NATIONAL DIRECTORATE OF THE NBTS

Minutes of the meeting of the Management Committee held at the West End Donor Centre, Margaret Street, London on Tuesday 29th August 1989 at 11.00 a.m.

PRESENT: Dr. H.H. Gunson (in the Chair)
Dr. F.A. Ala
Dr. I.D. Fraser
Dr. J.F. Harrison
Dr. P.E. Hewitt
Dr. D. Lee
Dr. W. Wagstaff

1. Apologies for absence: Dr. M. Contreras, Dr. R.J. Moore.

2. The minutes of the last meeting (1st June 1989) were approved with the following amendments:

   2.1 The table of para. 4.1 should read, "The British Bone Marrow Donor Panel.

   2.2 Para. 4.6 should read:

   "Dr. Gunson reported that at the above meeting the report of the Select Committee on Automation and Quality Assurance included Guidelines on cellular products which were not too dissimilar to those produced from the U.K."

3. Matters arising:

   3.1 The dates for the courses for Q.A. managers were noted.

   Dr. Harrison requested that an additional place be reserved for Mr. D. McDougall, N.E. Thames RHA.

   Action - Dr. Gunson

   3.2 **Provision of Frozen Blood**

   The comments made by Dr. Brozovic at the meeting of the Eastern Division were noted. However, there are a considerable number of red cell units of rare types stored in low gylcerol concentration and these would have to be stored frozen for many years. Dr. Ala agreed to consider changes for the future.

Cost £700 each to cover additional cost

   The kind offer from Colonel Thomas was considered but it was decided that the national frozen blood bank should be maintained within the NHS.

   Dr. Ala did not consider that the acquisition of the frozen units from Leeds RTC would affect the financial considerations presented at the last meeting.

It was agreed that Dr. Ala would make arrangements with Drs. Harrison and Robinson for the transfer of the red cells and Dr. Gunson would inform RTC's.

Action - Dr. Ala/Dr. Gunson

3.3 **National contract with Baxter Healthcare**

The contents of the letter from Mr. Andrew Whitaker, Baxter Healthcare, were noted. It was agreed that this contract should be confirmed.

Action - Dr. Gunson

3.4 **National contract with Cryo-services**

This matter was deferred for Dr. Moore to report at the next meeting.

3.5 **Policy for equipment trials involving plasma**

The amended policy statement was agreed.

4. **Provision of Donors Committee**

4.1 Dr. Harrison reported on the last meeting of this Committee. A report had been received from the consultants investigating the provision of donors.

The survey so far completed had included a review of the existing evidence of donor recruitment, lapsed donors, etc. and inclusion of questions in an omnibus survey when it had been found, in persons in the age-group 18-65 years, that 70% had never been blood donors. This left a sizeable number of persons who, perhaps, could be persuaded to give and to continue giving blood. Visits had been made to RTC's and some sessional staff had been questioned. A notable response from this group had been that they would like to have more information to enable them to answer donor queries.

Scottish Survey
Following action

Further investigations are planned for the immediate future. RTD's will be asked to nominate three types of sessions (this will be explained fully in a letter to be sent by Dr. Moore). A selection of sessions will be visited from lists prepared by RTD's after appointments are duly made. There will also be house to house surveys and discussions with employers.

Action - Dr. Moore

4.2 Dr. Ala commented that he had had a considerable donor response from letters he had sent to group O Rh negative antenatal patients two years after the delivery of their infants. There had been no adverse criticisms. The fact that these requests were made from RTC records (and not hospital records) seemed to satisfy ethical requirements. It was agreed that this

one year

approach should be considered.

Action - Dr. Moore

4.3 The telephone trial with Teledata was discussed and it was noted that this was an expensive way to invite additional donors to attend sessions. Dr. Hewitt reported that at N. London RTC they had used volunteer apheresis donors to telephone lapsed apheresis donors with some success.

