

NOT FOR PUBLICATION

AC(80)6

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of the first meeting held on 1 December 1980 at the Department of Health and Social Security, Hannibal House, Elephant and Castle.

Present: Dr E L Harris - Chairman

Members: - Mr A B Baker - RA, Northern RHA
 Dr G W G Bird - RTD, West Midlands RHA
 Dr H H Gunson - RTD, North Western RHA
 Dr J W Jenkins - RTD, NE Thames RHA
 Dr R S Lane - Director, Blood Products Laboratory
 - Mr T R Layzell - RT, Wessex RHA
 - Dr E R Rue - RMO, Oxford RHA
 Dr G H Tovey - Consultant Adviser

Secretariat: Dr D Walford }
 Mr S Godfrey } - DHSS
 Mrs S C Yuille }

Observers: Dr A E Bell - SHHD
 Mr A M MacPherson - SHHD
 Dr J D Cash - National Medical Director, Scottish NBTS
 Dr R F Doyle - Welsh Office
 Dr J D Acton - Department of Health and Social Services
 Northern Ireland
 Mr J Harley - DHSS

INTRODUCTION

1. The Chairman welcomed members and observers to the first meeting of the Advisory Committee. He explained that for various reasons the Committee's predecessor, the Central Committee for the NBTS, had not fulfilled its early promise but he hoped that the new Advisory Committee would be effective in providing the advice which the Department and the Welsh Office needed on the development and work of the Blood Transfusion Service.

MEMBERSHIP AND TERMS OF REFERENCE

2. The Chairman explained that in line with Ministers' wishes membership had deliberately been kept small, but as the work of the Committee developed other members could be co-opted as necessary. Whilst, strictly speaking, the Committee would deal with matters concerning England and Wales, SHHD, Welsh Office and DHSS N Ireland were represented by observers who would participate fully in its discussions.

3. After discussion Members agreed that the Committee's terms of reference should be amended to read as follows:

"To advise the Department of Health and Social Security and the Welsh Office on the coordination of the development and work of Regional Transfusion Centres and the Central Blood Laboratories in England and Wales, and the English and Welsh Blood Transfusion Service with those of Scotland and Northern Ireland".

4. The proposal was made that the Committee should be changed to include the term 'Supervisory' in order to suggest an active role for the Committee in monitoring developments in the Transfusion Service, especially the progress towards self-sufficiency in the collection of blood and the manufacture of products. The Chairman pointed out that a 'supervisory' committee would be contrary to the Government's overall policy towards devolving decision making to the National Health Service. He thought that the word 'Advisory' would in itself convey all that was necessary. Dr Tovey pointed out that on the question of increasing plasma supplies, for example, Transfusion Directors would be guided and advised by their Divisional Chairmen who were members of the Committee. That in itself was a form of supervision.

BACKGROUND AC(80)1

5. The Chairman outlined some of the major problems which faced the NBTS. He explained that the list in Part III of the background paper AC(80)1 was by no means exhaustive and invited Members to consider matters for discussion at future meetings.

BLOOD PRODUCTS LABORATORY

6. The Chairman described the history of BPL. Following an inspection of the Laboratory by the Medicines Inspectorate, Ministers had agreed a short-term upgrading programme at a cost of £1.3 million. The possibility of collaborating with private industry in the long-term redevelopment of BPL had been investigated but Ministers had decided against such an arrangement. (A press release and Parliamentary Question answered by the Minister for Health on 26 November were tabled for the Committee's information). The Department was now considering how a new fractionating facility might be funded and the management arrangements for it.

7. It was understood that Granada Television's "World in Action" programme would shortly be featuring the NBTS and some of the problems it faced. The programme's team had obtained a copy of the Medicine's Inspectors' report on BPL and were aware that Ministers had given consideration to the possibility that private industry might take over the management of BPL. Members expressed concern about the effect such a programme could have on donor recruitment and retention.

POLICY ON SELF-SUFFICIENCY IN BLOOD AND BLOOD PRODUCTS - AC(80)2

8. The Chairman explained that several international organisations, including the Council of Europe, International Society for Blood Transfusion and the World Health Organisation, had made statements on the need for nations to be self-sufficient in blood and in blood products. The WHO particularly urged member states to promote blood services based on voluntary non-remunerated donation of blood.

9. One of the ways of increasing plasma supplies would be by plasmapheresis and the UK had to consider the possible role of this method of plasma collection as a means of attaining self-sufficiency. The Chairman said that the Department would be preparing a paper for discussion by the Committee. Dr Tovey and Dr Cash offered to provide information on other countries' experiences with plasmapheresis.

