

CHIEF MEDICAL OFFICERS' NATIONAL BLOOD TRANSFUSION COMMITTEE

Minutes of the First Meeting of the CMO's National Blood Transfusion Committee held at the Royal College of Pathologists, London on 3rd December 2001.

Present: Professor E C Gordon-Smith (Chairman)
 Dr A Copplestone (antib chain use) (South West Regional Transfusion Committee)
 Dr D Norfolk (Yorkshire Regional Transfusion Committee)
 Dr C Taylor (North London Regional Transfusion Committee)
 Dr K Pendry (Manchester Regional Transfusion Committee)
 Dr J Wallis (North East Regional Transfusion Committee)
 Dr P Green (Hampshire and IOW Regional Transfusion Committee)
 Dr J Duguid (Royal College of Pathologists)
 Dr C Morgan (Royal College of Anaesthetists)
 Professor J Lumley (Royal College of Surgeons)
 Dr H Cohen (SHOT) (British Society for Haematology)
 Professor S Machin (British Society for Haemostasis & Thrombosis)
 Mr G Webb (British Blood Transfusion Society)
 Ms C Atterbury (Royal College of Nursing)
 Dr A Robinson (National Blood Service)
 Mrs L Reynolds (National Blood Service)
 Professor M Contreras (National Blood Service)
 Dr M Murphy (National Blood Service)
 Mr S Penny (National Blood Service)
 Mr C Lister (Department of Health)
 Dr A Rushdy (Department of Health)

Apologies: Mr G Walker (Oxford Regional Transfusion Committee)
 Dr J Murray (West Midlands Regional Transfusion Committee)
 Dr K Hampton (Trent Regional Transfusion Committee)
 Dr E Watts (Eastern Regional Transfusion Committee)

Handwritten notes:
 - RCoP
 - RPTHM
 - O+G
 - Beds
 - orthopaedics
 - Grant Robinson
 - Divolved Admin
 - Mr G Walker
 - Midlands

01/01 Terms of Reference of the National and Regional Transfusion Committees

ACTION

The Chairman gave a brief history of how the Committee was established. The National Blood User Group was established in 1995 by Stephen Dorrell, the Secretary of State for Health, to oversee the re-organised National Blood Service. The National Audit Office recommended that at the end of the term of the National Blood User Group a National Transfusion Committee should be established in England, and link to the rest of the UK through the Forum of the UK Blood Services. The Interim National Transfusion Committee worked through 2000-01 to establish Terms of Reference for the National and Regional Transfusion Committees, the Chief Medical Officer (CMO) agreed that the National Transfusion Committee should report to him. In November 2001, the CMO appointed Professor Gordon-Smith as the first Chairman of the CMO's National Blood Transfusion Committee (NBTC).

It was agreed that Dr M Murphy would act as Secretary to the Committee.

MM

There was discussion about the scope of the NBTC in relation to blood products and to whether there was sufficient representation on the Committee to consider the use of plasma products such as anti-D and fresh frozen plasma.

It was agreed that the Chairman would ask the Haemophilia Centre Directors' Organisation if they wished to be represented, and consideration be given to re-issuing an invitation to the Royal College of General Practitioners to be represented on the NBTC.

EGS

✓ Done

There was discussion about the scope of the NBTC in relation to the cost of blood, and it was agreed that this was the primary remit of the National Commissioning Group, although the NBTC reserved the right to comment on the cost of blood.

02/01 Membership of the NBTC

The role of the NBTC in relation to the microbiological safety of blood was raised, and it was agreed that it would be useful to have joint representation between the NBTC and the Department of Health Committee for the Microbiological Safety of Blood and Tissues (MSBT) which is about to be reorganised.

It was agreed that Dr J Wallis should be the NBTC representative on the MSBT, if there is agreement by the MSBT to have a representative from the NBTC.

CL/ARushdy

NBTC will receive letter when MSBT ready. remind.

It was also agreed that the Royal College of Pathologists' Patient Liaison Group be asked to provide a deputy to their nominated representative on NBTC to ensure the presence of a patient representative at meetings of the NBTC.

