IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the Co-ordinating Group
held in the HQ Unit on 12 May 1987

Present: Professor J D Cash(in the chair)
Miss M Corrie (Secretary)
Dr E Brookes
Dr R Mitchell (items 1 to 3w)
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow

Action

1. **INTRODUCTION AND APOLOGIES FOR ABSENCE**

There were apologies from Dr Brian McClelland, Dr Morris McClelland and Mr Francis.

Dr Angus Munro would attend for item 3n.

JDC confirmed that **Autologous Transfusion** was added to the agenda.

Dr Brian McClelland had sent written comments which JDC would introduce as the items were reached.

2. **MINUTES OF EARLIER MEETINGS**

Minutes of meetings held on 24 February, 25 March and 1 April had been circulated and comments received were attached.

The decisions taken are noted at annex 1 to these minutes.

3. **MATTERS ARISING**

(a) Developments 1987-88 (Feb)

It was noted that the Ad Hoc Group would meet on 5 June. Dr Whitrow would be unable to attend.

(b) AIDS (Feb and Mar)

i. **Look back procedures - analysis of results:** JDC had met Dr Robert Crawford and would redraft the latter's document (with his approval) **and submit it to the Directors for comment.** **JDC**

Action

ii. **Reference testing:** Dr Brian McClelland had written that he had no comment to make at present on the HIV reference service in East Scotland. It was agreed to keep the item on the agenda till Dr McClelland was present. MC

iii. **Next revision of AIDS message:** Directors undertook to consider any further exclusions and to bring them forward in time for issue in the agenda for the August Co-ordinating Group. RTDs

Miss Corrie to issue as an annex to the minutes a list of exclusions already awaiting consideration. See annex 2. MC

iv. **Africa 'south of the Sahara':** Directors accepted JDC's definition of 'all countries in Africa with the exception of Morocco, Algeria, Libya and Egypt'. RTDs

v. **Problem in W Scotland:** Correspondence from Dr Mitchell, JDC and Dr Crawford had been circulated. This concerned difficulty being experienced by session doctors in W Scotland in questionning donors who had been to Africa south of the Sahara.

It was confirmed that this was a matter of self-exclusion so that no questionning was needed. Donors were however debarred for one year on account of malaria.

It was agreed that it might in future be necessary to put expensive resources into interviewing donors. Dr Mitchell agreed to write to JDC about his suspicion that he might be seeing an increased number of first time donors who had been to Africa. If this were so JDC would take it up with the Chief Medical Officer, the inference being that the health boards were not providing satisfactory alternative testing. RM

vi. **4 May change in exclusion criteria:** It was noted that the new criteria had not given any problems and there had been little media interest in the press release made on 28 April. Miss Corrie explained why it had been made ahead of the operational date and undertook on any future occasion to contact the Directors and explain why the release was being made on a particular date. MC

vii. **Survey of effectiveness of donor self-exclusion publicity material:** The proposal from Professor Douglas Leathar had been circulated with the agenda.

It was agreed that Miss Corrie should approach Professor Leathar to discuss the protocol. Directors wondered whether a better sample (males in classes C2DE were omitted) was possible and wished to extend the interviews beyond the central belt of Scotland. She should then let Directors have the revised protocol for comment and for further discussion at the August Co-ordinating Group. Miss Corrie to find out when Professor Leather could undertake this survey. MC

Miss Corrie confirmed that the RDOs had not been consulted as a group and it was agreed that each Director should discuss it with his/her RDO after which they could discuss it as a group.

Actior

viii. **AIDS antibody positive donors:** The position at 12 May was as follows:

	Antibody positive donors	Patients
N	1	0
NE	0	0
E	3	2
SE	10	3 confirmed 1 death 1 under investigation
W	6	2

ix. **Dental treatment:** JDC had contacted both EAGA and the BDA about dentists who were sending to the Dental Hospital patients who had received a blood transfusion in the last five months. He awaited replies.

x. **Seroconversion of previously ELISA+ WB- donors:** Dr McClelland had agreed at the Directors' meeting on 3 March to explore this matter vigorously with EAGA. The screening sub-group of EAGA had made a recommendation to the parent group who were due to meet on 19 May and the result would be available for the Directors' meeting on 10 June. Dr Mitchell tabled two SOPs on HIV testing from his Centre. Any Director who wished to comment on these could do so at the next meeting.

xi. **DHSS donor self-exclusion criteria:** The latest draft was noted.

xii. **'Escape Route':** JDC asked Directors to consider if the SNBTS should be developing further the idea and practice of allowing an 'escape route' for high risk donors who could ask that their donation be held for research only.

