

NOT FOR PUBLICATION

NETSCC(76) M1

GENERAL COMMITTEE FOR THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF A MEETING HELD ON 22 JUNE 1976 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Present:

Dr F D Beddard (Chairman)
Dr Aileen K Adams
Mr R Cox
Dr A M Dawson
Mr M W Draper
Professor A Jacobs
Dr G L Mackay
Dr W d'A Maycock
Professor P L Mollison
Professor W T J Morgan
Professor J A Scott
Dr J C Stewart
Professor J W Stewart
Dr P Stratton
Miss M Walters

Mr T E Dutton
Dr Sheila L Waiter } Joint Secretaries

In Attendance:

Dr H W Bunje
Dr J C A Raison
Mrs R A Tunnard
Mr R P Cleasby

(Medical Research Council)
(DHSS)
(DHSS)
(DHSS)

1. APOLOGIES FOR ABSENCE

1.1 Apologies were received from Mr R T Booth, Mr A J Brooking, Dr J Darnborough, Dr W C D Lovett and Dr E R Rue.

1.2 Mr Brooking had written to the Chairman asking to be released from membership of the Committee due to pressure of other commitments. He had suggested that it was unnecessary to seek a replacement Regional Administrator, as an Administrator had, in Mr Brooking's opinion, ^{little} better to contribute to this particular Committee. The Committee, however, thought that a Regional Administrator had a valuable contribution to make. It was agreed that a replacement for Mr Brooking should be sought, if he decided that he could not carry on.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 16 October 1975 were approved, subject to the deletion of Mr Booth's name from the list of those present and its inclusion among the apologies received.

MATTERS ARISING FROM THE MINUTES

There were no matters which were not covered in subsequent items of the Agenda.

4. MINUTES OF THE 158TH, 159TH AND 160TH MEETINGS OF REGIONAL TRANSFUSION DIRECTORS

Dr Maycock drew attention to a number of matters of particular interest in the minutes.

4.1 Red Cell Concentrate (158, item 5d; 160, item 2c(ii))

There was support for Dr Adams' view that red cell concentrate should always be supplied in labelled packs showing exactly what had been removed from the whole blood and in what quantity. Ideally, a national standard for red cell concentrate should be worked out so that clinicians would know that they were being supplied with a consistent product. Professor J W Stewart warned against removing too much plasma, thus making the concentrate difficult to use in certain circumstances. Blood from which 120 ml plasma had been removed was generally acceptable, but he considered that 180 ml of plasma was too great a quantity to be removed.

4.2 Shortage of Blood (159, item 10)

Professor J W Stewart referred to the difficulties consistently experienced by the Middlesex Hospital in obtaining adequate supplies of blood and to the considerable expense being incurred in the frequent use of taxis to collect what was available. Dr Stratton confirmed that there were shortages at holiday times in some regions; the lengthy bank holiday weekends made it increasingly difficult to maintain the supply. All the extra efforts of the Regional Transfusion Centres had gone into making good the blood lost by increasingly long holidays. Shortages inevitably reduced the amount of blood available for distribution and since Centres lived from hand to mouth on such occasions, deliveries were more frequent. It was agreed that, in general, there was no shortage of blood, although shortages arose in certain circumstances and with certain groups. Not infrequently the shortage was due to the improvidence of the hospital.

4.3 Special Examinations for Medical Laboratory Technicians (158, item 3)

Professor Jacobs and Dr Stratton said that they supported the idea of special examinations for technicians, as this led to a greater understanding among technical staff of transfusion centre work. Dr Raison said that formal proposals for a new syllabus were not under discussion between the Department and the IMLS at present, but he noted the views expressed which tended to confirm a recent trend noted amongst pathologists in favour of retaining the special examinations in something like their present form.

4.4 Nursing Staff in Regional Transfusion Centres (160, item 3)

The Committee noted the feeling in the NBS that nursing staff at Regional Transfusion Centres were under-graded. The Department was considering the position but, apart from any other considerations, the limitations imposed by Government incomes policies prevented the Department from making formal proposals; nor was it possible to examine regrading in any way that could be taken to imply commitments for the future.

