NOT FOR PUBLICATION

ADVISORY COMMITTEE ON THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF THE THIRTEENTH MEETING ON WEDNESDAY 17 JUNE AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY, HANNIBAL HOUSE, ELEPHANT AND CASTLE

PRESENT: Dr E L Harris, Chairman

MEMBERS:

Dr J D Cash - Scottish NBTS
Dr J M Forrester - SHHD
Dr I D Fraser - Chairman of RTDs
Dr H H Gunson - Consultant Adviser
Dr R S Lane - Director, Blood Products Laboratory
Dr G T N Lawson - Northern Ireland
Mr T R Layzell - Administrator Wessex RTC
Dr J Lloyd - Welsh Office
Dr T Napier - RTDs Divisional Chairman
Dr Tovey - RTDs Divisional Chairman
Mr N Weaver - DGM Barnet Health Authority

SECRETARIAT:

Dr A Smithies )
Dr R Moore )
Dr R Skinner ) DHSS
Mr M H Arthur )

OBSERVERS: Jane Gooch DHSS Nursing Division

INTRODUCTION/APOLOGIES FOR ABSENCE

1. Apologies for absence had been received from Dr Darnborough.

MINUTES OF LAST MEETING

2. The minutes were agreed.

MATTERS ARISING

3. Dr Gunson asked about product liability. Dr Moore advised that the Consumer Protection Bill received Royal Assent on 7 May and a guide to the main provisions was being prepared. In conjunction with the Procurement Directorate, the Department had a responsibility to give guidance and was looking at the main implications.

NHS MANAGEMENT SERVICES STUDY OF NBTS ORGANISATION

4. Dr Moore reported that the fieldwork for this study had been completed. It had identified an overwhelming need for a Management Information System (MIS). The options suggested ranged from minimal change to Special Health Authority status; all options would include an MIS. The ACNBTS would be asked to comment on the proposals of the Steering Group and RGMs would be consulted. The Chairman cautioned against consulting too widely citing the PHLS reorganisation; the Department would consider when and who to consult.

CENTRAL RESEARCH COMMITTEE (PAPER AC(87)8)

5. The Chairman said that there had been a need for a national research committee since the MRC's Committee had been disbanded; he and the Chief Medical Officer were not prepared to leave the issue in limbo lest the UK should slip behind. Dr Napier asked if the formation of the new body would improve the possibility of research funding. The Chairman advised that no funds were presently available; this would be pursued with Ministers. Members agreed that a UK approach was needed and hoped the new Administration would address the issue quickly.

NURSES AS MANAGERS OF DONOR SESSIONS (PAPER AC(87)3)

6. Dr Smithies reported on her visit to Brentwood to view the scheme in operation. Time had been invested in initial and continued training; Cellnet telephones were now being used; the teamwork engendered made for a feeling of involvement; there had not been an increase in the number of failed attempts to acquire blood; two nurses had replaced one doctor; when doctors could not be recruited the Brentwood scheme could be a solution.

7. Dr Tovey thought that the use of two nurses made the scheme an expensive way of collecting blood; he was also concerned about the legal cover available to nurses.

8. Dr Cash asked what locus the ACNBTS now had since NE Thames RHA had accepted the scheme. The Chairman said the Health Authority and the JCC had asked for a view, and he and Dr Gunson has visited Brentwood. It could not be said that the scheme was a failure.

9. It was agreed that subject to writing-in that there must be immediate access to medical advice, the JCC could be advised that the ACNBTS were content for nurses to perform venepunctures under the Brentwood scheme.

NO-FAULT COMPENSATION FOR INJURED BLOOD DONORS (PAPER AC(87(4)

10. Dr Tovey had reported recent cases where donors had received lasting injuries. Some RHAs were still not prepared to accept liability for compensation without negligence. In Newcastle, a case was to go to Court because of this; members believed that all RHAs should accept their responsibilities and settle quickly.

11. Dr Moore cited extant Departmental advice (Circular HC(80)3) giving RHAs delegated powers to make payments up to £2,500.

12. The Chairman suggested that the ACNBTS should ask the Management Board to remind RHAs of their responsibilities; this was agreed.

PLASMA SUPPLY TO BPL FROM RTCs - AVAILABILITY OF PRODUCTS FROM NEW LABORATORY (PAPER AC(87)7)

13. Dr Moore spoke to his Paper. Commissioning of the new Blood Products Laboratory (BPL) was going well, and the potential product output figures could be given with some degree of confidence. There had been a great clawback on delay which was cause for congratulation.

14. Dr Lane agreed that the plant was commissioning very well. He expected to put the first batch of Factor VIII through the building in July, and hoped the grievance over fees would not delay progress.

15. Dr Fraser said that RTDs had lost credibility because of the delays which had occurred at BPL; he thought there would now be more difficulty in obtaining funds from Regions and the future plasma supply would suffer.

