

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' meeting held at Protein Fractionation
Centre, Edinburgh at 11.00 a.m. on Tuesday, 12 July, 1977.

Present:	Dr J. Wallace (in the Chair)	Mr J. G. Watt
	Dr C. Cameron	Dr A. E. Bell, SHHD
	Dr J. Cash	Mr R. N. Roberts, SHHD
	Dr I. A. Cook	Miss M. Corrie (Secretary)
	Dr H. B. M. Lewis	

1. INTRODUCTION

Dr Wallace welcomed Dr Bell to the meeting and to his renewed association with the Blood Transfusion Service. He also tabled the agenda items which appear in minutes 5 to 8 below. Apologies were received from Dr Maycock and Dr Waiter.

2. MINUTES OF THE LAST MEETING

The word "Leeds" in line 2 of minute 10 of the meeting of April 1977 was amended to read "Bristol". With this amendment the minutes were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

(a) Medicines Act (minute 3a) See also item 6 : Blood Collecting Packs. Mr Watt, recalling that the agreed procedure for submission of licence applications by PFC was through Dr A. T. B. Moir of SHHD with a copy to the Secretary to CSA, reported that DHSS Medicines Division were contacting him direct over matters which it would be more appropriate to address to Dr Moir. Dr Bell undertook to apprise Dr Moir of the position so that he could ask DHSS to follow the correct route.

Concerning statutory inspections in general, two Directors reported receiving conflicting advice in two ways -

- (a) from representatives of different statutory authorities in the same field (e.g. local and national fire safety officers),
- (b) from representatives of different statutory authorities in different fields (e.g. a fire safety officer's requirement conflicting with one by a member of the Health and Safety Inspectorate).

It was remitted to Miss Corrie to send documented evidence of the problem to Mr Roberts via CSA Headquarters Division in the hope that SHHD, ~~which was ultimately responsible for the various inspectorates~~, could find a way around the problem.

(b) Red Cell Grouping Reagents (minute 3b) There was nothing to report except to confirm that DHSS was aware of the request for protection of boosted donors similar to that already provided for anti-D donors. It was agreed that the need was twofold, namely for acceptance of boosting of donors by the life assurance offices as an acceptable risk, and for recognition by the Secretary of State of the need for Government to compensate donors or their relatives in the event of disablement or death. It was pointed out that while the number of volunteers required was/

was small the special reagents which they helped produce were essential. It was agreed that the need to protect donors for red cell grouping reagents should not be lost in the wider issues of cell separator or bone marrow donations and Dr Bell and Mr Roberts agreed to pursue the matter with DHSS.

(c) Circular on Availability of PFC Products (minute 3c) Directors reported very little response to circular SHHD/DS (1977) 26 which was known not to have reached a number of consultants who should have received it.

There was discussion on the clinical need for fibrinogen following enquiries made by Dr Wallace among 11 consultants in the Glasgow area. Directors agreed that fibrinogen was only rarely required and that its use could be restricted to those situations such as obstetric flying squads where other clotting factors were inappropriate. It was agreed that Mr Watt should continue to manufacture the small quantity of fibrinogen needed by the NHS in Scotland and upgrade it to 95% clottable protein. He would also enquire about the use to which it was put in hospitals in Northern Ireland, to which 63% of the total issues of fibrinogen had been made in the year ended 31 March 1977.

(d) Supply of Plasma (minute 4) Dr Wallace reported a total stock of 5000 bottles between dried and fresh dried plasma at 30 June 1977 and said he had met without difficulty the high demand during the period of low level of issue of SPPS from PFC. It was acknowledged that supply of, and demand for, SPPS and dried plasma respectively could fluctuate and that the situation should be closely watched.

(e) Specific Immunoglobulins (minute 6) It was confirmed that Dr C. C. Smith would prepare a revised paper on specific immunoglobulins for a meeting of the Blood Transfusion Advisory Group in November 1977.

Dr R. Sommerville had agreed to increase from 50 to 200 a week his random sampling of blood donations for viral antibodies including zoster. Directors agreed to submit to Dr Sommerville, from 1 October 1977, the following number of samples a week -

NORTH	...	20
NORTH EAST	...	20
EAST	...	20
SOUTH EAST	...	70
WEST	...	70

It was remitted to Mr Watt to inform Dr Sommerville of the Directors' proposal.

4. THE SUPPLY OF PLASMA

Mr Watt spoke to his statement of receipt, production and issue for the quarter to 24 June 1977 under the following main headings:

(a) SPPS It was noted that the issues to 24 June represented 2.6 bottles per 1000 population per annum. Mr Watt reported having 9000 bottles of SPPS which had failed the pyrogen test and would be retested following storage. Should they again fail, they could be fractionated further. It was hoped soon to produce 2000 bottles a month equivalent to 4 per 1000 population per annum over a production year. Mr Watt confirmed that Dr Cash was giving batches of ~~slightly suspect~~ SPPS to patients/

completely uninfected & antibody immune, in order to secure their release.

patients in a ~~clinical trial~~ and that so far no febrile reactions had been reported.

