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RTD/M 172

NOT FOR PUBLICATION

REGIONAL TRANSFUSION DIRECTORS MEETING

Minutes of 172nd meeting held on Wednesday 5 July 1978 in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

PRESENT: Sir William Maycock

- Chairman

Dr S Murray)
Dr L A D Tovey)
Dr W Wagstaff)
Dr J Darnborough)
Dr T E Cleghorn)
Dr J Blagdon (Deputy))
Dr K L L Rogers)
Dr H H Gunson)
Dr G H Tovey)
Dr G W G Bird)
Dr D Lehane)
Professor F Stratton)
Dr A J Napier)

Regional Transfusion Directors

Dr A M Holburn
Dr R S Lane

Blood Group Reference Laboratory
Blood Products Laboratory

Dr A E Bell
Dr C Cameron
Col T E Field

Scottish Home and Health Department
Scottish National Blood Transfusion Service
Northern Ireland Blood Transfusion Service

Mr A L Parrott (part))
Mr T E Dutton)
Dr A P Fletcher (part))
Dr Sheila L Waiter)
Dr Alison Smithies (part))
Mrs R A Tunnard)
Mrs S C Yuille)
Mr A T Cumming (part))
Mr M F Brennan)

Department of Health and Social Security

Sir Henry Yellowlees, Chief Medical Officer, attended at the beginning of the meeting. It was the last occasion when Sir William Maycock would be taking the chair before his retirement in the Autumn.

Sir Henry described Sir William as one of the pioneers of the National Blood Transfusion Service and acknowledged the very great debt of gratitude which the Department owed him. He referred to the invaluable contribution made by Sir William in guiding the NBTS from its tentative origins to its present development which had earned the admiration of countries throughout the world. Sir Henry extended his personal congratulations to Sir William on being honoured with a knighthood by the Queen in Her Birthday Honours. The Directors joined Sir Henry in wishing Sir William and Lady Maycock a very happy retirement. Sir Henry also informed members that Dr G H Tovey had been appointed to succeed Sir William as Consultant Adviser on Blood Transfusion matters.

Sir William thanked Sir Henry for his good wishes and said that he was pleased that Dr Tovey had been appointed to succeed him and wished him every success.

The Chairman welcomed Dr A P Fletcher who had succeeded Dr J C A Raison as Chief Scientific Officer; also Dr J Blagdon who was attending in place of Dr Jenkins, Dr R S Lane and Mr A T Cumming, DHSS Finance Branch.

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Jenkins, Dr Smith and Miss Rosbotham.

2. MINUTES OF THE 171ST MEETING

The minutes of the meeting held on 3 May 1978 were agreed subject to the following amendments:

i page 5, first paragraph: Dr Cleghorn wished to make it clear that he was concerned that the NBTS could lose the goodwill of both industry and commerce in the event of charges being imposed on the private sector.

ii Dr G H Tovey's name to be included in the list of those having attended the previous meeting.

3. MATTERS ARISING FROM THE MINUTES OF THE 171ST MEETING

a. 'OFFICIAL PAID' STATIONERY - (ITEM 3a)

Mr Dutton reported that the Department had written to the Post Office concerning the withdrawal of 'Official Paid' stationery and had outlined the NBTS requirements and proposals for the future. When the Post Office had considered these a meeting would be arranged to discuss any outstanding problems.

b. SELF ADHESIVE LABELS - (ITEM 3b)

Mr Dutton thanked those Directors who had provided details of local suppliers of self adhesive labels for blood packs. HMSO had now been asked to consider obtaining self adhesive labels from companies already supplying RTCs.

c. COMPUTING IN THE NBTS - (ITEM 3c)

Dr Blagdon said that the interim report on the proposal to develop a national computer system for the NBTS would be presented by Mr Sewell to the NE Thames/DHSS Steering Committee in August.

d. TELEVISION ADVERTISEMENT SPONSORED BY ST JOHN'S AMBULANCE - (ITEM 3d)

Sir William reported that Dr Raffle, Medical Adviser to St John's Ambulance, had accepted that there were potential hazards in recording the blood group on lockets.

Sir William added that he had also received a letter from the Chairman of the Medical Council of St John's Ambulance indicating the council's wish to continue their support of the sale of the lockets which he said had been approved by the Red Cross and transfusion services on the Continent and which provided a source of revenue for the Brigade.

