

REGIONAL TRANSFUSION DIRECTORS MEETING

Minutes of 171st Meeting held on Wednesday 3 May 1978 in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

Present:	Dr W d'A Maycock	Chairman
	Dr S Murray	} Regional Transfusion Directors
	Dr L A D Tovey	
	Dr W Wagstaff	
	Dr J Darnborough	
	Dr T E Cleghorn	
	Dr W J Jenkins	
	Dr K Ll Rogers	
	Dr D S Smith	
	Dr H H Gunson	
	Dr G W G Bird	
	Dr D Lehané	
	Professor F Stratton	
	Dr A J Napier	
	Dr A Holburn	- Blood Group Reference Laboratory
	Dr C Cameron	- Scottish National Blood Transfusion Service
	Col T E Field	- Northern Ireland Blood Transfusion Service
	Miss M Corrie	- Scottish National Blood Transfusion Service
	Mr A D Sewell	- NE Thames RHA
	Mr T E Dutton	} DHSS
	Dr V M Collins (Part)	
	Mrs R A Tunnard	
	Mrs S C Yuille	
	Mr G B Peel (Part)	
	Mr P F Thomas (Part)	
	Mr M F Brennan	

The Chairman welcomed Miss Morag Corrie, Secretary, Scottish National Blood Transfusion Service; also Mr A D Sewell, North East Thames RHA, and Mr G B Peel of DHSS Computer and Research Division.

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Sheila Waiter, Dr Bell and Mr Parrott.

2. MINUTES OF THE 170th MEETING

The minutes of the meeting held on 22 February 1978 were agreed subject to the following amendments:

- i page 5, line 4: the increase in the amount of natural anti-D should be 50 iu/ml and not 20 iu/ml.
- ii page 7 - Item 11, first paragraph: there was one vacancy at Newcastle*RTC and South London RTC.

3. MATTERS ARISING FROM THE MINUTES OF 170th MEETING

a. Official Paid Stationery (Item 3a)

Mr Dutton said that the Post Office was still considering the provision of alternative postal facilities to replace 'Official Paid' stationery. A representative from the Post Office had been invited to visit Cambridge to obtain a better appreciation of the problems confronting Regional Donor Organisers. The Post Office have continued to assure the Department that 'OP' facilities would not be withdrawn from the NBTS until suitable alternative arrangements had been agreed.

b. Self-adhesive labels (Item 3b)

Mr Dutton reported that HMSO had provided a second series of self-adhesive labels which had been sent to Manchester for preliminary testing and which had proved unsatisfactory. Directors accepted that HMSO seemed unable to provide self-adhesive labels of the quality required to meet the special needs of the NBTS and several members agreed to provide Mr Dutton with details of local suppliers to RTCs with a view to obtaining labels for central supplies.

c. Computing in the NBTS (Item 3d)

The Chairman said that there had been some misunderstanding among Directors on what was agreed at the meeting in December and Mr Peel had been asked to attend to clarify the position.

Mr Peel reminded Directors that following discussion of RTD(77)17 at the December meeting it had been agreed that he should approach the Department's Computer Research and Development Policy Committee on behalf of the NBTS to undertake a pilot study involving one RHA with an interest in developing computer services. Directors were invited to contribute to the study by sending their ideas direct to Mr Peel.

The Computer Committee had accepted Mr Peel's proposals and NE Thames RHA was identified as a suitable region to assist in the study as it was about to embark on a similar study to that proposed by Mr Peel in RTD(77)17. North East Thames RHA had agreed to participate in the study provided that no further development work was involved.

Mr Sewell said that he had been asked by the NE Thames RHA/DHSS Steering Committee at their meeting in February to carry out a feasibility study of integrated computer systems within the NBTS. It was hoped that his report would provide a basis for the development of a national computer system which would include blood donor records and administration, blood banking, antenatal serology and anti-D registration of patients. Mr Sewell reported that he had visited Birmingham and Sheffield and wished to visit as many other centres as possible before producing an interim progress report for the Steering Committee in July which would be circulated to Directors as a basis for discussion on the further development of computers in the NBTS. Mr Sewell added that he would welcome any ideas which the Directors might have on the development of an integrated computer system.

There was broad agreement among members concerning the advantages of a flexible computer system within the NBTS and the Chairman asked that Directors should contact Mr Sewell if they would like him to visit their centre.

d. Television Advertisement sponsored by St John's Ambulance Brigade (Item 8)

The Chairman reported that he had written to Dr Raffle, Medical Adviser to St John's Ambulance Brigade, pointing out the dangers of using lockets to record the blood group. The Chairman hoped to have received a reply from Dr Raffle before the next meeting.

e. Medical Staffing in RTCs (Item 11)

Members were informed that additional consultant appointments had been made at Liverpool and Tooting since the last meeting.

Directors expressed their concern that advertised medical appointments for posts in the NBTS were attracting very few applications whereas the number of applicants for posts in haematology was good. In order to attract more candidates, it was suggested that advertisements should stress the immunological, serological and biochemical aspects of work in RTCs.