Dr McClelland had reported a trial in his Centre in which no one had accepted the 'escape route'.

JDC to ask Dr McClelland to obtain from Dr Hewitt of the North London Centre a summary of their experience with a confidential questionnaire. JDC

In general the Directors were unhappy about the system except possibly for first-time (or highly mobile) donors who did not have a chance to read the self-exclusion criteria before attending.

Directors agreed to think about the matter further while JDC wrote to Dr Hewitt and consulted Dr Fraser. The topic to be discussed again (when all Directors were present) on the basis of the available data. JDC MC

xiii. **The Du Pont HIV antigen ELISA assay:** JDC had asked Directors to think about whether the SNBTS needed to plan to introduce limited or full HIV antigen testing of donations.

Action

Dr Brian McClelland had written that he did not believe it appropriate owing to insufficient evidence about the duration of antigenaemia before Ab appeared and that the service would need to review fully the available data from seconverting persons in high risk groups before proceeding further. He thought that testing of cell donors for boosting seemed a good precaution however and would cause no problems.

Dr Mitchell tabled an evaluation of the Abbott Recombinent HIV ELISA and a paper headed Abbott HTLVIII Antigen Test, both from his Centre. The latter showed that the Abbott Antigen test was very expensive and slow and in its present form not suitable for use as a donor screening test. Meanwhile it could be an important tool for the investigation of repeatedly reactive donations found with the routine anti-HIVIII screening test. **JDC undertook to write to the Reference Laboratories for advice about including an HIV Antigen test if they were not already doing so and to report back.** JDC

It was suggested that Dr Perry might wish to undertake limited antigen testing. **He would put a proposal to the Directors for consideration.** RJP

It was agreed that all tests should be undertaken on cell donors for the anti-Rh(D) programme. It was noted that the current guidelines do not specify the tests to be employed and Dr Urbaniak would take this up. Directors agreed that there was currently no good reason to commence routine donation HIV antigen screening. SJU

xiv. **Blood needed by British staff of companies overseas:** Dr Contreras had written to Dr Fraser hoping for a national policy on dealing with calls from companies who wanted blood supplied to staff members needing it when abroad.

After discussing all the implications it was agreed that JDC would write to Dr Contreras for further details, after which the matter would be considered further at the next meeting. JDC MC

xv. **Article for Bloodletter: Directors agreed that the articles submitted by Dr Robert Crawford was not appropriate. Dr McClelland had offered the text of a leaflet he had written for Edinburgh University and it was agreed that Miss Corrie should obtain this.**

xvi. **HIV2: Current position and tests of future likelihood of routine screening:**

Deferred.

(c) IgG Viral Transmission Validation Studies (Feb)

Deferred.

Actior

(d) Hepatitis Testing (Feb)

It was noted that Dr Mitchell had submitted to the Lancet a letter on the assessment of the Wellcome Test and had copied his letter to the Director of BPL (with the approval of Wellcome).

(e) Scotblood (Feb)

i. It was agreed that Scotblood '87 had been a success and Miss Corrie would thank the organising committee. MC

ii. It was agreed to hold Scotblood '88 in Glasgow.

iii. Miss Corrie would contact Directors for nominations to the organising committee. Dr Whitrow nominated Alan Howie and Bill Simpson would represent Dundee having been the 1987 chairman. MC

iv. It was agreed that Miss Corrie should take from the organising committee any suggestions they might have on the procedure to be followed in 1988 and that she should produce a revised draft for the next Co-ordinating Group. MC

v. One matter the 1988 organising committee would need to consider was how to retain interest throughout the day to ensure a larger audience for the guest lecture. Otherwise the lecture might be held in the morning instead. MC

(f) Crossmatch Procedure (Feb)

Dr Urbaniak would report to the August meeting of the Co-ordinating Group. SJU

(g) Private Sector (Feb)

i. Agreement: Mr Wooller had written to Miss Corrie that only three of the six private hospitals in Scotland had signed. Dr Mitchell indicated a misundertstanding in the case of Glasgow and Miss Corrie undertook to clarify matters. MC

ii. Implementation procedure: This would be completed when the agreements were signed. MC

iii. Annual review: It had been suggested that February each year would be the best Co-ordinating Group meeting at which to review relationships with the private sector. It was agreed to consider this suggestion at the next meeting. MC

iv. Laboratory and product handling charges: It was noted that the laboratory service charges were fixed till October 1988 and that the DHSS had just issued their circular with English RTC products (which would be converted for Scottish use).

