

IN CONFIDENCE

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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the BTS Co-ordinating Group held
in the Headquarters Unit on 24 May, 1983

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr S J Urbaniak (item 3c onwards)
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were intimated on behalf of Dr Morris McClelland and Mr J G Watt.

2. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 22 February, 1983 (which had been circulated) were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a. Hepatitis Reference Laboratory (Minute 3e)

This item was deferred until Mr Watt could be present.

b. Disciplinary and Grievance Procedure: Levels (Minute 5)

A table showing the disciplinary levels which had been agreed for each of the three larger Transfusion Centres at the previous meeting had been circulated for confirmation by the Directors. Dr McClelland wished to conduct further discussions within his Centre. Dr Mitchell agreed to consider whether he wished to retain section (b) on page 3 and if so to provide wording for the footnote.

c. BTS Nurses' Conference Fund (Minute 6)

It was noted that no proposals had been received so far for study visits by BTS nurses to use the balance of £300 held by the SNBTA. It was acknowledged that the sum might only be enough to supplement other funds.

d. Development Proposals 1983-84: W Scotland Immunology Support Service

Dr Cash reported that he had, as agreed, written to the Community Medicine Specialist at the Greater Glasgow Health Board who was to submit a stated case for this development.

The case had not been received but Dr Mitchell understood that the Area Executive Group had accepted it in principle and the idea was to secure funds for Glasgow to be nominated either as a Regional Bone Marrow Transplantation Centre or the Scottish Centre.

Dr Cash advised that Dr Mitchell should ensure that the Consultant post and the upgrading of a BTS Chief MLSO to Senior Chief, if appropriate, be included in the Greater Glasgow Health Board case.

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e. Grading of Scientific Officers (Minute 12)

Dr Cash reported that the Personnel Officer had preferred to meet with Dr Cash and Mr R Wallace. A meeting had been arranged for the afternoon of Wednesday, 25 May.

4. DEVELOPMENT PROPOSALS

a. Funding of 1983-84 Proposals and Finalisation of those for 1984-85

After discussion it was agreed to meet on 2 June, 1983 to review the position of Development Proposals after the BTS Sub-Committee meeting.

Meanwhile, it had been noted that a sum of £100,000 had been allocated to enable the SE and W Scotland Centres to provide support for cardiac surgery. This was on the basis of a cost per donation of £15. Dr Cash suggested that marginal costs might have been more appropriate and asked the Directors concerned to consider their proposals with care. They agreed to do so. Dr Urbaniak considered there should be no need at all for additional funds given the level of outdating of red cells.

b. Preparation of 1985-86 Proposals

It was agreed to delay discussion on a timetable for preparation of the proposals for 1985-86 and the forward looks for the two subsequent years until the meeting on 2 June when it was hoped Mr Watt would be present.

c. W Scotland Proposal for a Biotechnology Laboratory Extension

There had been circulated a letter in which Dr Mitchell had confirmed to Miss Corrie that he had withdrawn his 1984-85 proposals for a Biotechnology Laboratory at the request of the other members of the Co-ordinating Group but that he would be grateful for a further discussion on this matter at a later date. The Directors welcomed this development and advised Dr Mitchell to raise the topic again whenever he felt it was appropriate.

d. Shift Working at PFC

It was noted that the PFC had received a record input of 61,000 Kg of plasma in the year to 31 March, 1983. With the existing staff levels and technology only 50,000 Kg could be processed and Mr Watt had suggested that there should be periodic spells of shift working to clear the stockpile of plasma.

Dr Cash explained that he had recommended to the CSA that whilst some form of temporary shift working was required urgently, it should be considered in the light of the probability that a more permanent arrangement would be needed. Because the source of funds was uncertain, the proposal had to be included in the Development Proposals for 1983-84.

The Co-ordinating Group acknowledged the difficulties which would confront those attempting to negotiate a permanent shift agreement for PFC and appreciated that it may be necessary to have an interim arrangement.