Sir William said that Dr Hautchef, Transfusion Department, International League of Red Cross Societies, Geneva had informed him that the League had not approved the use of such lockets and that, as far as he knew, transfusion services on the Continent had not recommended their use. Sir William said he had sent a copy of Dr Hautchef's letter to the Chairman of the Council of St John's Ambulance and that he did not think he could do anything further to discourage St John's Ambulance promoting the use of the locket.

e. MEDICAL STAFFING IN THE NBTS - (ITEM 3e)

The Chairman reminded members that the Report of the Working Group on Medical Staffing in RTCs (RTD/WGM(76)1) had been referred to the Central Committee of the NBTS in November 1976 and in April 1977 the Report had been considered by the Standing Advisory Committee on Haematology of the Royal College of Pathologists. The Royal College had asked Sir William to enquire of the Working Group how the College could help in the recruitment of suitably qualified medical staff for the NBTS. A reply had not yet been sent, but Sir William proposed that the College should be asked to arrange for examination candidates to provide evidence of having worked in RTCs for a minimum period of 6 months.

Professor Stratton informed Directors that the College was currently considering the introduction of such a rule in respect of candidates for MRC Path examinations. Several members asked the Chairman to advise the College that some RTCs, particularly in the London area, had no accommodation for additional senior registrar posts. The Chairman thought it unlikely that the College would introduce the rule until they were assured that facilities were available in all RTCs.

Members agreed that the Working Group on Medical Staffing in RTCs should be reconvened to give further consideration to the role of scientific officers in RTCs, and that the role of administrators should also be examined.

Dr Bell would find a Scottish representative on the Working Group to replace Dr Wallace who had since retired.

Dr G H Tovey asked Directors to send their proposals for revising the report of the Working Group to Dr Waiter in time to allow their views to be co-ordinated before the next meeting.

f. NBTS UNIFORMS - (ITEM 5)

Mr Dutton reported that the Department would approach the central suppliers of NBTS Donor Attendant uniforms to see if the delivery times could be improved.

g. HAEMOLYTIC DISEASE OF THE NEWBORN - (ITEM 7)

a. WORKING GROUP ON ANTENATAL PROPHYLAXIS

It was reported that a paper was being prepared by Dr Jenkins for the Working Group set up by the Joint Sub-Committee on Prevention of Haemolytic Disease of the Newborn to consider the practicalities of providing antenatal treatment with anti-D immunoglobulin to certain groups of women at risk. Dr Jenkins had submitted additional information which would require confirmation before his paper could be circulated to Directors.

b. ANTI-D WORKING PARTY

Sir William reported that BPL had begun the programme of selecting samples of single donations of anti-D plasma received from RTCs and sending coded aliquots to two RTCs for measurement of anti-D content.

4. SUPPLIES OF BLOOD TO THE PRIVATE SECTOR - RTD(78)21

Mr Dutton informed Directors that a further report had been sent to Ministers in June about the progress being made to obtain costing information necessary when calculating the charges to the private sector of medicine for services associated with the provision of blood and blood products.

The Ministers had subsequently advised that they wished the exercise to proceed with all deliberate speed and care, adding that they must be in a position to defend any charges beyond peradventure.

It had become apparent from the number of Parliamentary Questions referred to the Department in recent weeks that several Members of Parliament, who strongly supported the introduction of charges to the private sector, were critical of the length of time being taken to adopt the appropriate measures to implement them. It was apparent however that some donors were equally strongly opposed to the imposition of charges.

Because of the political interest shown it was inevitable that Ministers would eventually be called upon to defend any charges imposed, and for this reason it was important that the basis of such charges should be clearly understood. The Department accepted that it might not be possible to arrive at a full costing in the strict accountancy sense because of the practicalities involved but the inevitable shortcomings of an approximate costing, could be defended politically.

Mr Cumming, DHSS Finance Division, said that the purpose of the pro forma, appended to RTD(78)21, was to obtain information which could assist Finance Division to provide an approximate expenditure analysis of RTC laboratory activities connected with the collection and processing of blood. Although it was not possible to calculate accurate charges from the information contained in the NBTS accounts more general costing information relating to the distribution, collecting and laboratory activities was available centrally. It was doubtful whether Ministers would be prepared to defend a scale of charges which drew a distinction between services associated with the provision of whole blood and those connected with blood products. As an interim measure, however, it might be possible to introduce charges for whole blood and postpone the introduction of charges for blood products until they have been worked out.

