

**MINUTES OF EIGHTH MEETING OF  
THE BLOOD USER GROUP FOR MIDLAND & SW ZONE  
OF THE NATIONAL BLOOD SERVICE**

**HELD ON 18 JANUARY 1999 AT BRISTOL CENTRE,  
SOUTHMEAD HOSPITAL, BRISTOL**

**Present:**

Dr J Murray (Acting Chairman)	Consultant Haematologist, Birmingham
Dr C James	Consultant Haematologist, Winchester
Ms L Buist	Consultant Surgeon, Birmingham
Dr B Spiedel	Consultant Paediatrician, Southmead
Mr S Bates	MLSO 3, Cheltenham Hospital
Mr R Bedford	Director of Operations, M&SW Zone
Mr G Austin	Executive Director, M&SW Zone
Dr S Chown	Consultant Haematologist, Gloucester
Dr S Kelly	Consultant Haematologist, Wycombe

1. **Apologies:**  
Dr A Copplestone Chairman, Consultant Haematologist, Plymouth

2. **Minutes of last meeting:**  
The Minutes of 14 September were accepted without amendments

3. **Matters arising:**

1. *Membership*

Dr Jim Murray will be standing down as the West Midlands representative with immediate effect. A new representative will be nominated. There was confusion about the mechanism of obtaining non-haematological members of the Group. It was decided that members should come up with names of people they thought might be interested. Dr Copplestone to then write to invite them onto the Group.

2. *Secretary*

Dr Sally Chown has accepted the position of Secretary for the Group.

4. **N-BUG meeting on 20 October 98:**

No formal minutes were available. It is believed the N-BUG will continue to meet, although its remit will be adjusted in order to represent a more pro-active structure with Hospitals and the NBS in line with the Health Service Circular recently published.

5. **National Commissioning Group for Blood - HSC 98/150:**

Reference was made to the paper sent out with the Agenda. The actual cost for leucodepletion has fallen because of the availability of integral filters.

The WLI has not impacted on blood use to date although the NBS are still actively increasing collection as a precautionary measure.

The low price for platelets originally quoted was a typing error - the figures are now correct. The price for FFP has been referred to the Office of Fair Trading by Octoplas because it is much lower than they are charging. This has resulted in the NBS currently issuing more FFP than expected. The security of the prices being fixed into the Millennium because of leucodepletion and NAT testing was discussed. Currently these prices include part of year costs for leucodepletion, next year they will take the full costs and will rise as a consequence. 2nd phase NAT costs will also need to be included in the next year's costings.

A HSC giving the DoH's view of ring fencing money within Health Authorities and Trusts for blood is expected at the end of January. Concern was expressed that although financial directors have been informed of the increased costs there is no guarantee that monies have been earmarked by the Health Authorities. Concern was expressed at the lack of Hospital representation on the Commissioning Group. The ZBUG should feedback regularly to the NBUG who should in turn express their concerns. Dr Wallington to feedback to Dr Robinson at the NBA.

6. **Better Use of Blood - HSC98/224:** 73% of Hospitals Zonally have HTC's, with all but one of these having NBS representation. Dr Wallington to make available of list of Hospitals with no HTC in the light of the HSC referring to their use. Members to write to Chief Executives of hospitals without an HTC. HTC's should be encouraged to send their Minutes to the ZBUG.

The question of patient notes recording why transfusions have been given is still an ideal especially in the light of this HSC. Derriford Hospital is to appoint an Audit Officer to monitor blood use.

Autologous donations are receiving very little interest in many areas in the Zone. The NBS needs to pull together good practice in order to encourage this Zonally as with National Pricing cell-salvage particularly becomes cost effective.

7. **Blood stocks:**

Zonally blood stocks have stood-up well over the Christmas period. The NBS are hitting targets published in the Business Plan Zonally but redistribution of donations throughout the Country means some issuing on a named patient basis has occurred. New teams and static sites are being established in Gloucester, Stoke on Trent, Swindon and North Devon which should ease any shortfalls likely to occur over Easter and particularly the Millennium. Donor Panels are being administered better with publicity and media coverage being used to the best advantage.

8. **Audit of O Negative Blood:**

Dr Wallington to provide Committee members with a copy of the report undertaken in the Northern Zone. The intention is for this to progress to a National Audit, although the mechanism for this is unclear at the present time. This will be discussed in more detail at the next meeting.

