0004

MEETING OF THE SNBTS MEDICAL AND SCIENTIFIC COMMITTEE
9th AND 10th NOVEMBER 1993
AT SNBTS HQ

1.1	**Present:**	Prof J D Cash (Chair)	*JDC*
		Mr M Bruce (Secy)	*MB*
		Dr E Brookes	*EB*
		Dr E Follett (Item 4.6 only)	*EF*
		Dr G Galea	*GG*
		Dr A Keel (items 4.1,4.2,4.3,4.6 only)	*AK*
		Mr M Moores (item 4.8 only)	*HMM*
		Dr R Mitchell	*RM*
		Dr D B L McClelland	*DBLMcC*
		Dr R J Perry	*RJP*
		Dr C V Prowse	*CVP*
		Dr S J Urbaniak	*SJU*

1.2 **Apologies:** Dr W M McClelland; Dr S J Urbaniak (9 Nov 1993).

1.3 The meeting started at 11.00am and finished at 4.55pm on 9 Nov 1993 and started at 10.50am and finished at 3.07pm on 10 Nov 1993.

2. **MINUTES OF PREVIOUS MEETING**

2.1 **MSC OF 8th SEPTEMBER 1993**

It was agreed that para 4.2.3 of the above meeting (3-4th line) should be revised as follows: ".... it was concluded that the risk of HAV transmission with factor VIII concentrates is very low".

With this change made it was agreed the minutes were a true record.

2.2 **SPECIAL PES MSC 4TH AUGUST 1993**

With respect to item 2.4 of this minute, John Francis had proposed a revised form of words (Paper 4 of 9/10 Nov 93 MSC). This wording was accepted in principle with the proviso that the reference to '... freezing supply at current levels' would not preclude negotiated increases.

Bearing in mind 2.2 above, it was agreed the minutes were a true record.

3. MISCELLANEOUS MATTERS ARISING

3.1 SNBTS TISSUE TYPING WORKING GROUP

Two papers were tabled and discussed (attached as appendix 1). These related to

- a proposal from UKTSSA to discontinue certain functions including the provision of tissue typing plates
- a response from the SNBTS Tissue Typing Group.

The following were agreed:

1. *JDC* would write to UKTSSA expressing the view that discontinuation of tissue typing plate provision by UKTSSA was a matter of serious concern to the SNBTS, to request that this service be continued and to request a prompt response to allow the SNBTS to make appropriate contingency arrangements. ***JDC***

2. *AK* will establish whether the Scottish Office are presently contributing funds to UKTSSA for this activity. ***AK***

3. In the event that the proposed discontinuation goes ahead, an SNBTS typing plate would be established and SNBTS Centres would be invited to tender for provision of this service. ***JDC***

4. If an SNBTS typing plate is to be developed, a steering group would be created to determine the specificities and sera to be included. ***ALL***

3.2 SNBTS TISSUE BANKS

1. **Tissue Banking Group**

   i. *GG* advised that the bone donor A-Z guidelines were complete and that the final document would be available by the end of Dec 1993. It was agreed that copies of this and the A-Z guidelines for blood donors would be sent to *AK* and to the NBA (Dr Gunson). ***GG***

   ii. *MB* advised he had met with Dr Lumley and the tissue labelling specification was progressing satisfactorily. ***MB***

2. **American Association of Tissue Banks**

   It was noted that copies of Dr Lumley's report were available in each RTC.

