Not for Publication

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 197th Regional Transfusion Directors' Meeting held at the Blood Products Laboratory, Elstree, on Wednesday 9th October 1985.

PRESENT:

Dr I D Fraser (Chairman)
Dr F A Ala
Mr W Armour
Dr J D Cash
Dr A K Collins
Dr M Contreras
Dr J Darnborough
Dr C C Entwistle
Dr H H Gunson
Dr J F Harrison
Dr R Lane
Dr D Lee
Dr W M McClelland
Dr J A F Napier
Dr F M Roberts
Col D Robson
Dr K Ll Rogers
Dr D S Smith
Dr A Smithies
Dr L A D Tovey
Mr A Williams
Dr W Wagstaff

1. APOLOGIES

Apologies for absence were received from Dr R Mitchell. The meeting wished to send best wishes to Dr Mitchell for a speedy recovery.

2. MINUTES OF THE LAST MEETING

Errors in numbering of items were noted.

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The Minutes were otherwise accepted.

3. MATTERS ARISING FROM THE MINUTES

i) Trailers for frozen plasma transport to BPL

Dr Napier reported a large number of problems and a paper will be circulated. Dr Entwistle agreed with the Cardiff experience that the chassis was not adequate and more work was required by the manufacturers.

Concern was expressed generally over service and maintenance of regionally purchased vehicles and some discussion took place regarding rental and central administrative arrangements. Obviously distance from BPL is a major consideration in wear and tear. A phased introduction would be necessary but again concern was felt that there is not yet a satisfactory vehicle. Dr Lane stressed that spare trailers would be required so that one could be pre-loaded and ready for collection. Standardisation was felt to be important but time is passing and some Regions have already funds identified.

Dr Fraser appreciated Dr Lane's suggestion that Mr Bailey would raise this matter with the RTC Administrators.

ii) Bone Marrow Registry

Concern was expressed at the experience of many Centres at the lack of central co-ordination of our services. Who actually formulates the policy for the Transfusion Service? Financial strategy and cross-charging are extremely important considerations.

Mr Williams updated the meeting on background thinking regarding the Blood Transfusion Service and praised the efforts of all concerned as an example in co-ordinating the HTLV-III screening and the AIDS programme.

General agreement was reached that morale is falling in the Service and some more positive action must be taken to arrest fragmentation of the NBTS.

Members of Divisions were requested to send information to Divisional Chairmen before the next Advisory Committee Meeting.

4. AIDS UPDATE

Dr Tedder is abroad and the papers have been only recently received. The research programme will be discussed later.

Anti HTLV-III screening is in hand and training completed. All RTCs will start full testing by the 14th October 1985. Discussion took place over fresh blood products in stock i.e. FFP Cryo and Frozen Blood. The matter had been raised at Divisions and RTCs differed. Some felt they would not support discarding untested donations. Wherever possible back-testing would be carried out on in-date material. It was felt important that BPL should accept and process FFP and time-expired plasma for heat-treated products. Dr Lane stressed that such material must be clearly identified and BPL given notice.

Dr Contreras reported that all accredited donors of frozen red cells for boosting had been screened five months ago by a number of tests and expert opinions were that these were safe to use.

Frozen donations - many had been stored for years before high risk donors appeared in the population. Could perhaps testing of these people now clear their previous donations?

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The role of the Department and Press Releases over the next few weeks was the subject of discussion. Dr Smithies requested the advice of the meeting as obviously there would be much Press interest. Directors were concerned that in spite of publicity high risk persons were still coming to donor sessions in order to find out their HTLV-III antibody status. Many groups have made it clear that they will not attend STD clinics or GPs and most Districts have not made clear arrangements for persons to have ready access to testing. Dr Contreras reported her findings that GPs did not have clear instructions. Dr Smithies referred to the Chief Medical Officer's letter to District Medical Officers. It was agreed that although Official Press Statements have been accurate there is still much misunderstanding. As RTDs we agreed to institute testing on the set date to allow maximum publicity about alternative testing sites and concerted action on such an emotional issue. It was felt that to bring out the question (re CMO's letter No 2) of the risk to recent recipients of blood transfusions was to be deplored.

Dr Gunson was invited to discuss the pro-forma on HTLV-III testing, recently circulated. The first form was withdrawn. It is important that information is included regarding equivocal results and a second form has been prepared and was distributed. A category for recording results of repeated tests is included. 'Equivocal' in this case means a doubtful result not necessarily positive by the manufacturers' criteria. Dr Gunson described the format of the paper and then of the PHLS Q.C. sample distribution to be arranged via BPL. Dr Mortimer would include material for Scotland and Dr Cash expressed support for this.

