

NATIONAL DIRECTORATE OF THE NBTS

National Management Committee

Minutes of the fourteenth meeting of the National Management Committee held on Tuesday 16th April 1991 in Gateway House.

Present: Dr. H.H. Gunson  
Dr. I.D. Fraser  
Dr. J.F. Harrison  
Dr. S.M. McDougall  
Dr. R.J. Moore  
Dr. E.A. Robinson  
Dr. W. Wagstaff

1. Apologies for absence - Dr. F.A. Ala.
2. Minutes of the thirteenth meeting

The minutes of the thirteenth meeting were approved as a correct record.

3. Matters arising

3.1 Medical Audit

3.11 Response to letter to Directors of Public Health

To date three Directors of Public Health have responded positively to the appeal for support in the introduction of medical audit in the NBTS.

3.12 Plans to create medical audit teams

It was agreed that, in line with previous decisions of the Committee plans should now be laid for the introduction of medical audit in the NBTS. These medical audits will examine the medical work of medical staff within RTCs only. Care will be taken to avoid the duplication of audits in other fields such as Management and Quality Assurance, although it was recognised that some medical decisions had managerial and QA implications.

A list of consultants who will conduct the audits will be drawn up by Dr. Gunson. Team leaders will be drawn from members of the Management Committee.

BWD/ 365

Guidelines for the medical audits will be drawn up by Dr. Gunson and will be discussed by the auditors at a meeting to be arranged.

Action - Dr. Gunson

At a suitable time a workshop will be held by the medical audit teams with a view to building on their early experiences.

The aim is to complete the first round of audits by April 1992.

### 3.2 Organisation and management of the NBTS

A report commissioned by the CBLA on its future role completed by Touche Ross has recommended the distancing of CBLA from the management of BPL. The report suggested that the relationship between CBLA and BPL should be contractually based.

If new arrangements are to be made it will be necessary for the relationship between CBLA and the NBTS, the supplier of plasma to be examined.

The Directorate has commissioned Ernst & Young to complete, by mid-May 1991 a study including costed options on the future management of the NBTS.

Because of the short lead-time, as Ernst & Young has an in-depth knowledge of the NBTS following its work on MIS, and as the views of RTDs on this subject are a matter of record, not all RTDs will be interviewed at this time, although those not interviewed have been encouraged to write to Ernst & Young. Dr. Fraser commented that the statement that a centrally managed service would be unlikely to receive favour at DH was disappointing since this was his favoured option. Dr. Moore undertook to ask Ernst & Young for some suggestions on which RTDs could comment.

Action - Dr. Gunson  
Dr. Moore

### 3.3 Budget devolution

Members reported that the chief difficulty in budget devolution so far encountered was the lack of uniformity and consistency in the approach by RHAs, since Treasurers had developed their own policies.

Some RTCs have received development funds for anti-HCV testing, others have not. Some RTCs have included a service element in the cost of their products, others not. Consequently the variation in the value attached to products is considerable.

BWD/366

Dr. Harrison asked whether the Directorate would determine a single price for products to facilitate inter-regional ad-hoc stock transfers. Such a scheme would need the agreement of all RTDs if it was to work and members were uncertain whether this would be forthcoming. On a practical level it was pointed out that six months after requesting region's costings only five RTCs had responded, the Directorate did not have the information to set a single price even if it was to be agreed.

#### 3.4 AIDS leaflet

Dr. Gunson advised the Committee that a sub-group of the EAGA will meet on 23rd April 1991, to discuss the paper prepared by the NBTS on the medical rationale leading to self exclusion.

Dr. Wagstaff agreed to re-examine the self exclusion clause relating to syphilis.

Action - Dr. Wagstaff

#### 3.5 COSHH regulations

Dr. Harrison reported that she was arranging a meeting with Drs. Williamson and Lubenko and that the proposed leaflet on COSHH regulations would be available in the near future.

Action - Dr. Harrison

#### 3.6 Rhesus negative donations

The Committee carefully considered a request for a longer lead time in which to implement the labelling of Rh negative blood according to its Dd status. Whilst it was recognised that the implementation date might be inopportune for some, as the lead time to implement the change had been eighteen months, no extension could be granted.

#### 4. QUIN Committee : minutes of the meeting held on 7th March 1991

The minutes of the above were presented and the following points were discussed.

##### 4.1 MCA licences

All RTCs have submitted their applications for appropriate MCA licences and the MCAs response is awaited.

Members queried whether hospital laboratories holding stocks of anti-D would require a Wholesale Dealers licence if a charge was made.

~~BWD/ 367~~

#### 4.2 Q.A. Audits

Unlike 1990/91 NBTS QA audits in 1991/92 will not all be led by the National Director or his Deputy. Some audits will be led by suitably experienced QA managers.

It was agreed that members of the audit teams should have access to the 1990/91 National Directorate audit reports but not to the MCA reports.

#### 4.3 BPL plasma specification

It was agreed that in future proposals to change BPLs plasma specification will be handled through the QUIN Committee. After changes have been discussed with BPL representatives, QUIN will make recommendations which will then be referred to the National Management Committee and Divisions. Recommendations will include a cost appraisal, reference to MCA requirements and other relevant information.

