

Minutes of a meeting of Regional Transfusion Directors held at 1.45 p.m. on Wednesday 9th December, 1964 in Room B1607, Ministry of Health, Alexander Fleming House, London, S.E.1.

PRESENT:

Dr. W. d'A. Maycock	- in the Chair
Dr. J.G. Thomson	
Mr. S.A. Heald	
Miss B.J. Cawter	- Ministry of Health
Miss B. Hirst	
Mr. T.C. Seed (part-time)	
Mr. L.J. Dexter	
Mr. J. Flint	
Dr. T.D. Davies (deputy)	
Dr. J. Shone	
Dr. C.C. Bowley	
Dr. C.B.V. Walker	
Dr. T.E. Cleghorn	- Regional Transfusion Directors
Dr. B. Stone (deputy)	
Dr. R.A. Zeitlin	
Dr. J. Grant	
Dr. G.H. Tovey	
Dr. R.J. Drummond	
Dr. W. Weiner	
Dr. F. Stratton	
Dr. D. Lehane	
Dr. A.E. Mourant	- Blood Group Reference Laboratory
Dr. K.L.G. Goldsmith	
Dr. R.M. Gordon	- Scottish Home & Health Department
Dr. H.B.M. Lewis	- Scottish National Blood Transfusion Association

The Chairman welcomed Miss Hirst, Assistant Secretary of the division dealing with blood transfusion matters; he also welcomed Mr. Heald and Miss Cawter.

Apologies for absence were received from Dr. Jenkins and from Dr. Murray.

1. Confirmation of minutes of last meeting

The Minutes of the meeting held on 28th October were confirmed subject to the following alterations:-

Dr. Cleghorn pointed out that he had attended the last meeting as an observer.

Para.2 (a) (i) line 6, after "Edinburgh" insert "and Glasgow R.T.Cs."

Para.2 (b) NBTS 110. line 6. after "present" insert "apart from Dr. Drummond".

Para.3 (i) line 2. delete "little".

Para.3 (ii) Delete "Sheffield". Add new para: "(iii) At R.T.C. Sheffield pooled anti-D sera are used. Caucasian rr donors are not tested further but negroid rr donors are tested with a battery of anti-human globulin techniques".

Para.7. (a) 2nd para. line 1. after "R.T.Ds." insert "Sutton".

/2. Matters arising

2. Matters arising from previous minutes:

(a) Recruitment of Donors.

At the last meeting misgivings had been expressed about the ability to recruit the donors necessary for the expansion of N.B.T.S.

In the discussion the following points emerged:

- (i) The Life Blood Series pamphlets and filmlets were excellent, but of limited value because of restricted circulation or showing.
- (ii) Greater national awareness of N.B.T.S. seemed necessary. Many Directors felt that N.B.T.S. was little known or taken for granted and that national publicity (similar, for example, to that for the National Savings Movement) and appeals by well-known personalities were wanted.
- (iii) The meeting was divided on the question of support from firms. Most R.T.Ds. thought that support from this quarter was not diminishing and was unlikely to diminish except where firms were inefficient or business poor. The view was expressed, however, that the possibility of firms no longer supporting N.B.T.S. because of the need to increase their efficiency in the export drive, could not be entirely disregarded.
- (iv) Recruitment and retention of donors was not the main problem. This was to increase and maintain the efficiency of blood collecting teams although it was stated that continued expansion of the donor panel required more money and staff.
- (v) Annual recruitment of donors at the rate maintained over recent years was not enough; the rate should increase with the constantly growing demand for blood.
- (vi) An increasing proportion of donors had now to be recruited from less socially conscious members of the public, and more intensive and costly publicity was necessary in order to reach them.

Replying to the discussion Mr. Heald said that

- (i) Theatrical showings of films could not be arranged centrally; local approaches to cinema managers might be successful. B.B.C. and ITV. were giving reasonably frequent showings of filmlets, although the number

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has fallen recently because of the time given to the Ministry of Transport accident campaign. New filmlets were planned for the next financial year.

- (ii) Donors should be encouraged to pass on Life Blood pamphlets; he would see whether a more prominent exhortation could be printed on the pamphlets.
- (iii) B.B.C. has discouraged its stars from inserting appeals.
- (iv) The series of instructional films now being prepared should be suitable for showing to young audiences of potential donors.
- (v) He thought a reduction in the rate of recruitment was to be expected now that the panel exceeded one million. N.B.T.S. was well-known to editors, who were, however, reluctant to devote space to the service except for stories with special interest or appeal. However, R.T.Ds. and the other doctors concerned were themselves often reluctant to provide such stories even for local use until the outcome of the cases was certain, by when the stories were "stale" and unacceptable. However, he asked if R.T.Ds. would make a point of sending him any stories they thought might be useful nationally. He thought that more could perhaps be done by local press advertising, for which more money was to be provided.

Mr. Heald said he was glad to have had this discussion with R.T.Ds. The meeting agreed that further consideration of this problem should be deferred until all the replies to HM (64) 5 had been received by Ministry, since these should contain a numerical assessment of the numbers of new donors likely to be needed in the next ten years.