9. **ISBT 128:**

This is the coding structure for bar codes on blood packs. At the end of last year the DoH informed Hospitals of the intention to only use this coding structure from 1 April 2000. This will mean new bar code readers will have to be purchased by Hospitals - possibly including some form of reader on the wards as 14 digits have to be checked under this new system which is thought to provide too much room for mistakes to happen. This will be discussed in more detail at the next meeting.

10. **Leucodepletion:**

Currently 100% of platelets and 13% of red cells are being leucodepleted Zonally. In the short term recruitment and the necessary building work required could affect the target of 100% leucodepletion of red cells but this is still on course for 1 Nov 99. Blood pack systems for whole blood and plasma, suitable for leucodepletion have been fully validated - platelet systems are still in validation. Concern was expressed at the 100% leucodepletion of platelets could slip back in the short term but this was thought to be a very small risk. The Leucodepletion Programme Implementation Board will shortly be issuing a Position Statement to clarify the basis on which leucodepletion is quality assured.

11. **Review of Complaints/Liaison Officer Reports:**

A report was tabled. There had been a slight increase of Group O usage Zonally which was disappointing although the West Midlands had a much higher usage than any other region (1/2% higher). The overall discard rate is down by 0.7%.

Complaints have decreased to 341, with the most worrying aspect being incorrect products being supplied. The NBS will shortly be providing a standard form for complaints - a faxed copy of which will suffice for the matter to be taken further.

12. **Reports from Regional Representatives:**

Oxford Hospitals are still receiving their deliveries later than they would like. Richard Bedford to investigate.

13. **Any other business:**

The National Audit Office are making an initial start to their audit in the Bristol Centre 25-27 January looking at the cost / value for money of the NBS. As part of this process a Questionnaire will be sent to all users looking at the quality of service, supply of blood etc. Gary Austin encouraged the Committee to participate in this process if at all possible.

Gary Austin distributed HC "Hospital Blood Stock Data" - a 12 month review, to members for information.

14. **Date of next meeting::** The next meeting has been arranged for 17 May 1999 at 1pm.

**MINUTES OF ELEVENTH MEETING OF  
THE BLOOD USER GROUP FOR MIDLAND AND SW ZONE  
OF THE NATIONAL BLOOD SERVICE**

HELD ON 24 JANUARY, 2000 AT BRISTOL CENTRE, SOUTHMEAD  
HOSPITAL, BRISTOL

**Present :**

Dr. A Copplestone	Chairman, Consultant Haematologist, Plymouth
Dr. S. Chown	Secretary, Consultant Haematologist, Gloucester
Dr. R. Stockley	Consultant Haematologist, Worcester
Dr. T. Wallington	Clinical Director, Midlands & SW Zone, Bristol
Mr. R. Bedford	Director of Operations, Midlands & SW Zone, Bristol
Mr. S. Bates	MLSO 3, Cheltenham
Ms T. Turvey	Patient Services Manager, Midlands & SW Zone
Dr. N. Schofield	Consultant Anaesthetist, Oxford
Dr. K. Morris	Consultant Paediatrician, Birmingham
Mr. P. Garwood	Director NBS (Processing, Testing and Issue), Brentwood
Mr. J. F. Thompson	Consultant Surgeon, Exeter

**1. Apologies :**

Dr. S. Kelly	Consultant Haematologist, High Wycombe
Dr. P. Swayne	Consultant Anaesthetist, Salisbury

Dr. Kevin Morris and Mr. John Thompson were welcomed onto the Group. Dr. Philippa Swayne has resigned membership of the ZBUG. AC will try to recruit a further non-haematologist representative from the old Wessex region (possibly obstetrician/gynaecologist).

**2. Minutes of last meeting :**

Minutes of 20 September, 1999 were accepted with no amendments.

**3. Matters arising :**

**a) NBA restructuring**

Peter Garwood gave an update on this. The national directors have now been appointed for particular activities and form a functional management team that meet together at monthly intervals. The next tier of appointments will be made over the next few months and will be mainly internal appointments. The intention is to move the National Blood Service towards producing high specification, high quality products to all locations in a way that is responsive to the needs of users. In order for this to be undertaken they must identify and achieve best practice. The re-organisation is intended to be cost-neutral. There remains a commitment to appointing identifiable heads of each transfusion centre. There are no internal or external deadlines for change, in particular for the dissolution of zones. It is recognised that it is essential that any changes do not impact on safety.

**b) Future of ZBUGs**

This was discussed at the end of the meeting.

