

AGENDA - 191st RTD MEETING

Wednesday 11th April 1981 at 11.00am
at Russell Square House

1. Election of Chairman
2. Apologies for absence
3. Minutes of 190th meeting
4. Matters arising from the minutes:
 - (a) Charges to the private sector
 - (b) Nursing Grades and salaries in NBTS
 - (c) AIDS
 - (d) Guidelines for Manual Plasmapheresis
 - (e) Code of Practice for Machine Plasmapheresis
 - (f) Griffiths Report
 - (g) Publicity material
5. BGRL
6. Time interval between donations
7. Senior Registrar Training
8. Replacement for Dr T Davies on Hepatitis Working Party
9. BTS Chief MLSOs Meeting
10. Report from Advisory Committee
11. Reports from Chairmen of Working Parties
12. Reports from Divisional Chairmen
13. Any other business
14. Date and place of next meeting

(I.D.F.)

(L.A.D.T.)

(L.A.D.T.)

1762

47/246

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 191st meeting held on Wednesday 11th April 1984 at Russell Square House, London.

Present:	Dr A K Collins	Dr A M Holburn
	Dr M Contreras	Dr R S Lane
	Dr J Darnborough	Dr W M McClelland
	Lt Col R C Deacon	Dr JAF Napier
	Dr C C Entwistle	Dr F M Roberts
	Dr I D Fraser	Dr K Ll Rogers
	Dr H H Gunson	Dr D S Smith
	Dr J F Harrison	Dr L A D Tovey
		Dr W Wagstaff

In attendance for part of the meeting:

Professor G Jenkins
Dr A Smithies
Mr S Green
Mr A Williams

1. ELECTION OF CHAIRMAN

Ballot papers were collected and votes counted. Dr Fraser being elected took the chair, thanking Dr Wagstaff on behalf of all RTDs for his excellent work as Chairman.

Those in attendance were welcomed and introduced.

2. Apologies for absence were received from Dr Ala and Dr Mitchell.

3. MINUTES OF THE LAST MEETING

Dr Lane pointed out that for the CBLA to undertake a Transport Study requiring outside consultants a firm intent would be necessary from all Centres. Since many Regions are already committed to individual programmes the minutes were amended deleting the agreement to outside work study.

Dr Lane is to inform RTDs of specifications for plasma shipment to and from BPL in order that these can be incorporated in vehicle and building design.

The minutes were otherwise approved.

Professor G Jenkins was invited to discuss the form of the Final MRCPPath examination. Lack of standardisation is the problem, whether of tasks set, reagents or concepts of the examiners. A larger number of candidates at few Centres is not feasible as so much practical work is involved in dealing even with the present average of 5 or 6 candidates.

Examiners will send details of their last two practicals to Dr Tovey who will circulate papers and arrange a meeting in the autumn with a view to making recommendations to the College.

4. MATTERS ARISING FROM THE MINUTES

a) Charges to the Private Sector

Mr Williams discussed the background to the draft circular - the timetable being forced by the intention to increase pay bed charges by 1% to cover blood supplies.

It was agreed that some parts of the draft lacked precision and Mr Williams stated these would be clarified when the document was approved.

47/24

There was general agreement among Directors that no food would be reissed after return and therefore no credit was possible. The question of transport was raised and also charges for BPL products.

It was strongly felt that there should be no charge for anti D immunoglobulin. Its use is an excellent example of preventive medicine. The Chairman of the Anti D Working Party agreed to write to Mr Williams supporting this view.

Concern was expressed at the suggestion that private donor panels and blood banks were being considered by the independent sector. Mr Williams agreed to pursue the existing licensing and regulations applicable.

Although comments on the document were to be channeled through RHAs it was felt that the RTD Meeting should also write directly to the Department.

Press queries are to be referred to the DESS press department.

g) Publicity Material

Mr Green was present for this item.

