

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minute of a Meeting of the Co-ordinating
Group, held in the Headquarters Unit on
30 August 1983

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr D B L McClelland
Dr R Mitchell
Dr S J Urbaniak
Mr J G Watt
Dr W Whitrow
Miss M Corrie (Secretary)

Also Present: Dr Reid (Glasgow)
Dr J Settle (Halifax)
Mr Stevenson (Aberdeen)
Miss Anne Sutherland (Bangour)

(for item 4)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

An apology was notified from Dr Morris McClelland.

2. MINUTES OF PREVIOUS MEETING

(a) 24 May

The minutes of this meeting had been circulated and it was agreed to amend minute 7 (page 4, para 2, line 1) to read "Dr McClelland advised that his paper was now too dated to be published in its present form"

In minute 10 the final line was amended to read "information which was being prepared for the Grampian Health Board".

With these amendments the minutes were agreed to be a true record.

(b) 2 June

The minutes of this meeting had been circulated and the following amendments were agreed. Minute 4: the final sentence to read "It was agreed that in future it would be the Directors' responsibility to prepare any papers for the Treasurer on the subject of their overtime allocations etc."

Minute 8: this minute to be amended to read "After discussion the Directors agreed to commit their views to paper and thereafter to include the topic in the agenda for a future Co-ordinating Group meeting."

With the above amendments the minutes were agreed as a true record.

24 May

- (a) Development proposal 1983-84: W Scotland Immunology Support Service
(min 3 d)

There had been circulated letters from Dr Mitchell to Dr Cash dated 4 July 1983 and from Dr Mitchell to Dr L Davidson (Community Medicine Specialist at the Greater Glasgow Health Board). This correspondence contained some information about the way in which the GGHB sought to obtain support from the BTS for its bone marrow transplantation programme. Briefly, the proposal was that two sets of 3/11 sessions from two full time consultant posts available to GGHB should be allocated for immunology support, to be funded by the CSA. The Directors agreed that the proposal was unsatisfactory from various points of view but appreciated that it was the best which Dr Mitchell had been able to obtain in the current circumstances.

Dr Mitchell explained that he could not, without further support, continue to provide an immunology support service to GGHB. The Co-ordinating Group agreed that there was a genuine professional need for support at consultant level but that the fragmentation implied in the GGHB proposal was unacceptable. It was remitted to Dr Cash to recommend to the Secretary to the CSA (with copies to Drs Mitchell and L Davidson) that the CSA should (as part of the national bone marrow transplantation programme) contribute 9 sessions and that they should be placed in a single consultant post. In the event of the SHHD wishing to reduce the number from 9 to 6, all the sessions should be in a single post.

The further financial implications for the BTS were as follows:

Collection of platelets	£ 25,000
Additional laboratory work	£ 10,000

(b) Options for economies (min 14)

It had been agreed at the previous meeting that Dr Cash would prepare a joint paper with the Treasurer for the Chairman's committee and he had circulated a draft to the Directors, received comments, and incorporated these in a revised paper which he tabled. He explained that his principal purpose was to demonstrate how the BTS was attempting to redeploy its resources.

In response to a question Dr Cash explained that his reference (page 2 para A 4) to the need for control and monitoring of the activities of the Inspectorate referred to the fact that the Inspectors appeared not to have a clear remit in relation to which areas of BTS activity they should inspect.

The paper was accepted and Dr Cash agreed to forward it to the Treasurer.

(c) AIDS (min 15)

(i) Staff safety

There had been circulated Dr Cash's letter of 8 August to Scottish Directors (enclosing correspondence from ASTMS, Dr Anne Smith and Dr Donald Hopkins) which he had intended originally to discuss at the next Directors' meeting. He tabled copies of SHHD/CAMO(83)12 dated 16 August from the Chief Medical Officer to Chief Administrative Medical Officers. This enclosed a copy of US recommendations (MMWR) for precautions which clinical and laboratory staffs should consider and stating that pending definitive advice it seemed reasonable when dealing with AIDS patients or laboratory specimens from such patients to apply the currently agreed procedures for patients known to be infected with hepatitis B virus.

