FILE M12B

A/Secretary

REGIONAL TRANSFUSION DIRECTORS

Minutes of a meeting of Regional Transfusion Directors held at 2.15 p.m. on Wednesday, 14th June 1961, in Room 443, Ministry of Health, Savile Row, London, W.1.

PRESENT:-

Dr. W. d'A. Maycock	- in the Chair
Mr. D. Emery Dr. N. M. Goodman Dr. J. G. Thomson Mr. W. D. Paget Mr. E. H. Fagg Mr. T. E. Holloway	- Ministry of Health
Dr. S. Murray Dr. S. R. Gloyne (Deputy) Dr. C. C. Bowley Dr. C. B. V. Walker Dr. J. D. James Dr. W. J. Jenkins Dr. R. A. Zeitlin Dr. J. Grant Dr. G. H. Tovey Dr. R. J. Drummond Dr. W. Weiner Dr. F. Stratton	- Regional Transfusion Directors
Dr. A. E. Mourant Dr. K. Goldsmith	- Blood Group Reference Laboratory
Dr. R. M. Gordon	- Department of Health for Scotland
Dr. J. Wallace	- Scottish National Blood Transfusion Association

Apologies for absence were received from Surgeon Rear Admiral Mussen and Dr. Lehane.

The Chairman introduced Dr. Goodman, Deputy Chief Medical Officer and Mr. Emery, Under-Secretary, Division II, and Dr. J. G. Thomson.

Dr. Goodman said he had now become concerned with blood transfusion and both he and Mr. Emery had come to the meeting to make the acquaintance of the members of the B.T.S. Committee.

1. Confirmation of Minutes of Last Meeting.

The minutes of the meeting held on 12th April were confirmed subject to the following amendments:-

para. 2 (c) Selective Recruitment of Rh.negative Donors. line 15 and 16.

Change to read ".....some Rh.negative donors selectively".

para. 5 - News-Letter: Dr. Maycock apologised for having omitted Scotland.

The news-letter would be circulated to Scottish Regions and Dr. Mourant would welcome contributions by Scottish Directors.

2. Matters Arising from Previous Minutes.

(a) Plastic Taking Set

It was reported that the gauge 21/10 needles required for the proposed trial would be delivered in about three weeks' time and it was agreed that Dr. James should carry out the trial. Dr. Tovey said he had tested the rate of flow of a given volume of blood through 6 gauge 21/10 and 6 gauge 24/10 needles. Under the conditions of this test, the difference between the average flow times was 23 seconds, which Dr. Tovey thought was not significant.

(b) Injection Devices for Local Anaesthetic.

Mr. Fagg reported that he was still investigating the possibility of the manufacture in U.K. of disposable devices, similar in principle to that made by Abbotts in U.S.A.

Dr. Weiner, Dr. Zeitlin and several other directors had organized syringe services in their centres and were satisfied that a service concerned with only one size of syringe could prepare sterile syringes and needles more cheaply than services providing several sizes.

Dr. Stratton favoured using disposable syringes or other similar devices, even if they cost slightly more than syringes from a syringe service, because of their greater convenience and lessening of the preparative work done in the R.T.C.

Mr. Fagg undertook to investigate a new type of "Ampin" for local anaesthetic, which Dr. Bowley mentioned.

The Chairman asked whether the meeting wished Supplies Branch to continue its investigation of disposable devices, since R.T.Cs. had either set up their own syringe services or were using disposable plastic syringes. The Directors asked Supplies Branch to continue its search.

In reply to a question from Dr. Wallace the Chairman said that he understood that the procedure of sterilizing syringes by gamma radiation practised at the U.K. Atomic Energy Authority, Wantage Research Laboratory, was regarded as being as satisfactory as, for example, high pressure steam sterilization.

(c) N.B.T.S. 208 and 208T.

After discussion it was agreed that the reply-paid section of this card should be printed as follows:-

Note: Jaundice. We regret we cannot accept you as a donor if you have ever had jaundice as it may be transmitted to the patient.

Inoculations. Do not attend this time if you have had inoculations for yellow fever or smallpox (vaccination) within the three weeks, or for poliomyelitis within the two weeks, before you are to give blood.

* I shall be able/unable to attend at the time and place stated

*/ If public transport is not available, do you wish transport to be provided by the Transfusion Service: Yes: No

* PLEASE CROSS OUT WHATEVER DOES NOT APPLY

Signed.....(Mr., Mrs., Miss)

Address.....

.....

(/ appears only on NBTS 208T)

In discussion Dr. Murray suggested that donors recently vaccinated against smallpox would be a useful source of post-vaccinal plasma. The meeting thought that too few donors would be found who had been vaccinated three weeks before being bled and that Service units would be a richer source. Dr. Murray agreed, however, to keep a record of vaccinated donors attending sessions in the Newcastle Region to discover their frequency.

Dr. Grant asked whether the card should not warn pregnant women and nursing mothers that they were unacceptable, as donors. The meeting throught this matter could only be dealt with personally when such would-be donors attended a session.