4.4 The use of 0800 300 333 was proving unsatisfactory in a number of instances since donors were not telephoning in to offer their names, but to ask for specific information, e.g. times of sessions, details of medical requirements, changes of address etc. Sometime later a fax arrives at the RTC stating the requested information and in some instances it was then difficult to contact the donor. It was thought that in these circumstances Teledata should give the donor the telephone number of their local RTC.

N. London RTC had sent a message via Teledata and had not received a response.

Action - Dr. Moore

5. **Plasma Supply Estimates**

The estimates of 430 tonnes for 1989/90 and 480 tonnes for 1990/91 were noted. It was considered that the 1990/91 total represented a conservative estimate.

Consideration will have to be given in the next few months to the target for 1990/91 and 1991/92.

6. **Guidelines on the use of FFP**

Dr. Ala's suggestion that guidelines for the use of FFP was supported. It was agreed that this should be undertaken by a Working Party of the Management Committee. It was important that this was multidisciplinary and that the advice did not conflict with other published statements, e.g. in the Handbook of Transfusion Medicine.

Dr. Ala agreed to constitute a Working Party with defined terms of reference.

Action - Dr. Ala

7. **Samples for NEQAS**

It was agreed that samples for NEQAS would be provided free of charge and Dr. Fraser would ensure that requests to

RTC's would be made in an equitable manner as far as is possible.

Action - Dr. Fraser

8. **Proposal for an antenatal investigation of the administration of anti-D Ig**

Dr. Lee presented details of the proposed study on 2500 patients and a similar number of controls. The members of the Committee fully supported the trial and did not consider that it would breach ethical rules for the following reasons:

(1) Administration of anti-D Ig had been carried out for many years and had a proven safety record.

(2) Ante-natal administration of anti-D immunoglobulin in doses larger than the 250 iu proposed in the present study had been given in the past without ill-effects to either mother or infant.

(3) The control group will not be denied anti-D Ig if this is necessary for medical reasons during pregnancy.

(4) The control group will not be disadvantaged since under current policy they would not have received anti-D Ig antenatally.

The only comment on the study was that it should have taken place earlier. It was agreed that Dr. Gunson would write to Dr. Lee giving the decisions of the Committee. Dr. Lee was also asked to seek the views of the Scottish NBTS.

Action - Dr. Gunson

9. **Plasmapheresis Centre at ABSD**

Dr. Gunson reported that plans were being implemented to establish a plasmapheresis centre in Aldershot. There may be a donor recruitment problem and Dr. Gunson was discussing this with Col. Thomas.

The matter would be raised at a later meeting.

10. **Haemonetics contract**

It was stated by the Chairman that up to 60 further PCS/ultralite machines may become available before March 1990. It was agreed that Dr. Gunson would write to RTD's asking if they required more machines and following the response he would inform Haemonetics accordingly.

Action - Dr. Gunson

11. **Training of medical and scientific staff from overseas**

Dr. Fraser commented that he regularly had requests for the training of transfusion personnel from overseas and he had, on occasions, telephoned colleagues to ask them to assist in taking persons, both medical and scientific. He would appreciate it if the Directorate could handle these requests and arrange placement of trainees.

Other members of the Committee had experienced similar difficulties and welcomed this suggestion. Dr. Gunson agreed to write to the British Council, ODA and WHO on this matter and ask them to refer applicants to the National Director. He did not wish to interfere with any personal invitations from specific RTC's and whilst the Directorate would assist in this matter it should not be thought that every application should be processed through this route.

Action - Dr. Gunson

12. **Meetings of other Committees**

12.1 **National Co-ordinating Committee of the NBTS**

Dr. Gunson reported that four items had been discussed at the recent meeting in July 1989:

(1) **Shortages in the blood supply**

A report had been given to the Committee of the circumstances which led up to the shortfall experienced in June 1989. The steps taken by the Directorate were outlined and hopefully some useful information will result from Mr. Stewart's enquiry. Bank Holiday periods will always be a problem particularly with additional statutory days' holidays taken at these times.

