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MINUTES OF THE MEETING OF THE BTS WESTERN DIVISION CONSULTANTS, HELD ON TUESDAY, 9TH OCTOBER 1990, AT THE WEST MIDLANDS REGIONAL TRANSFUSION CENTRE

Present:

Dr. F. A. Ala (in the Chair)
Dr. D. Anstee
Dr. D. Collins
Dr. C. Entwistle
Dr. I. Fraser
Dr. A. Herborn
Dr. R. Lane
Dr. D. Pamphilon
Dr. T. Wallington

Apologies were received from:

Dr. H. I. Atrah
Dr. F. Boulton
Dr. M. Fisher
Dr. R. Jones
Dr. H. Koster
Dr. J. Napier
Col. M. Thomas
Dr. P. Trenchard

1. The Minutes of the last Meeting of the BTS Western Division Consultant were accepted as a true record.

2. DISCUSSION OF THE NATIONAL MANAGEMENT COMMITTEE MEETING MINUTES (3.9.90): (Confined to those items giving rise to comment):

Item 3.1 - Medical Audit

It was confirmed that the external peer review would encompass all Consultants together.

Comments similar to those of the previous Divisional Meeting were expressed concerning external peer review: in regard to the need for adequate time spent in preparation if a merely cosmetic effect was to be avoided, and in relation to the greater importance of (and difficulty in) establishing Hospital Transfusion Committees at an early stage.

Item 3.2 - Provision of Donors Committee

West Midlands RTC reported that "Customer Service" Seminars, initially aimed at blood collection teams, would be introduced this winter by Delta, following favourable comments from Trent Region. Oxford Region has been considering a similar exercise, although implementation will require the availability of sufficient funds.

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Item 3.4 - Blood Donor Association (BDA)

Although all members of the meeting had not had the opportunity to read the literature issued by the Association, its contents were briefly reviewed. Misgivings were expressed regarding the vulnerability of the NBTS to this kind of activity, particularly since it is being fostered by an individual closely associated with the Service. The attitude of the Association was ruefully contrasted with their long-established, much more supportive, if somewhat naive French counterparts.

It was nevertheless recognised that the BDA is probably here to stay, and that entering into a dialogue with them is an obvious priority.

Item 3.6 - Plasma for Reagent Production

It was Dr. Lane's view that although much time had been expended in formulating proposals addressed to the National Directorate and Management Committee, creating a positive attitude and reaching agreement had proved to be painfully slow. The basis of BPL(D) proposals were simply the supplementation of raw material unit costs with a figure which would cover serological typing. More precise definitions and specifications would follow shortly.

Item 3.7 - Provision of Red Cells for NEQAS

Dr. Fraser's initiative in proposing the supply of standardised screening cells for external quality assurance exercises was warmly applauded. West Midlands RTC had offered to attempt the supply of sufficient raw material to BPL for aliquotting, filling and finishing a three-cell panel for participating laboratories in England and Wales. If this endeavour proved to be feasible, it may be possible to provide BPL(D) with material for routine use in hospital blood compatibility laboratories. This would be the subject of individual discussion between WMRTC and BPL.

Dr. Fraser had investigated the possibility of extrapolating from the experience of Glasgow RTC for this purpose, although West Scotland naturally supplies a much smaller pool of hospitals than England and Wales would represent.

Item 4.1 - Research Committee

There was some support for Scottish participation at an early stage, because they have a strong research team which would benefit the fledgling Research Committee.

Item 4.2 - Anti-HCV Testing

The hope was expressed that the Department of Health would sanction sufficient funding (an application for £6 million has already been submitted) for early initiation of anti-HCV screening, as the UK is falling short of standards set by most other Centres in Europe and the US. Introduction of the Wellcome kit is eagerly awaited.

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Item 5.1 - Eastern Division Minutes

Dr. Lane emphasised that anti-HIV.2 screening was not intended for plasma destined for fractionation only.

Item 5.3 - Northern Division Minutes

BPL does not envisage any inflation-linked alteration in plasma prices for 1991/1992.

