

Miss Towner CA OPU2

From: Dr J S Metters DCMO
16 September 1996

Copies to: Mr Guinness
Dr Rejman
Ms Corrigan
Mr Harvey

AGENDA FOR THE 10TH MSBT MEETING : 18 NOVEMBER 1996

1. Many thanks for your minute of 13 September. It is very helpful to have early warning of the possible agenda. Indeed if we can now prompt action from members who have promised papers, the chances of making progress at the meeting will be much improved. ✓

2. Working from your proposed agenda, much as I would like to remove the look-back for Hepatitis C from MSBT's consideration, I do not think it is yet the right time to make this proposal. We need some body of external specialists to monitor progress with the look-back and we can hardly replace the MSBT Working Group. For the moment at least, I think it has to stay in pole position on the agenda.

3. For the same reason the paper on Hepatitis G should be next on the agenda. I agree we should invite Professor Thomas to remain for that item. ✓

4. CJD, FPP, Parvovirus B19 and red cell transfusion products for neonates must all feature on the agenda. My only comment is on the order. I would be inclined to put CJD after the other three items. I agree with your suggestion to give members of the Committee Dr Dealer's article together with the Transfusion Medicine Editorial. The cover paper should indicate that this is included in the agenda mainly for members' information, but there will be an opportunity for discussion if members have points to raise. ✓ *referred*

5. You have already indicated that we need a paper on FPP, Parvovirus B19 and red cell transfusion for neonates. If Dr Robinson has still made little progress with the first two, it would be helpful if you and Dr Rejman could stimulate progress by providing a first draft for discussion with Dr Robinson on both of these. } *AR's m
ref*

6. We already know that Dr McClelland has circulated the paper on transfusion products for neonates to the Scottish NBTS. But we need to keep an eye on progress. *AR*

X 7. Turning to your list of papers where a progress report is needed, I like the suggestion of written reports, whether these come from NBA, DH or MCA, which are then collated into a single document. That could be taken under "Matters Arising". *X* *AR*

8. Separately on HTLV, we need to ensure the paper for the NHS Executive Board is finished shortly, so that the Committee's recommendation at their July meeting does not take too long in reaching Ministers. We must avoid a situation where at some future date questions are asked about "why the long delay between MSBT's recommendation and the issue being put in front of *for AR*

Ministers".

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1. Dr Rejman CA OPU2
(agreed in draft)
2. Dr Metters DCMO

From : Ann Towner CA OPU2
Date : 13 September 1996
Copy : Mr Guinness CA OPU
Ms Corrigan CA OPU2
Mr Harvey CA OPU2

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1. I attach a draft agenda for the meeting. This is being put to you rather earlier than usual, mainly because some further action before the meeting may be required, depending on your views on some of the proposals made below. In addition, early issue, with accompanying reminder letters, acts as a useful prompt to members to get on with any papers they were due to provide or other action falling to them. As usual, proposed agenda entries are shown in bold on the draft agenda. Drafting notes for your information are in square brackets in normal type, and will be removed before the agenda is circulated.
2. Your minute of 17 June agreed that the agenda put the item for discussion order of importance, although the hepatitis C lookback needs to remain an exception, so that working group members only attend at the outset. Hepatitis G is also placed early on the agenda in case as we may wish to invite Professor Thomas to be present for that item too.
3. Including those two items, there seem to be 6 substantive items we ought to try to discuss this time (items 3,4 and 6-9). There are another 6 items (shown on a separate sheet) which I think require only brief reports. I wonder whether, to save time, you would like us to ask for brief written reports (2 would need to come from the NBA, the rest from DH/MCA) on these. The Secretariat could then circulate them as a single paper, in advance of the meeting. Time need then only be spent on them at the meeting in so far as there are any comments arising. Would you like us to arrange this ? (If so the agenda might be amended as shown in square brackets]
4. In view of the competing demands on MSBT's time, I wonder whether we ought also to be looking for ways of limiting the time given to the Hep C lookback, so as to have more time left for other items. It was agreed at the 8th meeting that the Secretariat should circulate updated figures before each meeting and I understand that Mr Harvey has that in hand. It would also help if summaries of findings from the exercise could be circulated in writing in advance, and if you are content we will try and persuade Dr Robinson to arrange this, collating information for the whole of the UK.
5. More radically, I wonder whether there is not a case for discontinuing any regular involvement of MSBT in the look-back exercise. It seems to me that MSBT's role, under its terms of reference, has probably come to an end and that it for the blood service, overseen by the Executive, to ensure that it is carried through effectively. I wonder therefore whether we could at the next MSBT meeting discuss ending any ongoing MSBT role in this exercise, ~~in~~ including progress reports, unless specific matters within their remit are subsequently identified. Members may well find it interesting to mull over findings from the exercise. But I think it is a reasonable assumption that there are always be matters more directly related to MSBT's remit, and which will have a better claim on the limited time available to them.

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