(2) **Future management of the NBTS**

It was agreed that the current arrangements of the regional management of RTC's and the National Directorate should continue until a proper assessment could be made of its effectiveness.

Moves towards a fragmentation of the Service were undesirable.

(3) **Management Information Services (MIS)**

The establishment of MIS was given priority and Mr. R. Nicholls, RGM, Oxford and a member of the Committee agreed to write to his colleagues in other regions on this matter. The Directorate were charged to produce definitive working plans as soon as possible.

(4) **Cross-accounting with Districts**

It was agreed that this should not generally take place before April 1991. Those RHA's who wished to introduce pilot schemes earlier than this would be asked to ensure that they did not prejudice any proposed national scheme and that details of such proposals should be sent to Dr. Moore.

12.2 **British Bone Marrow and Platelet Donor Panel Committee**

Dr. Fraser commented on the minutes of the meeting of this Committee held on 6th July 1989. The following was noted:

(1) Dr. Bradley had no objections to the financial grant being managed by the National Directorate if the DH were in agreement.

£36K

(2) The insurance of bone marrow donors was an important matter to investigate. The Anthony Nolan panel provided health insurance for up to one year after marrow donation at a cost of £200 for the U.K. and £250 for overseas. The situation with respect to the DH was unclear. It was agreed to ask Dr. Moore to investigate this matter.

Action - Dr. Moore

(3) Only donors in the S.W. Region had been asked if they would travel overseas to donate marrow and the searches for requests from Europe were confined to this group of donors. Until the panel was further developed, requested from the USA were not being accepted.

(4) The panel size was increasing at a satisfactory rate.

Dr. Wagstaff informed the Committee that the R.C. Path. were preparing Guidelines for unrelated Bone Marrow Transplantation. It was agreed that Dr. Fraser would write to Dr. Pauline Emmerson, Chairman of the Haematology Committee at the R.C. Path to offer assistance.

Action - Dr. Fraser

Dr. Ala reported that a British Society for Histocompatibility and Immunogenetics had been formed. This was noted.

12.3 **NBTS/CBLA Liaison Committee**

The minutes of the meeting held on 10th August 1989 were received and the following comments noted:

(1) **Cross accounting procedures**

Concern was expressed about the purchase of commercial products to the detriment of BPL products. It was considered that this may escalate unless steps were taken to avoid such purchases.

The Chairman explained that this problem had been foreseen and the National Directorate and

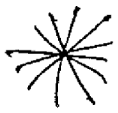
the CBLA were preparing a paper for the DH detailing the various options which could be available to ensure full use of BPL products. These options would be considered by DH at the end of September.

(2) The Chairman reported that Dr. Lane had informed him that the first batch of Factor VIII vials containing a lower unitage had been prepared and will be available for issue shortly.

(3) Dr. Ala provided details of the temperature recording device which could be used for monitoring the temperature of plasma during transit to BPL, together with the records of temperature of two batches sent to BPL (copies enclosed).

12.4 **DH Advisory Committee on the Virological Safety of Blood**

Dr. Gunson had received the minutes of the meeting of this Committee held on 3rd July 1989.



He confirmed that the suggestion that recipients of human growth hormone (HGH) should be identified under the general clause of medical treatment on NBTS 110 was not acceptable to the DH Committee. It was minuted that HGH recipients should be added to the exclusion list shown to donors.

Members accepted this policy would have to be adopted and Dr. Gunson agreed to write to RTD's accordingly.

Action - Dr. Gunson

13. **Minutes of Division**

13.1 **Eastern Division**

Matters arising:

(1) **Blood Supplies for liver and heart/lung transplants**

Dr. Gunson informed members that this matter was being considered in the DH and that it was recognised that there were problems in the supportive therapy with blood products and this may increase in future years.

This matter was still proceeding.

(2) **Medical Audit in NBTS**

This matter was also discussed at the meetings of

the other Divisions. It was agreed that the Chairman of the Division would consult with members of their Divisions and prepare a draft policy document for consideration at a future Management Committee meeting.

