

NQC/19/13

1. Dr McIntyre/(Dr Scott)
2. Mr Murray
3. Return to Dr Bell

ADVISORY COMMITTEE ON THE NBTS

Herewith for your information are the papers for the meeting held on 10 April, with a note of the meeting.

GRO-C

A E BELL
17 April 1984

Room 25
SAH

ADVISORY COMMITTEE ON THE NBTS: NOTE OF MEETING ON 10 APRIL 1984
(Numbers correspond to the Agenda)

1. The apologies included Dr Cash.
3. (i) Inter and Intra Regional Charging - Mr Layzell reported that Price Water House had been commissioned for a study. There was a draft report which had only restricted circulation. It was stated that three English regions were willing to mount a trial. There was also said to be a draft report on BTS cost statements. None of this material was circulated. Mr Layzell's vision of the future was that RHAs would sell their plasma to BPL and BPL would sell back the derived products. He also envisaged charges for blood, presumably "handling" charges to districts. Mr Layzell bubbles with enthusiasm but it is difficult to tell how some of his ideas are regarded in DHSS. Dr Lawson said that Northern Ireland was now buying products from PFC (check current arrangement with Mr Murray/JDC).

(ii) Stock Control and Record Keeping - DHSS circular HC(84)7 (March 1984) had been circulated. A draft circular had been issued in February 1983, after consultation with ACNBTS, and the current version had been issued against the background of the forthcoming Old Bailey trial concerning misuse of blood from a London hospital. Dr Harris expected that the trial would be given sensational publicity, especially in the tabloid newspapers, and said that Ministers were very keen on the circular. Dr Wagstaff and Mr Layzell said that the most essential recommendations in the circular, relating to record keeping, simply confirmed practices which should be being carried out in any case. It was stated that Wales and Northern Ireland intended to put out similar circulars. I explained the Scottish position, ie that SNBTS is studying the relevance of the CMS report to the Scottish situation. I have minuted Mr Murray separately on this matter.

(iii) Handling Charges to Private Sector - A draft circular had been issued by DHSS on 23 March 1984, comments being requested by the end of June. Meantime charges were being introduced with effect from 1 April 1984. DHSS officers were under instruction from Ministers to move quickly. It was reported that Northern Ireland and Wales were following the same line. Dr Harris recognised that charges were already being made in Scotland and I confirmed that current situation. (I have minuted separately to Mr Murray on this subject too). Dr Harris said that "Ministers" and the EMA wanted uniform handling charges throughout the UK, to discourage the inducement of cross-boundary flows of private patients.

(iv) AIDS - Dr Smithies confirmed the arrangements, of which we were aware, for revision of the leaflet (including suggestions from the SNBTS). There was a suggestion that there should be a separate leaflet for G-U clinics. Dr Harris also said that Dr Tyrrell was to be an overall coordinator of information on AIDS, this having been agreed between DHSS and MRC. Mr Williams (DHSS Principal) said that Ministers would want to know how the leaflet is being distributed (for the first issue it had been left to RTCs to try various methods).
4. Plasma Supply - The papers circulated indicated that the plasma supply for the new BPL opening in January 1986 was far from secure. Dr Harris said that Ministers, and the new embryo Griffiths Committee, would be informed of this problem. He added that the Secretary of State will wish to talk to Regional Chairmen. Mr Layzell pitched in his contribution that the pro rata arrangements for plasma contributions could be abandoned if Regions were paid for their plasma.

5. Purchase of Blood Products - Mr Williams reported that the Supply Council had written to RHA Supplies officers for information about the purchase of commercial blood products. The Regional Transfusion Directors present confirmed that this approach would not work, because of the multiple channels through which blood products were acquired. Dr Lane commented that NIBSC knew how much factor VIII came into the country, because of their role in checking standards. He also reported his concern that BPL PPF was not always being taken up by clinicians because commercial manufacturers were differentiating their products and persuading clinicians that they were better. He intends to rename PPF as "5% Albumin in Saline" and is publishing a letter on the subject in the Lancet shortly. Dr Lawson reported that one haemophilia director in Northern Ireland is persisting with the use of commercial factor VIII, despite the availability of PFC factor VIII. I mentioned that inter and intra-regional charging for blood products would seem to make a self-sufficiency policy more difficult to achieve. Dr Harris was non-committal on the whole subject and said that all the comments would be taken away and considered.

6. Dr Gunson reported that a confidential BUBA document had come into his hands which, amongst other matters, spoke of correlating donor panels associated with private hospitals, especially for rare groups. The usual concern was expressed.

Dr Lawson enquired about the economics of using SAG packs, and was assured by the RTDs that they were cost effective and substantially increased the plasma harvest.

7. Dr Harris proposed to leave open the date of the next meeting but at the instigation of Mr Layzell agreed a tentative date of 16 October 1984. Dr Harris hinted that the Committee might not survive under Griffiths.

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