

Trent Regional Health Authority

REGIONAL BLOOD TRANSFUSION SERVICE

Notes of a meeting of the Regional Health Authority Sub-Committee held on 26th September, 1986

PRESENT:

Mr. D. Brown (Chairman))  
Mrs. E.J. Dady                    )  
Mrs. R.W. Kelly                    ) Regional Health Authority Sub-Committee  
Dr. P.F. Sewell                    )

Dr. W. Wagstaff - Director, Regional Blood Transfusion Service

Mr. D. Grute                    )  
Mr. F.J. Kenny                    ) Trent Regional Health Authority  
Mr. R.T. Malley                    )

IN ATTENDANCE:

Mr. O. Watford - Trent Regional Health Authority

MRS. R.W. KELLY

Noting that this was the last meeting at which Mrs. Kelly would be present, both Members and Officers took this opportunity to thank her for all her help, support and her contribution towards the work of the Regional Blood Transfusion Service. They also offered her their very best wishes for the future. Dr. Wagstaff then presented Mrs. Kelly with an engraved glass. Mrs. Kelly thanked both Members and Officers for their good wishes and the presentation.

ACTION

86/12 NOTES OF LAST MEETING

Subject to the deletion of Mr. C. Brady from the attendance list, the notes of the last meeting held on 23rd May, 1986, were agreed as a correct record.

86/13 MATTERS ARISING

1. 86/8.1 Personalising the Service

Dr. Wagstaff reported on the progress on the "Personalising the Service" initiative within the Regional Blood Transfusion Service.

He explained that approval had now been received for the establishment of a donor newspaper but added that the name of the journal had yet to be agreed between himself and the Regional Medical Officer. RMO to note

(Post Meeting Note: Dr. Wagstaff reports that the name of the newsletter has been agreed as "Bloodlink" and the first edition should appear by Christmas.)

In addition, more information was now becoming available to donors and prospective donors via various information sheets. When the computer system was fully installed this would enable greater dissemination of information to donors and prospective donors.

Training programmes had been established for staff and was in part an attempt to ensure that staff presented a good image to the public. In this respect, Mrs. Kelly said that many complaints in Leicestershire were directed towards the medical staff. She stressed that these were not directed towards the care and treatment afforded by the medical staff - it was more the image they presented.

With regard to the donor recruitment from the ethnic community in Leicestershire Dr. Wagstaff said that a little progress was being made in that more donors were being obtained. Dr. Wagstaff added that he had now established a link with the local radio and media and was attempting to "spread the word". In response to a question from Mrs. Dady, Dr. Wagstaff confirmed that unfortunately Leicestershire was not at present supplying its own needs. Mrs. Kelly made the suggestion that perhaps the local MPs in Leicestershire could be contacted regarding this issue and after further discussion, Dr. Wagstaff and Mr. Kenny agreed to discuss this matter further. In this connection Mr. Kenny said that he would have a preliminary discussion with Mr. Baddiley.

ARGM (Ad)  
for action

Dr. Wagstaff stated that progress was being made towards creating the second plasmapheresis team at Vaughan Way, Leicester and said that recruitment of donors for that centre was good, (see minute 86/13.2 below).

Mr. Brown asked if attempts were being made to recruit potential donors from the younger generation. Dr. Wagstaff said that indeed this was the case and in so doing the Blood Transfusion Service staff visited schools.

(Post Meeting Note:- Mr. Kenny has ascertained that agreement had now been reached that the employees at the Trent RHA Headquarters would be allowed to make blood donations during working hours. This action would be ratified at the next meeting of the Headquarters Staff Joint Consultative Committee.)

EAB for  
action

2. 86/8.2 Short-Term Programme

Mr. Grute reported that the Planning Group on the Short-Term Programme had met with Dr. Wagstaff on two occasions. One meeting was to assess the 1986/87



position and, in this respect, Mr. Grute reported that the development was progressing to timetable with the exception of the introduction of the plasmapheresis team in Leicester which was slightly behind schedule.

Therefore, an approximate sum of £140,000 would not be needed during the 1986/87 financial year. Mr. Grute explained that this unused allocation would be taken back into the Regionally Managed Services budget for redistribution.

Part (RMS  
& Capital)  
for action

Mr. Grute added that in addition two elements which were not funded in the short-term programme had been identified. One of these was for research and development and the other was the replacement of the multidose anaesthetic gun by syringes. With regard to the replacement of the multidose anaesthetic guns by syringes, Dr. Wagstaff said that the multidose gun had been used for some considerable time and was perfectly acceptable and safe from the donors' point of view. However, a report had been produced last year in the USA linking an outbreak of hepatitis with the use of multidose guns for flu vaccine administration. Therefore, the use of the multidose gun had ceased and been replaced by the use of syringes following a letter from the Chief Medical Officer to RHAs.

Mr. Grute added that there had been a little underachievement in the cost improvement programmes. However, in summary, he said that the 1986/87 short-term programme was satisfactory.

With regard to the short-term programme for 1987/88, Mr. Grute said that this was a fairly modest programme with a capital sum of £65,000 identified for a bloodmobile and bloodbank and a revenue sum of £76,000 allocated for bloodpacks and research posts.

With reference to the item for bloodpacks under the 1987/88 short-term programme, Dr. Wagstaff explained that the BTS was not looking for an increase in whole blood donations next year. The increase in cost was for the redistribution of the type of bloodpacks within the overall number.