3. **Tissue Banking: Guideline Documents**

The lack of UK consensus and focus in this area was discussed and the following actions were agreed.

i. *JDC* would write to Dr Gunson requesting a copy of the draft document, produced by MSBT pertaining to the microbiological safety of tissues. ***JDC***

ii. The SNBTS response to this document would include a 'compendium' of all relevant SNBTS tissue banking guidelines eg bone marrow donor A-Z; labelling etc. A copy of these also would be sent to *AK*. ***JDC/ SJU***

iii. That efforts should be made to ensure tissue banking was brought within the purview of the 'Red Guide'. *JDC* will write to Dr W Wagstaff. ***JDC***

4. **PCR Testing**

GG reported that the BATB committee have no consensus view on this matter. *JDC* advised that Dr Lumley will be preparing a paper on this matter for discussion at a future MSC meeting. ***MB/JDC***

5. **BATB Annual Meeting**

GG advised that the 2nd Annual Meeting of the BATB will be held in Leicester in April 1994. Details will be sent to BATB members.

3.3 LABORATORY MANAGERS

The proposals contained in paper 5 were discussed. The value of continuing such meetings of specialists was considered against an alternative background of multidisciplinary problem solving teams and immense pressures at RTCs to prepare and conclude Service Level Agreements and produce Operational Plans within a tight timeframe (31 March 1993). *SJU* proposed that it would be helpful if, during this timeframe, routine "National" group meetings were postponed. This provoked much discussion from which the following conclusions emerged:

- that there should be a six month suspension of all groups that report to the MSC to help contain the demands on the time of Centre teams during a period of substantial local pressure.
- informal discussion between SNBTS units would be encouraged.

- meetings to deal with essential tasks and problems will be encouraged. ***ALL***
- during this time Centre management teams might identify problems which could form part of the future agenda for 'national' groups.
- that this view should be communicated rapidly to the General Manager and, with his agreement, to all Board Members for dissemination to their teams.

(note, this item was discussed on both 9th and 10th Nov 1993).

3.4 **COMMERCIAL TISSUE BANKS**

This item was noted.

4. **STANDING ITEMS**

4.1 **BLOOD COLLECTION PROGRAMME**

1. **Virological Risk of Transfusion**

i. *DBLMcC* advised that a senior Registrar in Public Health Medicine (Dr J McMenemy) had been appointed and would work on this subject until the summer of 1994 at least. A progress report will be prepared after 3 months. ***DBLMcC***

ii. It was agreed that ***DBLMcC*** would confirm the nature of the informal contract which existed between CRAG and CDSU, would seek to confirm continuity of funding from CRAG and would advise the outcomes to *JDC & AK*. ***DBLMcC***

2. **Progress Report**

GG provided the following verbal update:

i. SNBTS donor registration forms for bone and blood donors had been produced and in use since October 1993.

ii. **Red Guide**

Dr V James (Trent) had been given the task of chairing the 'donor' Red Guide committee. *GG* has been attempting, so far without success, to establish contact and dialogue with Dr James in the context of the 'NBA' blood donor A-Z with the objective of

agreeing:

. the medical content
. management arrangements for updates

and exploring the potential for a single UK text. *GG* to report progress. *GG*

iii. **CJD**

It was agreed that the implications of this matter could extend beyond recipients of human growth hormone and required further and careful consideration. The matter would be discussed at the December SAC and *JDC* would consult with Dr Gunson to secure an agreed UK position. *JDC*

3. **Sexual Partners of Anti-HCV Positive Individuals**

This matter to be included in the agenda for the next MAC and SAC meetings. *GG*

4.2 **NATIONAL SCIENCE LABORATORY/PRODUCT DEVELOPMENT GROUP**

CVP provided the following verbal update:

1. **Options for the Provision, by the SNBTS, of V.I.P.**

Nothing to report at this time; asked colleagues to note the latest ABRA journal suggests a potential move to 3 months quarantine of plasma for fractionation.

2. **Monoclonal Anti-D Co-ordinating Group**

It was noted that *SJU* had prepared a progress report for the latest PDG which could be made available.

3. **Factor VIII Concentrate and HAV Transmission**

Discussions with Haemophilia Centre Directors had concurred with the SNBTS wishes to complete the present HP8 licensing process before introducing those steps which were necessary in respect of HAV transmission.

