RTD/M164

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 164th meeting held on Wednesday 8 December 1976 at 1130 hrs in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

PRESENT:	Dr W d'A Maycock	- Chairman
	Dr Anne K Collins (deputy) Dr L A D Tovey Dr W Wagstaff Dr T E Cleghorn Dr W J Jenkins Dr K Ll Rogers Dr D S Smith Dr H H Gunson Dr G H Tovey Dr G W G Bird Dr D Lehane Dr B Bevan	- Regional Transfusion Directors
	Dr I A Cook	- Scottish National Blood Transfusion Service
	Col T E Field	- Northern Ireland Blood Transfusion Service
	Dr A D McIntyre	- Scottish Home and Health Department
	Dr E Bidwell (part) Mr T Snape (part)	- Plasma Fractionation Laboratory, Oxford
	Mr T E Dutton Dr A P Fletcher (part) Dr Sheila L Waiter Mr R P Cleasby Mr M F Brennan	- DHSS

At the beginning of the meeting the Chairman spoke of the recent death of Major-General Hugh Jeffrey, National Medical Director of the Scottish National Blood Transfusion Service. The meeting stood in silence as a mark of respect.

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Darnborough, Dr Murray (represented by Dr Anne Collins, whom the Chairman welcomed to her first RTD meeting) and Dr Stratton; and from Mrs Tunnard and Miss Rosbotham of DHSS Supply Division.

2. CONFIRMATION OF MINUTES OF 163RD MEETING

The minutes of the meeting held on 6 October 1976 were agreed.

3. MATTERS ARISING

a. QUALITY CONTROL APPLIED TO BLOOD GROUP SEROLOGY

Dr Carolyn Giles had sent the Chairman a report on relevant BGRL activity. Sera Nos 4 and 5 had now been issued to RTCs and No 6 was in preparation. The Working Party was to meet the following day, 9 December, under Dr Jenkins' Chairmanship, to consider Mr Lockyer's report on the organisation of national and regional quality control schemes.

b. WORKING PARTY ON THE FORMATION OF A BONE-MARROW DONOR PANEL

i Bone marrow data processing working party

Dr Gunson reported that a preliminary meeting of the DHSS working party set up to consider the data required in preparing records of tissue-typed donors had taken place. In view of the small number of potential donors involved, it had been thought that panels would be managed on a regional level. Some RTDs were concerned that hospitals carrying out transplants would set up their own panels if NBTS did not soon begin to respond to the demand for donors; it was possible that the working party was underestimating the pressures for tissue-typed platelets at present.

ii Supply of grouping sera

Although 2 commercial firms (Searle, Hyland) had been preparing sera from plasma obtained from paid donors abroad and were now attempting to sell their products in the UK, RTDs considered that the firms were unable to offer better quality sera than could be obtained through NBTS. Dr G H Tovey circulated a list of the rarer HLA antisera needed at Bristol and requested that RTCs should supply these to him when available in quantities of either 25 ml or, preferably, 50 ml.

c. WORKING GROUP ON MEDICAL STAFF OF RTCs (RTD(75)8)

Following further consideration within the Department, the working group's report was to be sent to Regional Medical Officers under cover of a letter from DHSS Medical Manpower Division. This did not preclude the subject being discussed by RMOs at a later stage. The Chairman thought it would now be opportune for RTDs to approach RMOS directly over the working group proposals, eg the establishment of the recommended "supernumerary" SR posts.

The Chairman reported that one RHA had asked DHSS whether the working group looking at administrative staff in RTCs would include an administrator; he had told DHSS that the working group would coopt if necessary, but intended for the present to remain as constituted.

d. TRAINING OF MEDICAL LABORATORY TECHNICIANS

The recent meeting between DHSS and IMLS had brought no new developments. It had been agreed that the selection of MLTs to attend training courses should be the responsibility of the head of the laboratory. Some RTDs envisaged local difficulties: (a) the need to keep the RTC functioning during a technician's release period, (b) the consequent need to 'stagger'

attendances at yearly intervals thus holding back some staff, and (c) the problems of financing course attendance out of RTC budgets. The Chairman agreed to circulate to RTDs copies of the IMLS document "Future Staffing in the Medical Laboratory Service". He mentioned that the role of Principal and Top Grade scientific officers vis a vis medical staff in RTCs had been raised in the Central Committee for the NBTS which had asked for the question to be considered in more detail.

