

0005

NOTE OF MEETING OF DIRECTORS OF THE SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
AND HAEMOPHILIA DIRECTORS HELD IN ST ANDREW'S HOUSE EDINBURGH ON 30 MAY 1977

Present:

Dr D W A McCreadie (Chairman)
Dr C Cameron
Dr J D Cash
Dr S H Davies
Dr A A Dawson
Professor R H Girdwood

Miss M R Patterson
Dr G R Tudhope
Dr J Wallace
Mr J G Watt

In attendance:

Dr J Craske (for item 3)
Dr A D McIntyre } (SHHD)
Dr A E Bell }

Mr R N Roberts } Secretariat
Mr J Docherty }

PROTEIN FRACTIONATION CENTRE	
Received: 21 JUN 1977	
File No:	
Returned to	Action taken
<i>J G Watt</i>	<i>file</i>

Prior to the start of the meeting the Chairman introduced Dr A E Bell who was taking over from Dr McIntyre and would chair future meetings. The Chairman also introduced Dr Craske of the Public Health Laboratory Service who had kindly agreed to speak to the meeting.

Apologies for absence

1. Apologies for absence were received from Dr Cook, Dr Lewis, Professor Douglas, Dr McDonald and Dr Prentice.

Minutes of Meeting of 24 January 1977

2. The minutes were approved subject to the following amendments:-

Page 2, paragraph 4, line 6 delete "master tape" insert "master file".
Page 2, paragraph 7, amend end of second sentence to read ".... to persuade his colleagues to use dried plasma rather than fresh plasma whenever clinically possible".

Page 3, paragraph 3, line 11 delete "Regional" insert "Haemophilia".

Survey of Incidence of Hepatitis after transfusion

3. Dr Craske, Consultant Virologist with the PHLS who had been invited to attend the meeting to discuss a proposal to extend his survey on the incidence of hepatitis after transfusion with Hemofil and Kryobulin to encompass Scottish centres and Factor VIII, began by reviewing briefly the findings of his 1974/76 study. He stressed that the statistics used related only to clinically overt cases of Hepatitis. The study had involved 26 Haemophilia Centres and the findings showed that of 371 haemophiliacs 66 had one or more attacks of Hepatitis. The incidence of infection by Hemofil was very high in susceptible patients - 6 out of the first 7 batches of Hemofil showed signs of Hepatitis B virus - and Dr Craske thought that approximately the same incidence would arise from the use of all commercial products. He asked Directors if they would co-operate in extending his survey to Scotland for a period of two years so that the information already obtained could be compared with results from a survey of the Scottish product, and with the Elstree product,

agreement for this having been obtained. Directors were a little concerned that this would duplicate the work already done by some Scottish Directors for Oxford but Dr Craske explained that it would only be necessary to monitor the use of products and report cases of Hepatitis to Dr Cash, who had agreed to follow them up; the information which was already being given to Oxford had been agreed on an informal basis and did not cover the whole of Scotland. He had redesigned the form to be used and this could be copied to Oxford with no extra workload. Dr Craske was also able to reassure Mr Watt, who said that approximately 18% of Factor VIII was already lost in quality control of one sort or another, that he would not require samples of the product. In the absence of Dr Cook and Dr Lewis and with no representation of Haemophilia Directors from the West of Scotland at the meeting it was agreed that this should be raised again with those concerned in due course.

Haemophilia Register

4. Dr McIntyre reminded Directors that it had been agreed in principle that a Register was desirable for two main reasons (1) to assist in calculating the total amount of Factor VIII which was required annually for Scotland and (2) to know how many haemophiliacs there were in Scotland, how many were being treated regularly and which of them were the bulk users of Factor VIII. Enquiries had shown that the Oxford Register showed the numbers treated and not the number of haemophiliacs. There was no indication either of the number of times a patient was treated in a year and it was not therefore possible to identify those patients requiring large amounts of Factor VIII. Dr McIntyre spoke briefly to the paper, which had been circulated previously, and which made suggestions about the form the Register might take. He was at pains to emphasise that the Register was intended primarily to assist Haemophilia Directors and Transfusion Directors in the care of patients; the information required should therefore be stipulated by them. In discussion it was generally accepted that a Register was necessary but there was some debate about what information was required. Notwithstanding the difficulties which were foreseen it was agreed a draft form should be produced which could be discussed informally with a view to it being accepted at the next meeting.

Adverse Reactions to Factor VIII

5. Mr Watt hoped that this was another area where a Register of haemophiliacs would be useful by giving the hepatitis status of patients who suffered reactions. At present the prior status was open to debate and it was only possible to draw very general conclusions from individual reactions.

Production of Plasma Fractions

6. Mr Watt spoke briefly to the paper and expressed concern at the increasing distribution to members of committees etc of the statistics produced by PFC. It was suggested that the paper be given a security classification and in addition Mr Roberts undertook to bring the confidential nature of the information to the attention of the Blood Transfusion Advisory Group whose members received copies.

Care of persons suffering from Haemophilia and Related Diseases

7. NHS Circular (GEN) 77(21) was tabled for information.

Any other Business

8. The Scottish National Blood Transfusion Association had applied to SHHD for additional funds to enable the Edinburgh and South East of Scotland Blood Transfusion Association to publish an annual report and it was reported that the matter had been referred back to SNEBTA in the first instance for them to pursue the possibility of the Health Boards in the area contributing a share.

Date of Next Meeting

9. It was agreed that the next meeting would be held at 2.15 pm on Monday 3 October in St Andrew's House (Conference Room E).