Item 6.1 - Meeting of Donor Services Managers

It was regretted that Donor Service Managers had felt the need to establish a separate Association outside the BBTS.

Item 6.2 - BBMDP

The considerable efforts devoted by Dr. Fraser in drawing up the four comprehensive BBMPD procedural documents were gratefully recognised. Indeed, even though they have not yet received the official imprimatur, they are already being utilised by a number of RTCs.

West Midlands RTC indicated a desire to enter the names of potential donors in the international register originated by van Rood, which currently holds some 250,000 names (130,000 from the Anthony Nolan Panel, and 9,000 from the S.W. Region).

Item 7.2 - Budget Devolution

Oxford RTC has elaborated its own model block contract and is currently in the process of visiting DGMs and hospitals in order to make contractual arrangements for the supply of products and services. West Midlands RTC is to engage in a similar process as soon as its Prospectus is completed in mid-November.

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3. ANY OTHER BUSINESS

a) NBTS/CBLA Liaison Committee Meeting (26.9.90)

Recently received Minutes of this meeting were reviewed for the benefit of members who had not had the opportunity of seeing them. The following items gave rise to comment:

i) Item 3.2: It was noted that 10m iu extra-high purity Factor VIII (prepared under Baxter licence by affinity purification, using monoclonal anti-VIIIC) would be ready for issue by February 91. It is estimated that only 450 tonnes of plasma will be supplied to BPL this year, instead of the previous forecast of 490 tonnes. The favourable net yield of 200 iu per kg. would mitigate this plasma deficiency to some extent, however. The strong current demand for Factor 8Y is expected to improve further when a 500 iu/vial format is introduced in the near future.

ii) Item 3.3: Progress is being made in bar-coding of plasma products and source plasma.

Regarding plasma donations, BPL expects RTCs to identify all individual plasma packs with CODABAR labels, rather than merely the outer wrapping, by March 1991.

In relation to finished plasma products, BPL will identify vial boxes with code EAN 13 (for the benefit of pharmacies), whilst the outer wrapping enclosing 10, 20 or 50 vials will be identified using Code 39 (for BTS inventorying purposes). BTS readers utilising INTERMEC software are capable of reading Code 39.

iii) Item 3.5: The case for urgent notification of BPL of plasma from donors implicated in post-transfusion infection or failing to meet specifications for other reasons, was made by Dr. Lane. The mandatory time limits for such episodes are defined in Appendix 2 of the Minutes (now revised following discussion at the Liaison Committee Meeting).

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iv) Item 4: BPL sales of therapeutic products are robust, although only 70% of these are accounted for by Regional contracts. Dr. Lane circulated a price schedule showing that the contract price offered by BPL for therapeutic products, very closely approximates average European prices.

It was noted that the new A7 albumin product would be available by March 1991, and the 5 ml. format would once again be available at that time.

Intravenous Immune Globulin would also become available by the end of the financial year, despite the dearth of ALT-tested plasma.

b) COSHH Data Sheet

It would appear that few RTCs have given much thought to the production of data sheets for blood products. It is anticipated that the National Directorate will issue a standard format for use in all RTCs.

c) Dr. Martlew's letter regarding the demand for freshly heparinised red cells for neonatal surgery in her Region was briefly discussed.

d) The use of Factor IX concentrate in acquired deficiencies, rather than plasma, was discussed. Thrombotic risks of F.IX concentrates in Warfarin overdosage or "burned-out" liver disease may not be as great as has been feared hitherto. This issue probably deserves resolution by clinical trial. It is particularly relevant in view of the imminent production of ultra-purified Factor IX preparations which will contain F.IX alone.

e) The question of Risk Management and Insurance in RTCs was raised, and it was hoped that the National Directorate might investigate the feasibility of applying a common national policy in this context.

The next meeting of the Western Division Consultants will be held in November 1990, at Southampton Regional Transfusion Centre. RTDs will be advised in due course.

DR. F. A. ALA
Chairman BTS Western Division