4. **National Blood User Group Meeting:**  
The October meeting of NBUG was cancelled by the Department of Health whilst its future is being assessed. The original remit of NBUG was two years only. AC reported on a letter from Angela Robinson to Ted Gordon-Smith (Chair of NBUG) in which she documents the value of Zonal Blood User Groups feeding into the National Blood User Group and forming links between user and source provider as well as links with SHOT, NICE and MSBT. A response to this letter is awaited.

Although local liaison can exist outside a national forum, it is vital for the National Commissioning Group to receive information from local level filtered up to national level, in order to balance information from the National Blood Service. In the past this has been done via the ZBUG/NBUG network.

5. **National Prices:**  
The cost of red blood cells for 2000/01 has been fixed at

Red Blood Cells	£82.50
Platelets	£151.27
Fresh Frozen Plasma	£19.47

The extra charges are required to cover the cost of leucodepletion, NAT testing and to pay for the National Call Centre for donors. Again the money for these increased charges have been paid to Health Authorities via development monies and all hospitals must make a case to the Health Authority for the increased costs. If problems arise and hospitals are not able to obtain the money from their Health Authority, it would be useful to hear so these can be reported back to the National Commissioning Group which meets next in April.

6. **ISBT 128:**  
R. Bedford reported that the implementation date of 1.12.2000 remains in place and is unlikely to change now. Information packs were sent to all hospitals last Autumn. More detailed planning is now taking place and the first national meeting occurred one week ago. Further information is planned to keep the profile up. Blood Transfusion Centres are planning to send out to all hospital blood banks four test packs (2 blood, 2 platelets), labelled with the new code. This will occur around April and if blood banks are able to read this code, they will be signed off as being ISBT 128 compatible. Robert Stockley reminded the group that in the Midlands, 80% of blood banks use the telepath system which is still not ISBT 128 compatible. A Standing Advisory Committee on IT is pursuing IT systems suppliers and will be meeting with individual companies over the next few months to discuss these problems.

7. **Leucodepletion Update:**  
All platelets and red blood cells are now leucodepleted. All frozen, non-leucodepleted components will be removed from Blood Transfusion Centres by the end of this month. A letter will be going to hospital blood banks regarding this and advising proper rotation in order that hospitals use up their non-leucodepleted frozen components.

8. **National Commissioning Group for Blood:**  
Blood price: see above.  
The cost of transport is unchanged and free routine deliveries on a Saturday are to commence.  
This year the NCG intend to look at non-blood-product services, such as diagnostic and specialist services.
9. **Clinical Policies Group:**  
The main clinical issue under discussion is TRALI (Transfusion related acute lung injury.) The "red cell guidelines" are in the process of being adopted by the task force.
10. **Complaints:**  
A Customer Services Report was tabled. Overall trend for reduced demand across all blood groups: Group O stock levels have improved during the final quarter of 1999. An active age profiling system has been implemented, involving increased movement of stock across the country, reducing the amount of short shelf life blood in this zone. Complaints in Birmingham continue to be dominated by split products and now in Bristol, Plymouth and Oxford centres, split products are the main cause for complaint (making up 600 out of 800 complaints). Part of the problem has been due to a combination of use of new packs because of leucodepletion, and a new blast freezer. Changes have been made to improve the situation.  
Dr. Copplestone asked about the development of virally inactivated FFP. Dr. Wallington stated that the project to produce a proportion of virally inactivated plasma products has been re-established, initially looking at methylene blue, but in the knowledge that better products will come on line in the future. The aim is to produce virally inactivated single units rather than a pooled product. Users felt that they would like the service to continue to develop to provide for demand.
11. **Report from Regional Representatives:**  
No new issues were reported.
12. **Any Other Business:**  
i. **There were no supply problems over the Millenium period.**  
5-10% more products were used than had been predicted.  
Learning points will be rolled forward for future Bank Holidays.  
ii. A long discussion regarding the future of Zonal Blood User Groups followed. There was unanimous agreement that ZBUG meetings were useful and should continue in some format. The importance of co-ordinating with the other two Zonal Blood User Groups was debated and Dr. Copplestone will write to their respective Chairs. It was agreed that the ZBUG should play a more pro-active role in facilitating and feeding back to Hospital Transfusion Committees. Dr. Wallington to co-ordinate this.

12. **Date of Next Meeting:** 22 May, 2000 at 1 p.m.

SRC/MJR 25.1.00