D001

In Confidence

SCOTTISH NATIONAL BLOOD TRANSFUSION

Minutes of a Directors' Meeting held in the Headquarters Unit on 13 February 1990

Present:

Professor J D Cash (in the Chair)	Dr D B L McClelland
Miss M Corrie (Secretary)	Dr W M McClelland
Mr D B McIntosh	Mr J N Francis
Dr W Whitrow	Dr H H Gunson NBTS
Dr S J Urbaniak	Dr A H Watt SHHD Items 1 to 3j
Dr E M Brookes	Mr R Panton
Dr R J Perry (Items 1 to 3k, also 3m and 6)	

1 INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Mitchell and Dr Lee were unfortunately unable to be present.

Professor Cash welcomed Mr McIntosh and Dr Watt to their first meeting, explaining that Dr Watt had succeeded Dr Skinner.

2 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 12 December 1989 had been circulated. The following replacement sentence for item 4f (Future Management of the NBTS) was agreed: "Dr Whitrow also outlined tentative enquiries which the Highland Health Board had received from private firms for the provision of laboratory services".

3 MATTERS ARISING

a Private Sector (3a)

i. **Clydebank Hospital:** Dr Churchill of HCI International had confirmed the building timetable and proposals for the expansion of the hospital.

The Company had also suggested making some contribution to the SNBTS via collaborative research or in some other way. **It was agreed the SNBTS Directors should discuss this in their Co-ordinating Group.** MC

ii **King Park's Hospital, Stirling:** Miss Corrie undertook to record the position in the minutes.

To note:

No agreement can be signed meantime. The hospital does not have a blood transfusion laboratory and the consultant haematologists in Forth Valley Health Board have not agreed to give the necessary medical cover.

iii **Schaw Medical Centre:** It was noted that the CSA had signed an agreement with the owners of this hospital.

b <u>Virus Safety of Blood (3b)</u>

i **UK Advisory Committee on the Virological Safety of Blood:** Mr Panton had faxed to Miss Corrie on 7 February 1990 a message that it would be in order for Dr Perry and Dr Mitchell to report the discussions and findings of the Committee to fellow Directors but that the minutes could not be copied to them. They could, however, be passed around and discussed at Directors' meetings informally. Dr Gunson confirmed that the same position applied in the NBTS.

ii **Advisory Committee on Transfusion-Transmitted Diseases:**

***HTLV-1:** It was reported that the Department of Health were awaiting a protocol for the study of 100,000 randomly selected donors throughout the UK for prevalence of HTLV-1. Originally the plan had been to use a Japanese agglutination test as the initial screen and du Pont or Abbot ELISA as the confirmatory test. It has since become apparent that these tests appear to be detecting quite separate populations, thus making the interpretation difficult.

It was noted that Professor Cash had drawn to the attention of Dr Skinner, SHHD, some time before that Directors were concerned that HTLV-1 might be moving into the Scottish drug user population and that some form of surveillance should be mounted. **Dr Watt undertook to investigate and Professor Cash would send to him further copies of the correspondence with Dr Skinner** JDC/ AW

*Hepatitis C: It was reported that the DoH Advisory Committee had deferred a decision about commencing testing on the advice of its microbiologist members. Dr Tedder and Professor Zuckerman had been asked to report following forthcoming international conferences and there would be a further meeting in April. Meanwhile, it was recommended to the UK Transfusion Services to consider the cost and equipment needs if testing were introduced. It was noted this matter was being co-ordinated by Mr Francis. JF

Dr Gunson reported that the NBTS had received a special price for the TECAN apparatus - a system for automated sample handling and identification. Tranfusion Centres could take up this offer if they wished. It was noted that West Scotland BTS was studying an alternative (Commodore) system which appeared very satisfactory. **It was agreed there was a need for nationally negotiated supply and service contracts.** The UK BTS Automated Equipment Users' Group were reported to be about to begin studying the available systems (Robert Wilson the Scottish representative). **Dr Gunson agreed to contact this Users' Group** to convey Directors' support and to encourage early recommendations. HG

There was a further brief discussion about the appropriate method of counselling and it was noted that the Scottish directors had already agreed in principle that the service should undertake full counselling and a referral to specialist care, with the proviso that this would be very difficult in North Scotland. Dr Gunson advised that NBTS Directors were split (50/50) on this issue

Dr Watt explained that the SHHD would have to await a formal recommendation from the DoH Advisory Committee on the Safety of Blood before offering advice to Ministers. He believed it would be inappropriate for SHHD to respond to a letter which Professor Cash had written on the subject of donor counselling and referral until the Committee's report was ready. **Dr Watt and Mr Panton agreed to respond as soon as possible to Professor Cash's letters.** RP/ AW

HIV 1 and HIV 2: It is reported that the Department of Health Advisory Committee had agreed to the introduction of a combined test: the available kits were being trialed in various transfusion centres. **Dr Gunson agreed to obtain and circulate the evaluation reports from the Trialing Centres plus a recent report by PHLS** HG

It was further agreed that it would be best (after the trials were complete) for a list to be produced of the kits which met specification.