Dr G H Tovey took note of, and undertook to bring to the attention of the Examinations Committee of the Royal College of Pathologists, the RTDs' view that, although laboratory bench work should figure prominently in the primary examination for the MRCPath, the actual practical part of the transfusion slanted final practical examination should be designed to occupy less time so that the results could be discussed in greater detail and that in the final oral more time should be devoted to examining the candidate on the medical interpretation of laboratory results.

e. CYTOMEGALOVIRUS AND BLOOD TRANSFUSION

Dr Gunson reported that Dr Tobin would be willing to help organise a joint NBTS/PHLS symposium on CMV and blood transfusion at Oxford in Spring 1977. In response to an enquiry by the Director of the PHLS, the Chairman asked whether any other RTCs had decided to select CMV negative donors: Southampton RTC intended to, with the assistance of PHLS Southampton and Portsmouth; and Leeds RTC wished to, but PHLS Leeds was unable to help. The Chairman said he would report this position to the Director, PHLS.

f. LABELS FOR BLOOD CONTAINERS (RTD(76)8)

Dr Jenkins reported that after consultations with other RTDs he was not hopeful that agreement would be reached on standardising labels. The Chairman thought that the Medicines Act would require standardisation to the extent that the label used for a given preparation of blood should bear the same information. It was agreed that Dr Jenkins, with Dr Bevan, Dr Cleghorn and Dr L A D Tovey, would attempt again to produce standard labels acceptable throughout NBTS, taking into account the SI No 1976/1726 on labelling recently published under the authority of the Medicines Act 1968.

g. SPECIFIC IMMUNOGLOBULINS

i Supplies of HBsAg

RTDs agreed that if it were possible they would increase the amounts of the antigen positive collected to assist Professor Zuckerman in his development work on vaccine production. [NOTE: Dr S Waiter has subsequently written to RTDs concerning the provision of antigen so that Professor Zuckerman could be forewarned of the cold storage likely to be needed.]

ii Supplies of anti-HBs

The Chairman reported that the amounts of anti-HBs plasma had fallen over the last 3 years, while the amounts of immunoglobulin were increasing. A new indication, protection of spouses exposed to HB hepatitis, was about to be publicized. He would write early in 1977 to RTDs detailing BPL's receipts of and estimated needs for anti-HBs (and other) plasma. He hoped that supplies from RTCs could be increased.

h. PUBLICITY

Mr Sutton reported that texts for the leaflets entitled "Blood Component Therapy" and "Blood Donors and Open Heart Surgery" had been approved and were being prepared for printing. The publicity Sub-Committee was to view a rough cut of the new NBTS film on 17 December. The national versions of the "Edgware" leaflet had been distributed; some RTDs were concerned that the leaflet contained matters of policy but had not been brought to the full RTD meeting during preparation, though it was accepted that the RTD members of the PSC were there to represent their colleagues' interests. It was agreed that PSC minutes would in future be circulated to all RTDs. After further discussion, it was agreed that consideration of the preparation of additional new leaflets would be postponed for 6 months.

4. MEDICINES ACT 1968: APPLICATION TO NBTS

The Chairman welcomed Dr Fletcher of DHSS Medicines Division to the meeting.

Dr Fletcher said he was aware of RTDs' concern about the basis and evidence for the standards being applied by the Medicines Inspectorate when inspecting RTCs and the NBTS central laboratories. Differences of opinion had arisen in connection with the preparation of products where the Inspectors were concentrating on the method of transfer from one processing stage to the next, although it did not follow that this was an important, let alone the most important, stage of the process. Dr Fletcher explained that the Inspectors were applying experience gained in industrial conditions where open processes were often the major source of contamination.

It was explained that the blood transfusion services in the UK and many other countries had been running and developing on a national scale for more than 25 years and had a corpus of practical experience and expertise in the preparation of blood and blood derivatives which could not just be ignored because it did not accord in whole or in part with the experience drawn from other fields of which blood transfusion did not form a part; the UK blood transfusion services had a record of safety, as well as the results of investigations and practical experience, which must be taken into account. It was also suggested that the experience and practices of selected foreign services might be considered. Dr Fletcher therefore proposed that a freeze on further inspections in NBTS under the Act, during which he and Mr Flint would visit RTCs informally in early 1977 for fact-finding purposes, including discussion of records and results amassed over the last 25 years. If desirable, a meeting between RTDs, the Inspectorate and DHSS could follow to discuss standards. Meanwhile he thought it might be possible for those reports on RTCs already visited to be modified in the light of later considerations.

RTDs welcomed Dr Fletcher's proposals.

5. FACTOR VIII

i WORKING PARTY ON QUALITY OF CRYOPRECIPITATE (RTD(76)28)

The Chairman welcomed Dr Bidwell and Mr Snape of PFL Oxford. On behalf of RTDs he thanked Mr Snape for undertaking the detailed assay work. Dr Gunson said that the working party had first met formally on 22 November. Initial assays on the 12 random samples of cryopreciptate received from each RTC had been carried out and the results were tabulated in the paper. The report indicated that, on preliminary findings, there were 5 variables commonly occurring which merited further investigation.

