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NOT FOR PUBLICATION AC(83)11

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE 8TH MEETING HELD ON 17 OCTOBER 1983 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE, LONDON.

Present: Dr E L Harris - Chairman

Members:
Dr J Darnborough - RTD, East Anglia RHA
Dr D Ferguson-Lewis - Welsh Office
Dr I D Fraser - RTD, South Western RHA
Dr H H Gunson - Consultant Adviser; Member Central Blood Laboratories Authority
Dr R S Lane - Director, Blood Products Laboratory
Mr T R Layzell - RT Wessex RHA

Secretariat:
Dr D Walford, Mr P Winstanley, Mr S Green } DHSS

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

INTRODUCTIONS/APOLOGIES FOR ABSENCE

1. The Chairman introduced Mr Winstanley who had replaced Mr Godfrey as joint secretary. Apologies had been received from Miss Blenkinsop (RNO, Northern RHA), Prof Scott (RMO, Trent RHA), Dr Wagstaff (RTD, Trent RHA), Dr Cash (Scottish NBTS) and Mr N Weaver (DA Barnet HA). Mr Weaver had replaced Mr Baker as representative of Health Authority Administrators.

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2. These were agreed.

MATTERS ARISING

3. Inter and Intra-Regional Charging

Mr Layzell reported that due to pressures of work little progress had been made on the study on inter and intra-regional charging in Wessex Region. The related exercise on NBTS costing had however identified shortcomings in the proposed cost statements which would necessitate a further revision of the costing system. Unfortunately, mounting pressures prevented the allocation of adequate resources for a meaningful review - Mr Wong (Senior Assistant Regional Treasurer, North West RHA) had already withdrawn from further involvement.

4. The Committee recognised the difficulties faced by those involved in the exercise and asked Dr Gunson and Mr Layzell to examine the possibility of a simplified format to the cost forms.

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STOCK CONTROL AND RECORD-KEEPING IN THE NBTS AND HOSPITAL BLOOD BANKS

5. Mr Winstanley explained that consultations on the proposed guidance to Health Authorities were now complete. While the majority of authorities had endorsed the need for improved stock control and accountability many had raised objections to the terms of the guidance on the grounds of added resource implications. Particular concern had been expressed about the staff time required in hospital blood banks to complete a monthly statistical return to Regional Transfusion Centres. (Paragraph 8 of the draft circular).

6. Mr Winstanley asked the Committee to consider whether, in view of the financial constraints under which Health Authorities were operating, the terms of the guidance may be moderated to reduce the resource demands on authorities yet still provide a means of obtaining adequate, accurate, up to date information on blood usage. In the ensuing discussion the Committee agreed that, despite HAs' representations, the requirement for consultants to complete a monthly return should be retained. However, in order to lighten the load on blood banks the total number of units of blood and components received from the RTC need not be "broken down by groups" (paragraph 8a). Paragraph 8e "a note of the fate of all units, identified by unique donation number, unused but not returned to the RTC" may also be deleted. RTDs would be able to extract this information from details provided under a - f.

7. The Committee also recommended that the summary of the CMS study appended to the draft guidance for authorities' information should not accompany the final Health Circular.

RATIONALISATION OF REAGENT PRODUCTION

8. Dr Gunson reported that he was Chairman of a Working Party of Regional Transfusion Directors, constituted to examine the question of reagent production. The Working Party, which had to date met on two occasions, had recommended that BGRL should produce the ABO grouping reagent used in hospitals in England and Wales and exploit the use of the available monoclonal reagents. While BGRL's ABO reagents would also be used in many Regional Transfusion Centres, the production by RTCs, of reagents particularly for automated grouping, should continue.

9. The Working Party had undertaken a survey of the production of Albumin anti-D reagents and had concluded that since BGRL was not at present in a position to supply the whole of England and Wales, RTCs should continue production. The Working Party noted that supplies of raw material to BGRL came not only from those RTCs receiving reagent but also from Centres not dependent on BGRL for the finished product. A strict system of pro-rata distribution was therefore impracticable and Dr Holburn, Director of BGRL and honorary secretary to the Working Party, had undertaken to discuss with RTDs, the supply position.

10. Dr Gunson explained that two trials designed to assess the suitability of antiglobulin reagents prepared in RTCs had been carried out;

i. Several reagents had been sent to BGRL for test under controlled conditions and

ii. RTCs had been asked to use their own methods to test the suitability of coded reagents.

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11. The trials, in particular (ii), were most revealing - in some instances RTCs had rejected their own reagent and one reagent submitted twice was deemed to be suitable and unsuitable respectively - and had emphasised the need for standards and standard techniques. The Working Party therefore proposed to invite 3 scientists to assist in the examination of methods used within RTCs in order to obtain a consensus of the most appropriate methods.

12. The Chairman thanked Dr Gunson for his report and stressed the need for close liaison between BGRL and RTCs in the matter of reagent production.