INCREASING THE SUPPLY OF PLASMA - AC(80) 3 AND 4

10. Dr Tovey spoke to paper AC(80)3 which had been prepared in conjunction with the Divisional Chairmen. It set out the Regional targets by 1982 for the collection of fresh frozen plasma (FFP). The table indicated that with the exception of Mersey and SE/SW Thames all Regions could increase the amount of plasma supplied to BPL without increasing the overall number of donations collected if some 45% of all donations

were converted to FFP. On the question of improving the yield of Factor VIII, it was essential to freeze the plasma as quickly as possible after collection. The yield could be further improved to approximately 225 ius per litre of plasma if blood was collected in bags containing CPD rather than ACD anticoagulant but this was a matter for the clinical judgement of the RTD.

11. The Committee discussed how best to disseminate to the NHS the information tabulated in AC(80)3 once the targets it contained had been agreed with each Director. It was agreed that whilst RTDs should instigate discussion within their own RTOs, the data should also be communicated by DHSS to RAs, RTs and RMOs. RHAs' progress towards their targets would be monitored through Dr Lane's quarterly reports to Directors on the quality and quantity of plasma received at BPL. These would be available to the Advisory Committee.

DEMAND FOR BLOOD PRODUCTS

12. The Committee was given broad details of Factor VIII usage and production 1973-1979. This showed a continuing rise in demand which was expected to grow to 90m. ius in England and Wales by the mid-1980s. This substantial rise was due to a number of factors including longer life expectancy of haemophiliacs, the provision of home therapy and the trend towards the use of Factor VIII in prophylaxis. The Committee agreed that an accurate assessment of demand was essential to the planning of fractionating facilities and Dr Tovey was invited to convene an informal meeting between RTD Divisional Chairmen and representatives of Directors of Haemophilia Centres and to report back to the Advisory Committee. In the light of this it might prove necessary for RMOs and RTDs to instigate discussions with clinicians regarding the level of usage of Factor VIII within Regions.

13. On the question of monitoring usage, the Committee felt that there was some merit in the suggestion that all Factor VIII (including that purchased commercially) should be issued via RTCs. This arrangement already applied in some Regions. DHSS was asked to prepare a paper for RMOs and RTs. This would be circulated in draft to the Committee. Whilst there were arguments in favour of applying such an arrangement to all blood products, it was agreed that the paper should concentrate on obtaining agreement on Factor VIII issue.

CHARGING FOR BLOOD PRODUCTS

14. Dr Jenkins said that clinicians would be more cost-conscious if RTCs and BPL were allowed to charge for blood and products in the same way as charges were made for other services. Such charges would also demonstrate how much more cost-effective were BPL products in comparison to imported products. It was agreed that charging for products warranted full discussion at a future meeting and the Secretariat were asked to prepare a discussion paper.

PRO-RATA DISTRIBUTION AC(80) 3 AND 5

15. Dr Lane explained that it had been the practice to distribute blood products largely according to Regional patients' needs. However this had proved to be an inequitable system for those Regions who supplied more plasma than others, but who received back less blood products. Thus it was proposed that from 1 April 1981 a system of pro-rata distribution should be introduced which would ensure that Regions received blood products in proportion to the amount and quality of plasma sent to BPL. This had been accepted in principle by RHAs. However there remained the problem of how to deal with so called special units and other recipients who customarily received supplies of products direct from BPL, eg hospitals/institutions who were conducting research projects using blood products.

16. It was agreed that DHSS should prepare a discussion paper in consultation with BPL on how best to meet the needs of special units and existing and future research programmes. The paper would deal with albumin as well as Factor VIII. Dr Rue suggested that in defining special units it would be useful to have regard to the list of national and sub-national units prepared by RMOs.

INFORMATION REQUIRED BY THE COMMITTEE

17. Members agreed that in order to tackle many of the problems put to them they would need to have key facts such as Regional financial data and information on trends in the transfusion services. The Secretariat agreed to provide a list of the available information so that the Committee might consider its additional requirements.

ANY OTHER BUSINESS

18. Dr Gunson explained that one of the difficulties facing senior medical staff in the BTS was the weight of administrative problems, and he asked that the Committee might consider the lay administrative structure of RTCS. The Chairman asked Dr Gunson to provide a paper for the Committee.

19. Dr Jenkins suggested that the Committee might consider donor recruitment and the productivity of bleeding teams. He was invited to submit a paper outlining these for consideration by the Committee.

DATE OF NEXT MEETING

20. This will take place on Monday, 23 February 1981 at 2 pm in Hannibal House.

DHSS

December 1980