IN CONFIDENCE

MINUTES OF THE THIRD SPECIAL MEETING OF REGIONAL TRANSFUSION DIRECTORS HELD ON WEDNESDAY, 19 FEBRUARY 1975 AT 10.30 AM IN ROOM D101, DEPARTMENT OF HEALTH AND SOCIAL SECURITY, ALEXANDER FLEMING HOUSE, LONDON.

PRESENT:

Dr W d'A Maycock	- Chairman
Dr S Murray Dr L A D Tovey Dr W Wagstaff Dr J Darnborough Dr T E Cleghorn Dr W J Jenkins Dr K Ll. Rogers Dr M M Fisher (deputy) Dr G O Walters Dr G W G Bird Dr F Stratton Dr D Lehane Dr D S Smith	- Regional Transfusion Directors
Dr K L G Goldsmith	- Blood Group Reference Laboratory
Dr W C D Lovett	- Welsh Office
Dr E Bidwell	- Plasma Fractionation Laboratory, Churchill Hospital, Oxford
Mr L Vallet Dr D Ellis	Blood Products Laboratory, The Lister Institute, Elstree
Dr S L Waiter Mr D U Jackson Mrs R A Tunnard Mr P C R Masters Miss M Duncan Miss S Rosbotham	- Department of Health & Social Security

Apologies for absence were received from Dr G H Tovey.

The Chairman introduced Dr Lovett, Welsh Office, Mr Vallet and Dr Ellis, Blood Products Laboratory, Elstree and Dr Bidwell, Plasma Fractionation Laboratory, Churchill Hospital, Oxford.

1. CONFIRMATION OF MINUTES OF MEETING HELD ON 27 SEPTEMBER 1973

These were accepted as being a true record.

2. PROVISION OF FRESH PLASMA FOR THE PREPARATION OF FACTOR VIII CONCENTRATE (RTD(75)1 & appendices)

The Chairman said that the meeting had been called to decide upon the action to be taken following the decision by DHSS to provide earmarked finance of up to £0.5m to meet expenditure for providing plasma from 275,000 donations for the

73/11

185.

preparation of Factor VIII concentrate (letter DS 364/74 of 24 December 1974) and to consider drafts of documents that would be distributed in the near futur..

In introducing RTD(75)1 and appendices, Dr Maycock explained that the negative quantities in columns 6 and 7 of Appendix 1 resulted from the arithmetical treatment of the data and that it was not intended that any region should diminish the amount of fresh plasma being produced now. Appendix 1 did not contain any reference to donations being used to prepare cryoprecipitate; the number in 1974 was about 210,000 donations.

Dr Maycock said that it was proposed to follow the recommendations of the ad hoc Advisory Group that met in 1973 and 1974, that is to say, Factor VIII concentrate would be prepared from at least 275,000 donations and cryoprecipitate would be provided from about 100,000 donations.

Appendix 1 would be revised to take account of the plasma that might be expected to become available when the use of cryoprecipitate declined.

The meeting then considered RTD(75)1 and appendices.

3. RTD(75)1 DRAFT LETTER

The text was approved, subject to amending the second paragraph to take account of the fact that Appendix 2 would be sent direct to RTDs.

4. RTD(75)1 APPENDIX 1 PROVISIONAL TARGETS FOR INCREASING PRODUCTION OF FRESH PLASMA FOR FACTOR VIII CONCENTRATE

In the discussion the following points emerged:-

a. Numbers of donations devoted to haemophilia by each region. In response to a previous request of Directors, these were based upon the amounts of blood collected in each region in 1973, not upon regional populations. Six RTDs (Leeds, Cambridge, N E Thames, Wessex, Birmingham, Wales) thought the load should be proportional to population; five (Newcastle, Sheffield, Tooting, Liverpool, Manchester) wanted it to be based on blood collected in 1973. Two (N W Thames and Bristol) would accept either basis. Oxford already provided blood in excess of the amount estimated by either method.

It was pointed out that the amounts, with a few exceptions, agreed fairly closely with regional populations (see RTD(75)3: Notes).

b. Use of concentrated red cells. The rate at which the target of plasma derived from 275,000 donations was attained, would largely depend on the ease with which hospital clinicians would accept concentrated red cells.

To overcome this difficulty, Dr Cleghorn proposed that a smaller amount of plasma should be taken from a greater number of donations, so that the

73/12

clinician would be presented with containers of blood more closely resembling whole blood than concentrated red cells. He suggested the haematocrite might be adjusted to 55 per cent. In his opinion such a scheme could be operated with little additional staff or equipment and might have to embrace all centres.
It was agreed that Dr Cleghorn and Dr Jenkins should consider this proposal and then meet Dr Maycock, Mr Vallet, Dr Waiter and Mr Jackson.

c. Life of red cells after centrifugation. Dr Stratton thought evidence should be collected about the in vivo survival of cells separated by centrifugation and then stored for the usual period. He thought that in the earlier work, which showed that concentrated cells survived normally, they had been separated by sedimentation.