It was agreed that October of each year would be the best time to introduce new handing charges also (if SHHD agreed). JDC

Action

(h) Development of a National Programme for QA (Feb)

i. **NBTS Working Party:** It was noted that the work of this group had been taken over by the UK BTS/NIBSC Liaison Group.

ii. **UK BTS/NIBSC Liaison Group:** The following SNBTS nominations were approved to the three working groups if the SNBTS were asked to make nominations:

RTC Products	- Dr Ghosh and Mr Barr
Plasma Fractionation Products	- Dr Cuthbertson
Diagnostic Reagents	- Dr Mitchell and Mr Bruce

JDC agreed to advise Dr Wagstaff of these proposals. JDC

(i) Unrelated Bone Marrow Transplantation (Feb)

i. **SNBTS:** Miss Corrie tabled a letter from Dr Gillon, outlining the position of his group. He had sent to JDC draft literature for donors which the parent group would consider on 27 May.

ii. **UK:** Dr Yap had submitted a report on the group on matching of which he was a member.

The Scottish Directors awaited a conclusive report from the main group (Chairman Dr Fraser).

(j) Vaccination against HBV (Feb)

JDC had written several times to the General Manager for details and offering for BTS doctors to undertake the vaccination. In the absence of a reply he had now written direct to Dr Sharp, the CSA Occupational Medical Officer.

It was confirmed that the CSA Management Committee had approved on 17 December 1986 a programme to vaccinate some 800 SNBTS staff who could be at risk of contracting hepatitis B in the course of their employment.

(k) Surrogate Testing for NANB (Feb)

i. **Donors:** The Directors except Dr Whitrow had submitted their proposals to Mr Francis. **Dr Whitrow would contact Mr Francis for further information.** WW

ii. **Normal population:** It had been agreed at the 3 March Directors' meeting to consider in the Co-ordinating Group whether the BTS should be doing ALT testing now to ascertain normal levels at various ages.

It was agreed not to do so until each RTC had the appropriate equipment installed.

Action

(l) Efficiency Savings (Feb) –

Mr Francis had written at the end of April to each Director with a note of what was required in respect of proposals for 1987-88.

It was noted also that JDC had asked the General Manager again for a response to the original SNBTS Efficiency Savings paper.

(m) Guidance for the Selection, Medical Examination and Care of Blood Donors (Feb)

It had been remitted to Dr Brookes and Dr Gillon to prepare a short paper for the May meeting of the Co-ordinating Group.

Dr Brookes said that instead she and Dr Gillon would be circulating to Directors in June/July the following: **EB**

i. **An A to Z guide to assist all staff at Centres**

ii. **Notes for medical officers (based on a W Scotland document)**

iii. **A commentary on the differences with the England/Wales Guidance and questions for the Scottish Directors.**

(n) AHG Serum (Feb)

Dr Munro tabled a statement of issues of AHG Serum to Health Boards and CSA for 1985-86 and 1986-87. No problems with the reagents had been notified and there were no late QA returns.

Dr Munro undertook in future to consult or inform users before changing the bottle size. He would also collaborate with Dr Perry over possible cheaper packaging. **AM**

Dr Munro explained the position about monoclonals. He would report formally when the situation was clear. **AM**

JDC recommended to Dr Munro to offer AHG serum to Northern Ireland on a basis which the CSA's General Manager would have to agree. **AM**

It was noted that each Transfusion Centre was represented on the QA Committee and that Centres undertook post-fill checks according to their capacity.

Dr Munro agreed to let members of the QA Committee have the dates of future meetings by letter as well as in the minutes. **AM**

(o) Monclonal (Blood Group) Antibody Working Party (Mar)

Deferred to the Special Meeting on 16 June.