4. **SNBTS Gene Therapy Steering Group**

This Group had now met twice and a representative from the

NE RTC team (Dr S Armstrong) joined the Group at their second meeting.

Progress had been made in identifying sources of anti-CD34 monoclonals and partners who might be interested in establishing wider collaboration in the area of stem cell culture and related technologies.

5. **SNBTS Approaches to Enhancing the Yield of the HPVIII Process**

i. Currently achieving 160-170 units/L plasma. 8 discrete processing stages will be addressed.

The first of these considered improved yield across the cryoprecipitation step and would be in place by the end of Dec '93.

ii. Discussions with Haemophilia Directors suggested that the current increase above projected levels (13%) is likely to be maintained. [This is 13% on top of the planned 10% increase above the projected level]. A possible explanation for this increase was increased prophylactic use associated with product improvements - eg increased solubility.

iii. Against the background of attempting to enhance yield and increasing use of HPVIII, increased interest was being shown in half strength citrate.

NEW ITEM

6. **Purification of ∝-1 Proteinase Inhibitor from Cohn IV-1 Pastes**

Referring to Paper 6, *CVP* advised that the report confirmed that this protein could not be recovered in acceptable quantities from Cohn IV-1 pastes.

MSC members agreed with *CVP's* proposal that the resources expended on this project should be diverted to the production of thrombin for fibrin sealant.

7. *CVP* would provide an update on IVIgG for the next MSC meeting. ***CVP/JDC***

4.3 MEDICAL AUDIT COMMITTEE

DBLMcC provided the following verbal update:

1. **Medical Audit of SNBTS Anti-D Programme**

This useful audit had identified problems in the current programme of antenatal administration of prophylactic anti-D. In following-up the identified deficiencies, *DBLMcC* initially would meet with *EB* & Dr S Ghosh to advance the position in the East of Scotland and report back to MSC. ***DBLMcC/ EB/SG***

2. **Medical Audit of Platelet Therapy**

The SNBTS Consultants Group had discussed and strongly supported the development of this audit. It was agreed that MAC co-ordination would be appropriate and that at least one non-MAC, SNBTS consultant be involved in the audit design, execution, report and follow-up. ***DBLMcC***

3. **Provision of RhD Negative Platelets**

DBLMcC had undertaken a preliminary investigation using the Dobbin system with the assistance of Mr M Moores. *DBLMcC* agreed to extend the investigation to the "eastern seaboard" and thereafter to West RTC and report back. ***DBLMcC***

It was noted that this topic would, in part, be covered by 4.3.2 (above).

4. **Audit of Donor Deferrals in NE & SE RTCs**

GG was presently drafting a report on this audit with appropriate outcomes which would be considered at the Donor Consultants meeting in January 1994 before submitting this to the next MSC. ***GG***

5. **Patient Perceptions and Experiences of Blood Transfusion**

CRAG had funded a small study in this area (350 recipients of red cells) which had produced very clear and disconcerting data, primarily related to the quality of communication from BTS to clinical staff (ie messages not received/understood) and from clinical staff to patients (messages not received/sent/understood) eg younger recipients much more concerned about AIDS transmission than those in the older age group; many recipients did not know they had been transfused until after the event.

DBLMcC advised that draft leaflets to improve staff/patient awareness in this area had been compiled but were being held pending the outcome of a submission for CRAG funding. ***DBLMcC***

6. **CRAG Blood Transfusion Audit Committee**

DBLMcC advised that the committee had now completed its defined objectives and that the final report would be submitted to the committee by the end of this month for subsequent submission of a final document to CRAG in January 1994.

DBLMcC proposed that this draft also be submitted to RTDs for valued comments/discussion. ***ALL***

NEW ITEM

7. **CRAG Visitation**

This had taken place on 09.11.93. There was an SNBTS perception that CRAG found the Blood Transfusion audit activities to be of value and interest and would encourage future/further submissions for grant-funding relating to BTS activities.

