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NOT FOR PUBLICATION NBTSCC(76)M2

CENTRAL COMMITTEE FOR THE NATIONAL BLOOD TRANSFUSION SERVICE

MINUTES OF A MEETING HELD ON 2 NOVEMBER 1976 AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Present:	Dr F D Beddard	(Chairman)
	Mr R T Booth	
	Mr R Cox	
	Dr A M Dawson	
	Mr M W Draper	
	Professor A Jacobs	
	Dr G L Mackay	
	Dr W d'A Maycock	
	Professor P L Mollison	
	Professor W T J Morgan	
	Dr E Rosemary Rue	
	Dr J C Stewart	
	Professor J W Stewart	
	Miss M Walters	
	Mr T E Dutton Dr Sheila L Waiter	Joint Secretaries
In Attendance:	Dr H W Bunje	(Medical Research Council)
	Dr W C D Lovett	(Welsh Office)
	Dr J C A Raison	(DHSS)
	Dr V Mary Collins	(DHSS)
	Mr R P Cleasby	(DHSS)

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Aileen K Adams, Mr A J Brooking, Dr J Darnborough, Professor J A Scott and Dr F Stratton.

2. MINUTES OF THE PREVIOUS MEETING (NBTSCC(76)M1)

The minutes of the meeting held on 22 June 1976 were approved.

3. MATTERS ARISING FROM THE MINUTES (NBTSCC(76)M1)

3.1 Mr Brooking (Item 1.2). The Chairman had written to Mr Brooking who had agreed to continue to serve on the Committee.

3.2 Cradles for suspending 400 ml bottles of PPF (Item 5). Enquiries made of Regional Transfusion Directors had not revealed any other unit experiencing the same difficulties as Professor J W Stewart. The Chairman said that the Department's Supply Division would be approached to see if there was any way in which they could help Professor Stewart with his problem.

3.3 Senior management of the Blood Products Laboratory (Item 6.1). Dr Maycock said that the post of Medical Deputy Director had now been advertised; to date, 5 applications had been received.

3.4 Accommodation for the Blood Group Reference Laboratory (Item 6.2). The Central Laboratories Sub-Committee was to meet on 15 November to discuss the future direction of BGRL. There was nothing to report at present on the siting question.

3.5 Testing for Hepatitis B Surface Antigen and its Antibody (Item 10). The Health Circular giving effect to the Advisory Group's Second Report was due to be issued in late November. With the agreement of the Advisory Group, the Department had decided that the recommendation to readmit to donor panels persons with a history of jaundice would be permissive; Regional Transfusion Directors could exercise their individual clinical judgement in the matter.

3.6 Report on Medical Staff in Regional Transfusion Centres (Item 12). After initial consideration of the Report in the Department, it had been decided to obtain the views of Regional Medical Officers on the recommendations. RTDs had felt unable to accept the Committee's proposal that not more than one non-haematologist of consultant grade should be on the staff of each RTC.

3.7 Proposed symposium on the clinical demand for blood and blood products (Item 14). The Chairman said that although the idea of a symposium had not been abandoned, it was thought advisable to await the information collected by the expert group(s) to be set up as part of a review of NBTS activities (Item 6 below refers).

3.8 Wales (Item 15.1). Dr Lovett said that the Welsh Office, while accepting the desirability of rebuilding the Cardiff Blood Transfusion Centre at the main teaching hospital site, did not consider the scheme of sufficient priority to justify the necessary expenditure at present. The present buildings were considered serviceable for at least another 10 years, provided that certain relatively inexpensive improvements, for which expenditure had been authorised, were carried out.

The Committee endorsed the principle that Regional Transfusion Centres should be located adjacent to a major general hospital, ideally a teaching hospital. Professor Jacobs said that according to his information very heavy expenditure would be required to bring that Centre up to standard. The Chairman suggested that Professor Jacobs should take up any outstanding points over the Cardiff Centre with the Welsh Office direct.

3.9 AMA Guide "General Principles of Blood Transfusion" (Item 15.2). The Chairman regretted that the Department's Library was experiencing difficulty with the American publishers of the Guide and consequently the copies had not yet arrived.

4. MINUTES OF THE 161ST AND 162ND MEETINGS OF REGIONAL TRANSFUSION DIRECTORS

Dr Maycock drew the Committee's attention to a number of matters of particular interest in the minutes.

4.1 Tissue-typing and bone marrow donations (161, item 2b; 162, item 3b). The Department had set up the working group to decide what data would be required in operating tissue-typing schemes and how it should be collected and collated. It had been proposed that the code of practice on bone marrow donation should be issued at the same time as the code of practice for the clinical use of cell separators presently being drawn up.

4.2 Supplies of plasma (161, item 3c and 4; 162, item 6). The supply of plasma for AHG concentrate was increasing in line with the Department's current target, but according to the views being expressed by some clinicians the Department's target was too low and figures as high as 50 million I.U. per annum were being mentioned. There was still a heavy demand for cryoprecipitate, and with a view to improving yields a working party had been formed under the Chairmanship of Dr Gunson (RTD, Oxford) to examine the possibility of reducing the loss of antihaemophilic factor at all stages, including collection, storage and processing. BPL would shortly reach its maximum production capacity of 130,000 containers of Plasma Protein Fraction (PPF) annually, using time-expired plasma.