16. Dr Tovey asked to be assured clinicians would use the BPL product and asked whether a charging system would be introduced. Dr Moore advised this was being considered in the NHS Management Services Report; no decision had yet been made.

17. The Chairman advised that the Management Board would be informed of progress; meanwhile continuing regional support for plasma collection was imperative.

STOCKPILE OF UNSCREENED PLASMA AT BPL

18. Mr Smithies reported that because of the need to stockpile there was an amount of plasma at BPL which had not been HIV screened, viz 50 tonnes of Fresh Frozen Plasma (FFP) and 126 tonnes of Time Expired Plasma (TEP). The Department had sought scientific advice an its possible use and Dr Harris had chaired two meetings of experts. It had been agreed to confirm the FFP. This could be then validated by RTCs confirming that donors had subsequently tested negative; this plasma could then be regarded as 'tested'. The remainder was still under consideration; there was a need to contact those expert advisers who were unable to attend to form a consensus view.

19. The Chairman said that totally pure plant throughput could not be guaranteed; the Expert Advisory Group on AIDS (EAGA) had estimated a 1: million risk of virus passing undetected through the screening procedures now in place. Spiking experiments in Scotland, had established that pasteurising processes made albumin safe. Whether to process the untested plasma in the new BPL building was a question for experts in Good Manufacturing Practice to consider; the value of the plasma was £8.8m. Recommendations would be put to Ministers.

20. Dr Lane said that the processes he and Dr Perry used had been designed in the knowledge that pure throughput could not be guaranteed; the debate centred on the number of steps to be taken to minimise risk.

21. Dr Fraser said that RTDs believed the plasma was safe for albumin production and should be used.

22. The Chairman said that the experts decision would be reported to the Committee.

AIDS LEAFLET FOR BLOOD DONORS

23. The fifth edition of the DHSS leaflet was due to be issued; it followed EAGA advice given at their last meeting.

24. Some RTCs were against sending leaflets to donors on an individual basis and sought instead to include the warnings in their computerised call-ups.

25. The Committee agreed, subject to all RTCs standardising on the exclusion groups in the leaflet and on the wording used. For example 'homosexual' and 'bisexual' should not be used since there was evidence these terms were misunderstood.

HIV2 SITUATION (PAPER AC(87)5)

26. The Chairman said there was no evidence of HIV2 in this country to date, but international travel forbad complacency. Those who had already been screened for HIV would also be those most at risk from HIV2.

27. Dr Gunson said that a panel of RTDs had discussed with Dr Mortimer of PHLS how best to monitor the situation. Dr Gunson had agreed to send samples to PHLS from donors who had visited Africa in the last 6 months. Those who admitted having sex in Africa were not bled, but were being invited to give a blood sample. Dr Gunson was writing to other RTCs seeking their co-operation.

28. The Committee welcomed these additional safeguards which would go hand in hand with monitoring in STD clinics.

HTLV1 SITUATION (PAPER AC(87)6)

29. Dr Smithies reported that some RTDs were doing a monitoring survey. A decision would then be made on whether to test the Caribbean and African populations most at risk in this country.

ALT TESTING FOR TRANSFUSION ASSOCIATED HEPATITIS (PAPER AC(87)9)

30. The Chairman asked whether the Committee agreed with the Lancet article concluding surrogate tests for hepatitis could not be justified.

31. Dr Cash said that Scottish Directors were proposing to establish such tests in view of impending product liability legislation in 1988; there was also clear indication that the private sector would test and they did not wish to fall behind.

32. Dr Smithies advised that there was a research proposal which aimed to establish the need to run surrogate tests for Non A Non B (NANB) hepatitis. It would look at the effect of infected donations on recipients. There was insufficient evidence of NANB after the HIV deferral of donors had been introduced. It was therefore now even less cost effective.

33. Dr Gunson considered that introduction would be premature, causing an unjustified loss to panels.

34. Dr Forrester gave an assurance that there would be no decision until research had been carried out.

35. The Chairman summarised the views. If testing was introduced it should be national; he noted that research on baseline data would be carried out; the position would be monitored here and abroad.

GUIDELINES ON AUTOLOGOUS TRANSFUSION (PAPER AC(87)2)

36. Dr Smithies reported that guidelines had been prepared for the Department by a Committee of RTDs. Their view was that there was no place in the NBTS for autologous facilities but technical guidance would be sent to haematologists.

37. The ACNBTS was against introduction of autologous facilities in the NBTS, but noted there was a demand in some NHS and private hospitals. Members wished the guidelines to be adopted by those hospitals to maintain standards.

ANY OTHER BUSINESS

38. Dr Fraser was concerned at the number of impending Consultant vacancies; this would be passed on to Medical Manpower Division.

39. The Chairman would advise members when the NHS Management Services Report was ready. This was expected in the Autumn.