulated. His proposal was for a review panel to screen any adverse reactions in national studies of new products.

After discussion Dr McClelland undertook to discuss this proposal further with his colleagues and to comment in due course. *

8. Rh PHENOTYPING

Dr Whitrow and Dr McClelland requested discussion on an SNBTS policy for routine Rh phenotyping.

All Directors present, with the exception of Dr Brookes, welcomed moves to designate Rh (D) negative blood on the basis of r' and r'' only. Dr Brookes felt it appropriate to reserve Dundee's position until computer developments were nearer introduction in her Centre. It was further agreed (unanimously) that all Du donors should be regarded as Rh(d) positive.

It was agreed that in view of Dr Mitchell's absence it would not be appropriate to formulate an SNBTS policy at this time. *

9. ROUTINE HBsAg SCREENING OF PATIENT/ANTENATAL BLOOD SAMPLES

Dr Whitrow had written on 18 January 1985 to ask for a discussion on routine screening of patient/antenatal blood samples. He explained that he had now ceased testing both in order to accommodate HTLV-III antibody testing. In discussion it emerged that the SE Centre had never tested either patients or antenatal samples. Dr Urbaniak considered that testing of antenatal samples was in the interest of mother and child safety and prevented vertical transmission by vaccination. In his Region for instance Vietnamese refugees had settled and intermarried. He did not feel that the BTS should meet the cost. Dr McClelland confirmed that vertical transmission was a non-Caucasian problem and that such people were recognisable. Dr Urbaniak explained that patient crossmatch samples were one of the largest sources in Grampian Region of hepatitis carriers. This was however definitely a hospital responsibility.

It was agreed that this patient service was a matter for local arrangements and that if performed in RTCs then Directors might wish to consider obtaining funds from AHBs.

10. COMMERCIAL INTERFACE PRESS RELEASE

Mr Murray tabled the draft press release which the SIO would release on 10 October on behalf of CSA for publication on 11 October. Following the August meeting of the BTS Sub-committee the CSA Chairman had agreed to speak to unions but was not willing to delay his meeting with them until the afternoon of the day of the press release. After discussion he had agreed not to address the unions at all but would do so post hoc if necessary provided he was assured that each Director would speak to his own staff on the afternoon of 10 October and issue copies of the press release to them.

The points of contact over the weekend would be Dr Cash and the Transfusion Directors. Dr Whitrow (who had intended reporting on the subject to his blood donor attendants on 8 October) agreed not to do so.

11. HLA ANTISERA SCREENING

Dr Cash introduced this subject and advised that the Directors should consult Dr Bradley of the NTTRL as to what they should screen for and why. Dr McClelland explained that his Centre sent to the NTTRL 4 times what they received in return and that he could use the labour involved in other ways. Dr Urbaniak sent categories which he deemed on historical experience would be useful.

Dr McClelland undertook to write to Dr Bradley to ask for guidance.

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12. SUPPLY OF PLASMA

Dr Forrester had identified users in Aberdeen and Glasgow who complained of a shortage of certain plasma products. In the case of Aberdeen Dr Urbaniak confirmed there was no limitation on the issue of current products and could only assume that the complaint came from plastic surgeons regretting the absence of the former product dried plasma.

In the case of Glasgow it was noted that albumin consumption there was the highest in Scotland. The BTS were unable to meet demand there because of low fractionation capacity, not shortage of plasma. A plan to increase the process capacity had been approved and would be implemented giving 20,000 - 30,000 additional bottles per annum of SPPS.

Dr Cash reminded Directors that they had established a 6-month national stockpile of SPPS which any region could call on in an emergency but it was not policy to issue from that stock to meet an exceptionally high routine demand from any part of the country.

It was noted that one purchaser of commercial SPPS was the Royal Hospital for Sick Children in Glasgow who were purchasing paediatric packs which would soon be available from the PFC.

13. NOTES ON TRANSFUSION

In response to a question from Dr Forrester Dr Cash explained that the DHSS were making arrangements for a new edition to be prepared.

14. DATE OF THE NEXT MEETING

10 December 1985.