

0008

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' Meeting held
in HQ Unit on ~~12th~~ December 1989

Present: Professor J D Cash (in the Chair)
Dr W Whitrow
Dr S J Urbaniak
Dr E M Brookes
Dr D B L McClelland
Dr R Mitchell
Dr R J Perry (morning only)
Dr W M McClelland
Mr J N Francis
Mrs E Porterfield (minutes)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Professor Cash welcomed all to the meeting and noted apologies from Dr Gunson, Dr Lee, Dr Watt, Mr Panton and Miss Corrie. Mrs Porterfield would act as minute taker in Miss Corrie's absence.

2. MINUTES OF THE PREVIOUS MEETING (29TH SEPTEMBER)

With the undernoted amendments the minutes were agreed as a true record of proceedings:-

a. Minute 3eii

Page 3, final paragraph, last word - change "sampling" to "testing".

Page 4, second paragraph - amend to read, "Birmingham, Manchester and Edgware were doing a three centre trial on 9000 tests using Ortho kits".

b. Minute 5

Insert new final sentence as follows - "The position with regard to therapeutic red cell panels was noted".

3. MATTERS ARISING

a. Private Sector (3a)

i. Clydebank Hospital: JDC had received from Dr Churchill a response to his request for 5 year workload projections. It was confirmed that the project was now fully financed and the Hospital scheduled for completion in the summer of 1993 (one year later than originally envisaged). It was not clear what precise growth patterns would be but Dr Churchill advised that he envisaged increases from year 2 onwards would be no greater than 3% of the year 1 projections.

Dr Churchill also advised that contact had been made with Dr Calman, Chief Medical Officer, in relation to collaboration in funding research. JDC had written to Dr Calman seeking further information on this.

JDC to copy Dr Churchill's letter to Directors.

JDC

ii. King's Park Hospital, Stirling: RM had met Mr Nicholson and Mr Ramsay of United British Hospitals (owners of King's Park). He was due to carry out an inspection of the facilities at King's Park blood bank. It was currently envisaged that cross matching for King's Park would be carried out in Falkirk RI. The Hospital was due to open in early 1990 prior to which RM hoped to meet Mr Ramsay and Mr Harper (consultant in charge) and King's Park representatives to clarify the position. RM was particularly concerned that no formal contract for supply of blood and blood products had yet been signed by the Hospital authorities.

RM advised to write to Mr Donald, advising him that he would not permit supplies of blood and blood products to be released to King's Park Hospital until such times as a formal (CSA) substantive agreement was signed by all concerned.

RM

iii. Schaw Medical Centre: RM had advised Mr Donald (by correspondence) that occasional supplies of blood were required at this Centre which treated long-term chronic sick patients.

Miss Corrie to check that CSA (Administration) had arranged for a contract to be drawn up and signed with the Centre authorities for the supply of 200 units per annum.

MC

b. Virus Safety of Blood

i. UK Advisory Committee: In the absence of Mr Panton there was nothing to report.

ii. Advisory Committee on Transfusion Transmitted Diseases:

*HTLV-1

As reported in the Co-ordinating Group Mr Barr (West) was currently pricing the kits necessary to undertake 100,000 tests on behalf of Dr John Barbara (North West Thames BTS).

*Hepatitis C

RM had been asked to establish a group to consider a counselling programme for donors found to be Hepatitis C positive.

JDC had requested Dr MacIntyre, SHHD, to consider at which stage Hepatitis C positive donors could be transferred to specialist care. No response had been received.

RM reported that an action plan similar to that already in use for HIV positive donors was being drawn up. RM to circulate this to TDs for consideration/discussion in due course.

TDs

Confirmatory Testing

Directors noted with pleasure that Ortho Diagnostic Systems Ltd were responding very positively to their request for access to confirmatory testing.

Directors to send to Dr Follett/Dr Mitchell well validated samples for confirmatory testing with the new RIA kits due to be issued from Ortho on 18th December. It was also noted that West BTS (SNBTS centre of responsibility) were due to receive Abbott tests for evaluation.

