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Director's MeetingIN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a Directors' meeting
held in the Headquarters
on 12th June 1990

PRESENT: Professor J D Cash (Chair)	Dr E M Brookes
Miss M Corrie (Secretary)	Dr D B L McClelland
Mr D B McIntosh	Dr R Mitchell
Dr W Whitrow (to item 3.6)	Dr R J Perry
Dr S J Urbaniak	Dr D Lee (items 2 to 4)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

There were apologies from the following:-

Mr Francis, Dr Gunson, Dr W M McClelland and Mr Panton, as well as from Dr Watt, no longer with the SHHD.

Mr McIntosh explained this would be the last Directors' meeting in its current form. The Directors' meeting would be replaced by a Medical and Scientific Committee (MSC) to which Dr Maurice McClelland and Dr Lee were invited (to maintain the link with the Northern Division of the NBTS). Future methods of liaison with the SHHD had to be decided and contact with the NBTS Directorate would be maintained, probably by alternate meetings in Manchester and Edinburgh between Professor Cash and Mr McIntosh and Dr Gunson and Dr Moore.

After a thorough discussion about the MSC, it was confirmed that such a Committee is required to consider medical and scientific matters presented by its proposed sub-groups and to reach decisions as to how to advise the Management Board. It was agreed that the scientific and strategic content of proposals is crucial. It was agreed that effective participation by a laboratory manager would always be problematic but that the Chairman of the PMLSO group should be retained as a member meantime. The first meeting would be on Tuesday 14th August (already booked for a Directors' meeting).

2. MINUTES OF THE LAST MEETING

The minutes of the meeting held on 13th February 1990 had been circulated and no comments had been received.

3. MATTERS ARISING

3.1 Private Sector

3.1.1 Clydebank Hospital, status report: It was reported that some senior staff had been appointed and the building was due to commence very soon. It was confirmed that future supply and demand targets had taken into account the SNBTS calculation of the hospital's red cell and FFP requirements. Bearing in mind that all patients would be from overseas, the required ratio of blood groups might be a problem.

It was noted that (irrespective of ownership) Clydebank Hospital is sited in Scotland and as such joins the list of private hospitals which the Secretary of State requires the SNBTS to supply, on a basis of no detriment to the NHS. Miss Corrie to get confirmation of this. MC

3.1.2 King's Park Hospital, Stirling: Dr Mitchell reported that he was due to re-inspect this Hospital soon. He was satisfied that the owners were taking the steps necessary to satisfy the SNBTS and the new agreement had been signed in full.

3.1.3 Inspection of private hospital blood banks: it was agreed there is a need for an SOP for the inspection of private hospitals. The SHHD guidelines dated 30th April 1990 to private hospitals in Scotland approved for abortion would be suitable for the purpose. The MSC to consider this and to what extent the SNBTS should offer advice to hospitals.

3.2 Virus safety of blood

3.2.1 HTLV-1: Dr Mitchell reported that the UK Advisory Committee on the Virological Safety of Blood had decided that surveillance of whether HTLV-1 might be moving in to the drug-user population was not now considered a priority. There had also been a disappointing oral message from the SHHD, based on a misunderstanding. This would not preclude Dr McClelland from undertaking a study in Edinburgh.

3.2.2 Hepatitis C Tests: Dr Mitchell reported that the Advisory sub-group had agreed to undertake a study of the Abbott and Ortho tests in three centres including Glasgow plus the appropriate confirmatory tests which are now available. The protocol would be presented to the main Committee with a possible implementation in October or December 1990. There were still severe problems related to accuracy which might mean withdrawing a large number of donations. Dr McIntyre of the SHHD had said to Mr McIntosh that Ministers might approve a start without the above study (following a meeting to be held on 2nd July).

3.2.2.1 Treatment of donations: Dr Mitchell tabled an action flow-chart which he had submitted to Dr Gunson for consideration.

3.2.2.2 Referral of HCV positive donors to clinicians: There had been no response from the SHHD, so Directors undertook to forewarn the clinicians in their Regions. IDS

3.2.2.3 Counselling of positive donors: It was agreed there must be a standard SNBTS approach to counselling and it was remitted to Dr Gillon (Edinburgh), Dr Galea (Aberdeen), and Dr Crawford (West) to make proposals to Professor Cash as to what should be said to an HCV positive donor. To perform their remit fully they would need to take into account the draft flow-chart and an FDA document available in Scotland. Professor Cash to contact them. JDC

3.2.3 HIV 1 and 2: As agreed, testing had begun in time for RTC products at issue on 1st June 1990 to have been tested. It was agreed that plasma sent to the PFC from 1st August 1990 will have been tested.

JDs

There was no report from Mr Panton about the possibility of the NHS procurement executive assisting with contracts for the purchase of kits.

3.3 AIDS

There had been no changes in the current number of HIV-1 antibody positive donors since the last meeting. The number therefore remain as follows:-

Inverness	2	Edinburgh	16
Aberdeen	1	Glasgow	17
Dundee	6	Belfast	* (MC to ask)

3.4 Unrelated Bone Marrow Transplantation

3.4.1 DoH and SHHD attitudes towards funding: Mr McIntosh reported on behalf of Mr Panton that the SHHD were encouraging the Service to include unrelated BMT in its PES proposals for 1991-92. It was noted there had been no support in 1989-90 from the SHHD and no comment in 1990-91, ie no denial of support. Professor Cash thought there might soon be public pressure in Scotland and asked Directors whether they would agree to accept for tissue typing those existing blood donors who volunteer spontaneously, their names being transmitted to the UK TS panel. It was agreed impossible to complete the process (put on Bristol Register) without confirmation of compensation cover and insurance clearance but meantime Directors could respond to any local pressure by tissue typing potential donors.