The Chairman informed Directors that the Report of the Working Party on Medical Staffing in RTCs had been given limited circulation because the question of reducing the number of medical staff in favour of high grade scientific officers remained unresolved. Dr Maycock added that the Department was unlikely to release the report until it had been accepted by the Central Committee for the NBTS.

Members agreed that there was a need for top grade scientific staff within the NBTS, but that their appointment should not prejudice the position of medical staff. One of the difficulties arising from the report of the Working Party was that medical staff undertook many duties which, as described, appeared to be appropriate to the Scientific Officer grade.

Dr Maycock had sent Professor Stratton a revised draft concerning the section of the report dealing with the responsibilities of scientific officers. When Professor Stratton had considered the amendments Dr Maycock would discuss the further circulation of the report with Dr Raison.

4. SUPPLY MATTERS

The Chairman informed Directors that the draft prepared by the Scottish Blood Transfusion Service Directors (RTD(78)13) had been circulated for information.

a. Avon and Travenol blood transfusion sets

Mrs Tunnard reported that Avon and Travenol had recently completed discussions with the Department on the provision of the Luer lock fitting for giving sets and that stocks would become available from mid-1978. Some of the sets would have the Leur lock device, and would be added to the Department's purchasing guide. Dr Darnborough was of the opinion that the British Standards Institute had rejected the Luer lock and Mrs Tunnard undertook to verify the position.

A moulded injection site had been produced by Travenol and a modified roller clamp had been imported from the United States by Avon under licence.

b. Plastic blood containers - RTD(78)19

Mrs Tunnard reported that Biotest expected to be given a product licence for plastic pack containers within the next few weeks; they had already begun production and reports on the quality of the packs were favourable. The

Department was hoping that Avon would be able to make better progress in its production planning for blood packs; a product licence would probably be issued within the next few months.

Tuta had already received a product licence from Medicines Division for plastic packs.

5. NBTS UNIFORMS - RTD(78)14/15

Dr Murray referred to a Departmental letter dated 26 February 1978 advising RHAs that contracts for the supply of certain NBTS uniforms from central stock would not be renewed. Dr Murray was concerned that if each RHA was to obtain its supply of uniforms from local manufacturers there was a danger that the NBTS would no longer have a nationally identifiable uniform.

Directors provided the following information concerning their present arrangements for the supply of NBTS uniforms:

a. Donor Attendants

	<u>Present Supplier</u>	<u>Recommendation for subsequent supplies</u>
Bristol	supplies obtained locally	retain national style
Cardiff	" " "	retain national style - colour change already made
Manchester	" " "	" " "
Sheffield	central supply	" " "
NE Thames	" "	" " "
NW Thames	" "	" " "
SW Thames	" "	no objection to change of style or colour
Birmingham	" "	retain national style
Cambridge	" "	" " "
Liverpool	some stock obtained locally	retain national style and colour
Wessex	" " " "	" " " " "
Leeds	" " " "	" " " " "
Oxford	supplies obtained locally	retain colour - change style

Most Directors preferred to retain a national uniform for Donor Attendant staff and to obtain supplies from central stock if the difficulties concerning the length of time between ordering and delivery of uniforms could be overcome. Members agreed that the Department should be asked to approach the central suppliers to see if it was possible to reduce the delivery time for new uniforms to RTCs.

b. Drivers

Most centres obtain drivers' uniforms locally. This type of uniform was generally standard and wide variations did not occur.

6. SUPPLIES OF BLOOD TO THE PRIVATE SECTOR OF MEDICINE

Mr Dutton said that further consideration had been given to a draft Departmental memorandum on the supply of blood and blood products to the private sector of medicine - RTD(78)9 - following the discussion at the previous meeting when members expressed their misgivings, particularly about paragraph 6 (ii). A scale of charges was being prepared to accompany a Health Notice which would promulgate the charges. Directors would be given the opportunity to examine the draft Health Notice before release to the printers.

Dr Cleghorn pointed out that there was a danger that the NBTS could lose the goodwill which had been built up over many years between industry and RTCs; commerce would seriously consider withdrawing its support from the NBTS, not least because of its association with private hospital insurance companies.

7. HAEMOLYTIC DISEASE OF THE NEWBORN

a. Paper by Drs L A D Tovey, G H Tovey and W Wagstaff - RTD(78)17

Dr L A D Tovey reminded members that he had been asked to summarise the results of a survey on the effects of anti-D prophylaxis carried out by Bristol, Sheffield and Leeds for the Working Group of the Joint Sub-Committee on the Prevention of Haemolytic Disease of the Newborn. The findings of the survey were discussed at the meeting of the Working Group on 5 April.

Although the report was incomplete, due to the limited time available, the 3 Directors were confident that:-

- i in those centres examined, the overall patterns of administrative failures were found to be similar, but since the introduction of postpartum prophylaxis the number of severely affected rhesus babies was now very small.
- ii the introduction of a national antenatal prevention programme (without at the same time reducing the administrative failures) was unlikely to reduce the incidence of severely affected rhesus babies to any appreciable extent.

b. Report from the Working Group on ante-natal prophylaxis - RTD(78)18

Dr Collins reported that the Royal College of Obstetricians and Gynaecologists expressed little enthusiasm for the provision of antenatal prophylactic treatment to all women at risk, though some individual clinicians supported the proposal.

