Not for Publication RTDM/187

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 187th meeting held on Friday, 14th January, 1983 at the Blood Group Reference Laboratory, Oxford.

Present:

Dr. F. Ala
Dr. A. K. Collins
Dr. J. Darnborough
Dr. T. D. Davies
Dr. C. C. Entwistle
Dr. I. D. Fraser
Dr. H. H. Gunson
Dr. J. Harrison
Dr. A. M. Holburn
Dr. R. S. Lane
Dr. W. M. McClelland
Dr. R. Mitchell
Dr. J. A. F. Napier
Lt. Col. E. S. Parry
Dr. K. Ll. Rogers
Dr. D. S. Smith
Dr. L. A. D. Tovey
Dr. W. Wagstaff

Apologies for absence were received from Dr. F. Roberts and Dr. J. D. Cash.

Mr. N. Pettet (BPL) attended the meeting to speak on the matter of FVIII supply.

Dr. Wagstaff informed RTDs that Dr H. F. Brewer previously of the North London Transfusion Centre had recently died.

2. MINUTES OF THE LAST MEETING

Dr. Tovey referred to RTDM/186 Minute 5 which should have read: Dr. Tovey reported similar findings with Tuta packs.

The minutes of the 186th meeting were accepted.

3. MATTERS ARISING FROM THE MINUTES

(a) Blood supplies during outbreak of hostilities

Dr. Parry reported that the Liaison Committee had met and a draft plan drawn up. RTDs had previously agreed to supply between 30-50% of normal intake and increase blood intake for use by the MOD to accommodate civilian and military casualties. Dr. Parry informed RTDs that BTS vehicles would not be required for the transport of blood.

Dr. Wagstaff informed RTDs that the Trent region now stocked six months' supply of blood bags in case of a nuclear strike. The DHSS would be approaching blood bag manufacturers requesting that similar stocks should be available for mobilisation in the event of a strike.

The matter of civil defence should reviewed in 12 months' time.

(b) Blood supplies to the private sector

Dr. Wagstaff reported that at present the DHSS still had no immediately available plans to charge the private sector for blood supplied.

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(c) Register of tissue typed donors

Dr. Fraser confirmed that the Leukamia Research Fund had allocated a grant to Dr. Bradley to look into the possibilities of setting up a potential bone marrow donor unit. The currently proposed plan was that Dr. Bradley would keep an HLA, DR, ABO and Rh typed list of donors and on specific request from the transplant centre would provide a list of compatible donors . The transplant centres would then perform DR and MLC typing. Dr. Rogers had circulated the report from the previous working party and RTDs discussed this matter. Dr. Fraser informed RTDs that a small working group from the BSH had been set up to report on the Black report on bone marrow transplantation. Dr. Fraser agreed to suggest to this Working Party
*** that a protocol of guidelines be drawn up and also put forward RTDs views to the Working party. RTDs wishing to raise points from the unpublished report were asked to submit these to Dr. Fraser.

(d) Training of medical personnel for posts in the NBTS

Dr. Tovey reported that this matter was still being debated at the College but felt that the primary MRCPath exam would remain. Dr. Tovey had spoken to Professor George Jenkins about the exam in blood transfusion and it was suggested that a meeting of examiners be arranged to discuss the matter. Dr. Tovey informed RTDs that a draft report was being prepared which recommended a training programme for science graduates but no examination.

(e) Blood Transfusion Research Commitee

Dr. Wagstaff, Dr. Cash and Dr. Gunson had met to discuss the establishment of a research committee but could find no viable grounds to form such a committee. Since the meeting, suggestions had been made that a committee could be incorporated into the Scientific and Research Committee of the new special authority for the Central Laboratories. This committee would be established shortly and RTDs could ask that the BTS interest be incorporated in the Scientific and Research Committee thus providing a link between the BTS and DHSS and possible access into financial support for research projects.

(f) Hepatitis B vaccine

Dr. Darnborough reported that it appeared that many regions had regional policies regarding vaccination of staff. Dr. Entwistle had discussed this with his local PHLS Director who was concerned about reports of side effects from this vaccine and felt that if used it ought to be properly controlled and followed up. RTDs agreed that vaccination of NBTS staff was a low priority and a statement of national policy was not required. Any variation on that of low priority could be dealt with at regional level.

