NOT FOR PUBLICATION

RTDM/179

REGIONAL TRANSFUSION DIRECTORS' MEETING

MINUTES OF THE 179TH MEETING HELD ON WEDNESDAY 25 JUNE 1980 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY HANNIBAL HOUSE

PRESENT: Dr G H Tovey (Chairman)
Dr W J Jenkins
Dr G W G Bird
Dr Ann Collins
Dr J Darnborough
Dr T D Davies
Dr H H Gunson
Dr A J Napier
Dr Freda M Roberts
Dr K Ll Rogers
Dr D S Smith
Dr M Barnes (Deputy)
Dr L A D Tovey
Dr W Wagstaff
Dr I D Fraser
Dr C Entwistle
Dr A M Holburn - Blood Group Reference Laboratory
Dr R S Lane - Blood Products Laboratory
Dr J Cash - National Medical Director, Scottish National Blood Transfusion Service
Dr A E Bell - Scottish Home and Health Department
Dr C Cameron - Scottish National Blood Transfusion Service
Dr M McClelland - (Deputy) Northern Ireland Blood Transfusion Service
Col E Parry - Army Blood Supply Depot, Aldershot
Dr M Probert - Medical Research Council (Part - as observer)

Dr E L Harris - DHSS
Dr Diana Walford - DHSS
Mr J Harley - DHSS
Mr T E Dutton - DHSS
Mrs S C Yuille - DHSS
Mrs R Tunnard - DHSS

1. DEATH OF DR LEHANE

Members paid tribute to the memory of Dr Lehane.

2. APOLOGIES FOR ABSENCE

There were none.

3. FUTURE OF THE NATIONAL BLOOD TRANSFUSION SERVICE

Dr Harris explained that the Regional Transfusion Service would not be affected in any major way by the re-structuring of the National Health Service. However, the effects of cuts in central spending would be felt throughout the Service, including the Transfusion Service.

Speaking about the future of the Blood Products Laboratory Dr Harris explained that the Minister had visited Elstree and had assured staff that the Laboratory would continue to function. Short term measures to improve the conditions at the Laboratory were in hand, but its long term future still had to be decided. Dr Harris described the origins of the Joint Management Committee and the Scientific and Technical Committee for the Central Laboratories, and explained that Dr Dunnill, a member of the Scientific and Technical Committee, was chairman of a group studying available and potential fractionation techniques which might be used in a new NHS laboratory.

It had been accepted that to meet the demands for blood products there would have to be an increase in the supply of plasma to the BPL, and also a fairer distribution of products back to Regions. Directors were concerned that if the BPL required more plasma Regions would also have to be geared up accordingly, and where necessary more funds injected. Mr Harley explained that discussions would take place with RHAs on how best the demands for extra plasma could be met. Regions would have to be reminded that NHS blood products were cheaper than those imported commercially.

Directors accepted that under the reorganisation Districts would be deciding what the priorities on spending would be, and if there were to be greater demands on the Transfusion Service it was thought that there might be a case for charging authorities for blood products.

Dr Harris explained that it had now been recognised that there was a need to set up as soon as possible an advisory committee for the NBTS as proposed by the Chairman, which would receive plans and exchange ideas on the aims and development of the Transfusion Service, including the Central Laboratories, and generally advise on coordination. It would be a small but effective committee which would in effect replace the Central Committee for the National Blood Transfusion Service. Members would include representatives from Transfusion Directors, from the RHAs and the Central Laboratories. A proposal for such a committee would shortly be put to Ministers.

Directors were concerned that the Committee should not only consider the supply of plasma and blood products but should also consider wider questions and matters of policy for the NBTS.

Dr Cash said that Scotland was pleased to hear of the proposals for an advisory committee.

/During discussion the advisory committee was referred to as a coordinating group. The Minister has now agreed to the replacement of the Central Committee by the new advisory committee./

4. INTERFERON SUPPLIES

Dr Probert from the MRC attended as an observer for this item. Dr Cash outlined the various phases proposed for the Scottish Interferon production programme and explained that Scotland was able to produce buffy coats readily because the pigtail pack had been retained. The Chairman asked Dr Cash if he would prepare an up-dated report for Directors to consider on experience with the use of the pigtail pack in Scotland.

Directors thought that there would be public pressure to make leukocyte Interferon available but stated that unless funds were provided the Service would be unable to produce the material required for production of the drug. Directors were in any

event unsure of the Medical Research Council's exact requirements. Dr Cash explained that the Scottish studies had enabled SNBTS to produce an approximate cost for providing buffy coats from 50% of the total Scottish bleed for Interferon production and that he would circulate details to NBTS Directors. He added that as the programme was currently planned English buffy coats could not be processed in Scotland for some time.

Dr Harris advised Directors to write to Dr Walford with details of how many buffy coats they could produce within their present cash limits. Dr Walford could then consolidate the information received and keep in touch with the MRC.

The Chairman thanked Dr Probert for being present and asked the MRC to bear in mind the difficulties which the Blood Transfusion Service had with the public on this matter. Dr Probert said that the MRC would welcome any information which Dr Walford could provide on the NBTS's ability to produce buffy coats.

5. MATTERS ARISING

a. Dr Smith's report on the size of blood taking needles

Dr Smith reported that the British Standards Institute's requirements were that needles should have an inner diameter of 1.35mm. He had examined a number of needles, including a new one from Travenol, and all had been found to be satisfactory.

b. Progress with the appointment of a standing committee to revise the Code of Practice on the Use of Blood Cell Separators

Dr Jenkins said that he understood that the purpose of his committee was to examine the use of cell separator machines from the point of view of donor safety. This was not however clear from the previous minutes. The Chairman agreed that item 3c needed to be amended accordingly.

