

FINANCIAL ARRANGEMENTS - PAGES 4-6

NOTE OF A MEETING TO DISCUSS THE SUPPLY OF BLOOD PRODUCTS TO NORTHERN IRELAND HELD AT 11.00 AM AT TRINITY PARK HOUSE, EDINBURGH ON THURSDAY 26 AUGUST 1982

PRESENT: Dr J D Cash, National Medical Director, Blood Transfusion Service
(In the Chair)
Mr J G Watt, Scientific Director, Protein Fractionation Centre
Dr R J Perry, Quality Assurance Manager, Protein Fractionation Centre
Miss M Corrie, National Administrator, Blood Transfusion Service

Mr J O Wastle, Scottish Home and Health Department

Mr R Y Anderson, Assistant General Administrator, Common Services Agency

Mr N Compton, Eastern Health and Social Services Board, Northern Ireland
Dr M McClelland, Director, Northern Ireland Blood Transfusion Service
Dr Black, Eastern Health and Social Services Board
Mr McAleesh, Eastern Health and Social Services Board
Dr T Lawson, Department of Health and Social Services, Northern Ireland

Apologies for absence were received from Dr A E Bell, SHHD, Mr M J Ord, Accountant, CSA and Mr C H Wooller, General Administrator, CSA

1. The purpose of the meeting was to discuss arrangements for the supply of blood products to Northern Ireland. It was agreed that the Agenda for the meeting should follow that suggested in Mr Wooller's letter of 2 August 1982 to Mr Compton.
2. PROGRESS TOWARDS RESOLUTION OF DEFECTS NOTED IN REPORT OF VISIT TO BELFAST IN 1981

Mr Watt stated that it was clear that the Northern Ireland BTS was also affected by the provisions of the Medicines Act, to which the Protein Fractionation Centre had already been heavily exposed. On his visits to Belfast, he had only been able to identify general defects although it was clear that much new building would be required. In addition, quality assurance procedures required to be formalised and validated although in this respect, the Belfast was in no worse a position than elsewhere in the UK. The PFC was already three years down this road. He had heard that the Medicines Inspector was due to the visit the Belfast Centre on 9 September 1982, on an informal basis, a visit which would highlight more clearly the problems of the Centre in relation to buildings, space and storage facilities. Dr Perry reported that problems which had earlier been identified in relation to hepatitis testing and testing of hyperimmune plasma had now been resolved. It was agreed to await the report of the Medicines Inspector before detailed consideration could be given to any defects identified, and the Scottish BTS were fully prepared to give advice on such aspects of documentation to the Northern Ireland BTS if requested.

There was already a good exchange of information between the PFC and the Belfast Centre, which in Mr Watt's view, did not have the resources to tackle the implications of the Medicines Inspectorate report alone. Dr Lawson advised that the provision of a new BTS Centre in Belfast was in the very early stages of consideration, so clearly interim arrangements might well be required. It had been accepted, however, in Northern Ireland, as a matter of principle that steps would be required to improve the facilities of the Blood Transfusion Service, following the Medicines Inspectorate report.

3. COMMITMENT TO PROFESSIONAL MATTERS

Attention was then turned to the need for the Northern Ireland BTS to enter into a commitment in respect of certain professional matters as follows:

(a) Anti-Rh(D) Plasma Procurement Programme

Dr McClelland confirmed that the Northern Ireland BTS had already made a start to a programme of anti-Rh(D) plasma procurement and recognised the difficulties which this might involve.

(b) Plasmapheresis Programme for Other Hyper-Immune Plasma, including Anti-Zoster and Anti-HBs

It was noted that the Northern Ireland BTS would require to expand its plasmapheresis programme for other hyper-immune plasma, to come in line with the SNBTS average annual plasma intake, particularly in the light of the likely increase in demand which could be expected for specific anti-bacterial immunoglobulins. Dr McClelland reported that the Northern Ireland BTS had already started a plasmapheresis programme for hepatitis B, tetanus and were examining the possibility of starting programmes for other hyper-immune plasma.

(c) Pro-rata Issue System

Dr Cash explained the operation of the SNBTS pro rata system of blood product issues from the PFC, which had been suspended in the meantime to enable stocks to be built up.

(d) HBs-Ag Testing

It was noted that this matter had been resolved although the need for a UK reference lab for such testing was recognised.

(e) Improvements in Procedures

These had been overcome

(f) SOP Production and Plasma Bag Design

This had previously been discussed. Mr Watt reported on the development of a new PFC plasma bag design, aimed at aseptic opening.

4. TRANSPORT

It was agreed that the preferred option with regard to transportation of plasma and products between Belfast and Edinburgh was for Northern Ireland BTS to supply a suitable vehicle to make one round trip per month from Belfast, with air transport being used as a fallback in case of disruption of ferry services, etc. The need to use suitably trained drivers was noted.

4. FINANCIAL ARRANGEMENTS

Mr Wastle explained that the Department and the Agency had had preliminary discussions on the financial arrangements to apply. The ground rules were that the system should be self-financing - ie, no additional money would be made available by the Scottish Home and Health Department. The rules should be kept as simple as possible, and the SHHD would accept the formula for apportionment of costs between the Agency and the Northern Ireland Blood Transfusion Service.

5. As far as revenue costs were concerned, it was agreed that a formula should be devised to apportion costs on the basis of the percentage of total plasma processed, with an annual revue. It was agreed that aspects of capital expenditure and value added tax should be pursued with the Scottish Home and Health Department. In relation to capital, it was noted that the Northern Ireland view was that they would not wish to contribute to capital expenditure. It was noted that the Eastern Health and Social Services Board were prepared to pay in advance their share of costs.

6. It was agreed that the Administrative and Finance Branches at Agency Headquarters should devise a suitable formula and meet with representatives of the Northern Ireland EHSSB to hammer out an agreement. Miss Corrie would represent the BTS and Mr Compton the EHSSB. This group would decide if further advice was required from Mr Watt. It was noted that the agreement would require to take account of the costs of the feasibility study which had already been started and which would continue.

7. COMMUNICATIONS

Dr Cash advised that he proposed that Dr McClelland would be invited to all meetings of the Scottish Transfusion Directors and their co-ordinating group, and would be issued with appropriate papers. It was also agreed that the group which had met today would meet as necessary to review the operation of the agreement, and the cost formula.