4. DRAFT RECOMMENDATION FOR WORKING PARTY ON QUALITY CONTROL IN AUTOMATION RTD(82)21

Dr. Wagstaff asked RTDs for written comments for submission to the User Group.

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5. RECORD KEEPIING IN THE NBTS AND HOSPITAL BLOOD BANKS

Dr. Wagstaff had attended the RMOs meeting to discuss record keeping at hospital level and had submitted the RTDs' recommendations for improvements in linkage between hospitals and RTCs. It was suggested that meetings to discuss this matter between Consultant Haematologists, RTDs and RMOs be arranged and RMOs would be contacting RTDs shortly. Dr. Wagstaff reported that the Advisory Committee had supported this view. Dr.Gunson advised that the DHSS were preparing a health circular on record keeping and it was suggested that this circular ought to be considered at the same time.

6. BRITISH COMMITTEE FOR STANDARDISATION IN HAEMATOLOGY - BLOOD GROUPING AND TRANSFUSION TASK FORCE.

Dr. Holburn referred to the letter circulated on 30.11.82 and explained the BCSH Task Force's concern with laboratory procedures and clerical errors. Dr. Wagstaff asked RTDs to send any relevant documentation to Dr. Holburn. Dr. Holburn was asked to draw the Task Force's attention to Notes on Transfusion.

7. BLOOD GROUP REAGENTS.

Dr. Holburn explained the contents of RTD(82)22. Dr. Darnborough reported that the Eastern Division were concerned with (1) the labelling of monoclonal reagents produced by Celltech and (2) whether there was a guaranteed supply of immune ABO reagents. Dr. Holburn replied that the Celltech monoclonal reagents would be labelled with BGRL labels with an insert stating that the product was produced by Celltech.

RTDs generally felt that there seemed to be a shortage of immune ABO
*** material for immunisation of donors and Dr. Holburn agreed to follow up these reports and report back.

*** Dr. Rogers requested a Centre by Centre table of production which Dr. Holburn agreed to supply.

Dr. Gunson reported that the Advisory Committee had considered a paper on blood group reagents prepared by Dr. Holburn and felt that a Working Group should be established to advise on the question of rationalisation and production of blood group reagents and the need for standardisation. RTDs discussed this matter and it was decided that a working party be established and Divisions would be asked to
*** nominate two members to sit on the Working Party, only one member from each Division to be an RTD. Dr. Holburn agreed to be a member. Nominations to be returned to Dr. Wagstaff or Dr. Napier.

8. CODE OF PRACTICE FOR MANUAL PLASMAPHERESIS

Dr. Gunson hoped to circulate the final draft of this docuument shortly and was considering the question of whether this code applied to donors who were plasmapheresed not more than once or twice.

9. REPORTS FROM CHAIRMAN OF WORKING PARTIES

Blood Preservation

Dr. Parry reported that from evaluations carried out so far on SAGM the Working Party recommended that SAGM could be introduced as soon

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as possible. Dr. Parry also reported that from figures available it appeared that transition to SAGM and SAGS would yield a considerable increase in plasma. From evidence gained from the filtered blood trail which was nearing completion it seemed that there was no longer need for frozen blood for leucocyte depletion.The Working Party was concerned as to whether the much increased provision of source material from regions was being matched by returns of FVIII from BPL. In particular the use of SPP did not seem to be reflected in improved FVIII yields.

Medical staffing

Dr. Rogers reported that the Working Party had met and hoped that the final report would be ready for circulation shortly.

Anti-D

Dr. Tovey reported that the Working Party meeting had been attended by Professor Whitfield and Dr. Tovey had circulated a summary of the Working Party's suggestions (RTD(83)1). The Working Party had ascertained that sufficient anti-D was available for antenatal prophylaxis of mothers with no surviving children but not for all pregnancies. Dr. Tovey agreed to return to the College of Obstetricians and ascertain the College's attitude towards the proposed programme in view of RTDs reservations regarding increased workloads (antenatal testing) availability of anti-D and clarity of recommendations.