(p) AABB 1987 (Mar)

It was noted that Dr Gabra, Dr Farr and Mr Wilson had all agreed to be nominated to the BTS Sub-Committee on the understanding that they would produce reports within two months of their return. **MC**

Action

Dr Mitchell said that Mrs Thornton had recalled her 1987 report while he had it and he had not seen it since. Dr Urbaniak had not read it either. **Miss Corrie to investigate and improve the circulation system for Reports.** MC

(q) QA of Kleihauer Tests in SNBTS Antenatal Laboratories (Mar)

Dr Urbaniak confirmed NEBTS would undertake the QA programme on a basis of three times a year **and would contact the Directors.** SJU

(r) Central Committee for R & D in Blood Transfusion (Mar)

It was noted that JDC had written to Dr Gunson and had conveyed to him that the proposal was unacceptable. Dr Gunson was seeking advice from the DHSS before responding.

(s) Blood Bag Purchases (Mar)

i. **NBTS:** Dr Perry reported that he had reason to believe that the national single exclusive contract for England and Wales had been abandoned .

ii. **Tear-down packs:** Tuta might be re-entering the market. 3,000 Biotest packs had come apart in use and the factory was sending a translation of their QA protocol. A delivery of 1,000 packs was due in June from Travenol.

Directors noted the Biotest episode with concern and requested Dr Perry to keep them informed. RJP

iii. **CSA Contracts officer:** Miss Corrie reported that she had obtained current prices and would report to the Directors. MC

iv **SNBTS Practices:** Miss Corrie had not commenced her study but hoped to do so soon. MC

(t) SNBTA Lecture (Mar)

Being handled by correspondence.

(u) Meetings of BTS Nurses

It was agreed after discussion to postpone the meeting of SNBTS senior nurses until the Directors had discussed the management of the BTS, commencing 16 June. JDC

(v) Joint Consultation (Mar)

The Trades Unions with members in the SNBTS had submitted to JDC a constitution which they wished to see adopted and which had elements not acceptable to SNBTS management. JDC had responded that the previous SNBTS management offer remained.

Dr Mitchell asked about BMA participation and Miss Corrie undertook to consult CSA Personnel Officer. MC

Action

(w) Autologous Transfusion (1 and 7 April)

JDC had circulated a paper which was a combination of the original protocol by Dr Gillon and the England/Wales documents produced by Dr Lee. He had realised when reading the latter that Dr Gillon's paper had been inadequate in respect of donor selection.

A feature in the Observer had led to other newspapers contacting JDC for information about what was happening in Scotland and he had explained that a decision would be taken at today's meeting. He had explained that the SNBTS had severe reservations about autologous transfusion but in the circumstances felt that they should undertake a pilot study.

Dr Mitchell repeated that it would be more appropriate in the case of W Scotland for haematologists to undertake the study. JDC nevertheless felt that there should be a SNBTS document and that haematologists should be kept informed of SNBTS developments.

Once the Directors had approved it, JDC would send his paper to the Central Legal Office and SHHD for comment. It would then be sent to the Scottish Haematologists Group. JDC

The Directors present wished to ensure the document was applicable within the wider area of bloodbanking than RTCs and JDC explained that hospital haematologists could modify the guidelines in any way they wished.

4. BTS SUB-COMMITTEE 13 MAY

There was insufficient time to discuss the agenda.

5. COMPUTER PROJECT MANAGEMENT GROUP

JDC advised there was unlikely to be any further progress in this area until the General Manager had completed his review of current arrangements. The GM had written to each Transfusion Director on the matter and when this letter had been studied by all Directors it would be the subject of further discussions.

6. RED CELL CLEARING HOUSE

It was agreed that the red cell clearing house was not working well and should be abandoned. RTDs

7. O & M STUDY OF BLOOD COLLECTING PROGRAMMES

The BTS Sub-Committee had asked for a study of MLSO out-of-hours working to be undertaken. JDC and the General Manager had agreed that such a study would be too restrictive and wider terms of reference had been proposed, which would cover staff working in the same areas as had been covered by Professor Lapsley and Mr Mitchell.

Action

Directors agreed to the new terms of reference, acknowledging that the study could take a very long time. JDC to inform the GM. JDC

8. PROVISION OF INFORMATION TO THE COMMERCIAL SECTOR

Deferred.

9. STUDIES OF IV IMMUNOGLOBULIN ON HAEMATOLOGICAL PATIENTS OTHER THAN ITP

Deferred.

10. DATE OF THE NEXT MEETING

16 June 1987 (Extra Meeting) to consider the following:

Reagent Production
Monoclonal (Red Cell) Antibodies
Management in the BTS