Local publicity materials and initiatives would continue to be discussed by the Publicity Sub-Committee but use of the twin hearts and crown symbol should, strictly speaking, be approved by DESS.

The Donor Awards survey undertaken by the Sub-Committee was at this time reviewed.

It has been suggested that the size of the bronze badge should be reduced. Some discussion took place on the need for a 100 donation award.

Plasmapheresis certificates were discussed and the wording "plasma donation" rather than "blood donation" was suggested but it was felt that the certificate should not be otherwise changed.

There is still considerable discrepancy throughout the country over the number of certificates awarded for plasmapheresis and/or platelet procedures.

Since there is no consensus and it is difficult to change established practices further discussion is to take place in the Publicity Sub-Committee.

c) AIDS

Dr Smithies presented current statistics and reported that a revised and updated leaflet was in preparation.

Dr Gunson reported on a meeting with Dr Galbraith to formalise a standard procedure to be adopted in cases of AIDS in relation to blood transfusion (see notes of meeting). CD Reports carry an AIDS update and Dr Galbraith was prepared to circulate copies to RTDs.

The meeting accepted this offer and also the invitation to hold the next RTD meeting in the Board Room at Colindale.

The importance of discouraging high risk groups from being blood donors was stressed as was the awareness of sessional Medical Officers in ensuring the fitness of potential donors. It was also noted that plasmapheresis donors should be carefully assessed.

b) Nursing Grades and Salaries in NBTS (RCN document (Evidence to the Pay Review Body for Nursing and Midwifery Staff and the Professions allied to Medicine - January 1984.)

The document had been circulated and contained no mention of NBTS. It was agreed that both the RCN and Whitley Council should be approached to clarify the situation of Registered Nurses and donor attendants within the NBTS. A 10% differential for Team Leaders had been agreed but not ratified by the Review Body. It had been understood that the RCN were to act on this matter.

47/2A2

The correspondence was passed to Dr Fraser and concern expressed over the long delays and lack of progress.

d) Guidelines for Manual Plasmapheresis

The document was accepted with amendment of wording under 5.3:-

As during any blood collection session resuscitative equipment should be available. It may include

Dr Tovey agreed that reports of untoward reactions could be sent to Leeds and would be collated.

e) Cell Separators

Since the DHSS Code of Practice was drawn up there have been many changes in machines and technology and the document requires to be brought up to date.

It is essential that the Transfusion Service has good monitoring of donor side effects and Dr Tovey agreed to design a suitable form to be presented at the next RTD meeting to collect information on procedures within the NBTS.

Dr Harrison agreed to reconvene the group which revised the Addendum on Blood Cell Separators. Dr Cash would be approached to suggest a representative from Scotland.

f) Griffiths Report

This was raised at a meeting between Dr Harris (DHSS), Dr Gunson and Dr Wagstaff. Dr Harris was of the opinion that no change was envisaged in the structure of Regional Transfusion Centres. The DHSS regard the Medical Director as the line through which responsibility relates to the Regional Health Authority.

The proposed job description for a new administrator at Newcastle was examined. Dr Harris agreed that it was inappropriate to change the line of responsibility and that the administrator at a Transfusion Centre should be responsible to the Director.

5. B.G.R.L.

Supplies

The supply of reference reagents was discussed. Dr Holburn stated that some antisera are now readily available. Most RTDs felt that they should be issued to District General Hospitals through RTCs.

The report that funds had been provided for the purchase of monoclonal reagents from Celltech with the objective of meeting half the supply led to discussion on the relationship between the CBLA and the NBTS. It was felt that not enough information was received by RTDs and Dr Holburn agreed to issue figures on a quarterly basis. A quarterly report will also be provided by the CBLA.

NEQAS

Revised arrangements are in hand.

ACP Broadsheet on Cross-matching

This document needs to be revised and the matter will be raised at the next BBTS Council meeting with a view to invoking a suitable working party. Consideration would also be required of the BCSH Task Force.