Machine readable labels

Dr. Wagstaff reported that codes had now been allocated for the optimal additive systems and these will be submitted to the International Committee for ratification. The problems of supply of Travenol labels had now been resolved. Labels unique to individual Centres would have to be obtained independently.

Dr. Wagstaff also reported that the centre codes would be removed from labels on bag "types" that would not leave the centre so that a central stock of labels could be held at Brentwood for distribution in the event of a shortage.

RTDs wishing to progress with the matter of additive labels should contact Dr. Fisher.

Single packs.

Dr. Lane replied to the points raised by the Blood Preservation Working Party and circulated figures to confirm that BPL had, in fact, managed to make a substantial increase in FVIII productivity. Dr. Lane also supported the development of the SAG-M program with regard to the plasma program. He confirmed that a major research commitment towards improved FVIII yields and hepatitis virus inactivation existed at BPL.

The Single Plasma Pack committee will investigate the need to increase the size of the SPP for plasma from optimal additive donations. Dr. Lane agreed that Dr. Ala join the SPP committee to assist in consideration of optimal additive introduction.

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Mr. Pettet (BPL) addressed the meeting to report on the BPL figures for plasma supply and FVIII production (papers tabled).

Dr. Lane reported that the Working Party would continue to meet to consider packs manufactured by companies other than Travenol that were suitable for automated opening.

Update on care and selection of donors and Notes on Transfusion

Dr. Entwistle reported that a final draft of "Care and Selection" had recently been sent to RTDs for consideration and it was hoped that the final draft of "Notes on Transfusion" would be circulated shortly. RTDs were asked to send their final comments on these to Dr. Entwistle by mid February.

Report from Working Party on application of monoclonal antibodies

Dr. Holburn presented RTD(82)24 and informed RTDS that monoclonal reagents were still less satisfactory than human post immunisation reagents. New monoclonal reagents would be circulated to RTCs over the coming months. Dr. Wagstaff said that the Northern Division was concerned about the short shelf life on these materials and stability of supplies. Dr. Holburn felt that even if the monoclonal antibody programme was satisfactory it would still be advisable to maintain a small programme of hyperimmunisation to ensure the programme could be expanded quickly if necessary and also to cater for demands from centres which preferred the human based reagents. Dr. Holburn was asked to bring the question of whether cell lines produced by the NBTS should be made available to commercial companies to the attention of the Working Party.

10. REPORTS FROM DIVISIONAL CHAIRMEN

Western Division

Dr. Fraser reported that the Southampton and Bristol centres had found a high percentage of defects in the new SPP packs. It was felt that these bags were probably from a defective batch.

Eastern Division

Dr. Darnborough asked about the problem of supplying blood to UK citizens abroad. DHSS instructions were that each case "should be judged on its own merits" and it was felt that in such cases the RTDS should contact the DHSS daily Medical Officer and ask for advice if required.

Dr. Darnborough also asked on behalf of the Division whether syphilis testing ought to be continued. RTDs felt that this testing was still desirable. The topic had been considered by a recent Vox Sanguinis "forum". Routine syphilis testing of donations has been discontinued in Denmark from 1.1.83.

Any other business

Dr. Wagstaff brought to RTDs attention the document circulated by Mr. Godfrey giving copies of proposed new NBTS costing forms.
Dr. Wagstaff advised that RTDs liaise with Regional Treasurers about

this and any strong objections to these be sent to Mr. Godfrey.

*** The administrators document about blood bag purchases is to be referred to the Divisions for consideration.

Dr. Rogers had spoken to his local representative concerning Team Leaders' pay and requested that Dr. Wagstaff be asked to send Mr. Waldon (details to be supplied) related documentation so that the staff side of the negotiating committee were fully aware of the problem.

Dr. Wagstaff and Dr. Gunson had met with the RDOs and had seen the training film discussed previously, aimed at staff education and management of donors discussed previously. They recommended RTDs give approval to this idea which was intended for the benefit of newcomers to the NBTS. RTDs approved the idea.

Dr. Wagstaff informed RTDs that Dr. Napier's term as secretary was ending and asked for nominations for a secretary by the next meeting.

DATE AND TIME OF NEXT MEETING

The next meeting will be arranged when a suitable date has been determined.

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