8. **MAC Focus**

DBLMcC advised that he had been asked by the MAC to produce a discussion document on how the MAC might retain its effectiveness but change it's focus for 1994-95. ***DBLMcC***

DBLMcC agreed to present his views to the next MSC.

4.4 QUALITY ASSURANCE PROGRAMME

Matters Arising

1. **Increasing the Whole Blood Collection Volume**

MB introduced paper 7 and the minor amendments agreed by the SNBTS Quality Group on 29 Oct 1993 (verbal report, *MB*).

The following were agreed:

i. that 10.1 is deleted.

ii. That 10.5.1 clarifies that 1000 consecutive donations

will be tested in each region.

iii. That the new 10.6.3 (prev 10.6.4) will read 'not for therapeutic use'.

iv. That *MB* will produce a suitably revised document. ***MB***

v. That *JDC* will write to RTDs, enclosing the revised document, asking that they implement this change as soon as possible but in line with the proposals contained in the revised document. ***JDC***

vi. That Dr Gillon be requested to make available his base level data on eg donor faints, and that all RTCs be aware of and encouraged to generate these data locally. ***JDC/ Dr Gillon/ ALL***

NEW ITEMS

2. **Scottish Biomedical Association**

MB provided a verbal report on this association and the numerous advantages it offered (more detail available on request). Of primary importance were the opportunities for invaluable networking with other Biomedical Scientists, discounted prices for excellent seminars and workshops and a realisation that the SNBTS is involved in the Scottish Biomedical Industry. The SNBTS Quality Group had previously agreed that the National Quality Programme training budget should provide the 1993-94 SNBTS subscription to this Association. The MSC members endorsed this in principle but requested further details for local information. ***MB***

4.5 **NATIONAL REAGENTS PROGRAMME**

Matters Arising

1. **Apparent Wastage of Reagent Red Cells**

MB introduced paper 8. The Committee expressed some surprise that NE RTC had stopped using National Programme reagent red cells for antibody screening in favour of an in-house product. *MB* was asked to investigate this situation. ***MB***

2. **SNBTS Reagent Price Lists**

A price list for National Programme reagents had been sent

to Mr J Francis and was tabled (attached as appendix 2). These prices exceeded manufacturing costs and reflected market prices for equivalent quality products. It was proposed that this list be used as a basis for charging private hospitals. ***MB***

NEW ITEMS

3. The Committee noted with interest the 'customer awareness' seminar being held at WRTC on 11 Nov 93.

4.6 MICROBIOLOGY/DONATION TESTING

(***EF*** joined the meeting at 2pm)

Matters Arising

1. **MRU Annual Report**

The Committee noted this report with interest and invited EF to provide a summary of key features of the appendices. ***EF***

2. **Anti-HBc Donation Testing**

The Committee were invited to endorse the advice of the MSBT that anti-HBc testing should not be introduced at this time (see appendix 3). On the understanding that the position be kept under review, this decision of MSBT was supported in principle by the Committee. It was noted that no data had been made available to the MSC on the cost benefit features associated with this decision.

3. **SNBTS Donation Archives: Public Health Authority Access**

It was agreed that against this background there was a need for some flexibility in the SNBTS approach to donor privicy. *JDC* would communicate this view to the General Manager. ***JDC***

NEW ITEMS

4. **Lookback : HCV**

After a full discussion in which the principles of lookback of HCV PCR positive donor archive samples and appropriate communication with recipient's GPs were agreed, it was felt that the position concerning PFC products required further consideration. The Committee felt it would be inappropriate

to make a policy decision at this time and that further discussion was required. ***JDC***

DBLMcC to circulate lookback information produced by SERTC. ***DBLMcC***

5. **Committee on the Microbiological Safety of Blood and Tissue for Transplantation (MSBT)**

RJP and *RM* represented the SNBTS on this Committee which recently had produced draft guidelines on microbiological safety of tissue donations. It was noted that the philosophy of this Committee was to encourage members to discuss draft documents with colleagues on a 'need to know basis' (see also 4.1.2.iii).