JF advised Directors of the meeting due to be held on 18th December with members of the Procurement Executive at which it was thought pricing policy/structure might be agreed. He asked EB and BMcC to let him have their estimated costs for HCV testing in advance of the meeting. In addition this information was required for figures to be submitted to SHHD (Mr Panton) by 24.12.89.

JF (EB) BMcC

*HIV-1 and HIV-2

It was noted W BTS was planning to undertake a study of Behring kit as part of UK study, however, it had not yet been received.

c. AIDS (3c)

i. HIV antibody positive donations

Directors reported the current position as follows:-

Inverness	2	Edinburgh	15*
Aberdeen	1 (+1 possible)	Glasgow	16
Dundee	6	Belfast	4

*An increase of 1 since the previous report

d. Handbook of Transfusion Medicine (3d)

i. Circulation of first edition: Directors had now advised BMcC of their requirements if a reprint was undertaken. Concern was expressed that the marketing of this booklet was being undertaken by BMcC.

It was agreed that if a reprint was produced SNBTS should purchase any copies required. So far as Health Boards were concerned Directors recommended that Mr Donald, CSA General Manager, should write to his Health Board counterparts indicating the availability of the handbook.

It was agreed that SNBTS would not pay for any reprint.

ii. **Stocks:** No information was available in the absence of Mr Panton, however, copies were available via HMSO bookshops.

iii. **Second Edition:** BMcC planned to commence work in January/February 1990. There was no planned completion date at the moment. In the meantime plans for the numbers to be printed and whether printing would again be undertaken by HMSO or a private contractor were required now.

JDC to prepare a briefing note for Mr McIntosh on the background and current position. In addition JDC to discuss with Dr Gunson/Dr Moore the legal aspects of this publication and the future marketing and to consider whether there was a need for a supplementary circular identifying key areas of importance (as is done in the USA).

JDC

e. Unrelated Bone Marrow Transplantation (3h)

i. **DOH and SHHD Attitudes:** Nothing to report in the absence of Dr Lee and Mr Panton.

ii. **Insurance cover and Treasury Compensation Scheme:** JDC was seeking further clarification of the position following recent correspondence with Mr Panton.

iii. **Potential loss of anonymity:** It had been reported from a recent NBTS RDO meeting that there existed proposals to publicise bone marrow donors' names and addresses etc. JDC had taken the matter up with Dr Fraser seeking the views of the British Bone Marrow and Platelet Donor Panel Committee.

iv. **Scottish Centre of Responsibility:** It was noted that Dr Robert Crawford's updated proposals for the Scottish Bone Marrow Donor Panel would be discussed at a forthcoming Co-ordinating Group.

f. Current Donor Campaign (3g and 3j)

- i. **Television**
- ii. **17 Year Olds**

It was noted a full debriefing meeting was due to take place on 18th December. RM expressed his disappointment at being unable to attend, however, it was noted

Mrs Thornton had arranged a personal debriefing on 20th December.

g. Immunoglobulins (3h)

Normal IgG for people going abroad: JDC had received no response to his letter to Dr MacIntyre, SHHD.

JDC

BMcC advised the Directors that the growth in demand for this product in the South East region was greater than that noted nationally. He sought information from other Directors on the reasons for issue/practices in their Regions. Such a study was already under way in the West and BMcC was seeking details from Dr Robert Crawford.

TDs

h. Guidelines for emergency cover for Nursing Homes registered for abortions (31)

Nothing to report in the absence of Mr Panton.

i. Blood donation and human growth hormone (8)

Following the introduction of the new donor exclusion clause relating to the administration of human growth hormone Dr Whitrow had received information that one of the North's blood donors had received HGH prior to 1985. He had subsequently advised the donor of his ineligibility. JDC had sought SHHD advice on this case, when it had been agreed it was unnecessary to conduct a "look back" exercise and withdraw relevant plasma/products etc. Directors noted the position.

j. Multi Centre Antepartum Rh(D) IgG Trial

It was noted that the South West trial would commence on 1 February 1990 and that although no precise date for the North of England was known some centres might be able to start before then. Professor Whitfield, Co-ordinator for Scotland, hoped to hold a meeting in January following which it might be possible for Scottish obstetricians to start in February.