Concerning reference testing, Dr Gunson would find out if there was sufficient antigen available in the UK — HG

Dr Gunson reported that an inter Parliamentary group on AIDS had contacted him recently concerning the introduction of the tests.

Directors agreed the need for a UK "not before" starting date which Dr Gunson agreed to supply. — HG
Once the start date and approved tests were agreed, SNBTS Directors would discuss in the Co-ordinating Group how to achieve the best purchase and after-sales contract. Before then, Mr Panton would check out the position with NHS Procurement Executive — MC/RP

c AIDS (3c)

i. HIV antibody positive donations: The Directors reported the following:

Inverness	2	Edinburgh	16
Aberdeen	1	Glasgow	17
Dundee	6	Belfast	4

ii MRC-Funded Study: Dr Gunson reported that it was time to apply to the MRC for funds for Dr Rawlinson to continue her surveillance. The Scottish Directors strongly supported such an application. — HG

d Handbook of Transfusion Medicine (3d)

It was agreed to remove this item from the Agenda, leaving Dr Brian McClelland to report when he felt the need to do so.

e Unrelated bone marrow transplantation (3h)

i DoH and SHHD attitudes: It had been reported at the meeting on 29 September 1989 on behalf of Mr Panton that the matter was still under consideration and it was not known when a decision would be taken. Mr Panton reported that the SHHD would follow the DoH and he would investigate the position and report — RP

Dr Gunson explained that the DoH had funded clerical support to institute the donor panel but had offered no further funding. The Royal College of Pathologists were apparently about to produce guidelines on the use of unrelated bone marrow donors and the NBTS Directorate had asked for representation on the working party which would produce the guidelines.

Mr McIntosh reported that the CSA General Manager had asked for a reply within 7 days relative to a project which the Lothian Health Board wished to pursue. Dr McClelland explained the background to this and **Mr Panton took the relevant letter for discussion in the SHHD and to report to Professor Cash** RP

ii **Insurance cover and Treasury compensation scheme: Mr Panton undertook to write soon to Miss Corrie a letter confirming the undertakings which the SNBTS had sought.** RP

iii **Potential loss of donor anonymity:** this concerned a suggestion from a meeting of English RDOs that the names of bone marrow donors might be used in publicity. Professor Cash had been unable to contact Dr Fraser (as he had hoped) about this **but would do so shortly.** JDC

f <u>Donor Campaign (3g and 3i)</u>

A report provided by Mrs Thornton had been reproduced on the agenda and was discussed.

Mr McIntosh and colleagues to prepare, from the evaluation which had been made of the TV campaign, conclusions which he would submit to Mr Panton. DBMcI

g <u>Immunoglobulins (3h)</u>

i **Normal IgG for people going abroad:** A letter which Professor Cash had sent on 11 October 1989 to Dr McIntyre of SHHD had been circulated.

Dr Watt reported having been informed that the letter had been sent to the SHHD's Advisory Committee on Infection for their views and that the timescale for a reply was uncertain. **Mr Panton and Dr Watt undertook to investigate the position.** RP/ AW

There was discussion as to whether or not a handling charge should be levied. Dr Gunson reported that in England the immunoglobulin was being distributed free of charge through the PHLS.

h **Guidelines for emergency cover for nursing homes registered for abortions (3l)**

It had been reported at a meeting on 29 September 1989 on behalf of Mr Panton that a report was imminent. This had not arrived and Mr Panton reported having discovered that the report was still not finalised. He hoped it would be ready soon. RP

i **Multi-centre ante partum Rh(D) IgG trial (3g)**

A letter from Dr Lee was tabled and Dr Urbaniak explained the background.

In Scotland Dr Whitfield, the obstetrical co-ordinator, had met the Scottish participants. These obstetricians held the strong view that the previous trials had not been controlled and there must therefore be a new control limb. This had been confirmed by a subsequent UK meeting of obstetricians.

The trial would start on 1 March or soon thereafter, the smaller dose of 250iu at 28 and 34 weeks being administered to 3500 primagravidae throughout the UK.

The Chairman thanked Dr Urbaniak for his report. Off Agenda.

j **Medical Audit (4)**

Dr Gunson had asked Dr Wagstaff to invite the chairmen of the three NBTS divisions to put together draft proposals for the introduction of medical audit in Regional Transfusion Centres.

