

NATIONAL DIRECTORATE OF THE NBTS

NBTS/SNBTS Liaison Committee

Minutes of the first meeting of the above committee, held at the National Directorate, Gateway House, on Wednesday 27th June 1990.

Present: H.H. Gunson - Chairman
J.D. Cash
D.B. McIntosh
R.J. Moore

1. Meeting Arrangements

- 1.1 It was agreed that venue and chairmanship would alternate. Edinburgh meetings to be chaired by D. McIntosh, Manchester meeting by H. Gunson. Meetings would be held every 3 or 4 months.
- 1.2 Communications between SNBTS and NBTS, whilst generally good, would be improved by more prior consultation on appropriate issues. Awareness of each others activities should avoid needless duplication of effort. J.C. would send H.G. a list of SNBTS committees to complement the list of NBTS committees available in the 1989 Accountability Review.

2. Quality Assurance

2.1 Joint NBTS/SNBTS QA Programmes

NBTS have a corporate strategy for improving quality assurance in all aspects of RTC activity through the appointment and training of QA managers; audit; and direction where needed from a Directorate sub-committee. SNBTS intend to adopt a more diffuse approach with responsibility held by several managers within each centre but plans are currently evolving. It was agreed that plans for cross-border quality audits would be premature.

2.2 BTS/NIBSC Guidelines

Work on the next edition is scheduled to begin in Autumn 1991. The possible benefits from using a commercial publisher (i.e. wider marketing and income generation) would need to be assessed in due course.

2.3 Medical Audit

B. McClelland will continue to provide SNBTS representation on W. Wagstaff's working group. The approach of the working group is to build on hospital transfusion committees.

WTD/4450

Computer Audit

Both SNBTS and NBTS are considering this problem which it was agreed had three aspects 1) quality of source code 2) quality assurance of system developers 3) quality assurance of system users. Progress would be reviewed at future meetings.

2.4 Blood Pack Labels

SNBTS are to get a legal view on the label warning "Warning this product may transmit infectious agents". Depending on the outcome NBTS may need an English legal view.

3. Donor Programmes/Donation Testing

3.1 HIV 1+2 Test Kits

SNBTS market is shared between Abbott and Wellcome which in the SNBTS view encourages competitive pricing. NBTS use predominantly Wellcome. It was agreed to keep in touch on prices to maximise benefits to UKBTS.

3.2.1 HCV Test

A draft protocol for the Abbott and Ortho trial has been written by R. Mitchell and H. Gunson and distributed to participants for comment. It was agreed that if Wellcome have a test then consideration should be given to its inclusion in the trial if this could be accommodated within the time scale. The policy on introduction of HCV will be a DH decision but the actual date of implementation will be for UKBTS to decide. SNBTS are setting up a working group to consider aspects of donor counselling on HCV. The policy of whether to ALT test plasma as well as HCV test will be debated by a future meeting of ACVSB.

3.2.2 Look Back Programmes For HCV

It was agreed that whilst tests and policies are evolving it would not be appropriate to establish a look back policy and that ACVSB should take a view in due course. It was noted that France have a comprehensive look back programme.

3.3 Unrelated BMT (donor panel)

This remains a vexed issue with inadequate DH support. Some donor insurance issues remain unresolved but in E & W private insurance has been used as the way forward. J.C. agreed to forward R.M. a copy of a letter to the Association of British Insurers? on this issue.

3.4 AIDS Leaflet

The addition of supplementary countries continues to give problems and is being reviewed by NBTS and SNBTS as part of a total review of donor questioning.

4 Blood Movement

4.1 Review NBTS/NBTS Blood Movements

SNBTS have transferred 4,000 units to NBTS from 1st April 1990. This unusually large amount has been primarily necessitated by QA failures in 3 RTCs. SNBTS have no plans to charge for transfers.

4.2 Budget Devolution

Progress is being made with specimen service agreements and attention is being given to presenting a correct view of changes to blood donors.

5. Training

5.1 Medical Establishment

It was agreed that although recruitment of immunologists and haematologists had been good in the 80's, there was a need to ensure that the Senior Registrar establishment was sufficient for the present decade. B. McClelland and I. Fraser would be asked to form a group to look into this problem.

5.2 Medical training

Continued UKBTS input on the Advisory Committee on Higher Medical Training in Haematology would be ensured by B. McClelland as the nominee of UKBTS and W. Wagstaff as the BBTS Council nominee.

6. BPL/PFC

NBTS are currently discussing revision of aspects of the plasma specification with BPL. SNBTS intend to keep in touch with BPL development through direct contact.

7. UKBTS Research

H.G. has asked all NBTS directors to notify him of research work so that duplication of effort can be avoided. An NBTS working group will steer research activity where appropriate. J.C. agreed to compile a similar register of research for SNBTS to prevent duplication between SNBTS and NBTS.

Future Meetings

19th October, Edinburgh; 7th January, Manchester.

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