(b) Donor Attendants.

Dr. Maycock thanked Directors for their replies to the questionnaire. The main reasons given for the high turnover rate (20 per cent to 90 per cent (Leeds Region)) were long and irregular hours, and reasons connected with marriage. Salary was mentioned by only a few Directors, of whom two were emphatic that a higher rate of pay would attract the right type of girl and overcome the present difficulties. Several directors had said they were not sure that the reasons given by those who left were in fact the true ones.

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One Director had emphasized the discouragement and irritation caused by inequality of allowances payable to members of teams, particularly overtime pay.

Miss Hirst said that everyone who employed young women to-day expected a high turnover rate. This was something that apparently could not be changed and which one had to learn to live with.

Miss Hirst hoped that there would shortly be some recompense for the long hours in the form of extra duty allowance for Sunday work, which had been claimed by the Staff Side. The meeting welcomed this possibility which they thought would be most helpful. Overtime payment was not possible under the Nurses and Midwives Council. Miss Hirst thought that it would be a retrograde step to transfer D.As. to another Council for the sake of overtime payment; they had been transferred soon after N.H.S. started from the Ancillary Staffs Council to the Nurses and Midwives Council because of discontent under the former Council, in spite of the fact that overtime was payable.

As to irregular hours, Miss Hirst thought that the solution probably lay in careful arrangement of work programmes, e.g. long warning of "awkward" duties, spells in the centre. She asked whether it would be possible, once a D.A. had worked her statutory 42 hours to give her the remainder of the week off. While agreeing in principle directors said these measures could not be taken so long as R.T.C. D.A. establishments were below strength. For this reason it was not possible in some centres to give D.As. all the time-off they had earned in lieu of overtime, so that the debt of "time-off in lieu" steadily grew.

Miss Hirst said that inequalities in subsistence allowances payable to team members would be examined, and would be reported on at a future meeting. All R.T.Ds. asked that the qualifying times for subsistence allowance payable to D.As. should be made the same as for other grades.

Dr. Weiner described the serious difficulties he was now facing in manning blood collecting teams. He could not fill his establishment. He thought the solution lay in : an attractive scale of pay and improved subsistence allowances; a special allowance for D.As. who had to work at inconvenient times; and the introduction of a qualification for D.As. comparable to that for Enrolled Nurses.

/Dr. Tovey

Dr. Tovey and Dr. Drummond thought that an improved salary scale was essential.

Dr. Stratton said he thought the Ministry did not appreciate the potential dangers of the situation, in so far as the safety of the blood and the donors themselves were concerned. There should be greater flexibility of the rules governing recruitment and payment of D.As. as the problems obviously varied regionally. It was essential to get intelligent young women, of at least G.C.E. standard.

Dr. Bowley's experience was that if D.As. remained two months, the chance of their staying until they left for some reason connected with marriage was good. He thought that extra duty allowance for Sunday work and equalization of subsistence rates would remove many of the difficulties.

Miss Hirst undertook to consider the proposals that had been discussed.

(c) Donor Badges.

It was reported that it would not be possible to make badges embossed with the two-hearts design. The meeting inspected 9/16th diameter samples of silver-gilt, silver and bronze badges. The silver-gilt and bronze badges were closely similar and impossible to distinguish apart. To overcome this difficulty Dr. Bowley suggested that the silver-gilt badge might have a crown on the top, and Dr. Tovey suggested that it might have a wider border or that "50" might be shown on the badge, "5" on one side and "0" on the other side of the two-hearts symbol.

The meeting thought the 9/16" diameter size a great improvement and accepted it, providing the silver-gilt badge could be modified by widening the border. The brooch, stick pin and clutch fastenings were approved.

The Chairman said that the possibility of a gold badge had not been ruled out completely.

(d) Use of Police Cars to carry blood. The Chairman reported that Dr. Winner had written to S.A.M.O's of the Metropolitan Regions about the use of police cars by hospitals for carrying blood and other transfusion fluids.

/ 3. Acknowledgment of Help from Firms.

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The suggestion that a letter should be sent to firms thanking them for their co-operation, and encouraging them to continue had been considered at the time of the Million Donor celebration. This meeting had rejected it and suggested instead that if the Minister made a television broadcast he should be asked to thank firms. In the event a broadcast was not made.

This matter had recently been raised again by the R.D.O. of the Newcastle region where firms appeared to be less willing than they had been to co-operate with N.B.T.S.

It appeared from the discussion that most R.T.Ds. still did not think a special letter of thanks was necessary, and that the letters at present sent by R.T.Cs. were perfectly adequate.

It was agreed that the matter should be reconsidered when the replies to HM (64) 5 had been received.

4. Report of C.P.C. Working Party on Training of Medical Laboratory Technicians.

Dr. Maycock referred to the two documents which had been circulated:-

- (1) A note for the meeting of Central Pathology Committee on Training of Medical Laboratory Technicians.