It was suggested and agreed that the 'AIDS Group' could meet during this introductory period to discuss problems which would arise. Dr Mortimer had offered coded Q.C. samples for the Regional Transfusion Service (quarterly) and the PHLS 10 Sera panel. He would like to receive any repeatable positives to include in a further panel. Thanks were expressed to Dr Mortimer.

It was apparent that RTCs are using kits from Wellcome and Organon in the proportion of about 2 to 1.

Directors felt that minor changes in procedure could be critical and that technology was being further developed. There are as yet no quantitative figures available.

The Chairman directed consideration to item ...

5. DR TEDDER has requested (letter only received) co-operation from the UK Transfusion Service in an epidemiological study of HTLV-III positive donors.

We have an opportunity to cover a large donor population and while there is great support within the Service we have no finance for studies of this type, as a considerable workload is involved. The prospect of a survey of ante-natal samples was raised.

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The meeting agreed that any investigations needed to be well co-ordinated and would be expensive. Dr Smithies was asked to comment and reported that the MRC Working Group on AIDS was aware of these topics and has been asked to co-ordinate all aspects of AIDS epidemiology including blood donors, contacts and recipients of HTLV-III positive blood donations.

Much concern was felt that previous relationships of the NBTS with the MRC had not been happy. The MRC had disbanded the Research Group in Blood Transfusion.

Dr Gunson has to give an opinion shortly at a meeting. It was suggested a co-ordinated team should work with MRC. The NBTS has available material which requires confidential handling and skilled staff. Dr Tedder could be invited to join the RTD Working Party to discuss the terms of a joint study. In principle RTDs support an epidemiological evaluation but are concerned about the structure and financing of such a study.

6. HTLV-III SCREENING/NOTIFICATION OF POSITIVITY

The CMO's second booklet is now available and a third, with advice for surgeons, anaesthetists and dentists, is now in hand.

An interdepartmental committee is to be set up to take on matters such as insurance and employment.

There will be advice available from advertising agents on the approach to high risk groups in the community.

Mr Williams reviewed the training groups. The Donor Attendants are the first approach to most donors in the NBTS and this video will be sent out as soon as possible. A document on counselling by Dr Farthing is under modification by Dr Tedder.

Reference was made to blood collections undertaken outwith the NHS where full testing has not always been carried out. Mention was made of the Central London panel, the Red Cross, some individual Hospitals and cell separator units, the Isle of Man and the Channel Islands.

It was felt that the legal position regarding blood donors found to be HTLV-III positive must be clarified. New insurance policies only would be affected by such information but expert advice and support were required.

The multidepartmental group was congratulated by Dr Cash and the meeting. It was felt that wide representation on education and insurance matters should be further supported.

The topic of Autotransfusion was raised. Unless compliance with Medicines Inspectorate regulations is maintained this practice is illegal. Some banks have been established in other countries. The meeting was strongly against autotransfusion without sound reason: - e.g. serological problems. It was, however, proposed that autologous storage should be looked into in more depth not only in terms of AIDS and apparent blood shortages, but from an immunological standpoint. This is an expensive procedure and if it is to be provided more widely additional funding will be essential.

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Discussion took place regarding confidentiality of laboratory tests on donors, and it was once again agreed that the donor must give consent before the results of any tests are divulged. Even samples referred to other laboratories for confirmatory tests should not be readily identifiable unless the Reference laboratory insists (as some do) on the information.

Problems were foreseen over counselling of donors found to be HTLV-III antibody positive, and Dr Smithies assured the meeting that the DHSS is interested in hearing of these experiences. The initial approach is to be by the Regional Transfusion Service but there must be adequate follow-on support within the community.

7. DONORS UNDERGOING ELECTROLYSIS

It was agreed that the usual rules would continue to be applied.

There was strong interest expressed over the use of 'jet-guns' and the possibility of spray-back or transfer of tissue fluid or blood. Some RTCs use these guns for local anaesthesia and Dr Smithies will report this to DHSS.

8. CBLA WORKING GROUP ON QUALITY ASSURANCE

Dr Gunson was invited to speak to this item. At the July CBLA Meeting Dr Lane had presented a report on products and the question of quality assurance of incoming plasma to the BPL was raised. As part of overall GMP this quality assurance is a statutory requirement and would be especially relevant if FDA applications were to be lodged.