5. CENTRIFUGE EVALUATIONS

It was recalled that a Centrifuge Evaluation Group (comprising the Principal or Senior Chief MLSO from each of the Regional Transfusion Centres and the Development Engineer from PFC) had been created in an attempt to improve

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relations with the Supplies Division, the idea being that the Group would work with a Technical Officer on a policy for the selection and procurement of floor-standing 6 litre refrigerated centrifuges.

An evaluation of 6 such centrifuges had been carried out and reports had been drafted. The idea had arisen within the Group that an abstract of the findings might be published in HEI with the reports being available to any reader who asked for them. To this end the draft abstract for HEI and the final evaluation reports had been circulated to the Directors for comment. Dr Mitchell had expressed his concern about the editorial quality of the evaluation reports and proposed to the meeting that the idea of publication of an abstract in HEI should be dropped. After discussion it was agreed that the documents were now out of date and that publication would be inappropriate.

Concerning other activities of the Technical Evaluation Group it was agreed that Dr Cash should write to the Chairman of the Group (Miss Corrie) thanking them for their work so far and suggesting that it was inappropriate for them to tackle a subject for which they had sought permission, namely storage and transport of plasma, which was under consideration by another Group.

On the subject of the regular meetings of Principal/Senior Chief ML305 Dr Cash undertook to make an approach to the Chairman that the meeting might become more effective if it was given formal recognition by the Directors to whom they would report. It was acknowledged that the Chairman of meetings such as this required to be alert to the fact that decisions which might have policy implications had to be referred to the Directors.

6. SCOTBLOOD

It was acknowledged that Scotblood 1983 (held in Dundee on 26 March) had been an outstanding success and the Directors asked Dr Brookes to convey their thanks and congratulations to the Dundee team. It was felt that more time might have been allowed for poster discussion groups at the expense of formal papers. Dr Brookes' experience was that a more generous allocation was required than the £1,000 which had been granted.

Dr Mitchell had heard from the family of the late Dr Iain Cook that they had funds which they wished to offer in his memory. It was agreed that the most appropriate use of this proposed donation would be to fund a memorial lecture. No further action would be taken meantime until further contact had been made by Dr Cook's family.

Scotblood 1984 was due to be held in Aberdeen but, at Dr Urbaniak's request, other possibilities were considered and Dr Mitchell agreed to enquire about the possibility of holding it in the new Teaching Suite at Glasgow Royal Infirmary. It was agreed that the best date would be in second or third week in April.

7. USE AND SUPPLY OF HUMAN IMMUNOGLOBULIN PREPARATION

This item had been deferred from the previous meeting.

Dr Cash had noted the existence of the following papers:

- a. Use and Supply of Human Immunoglobulin Preparations (Dr Crawford and Dr Mitchell) dated 25.11.82;
- b. Passive Immunisation Against Infective Diseases (Dr Yap and Dr McClelland) 15.11.82;

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The Directors considered and rejected the idea that the papers should be fused into a single SNBTS document. It was agreed that whilst each set of authors should be encouraged to publish it was essential that it was plainly indicated that the views expressed were personal.

Dr McClelland advised that his paper ^{is its present form,} was now too dated to be published and Dr Mitchell explained that their paper was to be submitted to the Scottish Medical Journal suitably amended.

8. REQUIREMENTS FOR VISITING SCIENTIFIC WORKERS IN SNBTS ESTABLISHMENTS

This item had been deferred from the previous meeting.

Dr Cash had circulated for comment a paper (based on an MRC document) proposing conditions which should be met by visiting scientific workers.

After discussion it was agreed that the draft should be submitted to CSA Secretary for consideration. If approved it should be applied to the conditions of service of staff employed under research grants as well as to visiting scientists.

9. SHORT PLASMA DONATIONS

A letter dated 2 March, 1983 from Mr Watt to Dr Boulton had been circulated. Dr Cash explained that SE Scotland BTS were using a cell separator to ascertain the economics of obtaining platelets in this way. They had been sending to the PFC the additional platelet-depleted plasma which was being obtained consequentially and the problem had now been solved by the retention of the fresh plasma within SE Scotland BTS for clinical use.