It was agreed that specimens from patients known to have AIDS should be handled in BTS as if they contained hepatitis B virus and that instructions to this effect would be / were being issued in each Transfusion Centre. The Transfusion Directors would also speak to their staff on the matter.

- (ii) It was agreed that the best protection available to PFC staff would arise from the vigilance of staff operating donor sessions at the Regional Transfusion Centres.

Good. Sup.

30th August

1983

(iii) Publicity leaflet on AIDS

It was noted that each Transfusion Centre had a supply of leaflets pending the lifting of the embargo on their release throughout the UK following a statement by the Minister of Health. Dr McClelland was due to meet an official of the Scottish Homosexual Rights Group again: he would not give them a copy of the leaflet. It was noted that Dr Cash had written to the Directors to explain that the method of issue was at the discretion of each Transfusion Director.

(d) Budget holders (min 8)

Separate 'in strict confidence' note circulated.

4. NEW ALBUMINOID BURNS SOLUTIONS

Dr Cash welcomed to the meeting Miss Anne Sutherland (Bangour), Dr John Settle (Halifax), Dr Reid (Glasgow) and Mr Stevenson (Aberdeen).

He reiterated the problems which the Transfusion Directors had seen in the proposed protocol for a clinical trial of the above and which he had communicated to Miss Sutherland as agreed by the Directors at their meeting on 14 June 1983. After extensive discussion the following points were agreed:-

- (1) there was a need for a trial
- (2) the Directors fears about randomization had been misplaced
- (3) concerning the parameters to be measured, Dr Settle would supply a revised protocol
- (4) Mr Watt (in association with his staff) would recommend a suitable starting date for the trial
- (5) the participants would put the protocol to their respective ethics committees.

5. DEVELOPMENT PROPOSALS 1983-84:

Preparation and Maintenance of Medicines Inspectorate Documentation

There had been circulated Dr Urbaniak's letter of 8 July to Miss Corrie together with a stated case for the establishment of an additional post of Audio Typist for NE Scotland BTS.

Miss Corrie explained that she had discussed with Dr Urbaniak the latter's contention that he had inadequate typing staff to cope with the needs of a modern Transfusion Centre including the production of Standard Operating Procedures and that she had agreed with him that there was a need for a further Audio Typist post. Since one of the duties concerned was the preparation of SOPs it was thought that it might be possible to obtain the post in 1983-84 when (it was understood) all development funds would be for Medicines Inspector items. She understood also that other Transfusion Centres were experiencing difficulty in producing the Medicines Inspectorate documentation through lack of clerical / typing support and wondered if other Directors had cases which they wished to promote. Dr Urbaniak explained (in support of his case) that every laboratory report in his centre was typed. This took up the full time of two typists so that very little else was done apart from his personal correspondence and that he was receiving hand-written notes from his staff. There was no way of relieving the work of the laboratory typists other than introducing a totally new reporting system and this would take a considerable time.

Dr Cash expressed the view that it would be a mistake to base a case on a Medicines Inspectorate need and advised Dr Urbaniak to redraft his proposal which would be given to the CSA Secretary with a recommendation that the post should be created. Dr Urbaniak agreed to reconsider whether he wished to continue to give prominence to the Medicines Inspectorate aspect of his need and would inform Miss Corrie of the outcome.

6. STABILITY OF HUMAN IMMUNOGLOBULIN SOLUTION

Mr Watt had proposed (in order to improve current fractionation yields and obtain more stable IM immunoglobulin preparations) that he should replace the existing liquid preparations with freeze-dried products. His letter of 10 August to Dr Cash and the latter's reply of 15 August had been circulated. There was tabled a letter dated 22nd August from Dr McClelland to Dr Cash in which the former expressed his concern about the proposals for radical change in the production of immunoglobulin and the change to a freeze-dried product.