Several members referred to the considerable work involved in extracting precise expenditure information, particularly on the cost of supplying raw material to the central laboratories for processing. Professor Stratton said that there were several important aspects to be considered in any assessment of costs incurred by RTCs, for example, whether the manufacture of one product should be discontinued to provide greater capacity for another. Because of the complexities involved in obtaining the correct information Professor Stratton suggested that professional staff from transfusion centres should join a team of accountants, and that both should be prepared to visit the centres and work 'on site'.

Members agreed that 4 centres - Manchester, Oxford, Sheffield and Tooting, should be selected as being representative of the varying sizes of RTCs, in terms of their annual budget, to provide a general guide in assessing the costs involved. Mr Cumming would arrange to visit the centres and discuss how best to extract the costing information required and to consider whether the pro forma needed any

modification. If the pro forma was finally acceptable to the 4 centres it could be forwarded to the remaining RTCs for completion.

Dr Rogers enquired about the position of the United States military hospitals in the UK and urged that they should not be charged for services connected with the supply of blood and blood products. He was also concerned about private patients who were blood donors and who would inevitably be charged unless a system of credits was adopted. He also asked whether the Department had considered advising Ministers to impose service charges on foreign private patients and exempt British nationals.

Sir William said that, on behalf of the Department, he had reached agreement several years ago with the Chief Medical Officer for the United States Forces in the United Kingdom that the NBTS should be allowed to recruit blood donors from United States servicemen and undertook in turn to supply their blood requirements. Sir William said that this arrangement should be honoured by the Department when consideration was given to the scope of charges to be applied.

In reply to a question from Dr Napier, Mr Dutton said that Ministers were aware of the possibility that once charges were applied to the private sector of medicine private industry might seek to impose charges on the NBTS for the use of their premises for donor sessions and as compensation for loss of production.

Mr Parrott said that the Department was aware that private hospitals were charging their patients for blood itself, but that Ministers were unable to act at present to stop the practice.

Dr Rogers suggested that blood packs should be labelled to inform the recipient that the blood itself should not be charged for; if NHS hospital blood banks were supplying private hospitals who subsequently charged for the blood, these hospitals should be advised to stop the practice.

5. SUPPLIES OF PLASMA (RTD(78)20 - RTD(78)24 - RTD(78)25a/b)

a. FROZEN FRESH PLASMA RECEIVED AT BPL JANUARY/MAY 1978 - (RTD(78)25a/b)

Papers showing the amount of frozen fresh plasma received from RTCs during the period January to May 1978 were circulated to Directors for information.

b. SUPPLY OF FRESH FROZEN PLASMA BY RTCs - (RTD(78)20)

The Chairman referred to the information provided by RTCs, which was summarised in RTD(78)20. It appeared that, while three centres had indicated they could increase supplies of PPF, the other centres could only increase their supply of fresh frozen plasma if BPL would accept single packs of FFP or if RTCs received further financial support to increase the collection of plasma.

Sir William reminded Directors that the use of plasmapheresis to obtain plasma for fractionation had up to now been confined to donors with special antibodies and any extension of the plasmapheresis programme to increase the routine production of plasma should be fully discussed.

Directors decided that the development of plasmapheresis as a means of providing additional plasma should be urgently considered at each of the 3 regional RTD groups meetings; each group was asked to provide a short discussion paper for the next RTD meeting.

FRESH FROZEN PLASMA FOR PRODUCTION OF FACTOR VIII AND ALBUMIN - RTD(78)24)

Dr Lane said that any examination of possible methods of increasing supplies of fresh frozen plasma could have wide implications for BPL. He suggested that a working party should be formed to consider new methods of harvesting plasma, including the place of the single donor packs, which would provide BPL with additional source material. The establishment of such a working party would also help to increase co-ordination between RTCs and BPL.

Members accepted Dr Lane's proposal to set up the working party and recommended that the matter should be discussed by the 3 RTD groups at their next meeting and that a nominee from each group should be included in the working party. Dr Lane would convene the first meeting of the working party at BPL at the earliest opportunity and asked that the names of representatives from the RTD groups be forwarded to him (and to Dr G H Tovey, Dr Waiter and Mr Dutton) as soon as they were known.

Mr Parrott said that the decision of Directors to carry out a feasibility study to examine new methods of harvesting fresh frozen plasma was welcome. He reminded members, however, that there were aspects other than the purely technical ones which would have to be taken into account and both the Regions and the Department would be interested in the possible financial consequences of any charge.

Members agreed that a medical representative from the Department should be invited to join Dr Lane's Working Party and Dr Waiter was asked to consider taking this on. Directors also agreed that Mr Dutton should receive copies of agenda, papers and minutes of the working party and should be invited to attend these meetings.