Discussion then moved on to computer development and Dr. Wagstaff outlined the difficulties being experienced in finalising the operational requirement for the computerised system for the BTS. He said that the draft operational requirements were now prepared and added that under the requirements of the EEC computer development costing more than £130,000 had to be advertised at least 41 weeks before any contract was awarded. Dr. Wagstaff said that the BTS requirement fell into this category and added that he had taken the risk of advertising in accordance with EEC requirements before the documentation had been finalised. Therefore, the period of 41 weeks would terminate early into the New Year by which time the BTS would be ready to award a

contract. Therefore, at this stage and, under the current requirements, the timetable was as fine tuned as it could be. Mr. Malley made the point that this situation would obviously have implications for the capital programme in that there would be some slippage. He added that the slippage in the expenditure could be coped with but the major problem seemed to be that the BTS would not be ready to implement their computerisation by the critical date of 1st April, 1987. Dr. Wagstaff confirmed that this indeed was the case and that because the slippage had been identified, some additional money would have to be found to support the present inadequate system.

ARGM  
(Cap) for  
action

There followed a detailed discussion about computerisation particularly in relation to the availability of software and hardware and, in summary, the Sub-Committee pledged their every support on this issue because of the potential problems to be faced by the BTS.

Director  
BTS to  
note

3. 86/8.3 National Blood Transfusion Service - Recharging Policy - Report of the Working Party

Dr. Wagstaff reported that in view of the anticipated delays of the development at Elstree, it now seemed likely that a more realistic date for the implementation of this revised charging arrangement would be to commence on 1st April, 1988. He undertook to keep the Sub-Committee informed of further progress.

Director  
BTS to  
note

4. 86/8.4 Blood Donor Sessions on NHS Premises

Dr. Wagstaff reported briefly that officers were looking in general at using NHS premises for weekend sessions for blood donors. In this respect, the Pastures Hospital has been identified as a possibility for a Sunday session.

Mr. Malley explained that whilst there was no firm commitment some consideration was being given to the use of part of the Nottingham General Hospital to serve the Blood Transfusion Service. He added that this possibility was just one alternative within the context of the rationalisation programme for the Nottingham General Hospital. Mr. Malley explained that the consideration was a complex exercise and would take some time to work through. The District Health Authority had asked for a detailed breakdown of the space requirement for the Blood Transfusion Service (approximately 6,500 sq.ft.) and discussions were ongoing with Nottingham. Two potential problems had been identified, viz access onto the site for the large bloodmobiles and also parking for donors' cars. The latter could perhaps be coped with by the local multi-storey car park. Another problem was the lease currently held on the premises in Nottingham by the Blood Transfusion Service in which there may not be a break clause. However consideration



was being given to these issues and Mr. Malley said that he would report the progress made at the next meeting.

ARGM  
(Cap) for  
action

86/14 USE OF BLOOD AND BLOOD PRODUCTS

Dr. Wagstaff drew attention to a recent situation where he had learned via notes of a meeting of an Anaesthetic Committee that there was a planned increase in open heart surgery on the Northern General Hospital site. He added that he was not aware of this until reading the notes. The Sub-Committee found this information very disturbing and stated their concern about the apparent lack of communication. The Committee stressed the need for any District Health Authority planning a service which would increase the use of blood or blood products to notify the Regional Blood Transfusion Service as a matter of urgency.

Dr. Wagstaff said that in relation to the particular instance cited above, he was waiting to hear from the Specialist in Community Medicine (Health Information Planning) for the further details.

BWR for  
action

86/15 AIDS

Dr. Wagstaff reported on progress on this issue and said that the testing exercises were fairly settled. He added that throughout all of the blood donors in the Trent Region there had only been three confirmed as positive. Upon identification of a positive test the donors concerned was counselled initially by the BTS counsellors and then referred to their local counsellor.

Dr. Wagstaff then went on to report on an issue of concern to him regarding a paper presented recently in the USA suggesting that any blood tested for use by haemophiliacs should have extra screening for the Hepatitis B virus and for ALT levels. Dr. Wagstaff said this his concern was mainly centred upon the point that the ALT levels in people without any liver damage at all could be quite high particularly if they were overweight or if they had taken alcohol the night before donation. His point was therefore that if this test was undergone many perfectly acceptable donations of blood would have to be rejected. He added that the cost of all the extra tests would be approximately £250,000 per annum and in his opinion were unnecessary.

Dr. Sewell fully supported Dr. Wagstaff's view on this issue and stressed the dangers of over-reacting to unproven findings.

Because of the potential seriousness of this situation the Sub-Committee agreed that it should be drawn to the attention of the Regional Medical Officer who would be asked to raise it nationally with the Chief Medical Officer.

RMO for  
action

86/16 RECENT MANAGEMENT CONSULTANTS' INVESTIGATION

Mr. Kenny reported that it had been decided not to proceed beyond the preliminary study.

Dr. Wagstaff reported that the DHSS had established a Steering Group to examine the supply function of the Regional Blood Transfusion Services in England and Wales. A Study Team would be visiting the Trent Regional Blood Transfusion Service during two weeks in October to conduct an indepth study on the levels of demand from local hospitals for blood supplies and the capacity of the BTS to supply over and above this need.

The Study Team would, during its deliberations, have contact with the Regional Medical Officer and in addition, with the Regional Treasurer, Regional Scientific Officer and Regional Pharmaceutical Officer. Dr. Wagstaff undertook to report the outcome at the next meeting of the Sub-Committee.

Director  
BTS for  
action

NEXT MEETING

It was agreed that the next meeting would be held on Friday, 12th December, 1986.