MEETING TO DISCUSS OPTIONS FOR FRESH FROZEN PLASMA: MONDAY 27 NOVEMBER 2000, ROOM 412, WELLINGTON HOUSE

Present:

Mike McGovern	-	DH (HSD2)
Charles Lister	-	DH (HSD2)
Peter Bennett	-	DH (EOR)
Peter Garwood	-	NBS
Lorna Williamson	-	NBS

Action Points

Note of Meeting on 15 November

1. The second bullet point of para 3 should be amended to read "*not* using blood from methonine homozygote donors". It was stressed that this option was not currently under consideration given that 37% of the population were implicated.

2. The meeting note did not now reflect the more focused thinking on the scope of the paper for MSBT in January 2001.

Scope of Paper for MSBT on 22 January

3. It was agreed that the paper for January's MSBT would focus only on options for FFP. NBS & EOR would produce separate papers and HSD2 would develop a covering note bringing the two together.

4. NBS would also provide a separate paper for January's MSBT describing their work on reducing plasma in red cells and platelets and proposing a programme of action.

5. It was acknowledged that plasma was only part of the work needed to reduce risks from blood. Strategies to reduce blood/blood product usage were also needed as well as considering non-UK components for specific patient groups, ie the new born. This would be addressed in the joint DH/NBS/NAO initiatives on Better Blood Transfusions planned for Spring 2001.

FFP Options

6. It was agreed that the following four options would be presented to MSBT on 22 January:

- UK single unit FFP/MB FFP
- US single unit FFP (NBS processing is not an option here – the plasma would be separated from whole blood collections in the US).
- US single unit FFP with a viral inactivation step (processed by NBS or out-sourced)

- US pooled SD FFP from a commercial supplier

The option of sourcing plasma from other European countries was deliberately excluded, given the uncertainties around BSE/vCJD epidemiology in Europe.

Action Plan

7. It was agreed that:

- EOR would produce a paper by 21 December assessing the potential impact of the four options on vCJD risk reduction;

- NBS would produce a paper by 29 December looking at the viral risks, therapeutic issues, operational issues and costs for each of the four options. As the most favourable option for vCJD was almost certain to be US single unit FFP, NBS would focus particularly on the viability of this option.

- HSD, with support from EOR and NBS, would produce a covering paper for MSBT by 5 January drawing all the strands together and making a recommendation. Assuming the outcome was a "mixed economy" (ie some FFP virally inactivated, some not), MSBT would be invited to give advice to the field on who should receive what.

- HSD would send the completed draft paper to officials in the devolved administrations for comment on 5 January.

- Papers for MSBT would be sent to the committee on 12 January.