He explained that this had been prepared by the Ministry for the information of the C.P.C. and that he thought R.T.Ds. would like to have it.

- (2) Report of Working Party of the Central Pathology Committee on the Training of Medical Laboratory Technicians.

He explained that he had asked Dr. Zeitlin to represent the R.T.D. meeting on this Working Party. The Working Party had been set up by the C.P.C. for two reasons:- the difficulty in manning laboratories in the face of a shortage of qualified staff and the difficulty in arranging day-release. The solution proposed by the Working Party was the introduction of a two tier system, in which certain tasks, still to be defined, would be performed by a new grade, called Laboratory Aides, whose entry qualifications would be less than those of medical laboratory technicians and who would not be expected to take the post-entry training and qualifications taken by medical laboratory technicians. This document with one minor amendment had been accepted by C.P.C. on 13th November, 1964, and passed to the Ministry for consideration.

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After discussion the meeting, with the exception of Dr. Bowley, approved the report of the Working Party. Dr. Bowley thought there was little place in laboratories for unqualified technicians.

Dr. Tovey agreed to prepare, with the help of Dr. Cumming, a document on the type of work that laboratory aides could do in R.T.Cs., in time for the next meeting. The Chairman asked him to bear in mind the report of the R.T.D. meeting Sub-committee on Unqualified Laboratory Technicians which had been accepted by the R.T.D. meeting on 11th October, 1961.

5. Supply Matters.

(a) Giving Sets Without Needles. The Chairman asked the meeting if it were quite happy about the decision made on 28th October, 1964. If the scheme then proposed went ahead, R.T.Cs. would have to ensure that certain medical units and such users as Merchant Navy received sets and needles, the latter being packed separately. Moreover, if the scheme were adopted the set makers would have immediately to reduce their orders for needles; if the scheme failed or had to be modified, there might be a delay in re-establishing the supply of needles. The Services, it could be assumed, would require a set with the needle packed within the carton.

After discussion the meeting agreed that it was preferable to have two forms of pack, one complete with needle within the carton, the other without a needle, the latter being distinguished by colour and bearing a prominent statement that it did not contain a needle.

The meeting also agreed that a trial of sets without needles should be arranged, before all regions began to issue the two types of pack.

Drs. Tovey, Drummond and Gordon agreed to arrange trials lasting 6 months and undertook to tell Mr. Flint how many sets without needles they would need.

Mr. Flint undertook to send to Drs. Tovey, Drummond and Gordon a draft of the revised wording on the carton for the sets without needles.

(b) Device for local anaesthetic. A document prepared by Mr. Flint was discussed. Johnson and Johnson had been developing the device for more than 2 years, and wished to drop it until recently when additional potential outlets in veterinary work had encouraged them to consider continuing development.

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The meeting agreed that (1) Johnson and Johnson should be persuaded to continue development, (2) the tests on the contained lignocaine and nature of the plastic, mentioned by Mr. Flint, should be done (3) the stilette could be omitted, if a non-coring needle could be fitted.

Mr. Flint undertook to examine a similar device used by Messrs. Glaxo.

(c) Insulated Boxes. Samples of two types of box were examined

(1) Prototype fibre-glass box: to hold 3 B.T. bottles and ice-insert.

Price: £4.18.9½; delivery 4 weeks.

(2) Vulcanised fibre case: to hold 3 B.T. bottles and ice-insert.

Price: £6.9.0

All Directors wished to obtain the fibre-glass box, provided a better hinge (e.g. piano hinge) and a flat lid could be fitted. The reason for a metal plate on the underside of the lid was questioned. Mr. Flint undertook to discuss these points.

Dr. Bowley undertook to test the insulation properties of the fibre-glass box.

(d) 16oz. medical "flats". Mr. Flint said no quotations had been received following the Ministry's invitation to tender for surface treated bottles.

Direct enquiry had elicited the following:

United Glass: untreated flint glass bottles. 70/- per gross. pH of distilled water rose from 7.6 to 9.8 after autoclaving.

Wood Bros: neutral glass bottles. 210/3 per gross. Will withstand about 30 autoclavings.

Surface treated flint glass bottles 190/6 per gross. Will withstand about 10 autoclavings.

The meeting agreed that the Wood Bros. neutral glass bottle should be supplied.

(e) Intracath. The meeting was asked if it knew of incidents where pieces of catheter had broken off in the vein. Drs. Weiner and Lewis reported that this type of accident had occurred in their regions: in Aberdeen a committee had been formed to investigate the incident.

(f) Baxter set.

(f) Baxter Set. Mr. Flint showed the meeting a prototype giving set with a combined piercing and air inlet device and in which the connection to the filter chamber had been reinforced. It was hoped that these modifications would overcome complaints about bluntness of the piercer and sets falling apart. If the tests were satisfactory he would distribute samples to R.T.Ds. when these were available.

6. Costing Sub-committee. The meeting nominated Dr. Jenkins to replace Dr. James as a member of this committee.

7. The next meeting would take place on Wednesday 24th February, 1965.

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