Dr. Goodman mentioned that stocks of the oral attenuated poliomyelitis vaccine were now being formed. This vaccine was to be given under certain circumstances and it was likely that the vaccine would be given to a very high proportion of the population in the area or areas selected for its use. Dr. Maycock agreed to discuss with Professor Scarff and Sir Samuel Bedson whether any interval was necessary between administration of this vaccine and blood donation.

(d) Capon Heaton Rotary Pump.

In answer to questions, Dr. Maycock stated that the pump had been tested in several centres and found satisfactory. It was on sale from Messrs. Capon Heaton.

3. Witebsky Group Specific Substances.

The meeting agreed that there was no justification for using group specific substances to render group O blood 'safe' in the manner recently suggested in a commercial firm's circular letter. Dr. Bowley had been in correspondence with the firm, who had agreed not to market these substances for this purpose. Group specific substances had a place in some laboratory procedures but not in clinical transfusion practice. It was pointed out that the marketing of such substances or other reagents, such as grouping sera could not be forbidden. The only way of combatting the sale of such reagents, if they were substandard or undesirable in other ways, was by education of those who were likely to use them and by the N.B.T.S. providing effective and reliable reagents. The service should consider improving the methods of packing the antisera issued to hospital laboratories.

4. Future of the Transfusion Service.

Dr. Maycock asked Dr. Goodman to take the chair for this item on the agenda.

Introducing this item, Dr. Goodman said that it was valuable to the Ministry to sound the opinions of the different parts of the N.H.S. from time to time. The N.B.T.S. was an important but small part of N.H.S. which he thought tended to be rather isolated from the rest of the N.H.S. He asked Directors what they considered to be the main problems facing the service and to express their opinions on the ways in which the service should develop,

Dr. James thought the Ministry should consider the central production of certain equipment and solutions - e.g. sterile bottles with anticoagulant. This he thought would be a more efficient and therefore less costly way of preparing these items and that one or two central production plants would quickly pay for themselves, and relieve the centres of their "factory" work.

Dr. Murray disagreed with this suggestion; if anything these functions should be further decentralised.

From her knowledge of other B.T. services she felt there was not much wrong with the N.B.T.S.; its weakest point was that a large service was doing such a relatively small amount of research. Consequently the service tended to lag behind other countries in introducing new methods and in improving the standard of transfusion practice.

Dr. Weiner considered that there should be greater internal cohesion between centres, the central laboratories and the Ministry if a more progressive and efficient service were to develop, and that research should be encouraged very much more than at present thus widening the scope of activities and increasing the attractiveness of the service for the better type of medically and scientifically qualified person. The quality of this staff was vital. He thought the salaries should be such that the service could compete with industry for well qualified technical staff.

Dr. Stratton considered that, as "control" of the use of blood was unlikely, the capacity of the service must be planned to meet the demands likely to arise from the growing hospital services. The reputation of the service did not ultimately depend upon the volume of blood it produced or the excellence of its administration but upon the skill of its medical and scientific staff, and their ability to help their colleagues. A progressive active service could only exist if the R.T.Cs. were active in research and development.

Dr. Gloyne: The service must adapt itself to the changing pattern of demand - e.g. blood collected in special anticoagulants, fresh frozen plasma etc. He also thought that the greater pressure of work and relative lack of staff and facilities, compared, for example, with pathological laboratories, made it difficult or impossible for R.T.Cs. to carry out the research and development work that should be going on in each centre.

Dr. Drummond: considered that some control would have to be imposed on the use of blood sooner or later. N.B.T.S. could not do this, as it was not responsible for treatment. The interest of the clinicians must somehow be aroused in this problem, for they alone are in a position to ensure that blood in all its forms is properly used. The survey just completed might help in this direction. He thought that the N.B.T.S. as a whole was in good health.

Dr. Jenkins: considered that the R.T.C. should be recognized as the regional reference centre for blood group serological problems and as the regional blood group research centre. Financial provision should be made to these ends. He thought the peculiar staffing problems of R.T.Cs. were not appreciated: R.T.C. staff was fitted into the staffing pattern of the rest of the N.H.S.

Dr. Tovey: felt that the R.T.C. was in a sense administratively isolated, since it was the only unit of its kind in each region. Putting the centres under the immediate administrative control of R.H.Bs. was wise, but, nevertheless closer contact with the Ministry which had knowledge of all the R.T.Cs. would he thought help greatly towards solving problems of staffing and accommodation.

The standard of accommodation of many R.T.Cs. was low, dangerously so in some regions.

The senior technical staff was thin and, in competition with industry and other parts of N.H.S, difficult to obtain. Thought should be given now to the future recruitment of senior medical and scientific staff, and he would welcome a discussion on this aspect of the service.

Dr. Wallace said that in Scotland it had been decided that central control of the service was preferable to regional control. The establishment of a central committee which would include clinicians as well as transfusion directors had been considered. The advantages of such a committee were

thought to be that its clinical members might be able to exert some influence in bringing about a more economic use of blood and also to help in arranging facilities for clinical investigation needed by the B.T.S. He thought R.T.Cs. should be sited with hospitals.

Dr. Gordon: confirmed Dr. Wallace's opinion regarding the siting of centres. He thought closeness to a hospital helped to solve medical staffing difficulties.