JDs

3.4.2 Insurance cover and treasury compensation scheme: Mr McIntosh reported from the SHHD that the latter were pursuing this matter with the Treasury following an initial poor reaction.

Miss Corrie to give Mr McIntosh the previous Directors' meeting references and a copy of her previous letter to Mr Panton to enable him to pursue the matter.

MC/
DMcI

3.4.3 Potential loss of donor anonymity: Professor Cash reported, following a discussion with Dr Fraser, that donor anonymity would be secure.

3.4.4 Computer system for donor panel: Directors recorded their support for a computer system separate from the UK TS. Professor Cash to tell Dr Fraser.

JDC

3.4.5 British Bone Marrow/Platelet Donor Panel Draft Guidelines: Directors confirmed and supported the guidelines (which had been circulated). Transfer item to MSC agenda.

JDC/
MC

3.5 Immunoglobulins

3.5.1 **Normal Immunoglobulin for people going abroad:** Mr McIntosh reported from the SHHD that the latter would try again to obtain guidelines. Transfer item to MSC agenda.

3.6 Medical Audit

A UK BTS group chaired by Dr Wagstaff had produced a paper entitled "Medical Audit within the Blood Transfusion Service" which had been circulated to Directors. Dr Urbaniak (who serves on this group) introduced the paper.

It was noted the CSA General Manager had asked Professor Cash to propose schemes for medical audit within the SNBTS. It was agreed he should introduce the topic for detailed discussion at a meeting of the MSC at which Dr Urbaniak would report from the UK Committee. Cross-border auditing would be welcomed by both Services. JJC/ MC

4. NBTS NORTHERN DIVISION MEETING 20th APRIL 1990

Dr Brookes spoke to her notes (which had been circulated) and answered questions, including the following topics:-

4.1 Donor Questions

It had been agreed in England to add Brazil, the West Indies, Thailand and possibly New York to donor questions. It was noted that Mairi Thornton was considering the matter as part of the Scottish revision of the donor questionnaire.

4.2 Retention of records

An ad hoc group had been established to consider the retention of records at Transfusion Centres within the general framework that records necessary to identify the donor to the donation should be retained for 15 years. This was a proposal only, the Committee to make recommendations.

[Secretary's note: Despite the above, the newly published UK BTS/NIBSC Guidelines for the Blood Transfusion Services in the United Kingdom uses the following wording (para 2.6):-

2.6.1 Each RTC shall develop and maintain records that demonstrate that the quality has been achieved and that the quality system has operated effectively.

2.6.2 Specific requirement: product history file.

The records of reference shall be maintained in a product history file for at least fifteen years ...

4.3 Hepatitis vaccination of staff

Arising from a point in Dr Brookes' notes, the Scottish Directors expressed their extreme dissatisfaction with the vaccination programme being run by

Dr Sharp, CSA Occupational Health Officer. Professor Cash had reported the problems some time ago to CSA Director of Personnel who had undertaken to convene a meeting between Dr Sharp and the Directors but had not done so.

Mr McIntosh undertook to explore the general area of occupational health in Transfusion Centres. DMcI

5. SERUM SUPPLY FOR TISSUE TYPING

Papers had been circulated concerning the suggestion from Dr Bradley, Director of the UK TS that there should be cross-charging for serum sent to UK TS and reagents obtained from there. It was noted that SNBTS were "in credit" in the matter of supply of serum in receipt of reagents. The figures supplied by Dr Bradley might not be accurate. Under the circumstances the details were not discussed.

6. SUPPLY OF, AND SPECIFICATION FOR, BLOOD PACKS

Dr Mitchell reported that he had given to CSA Supplies Division the full details of the blood bags used by the SNBTS.

It was noted that the Supplies Division Contracts Manager had just written to Mr Francis with a plan regarding future procurement for comment. This envisaged Supplies Division inviting quotations from the companies involved by the end of June 1990 with a proposal submitted to the SNBTS in July for approval. Mr Francis and Dr Mitchell to pursue the matter. DMcI

7. DUPLICATE DONATION NUMBERS

Professor Cash explained that he hoped to receive a paper from the relevant SNBTS staff on this problem in time for the first meeting of the MSC. MC

8. UK BTS APHERESIS GUIDELINES

Mr Urbaniak tabled copies of the above final version. The Scottish Directors accepted them formally. SJU

9. BLOOD TO ENGLAND AND WALES

It was confirmed that the SHHD had said the SNBTS should not levy a handling charge on blood sent to the NBTS (who will, however, themselves be subject to budget devolution including charges to NHS hospitals).

10. DATE OF NEXT MEETINGS

Monday 13th August at 2 pm (Regional Directors only) to discuss Registrar and Senior Registrar establishments and training (and possibly also medical audit).

Tuesday 14th August at 10.45 am Medical and Scientific Committee (MSC).