#### 4.4 Plasma pools

BPL is considering single region plasma pools. This would be difficult as some regions do not collect enough plasma for such a pool to be useful.

#### 4.5 Plasma security

Dr. Gunson is currently organising a study to establish a means of verifying the contents of boxes of plasma to ensure a failsafe system of checking in plasma at BPL.

#### 5. National Provision of Donors Committee : minutes of the meeting held on 3rd April 1991

The minutes of the above were presented and the following points discussed.

##### 5.1 NBTS Central Publicity Budget

The Committee welcomed the increase by 50% in the NBTS Central Publicity Budget.

##### 5.2 Appointment of Bartle, Bogle and Hegarty

Members agreed that DSMS/RDOs should be encouraged to provide the Directorate with their business plans so that a brief can be drawn and a strategy produced for the new advertising agency. In that way strategies to meet the needs of the service can be developed, in the light of Regional objectives.

BFD/368

### 5.3 Telephone response options

The NMC noted that RDOs were reviewing options but members preferred that a freephone (0800) number should be maintained for the enrolment of donors and that other queries should be referred to local systems.

## 6. NBTS/CBLA Liaison Committee : minutes of the meeting held on 10th April 1991

The minutes of the above were presented and the following points were discussed.

### 6.1 Factor 8

Dr. Gunson reported that BPL was still unable to price Factor 8 by vial. Dr. Robinson advised members that a recent consignment of Factor 8 had been returned to BPL because the 500 i.u. vial contained only 375 i.u's.

Members were also warned that some issues of Factor 8 from BPL were still short-dated.

### 6.2 Anti-HBs plasma

It was agreed that BPL can continue to produce Anti-HBs plasma from Anti-HBs donors who had been boosted by HBV vaccine

### 6.3 Handling charges

Members were asked to inform their colleagues that if a handling charge was made to recover distribution costs, these costs should be recovered from BPL.

### 6.4 Plasma supply

Dr. Lane has offered his congratulations to the NBTS in achieving its goal in the supply of plasma.

Plasma collection in 1991/92 will be monitored on a quarterly basis.

### 6.5 Anti-CMV Ig

A thirty percent drop in demand for Anti-CMV Ig has been reported, possibly due to the use of commercial Ig as a substitute for Anti-CMV Ig.

### 6.6 Anti-VZ

CBLA is to reconsider its proposed reduction in the amount of Anti-VZ plasma collection.

~~BWD/ 369~~

6.7 HBs Ig : use in liver transplants

The use of HBs Ig in large amounts in liver transplants is to be examined, and consideration will be given to the production of an i.v. anti-HBs Ig.

6.8 Plasma quarantine period

It was noted that the proposed reduction of the plasma quarantine period from thirteen to four weeks could lead to serious problems following the late development of certain infections under the current plasma specifications which would require change to effect this reduction in the quarantine period.

7. Minutes of Divisions - items not covered elsewhere

Eastern Division

7.1 Supply to the Gulf

Dr. Harrison agreed that with hindsight the minute on blood supplied during the Gulf crisis should be amended. The quantities supplied had been determined by the ABSD, not the NBTS.

A letter of thanks from the Surgeon General has been received.

7.2 Policy for HCV screening and counselling

A number of speakers will be invited to the consultants meeting in York to talk on HCV screening. An RTDs meeting will also be held.

7.3 Medical audit

In response to the query on medical audit Dr. Gunson advised that (except in the absence of a haematologist it was the function of Hospital Transfusion Committees to monitor blood usage.

7.4 Working Party on record keeping

Dr. Gunson agreed to write to the Chairman of the working party on record keeping to ascertain when a report will be made.

Action - Dr. Gunson

7.5 New donors over 60 years

The Committee noted that Colonel Thomas was to prepare a paper on new donors over 60 years.

BWD/370

#### 7.6 Frequency of donation

The Committee noted the Eastern Division's suggestion that a minimum interval of 12 weeks should elapse between donations for male donors, should be accepted as a national standard. Dr. Wagstaff's Standing Committee will consider this matter.

#### 7.7 Readmission of donors testing positive for viral markers but not confirmed at PHLS

Dr. Kemp (S. London) had drawn up Guidelines for the readmission of such donors, particularly those undergoing plasmapheresis since these had not been included in previous recommendations. Dr. Gunson stated that Dr. Kemp's Guidelines appeared satisfactory and he had written to her to ask if they would put them into effect and keep records of action to be taken for a period of six months. These will be referred to Dr. Wagstaff's Standing Committee.

#### 7.8 Rare cells supplied to the National Frozen Blood Bank (NFBB)

It was agreed that the costs of transporting frozen units should be incorporated into RTCs annual subscription charge to support the NFBB.

#### 7.9 NBTS Committees

Dr. Gunson will circulate a list of NBTS Committees, their membership and brief details of their function.

Action - Dr. Gunson

#### 7.10 Research Committee

Dr. Gunson apologised for inactivity on this front. He will circulate a schedule of current research projects as soon as he is able.