10. DRAFT GUIDELINES FOR HEPATITIS B IMMUNOGLOBULIN

Dr Cash withdrew this item which had been placed on the agenda in error.

Dr Urbaniak agreed to send to Dr McClelland (for the use of the informal HQ Working Party who were drafting a paper for submission to the Directors) information which he had been preparing for the Grampian Health Board.

11. HOME DEFENCE PLANNING

Correspondence between Dr Cash and Mr Watt on the subject of dispersal of blood products in a national emergency had been circulated. Mr Watt had proposed that the main national product stocks should be dispersed permanently through the Regional Centres. This was agreed as a matter of principle but limited storage space made it impracticable in the immediate term. Because of the uncertainty as to when storage might be available in the periphery it was agreed to assume - for the purpose of planning Phase III of the PFC rebuilding - that national stocks would be kept there.

12. SNBTS CROSSMATCHING PROCEDURE

In view of the experience of Dr A Holburn of NEQAS Dr Cash suggested that the Scottish Transfusion Centres might explore the possibility of developing a basic standard SNBTS crossmatch procedure and that a Group might be formed to work on the proposals and to report to the Co-ordinating Group.

After discussion it was agreed to proceed in the following order:

Dr Cash would collect then circulate the manuals and methods of each Transfusion Centre; a group chaired by Dr Urbaniak would organise a HQ Workshop on the

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subject; the Co-ordinating Group would nominate a Group to work on the proposals in detail.

13. NBTS WORKING PARTY ON BLOOD GROUP REAGENTS

It was reported that the English/Welsh Transfusion Directors had agreed to accept a Scottish representative to the above Working Party. Dr Cash agreed to ask Dr W Wagstaff what professional discipline the Working Party considered to be appropriate for membership. If it was multi-disciplinary Dr A Munro, Principal Scientific Officer, W Scotland BTS would be nominated. If membership was medical only the nominee would be Dr Mitchell.

14. OPTIONS FOR ECONOMIES

Dr Cash had written to the Directors following the last BTS Sub-Committee (minute 1824 of 23 February) when it had been reported that the Chairman's Committee had agreed that an examination should be undertaken of the possibility of achieving savings in resources which might be available to meet any shortfall identified in future years. Dr Cash had asked the Directors for ideas and their replies had been circulated together with a note of Dr Cash's own suggestions.

After discussion Dr Cash agreed to produce a short paper explaining that the area in which the greatest economies could be made would be in management. He would show what had been achieved so far, e.g. in establishing a basis of workload statistics and the production of AHG serum.

15. AIDS

a. Donor Selection and Communication of Donors

Dr Mitchell reported that he had introduced into the health questionnaire to donors a question inviting those who were worried about AIDS to consult the doctor at the session. It was understood that the AABB's advice to blood banks in the USA was that individual donors should sign a statement to the effect that they had read the literature and understood that certain groups of donors had been asked to refrain from donating.

Dr Urbaniak had decided, after consideration, not to do anything locally, his view being that once a donor had entered the session it was too late to make an approach and the problem was minor in NE Scotland.

Dr McClelland had prepared a leaflet (which he tabled) which explained through questions and answers the background to the recent publicity and detailed those donors who should refrain from donating blood. He intended to consult some of the organisations representing the 'gay' community through which his leaflet might be circulated. It might go also to VD clinics and possibly also to drug abuse centres.

There was discussion about the transmission of AIDS through needle-stick injuries and it was agreed that it was important to assure staff that management were striving to deter possible carriers from donating blood.

b. SNBTS Publicity

Dr Cash sought his colleagues' agreement to the issue of a general statement to the media to the effect that until appropriate markers had been developed the SNBTS would not wish to have blood donations from certain individuals. It was reported that the Directors of England and Wales had discussed the problem at their most recent regular meeting and had decided that publicity

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should be both local and national, the latter in the form of a press release plus nomination of a Press Officer from DHSS to maintain contact with the media. They had decided also to ask Dr John Barbara to draft a leaflet for the information of donors to be made available in Transfusion Centres. This leaflet was to be ready by 30 June.