Dr Gunson asked that all further samples forwarded from RTCs should be from batches prepared in the routine manner and that no special precaution of any kind should be taken when preparing specimens for the trial.

ii SUPPLIES OF PLASMA: CURRENT SCHEME

The Chairman reported that the plasma production target for December 1976 was likely to be achieved. Prospects for the coming year were clouded by the expenditure constraints on RHAs. Mr Dutton said that as a further allocation of central money was most unlikely, it was all the more important to make efforts to improve the yields of active factor from the available material.

iii FUTURE TARGET

The meeting agreed that the figure of 50 million iu, in all forms, would need careful confirmatory examination and if it were in fact confirmed, long-term detailed planning would be necessary. Procurement of the plasma itself might not prove difficult (donor panels had doubled in some centres in the last 2 years without active recruitment). Some RTDs suggested that the planning of Factor VIII targets was yet another reason for advocating that the NBTS should become a national service.

iv METHOD OF DISTRIBUTION

The Chairman reported that after December it was probable that all AHG concentrate from BPL would be available in small bottles. If the production target was reached in full, the supply figures for each region set out in his letters of 21 October to Directors of Haemophilia Reference Centres should double, unless some redistribution between Regions occurred in the light of experience of actual demand.

v NBTS 47

The meeting agreed to the inclusion of a new section in NBTS 47 showing the receipt and distribution of all forms of Factor VIII through RTCs. Those RTCs not distributing commercially-produced concentrate need not fill in the corresponding column. RTDs were asked to complete the new return with effect from January 1977.

6. ORGANISATION OF NBTS

Some RTDs were concerned that the Central Committee for the NBTS was not providing the central direction that they had hoped for and considered necessary for the NBTS. The Central Committee was advisory, without executive authority, and this made it difficult to manage resources on a national basis, eg by the elimination of wasteful duplication of activity between Regions. The arguments put forward to the Reid Committee in favour of a nationally organised service remained valid. Other RTDs thought that the Central Committee had not been provided with sufficient material to do a thorough job and suggested that RTDs themselves should adopt a more positive attitude to presenting their views to the Committee.

It was agreed that Dr Cleghorn and Dr Jenkins would prepare a paper on the problems of the present organisation, which would be discussed at the next RTD meeting.

see X flagged

7. WORKING PARTY TO REVIEW THE PRODUCTION AND SUPPLY OF ANTI-D IMMUNOGLOBULIN (RTD(76)27)

Dr Jenkins presented the working party's interim report. The Joint Sub-Committee on the Prevention of Haemolytic Disease of the Newborn was to meet in January 1977 to provide advice on the likely clinical demand for anti-D. The Chairman agreed to circulate a table showing the amount of anti-D provided by each Region.

8. USE OF HUMAN BLOOD IN QUALITY CONTROL: CODE OF PRACTICE (RTD(76)29)

RTDs were asked to comment in writing within one month of the meeting on this proposed code of practice for the use of human blood in quality control prepared by the LDAG Standards Sub-Group. Dr Waiter explained that it was desirable to issue the guidelines with the first issue of human serum. She agreed to circulate a statement showing the eventual destinations of the plasma provided.

9. SECOND REPORT OF THE ADVISORY GROUP ON TESTING FOR THE PRESENCE OF HEPATITIS B SURFACE ANTIGEN AND ITS ANTIBODY

The Second Report had been issued in November under cover of DHSS Circular HC(76)48. Two misprints had occurred in the Report, viz page 3, para 16, line 4: should read "antibody positive blood is .."; page 3, para 17, line 2: last word should be "that". It was agreed that the timing of the readmission to donor panels of persons with a history of hepatitis would be left to individual RTDs but that this should be achieved by July 1977, ie within 12 months as previously discussed. A press announcement was not considered desirable.

10. HEALTH SERVICES ACT 1976

Mr Dutton said that the provisions of the new Act did not directly affect NBTS operations and that charges would not be made for blood and blood donations issued for the treatment of patients in private beds.

11. SUPPLY MATTERS: NEW MEMBER OF BPPE SUB-COMMITTEE

Dr Cleghorn agreed to see if his deputy, Dr T Davies, would be willing to serve on the BPPE Sub-Committee in place of Dr Brueton.

12. TECHNICIANS CONSULTATIVE COMMITTEE

Dr Collins agreed to ask Dr Murray to nominate a senior technician from RTC Newcastle to represent northern RTCs on the committee.

13. DATE OF NEXT MEETING

Wednesday 2 March 1977.