

NOT FOR PUBLICATION

NBTS CO-ORDINATING COMMITTEE

MINUTES OF SECOND MEETING OF 4 JULY 1989

Members: Mr G Hart - (Chairman) Department of Health
Dr H Gunson - National Director - NBTS
Mr R Wing - Directorate - Chairman of CBLA
Mr R M Nicholls - RGM Oxford RHA
Dr J M O'Brien - RMO East Anglian RHA
Mr C Walker - Chairman East Anglian RHA
Mr A A Wilson - Asst General Manager for Finance and
Information - South Western RHA
Mr D McGlinn - Welsh Office (for Mr P Gregory)
Dr R J Moore - Deputy National Director - NBTS
Directorate

Observers: Dr E Harris DCMO - Department of Health
Dr H Pickles MEDSEB - Department of Health
Mr J C Dobson HS1 - Department of Health

Secretariat: Dr A Rejman MEDSEB - Department of Health
Mr J Canavan HS1 - Department of Health
Mr M H Arthur HS1 - Department of Health

APOLOGIES FOR ABSENCE

1. Apologies were received from Mr P Gregory, Welsh Office.

INTRODUCTION

2. The Chairman introduced Dr A Rejman and Mr C Dobson from the Department. Chairman and members passed on their thanks and best wishes to Dr E Harris who was to retire and the end of the month.

MINUTES OF THE LAST MEETING (NBTS 89/7)

3. These were agreed as a correct record.

MATTERS ARISING NOT COVERED BY THE AGENDA

4. [The Department] reported that handling charges for blood transferred between Regions at the request of the Directorate had been implemented from 1 April 1989.
5. Members had expressed concern at the previous meeting about

possible over-prescribing of the product, Factor Viii. This might be addressed under medical audit initiatives; meanwhile the Department would raise this at an appropriate meeting of the Haemophilia Centre Directors. The litigation by HIV infected haemophiliacs was likely to deter practitioners from changing their prescribing practices at present.

SUPPLY OF BLOOD TO HOSPITALS (NBTS 89/9)

6. Following the recent shortage the Directorate had engaged a consultant to undertake work on modelling the supply and demand for blood. Other immediate measures included a 24 hour information 'hot-line' which could also be used to call donors to sessions.

7. In the medium term a firm of marketing consultants had been engaged and it was hoped their recommendations would help in the recruitment and retention of donors. They would provide an initial report in October.

8. Members wished the NBTS to increase blood collection activity immediately before holiday periods and to consider raising overall stock levels. The Directorate confirmed that RTCs did try to increase collections before holiday periods. The position prior to the late summer bank holiday would be carefully monitored following the summer recruitment campaign on local radio.

9. Liver transplants were imposing sporadic strains upon the blood supply. Members sought better liaison between regions/hospitals and the NBTS so that blood provision became an essential planning feature. Greater use of cell-savers and autologous donations by hospitals should be encouraged.

DIRECTORS SITUATION REPORT

Management Information System (MIS)

10. Dr Gunson reported that the MIS was on course for implementation in March 1990. The directorate had bid for £200,000 to cover the computer costs; the system would become operational from April 1990 onwards.

11. Members considered the MIS a high priority for the NBTS and welcomed news of this progress. Mr Nicholls was asked to make his RGM colleagues aware of cost implications within Regions.

Quality Assurance

12. The Directorate had held a seminar with Regional Transfusion Directors and a further course was planned for the autumn. A quality audit team would be recruited to visit Regional Transfusion Centres 2 or 3 times per year; BPL would provide a team member and plasma handling would be included.

13. A combined UK working group was considering BTS/NIBSC guidelines for the service.

Plasma Supply

14. Data suggested a shortfall in plasma collection, and the Directorate were to visit RTCs to discuss. Mr Wing reported falling plasma stocks at the CBLA, but that product yields were improving. Efforts would be made to utilise all dormant plasmapheresis machines; and to directly increase plasma yield via nutrient media.

NBTS/CBLA Liaison

15. These liaison meetings had proved useful, particularly in sorting out cross accounting issues. However, some differences in emphasis were emerging; CBLA wished to promote its products and have direct access to customers while NBTS were concerned that blood products should be used wisely and in accordance with clinical practice.

16. Members considered that a balance had to be struck and that CBLA should act in a business like way but should also recognise that it was not an outright commercial operation, given its relationship with the NBTS. Mr Hart said this subject was likely to be discussed at CBLA's Accountability Review later that week.

UPDATE ON CROSS ACCOUNTING AND SUPPLY OF BLOOD PRODUCTS - oral report

17. Dr Moore said that cross-accounting was progressing satisfactorily both in terms of the reporting of monthly balances and in the supply of products; Mr Wing agreed the trial system was operating satisfactorily from a CBLA view point.

DISCUSSION OF MANAGEMENT ARRANGEMENTS FOR THE NBTS IN THE LIGHT OF THE WHITE PAPER "WORKING FOR PATIENTS" (NBTS/89/11)

18. The Committee believed that there were four main options for the NBTS under the White Paper:- self-governing status; DHA management; RHA management; or national/supra regional bodies. A survey conducted by Mr Nicholls had revealed little enthusiasm amongst RGMS for delegation to Districts; but some had argued against retention of the status quo.

19. Members considered there were two issues, management responsibility and financial allocation. The Chairman considered it important to avoid fragmenting the NBTS into smaller units. He did not rule out supra regional groupings or SGH status. However, he was not convinced the SGH model was fully appropriate and did not consider the NBTS as a candidate for the first tranche. Blood supply was politically sensitive and charging issue would need to be handled carefully. It was agreed that the status quo should be maintained for the time being; longer term management

arrangements would be considered when the MIS was in operation and was more experience of working through the Directorate - not be ruled out.

POLICY AND IMPLEMENTATION STRATEGY FOR REGIONAL CHARGING TO DISTRICTS FOR BLOOD COMPONENTS (NBTS 89/12)

20. The Directorate were concerned that some RTCs might introduce handling charges to NHS hospitals from April 1990. They wished avoid a situation where RTCs would adopt their own working approach and be unwilling to change to a national system based on the new MIS.

21. Members considered there could be some benefit in having some Regions carry out pilot studies of charging systems. The Department was concerned that the emergence of charges based on local costs should not unsettle the private sector who had accepted the national charges based on average costs.

22. The Chairman asked the Directorate to determine which regions wished to act independently and to seek to influence their decision. It should be made clear to those going ahead that their local costing arrangements would have to be superseded by the MIS system. It was agreed that April 1991 should be the target date for common implementation of District charging. Ministers would be informed of the likelihood of pilot charging arrangements in case there were any political repercussions.

ANY OTHER BUSINESS

23. Dr Harris mentioned that the Advisory Committee on the Virological Safety of Blood would be considering possible extensions of the testing of blood donation. These could have significant cost implications if implemented.

24. The Department reported on progress on the HIV litigation. Members thought that the Department and Health Authorities should co-operate as far as possible while noting that the co-defendants had different interests to represent in the action.

DATE OF NEXT MEETING

25. This was set for 9 January 1990.