MINUTES OF THE MEETINGS OF THE SUB-COMMITTEE ON THE CENTRAL LABORATORIES HELD
ON 24 NOVEMBER 1975 AND 9 FEBRUARY 1976

Professor J W Stewart was concerned about the availability of supplies of plasma protein-fraction (PPF), which was replacing dried plasma, and about the difficulties experienced in suspending the 400 ml bottles in which PPF was supplied in the absence of suitable cradles. In reply Dr Maycock said that PPF was being manufactured in the same quantities as dried plasma had been but more would become available; shortages occurred because PPF was used more widely than the substance it replaced. It was being put to new uses. He pointed out that a standard model frame for supporting 400 ml bottles was available, but he would ask Regional Transfusion Directors at their next meeting whether they know of similar difficulties elsewhere.

6. CENTRAL LABORATORIES

a. SENIOR MANAGEMENT OF THE BLOOD PRODUCTS LABORATORY (BPL)

6.1 The Committee noted that the Department planned to advertise for a Deputy Director at BPL once the future management arrangements for the laboratory were clearer. These depended to a large extent on decisions to be taken elsewhere about the future of the Lister Institute of Preventive Medicine, the present nominal employer of BPL staff.

b. ACCOMMODATION FOR THE BLOOD GROUP REFERENCE LABORATORY (BURL) - PAPER
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6.2 Following a recommendation by the Sub-Committee on the Central Laboratories that the BURL should move to the St George's Hospital Site at Tooting if, as had appeared likely, its present accommodation was reduced by the closure of the Lister Institute's buildings at Chelsea, the Department had accepted the advice and had commissioned a study to establish whether the room available on the site was adequate and whether the site was generally suitable. It was intended that although the new laboratory would be located adjacent to a teaching hospital and a Regional Transfusion Centre, it would retain its separate identity as befitted a laboratory with an international reputation.

7. FACTOR VIII IN THE TREATMENT OF HAEMOPHILIA

7.1 The Committee were informed that the current target for the production of freeze-dried Factor VIII concentrate by the NBTSC was expected to be achieved in mid-1977 as forecast. The Department was now considering the advice of an expert group on the treatment of haemophilia that demand for Factor VIII could, within a few years, become significantly greater than that reflected in the current target. The full implications of this advice were still being assessed, but consideration would be given to the amount of plasma that could be removed from whole blood donations and to the possibility of increased use of plasmapheresis.

Meanwhile, purchases of commercially produced Factor VIII concentrate were rising, though the Department remained committed to achieving self-sufficiency in the National Health Service.

7.2 The distribution of all forms of Factor VIII (freeze-dried concentrate and *cryoprecipitate*) was then discussed by the Committee. Dr Stratton explained the system operating in the North Western Region whereby the Regional Transfusion Director held all stocks of Factor VIII from whatever sources. The RTD and Directors of Haemophilia Centres agreed on the likely need for Factor VIII over the coming year, and the RHA made an allocation of money to the RTD to be spent on NBTS production or purchases from commercial sources as necessary. Professor J W Stewart thought that the system might well fail in situations where a patient's life was at risk; in such cases the Haemophilia Centre might have to purchase Factor VIII from commercial sources, this being paid for from Area or District funds, thus undermining financial control by the RHA. Professor Scott and Dr J C Stewart supported the North Western Scheme; in the Trent Region, haemophilia services were seen as a Regional responsibility.

7.3 The Chairman said that the Department would carefully consider the comments of the Committee. During the development of production capacity in the NBTS there would be some shortages of Factor VIII, and decisions about rationing supplies were for the clinicians themselves to take. As an extension of the problems encountered in Factor VIII production he suggested that there was a need to ^{examine} ~~learn more about~~ the overall use of blood and blood fractions. ^{as whole plasma was being made of its own plasma - donate blood} The Department would ~~ascertain what information was currently~~ ^{ascertain what information was currently} available and would prepare a paper for the next meeting, ^{giving} ~~information currently available~~.

8. BONE MARROW TRANSPLANTATION

Since the Committee's last meeting, the proposal to establish a national panel of bone marrow donors had been discussed widely in the NHS and among the professions concerned. Reservations about the proposal had come from 2 quarters: some immunologists thought that, in view of the rapid advances in the state of knowledge on ^{bone-} ~~time-~~ typing, it would be premature to establish a national panel; and certain issues relating to the provision of supportive therapy remained to be resolved. Accordingly, the idea of a National Panel was not being pursued at present; but the Department was anxious that individual centres which had the facilities should tissue type potential bone marrow donors or should do so as facilities became available. Meanwhile centres were being asked to adapt ^{similar practices and} common techniques for data recording.