MM

03/01 Discussion of the output from the CMOs' Better Blood Transfusion Seminar

The questionnaire survey of the implementation of HSC 1998/224 Better Blood Transfusion was discussed. Disappointment was expressed about the low response rate only (41% of Trusts responded).

It was agreed that the NBS would provide another opportunity for Blood Bank Managers of Trusts that did not complete the questionnaire to do so.

MM/SP

Just to go out this week

The CMOs' Better Blood Transfusion Seminar in October 2001 was discussed. The overall view of the Seminar was positive, although it was considered that the workshops tended to consider the same issues.

Some disappointment was expressed about the large amount of time spent on discussing pre-deposit autologous transfusion. It was agreed that this was not appropriate or cost-effective for most surgical procedures, and that patients required to be educated that the use of lower thresholds for peri-operative red cell transfusion meant that the transfusion of either donor or autologous blood was not usually required for many procedures.

There was discussion about whether the NBTC should write to all Trusts mandating them to appoint Transfusion Nurse/Co-ordinators. It was agreed that the NBTC would not mandate this, but would encourage Trusts to explore the role to encourage safe and effective transfusion practice. There was similar discussion about the need for funding of the evaluation of

electronic methods to minimise the risk of 'wrong blood being transfused', pilot studies are being supported through the NBS R & D programme.

The Department of Health Steering Group for Better Blood Transfusion will produce a report and action plan on the Seminar, probably in the form of a Health Services Circular (HSC) by March/April 2002. The Executive Working Group of the NBTC will be involved in reviewing drafts of the HSC.

A Rushdy

04/01 Election of the Executive Working Group of the NBTC

It was agreed that there was a need for an Executive Working Group to deal with ongoing issues relevant to the NBTC in a proactive manner between the twice-yearly meetings of the NBTC. The Executive Working Group will meet four times a year (twice at the time of the NBTC meetings), and will keep the NBTC aware of its activities. The Executive Working Group will carry out as much of its work as possible by post, e-mail, and tele/video conferencing.

The following were appointed to the Executive Working Group (EWG):-

MM to
arrange first
meeting

Professor E C Gordon-Smith	(Chairman)
Dr A Copplestone	(Haematologist)
Dr D Norfolk	(Haematologist)
Dr C Morgan	(Anaesthetist)
Dr J Duguid	(Haematologist)
Ms C Atterbury	(Transfusion Nurse)
Mr G Webb	(Blood Bank Manager)
Dr M Murphy	(National Blood Service)
Mr S Penny	(National Blood Service)

05/01 National Commissioning Group (NCG)

Dr Copplestone, Acting Chairman of the NCG for 2001, informed the NBTC about the outcome of the NCG's work for 2001, including an increase in the price of red cells of 13% to £96/unit from April 2002. Reasons for the increase included:-

- reduced demand for red cells,
- developments related to the safety of blood including the introduction of anti-HTLV-1 testing, measures to reduce the risk of bacterial contamination of blood components and importation of plasma for FFP in a phased approach,
- modernisation of the process of blood donation,
- measures to promote safe and appropriate use of blood including support for the operation of the NBTC and Regional Transfusion Committees and national comparative audit in collaboration with the Royal College of Physicians (RCP)
- measures to ensure the sufficiency of the blood supply.

It is planned that fresh frozen plasma (FFP) for children born after 1st January 1996 will be provided from plasma sourced from the United States (as it is believed that these children will not have been exposed to the BSE in food) and methylene blue-treated in the UK. Concerns were raised by members of the NBTC about the continued provision of UK-sourced non-virally inactivated FFP for older children.

Dr Coppleson will be writing to all hospitals about the prices of blood, blood components and diagnostic services for 2002-03 in early December.

It was agreed that the Executive Working Group should prepare a document for users and patients on the risks and benefits of different types of FFP.

It was also agreed that the NBTC representatives on the NCG would be Dr Coppleson, Dr Norfolk, Dr Morgan, Mr Webb, Mr Bates (co-opted). In addition Professor Machin and Professor Newland will continue to represent the British Society for Haematology.

06/01 The NBS/Royal College of Physicians (RCP National Comparative Audit of Blood Transfusion initiative)

Dr Pearson (Director, RCP Centre for the Evaluation and Effectiveness Unit) was unable to attend to discuss this item. Dr Murphy outlined objectives of the initiative, and that it was proposed that the NBTC act as the Steering Group for the national comparative audit initiative. This was supported by the NBTC.