Whilst audit should be organised within the Service, it was noted that it should include views of users of the Service.

Dr. Gunson agreed to send details of medical audit contained in the white paper to the Divisional Chairmen.

Action - Dr. Ala/Dr.Contreras
Dr. Lee/Dr. Gunson

(3) **Format of Management Committee/Divisional meetings**

After discussion it was agreed that the present format of referring matters from the Management Committee to Divisions was to be preferred. In this format, two persons from each Division became better informed of the contents of items to be discussed and had the advantage of hearing the views of representatives from other Divisions.

If the agenda of the Management Committee was sent initially to Divisions some matters may not be able to be discussed fully because of lack of information and inevitably decisions would take longer if the matter in question had to be referred back to Divisions.

Dr. Gunson stated that the policy of the National Directorate was to consult Divisions and there have been several examples during the last year when items which have not received agreement at Divisional meetings have been referred back to the Management Committee for further consideration.

13.2 **Western Division**

Matters arising:

(1) **Production of Intravenous Immunoglobulin (i.v.Ig)**

Dr. Gunson explained that the only practical way in which BPL could manufacture i.v. Ig in a reasonable time period was to use a procedure licenced from a commercial manufacturer. All such manufacturers were restricted to the use of plasma which had been ALT tested.

After careful consideration it was agreed that it would be feasible to test apheresed plasma for ALT and to package separately any plasma donations where the ALT exceeded an agreed limit (thought to be 1.5 times the upper limit of normal for the commercial plasma industry). It was understood that BPL would accept such plasma for use in other processes. This should allow BPL to fractionate upwards of 50 tonnes of plasma per year for i.v. IG.

It was recognised that this was an important product for use in the NHS and could be manufactured without additional cost for the raw material with the exception of the cost of the ALT testing and additional documentation required. It was agreed that Dr. Gunson would discuss this with Mr. Crowley, Dr. Lane and Mr. Savery at a meeting to be held on 8th September 1989 and that the matter would be referred to the next round of Divisional meetings.

Action - Dr. Gunson

(2) It was reported that steps to introduce bar coding for plasma fractions would be undertaken with some urgency.

13.3 **Northern Division**

Matters arising:

Aids Leaflet

It was agreed that it was logical to place 'sexual partners of haemophiliacs' above the general category of 'men and women who have had sex with anyone in these groups.'

Dr. Gunson noted the comment.

14. **Any other Business**

14.1 **Trial of anti HCV tests**

Dr. Gunson confirmed that in the NANBH study approximately 0.66% of donor samples had been repeatably positive for anti-HCV. There were regional differences in that the positivity rate in Bristol samples was lower than that for samples from the North Western Region and N.W. Thames Region.

Since these tests were from frozen library samples, this study had not given information on how the test could be integrated into the work of the RTC and in

this context the length of time taken to perform the test and the need to recall donors for further tests were pertinent factors.

A logical extension of the trial of these tests would be for three RTC's to put the test into routine use for a period. It was agreed that West Midlands, Trent and N.E. Thames RTC's should test approximately 5000 donations each if finance could be made available to purchase the required number of test kits. The RTD's concerned agreed that they would not require financing for staff for such a trial. The format of this extended trial would have to be agreed, in particular whether the tests would be anonymous.

Dr. Gunson agreed to find out whether finance from the DH could be made available.

Action - Dr. Gunson

14.2 Dr. Gunson had received a letter from the DH Supplies Technology Division that an accident had occurred with the collapse of legs on beds which had been converted from short to long legged beds.

Dr. Gunson would circulate the letter.

15. **Date, place and time of the next meeting**

Thursday 2nd November 1989, Gateway House, Manchester at 11.00 a.m.

Dates for meetings in 1990 are as follows:

Thursday 4th January
Thursday 1st March
Thursday 3rd May
Thursday 5th July
Thursday 6th September
Thursday 25th October