

0014

ACTION

IN CONFIDENCE

## SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of Directors  
held in the HQ Unit on 13 June 1989

Present: Professor J D Cash (in the chair)  
Dr S J Urbaniak  
Dr E Brookes  
Dr D B L McClelland  
Dr R Mitchell  
Dr R J Perry  
Dr W M McClelland  
Dr Rosalind Skinner, SHHD (3a iii onwards)  
Mr R Panton, SHHD  
Miss M Corrie  
Mr J N Francis (3f onwards)

## 1. INTRODUCTION AND APOLOGIES FOR ABSENCE

There were apologies from Dr Gunson and Dr Whitrow.

Professor Cash explained that he had invited Dr Douglas Lee, Chairman of the NBTS Northern Supra-Regional Group, as a courtesy response to Dr Brookes' attendance at their meetings.

Dr Lee was unable to attend this time but would come in future.

## 2. MINUTES OF THE MEETING HELD ON 13 DECEMBER 1988

The minutes had been circulated and there was discussion about comments which had been received. The following changes were agreed:

3k. Add "Fenwal had said they could not replace single-wrapped packs on a one-for one basis".

9. Age for Eligibility for Blood Donation. Replace "under 17" by "17 and over".

## 3. MATTERS ARISING

a. Developments with the Private Sector

i. Charging for anti-D immunoglobulin: Charges to NHS hospitals had commenced in England and Wales and would be necessary also in Scotland for the review of handling charges due to be issued in July for implementation in October. Mr Panton to confirm this in writing.

RP

ACTION

ii. Issuing the annual update of handling charges: Miss Corrie confirmed that the current procedure is for a revised list of handling charges to be prepared in the HQ Unit, confirmed by CSA Director of Finance, issued to the SHHD and then issued by HQ Unit to each Director to send to hospitals in his/her Region.

iii. Collection of debts due: Professor Cash and Miss Corrie to take up with the General Manager the new, unsatisfactory, arrangements introduced by CSA for ensuring the private hospitals pay their invoices.

JDC/MC

iv. Clydebank Hospital: Professor Cash understood that funds had been raised and the development would proceed. It was agreed to meet Dr Eraklis and Dr Levy again at the appropriate time.

JDC

v. Effect of waiting list initiative: This concerned NHS patients being treated in private hospitals as part of the initiative to reduce waiting lists. Red cell stocks were adequate and could bear increase without undue concern. Dr Mitchell however reported an increase of 20% in demand from the hospitals to which the patients concerned were admitted in his Region. It was noted there was very little information available from some Health Boards as to the actual numbers and types of procedures being carried out.

There was some additional work in BTS grouping and crossmatch laboratories and increased consumption of reagents.

vi. Handling charges: Scottish RTC product costs had been included for the first time with the NBTS ones in order to produce handling charges on a UK basis. Those for PFC products were being calculated now.

JNF

b. AIDS

i. Uniform advice on microbiological testing: There were now two working parties considering microbiological testing. The first (Advisory Committee on Virus Safety of Blood and Tissues) was chaired by Dr Ed Harris, Deputy CMO, Department of Health. This was drawing on advice from various sources in order to advise the Minister of Health. Its discussions were held in camera but Dr McIntyre was reporting its decisions in the SHHD.

Mr Panton to investigate the formal arrangements for promulgating this Committee's recommendations and to report back.

RP

There was no policy on testing for new retroviruses and no mechanism for evolving such a policy. In sum, a committee had been formed but the Transfusion Directors were uncertain it was working optimally.

ii. HIV+ve donations: The following position was reported:

Inverness	2	Edinburgh	14
Aberdeen	0	Glasgow	14
Dundee	5	Belfast	4

c. Handbook of Transfusion Medicine

ACTION

i. First edition: This had been published (HMSO £4.50). Mr Panton had issued to Directors the numbers for which they had asked. The intention was to issue them to those staff who prescribe, order or administer blood and blood products. A need for 50,000 copies was estimated for free distribution in the NHS on a UK basis.

Dr McClelland to collect from Transfusion Directors a list of the staff who they felt should receive copies. He should prepare from that a comprehensive list.

BMcC

Dr McClelland had written to the editors of the BMJ and Lancet explaining that the book would be available free of charge and that interested doctors should contact their local Transfusion Centres. Mr Panton undertook to make enquiries about making it available through booksellers.

RP

There would probably be few sales in the UK but it should be made available in English-speaking countries overseas.

ii. Second edition: The NBTS and SNBTS Directors had invited Dr McClelland to edit the second edition and to form his own editorial group. Mr Panton confirmed that all income from the first edition would go towards preparing the second.

d. UK Advisory Group on Transfusion-transmitted Diseases

The above had now met twice and were considering topics such as HTLV1 testing and NANB.

Concerning HTLV1 the West had completed the tests they had been asked to do. Prevalence looked to be less than 1 in 10,000. SEBTS were completing their study. It was understood the NBTS part of the study had yet to be completed.

NANB

Chiron were funding and organising an international meeting in Rome in September 1989 to summarise the experience from users. They had asked particularly for a representative from Scotland and Dr Mitchell would attend.

Dr Mitchell explained that the SNBTS would receive 1,000 Chiron tests which would be used to examine samples of special interest.

Directors agreed to submit interesting library samples to Dr Mitchell.