It was agreed that Appendix 1 would be revised to take account of cryoprecipitate.

5. RTD(75)1 APPENDIX 2 PREPARATION OF FROZEN FRESH PLASMA FOR FACTOR VIII CONCENTRATE.

The following sections of this document were particularly discussed:-

PARAGRAPH 4. SELECTION OF DONORS. The view was expressed that selection of donors should not be suggested as this paragraph appeared to do. Donors should be bled "as they came". Dr Maycock said RTDs should be free to select natural high Factor VIII donors or plasmapheresis donors. It was agreed to reverse the order of sentences.

PARAGRAPH 7. COLLECTION OF BLOOD. Some Directors thought the routine methods of blood collection should not be altered unless there were evidence that changes were necessary. It was agreed, however, that the points made in paragraph 7 were widely accepted.

PARAGRAPH 11. AGE OF PLASMA. The evidence that "8 hour plasma" yielded more Factor VIII than "24 hour plasma" was conflicting. Many workers believed that plasma to be fractionated should be as fresh as possible. It was agreed to delete the last sentence.

PARAGRAPHS 13 and 14. CENTRIFUGATION, SEPARATION AND FREEZING OF PLASMA. Evidence that the presence of platelets diminished the yield of Factor VIII seemed to be inconclusive.
Dr Maycock undertook to arrange for the evidence to be reviewed.

(73/13)

PARAGRAPH 20 TESTING FOR HB_sAG. Several RTDs asked if the Department would finance the extra cost of RPH testing. Mr Jackson said that the Department would expect regional funds to be provided to pay for the introduction of this test, in the same way that regional funds had been used to introduce HB_sAg Testing in 1971/72. Dr Maycock stressed that it would be most wasteful as well as expensive if Factor VIII concentrate had to be discarded because the donors of the plasma had not been screened for the presence of HB_sAg by a more sensitive method than CIE.

The following other amendments were made:-

PARA.	7 (b)	Change "Be sure" to "It is recommended
"	7 (d)	Revise to read that the donor tube is "stripped" and refilled.
"	13	Add for bags "2500G for 30 mins.". Delete reference to bottles.
"	16	A warning to be added that 5.0L bags should not be stored below - 40°C.
"	19	Amend to " - 30°C."

It was agreed that Appendix 2 should be sent direct to RTDs as it was a clinical and technical document.

6. RTL(75)1 APPENDIX 3 ESTIMATE OF FACILITIES TO ACHIEVE TARGET OF PLASMA PROVISIONALLY FIXED IN APPENDIX 1.

The following matters arose:

a. TRANSPORT. It was agreed to consider Dr Wagstaff's suggestion that appropriate transport should be provided centrally and that frozen plasma should be collected from the more distant RTCs by arranging two runs (i) Lancaster, Manchester, Liverpool, Birmingham and (ii) Newcastle, Leeds, Sheffield.
Means of transport from RTCs Bristol and Cardiff would have to be considered. The journeys between the BPL and the metropolitan centres and those at Cambridge, Wessex and Oxford were short and transport of frozen plasma did not present great difficulty.

b. PLASTIC BLOOD CONTAINERS. RTCs Newcastle, Leeds, Sheffield, Cambridge, Tooting and Liverpool were still issuing from one third to one half of their blood in bottles. To carry out the Factor VIII concentrate programme, it would be necessary to discontinue the use of bottles and replace them with plastic bags. It would, therefore, become most important indeed to

73/14

find a second and, preferably, a third manufacturer. Mr Masters said that Supply Division was acutely aware of this problem.

i. PIGTAIL BAGS. Dr Jenkins and Dr Cleghorn had used many thousands of these bags without encountering any difficulties. However, concentrated cells prepared in these bags were issued for immediate use. These bags were not satisfactory in some circumstances for the preparation of platelets. Dr Jenkins had carried out two investigations designed to discover whether contamination of the blood in the pigtail bag occurred when plasma was removed. On 2 October 1973 he had sent RTDs copies of a report on a trial involving 1000 pigtail bags. Because of the need to use immediately concentrated red cells that had been prepared in pigtail bags, double-packs (or higher multiples as needed) seemed likely to be used in the programme to obtain plasma for factor VIII concentrate.

ii. SUPPLY OF GLASS BT BOTTLES. Mrs Tunnard said that after RTCs stopped using these bottles they would continue to be available from central supply because they were widely used outside the transfusion service.

The RTDs agreed that they would have no difficulty in completing Appendix 3. The completed form should be returned to the RHAs which would send them to the Department.

7. RTD(75)1 APPENDIX 4 had been designed for those RTCs that might be able to exceed the targets in Appendix 1.

8. DATE OF NEXT MEETING. This would be arranged.

73/15