

NOTE OF THE MEETING OF THE DIRECTORS OF THE SCOTTISH  
NATIONAL BLOOD TRANSFUSION SERVICE AND HAEMOPHILIA  
DIRECTORS HELD IN ST ANDREW'S HOUSE, EDINBURGH ON FRIDAY 21 JULY  
1989

Present: Chairman: Dr McIntyre, SHHD

SNBTS Directors: Professor J Cash, National Director  
Dr R Stewart, Clinical trial/product  
surveillance and development manager  
Dr Foster, PFC  
Dr R Mitchell, Glasgow and West  
Dr G Galea, Aberdeen and North East  
Dr F Boulton, Edinburgh and South East  
Dr Ghosh, East  
Dr Whitrow, North

Haemophilia Directors: Dr C Ludlam, Royal Infirmary,  
Edinburgh  
Dr A Heppleston, Ninewells, Dundee  
Dr Bennett, Royal Infirmary, Aberdeen  
Dr A Dawson, Royal Infirmary, Aberdeen  
Dr G Lowe, Royal Infirmary, Glasgow  
Dr G MacDonald, Royal Infirmary,  
Glasgow  
Dr T Taylor, Raigmore, Inverness  
Dr B Gibson, Yorkhill, Glasgow

SNBTA: Professor R Girdwood, Chairman

In Attendance: Dr H Flett, DHSS Northern Ireland  
R Panton, SHHD

Secretary: R Angus, SHHD

### Introduction

The Chairman introduced new members to the meeting.

#### 1. Apologies for Absence

Apologies for absence were received from Dr Wilkie, Dr Urbaniak, Dr Perry, Dr B McClelland, Dr Brookes, Dr Skinner, Dr W McClelland, Dr Mayne and Dr Bennett.

#### 2. Minutes of meeting on 5 May 1988

The Chairman explained that these annual meetings were not a formal advising group but rather a forum for gaining the member's views. Any decisions taken and recommendations made at the meeting, although noted, were not automatically official policy. He also explained that the Planning Council was to be reformed and that any advisory committees would in future require Ministerial approval prior to being set up.

Two typing errors in the previous meeting were noted item 3 paragraph 3 line 1 should read Factor VIII not Factor VII and item 5 paragraph 3 line 2 should read producers not produced.

3. SNBTS Planning for the future production of blood products for the management of patients with haemostatic or thrombotic disorders.

Dr Stewart introduced his paper. The following amendments were noted:-

1. Page 5, Factor IX concentrates table, commercial 'activated' IX for 1989 should read 462 not 402.
2. Appendix 7, Dundee, 1985 should read 5,480 not 13,977.

Particular attention was drawn to the following points:-

- 3.1 There was a general trend of increased plasma input to PFC.
- 3.2 The figures in the report were more accurate than previous years.
- 3.3 Table 2 included approximately  $1 \times 10^6$  iu of factor VIII transferred from Northern Ireland.
- 3.4 Cryoprecipitate was no longer being routinely used by the haemophilia directors. Its use was mainly confined to treatment of Von Willebrand's disease. Approximately 50% of issues were used for non-haemophiliac patients.
- 3.5 Consumption rates for factor VIII were higher in Sweden and Denmark than Scotland.
- 3.6 Initial results of ongoing studies in the US indicated that high dosage rates prevent joint damage.
- 3.7 The PFC would have to shut down for 2 three month periods in 1990/91 to allow for building work to take place.
- 3.8 OAS programme had already started in the East and was due to start in the West in April 1990.
- 3.9 The SNBTS would maintain issues of Factor VIII at 8 million International Units per annum but this would slow the rebuilding of the national reserve stock which had been depleted.
- 3.10 There is some prospect of increased production but dependent on funding.
- 3.11 The national reserve stock is regularly rotated, the majority is held at the PFC and less than 10% is outdated before issue.

4. First Report of the Factor VIII Working Party dated April 1989

Dr Ludlam thanked the members of the working party and introduced his report.

There was a general discussion on the report and the following points were made:-

4.1 Dr Ludlam thanked Northern Ireland for their co-operation in transferring Factor VIII during the year and commented that the system of cross-charging was complicated and suggested that a centrally funded system might be more effective.

4.2 A system for collecting monthly data on Factor VIII usage had been introduced which involved Dr Stewart sending forms to Haemophilia Directors for completion and return within a week. The production of these stats required a fair amount of work.

4.3 The new S8 product was discussed. The Haemophilia Directors expressed their hope that this product, which has the same purity as commercial product, would be in production shortly, as the present Z8 product had a low purity. There was an international movement towards high and very high purity products even though evidence of their value was lacking and Haemophilia directors were coming under pressure to use high purity product. It was pointed out that purity does not equate with safety and that efforts to purify the product resulted in a lower yield.

4.4 The 10 registered patients in the virological safety study included 7 'virgin' patients and it is hoped that 20 will eventually be obtained. The study required fortnightly blood tests and involves a lot of work with babies. The heat treatment used at present was adequate and preferable to the use of a solvent detergent.

4.5 It was requested that the papers should be treated as confidential.

Dr McIntyre thanked Dr Ludlam and the working party for its work during the year.

## 5. Current Target for Factor VIII Production

It was reiterated that the SNBTS would maintain issues of Factor VIII at at least 8 million international units per annum. It was agreed that the target production level of 2.75 m.i.u. per million population by 1996 should remain. It was noted that Scotland had the lowest prevalence of HIV infection in Haemophiliacs in the world.

## 6. Any Other Business

### White Paper

There was a general discussion on what effect the White Paper would have on haemophilia services. Worries were expressed that there might be some attempt at 'commercialisation' of the SNBTS which would scare off donors but it was explained that there were no plans to do so and that there was no intention to introduce cross-charging for blood and blood products. The SHHD representatives views on the effect of the White Paper were requested but they were unaware of the effects.

EEC Directives

The effect of an anticipated EC Directive were discussed. It was thought that within an unspecified period it would become 'illegal' to purchase Factor VIII and that there was a clear commitment to products derived from unpaid voluntary donors. Manufacturers of 'large pool' product would required manufacturing and product licences. It was thought that the restrictions imposed by the Directive could lead to American and German commercial manufacturers pulling out of Europe thereby causing a shortage of Factor VIII.

Change of Staff

As of 1 September, Dr Andrew Watt would replace Dr Skinner as the Department's representative on blood related matters.

7. Date of Next Meeting

The next meeting will take place on Friday 11 may 1990.