Dr Jenkins' group, which had co-opted Dr Wagstaff, Dr Fraser, and Dr Jean Harris of Brentwood as secretary, had met on 10 June. The group had examined machines in use at the Edgware Centre, and had agreed to issue a questionnaire to all Centres about the risks attached to plasmapheresis. It was agreed that Dr Jenkins would eventually produce a report for Regional Transfusion Directors and the report would then be sent to ~~the~~ Health Departments. Thereafter the report might possibly be sent to the Standing Medical Advisory Committee.

c. Report on the possible introduction of charges for services in connection with the supply of blood and blood products to the private sector of medicine

Mr Harley reported that the submission would be going to Ministers shortly, and that at the same time Scotland would put a submission to its Minister. He added that Sir George Young was concerned about the danger of private donor panels being set up.

d. Human serum for quality control in clinical chemistry

It was decided to discuss this matter further at the next meeting.

e. Blood grouping reagents

Dr Holburn said that he recognised that there was anxiety about the quality of the Blood Group Reference Laboratory's anti A and anti B reagents. He said that this was due to the poor quality of sera which were being despatched to the laboratory and he thought that the situation could be improved by hyperimmunizing donors. Some Directors thought it would be preferable to choose donors who already had a high titre rather than to hyperimmunize selected donors. Dr Holburn thought that this suggestion had several disadvantages.

Directors were concerned about the legal and insurance position of hyperimmunized donors and the Chairman said that this question was one which was taxing all European Transfusion Services. Dr Cash said that it was important for the Scottish Home and Health Department and the Department of Health and Social Security to discuss the matter and report back in due course.

6. PROPORTIONAL DISTRIBUTION OF BLOOD PRODUCTS

Directors suggested an amendment to the list of blood products listed in paragraph 3 of document RTD(80)8, but otherwise welcomed the system of distribution proposed in the paper. Dr Walford explained that the paper would be put to Regional Medical Officers at their next meeting in July.

Discussion turned to the question of disposing of blood products which were surplus to NHS requirements. Dr Lane thought that it made economic sense to sell excess immunoglobulins which ~~might~~ otherwise be destroyed.

The Chairman said that he thought that if excess products were to be sold they should be sold to international organisations like the Red Cross and the World Health Organisation. He said that he would discuss the question with Dr Hantchef, Medical Officer to the International Red Cross, when he met him in August.

7. PRODUCT LIABILITY

Mr Dutton explained that the Department's Medicines Branch had advised him that the EEC Committee of Experts appointed to examine the draft directive had only just began its work and would consider the draft and all its implications in great depth. The UK representative on the Committee would be briefed to explore fully particular problems attached to several product sectors, including blood and blood product, and wherever necessary to seek interpretation and derogations. All this would take quite some time, perhaps as much as 3 years. There would therefore be ample opportunity to discuss the problems concerning blood and blood products and possible solutions. The timescale would also allow ample opportunity for further consultation with Directors, where necessary. Directors were pleased to receive this news. (See also the attached memorandum from the Department).

8. BPL RADIOIMMUNE ASSAY

Dr Lane reported that the Ministry of Defence, which dealt with all patents questions, had recently written to Abbott questioning all their assertions on the alleged patent infringement by the BPL. It had now come to light that Burroughs Wellcome were in the process of developing an RIA test for hepatitis B. The question of how this might affect the BPL test was being considered by the Department's Supply Division, and until the matter had been resolved he could not issue the test to Centres.

9. THE LABELLING OF BLOOD BAGS

Dr Gunson tabled the latest report (June 1980) from the Working Party for the Introduction of Machine readable Labels into the NBTS. Travenol had asked that the report be published. Directors agreed that it could be.

10. THE FUTURE REQUIREMENTS FOR 5 LITRE PACKS

Mrs Tunnard explained that the stock of 5 litre packs was running low and asked Directors if they would complete a questionnaire, which she circulated at the meeting, to enable Supply Division to assess future requirements.

11. PROPOSED CHANGE IN THE BLOOD/ANTICOAGULENT RATIO IN TRAVENOL PACKS

Dr Walford drew Directors' attention to a proposal from Travenol Laboratories for a slight change in the blood/anticoagulent ratio in conjunction with their proposed plasma pack. She said that the matter would now have to be considered by Medicines Division.

12. ANY OTHER BUSINESS

a. Collection of human pituitaries

Dr Walford said that arrangements were being made to collect pituitaries from Transfusion Centres for transfer to the BPL, and thanked Directors for their co-operation.

b. Supply of human anti-tetanus immunoglobulin

Mrs Yuille reported that although most hospitals were now being supplied with the BPL's immunoglobulin through the Transfusion Centres, there were still 34 hospitals (known as Designated Holding Centres) which received their supplies direct from the BPL. Supply Division now proposed that these centres should be brought into line with other hospitals. Directors agreed that they could deliver the immunoglobulin to these hospitals, as required, when they supplied blood and blood products.

c. Member for the London Advisory Group

Dr Davies said that because of reorganisation, the South East London Region now had no member on the London Advisory Group. Dr Walford agreed to look into this.

d. Retirement of Mr Dutton

The Chairman announced that this had been Mr Dutton's last meeting as he was to retire at the end of July. His help and advice had been invaluable and he would be greatly missed by all. Directors joined the Chairman in wishing Mr Dutton a happy and prosperous retirement.

13. DATE OF NEXT MEETING

This would take place on 15 October 1980 at the Department.

DHSS
July 1980