

F 1482

NATIONAL BLOOD AUTHORITY

Meeting of the NBA Executive

Minutes of the first meeting of the NBA Executive held on
Wednesday 20th October at 9.00 a.m. 1993

PRESENT: Mr. J.F. Adey (in the chair) Dr. D. Lee
Dr. F.A. Ala Dr. S.M. McDougall
Dr. D.J. Anstee Dr. Vanessa J. Martlew
Mr. G.R. Austin Mrs. Jill Pengilley
Dr. F.E. Boulton Ms. Belinda Phipps
Dr. Marcela Contreras Dr. E. Angela Robinson
Dr. C.C. Entwistle Mr. B.J. Savery
Dr. H.H. Gunson Col. M.J.G. Thomas
Dr. Jean F. Harrison Dr. W. Wagstaff
Mr. D.H. Jinks Mr. R.C.D. Walker
Dr. H.L. Lloyd

1. Apologies for absence

None.

2. Minutes of the last meeting

The minutes of the 5th meeting of the RTDs/Chief Executives/
General Managers were approved with the following
amendments.

Item 4 (iii) 2nd paragraph. Add "with current conditions
at BPL".

Item 8.3 "It was agreed that a NBA Ethics Committee....."

3. Matters arising

3.1 Management Consulting - Report by Bain & Co.

Mr. Paul Rogers and Mr. Mark Hudson attended for this
item

3.11 BPL Strategy

Mr. Rogers reported that the investigations to
determine a future strategy for BPL were now
almost complete. Full details could not be given
since they had not yet been presented to BPL
Management. These meetings should take place
within the next few days; they would be presented
to the Steering Group on 26th October 1993 and to
the NBA Board on 28th October 1993.

However, two questions had to be answered
following an opinion on what was the future demand
for plasma derived products. These were:

Mr. Adey announced that the team would be Chaired by Dr. Marcela Contreras. Other members of the team would be Dr. H.L. Lloyd, Dr. Angela Robinson, Mr. Gary Austin, Mr. Tony Martin and Mr. Gary Barr.

He commented that he had been disappointed in the paucity of replies to his request for suggestions on the composition of this team.

3.3 Contracts for the purchase of blood packs

Dr. Lloyd reported that the first meeting of the Working Party had been held on 19th October 1993.

The majority of contracts with Baxter end on 31st March 1994 although two RTCs had longer term contracts. There was some doubt whether these were preferential to the national agreement. The IPP pack system accounted for 80% of the total cost of contracts but the use of this pack was not sacrosanct (this was confirmed by Mr. Walker).

Dr. Lloyd asked that the following should be agreed.

3.31 That he should be informed of any discussions with commercial blood pack manufacturers so that the Working Party would have all the information available to them. This would prevent any upstaging by manufacturers.

3.32 An absolute guarantee that no independent contracts would be concluded by RTCs.

These were agreed.

He also commented that Baxter were proposing that changes in packs in their development programme (some of which had not been requested by RTCs) would lead to an increase in prices. This matter would be discussed with Baxter in due course.

A time-table for the discussions would be available in two weeks.

3.4 Plasma supplies for BPL

An informal discussion on the reduction of plasma supplies to BPL in 1994/95 had taken place after dinner on the evening prior to the meeting.

Mr. Savery tabled a paper (NBA/E 3/93) in which an analysis for the situation revealed the following:

Of the 60 tonnes surplus

- 20 tonnes would be sold to Scotland
- 20 tonnes hopefully would be purchased by DH as a strategic supply (negotiations were proceeding on this option)
- 20 tonnes were surplus

The following options were proposed; viz:

- an across the board cut or target the reduction on certain RTCs with substantial plasmapheresis programmes
- have a single plasma price of approximately £40 per kg and maintain present production. This would spread the loss of income for plasma more widely.

However, Dr. Lee pointed out that those RTCs who supplied largely recovered plasma would benefit at the expense of those with large plasmapheresis programmes.

There was a wide-ranging discussion which included the potential loss of dedicated donors, the sale of plasma in Europe which was regarded as a longer term proposal and the sale of surplus products (both intermediate and final).

It was agreed that the loss of 20 tonnes of plasma would be taken in 1994/95 and this would be targeted at plasmapheresis.