CHARGING NON-NHS HOSPITALS FOR THE SUPPLY OF BLOOD

13. The Chairman explained that DHSS Ministers were to meet shortly to discuss the issue. A paper had been received from Dr Wagstaff expressing the views of RTDs on the introduction of a "fee for service". RTDs had asked that Ministers should be made aware of their majority opinion that the introduction of such a charge was becoming inevitable.

14. In discussion the Committee agreed that Directors' views should be made known to Ministers and made the following recommendations:

i. reasonable requests from non-NHS hospitals should continue to be met according to availability and clinical need;

ii. the supply of blood products should remain at the discretion of RTDs in the light of local circumstances;

iii. a national item of service charge should be introduced on a "units used" basis;

iv. any unused time-expired blood or derivatives should be returned to RTCs with no credit to be given for the return of plasma from outdated cells;

v. RTDs should ensure that private hospitals' facilities for storing and processing blood were in accordance with approved guidelines.

REDEVELOPMENT OF THE BLOOD PRODUCTS LABORATORY

15. Dr Lane reported that work on the redevelopment was on schedule and that projects costs were fully in hand. The ground work and piling had been completed on time and, given the current rate of progress, there was no reason to believe that the target for completion of December 1985 would not be met.

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PLASMA SUPPLY TO BPL - AC(83)10

16. Mr Winstanley explained that, while the amount of fresh frozen plasma supplied to BPL by RTCs continued to increase, a dramatic rise in input would be necessary to achieve a self-sufficiency level.

17. Dr Lane described the steps being taken by the CBLA to estimate supply potential. The Authority had made a full examination of BPL's interim capacity, plasma procurement methods and RTCs' potential over the next 5 years and had concluded that adequate supplies would be available until 1986. Beyond that date it was unlikely that RTCs would have the resources to meet the Laboratory's requirements.

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18. Dr Lane said that the CBLA had mounted a campaign to make RHAs fully aware of the role of BPL and the long term benefits to Authorities of immediate investment in plasma procurement.

19. The meeting recommended that support should be given to the CBLA in this initiative and it was agreed that DHSS should discuss with the Authority what assistance may be given by the Department in reaching RTOs.

REGIONAL PURCHASE OF COMMERCIAL BLOOD PRODUCTS - AC(83)9

20. Mr Winstanley introduced the paper which outlined the benefits of regional purchase of all blood products. Dr Walford stressed that a universal system of regional control of product procurement would heighten RHAs' awareness of the plasma supply situation. As it was, RHAs did not know how much they were spending on products. However, Haemophilia Centre Directors (HCD) still had reservations about losing control of the purchase of Factor VIII.

21. In discussion it was agreed that the arguments for regional purchase remained and that DHSS should, in consultation with HCDs, take the matter forward.

22. The Secretariat undertook to discuss with the Supply Council the particular problems surrounding the purchase of albumin.

AIDS

23. Dr Walford reported that to date of the 24 cases of AIDS reported in the UK, two were haemophiliacs of whom one had died. Comparison with reported incidences in the UK haemophiliac population suggested that the UK could anticipate between 2 - 4 deaths amongst haemophiliacs from the disease.

24. Although there was as yet no conclusive proof of a link between AIDS and blood products the Department had, in conjunction with RTDs produced a leaflet aimed at reducing the risk of the transmission of AIDS by blood donation. The leaflet "AIDS and how it concerns blood donors" had been issued to RTCs for distribution to donors and asked people from high risk groups to refrain from giving blood. A similar message was contained in an information leaflet issued by the Gay Medical Association.

25. Dr Walford explained that the MRC had set up a group under the chairmanship of Dr Tyrrell to observe the world situation with respect to AIDS and that a CBLA Working Party on AIDS research would maintain liaison with the MRC group.

26. Guidelines were being drawn up by the Advisory Committee on Dangerous Pathogens to ensure the safety of health service personnel.

CBLA RESEARCH

27. Dr Gunson reported that the CBLA had constituted a Central Research Committee on Blood Transfusion and Haematology with wide terms of reference on research into blood transfusion, immunohaematology and related diagnostic and therapeutic fields.

28. At its first meeting held in June the Committee set up a Working Group on AIDS (see above) which had to date discussed two main aspects:

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i. <u>the use of surrogate tests</u>. Although there was no

direct diagnostic test for AIDS, certain tests had been shown to give positive results with greater frequency in AIDS patients. Certain limited studies had already been undertaken and a survey of two studies, at Bristol and North London, was to be carried out.

ii. The measures which may be taken to minimise the risks following the transfusion of blood products prepared from pooled plasma. Several studies were in progress using limited donor pool material, which initially would be evaluated with respect to the transmission of non-A, non-B hepatitis. It was not known whether parallels could be drawn between this and the transmission of AIDS but the same principles were probably involved.

29. Dr Gunson informed the meeting that the results of the studies would be available in 1984 and may well have significance for NBTS policies on the screening of donors, plasma harvesting and product manufacture. Dr Lane explained that BPL were undertaking trials of plasmapheresis systems and would be looking at small donor pools with regard to the effect on materials.

DATE OF NEXT MEETING

30. This will take place on Monday 9 April 1984.

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