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ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE 4TH MEETING HELD ON 28 SEPTEMBER 1981 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

PRESENT:

Dr E L Harris - Chairman

Members

Dr G W G Bird - RTD, West Midlands RHA
Dr J Darnborough - RTD, East Anglian RHA
Dr H H Gunson - RTD, North Western RHA
Dr R S Lane - Director, Blood Products Laboratory
Mr T R Layzell - RT, Wessex RHA
Miss G Schofield - RNO, South West Thames RHA
Dr G H Tovey - Consultant Adviser

Secretariat

Dr D Walford, Mr S Godfrey, Mrs S C Yuille } DHSS

Observers

Dr A E Bell - SHHD
Dr J D Cash - National Medical Director, Scottish NBTS
Dr R F Doyle - Welsh Office
Dr G T N Lawson - DHSS N Ireland
Mr J Harley - DHSS

In Attendance:

Dr B Ely, Mr S Green } DHSS

APOLOGIES FOR ABSENCE

1. Apologies have been received from Mr Baker.

MINUTES OF THE LAST MEETING - AC(81)14

2. These were agreed.

MATTERS ARISING

a. Meeting with Directors of Haemophilia Centres; Issue of Factor VIII via RTCs - AC(81)2 and AC(81)17.

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3. Dr Tovey reported that the last meeting with Haemophilia Centre Directors and Regional Transfusion Directors had been most constructive. (A copy of the minutes is attached for member's information - designated AC(81)21). Haemophilia Centre Directors were aware of the need for close liaison with RTDs on the provision and usage of Factors VIII and accepted the need to provide accurate picture of the extent to which Factor VIII was being purchased within their Region. It had been agreed that Haemophilia Centre Directors would keep RTDs informed on commercial purchases, probably by means of a monthly return although details were left to Directors to work out locally.

4. Dr Walford reported that Haemophilia Centre Directors had reconsidered their estimated usage of freeze-dried cryoprecipitate and high purity Factor VIII concentrate, as a result of which the total requirements for fresh frozen plasma by the mid-1980s was now estimated to be 435,000kg.

b. Sale of Surplus NBTS Materials

5. Mr Godfrey reported that Ministers had accepted the advice of the Advisory Committee that the Service should collaborate with Lorne Laboratories on the provision of surplus red cells, and with the British pharmaceutical company on the provision of hepatitis carrying plasma. (Members had been sent a copy of Dr Vaughan's statement on 31 July - AC(81)15). He reported that Lorne Laboratories had experienced certain difficulties in moving premises but it was anticipated that both companies would shortly be contacting Transfusion Centres to discuss possible collaboration. Charges for the provision of materials would need to be agreed between the Centre and the company concerned but the Department would readily offer advice particularly on the question of profit margin. Dr Darnborough pointed out that Lorne Laboratories might approach serveral Transfusion Centres in which case it would be important to ensure that there was uniformity in the charges made for identical products.

6. It was agreed that if further requests for surplus products were received from other industrial firms they should be referred to the Department which would consult the Advisory Committee where necessary.

WORKING PARTY ON PLASMA SUPPLY - AC(81)11 AND AC(81)18

7. On behalf of members the Chairman thanked Dr Gunson and his colleagues for having prepared such an excellent and detailed document. Dr Gunson explained that as a result of further discussions with Haemophilia Centre Directors, the target plasma supply required to achieve self-sufficiency could be reduced to 435,000kg. This would produce 95 million iu of intermediate concentrate Factor VIII and 5 million iu of cryoprecipitate but would offer BPL sufficient scope to meet requirements for high-purity concentrate. It would also produce 200g of albumin (ppf) per 1,000 population. Dr Gunson emphasised how difficult it had proved to determine the total current albumin usage because there was insufficient information available about how much was being purchased by health authorities. One way to monitor usage would be to establish a central purchasing scheme in each Region.

8. Dr Gunson drew members' attention to Table 1 which set out the estimated annual cost to RHAs of providing plasma through whole blood collection and plasmapheresis, together with the commercial value of the products manufactured from the plasma. The Table did not take account of BPL's fractionating costs nor of the capital cost of redeveloping the Laboratory. Dr Lane estimated that the commercial value of the "other products" would be £4.5 million rather than the £2 million shown in the Table.

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9. Miss Schofield stressed the need to ensure the donor's comfort and safety during plasmapheresis. Dr Gunson explained that the automatic process was safer and in addition took up less of the donor's time than the manual method. RTDs had prepared the Code of Practice for Automated Plasmapheresis of Volunteer Donors. An equivalent Code was required for manual plasmapheresis and he expected that a working group of Transfusion Directors would take this task in hand.

10. Members endorsed the report of the Working Group and asked that Ministers' agreement be sought to formal consultations with RHAs about plasma supplies. Mr Harley said it was envisaged that the UK's need for blood products would be met jointly by PFC Liberton and the redeveloped BPL and there would need to be further discussions between the Health Departments about the inter-relationship of the 2 fractionating facilities.

11. Discussing the future role of the Working Group, members agreed that the Group had an important part to play in the forthcoming discussions with RTDs and their Regions on the need to increase plasma supplies and also on the need for specific plasma. The Chairman asked the Group to keep abreast of world-wide developments in plasmapheresis. Members of the Committee were asked to contribute information to the Group.

CHARGING THE PRIVATE SECTOR - AC(81)16

12. The Chairman reported that Ministers had asked officials to consult the NHS and private sector with a view to introducing handling and processing charges for blood products supplied to private clinics and hospitals. The Committee's views were sought on whether charges should be calculated nationally or Regionally; whether an item of service or bulk charge system was preferable; and whether refunds should be given for returned units.

13. The Committee agreed that charges should be calculated nationally. On the possible methods of charging, the Committee stressed that whatever system was adopted needed to be administratively simple and economic to implement. Mr Layzell thought that there was much to commend a bulk charge system, particularly in terms of presentation, although it could be open to abuse by private hospitals. He suggested putting this option to the Regional Treasurers' Joint Accounting Committee for their advice. Dr Darnborough pointed out that in practice hospital blood banks often supplied private hospitals direct which militated against an item of service charge levied by the RT

14. Members thought that it was vital to ensure that unused blood should be returned to the NHS and discussed the possible inposition of penalties if returned were not made. On balance, however, they considered that refunds should not be offered.

15. Dr Cash pointed out that there could be contractual problems with a bulk charge system if a Centre was unable to meet a private hospital's demands. He also recommended that the question of product liability for blood and blood products supplied to private hospitals should be examined carefully to see whether the introduction of charges in any way affected the position of RTDs.

MANAGEMENT OF THE CENTRAL BLOOD LABORATORIES - AC(81)19

16. The Chairman explained that Ministers continued to consider arrangements for the long-term management of the Central Blood Laboratories. He thanked those members who had submitted views and reported that the paper prepared by

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Dr Tovey and his colleagues suggesting a Charitable Trust had been brought to Ministers' attention.

ANY OTHER BUSINESS

Attendance of Regional Scientific Officers

17. Mr Godfrey reported that Regional Scientific Officers had expressed a wish to nominate an RScO member to attend meetings of the Advisory Committee. After careful consideration, members agreed that whilst it would certainly be desirable to seek RScOs' views where appropriate, on balance extending the membership of the Committee could be counter-productive and it was decided therefore not to invite a representative of RScOs to join the Advisory Committee.

Retirements

18. The Chairman thanked Dr Tovey and Dr Bird for their dedicated and active service to the Committee and, on behalf of members, wish them long and happy retirements.

DATE OF NEXT MEETING

19. This will take place on Monday 8 February 1982 at 2.00pm.

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