As the raw material is supplied by different and Regionally managed Centres it had been agreed to invite the RTD Meeting to join in a Working Party; Divisional Chairmen supported this. Dr Wagstaff was proposed as representative and seconded. He would be glad to accept but would like to be replaced on another Committee. He suggested that Dr Marlene Fisher would be an appropriate person with the knowledge and expertise to chair the Bar Code Working Party. The meeting agreed. There would now be a need for a Secretary. It was felt that an RTD should be on the Committee but that the members should elect a Secretary. Dr Jean Harrison is a member and will report back to this meeting.

Dr Wagstaff, CBLA representatives and RTDs agreed that terms of reference would first relate to blood products for patient use although there is a need to consider also BGRL products.

Dr Contreras raised the role of the blood group Reagent Working Party. RTDs felt this should continue. Minimum requirements for routine reagents should be drawn up and their standards accepted by RTCs.

9. ADVISORY COMMITTEE ON GENETIC MANIPULATION

This letter had been discussed at Divisions, and there were mixed feelings. There was agreement that these people would be small in numbers. Their working conditions would obviously be approved by Health and Safety Inspectors and rejection without good cause would be unreasonable. There is no evidence that there is any risk. If, of course, any of these donors has undergone an accident or has suffered an unexplained illness the prerogative of the Sessional Medical Officer would be exercised and the donation declined. Dr Gunson will reply.

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10. CHARGING FOR ANTE-NATAL SEROLOGY (PRIVATE PATIENTS)

Dr Roberts has received written instruction from the RHA to institute charging. Some regions already collect a fee and discussion took place as to the responsibility for identification of private patient category (Consultant) and how and on whom the charge should be levied. There are other laboratory services provided e.g. tissue typing which are extremely expensive in terms of both reagents and scientific and technical time and a more realistic charge is levied by some laboratories.

In this instance RTDs were referred to letter 84/7 and the standard charge of £6 per request.

All obstetric consultants should be instructed to identify private patients when completing the laboratory request form.

11. CROSS CHARGING FOR BLOOD AND BLOOD PRODUCTS

Dr Wagstaff introduced this item as Trent RHA are pressing for charges on locally prepared blood products.

The BPL has no immediate plans to introduce cross-charging. Mr Williams was invited to comment. He reported that the Price-Waterhouse document was a technical report and a discussion document. It will be put before the National Advisory Committee. It was felt most important that RTDs should be kept informed on progress and on national policies.

12. ANY OTHER BUSINESS

i) Bar Code Overstick Labels

A report was given of a meeting of BTS representatives and Mr O'Sullivan from Travenol Laboratories. These labels had previously been provided free but the cost is now in excess of £12,000 and must be borne by RTCs. Travenol will make plates available and Mr R Kirkham (N.E. Thames) is willing to continue as National Co-ordinator. Each RTC will be invoiced separately and Dr Fisher will update the existing list of labels as nationally required. The proposal was generally accepted. Travenol will continue supply until April 1986 if required.

There are some differences with the ISBT and Dr Gunson agreed that some changes might be needed.

ii) PHLS Evaluation of anti HTLV-III Test Kits

Copies of the report will be made available to RTDs.

There is capacity for an ongoing evaluation but this will need additional funds. Aliquots from NBTS are still available.

The PHLS will continue to evaluate other kits.

The question was raised as to the use of kits other than the two indicated. While not mandatory the DHSS has given clear guidelines. Dr Smithies stated that the DHSS would welcome input from RTDs with experience of new test kits, as a number of Centres are carrying out tests in parallel.

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13. DATE AND PLACE OF NEXT MEETING

January 22nd 1986 in London (Hannibal House).

Suggested dates for future RTD Meetings:

23rd April 1986

9th July 1986

8th October 1986

Mr Alun Williams will be moving to the Health & Safety Executive at the end of December. Sincere thanks for his help were expressed by the Chairman on behalf of the Meeting.

Thanks were expressed to Dr Lane, Mr Armour and the BPL staff for their hospitality.

AKC/DD
7.1.86

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DOCUMENT REMOVED TO FILE CONTAINING TECHNICAL

AND SCIENTIFIC DOCUMENTS SUBJECT TO RESTRICTIONS

ON INSPECTION AND COPYING SET OUT IN THE

ORDER OF MR JUSTICE OGNALL ON 8TH MAY 1990

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