

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 155th meeting held on Wednesday 19 February 1975
at 2 pm in Room D101, Department of Health and Social Security,
Alexander Fleming House, Elephant and Castle, London, SE1 6BY

PRESENT

Dr W d'A Maycock		- Chairman
Dr L A D Tovey)	- Regional Transfusion Directors
Dr W Wagstaff		
Dr J Darnborough		
Dr T E Cleghorn		
Dr W J Jenkins		
Dr K Ll. Rogers		
Dr M M Fisher(deputy)		
Dr G O Walters		
Dr G W G Bird)	- Blood Group Reference Laboratory
Dr D Lehane		
Dr D S Smith		
Dr K L G Goldsmith		- Scottish National Blood Transfusion Service
Dr H B M Lewis		- Northern Ireland Blood Transfusion Service
Colonel T E Field		
Dr S L Waiter)	- Department of Health and Social Security
Miss C P Wall(part-time)		
Mr D U Jackson		
Mrs R A Tunnard		
Miss S H Rosbotham)	

Apologies for absence were received from Dr G H Tovey, Dr A D McIntyre and Major-General H C Jeffrey.

The Chairman introduced Miss C P Wall from Nursing Division.

Dr Maycock said that Dr H B M Lewis would be replace as one of the Scottish observers by Dr I Cook, Director, Regional Transfusion Centre, Inverness. The meeting thanked Dr Lewis for his help and offered him its best wishes.

1. CONFIRMATION OF MINUTES OF MEETING HELD ON 11 DECEMBER 1974

The minutes were confirmed subject to the following amendments:-

LIST OF MEMBERS PRESENT	- Add "Colonel T E Field, Northern Ireland Blood Transfusion Service"
PAGE 3, 2a, para.3, first line	- Alter to read: "Three RTCs (Edgware, Wales and Liverpool) proficiency"

PAGE 4, c para.2 first line

- Alter to read: "Dr Barry said that South London Centre was hoping to be in a position to"

" 8 para.8 3rd line

- delete "in about the last year" and substitute "since 1971"

" 9 para.9 4th line

- add after "L A D Tovey". "D S Smith"

2. MATTERS ARISING

a. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY

Dr Goldsmith reported that:-

- i. Blood Group Reference Laboratory had distributed samples of a second serum containing multiple blood group antibodies to all Regional Transfusion Centres in UK; 15 Centres had so far reported their findings.
- ii. Since the last RTD meeting, five RTCs had organized further quality control exercises.
- iii. A pool of serum containing anti-K + anti - Fy^a had been distributed to five RTCs, which would distribute the serum to hospital laboratories in their regions. This trial was the first in which hospital laboratories in several regions would test the same material and might allow conclusions to be drawn regarding the relative efficiency of the laboratories concerned.
- iv. For the first time, he was able to report that all RTCs had participated in some way in quality control, either by testing the laboratories in their regions or by being tested themselves by BGRL.

Dr Waiter mentioned that a small number of persistently poor performers had been identified among participants in the National Quality Control Scheme in chemical pathology. At a meeting of representatives of the professional bodies with the Department it had been proposed that a small group of experts formed by the professional bodies should consider the cases of persistently poor performers. She said the Department had not since heard from the professional bodies concerned but they had accepted this role in principle. Dr Waiter said she would keep the RTD meeting informed.

b. PUBLICITY PAMPHLETS

GIFT OF LIFE LEAFLET

This was now being printed.

NBTS BOOKLET

Comments had been received from all RTDs and the final text was being prepared.

c. PUBLICITY SUB-COMMITTEE. Mr Jackson reported that at its second meeting on 5 February 1975, the Sub-Committee had considered the following matters (among others):-

- i. Central funds were available for local paid advertising. Requests for financial assistance would be considered on their merits.
- ii. Regions considered it important that the control of the use of radio material should be in their hands. The Department would circulate a paper reflecting these views for discussion at the Sub-Committee's next meeting on 12 March.
- iii. Regions regretted the absence of supply of Life Blood Series Leaflets as having an unfortunate effect upon public relations. Suggestions for subjects for leaflets had since been received and the matter would be discussed at the meeting on 12 March. Medical advice on the texts would be necessary but if it would be of assistance, the Department was willing to arrange for a script-writer to visit various RTCs.

RTDs asked to be informed what subjects were proposed for leaflets.

