

NOT FOR PUBLICATION

AC(85)

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE TENTH MEETING HELD ON 8 NOVEMBER 1984 AT THE DEPARTMENT OF
HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

PRESENT

Dr E L Harris Chairman

Members:

Dr J Cash - Scottish NBTS
Dr I Fraser - RTD, South Western RHA
Dr H H Gunson - Consultant Adviser
Dr R S Lane - Director, Blood Products Laboratory
Mr T R Layzell - RT, Wessex RHA
Dr Ferguson-Lewis - Welsh Office
Dr K Rogers - RTD, South London Transfusion Centre
Dr L A D Tovey - RTD, Yorkshire
Dr Wild - RMO, South West Thames RHA (for Dr Walker)

Secretariat:

Dr A Smithies)
Mr A Williams) - DHSS
Mr M H Arthur)

Observers:

Dr A E Bell - SHHD
Dr G T M Lawson - DHSS, Northern Ireland
Mr D Harris - DHSS

INTRODUCTION/APOLOGIES FOR ABSENCES

1. The Chairman welcomed Dr Tovey who had taken over from Dr Bill Wagstaff, Dr David Wild, attending in place of Dr Paul Walker, and Mr M H Arthur, who had replaced Mr S Green on the Secretariat. The Committee recorded its thanks for Dr Wagstaff's past contribution. Apologies had been received from Miss Blenkinsop (RNO, Northern RHA), and Dr Paul Walker (RMO, North East Thames).

MINUTES OF THE LAST MEETING (AC(84)7)

2. The minutes were agreed as a correct record.

MATTERS ARISING

Inter and Intra Regional Charging

3. A feasibility study had been further progressed by Mr Layzell prior to a decision on the principle of charging RHAs for BPL products. Two Regions would be chosen for trials, to be conducted in liaison with Dr Lane at BPL. Consultants would evaluate the trials and produce a micro system and documentation; a seminar to explain proposals could be arranged. The trials would start in January with an evaluation by June 1985.

4. The Committee saw the scheme as an extension of handling charges for blood and blood products. Blood should be included in the present considerations too, so that the NBTS moved towards clinical budgeting. Dr Lane welcomed the initiative and sought rapid implementation; it would minimise problems over funding and plasma supply to BPL.

Blood Handling Charges

5. Mr Williams reported that the draft Circular had still not been finalised. Ministers were to decide on whether Anti-D immunoglobulin could be supplied free of charge and the question was with the Treasury. Other comments were relatively minor, but there had been adverse publicity over the charging of Hospices, and a Dear Administrator Letter had been issued reminding HAS of their powers to make Section 64 grants.

6. Some members thought that it would be difficult to contain the Anti-D exception; other immunoglobulins were used prophylactically.

AIDS Cases Reported by CDSC

7. Dr Smithies reported that by the end of October 1984, 88 cases and 37 deaths had been reported to the Communicable Disease Surveillance Centre. Of these, 75% were homosexuals, and 3 were haemophiliacs, but none were associated with blood transfusion. Over 300 cases were anticipated by the end of 1985.

AIDS Leaflets

8. At the last meeting, the Committee had advised the adoption of a uniform system of distribution for the revised NBTS leaflet; Mr Williams said that Ministers had accepted the recommendation, and that the leaflets would shortly be distributed to RTCs for issue individually to every donor. The Committee advised on the particular problems of getting the leaflet to new donors, and in its use at industrial sessions, and also noted that there would be some cost implications for Centres using a card call-up system.

9. It was noted that the Health Education Council leaflet had now been approved by Ministers for issue early in the New Year. Both leaflets would be cross-referenced, and supplied to STD clinics.

AIDS Working Group

10. The Chairman invited comments and suggestions for additional membership of the Committee's new Working Group on AIDS, whose Terms of Reference were to be:

"To consider the implications for the NBTS of testing blood donations for antibody to HTLV III and to report".

The Committee formally endorsed the action taken so far and noted that the Working Group was to meet on 27 November. [Note by Secretariat: in Paper AC(84)13, tabled at the meeting, Professor Bloom was inadvertently shown as an observer. An apology has since been sent to him via the Welsh Office.]

AIDS - HTLV III Testing

11. Dr Smithies advised that the Middlesex Hospital and the Chester Beatty Laboratory were testing for HTLV III antibody using a radioimmunoassay method. A survey of 1,000 NBTS donors had revealed no infection, but it was hoped to undertake a larger survey to confirm findings. Pilot screening at an RTC was one of the points to be considered by the Working Group on 27 November. Dr Cash advised that in the USA the individual's permission was necessary before screening could be carried out; there were many implications for donor morale.