Mr Watt reminded Directors that the absolute amount of plasma being collected from the Regions was insufficient to meet the demand for SPPS and other products. It was noted that 4 cell separators were operating in Scotland and that the amount of SPPS likely to be used on the three separators in Glasgow was not yet known.

Mr Watt confirmed that he was awaiting results from BPL, Elstree, following the reprocessing of abnormal plasma from cell separators in use in England.

(b) Anti-Rabies IgG Mr Watt tabled a letter from Dr Maycock asking for confirmation that Scottish needs for anti-rabies IgG would equal 25 x 1500 iu doses a year with a reserve of 10 x 1500 iu doses or one-tenth of the usage in England and Wales, Dr Maycock asked also if a continuing supply of anti-rabies plasma could be expected from the sole Scottish source, namely the Royal Dick Veterinary College.

Directors discussed the implications of supplying over 35% of the UK anti-rabies plasma in exchange for one-tenth of the immunoglobulin and particularly where specialist advice was required on the anticipated Scottish need. Mr Watt asked his colleagues' advice on what to do with a pool of 45 litres which he had in stock. It was agreed that PFC should fractionate the plasma and send to BPL, Elstree the surplus of the final product over Scottish requirements. Dr Maycock should also be sent the next 15 or so litres to be collected.

It was agreed also that Dr Bell should consult colleagues in SHHD concerned with infectious diseases about the expected level of need in Scotland.

It was thought that the School of Tropical Veterinary Medicine at the Royal Dick Veterinary College would continue to supply willing donors of plasma. Dr Wallace agreed to approach once again Professor Ian McIntyre of the Department of Veterinary Medicine at Glasgow University for possible help. SHHD was known to be about to issue a circular listing the categories of people who would receive priority for immunisation and Directors hoped that some of these would volunteer for plasmapheresis. It was hoped that the police handlers of rabid animals would be amongst the priority groups in the circular.

(c) Plasma from BPL Elstree Mr Watt referred to the 20,000 litres of plasma he had in stock which BPL Elstree had asked him to fractionate and expressed disquiet at the proposal that he should receive plasma from BPL and deliver fractions to a DHSS store in Bristol, thus divorcing him from contact both with the supplier of the plasma and with the users of the fractions. While Mr Watt would have preferred to return to the original proposal that he should collect plasma from, and deliver fractions to, nominated BTS regions in the North of England, he agreed that contact with the supplier of plasma only would be acceptable. Directors agreed that a system acceptable both to BTS England and Wales and to SNBTS would have to be evolved and that this should be borne in mind by those presently negotiating the supply of plasma from England to PFC.

(d) Factor VIII It was explained that issues of factor VIII concentrate would remain at a level of 2000 doses per quarter over the months of July, August and part of September, the effect of the annual shutdown for maintenance being felt in the four weeks between mid-September and mid-October when issues would fall to nil.

It/

It was agreed that a national reserve of factor VIII concentrate would be needed by 1978 to enable rebuilding of PFC cold rooms to take place. Directors agreed to aim to send half their total plasma to PFC as fresh frozen plasma. Dr Wallace indicated that this might be difficult for him so long as there was a continuing demand for fresh frozen plasma and fresh dried plasma.

5. CMV INFECTIONS

Directors noted the proceedings of a symposium on cytomegalovirus held in Oxford on 15 June 1977 and accepted an offer from Dr Cook to circulate a published summary which he had obtained. It was felt that the large amount of work involved in building up a panel of CMV negative donors had not been substantiated.

6. BLOOD COLLECTING PACKS

Dr Cook reported having been informed by a representative from Travenol that the company was ceasing production of its 'pigtail' pack following tests undertaken on behalf of DHSS. Directors noted that Tuta were continuing production of their 'pigtail' pack but the feeling was expressed that the Medicines Commission might ban the use of all 'pigtail' packs. Dr Bell confirmed that Travenol were ceasing to manufacture 'pigtail' packs but said that he had no information about the acceptability to the Medicines Commission of 'pigtail' packs in general.

In view of the serious financial and operational implications for four of the Scottish regions, Dr Bell agreed to obtain further information urgently through Dr Moir of SHHD. It was decided also that Mr Watt should raise the matter orally with Dr A. P. Fletcher of DHSS Medicines Division whom he was to see on another matter on 13 July.

7. REPRESENTATIVE TO ENGLISH RTD MEETINGS

Directors thanked Dr Cook for the full reports he had submitted during his two year period as Scottish representative to the RTD meetings in London and nominated Dr Cameron to succeed him with effect from the meeting in December 1977.

8. WORKING PARTY OF THE QUALITY OF CRYOPRECIPITATE IN EAST AND WEST

With Dr Maycock's approval, copies of the report of the working party on the quality of cryoprecipitate in England and Wales, dated June 1977 and issued for the RTD meeting on 6 July 1977 were distributed to Directors and to members of the Scottish working party on plasma.

9. DATE OF THE NEXT MEETING

The next meeting was fixed for Thursday, 13 October 1977 at 10.45 a.m.