JK

2062

Not for Publication

AC(81)9

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE SECOND MEETING HELD ON 23 FEBRUARY 1981 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

PRESENT: Dr E L Harris - Chairman

Members

Mr A B Baker - RA, Northern RHA
Dr G W G Bird - RTD, West Midlands RHA
Dr H H Gunson - RTD, North Western RHA
Dr R S Lane - Director, Blood Products Laboratory
Mr T R Layzell - RT, Wessex RHA
Dr E R Rue - RMO, Oxford RHA
Dr G H Tovey - Consultant Adviser

Secretariat

Dr D Walford )
Mr S Godfrey ) DHSS
Mrs S C Yuille )

Observers

Dr A E Bell - SHHD

Dr J D Cash - National Medical Director, Scottish NBTS
Dr R F Doyle - Welsh Office
Dr G T N Lawson - Department of Health and Social Services, Northern Ireland
Mr J Harley - DHSS

INTRODUCTION

1. The Chairman welcomed Dr Lawson from Northern Ireland. Apologies had been received from Dr Jenkins and from Miss Schofield, Regional Nursing Officer, South West Thames RHA, who had recently been invited to join the Committee.

MINUTES OF THE FIRST MEETING - AC(80)6

2. These were agreed.

MATTERS ARISING

a. Increasing the Supply of Plasma - AC(81)1

3. The Chairman stated that a letter had been sent to Regional Administrators as suggested by the Advisory Committee, setting out the scale of plasma increase required over the next 2 years by BPL to enable it to produce 600 international units of Factor VIII per thousand population.

He explained that Ministers had now instructed officials to begin planning work on the re-development of BPL. It seemed possible that the North West Thames RHA would take on project management, but whatever was decided, a small steering group to provide policy direction was considered essential. It was thought that the new Laboratory might be completed in 5 years' time and meanwhile the interim up-grading programme would ensure that the existing Laboratory could continue to supply the NHS with blood products. The Scientific and Technical Committee's Technology Working Party was shortly to present a report to the parent Committee on the technology likely to be required by a new fractionating facility.

b. Meeting with Directors of Haemophilia Centres

4. Dr Tovey reported that he had had two meetings with Transfusion Directors, and a group, to include Dr Walford, was now expected to meet Directors of Haemophilia Centres, towards the end of April to discuss future requirements of Factor VIII.

ISSUE OF FACTOR VIII VIA RTCs - AC(81)2

5. Members agreed that it would be best to put AC(81)2 (which suggested that all supplies of Factor VIII should be held by RTCs) to representatives of the Haemophilia Centre Directors for their views before the Advisory Committee decided whether it should be put to RMOs, RTs and Regional Supplies Officers for discussion.

PRO RATA SUPPLY OF BLOOD PRODUCTS - AC(81)3

6. The Chairman explained that the pro rata distribution of certain blood products was due to start from 1 April 1981 and Paper AC(81)3 set out those issues on which the Department sought the Committee's advice, particularly in relation to supplies to special units. Mr Godfrey emphasised that the Paper's appendices were intended as a broad illustration of how pro rata distribution would affect the level of supplies to RHAs. Dr Lane would be meeting RTDs to discuss allocations in detail.

FACTOR VIII

7. After discussion it was agreed that Wessex RHA should receive an additional allocation of Factor VIII of 300,000 iu to take into account the needs of the Lord Mayor Treloar Hospital, whose residents, all of whom were severe haemophiliacs, came from all over the country. This special allocation would be reviewed annually in the light of the number of pupils, BPL's production levels and the level of Factor VIII useage at the Hospital.

8. The Committee discussed the question of whether haemophiliacs who were referred to special centres outside their home Regions should in effect take their own supplies of Factor VIII with them. Mr Layzell explained that Regional Treasurers were opposed to the idea of inter-Regional charging for cross-boundary patients. Dr Tovey offered to seek the views of RTDs on this question.

9. On the question of "other users", members agreed that

a. the Department should discuss with the relevant Health Board whether the supply of Factor VIII should continue to the Channel Islands;

b. the Army and Catholic Church Pilgrimage Trust should continue to receive Factor VIII;

c. Factor VIII should not be issued for research purposes;

d. the pro rata scheme should apply to Northern Ireland. Dr Lawson explained that the Northern Ireland BTS intended to send plasma (both time-expired and fresh-frozen) to the Protein Fractionation Centre, Edinburgh. This had been agreed by the Directors concerned.

FACTOR IX

10. Dr Lane explained that the United Kingdom was self-sufficient in Factor IX. The Committee agreed that there was therefore no need to operate a pro rata system for this product.

ALBUMIN

11. It was explained that RHAs would receive a straightforward percentage return for example, a Region supplying 10% of the input would normally receive 10% of the total production. However, there were two hospitals in the North West Thames Region - the Northwick Park and the Royal Post-Graduate Medical School - which were being supplied direct with substantial amounts of plasma protein fraction. The arrangements had apparently stemmed originally from clinical research work, as the hospital developed plasma exchange programmes.

12. Dr Gunson pointed out that all Regions now had plasmapheresis units whose albumin supplies had to be met from within their RTCs' allocations or purchased commercially. Direct supplies to the two hospitals in question could only be maintained at the expense of other Regions. After discussion it was agreed that in the longer term, Northwick Park and RPGMS should be treated on the same basis as other hospitals. Recognising the difficulties that immediate withdrawal might cause, they should be notified that direct supplies of PPF would cease completely from 1 April 1982, having been tapered-off during the year.