Dr Urbaniak pointed out some minor concerns expressed to him re the ethical aspects of the trial and he would keep colleagues advised of impending discussions.

SJU

4. MEETING OF THE NORTHERN DIVISION OF NBTs ON 19TH OCTOBER

a. Screening for HBS Trait

SJU to raise this item in the meetings of the group currently revising the guidelines for machine plasma and platelet pheresis donors.

SJU

b. NIBSC/UK BTS Guidelines

There was confusion regarding the recommended malarial deferral of one year. It was clear some centres worked to a 6 months deferral and others to one year. RM confirmed that this item had been raised within the Transfusion Transmitted Diseases Committee, following which he had been requested to prepare a flow-chart for use in such instances. This had been done and submitted to Dr Wagstaff for consideration by the Committee.

It was agreed SNBTS Directors would continue with existing Regional practices pending the issue of this flow-chart and recommendations from the Transfusion Transmitted Diseases Committee.

TDS

c. Donor Awards

There was some discussion of the proposals for change of lapel badge to stick-pin. It was agreed JDC would clarify the current position with Mrs Thornton, who would refer any decisions required from them to the Directors.

JDC

d. Medical Audit

EB summarised the discussions at the meeting following which it was agreed JDC would write to Dr Gunson seeking clarification of the position.

JDC

e. Guidelines on the use of FFP

It was noted that Dr Murphy, South East BTS, would be the SNBTS representative on this Working Party, to be set up by Dr Ala.

f. Future management of the NBTS

In the context of the Newcastle BTS interest in opting out SJU reported discussions on future management currently taking place in Grampian. Dr Whitrow also outlined Highland Health Board proposals for privatising laboratory services: in drawing up these proposals no approach had been made to BTS.

5. REVISED SNBTS GUIDELINES FOR THE IMMUNISATION OF HUMAN VOLUNTEERS FOR ANTI-D PRODUCTION

The revised guidelines, prepared by Dr Urbaniak, had been circulated and JDC recorded Directors thanks to him for all the work he had done in this area.

Amendments to the guidelines are attached at Appendix 1 to these minutes.

There was some doubt as to the CMV status of stored frozen cells. This might pose operational difficulties and JDC agreed to review the literature on this topic following which the matter would be raised for further discussion.

JDC

6. SOP FOR RELEASE OF PRODUCTS ASSOCIATED WITH INFECTED DONATIONS

RJP sought Directors agreement to revise the existing SOP to bring it into line with that adopted by BPL (and internationally).

Directors agreed that RJP should bring forward an SOP for product recall which:-

- a. Considered the position in industry.
- b. Considered the position in BPL.
- c. Moved towards UK harmonisation.

RJP

7. SESSIONAL MEDICAL OFFICERS - NORTH BTS

WW expressed concern re medical indemnity for part-time staff following the termination of the existing arrangements on 31/12/89. It was noted an SHHD circular setting out the position was expected within one week: this would be copied to all Directors and any remaining concerns would be reviewed in the light of its terms.

MC

8. AUTOLOGOUS TRANSFUSION: PRIVATE HOSPITALS

BMcC had received two requests from patients undergoing private surgery which he intended to process using standard operating guidelines for autologous transfusion and to issue charges in the normal manner. BMcC would write to JDC and JF outlining the position in relation to these requests and the charging arrangements applied.

BMcC

Directors felt this situation demanded a clear policy statement for the future as to whether or not such requests should be met.

JDC

9. NBTS: SENIOR NURSE MANAGERS MEETING

In response to her request for guidance EB (and other Directors) were advised not to complete the questionnaire emanating from the NBTS Working Party on Guidelines for a National Training Programme for Nurses until such times as the topic had been discussed within the forum of the SNBTS senior nurses meeting.

EB

10. MEDICAL OFFICERS: CIRCULAR No 1989(PCS) 4

It was noted that MC was seeking a Whitley Council variation to allow RM to recruit two available doctors to undertake up to 9 sessions each between them (new rules forbid MOs undertaking more than 5 sessions per week).

11. DATE OF NEXT MEETING

10.45 am on 13th February 1990.