Dr Urbaniak (who represents the SNBTS) reported that the first meeting had set an agenda for future consideration and he gave examples of the subjects likely to be studied. These would cover the medical activities of consultants and other medical staff in RTCs as well as functions delegated to nurses. **Dr Urbaniak to circulate to the Scottish Directors a copy of the minutes of each meeting.** SJU

It was noted that SHHD circular GEN (1989) 29 on medical audit required Health Boards to form an audit committee. **Dr Watt and Mr Panton agreed to report what action was required of the CSA.** AW/ RP

The NBTS had bid for funds said to be available from the DoH.

k **Guidelines for automated machine plasma and platelet pheresis within the UK BTS (3k)**

Dr Urbaniak had circulated the final version of these guidelines and discussed with Directors changes from, and additions to, the previous version. Further amendments (listed at Appendix A) were recommended and **directors undertook to send any further drafting comments to Dr Harrison, Brentwood BTS.** *

l **Revised SNBTS guidelines for the immunisation of human volunteers for anti-D production (5)**

i **Distribution of the version amended at the previous meeting:** Dr Urbaniak tabled and introduced this: Directors thanked him for his work in the matter.

ii **CMV Status of stored frozen cells:** Professor Cash reported having reviewed the literature, which he found to be meagre. He had written to Transfusion Directors on 2 February 1990 (copy attached). It was confirmed that the SNBTS existing policy was satisfactory and that CMV tests would not be introduced at this time. *

iii **UK BTS/NIBSC Guidelines:** Dr Gunson reported that the first revision of these was about to be produced and **Dr Urbaniak undertook to recommend to the immunoglobulin working party to adopt these guidelines as the relevant chapter.** SJU

m **SOP for the issue/recall of batches of PFC product associated with viral contamination**

Directors had asked Dr Perry to bring forward an SOP for product recall which considered the position in BPL and in industry and moved towards UK harmonisation. Accordingly draft SOP 84 111 0004 04 had been circulated.

Introducing it, Dr Perry explained that it represented a relaxation of the original criteria because it now acted on the serology of the donation at the point of donation (ie without taking account of subsequent donations or the later condition of the donor). Plasma already in process would therefore continue to proceed provided the original serology had been satisfactory.

After a report by Dr Gunson on the specification for BPL plasma Dr Perry undertook to ensure (by continuing formal contact) that the 2 UK Fractionation Centres remain in harmony. RJP

n **Medical Indemnity (7)**

No problems were reported arising from the issue of circular 1989 (PCS) 32.

o **Autologous Transfusion: Private Hospitals (8)**

Dr McLelland explained further the position he had mentioned at the previous meeting, namely a request from a private hospital for an autologous transfusion, to which he had acceeded (levying the private sector handling charge for homologous whole blood).

After discussion, it was agreed to meet any further requests, using meantime the handling charge for whole blood. It was agreed in principle that autologous transfusion ought to be included in the private hospital agreement and Dr McLelland would recommend this in writing to Mr McIntosh for consideration. BMcC

Miss Corrie to intercept the agreement with Murrayfield (currently being revised within CSA) until this is resolved. MC

Directors were advised to check with their Defence Organisations the position until/unless autologous transfusion was included in the CSA agreements with the private hospitals. TDs

4 **NBTS NORTHERN DIVISION MEETING - 14 DECEMBER 1989**

Informal notes prepared by Dr Brookes had been circulated and she introduced these.

It was noted that the Northern Division were proposing a revision of the AIDS exclusion criteria. It was agreed that Professor Cash would contact Dr Gunson formally to ask if the NBTS intended a revision. JDC

Miss Corrie to include the matter of AIDS exclusion criteria in the next co-ordinating group. MC

5 USE OF THE STAFF GRADE

Dr Urbaniak had asked to discuss with colleagues a proposal which he was formulating for use of this grade.

Having read Dr Urbaniak's letter (which had been circulated after the agenda) Directors agreed that the areas of work which he described were relevant to the associate specialist or sessional MO grades.

It was noted that a new circular had just appeared in relation to the associate specialist grade. Mr McIntosh and Professor Cash to consider this. MC/ DBMcI/ JDC

6 ALT DONATION TESTING

a NBTS:

It was noted there would be a problem if ALT testing commenced in England and Wales and not in Scotland. Mr McIntosh reported that Dr McIntyre (SHHD) had reported to him by telephone the reasons why ALT testing should not be commenced in Scotland. Dr McIntyre had undertaken to contact the Department of Health for a corporate British stance.

Mr McIntosh to ask Dr McIntyre for written confirmation of this telephone call. DBMcI

b Confirmatory testing

Not discussed (error on agenda)

7 FUTURE FORMAT OF DIRECTORS' MEETINGS

Mr McIntosh introduced this topic.

After a thorough discussion it was agreed there was a need for a forum to debate the professional elements of SNBTS work and to consider methods of interface with SHHD and NBTS.

The Directors agreed to suggest to Mr McIntosh ways in which the above might be achieved and there would be a special meeting to consider them. TDs/ DBMcI

9 DATE OF NEXT MEETING

Tuesday 12 June 1990.