6. **Improvements in Test Kits**

i. *JDC* advised the Committee of an additional requirement that was being incorporated into the "rules of engagement" between microbiology test kit manufacturers and the SNBTS. Namely, when the manufacturer wishes to introduce a modification to kits being used by the SNBTS, they contact the COR who will make and record a judgement as to whether the modified kit needs to be re-evaluated before it can be used by the SNBTS.

Manufacturers were being advised of this position. ***JDC***

ii. *EF* reported several important anti-HCV kit modifications. Murex have removed a portion of protein from the 5' end of NS4 and, in addition, have modified the NS5 component (this latter modification has also been undertaken by Ortho). Both these modifications have substantially reduced the problems of non-specificity.

The decision to approve the Ortho 3rd generation anti-HCV assay had been homologated at the MSC on 11/12 May 1993.

The final version of the modified Murex anti-HCV assay will be evaluated by/on behalf of the COR before being authorised for routine use. ***COR/EF/ JDC***

7. **Importance of Incorporating NS5 in Anti-HCV Screening Tests**

EF described a recent sample which was anti-HCV repeatably reactive by Murex and Ortho kits but was negative by Abbott 2nd generation. The sample was PCR positive.

This represents the first sample in approx 30,000 tested to give this pattern of results, confirming the value of including the NS5 component and exposing a deficiency in the Abbott 2nd Generation kits being used at Glasgow, Aberdeen and Belfast.

The Committee noted that this sample was reactive with the Abbott 3rd Generation assay which incorporates a 'suitable' NS5 component. However, this kit will not be available until 6 December 1993 and the Committee expressed a unanimous opinion that the risks to patients associated with a hasty switch to new technology (ie from Abbott to Murex/Ortho) were far greater than continuing to use the 2nd Generation Abbott assay until 06.12.93. In the meantime the COR is evaluating the 3rd Generation Abbott anti-HCV kit. ***COR/EF JDC***

8. **Annual Report : COR**

It was agreed that *RM* would produce an annual report on the activities of the COR. ***RM***

EF and *AK* left the meeting at 15.35.

4.7 PROTEIN FRACTIONATION CENTRE

Matters Arising

1. **Ante Partum Prophylactic Use of Anti-D Ig**

RJP advised that from PFC's perspective the anticipated increase in demand had not materialised.

SJU updated the Committee. Completed questionnaires on this subject had now been returned from the Royal College of Obstetricians (RCO) and had been passed for analysis to Dr D Lee. These returns had disclosed that no Scottish Units use antenatal prophylaxis as a routine. Full details will be available in due course re a clinical trial of low dose prenatal anti-D Ig, but *SJU* reported that 9 immunisations had been found in the control group compared with 5 in the test group.

A factual report will be submitted to the RCO to assist them in the formulation of appropriate guidelines.

SJU will brief the Committee on further developments. ***SJU***

2. **Hyperimmune Plasma Procurement**

The correspondence on this matter was noted and *JDC* advised that Dr Gillon would produce an update report for the next MSC. *GG* reminded the Committee that the Consultant's Group had previously been asked to work on anti-zoster and *JDC* would write to advise them that this would now be incorporated into the activities of Dr Gillon's group. ***JDC/ Dr Gillon***

3. **Plasma Products made from Material not Screened for Anti-HCV**

RJP advised that the MCA had authorised the manufacture/use of anti-D from anti-HCV unscreened plasma and intermediates up to an ultimate expiry date of 31 December 1995. Based on current projections, this would produce a surplus of 7.5-10 million IU of anti-D (ie 15,000-20,000 vials of 500 units). *RJP* would advise the Board how this anticipated surplus might be disposed of. ***RJP***