The smaller plasmapheresis centres would decide how much they could reduce plasma collection. These were: Birmingham, Bristol, Cambridge, Cardiff, Liverpool, Newcastle, Oxford, South Thames and Southampton.

These RTCs would write to Mr. Savery by Monday 25th October detailing their proposals.

Action - RTDs/CEs

Following analysis of these proposals, Mr. Savery will meet with the four RTCs with major plasmapheresis programmes i.e. Colindale, Leeds, Manchester/Lancaster and Sheffield to discuss how they could absorb the balance of the 20 tonnes cut in production.

The Haemonetics contract will need to be taken into account.

Action - Mr. Savery

Brentwood RTC were not involved in these discussions since all their apheresed plasma was from platelepheresis.

A unified price for plasma in 1994/95 was agreed in principle. This would be set once the "one-time" costs of any reduction in the programmes of the four largest plasmapheresis centres had been determined.

Action - Mr. Savery

5.2 Progress report

- (i) The second round of visits to regions should be completed soon. Discussions would involve transfer of personnel, leases, assets, liabilities and banking arrangements.
- (ii) Working Parties had been established to examine an update of EIS, finance/costings, QA/processing and payroll/personnel.

There may be some overlap in the information required at present, but this is being co-ordinated at NBA and would be kept to a minimum.
- (iii) The NBA would be funded at RTC level by putting the cost on prices. It was agreed that the £1.4M involved would be referenced.
- (iv) Mr. Savery and Mr. Adey wished to meet RTDs/CEs on completion of the draft business plans at end of November 1993. Finalising plans should be complete by January 1994.
- (v) There was a problem with cash flow at BPL. A shortfall of £1.25M had been created by the loss of three plasma pools.

6. NBA Medical Director

6.1 The report to the DH on the formation of an NBA Research Ethics committee was noted.

6.2 HCV contaminated pools (NBA/E 2/93)

The analysis of responses to Mr. Slopecki's audit report were discussed. Dr. Lloyd queried whether pre-acceptance testing of test kit batches was necessary when these were obtained from a supplier accredited for BS 5750. Mr. Walker considered that the RTC must determine for themselves the validity of the test system and Dr. Lee commented that variations had been found between batches.

It was considered that internal audit should be the principal method to ensure that the medical and scientific aspects of counselling and testing were integrated.

The remaining recommendations were accepted.

6.3 Hepatitis B incident (NBA/E 4/93)

Dr. Gunson reviewed a report from Sheffield RTC on the development of Hepatitis B in a donor 8 weeks after donating. The plasma pool had been withdrawn and this seemed justified since it had later been shown that the red cells had transmitted HBV infection.

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The discussion following this report centred on the subsequent testing of library samples. This will be referred to in more detail in item 7.1 (ii).

6.4 Changes to base labels of blood packs

Six manufacturers had now been interviewed and had agreed to make the modifications. The reports of these meetings will be forwarded to Dr. Lloyd.

Action - Dr. Gunson

6.5 Working group on plasma specification

Dr. Snape will Chair this Working Group. Mr. Slopecki will represent NBA and Dr. James will be the medical representative. Dr. Gunson had requested that a chief scientist, a manager of a processing laboratory in a RTC and a QA manager be nominated to join the group.

Dr. Contreras suggested that a microbiologist should be nominated and this was accepted.

Action - Dr. Gunson

6.6 Tests for anti-HTLV

A trial was due to commence in Leeds during the next few weeks using the Biokit combined anti-HIV 1/2, anti-HTLV 1/2 test providing the batch to batch specificity variation of the anti-HIV 1/2 could be resolved.

Dr. Gunson stated that the DH had ruled that anti-HTLV testing of donations should not be undertaken at present and because this test is available other RTCs should not commence routine testing. If anyone wished to propose a study it should be agreed with the UKACTTI Committee (Chairman, Dr. Ala).

7. BPL Chief Executive

7.1 Testing of plasma for fractionation

(i) ALT testing

Mr. Walker commented that sale of surplus intermediate fractions was being hindered by the lack of ALT tests.

Dr. Contreras argued against the introduction of routine ALT tests on clinical grounds and Dr. Gunson reminded the Committee that ACVSB had considered the test was not justified on this basis. Liaison with Scotland would be necessary if a decision to introduce ALT testing was made.

It was agreed that Bain and Co. would be asked to review this matter.

Action - Mr. Adey