Anti-C Reference Preparation

Such a preparation could be made if there was a clinical need. A trial would be

47/243

of value and the matter was referred to the Anti-D Committee.

Dr Holburn reported that a management study was being performed to establish a costing system for BMD products. A draft questionnaire will be circulated to RTDs.

6. TIME INTERVAL BETWEEN DONATIONS

Confusion is caused by differing rules in some Regions. If information is requested by the press the Guidelines should be quoted.

7. SENIOR REGISTRAR TRAINING IN BLOOD TRANSFUSION

Most RTDs felt strongly that the period of training should be for six months and that RTCs should provide a training programme.

These views would be represented by Dr Tovey to the College and the JOCHT would be approached in drawing up an approved training schedule.

8. REPLACEMENT FOR DR T DAVIES ON HEPATITIS WORKING PARTY (DHSS ADVISORY GROUP ON HEPATITIS)

Dr Contreras was nominated and agreed to serve.

9. BTS CHIEF MLSOs MEETING

The minutes were accepted and the secretary's reply to Dr Wagstaff's letter.

It was agreed that they should meet twice a year and that one person from each Centre would normally attend ie the Head Medical Laboratory Scientist.

Dr Fraser would request Dr Cash to suggest an observer from Scotland.

10. REPORT FROM ADVISORY COMMITTEE

Charges to the private sector and AIDS having been dealt with earlier Dr Gunson began with proposals for inter and intra-regional charging. A report had been prepared by Price Waterhouse and would be circulated to RTDs for information and comment. Funds are available for a trial and when approved by Ministers this will be undertaken between Wessex, North Western and Northern regions and BPL.

Charging between District and Region will also be studied in Wessex, Northern Region and one London District.

The document on record-keeping was briefly discussed. While the objective is accountability for blood supplied to hospitals use of the statistics in management will be effective only when a Centre is computerised.

The problem of plasma supply to BPL is to be referred to the Minister by the Department since regions vary greatly in their planning for the future requirements of BPL.

BUPA Blood Donors. The Department is to investigate this.

47/244

11. REPORTS FROM CHAIRMEN OF WORKING PARTIES

Anti-D Working Party

It was felt that a standard document on the administration of anti-D should be drawn up and Dr Tovey agreed to write to the College of Obstetricians and Gynaecologists. Concern was expressed at the low level of administration of anti-D in cases of abortion.

12. REPORTS FROM DIVISIONAL CHAIRMEN

Western Division - had not met.

Eastern Division

Confidentiality of records - referred to working party.

Implementation of HC/84/7 (Blood Transfusion - Record Keeping and Stock Control Arrangements) would require additional funding.

Standard slides should be available for all hospitals performing Kleihauer tests.

A recommendation was made that after vaccination against Hepatitis B donors should be deferred for six months.

Discussion had taken place on the involvement of UK Transplant with the Bond Marrow Donor Panel. Many centres are not actively recruiting donors. Although granulocytes are now rarely used platelet support from HLA matched donors is required. The question was raised as to whether donors should be sent to hospitals or platelets collected in RTCs.

The Division felt that there should be a Constitution laid down for the RTD Meeting and the election of Chairman be by secret ballot.

Northern Division

Matters raised had been covered during the meeting.

13. ANY OTHER BUSINESS

- 1) A representative from the Northern Division was required to serve on the Record Keeping Working Party. Dr Roberts was proposed and accepted.

- 2) Dr Lane presented a paper giving figures of specific plasma sent to BPL. This would be circulated.

Dr Lane also stated that Hepatitis B vaccines in use are safe and there is no justification for considering them an AIDS risk. Trials of boosting immunised donors show that high levels are achieved so that only a small number of donors will be required. It is formal policy that screening should continue concentrating on collection from low risk donors. Material from high risk groups should be labelled and specially wrapped to be stored for future study.

14. DATE OF NEXT MEETING

The next meeting will be held at Colindale on Wednesday 11th July at 11.00am.

47/245