12. Dr Lane asked for an update on both the Gallo and British isolate availability and was advised by Dr Smithies that the USA had been approached for permission to use the Gallo isolate in the UK; some progress had been made on the British isolate, but the position would be clearer by 27 November. Dr Gunson advised that 5 American companies were licenced to use the Gallo isolate to develop tests.

Purchase of Blood Products by DHAs

13. Dr Lane reported that lists of available products had been supplied to DHAs and other interested parties and no difficulties had arisen. Some members expressed concern that a price was listed for Factor VIII which was presently unobtainable from BPL; no product should be supplied to the private sector until NHS self-sufficiency was achieved, and Dr Lane noted this point.

Independent Blood Donor Panels

14. It was reported to the Committee that the Department had taken up this matter with BUPA who had confirmed that their plans were for contingencies only. Members discussed whether legislation should be sought to prevent any fragmentation of blood collection; the position should be closely monitored to ensure that BUPA had heeded the DHSS's caution.

NBTS Cost Statements

15. Mr Layzell advised that he had produced a report, and that Lancaster and Wessex had done some calculations which he was about to evaluate. Mr D Harris considered that the new Statements would provide a defensible price list of admin. and other on costs, which would be useful to RTDs. It was hoped they would be available from 1 April 1985. Members noted the position.

BPL ELSTREE

Report on Progress

16. Dr Lane was asked to give members an update on the progress of the new BPL production unit. He said that the report was a simple one in that

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building was on-time and going according to plan; he expected completion by 15 December 1985 and that the building shell would have a watertight date of 12 November 1985.

17. In response the Chairman said that he considered the report an oversimplification; there was the problem of escalating costs and Ministers were querying the lack of control despite the fast-track design and building concept.

18. In noting these comments, Dr Lane wished his disagreement to be minuted. He added that many NHS capital projects overran completion dates by 5-10 years and cost escalation was thus disguised; the BPL project would be completed on time and this uniqueness should be properly recognised.

Plasma Supply to BPL (AC(84)8)

19. The Department had sought comments on progress from all Regions. The Committee noted that many had given only qualified or limited assurances, and considered it essential that BPL had the raw material to process; the Department should vigorously pursue procurement targets.

THE ROLE OF NURSES IN BTCs - NE THAMES' PROPOSALS (AC(84)9)

20. Dr Smithies read out the written comments of Miss Blenkinsop who was opposed to such an extension of the role of nurses.

21. The Committee thought that considerable field research should precede such action; nurses should develop venepunctural skills under medical supervision and on a pilot basis. It was reported that 10 RTDs were totally opposed to the suggestion and 3 were sympathetic to its consideration. One Director member present added that he held himself responsible for donor sessions.

22. The Committee considered that savings would be modest if any; the practice would lead to an increase in the number of cases deferred, affecting donor morale; the RCN would claim a compensatory increase; donor confidence would be affected if doctors were not in attendance, and there were legal implications.

23. It was agreed to be premature to adopt the proposal or to recommend national recognition. Efforts would be made to improve recruitment of doctors, but meanwhile the status quo should prevail. The Chairman said he would convey the Committee's advice to the Region concerned.

PAYMENTS TO DONORS WHO SUFFER REACTION AT BTCs (AC(84)10)

24. The Committee considered that the BTS always reacted sympathetically to donor injury; payments had been made without donors having to seek legal redress, as the JCC had claimed. The RHA involved should be reminded of these requirements, but no general reminder was considered necessary.

HEPATITIS B IMMUNOGLOBULIN - EXTENSION OF HDN SCHEME (AC(84)11)

26. Dr Smithies explained the background to the extension agreed by the Treasury. The Committee noted and commended the extension of the scheme, which would help alleviate the shortages of hepatitis B immunoglobulin.

BLOOD SHORTAGES (AC(84)12)

27. The Committee read the tabled Paper summarising the factors leading to recent shortages. The media publicity required to restore London supplies had caused problems in the provinces, but this was taken to be unavoidable. A member advised that one factor not listed was the major increase in cardiac surgery which had provoked a 20% increase in demand. The Committee advised closer liaison between RTCs and that arrangements should be made, perhaps by the new Management Board, to draw upon the surplus capacity in some Regions, eg the South West. This could be considered by the Secretariat, but within existing resources.

ANY OTHER BUSINESS

Research

28. The Chairman advised that the CMO of Scotland considered there was a need for a research committee to advise the United Kingdom rather than England

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and Wales. Present MRC and CBLA committees on BTS services lacked the necessary formal constitutions. It was agreed by the Scotland and NI representatives that the matter should be discussed between the respective Departments.

Expenses (Committee Members)

29. Mr Williams reported that standard rate mileage allowances for Committee Members would in future be reduced to running costs only beyond 9,000 miles per annum.

DATE OF NEXT MEETING

30. The Secretariat would consider the interval between meetings. A date of 23 May 1985 (pm) was provisionally agreed for the next meeting.