Dr Cohen, Professor Lumley and Mr Revill were nominated to join the NBS/RCP Working Group with Dr Cohen to act as lead for the NBTC.

It was also agreed that a letter of invitation to participate in this initiative be sent to hospitals served by the National Blood Service, and that Dr Robinson would write to the other UK countries to participate in the initiative through the UK Forum. This participation would include providing a representative for the Working Group, and a contribution to the costs of developing and operating the audit programme.

07/01 Review of the performance of the National Blood Service

- Blood stock levels
- Age of red cell units provided to hospitals
- Red cell orders not met
- Time expiry of blood components
- Emergency deliveries delivered within 2 hours
- Complaints about components or other services
- Ability to meet demand for platelets

AC - written to Trusts - is to email agreement to members of NCG.
EGS
→ Small group/one or write a draft Lorna Williamson/Sam Machin

MM to inform the BSH

MM to inform the NBS/RCP Workshop



- Diagnostic test turn-round times
- Information on product quality
- Attendance at HTC's

Information from customer satisfaction surveys

The NBTC indicated that this was the type of information it required, and added that it would also like to see information about the provision of 'special' blood components such as gamma-irradiated, CMV-seronegative, and HLA-matched platelets. Furthermore, it would like to explore how to monitor the quality of clinical advice provided by the National Blood Service. Efforts should also be made to compare these data with similar information on the performance of other Blood Services.

08/01 Person specification for a patient representative on a Regional Transfusion Committee

A document provided by the South West Regional Transfusion Committee was discussed. It was agreed that Regional Transfusion Committees might find the document helpful in identifying suitable patient representatives.

Regional Transfusion Committee representatives to make their Committees aware of this document, and to use it if they wish.

RTC
Representatives

09/01 Reports from the Regional Transfusion Committees

Representatives of the Regional Transfusion Committees who were present at the meeting briefly described progress in establishing their Committees. The Committees had met between 1 and 3 times. Some had also had meetings of their Executive Working Groups, and had organised educational meetings. The overall impression was of good initial progress in establishing the work of the Committees.

The Minutes of meetings of the Regional Transfusion Committees should be sent to the Secretary of the NBTC.

RTC
Representatives

10/01 Nominations for the National Transfusion Committee to the Regional Transfusion Committees

It was agreed that there was no need to provide specific representation from the NBTC on Regional Transfusions Committees at the present time.

11/01 Schedule of meetings for 2002

The Secretary will circulate a schedule of meetings for 2002.

MM

12/01 EC Blood Directive

Mr Lister indicated that political agreement had been reached on a draft agreement. It was anticipated that it would be formally adopted in mid-2002 and implemented by December 2002.

The scope of the Directive covers the collection, testing, processing and distribution of blood. It does not cover the donation or the clinical use of blood. Expert Working Groups will be established to determine the technical and quality requirements for Blood Services and hospital Blood Banks which will be inspected and licensed every 2 years. The regulation of hospital Blood Banks will be determined by individual countries.

The Directive will promote the use of blood donations from unpaid donors.

Mr Lister will circulate the text of the draft Directive to the NBTC.

13.01 Any other business

CJD Incidents Panel Consultation Document

The NBTC's attention was drawn to this document (www.doh.gov.uk/cjd/consultation) which requests feedback by 15th January, 2002 on preliminary advice on the approach to recipients who may have received blood from a donor with variant Creutzfeldt-Jakob disease.

It was agreed that the NBTC should have a view on this issue, and that the Executive Working Group would respond on behalf of the NBTC. Members who have comments should send them to the Secretary by 8th January 2002.

Conflict of interest

Members of the NBTC with any relevant conflict of interest should indicate this by writing to the secretary.

Expenses for Regional Transfusion Committee representatives on the NBTC

The Terms of Reference of the NBTC omitted the reimbursement of expenses for representation of the Regional Transfusion Committees. It was agreed that they would be reimbursed by the National Blood Service.

CL ✓
*Chales to
write
- remind
him.*

EGS & NBTC
Membership
✓

NBTC
Membership
✓