Action - Dr. Gunson

#### Western Division

##### 7.11 Gulf supplies

British units in the Gulf supplied blood to the Dutch, Romanian and Swedish units, not vice versa.

#### Northern Division

##### 7.12 Intra-venous IgG

~~BWD/ 371~~

The Northern Division position on BPL IgG is being

reviewed in light of discounts available for bulk purchase.

7.13 Frequency of meetings

The Committee noted a comment made at the Northern Division regarding the limitation of national meetings of chief scientists to an annual meeting. Dr. Gunson commented that the Scientist's Divisional structure appeared to be working well.

7.14 Deferral of donors as Anti-Malarials

Northern Division requested a new flow chart on the deferral of donors on anti-malarials (see minute 8.21). Dr. Wagstaff was dealing with this matter but the proposals in the UKBTS/NIBSC Guidelines were to be followed at present.

7.15 Representation on British Standard Committee

The Committee was pleased to accept the nomination of Mr. Ray Riches as the NBTS representative to the British Standards Committee to replace Dr. Blagdon.

7.16 BSI Committees

RTDs are requested to let the Directorate have details of BSI Committees on which NBTS staff serve.

Action - RTDs

7.17 Platelet bags suitable for ultra violet irradiation

Dr. Fraser advised the Committee of an ongoing trial of platelet bags suitable for uv irradiation involving three centres in the USA and South Western RTC.

7.18 Communication Strategy Audits (CSA)

Contrary to the Northern Divisions minutes Dr. Lloyd has informed Dr. Robinson that he does not wish a CSA to take place in the Northern Region.

7.19 Managerial training for medical consultants

Dr. Robinson will provide Dr. Gunson with information on managerial training courses for medical consultants which consultants in Yorkshire have attended recently.

7.20 National Management Committee Agenda

From mid-May the agenda for the NMC will be circulated to allow Divisions to comment on it prior to the NMC meeting.

BWD/ 372



8. Minutes of other Committees

8.1 Divisional meetings of He

The above minutes will  
their information as s

8.2 Meetings of the U.K. Ac  
Transmitted Diseases helo  
1991

8.21 Malaria

The Committee noted that Professor .  
advised that the deferral of donors for .  
after taking anti-malarial therapy after vis.  
or living in an endemic malarial area was .  
adequate safety margin.

The Advisory Committee has agreed that donors with  
a history of malaria must be seronegative before  
donation of red cells could be accepted.

Dr. Mitchell has modified his flow chart in line  
with the above and the matter will be referred to  
the Standing Committee on donor selection.

8.22 Introduction of Anti-HCV tests into the NBTS and  
SNBTS

The Advisory Committee has received conflicting  
advice on the range of tests presently available  
for confirmation.

Trials are not yet complete and it has not yet  
been established if the relationship between RIBA  
2 positives and PCR positives is statistically  
significant.

Dr. Gunson advised the Committee that after the  
next meeting of the Advisory Committee he would  
prepare a policy paper for this Committees  
consideration, by which time evaluation of second  
generation tests may be completed.

Action - Dr. Gunson

Dr. Wagstaff advised the Committee of an offer  
made to the NBTS that if a RIBA 2 positive was  
found to be a false positive then the RTC could  
claim back the cost of the RIBA test from the  
manufacturer.

BWD/373

Dr. Gunson also agreed to write to Professor Alain regarding his recent paper and to report back to this Committee.

Action - Dr. Gunson

The National Procurement Directorate is holding discussion with Anti-HCV test manufacturers.

The National Provision of Donors Committee will prepare a leaflet for donors on tests carried out on blood, including Anti-HCV tests, for issue prior to the commencement of screening on 1st September 1991.

9. Any other business

9.1 Vitiligo

Dr. Gunson agreed to respond to recent correspondence regarding vitiligo sufferers and blood donation.

Action - Dr. Gunson

9.2 Indemnity Insurance

A recent request that an RTC should pay a premium for insurance to indemnify a proprietor of the venue for a session was discussed. The NBTS would expect that when it payed for the hire of a hall or other venue, part of the cost would be to pay for the proprietors third party insurance. NBTS would be liable for any damage caused by the team.

A question of the NBTS position when the venue was provided free of charge was raised and it was agreed a legal opinion should be sought.

Action - Dr. Moore

9.3 G.P. bills for providing information on donors

The Committee was certain that the provision of information on donors by their GPs was part of the normal NHS work of GPs on behalf of their patients.

DH had agreed to advise GPs that this area of work was not chargeable to the NBTS.

9.4 Human serum from Czechoslovakia

~~EWD/ 374~~

The Committee was advised of an offer by the Czechoslovakian BTS to supply 20 litres of human serum to NEQAS. The Committee advised that the offer should be declined, since if such Countries found that they

could raise income from the UK it may be detrimental to the supply of products to their own population.

9.5 Blood supply

The Committee received for their information graphs illustrating the present levels of blood supply. Members attention was drawn to the remarkable decline in stock of O negative which has fallen, in less than three months, from in excess of 4,000 units to between 1300 and 1400 units.

10. Date, time and place of next meeting

Thursday 20th June 1991, 11.00 a.m., National Directorate.

~~EWD/ 375~~