It was agreed, after discussion, that Dr Cash should contact Dr Barbara for information about the proposed leaflet after which he would arrange a meeting with colleagues from SHHD to discuss the possibility of a press statement for Scotland and the provision of information which the Transfusion Directors could use if they wished. Dr Mitchell's donor questionnaire and Dr McClelland's leaflet would be circulated and discussed at the meeting. In view of the time constraints the Directors agreed that Deputies could attend if they themselves were unavailable.

16. SNBTS MEDICAL STAFF TRAINING COMMITTEE

Dr Cash spoke to his letter (which had been circulated to Directors) of 28 March 1983 in which he proposed the formation of a committee to supervise the training of BTS Junior Medical staff. He explained that CSA Personnel Officer had also contacted him on the subject.

It was agreed after discussion to form such a Committee, the members to be SNBTS Directors. Dr Cash would convene the first meeting once he had obtained a Council of Europe document on medical staff training in blood transfusion.

17. MANUFACTURE OF PRODUCTS IN THE NHS, SCOTLAND

Dr Cash explained that he had been asked by colleagues in the SHHD to offer comment on the above draft circular, the underlying principle of which was that the NHS should engage in manufacture only if:

- a. there was no satisfactory commercial source, or
- b. it was significantly more economical to do so.

It was noted that the circular excluded reagents derived from human tissue or blood. The Co-ordinating Group welcomed the need to achieve cost effectiveness. If the circular was issued substantively at a later date it would apply to crystalloids manufactured by the PFC.

18. BTS SUB-COMMITTEE: 25 MAY

The following main points arose in discussion of the agenda:

- a. Dr Urbaniak drew attention to the fact that an incorrect version of the job description for his proposed PSO post had been circulated with the agenda. Copies of the corrected version were made for Directors and members of the Sub-Committee and Dr Cash undertook to issue the latter.
- b. It was noted that the Directors' responses to the Medicines Inspector's Report would be available for reference at the Sub-Committee meeting.
- c. Dr Mitchell reported that he now had a revised, lower cost proposal for a sterile suite for his Centre. This would be considered by the BTS Sub-Committee.
- d. Dr Cash advised the Directors that the following items from the Development Proposals should be Medicines Inspector items:

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NE: Principal Scientific Officer
E: Second Consultant
SE: Nursing Officer II, Revenue consequences of computer
W: Consultant for Donor Centre
PFC: Assistant Process Controller, Deputy Engineer, Software Engineer,
Revenue implications of processing for SPPS the plasma previously
dried at Law

All Centres: SAGm because of the Medicines Inspector's interest in heat-treated Factor VIII.

Dr Mitchell reported that, in his experience, the introduction of SAGm doubled the time needed to process donations. He agreed to quantify this in resource terms and to submit details to Miss Corrie.

- e. It was noted that £70,000 had been allocated to W Scotland and £30,000 to SE for support to the local Health Board cardiac surgery programmes. Dr Cash asked both Directors to reconsider the cost of £15 per donation which had been used in the estimates and which he thought was generous.
- f. The item on disposal of surplus blood products was discussed. It was thought that the proposal made by Monotech to Dr Mitchell would be the first topic for consideration by the newly formed Committee on the Disposal of Surplus Blood Products. It was noted that an existing agreement between CSA and Celltech related to mouse cell lines based on human immunogens.

19. REIMBURSEMENT OF TELEPHONE EXPENSES

Dr Mitchell enquired as to his colleagues' practices in nominating staff for the reimbursement of telephone expenses as he wished to review his own list. After discussion he decided to take the matter up with the Treasurer.

Dr Urbaniak asked about recent instances in his Centre of staff eligible for telephone expenses being reimbursed less than they had expected and than had been customary. Miss Corrie explained that she was pursuing this with the Treasurer; so far her investigations had shown that it was unclear why the reduced reimbursements had been made or who had authorised them.

20. DATE OF THE NEXT MEETING

Tuesday 30 August, 1983.