CODE OF PRACTICE FOR THE CLINICAL USE OF BLOOD CELL SEPARATORS - PAPER
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Committee noted the background to the establishment of a Working Party to prepare a code of practice for the clinical use of blood cell separators, and the terms of reference and membership of the Working Party.

10. TESTING FOR HEPATITIS B SURFACE ANTIGEN AND ITS ANTIBODY

During the formal consultation on the draft circular implementing the second report of the Advisory Group on Testing for Hepatitis B Surface Antigen and its Antibody, the Department had received comment which was critical of the proposal to readmit to donor panels persons who had a history of jaundice. Although the Department was anxious to issue the circular, further consideration would be necessary before agreement could be given to what was, in effect, the relaxation of a safety measure.

11. APPOINTMENT OF A PRINCIPAL MEDICAL OFFICER

It was considered that it is now an urgent matter to fill the post, he has
The Chairman said that the post had been advertised twice but not yet filled. ~~Although the Department was not at present actively seeking to fill the post, he~~
to mention would appreciate hearing personally of any ideas members might have on the appointment.

12. REPORT OF THE WORKING GROUP ON MEDICAL STAFF IN REGIONAL TRANSFUSION CENTRES -
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12.1 Dr Maycock introduced the report which had been prompted by the view of Regional Transfusion Directors that the consultant medical staffing situation in the NETS would deteriorate seriously over the next 10 years unless steps were taken to increase the number of such staff coming into the Service. In order to ensure that the Service continued to function as existing staff retired, it would be necessary to appoint a minimum of 23 consultants by 1982.

12.2 Professor Jacobs questioned the belief that it would not be possible for Regional Transfusion Directors to enjoy the same facilities for developing interests in nearby hospitals as those proposed for other consultant staff at centres. He thought this could act as a disincentive to doctors joining the NETS. The number of training posts in haematology and blood transfusion should be assessed to see if they were sufficient for the Service's needs. The idea that not all the consultant posts need be filled by haematologists was generally welcome.

Priority was expressed by the Committee at its appearance for recruitment to the
12.3 The Chairman said that the Department would be studying the report, *series*
as the status of the concerned would be drawn
to the committee's view.

13. REPORT ON THE SOUTH LONDON TRANSFUSION CENTRE - PAPER NETSCC (76) 4

The paper had been circulated to the Committee for information, particularly to assist those members who were not familiar with the day-to-day operation of a transfusion centre.

14. PROPOSED SYMPOSIUM ON THE CLINICAL DEMAND FOR BLOOD AND BLOOD PRODUCTS - PAPER NETSCC (76) 5

Suggested H was suggested that
The Chairman said that the Department thought a one day symposium on the demand for blood and blood products, involving users and suppliers, would be highly instructive, *myself he was full of ideas, some of the future needs and the problem in making them* since one of the difficulties in formulating any policy was uncertainty about the needs of clinicians. The task at this stage would be to identify problems rather than to find solutions. In discussion, 2 views emerged on the form a symposium might take. One view supported *a essentially* a scientific meeting with papers *drawing attention to basic science* on the other hand, some members saw a need for a meeting aimed at the normal hospital user of blood and blood products which *some systems was more appropriate* could be held on a Regional basis. *To this* The Chairman thanked members for the comments and said that the Department would give the matter further thought *in the light of the discussion.*

15. ANY OTHER BUSINESS

15.1 Wales Professor Jacobs said that he understood the Welsh Transfusion Service to be understaffed and that plans to replace the present unsatisfactory buildings at the Cardiff transfusion centre had been deferred by the Welsh Office. He feared this situation could, if continued, impair the efficiency of the Service. The Chairman said that Professor Jacob's point would be drawn to the attention of the Welsh Office.

15.2 AMA Guide Professor Jacobs commented that a publication of the American Medical Association, entitled "General Principles of Blood Transfusion", was of considerable merit and he thought a British version would be desirable. Copies of the AMA guide would be circulated to members of the Committee.

16. DATE OF NEXT MEETING

Tuesday 2 November 1976 at 2.15 pm.

DHSS

July 1976