4. **Factor VIII**

To date, PFC had issued 1 million units more than the projected figure and were making every effort to meet this increased demand (which represented a planned 10% increase plus an unplanned increase of 13%). However, it was noted that reserve plasma stocks were being depleted. (see also 6.1)

5. **High Purity Factor IX Concentrate**

Good progress was being made with this product in respect of Clinical Trials and manufacture. 1 million units had been manufactured (10,000-20,000 vials) and it was envisaged that a successful outcome in clinical trials would permit all haemophilia B patients to move over to this new product from 1 April 1994. *CVP/RJP* to advise Directors when firm information was available on the introduction of HPIX for clinical use. ***CVP/RJP***

NEW ITEMS

6. **Normal Human Immunoglobulin (I.M)**

RJP advised that issues of this product were running at more than twice the projected figure but felt that PFC could meet both this increase and that which would be necessary to satisfy the perceived needs of GPs who were using commercial products (mainly Immuno & Kabi). PFC planned to manufacture an additional 10,000 vials this year to meet the potential/actual increase in demand at a cost (to PFC) of approx £12,000.

It was agreed that the possibility of supplying this product to GPs should not be vigorously pursued until the supply and demand position was clearer. ***RJP***

7. **Supply of Rabies Immunoglobulin**

i. BPL's philosophy to this product was that they would supply only when available, leaving customers (including PFC) to make their own contingency arrangements, usually without advance warning. Presently, PFC were manufacturing a batch of product to supply the SNBTS (and BPL). BPL also were manufacturing a small batch of product which would meet only approx 4 months demand from England and Wales.

RJP to produce a discussion paper for the Board concerning the long term supply strategy for the SNBTS (ie SNBTS only; SNBTS/NBA;joint manufacture). ***RJP***

ii. An additional paper was tabled (appendix 4) concerning the location of rabies Ig stocks. The general feeling was that despite the SHHD guidance, the stock should be held in the local RTC. *JDC* would communicate this view to *AK*. ***JDC***

8. **Issue of Intramuscular Immunoglobulin - Dispensing Authority**

After discussion it was agreed that in the situation described by GG, local arrangements could be made for the RTD, or other Medical staff, to authorise the issue of Ig. Alternatively, a pharmacy could be used.

4.8 INFORMATION TECHNOLOGY (RESEARCH AND DEVELOPMENT)

HMM joined the Committee at 12.20 and gave a verbal update.

Matters Arising

1. **Status of Barcodes in the UK Blood Transfusion Services**

Against the advice of the UKBTS Barcode Working party, the ISBT Barcode Working Party are set to approve Code 128 as the industry standard and anticipate that this code will be in use in all Blood Transfusion Services within 4 years. HMM described the major differences between Codabar and Code 128. In summary this showed that code 128 had few advantages but many disadvantages.

The Committee expressed their concern at this development and asked that *JDC* communicate their views to the NBA through the offices of Dr Gunson and/or the Chief Executive. ***JDC***

HMM advised that PDF 417 code was probably not suitable for use in blood transfusion.

2. **Update on Blood Bank Computer System**

North East and East RTCs have now transferred onto Unix boxes, North was scheduled to transfer on 15 Nov with South East 2 weeks later.

North East reported initial printer problems which had now been resolved. The new hardware had been of immense value and had allowed NE RTC to input a substantial number of paper archived patient records (presently back to 1987) into the database.

The MSC thanked *HMM* for his considerable efforts in successfully taking this difficult project to this important landmark.

NO NEW ITEMS

HMM left the meeting at 12.45

4.9 PRODUCT SERVICES DEPARTMENT

CVP advised that Miss J Pelly had commenced duties as Product

Services Manager (full time from 01.12.93). The vacancy had provided an opportunity to change the job scope and purpose. *CVP* would prepare and distribute an appropriate briefing note. ***CVP***

4.10 **COMPONENT PROCESSING**

The MSC were pleased to note the seminar on semi automated component processing which was being organised by the Laboratory Managers Group.