In R.T.C. Edinburgh, which is in the Royal Infirmary, a Senior Registrar had been appointed to work with the hospital staff on the treatment of disorders of blood coagulation and problems arising from the heart lung machine and artificial kidney.

He thought the size of centres important; if they were too large, their routine activities tended to stultify their efforts in other directions.

Dr. Mourant: said that from his obervations in other countries the most efficient and progressive services were those that were most closely integrated. He supported all that had been said regarding the encouragement of research; this he considered vital.

Staffing, medical, scientific and technical, presented constant problems.

Dr. Grant: said that in her opinion steadily increasing amounts of blood would be needed in the future and the service must be planned to provide it, in the forms in which it was wanted by the clinicians. The variety of anticoagulants requested was growing. As in other centres, staffing constantly gave rise to anxiety. The provision of anti-haemophilic globulin and fibrinogen in larger amounts was most desirable.

Dr. Goldsmith: thought there must be an integrated national service if the rarer grouping sera were to be fairly distributed among regional transfusion and other laboratories.

Dr. Walker: had not found the relative physical isolation of his centre a hindrance. When the new teaching hospital was built, the centre would be housed close to it. He considered that national service must continue; under present circumstances this would be impossible if the Regional Transfusion Directors' Committee ceased to exist.

Dr. Bowley: was satisfied with the regional administration of his centre, but thought the national aspects of the service were most important and should be encouraged in every way. R.T.Cs. perhaps had to do more routine work than was really necessary; greater discretion in using transfusion would lessen the routine load without harming the patient. He thought there was probably an ideal size of transfusion centre; some of the existing centres were probably too large and others too small. Staffing was a constant problem and certain types of investigation had sometimes to be dropped because of shortage of staff.

Each R.T.C. should be regarded as the regional reference centre for all transfusion matters and if this position were to be achieved and maintained, most deputy directors as well as all directors should be of consultant status.

It emerged that: six centres gave instruction to medical undergraduates and that five centres immediately adjoined general hospitals.

Dr. Goodman summarised the main points emerging from the discussion and suggested that one or two of these at a time might be discussed at future meetings. The main points, he thought were:-

The control of use of blood.
The provision and training of medical, scientific and technical staff.
The encouragement of research.
The accommodation and siting of centres, e.g. relationship to hospitals.
The problems that seemed to arise from a national service being administered regionally.

Mr. Emery said he would be glad to attend meetings at which these points were discussed. With regard to suggestions made in the discussion that salaries of technical staff, etc. should be adjusted to compete with industry, he pointed out that industry would probably always be able to offer better salaries to get the staff it wanted; moreover it seemed that N.H.S. was getting a fair share of the available manpower and shortages seemed unavoidable while there was full employment.

5. N.B.T.S. Donors bled at Hospitals.

The Chairman said that Dr. Stratton had written to him regarding the responsibility of the Service for donors enrolled by the N.B.T.S. who agreed to attend at hospitals and be bled by hospital staff.

Dr. Stratton had arranged for many years for donors from the panel of the R.T.C. Manchester to go to hospitals to be bled for special purposes, e.g. fresh blood for haemophiliacs. He had never inspected the rooms in which they were bled, or investigated the techniques used or the way in which these donors were medically examined and cared for. Since one of these donors had developed hemiplegia after giving blood, he had wondered how much responsibilty, if any, for their medical examination, care and welfare rested with N.B.T.S.

After discussion the meeting agreed that this responsibility must lie with the doctor bleeding the donor and the hospital where this is done. It was thought that the distribution of an abbreviated version of the Memorandum on the Selection, Medical Examination and Care of Donors might be helpful to those who bled donors in hospitals. Dr. Tovey undertook to send Dr. Maycock a copy of the abbreviation he had prepared for use in S.W. Region.

6. National Panel of Donors.

Dr. Bowley had written to Dr. Mourant pointing out that the new version of the National Panel of Donors omitted some particulars which were essential for identifying donors with common names.

Dr. Mourant said donors had originally been identified by name and serial number if the latter were given by the centres. Since the new method of printing had been adopted names only had been used. He thought it was the responsibility of R.T.Cs. to submit sufficient information for them to identify their donors and if Directors felt that additional means of identifying donors were necessary they should send these for all new donors. The particulars of donors already in the Panel could not be modified.

7. Plastic Giving Sets.

In answer to a question from Dr. Zeitlin, Dr. Maycock said the sets made by the second manufacturer, Messrs. Abbott, were under trial. He asked those regions conducting the trial to complete it as soon as possible, so that if the set were acceptable arrangements could be made for its production.

8. Nurses as Donors.

Dr. Bowley said there still seemed to be a belief amongst the nursing profession that nurses should not act as donors because of the nature of their duties.

Dr. Goodman said he would discuss this matter with the Chief Nursing Officer of the Ministry.

9. Oral Contraceptives.

Dr. Murray asked whether women taking oral contraceptives would be acceptable as donors. This matter was deferred to the next meeting.

10. Date of next meeting. This was arranged for Wednesday, 11th October 1961.

S12/7/61.