Mr Watt explained the problems which he was experiencing with loss of biological activity in liquid IgGs and said that the simplest way of reversing the loss of antibody activity was to change to a freeze-dried preparation. Mr Watt felt that solving this problem was the single most important activity at the PFC and he had instructed that all preparations of IgGs in PFC should be arrested immediately and that freeze-drying commenced as soon as possible. *Amended*

Mr Watt explained that the rate and pattern of loss of activity was not uniform and the Directors wondered how, given that fact, he knew that freeze drying was the solution.

After discussion it was agreed to put the item on the Agenda of a special meeting arranged for 23 September on the subject of Immunoglobulins, meanwhile Mr Watt should do the following:

- (i) Write to BPL and ascertain whether they could assist, either by supplying product in exchange for plasma, or fractionating certain SNBTS hyperimmune plasmas.
- (ii) Produce vials of freeze-dried material for study at Regional Transfusion Centres.

7. PLASTIC BAG SUSPENDING DEVICE FOR PFC ALBUMINOID SOLUTION

In a letter dated 8 July (which had been circulated) Dr Brookes had raised doubts as to the need for the SNBTS to supply suspending devices for this product.

Mr Watt explained that he had once asked the Directors if he could omit the previous suspending device which was a plastic net. His colleagues having replied in the negative he had thought of a replacement. The plastic bag was in fact stronger than anything used currently to suspend bottles except a wire basket and the cost (about 2p each) was modest.

After discussion it was agreed that the plastic bag suspending device should be retained meantime. It was noted they had uses (eg at disaster sites where drip stands were not available).

8. FINANCIAL ALLOCATIONS FOR COURSES AND CONFERENCES

Deferred.

9. BSI COMMITTEE ON TRANSFUSION EQUIPMENT FOR MEDICAL USE

A paper had been circulated in which it was explained that a Scottish representative had been requested to become a member of the above committee

in replacement for Dr H B M Lewis (Chairman) who would resign on 31 December.

Dr Urbaniak was nominated and Dr Cash agreed to advise Dr H H Gunson accordingly.

10. BTS SUB COMMITTEE 31 AUGUST

Lack of time precluded discussion of the Sub-committee agenda.

11. FINANCIAL CUTS (New item)

Miss Corrie explained that the CSA Treasurer had indicated that £115,000 would be withdrawn from the allocation for running costs in the current financial year. She emphasised that this information had been given orally and no written communication had passed nor had the situation been discussed yet by the Management Committee. The Treasurer had however asked Dr Cash's views on how the BTS would react. As a result he had agreed to put to the Management Committee that BTS Directors should have total flexibility over the allocation whether delegated (ie Supplies and Services) or non-delegated (Salaries and Wages). The suggested cut represented 1% of the total allocation or 3.2% of the delegated one.

It was suggested that the following should be accepted as targets:

North	:	£ 4,000
North East	:	£ 8,000
East	:	£ 6,500
South East	:	£23,000
West	:	£45,000
PFC	:	£26,000
Headquarters	:	£ 3,000

The various avenues which might be explored (both professional and otherwise) were discussed. These included the quality of goods purchased, low priority areas of work, practice and methods and the possibility of restricting equipment purchase.

It was agreed that if Directors were to have access to their total expenditure then they must know what the allocation was for Salaries and Wages and it was remitted to Dr Cash and Miss Corrie to persuade the Management Committee to delegate the previously non-delegated head of Salaries and Wages. They were also asked if access could be obtained to the Development budget for use for normal running costs (this would be

in lieu of making a 1% cut). The fact that a cut made in one part of the BTS might have effects in another was acknowledged. The Directors agreed therefore to submit to Dr Cash their proposals so that the effect on other Centres could be considered. These proposals would be circulated.

12. DATE OF THE NEXT MEETING

Tuesday 22 November 1983.