- iv. SOVAM VEHICLE. Dr Jenkins suggested that this vehicle might be the subject of a Life Blood leaflet. It had been shown on TV. It was agreed that the vehicle should, if possible, be used for a blood collecting session at DHSS on the occasion of the RTD meeting on 30 April, and that arrangements should be made by RTCs Brentwood and Tooting.

d. SUPPLIES OF BLOOD FOR PURPOSES OTHER THAN TRANSFUSION

Dr Maycock said that the first meeting of the Joint Working Party with LDAG Sub-Group on Quality Control would be held on 6 March.

e. KIDNEY DONOR TRANSPLANT SCHEME

RTCs Leeds and Wessex were now displaying publicity material at sessions and RTCs Sheffield and Brentwood had recruitment cards available at sessions.

f. WORKING PARTY ON FORMATION OF A BONE MARROW PANEL

Dr Maycock reported that the Standing Medical Advisory Committee was to meet on 25 February and that the report of the Working Party would be presented.

g. CENTRAL ADVISORY COMMITTEE

Dr Maycock reported that it had not yet been possible to invite members to join this Committee.

h. INDUSTRIAL INJURIES ADVISORY COUNCIL'S INDUSTRIAL DISEASES SUB-COMMITTEE ON VIRAL HEPATITIS

Dr Maycock reported that evidence prepared by NBT'S had been submitted by the 31 December 1974 and that copies had been distributed to RTDs. He thanked RTDs for their comments and help in preparing this document.

i. REVISION OF "NOTES ON TRANSFUSION"

Dr Maycock said he had now received amendments collated by Drs Murray, L A D Tovey and Smith. Revision would be put in hand as soon as possible.

j. MEMORANDUM ON SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS.

Dr Maycock said he had received only one reply and asked RTDs to send comments as soon as possible.

k. EMERGENCY DUTY - MEDICAL LABORATORY TECHNICIANS

Dr Waiter referred to D.S. letters, 53/75, 66/75 which described recent negotiations on increased payment for emergency duties. These had not succeeded and ASTMS had asked technicians to withdraw their services. Dr Waiter said that this request might not receive wide support as technicians might be reluctant to lose the increased payments authorized earlier in the year which ASTMS now rejected.

POSITION IN RTCS

Cardiff	- One technician had refused to do extra duty
Wessex	- Technicians did not wish to make alterations but if pressed by union, might do so.
Birmingham	- Rotas were to be withdrawn from 5 o'clock on 19 February.
South London	- Not aware of difficulties at the centre or in hospitals.
Cambridge	- No trouble so far.
Oxford	- No comment
Brentwood	- Meeting of technicians to decide their action was taking place on 19 February.

3. NURSING STAFF IN REGIONAL TRANSFUSION CENTRES

Miss Wall thanked Directors for their hospitality when she had visited several Centres recently and said she hoped to visit more Centres. She said she could refer at this stage only to two conclusions she had reached. The first was

that there was much interesting and responsible work in RTCs that could best be done by SRN's and that the nurse's role in NBTS has been extended. The second was that the SRN in NBTS would become professionally isolated unless an effort were made to prevent this; this problem was being considered within the Department and much could be done regionally to counter isolation if RTCs collaborated with the senior nurse at RHA headquarters.

In the discussion the following points emerged:-

The Head Nurse should have a deputy who should also be an SRN. There was sufficient work for such an appointment.

The Head Nurse and her deputy were responsible for training the donor attendants and maintaining a high standard of proficiency in this staff. This duty was in itself a considerable one.

Developments in recent years had added to the scope of the SRN's duties in NBTS, particularly the introduction of plasmapheresis in which the SRN played a chief role and which should probably be staffed, apart from doctors, only by SRNs. More recently the introduction of the cell separator had further extended the potential work of the SRN; under a doctor she could be in charge of the care and operation of this equipment.

Experience at RTCs Bristol and Glasgow had shown that SRN's could act satisfactorily as blood collectors; under the current regulations a doctor had also to be on duty or within call on the premises. The Royal College of Nursing had not yet made a general ruling governing the nurses' role in venesection.

One centre had appointed a male head nurse and there was no reason why male SRNs should not be employed in NBTS.

Isolation would be counteracted if an annual meeting of SRNs in NBTS were arranged. Such a meeting would provide an opportunity to introduce and discuss nursing problems in fields closely related to transfusion. Mr L A D Tovey undertook to see if such a meeting could be held at RTC Leeds.

Miss Wall said she would like to attend the meeting again when she had been able to complete the conclusions reached as a result of her visits to RTCs.

The meeting expressed its appreciation of the interest now being shown by Nursing Division and thanked Miss Wall for her part in this.

4. ARRANGEMENTS UNDER REGIONAL HEALTH AUTHORITIES

a. REGIONAL BOUNDARIES

Dr Cleghorn and Dr Rogers were concerned by proposals to revise the boundaries of the areas served by RTCs Edgware and Tooting to be conterminous with the RHA boundaries as revised on 1 April 1974. The proposed changes would disturb the balance of the donor panels and the regions' ability to meet their commitments and it seemed that the boundaries should remain unchanged. Similar problems, that had arisen in other parts of England and Wales, had been solved by consultation with the RMOs concerned; in all instances it had been decided not to change the boundaries observed by NBS before 1 April 1974.