Dr Maycock said that problems concerning the recruitment of male volunteer donors to provide anti-D immunoglobulin, and the ensuing risks, had not yet been considered fully by the Sub-Committee.

Directors agreed that they would be obliged to provide clinicians with anti-D immunoglobulin when asked to do so if the Joint Sub-committee decided to recommend introducing antenatal prophylaxis even though Directors themselves might have reservations concerning the scheme.

Referring to the report of the Scottish Blood Transfusion Directors which was submitted for the meeting of the Working Group on 5 April (HDN WG/24) Dr Jenkins said that the Scottish figures for administrative failure rates were exceptionally low when compared with the figures provided by English Transfusion Directors.

Dr Cameron said that the Scottish Directors had exercised stringent controls on the material and had carried out enzyme testing and had also used the auto-analyser technique for detecting anti-D.

Dr Collins informed the members that Dr Woodrow was working on a detailed re-examination of the incidence rate in an effort to re-assess the evidence including the significance of the Scottish figures; the meaning of 'failure' as given by Scotland would also need to be defined.

Members agreed with Dr G H Tovey's suggestion that the Working Group should obtain as much detailed and up-to-date information as possible from RTCs concerning administrative failures, details of treatment, etc. This information would provide more evidence for further consideration by the Working Group. Dr Tovey added that there was insufficient evidence to demonstrate that any benefits which might be obtained in providing routine antenatal treatment to women at risk was worth the considerable risk to male volunteer donors. Dr Collins welcomed Dr Tovey's proposal and asked that any information from RTCs should be sent to her for consideration by the Sub-Committee. Dr Tovey agreed to send Dr Waiter details of his proposal.

Members agreed that Dr Jenkins' paper, which had been prepared for the Working Group, should be circulated to Directors for information.

Mr Dutton reminded the meeting that it was the information provided at the seminar held at McMaster University which had helped the Sub-Committee to reach their conclusions and suggested that figures emanating from the United Kingdom might be more pertinent than the McMaster figures. Dr Jenkins replied that there were at present no figures available in the United Kingdom comparable with those given at the McMaster seminar.

c. Anti-D Working Party

The Chairman reported that the Working Party had proposed that BPL should take a sample from a randomly selected single donation of anti-D plasma from each RTC, including Belfast, every 3 months and send a coded aliquot to each of 2 RTCs for measurement of anti-D content. The proposed RTCs were Oxford and Brentwood. Dr Gunson would send the results to BPL which would collate and issue them and inform each centre of the code designation. The meeting agreed to this proposal.

8. TRENDS WORKING PARTY REPORT - RTD(78)4

Mr Dutton said that since the Trends Working Party had produced its report a number of papers had been prepared which set out the implications of the report for consideration. At a meeting of the Standing Medical Advisory Committee on 11 April members confirmed that the figures provided a reliable estimate of future requirements (except possibly in the case of Factor VIII more of which might be needed than estimated) and supported the proposals contained in the report to increase supplies.

The Department was currently engaged in examining the most effective methods of meeting the requirements outlined in the report, in particular to consider what regions needed to do and also to ensure that the Central Laboratories were sufficiently equipped to handle the increased workload.

9. REPORT OF THE WORKING PARTY ON THE QUALITY OF CRYOPRECIPITATE IN ENGLAND AND WALES (RTD(78)16)

The Chairman thanked Dr Gunson and his colleagues for their work in preparing the report.

Dr Gunson said that the Working Party had been examining the quality of cryoprecipitate in England and Wales for the last 2 years and considered that little could be gained by continuing the study and recommended that the Working Party be wound up. Certain aspects of the study would be pursued by individuals.

The Working Party considered that CPD was preferable to ACD in the preparation of plasma for Factor VIII; further work was being done on this particular aspect of cryoprecipitate preparation. Also, the benefits of rapid thaw technique required further investigation. Dr Gunson added that the Working Party found no evidence which indicated that any RTC should change its methods of preparing cryoprecipitate.

Directors congratulated Dr Gunson and his colleagues on providing a valuable contribution to the subject and agreed with Dr Gunson's proposal that the report should be submitted to the British Journal of Haematology for publication.

10. LABELLING OF PLASTIC CONTAINERS OF BLOOD

This subject will be discussed at the next meeting when associated papers would be available to members.

11. ANY OTHER BUSINESS

i The Pearson Report

Mr Dutton informed the members that the findings of the Royal Commission on Civil Liability and Compensation for Personal Injury (Pearson Report) had considerable implications for the NBTS if the whole report was to be accepted by the Government. Of particular importance was the recommendation that human blood should be regarded as a product for the purposes of product liability. The Department had set up a series of working parties to consider the various aspects of the report and advice of Ministers would eventually be sought. It was likely that consideration of the report would take several years.

- ii Mr Dutton thanked Directors for their recent response to his enquiry concerning increased supply of fresh frozen plasma for BPL.

12. DATE OF NEXT MEETING

The next meeting will take place on Wednesday 5 July 1978.