4.3 Quality control applied to blood group serology (161, item 21; 162, item 3a). The development of a 2-tier system of quality control had been interrupted by the death of Dr Goldsmith, Director of the Blood Group Reference Laboratory. Dr Carolyn Giles, though not trained for the wider responsibilities which she has now assumed, was managing to keep the BGRL functioning, simultaneously continuing with her own work in blood group serology. The Committee agreed to send her a note of appreciation of the way in which she was shouldering the burden.

4.4 Transfusion equipment (161, item 3c; 162, item 4b). There was concern among Regional Transfusion Directors that NBTS was dependent on a single supplier of plastic bags. Some of the components used by the firm were manufactured abroad. The Department had tried to interest home-based firms in supply contracts, but without tangible results so far. Professor J W Stewart suggested that co-operation with European manufacturers should be explored.

5. MINUTES OF THE CENTRAL LABORATORIES SUB-COMMITTEE HELD ON 7 OCTOBER 1976 (CISC(76)M2)

The Committee noted the minutes and the observation by Dr Maycock drawing attention to the fact that the proposal that the new method of separation should be subjected to further scientific scrutiny had first been made in his memorandum.

6. THE REQUIREMENT FOR BLOOD PRODUCTS AND THEIR AVAILABILITY (NBTSCC(76)6).

6.1 The Committee considered the memorandum NBTSCC(76)6 and its annex, a discussion paper setting out some of the problems facing the NBTS in relation to the demand for and availability of blood and blood components.

6.2 Members generally considered it essential to encourage the economical use of blood and blood components, since it seemed clear that the NBTS would be unable to meet an unrestricted demand by clinicians for these items in the foreseeable future. Estimating demand was difficult: in the surgical specialties whole blood was required, often at short notice in emergencies; and the requirement for components was difficult to assess in the absence of information about the extent to which they might not be used to the best advantage at present or their usage affected by lack of knowledge of the range of applications of these products. In practice, it seemed necessary to make users aware of the supply limitations and to foster demand levels which took account of them. This implied a still more active educative role on the part of producers, notably Regional Transfusion Directors. Both consultants and junior doctors had to be educated in the use of blood products and good clinical practices determined in this highly specialized field. The Committee did not regard such a development as involving any infringement of clinical freedom.

6.3 In addition to the clinicians' responsibility to use blood products thoughtfully, there was an obligation on the producers to process blood and blood components effectively and economically. The Committee generally supported the view that if it became apparent that not all centres needed to engage in the full range of processing activities production should be concentrated at selected centres, although Professor Jacobs warned that too rigid an approach to specialisation in particular centres could make a career in the NBTS less attractive.

6.4 It was clear that both the RTCs and the central laboratories had their respective parts to play in the processing of blood components, a situation which made the operation of national production programmes more difficult than they might otherwise be, because of the different arrangements for financing the RTCs and the central laboratories and the absence of any formal machinery for co-ordinating their efforts. Dr Rue thought that the proposal for a production partnership between RTCs and the central laboratories would be acceptable in principle to RHAs although the present financial climate might add to the difficulties involved in bringing this about. She did not consider substantial central funding to be the solution. The Committee agreed that to find the most advantageous means of financing the NBTS was of great importance but that it was necessary before considering what should be done about them to establish realistic production objectives for the main blood components.

6.5 Summing up, the Chairman said that this essentially exploratory discussion had highlighted the need to try and estimate the likely future trends in the uses of blood and blood components. As a first stage it was proposed to set up a small expert group to form a judgement of what the requirements were likely to be, based on members' own experience or obtained by consulting other experts. He would welcome suggestions from the Committee as to persons whose views might be sought. The other issues which had arisen in the discussion would require further detailed consideration by the Committee at a later stage in the light of the findings of the small expert group.

7. THE ROLE OF PRINCIPAL AND TOP GRADE SCIENTIFIC OFFICERS IN REGIONAL TRANSFUSION CENTRES (PAPER NBTSCC(76)7)

7.1 Dr J C Stewart said that the Report of the Working Group on Medical Staffing in Regional Transfusion Centres had highlighted staffing problems to which he hoped his proposals could provide a partial solution. Among the responsibilities of medical consultants in RTCs were duties which were essentially scientific and analogous to those already being performed by Principal and Top Grade Scientific Officers in certain types of laboratories. He accepted that there were practical difficulties in devising a sufficiently attractive career structure, and the current negotiations between management and staff over the implementation of the Zuckerman proposals added to the difficulties of making any changes at the present time. Dr Raison pointed out that these considerations need not inhibit discussion of essential changes necessary to the proper development of the NHS.

7.2 After discussion the Committee agreed that, despite the difficulties, the proposals deserved further examination. It was agreed that Dr Raison, Dr Stewart and one of the RTD members of the Committee should study the proposals in depth and report back.

8. ANY OTHER BUSINESS

There was no other business.

9. DATE OF NEXT MEETING

To be arranged.

DHSS
November 1976