It was suggested that Drs Cleghorn and Rogers should discuss the problem with their RMOs.

5. SUPPLY MATTERS:

Agenda items 5a - 5c were deferred until the next meeting.

Item d. RE-INTRODUCTION OF SET DEFECT REPORTING.

Miss Rosbotham explained that although the incidence of defects had diminished during the past 3 years, defects still occurred some of which were due to errors in manufacturing. The Department, therefore, wished to re-introduce defect reporting and hoped that RTCs would co-operate. The meeting agreed because reporting of defects would be helpful in maintaining manufacturing standards. Only if there were such a scheme could Supply Division know which were the important and most frequently occurring defects.

Miss Rosbotham said that Supply Division would distribute a draft form which could be discussed and finally revised at the next RTD meeting

6. USE OF PLASMA PROTEIN FRACTION AND ALBUMIN (PPF)

Dr Maycock reported briefly on a recent visit to an "Albumin Workshop" organized by the Division of Biologic Standards, Food and Drugs Administration and the Institute of Heart and Lung Diseases of the National Institutes of Health, Washington.

Over three quarters of the plasma used for the preparation of albumin and PPF in USA was collected by plasmapheresis from paid donors; placentae were little used as a source of plasma and their use was diminishing steadily. Comparatively little PPF was used. The Workshop reviewed the physiology and biochemistry of albumin and the indications for use and reactions. There was great concern at the large amounts that were transfused and the fact that the distribution of these fractions had passed almost entirely to hospital pharmacies, so that there was, in general, no medical control over their use or follow-up of results; records of distribution and use in hospitals were usually not kept. The Workshop recommended that a working group should be established to consider the clinical value of albumin and PPF, in particular the indications.

The proceeding of the Workshop would be published and Dr Maycock hoped copies could be obtained for RTDs.

Dr Maycock reported that, apart from paid donors who were still used by the 200 or so "plasmapheresis stations" in USA, between 80 and 90 per cent of donors in the many independent transfusion services, some of which were associated with particular hospitals, were now unpaid. The rapidity and relative ease with which the change from paid to unpaid donors had been made, had surprised those in charge of transfusion services. The donors of the American Red Cross Transfusion Service had always been unpaid.

7. OBSERVATIONS IN NATURALLY AND DELIBERATELY IMMUNIZED DONORS

Dr L A D Tovey reported that he had received replies from 10 RTCs.

This item was deferred to the next meeting so that Dr Tovey could complete his report. RTDs were asked to show separately in their reports donors who were immunized and donors who were boosted.

8. TECHNICAL STAFF MEETING AT SOUTH LONDON REGIONAL TRANSFUSION CENTRE

Dr Rogers offered to investigate the possibility of organizing a meeting during 1976. The last had been held at RTC Sheffield in 1972. The meeting thanked Dr Rogers and accepted his offer.

9. CODE OF PRACTICE FOR DONORS

Dr Cleghorn said he thought NBTS should consider whether a code of practice was needed to guide the Service's relationships with its blood donors. All Centres no doubt had donors who were in some respect unusual: for example,

their blood contained a rare or unusually potent antibody, or their platelets carried an unusual combination of tissue antigens. Dr Clegorn thought, if a code of practice were prepared it should be given to donors. The danger of unintentional exploitation of donors with some unusual features would then be negligible or entirely prevented. It was noted that donors belonging to rare blood types, who volunteered, were already segregated on national or international panels and that, as far as was known, none had been exploited. It was also noted that the Working Party on Bone Marrow Donors had prepared a code of practice for unrelated bone marrow donors and that the Department was considering preparing a code of practice for donors, elements of whose blood were removed by means of cell separating centrifuges. It was pointed out that each Regional Transfusion Director had always regarded himself as being responsible for the welfare and for preventing any form of exploitation of donors who were bled or subjected to other procedures by the Service itself.

The meeting agreed to postpone further consideration of this matter to the next meeting.

10. TESTING FOR HEPATITIS B SURFACE ANTIGEN

It was reported that the trials of the reverse passive haemagglutination techniques would not now be held, as these techniques had been widely investigated and reported upon in the medical literature. The Advisory Working Group was going to advise that before RPH was adopted as routine screening test, at least 5000 specimens should be tested in parallel by RPH and CIE.

11. DATE OF NEXT MEETING

This was arranged for Wednesday 30 April 1975.