TDs

e. Product Liability and Product Licensing

Mr Panton was still in correspondence with the SHHD Chief Pharmacist. However there had been a recent meeting in the SNBTS which included the Chief Pharmacist, Mr Macniven, (Assistant Secretary SHHD) and the Medicines Inspector, at which Mr Macniven had emphasised that PFC would have to obtain manufacturing and product licenses by 1992.

## ACTION

RTCs would not require product licences but it was still unclear if they needed manufacturers licences to cover the submission of plasma to the PFC.

Concerning payment for product licences it appeared so far that the NHS would pay the same scale of charges as pharmaceutical companies. These were very high.

f. Draft EEC Directive on Plasma

It was noted that a draft EEC Directive required all FVIII and other plasma products available in Europe to be produced only from voluntary unpaid plasma donors.

g. Blood Supplies to NBTS

Professor Cash reported that problems in the London Transfusion Centres appeared to have been overcome and it was logical for Scotland to link now with the Northern Supra-Regional NBTS group. So far the SNBTS received only reimbursement of carriage paid on blood shipped.

Mr Panton had still no answer from the Treasury as to whether the Transfusion Centres might in future retain income received from sending blood to NBTS if cross charging were introduced. He would continue asking.

Miss Corrie to repeat to each Region the NBTS Red Star contract number which could be debited. MC

h. Unrelated Bone Marrow Transplantation

It was noted that the parents of a young Scottish boy patient with aplastic anaemia were about to mount a publicity campaign and that the Anthony Nolan Fund had circulated publicity material again. At least five English Transfusion Centres were enrolling and tissue-typing donors on funds from the various private sources. Scottish Directors were enrolling prospective bone marrow donors to give blood and platelets. It was again noted that the SNBTS was awaiting authority and funding from SHHD to commence this work. Dr Skinner agreed to explore and report back. RS

i. MLSO Restructuring

i. England and Wales: There was no information.

ii. Scotland: The grading exercise was complete. 70 appeals forms had been sent out and some 22 returned. Most MLSOs were awaiting advice from MSF before returning their forms.

j. Current Donor Campaign

It was reported that the principal element in the 1989 campaign was a television commercial which had been filmed but it was not yet certain whether funds would be available for airtime. Mr Panton to meet Professor Cash to discuss this and other funding matters. RP/JDC

## ACTION

k. Donation Testing for NANB

See 3d above.

## 4. NBTS DIRECTORS' MEETING

Dr Brookes' note of the final meeting had been circulated and Professor Cash had circulated the official minutes. Arising from these Morag Corrie to circulate a copy of the position about nurse gradings in each English Region. Dr Mitchell had a copy of this.

MC/RM

Concerning future liaison it was already noted that Dr Brookes had accepted an invitation to represent the Scottish Directors at the Northern Supra-Regional meetings.

## 5. POST OF NATIONAL DONOR PROGRAMME MANAGER

Mrs Mairi Thornton, Regional Donor Organiser, Edinburgh, had been appointed to the above new post and would take up her duties in mid-August.

## 6. CONSUMPTION OF NORMAL IMMUNOGLOBULIN

Dr Bob Stewart had investigated the recent substantial increases in the consumption of intramuscular IgG and had confirmed that this increase was due to the increased uptake of UK citizens travelling abroad.

Directors accepted Dr Stewart's advice about introducing a 250 mg vial size. PFC would produce 18,000 of these and cease the 750 mg product. Dr McClelland had sent to Dr Stewart draft advice to circulate to clinicians about the product.

Dr Perry to agree with Dr Stewart a launch strategy and liaise with Professor Cash with regard to the dissemination of this information.

RJP

## 7. SUN LIFE ASSURANCE SOCIETY

A paper had been circulated giving details of a project which the above company was exploring. It concerned the possibility of lower premium rates and less onerous selection procedures being available to regular blood donors (who would be very low risk for HIV).

Directors had noted that any form of inducement would soon be contradictory to the draft EEC Directive already mentioned.

Professor Cash to write to Dr Gunson that it would be inappropriate for the BTS to collaborate with Sun Life.

JDC

## 8. 17 YEAR OLD DONORS

ACTION

In response to a question from Mr Panton Professor Cash confirmed that the Directors had accepted the principle of recruiting donors age 17 and over, with parental approval. This was not a policy to be launched with much publicity but each Region would proceed at its own pace commencing in August 1989.

## 9. BS 2463: TRANSFUSION EQUIPMENT FOR MEDICAL USE

Dr Mitchell referred to the final draft of the above which Dr Urbaniak had circulated for the December 1988 meeting. The new BS required that the needles on bloodpacks be tamper-proof. Directors supported Dr Mitchell's recent action in drawing the problem to the attention of Fenwal: he agreed to repeat his warning shortly to a representative of the company.

RM

## 10. AABB MEETING 1989

Professor Cash reminded Directors of the decision taken in February 1989 at the Co-ordinating Group meeting to send three people to the above. Directors confirmed that the importance of the meeting was such that (despite the serious financial position) every effort should be made for all three to attend. They were the National Reagents Manager and the senior nurses from Edinburgh and Aberdeen.

## 11. NURSING HOMES REGISTERED FOR ABORTIONS

This matter was last mentioned at a Directors' meeting on Dr Skinner hoped to produce a paper shortly.

## 12. DATE OF THE NEXT MEETING

Friday 29 September 1989.