5. **MISCELLANEOUS NEW ITEMS**

5.1 **CLYDEBANK HOSPITAL : SNBTS**

1. The paper prepared by *JDC* (paper 16) and correspondence tabled by *DBLMcC* (appendix 5), which included HCI's projected usage of blood components, were discussed.

2. The main point of discussion was the request, from HCI, for single donor platelets (SDP's) for autologous bone marrow transplant recipients. This component is not routinely made available in West or South East regions but is supplied in East and North East. Based on the figures proposed in paper 16, it was agreed that all SNBTS RTCs would contribute to the provision of this component to West RTC for supply to HCI. Operational details would be established and advised well in advance.

3. *RM/DBLMcC/JDC* would initiate discussions with clinical teams in West/South East regions to establish whether they might wish to receive SDPs routinely for their autologous bone marrow patients. ***RM/JDC/ DBLMcC***

4. It was agreed that at the present time it would be inappropriate to include HLA matched platelet provision in a SLA with HCI. *JDC* advised that he was discussing the extension of an SNBTS HLA typed donor panel with Dr P L Yap and would report back. ***JDC***

5.3 **TRANSFUSION MEDICINE/HOSPITAL BLOOD BANKING SERVICES; SNBTS DEFINITION**

The proposals contained in *JDC's* correspondence (paper 17) were discussed and the following amendments suggested:

- reference serology should be included/emphasised
- autologous transfusion should be included
- para 'c' should be clarified

- emphasis should be placed on requirements for GMP/licenced premises
- the provision of specialist training should be highlighted
- trend prediction/product development/clinical trials should be included

These comments would be included as appropriate in a revised text which would be discussed at the forthcoming Consultants meeting. ***JDC***

5.4 **HIV INFECTION AMONG BLOOD DONORS IN SCOTLAND**

It was agreed that *JDC* should advise Dr Goldberg (CDEHU) that his request to incorporate SNBTS data into a European database was acceptable. ***JDC***

5.8 **SNBTS NURSES GROUP**

EB summarised the concerns of this important professional group which was in existence before the appointment of DSM's and before the formation of the Donor Consultant's Group but which now felt undervalued. These concerns were discussed at length but it was felt that since the Nurses Group, in line with other 'national' groups, would not meet for six months, the discussion should be reopened after that time. ***MB***

ITEMS 5.2, 5.5, 5.6 AND 5.7 WERE DEFERRED FOR A FUTURE MSC MEETING

6. **ANY OTHER BUSINESS**

6.1 **PROCUREMENT OF PLASMA BY PFC FROM THE NBA**

DBLMcC expressed concern that the SNBTS was considering correcting its current shortfall of plasma for factor VIII production by purchasing surplus plasma from the NBA. However, *RJP* advised that importing of plasma from English RTCs was an established practice and *JDC* suggested that the MSC should direct its attention to those aspects of this programme related to quality. Discussion focused on the understanding that whilst the English RTCs concerned held a manufacturer's "specials" licence and complied with the Red Guide, they did not need to fully comply with the SNBTS plasma specification. ***JDC/RJP***

JDC advised that on behalf of the SNBTS Quality Group he recently had written to *RJP* to ascertain the position with regard to the approval of microbiological test kits in these NBA centres.

6.2 **'ADOPTION' OF THE RED GUIDE BY THE SNBTS**

Correspondence on this matter had been tabled at the meeting (appendix 6). The committee felt they had been unable to give the matter the required level of scrutiny in the context of licencing and *RJP* agreed to consider this on their behalf and would report his conclusions to *JDC* for onward transmission to the General Manager. ***RJP/JDC***

6.3 **SNBTS REPRESENTATION ON THE UK BARCODE WORKING PARTY**

It was noted that the emphasis and membership of the above working party was changing and members were invited to nominate SNBTS representatives and send these to *JDC*. ***ALL***