The report of Dr Lane's Working Party would be submitted to the Central Laboratories Sub-Committee in due course.

6. PROFICIENCY TESTING OF BLOOD GROUPING - (RTD(78)22)

Dr Holburn reminded members of the importance of developing a scheme for the proficient testing of blood grouping within the NBTS. The purpose of the second trial proposed by Dr Holburn and Dr Jenkins was to establish whether a national quality control scheme would be feasible. Dr Holburn added that each hospital which had taken part in the smaller pilot study earlier in the year (confined to the London area) was made aware of the standard instructions concerning proficiency testing.

All Directors agreed to participate in the second trial which was expected to begin in the Autumn.

7. LABELLING OF PLASTIC CONTAINERS OF BLOOD - (RTD(78)23)

The Chairman reminded Directors that the Report of the Working Party which investigated the labelling of blood packs (RTD(77)10) had recommended that the words used on the labels to describe the 5 most commonly prepared red cell products issued from RTCs should be:

1. Platelet Reduced Blood
2. Cryoprecipitate Removed Blood
3. Cryoprecipitate and Platelets Removed Blood
4. Concentrated Red Cells
5. Plasma Reduced Blood

Opinion continued to be divided among Directors on the acceptability of the recommendations of the Working Party and the danger that this might lead to the proliferation of special labels. Some Directors felt that the need to meet Medicines Act requirement would eventually dictate what should be stated on the label.

Dr Napier suggested that labels should indicate the therapeutic value of the contents of blood packs rather than a statement of what had been removed.

Directors said that of the five descriptions given above, their centres were using the following on blood packs.

NEWCASTLE	4.5	OXFORD	4.5
LEEDS	4.5	BRISTOL	4.5
SHEFFIELD	4.5	BIRMINGHAM	4.5
CAMBRIDGE	1.2.3.4.5	LIVERPOOL	4.5
EDGWARE	1.2.3.4.5	MANCHESTER	4.5
BRENTWOOD	1.2.3.4.5	CARDIFF	4.5
TOOTING	4.5		
NORTHERN/IRELAND	5		
SCOTLAND	4.5		

Dr Waiter agreed to inform the Department's Medicines Division accordingly.

8. BRITISH SAFETY COUNCIL SCHEME FOR COLLECTING BLOOD

Mr Dutton informed members that the British Safety Council, which was concerned with safe working conditions in industry and commerce, wished to mark the celebration of its 21st anniversary by recruiting 21,000 new blood donors from among its member companies for the NBTS.

On 7 June the Council had arranged a ceremony in the grounds of Westminster Abbey to inaugurate the scheme, and it now proposed to organise a series of publicity campaigns in selected areas throughout the country to recruit new donors beginning in the Autumn.

A meeting of Regional Donor Organisers and also of the Publicity Sub-Committee of the NBTS would be arranged shortly to meet representatives of the British Safety Council to discuss a recruitment campaign in those areas most in need of new blood donors.

9. ANTI-TETANUS IMMUNOGLOBULIN

The Chairman welcomed Dr Alison Smithies. The Chairman said that the Department wished to become self-sufficient in supplies of anti-tetanus immunoglobulin. It had been estimated that 30,000 x 250 iu doses of preventive antitoxin would meet the annual national requirement and that it was likely to take 6 months for stocks of anti-tetanus immunoglobulin to reach the required amount. Supplies of antit tetanus immunoglobulin would be issued:-

- a. through RTCs to hospital casualty departments;
- b. through the Public Health Laboratory Service to GPs.

The Departmental Committee on Immunization was due to discuss the development of the scheme in the Autumn.

Dr Smithies added that the Department was preparing a letter which would inform authorities of the scheme and which would emphasize that the national stock would only be used in certain circumstances. Similar arrangements already existed in Scotland.

The following RTCs were actively engaged in screening donors for suitable titres of tetanus antibody:

Birmingham
Sheffield

Bristol
Manchester

Brentwood
NW Thames

Cambridge
Newcastle

Report on Scientific and Technical Services

10. The Chairman said that the Report on Scientific and Technical Services in the NHS was circulated for information and Directors would be given the opportunity to comment on the report at the next meeting. Dr Walter added that the report was not a discussion document and that it would not be amended. A draft Health Circular had been sent to professional bodies and their comments would be sent to Dr A P Fletcher.

No adverse comments on the report had been received to date although the Institute of Medical Laboratory Scientists had not yet informed the Department of its views.

11. DATE OF NEXT MEETING

Wednesday 4 October 1978.