13. The Committee also agreed that

a. the stocks of freeze-dried plasma should be excluded from the system of pro rata distribution;

b. ad hoc supplies to the Army would continue, but if demand increased this arrangement would need to be reviewed.

14. It was agreed that the Committee would review the pro rata system in 1982 in the light of experience.

PLASMAPHERESIS AS A MEANS OF INCREASING PLASMA SUPPLY - AC(81)4

15. The Chairman asked members to consider, in the light of the information set out in AC(81)4, whether they wished to examine further the possibility of using plasmapheresis as a means of increasing the supply of plasma.

16. Dr Gunson tabled a paper (designated AC(81)8) which considered the role of plasmapheresis in helping to attain self-sufficiency in Factor VIII production in England, Wales and Northern Ireland. On the assumption that the target for Factor VIII would be 90/110 million international units, and assuming that this would require a total input of 490,000 litres of plasma, Dr Gunson calculatd that 207,000 litres of fresh-frozen plasma could be collected by normal donation, and 283,000 litres by plasmapheresis. He envisaged that 55-60,000 active plasmapheresis donors would be required per annum; equally, if the target requirement for Factor VIII was 135 million international units per annum, requiring a total plasma volume of 720,000 litres, on the assumption that 207,000 litres would be obtained from whole blood collection, then 513,000 litres would need to be collected by plasmapheresis. This would require approximately 100,000 active plasmapheresis donors. Dr Gunson considered that the number of plasmapheresis facilities would need to be increased, and to collect 283,000 litres would probably require a total of 28 8-bedded centres in England, Wales and Northern Ireland, and to collect 513,000 litres would require a total of 50-52 centres.

17. Members considered it vital to consider the role of plasmapheresis in harvesting the supplies of plasma. It was agreed that a working party should be set up under the chairmanship of Dr Gunson with Dr Tovey and Dr Walford among its members. Dr Gunson could co-opt other members as required. It was suggested that the basis of the terms of reference of the working party might be:

> "To advise on supplies of plasma for self-sufficiency in blood products in England and Wales".

The Chairman suggested that a small group including Dr Walford should visit Belgium to study that country's plasmapheresis scheme.

18. Dr Cash and Dr Bell explained that the need for plasmapheresis in Scotland was also being studied, although perhaps not in the same depth as the working party's study. Members agreed that a close liaison and exchange of information would be useful.

INFORMATION BASE - AC(81)5

19. Mr Godfrey explained that AC(81)5 listed that information which could be readily obtained. He did not wish to burden members with the volume of information which had been collected, but said that it was readily available whenever members wished to see it to assist in the Committee's work.

20. Dr Tovey explained that the NBTS47 was being stream-lined to show not only the quantity but also the quality of FFP being sent by each Region to BPL. Dr Lane said these data were readily available for January's input plasma.

LONG-TERM MANAGEMENT OF THE CENTRAL BLOOD LABORATORIES - AC(81)6

21. The Chairman explained that the present arrangements, whereby the North West Thames RHA carried out the day-to-day management functions, with general oversight by the Joint Management Committee, had always been considered a temporary measure. Now that Ministers had decided against commercial management of BPL, other long-term solutions were being considered. The Chairman outlined in confidence some of the options which would be put to Ministers. Mr Layzell thought that another option might be a limited company (such as operated in South Africa), with its own Board of Directors. Some members thought that it would be unwise to isolate the management of the Central Laboratories from the remainder of the NBTS, and favoured a governing board. Dr Bell said that an agency such as the Common Services Agency, which ran the Scottish NBTS, might also be considered. The Chairman said that the question needed to be considered in some depth, and asked members to write to him with their views.

BPL RADIOIMMUNOASSAY TEST - AC(81)7

22. Many members felt that it was wrong to levy a charge of 20p for BPL's RIA test when the actual cost of the test was approximately half that sum. The Chairman explained that Finance Branch and Supply Division's advice had been that the price of the test should be comparable with equivalent commercial tests, and various factors, including 'greenfield site' costs, had been taken into account in arriving at the 20p charge.

23. Dr Gunson estimated that most Centres would need a minimum of 150,000 tests per annum, and would therefore have to pay approximately £7-£10,000, for the BPL test. This would impose an additional financial burden on Centres. (The minimum price offered by Burroughs-Wellcome for bulk purchase was 27p per test, and by Abbott, 25p.).

24. Mr Baker and Mr Layzell gave notice that they would have to raise the subject at their meetings with the Department.

HANDLING CHARGES FOR BLOOD AND BLOOD PRODUCTS

25. The Committee discussed briefly the question of charging the private sector for services in connection with the supplies of blood and blood products. The Chairman explained that this was currently being considered by Ministers. Mr Layzell said that imposing a scale of charges would place an extra administrative burden on health authorities, and he considered that blood and blood products should be supplied free. Dr Tovey agreed that no charge should be imposed. He pointed out that many private patients were blood donors themselves. Dr Gunson spoke about a related problem in South London where the Director was unable to supply blood to two new private hospitals without increasing the bleeding teams. Dr Tovey pointed out, however, that where one

Region had occasional difficulty in meeting demand, it could call on other Regions for help. The view of the medical members of the Committee was that it would be unethical for Regional Centres to refuse to supply blood to a private patient who needed it.

DATE OF NEXT MEETING

26. It was agreed that this would take place on 22 June at 2 pm.

March 1981 DHSS