REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 159th meeting held on Wednesday 21 January 1976 at 11.30 am in Room D104, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London, SE1

PRESENT

Dr W d'A Maycock	- Chairman
Dr S Murray Dr L A D Tovey Dr B Stone (deputy) Dr T E Cleghorn Dr W J Jenkins Dr K Ll. Rogers Dr H H Gunson Dr G H Tovey Dr B Bevan Dr F Stratton Dr D Lehane Dr R M Barnes (deputy)	- Regional Transfusion Directors
Dr K L G Goldsmith	- Blood Group Reference Laboratory
Major-General H C Jeffrey	- National Medical Director, Scottish National Blood Transfusion Service
Dr I A Cook	- Scottish National Blood Transfusion Service
Colonel T E Field	- Northern Ireland Blood Transfusion Service
Dr S L Waiter Dr A Smithies Mr M W Draper Mr T E Dutton Mr R P Cleasby Mr R N Gooch Mrs R A Tunnard Miss S H Rosbotham	- Department of Health & Social Security

The Chairman welcomed Dr Goldsmith who thanked everyone who had sent him their good wishes.

The Chairman also welcomed Mr T E Dutton who had succeeded Mr Jackson (Division HS2B), Mr R P Cleasby (Division HS2E) and Mr R N Gooch, Supply Division.

Apologies for absence were received from Dr Wagstaff, Dr Darnborough (represented by Dr Stone), Dr Smith(represented by Dr Barnes), Dr Bird and Dr McIntyre.

1. CONFIRMATION OF MINUTES OF MEETING HELD ON 8 OCTOBER 1975

The minutes were confirmed subject to the following amendments:-

Page 3 section 2b. 4th paragraph, last sentence deleted and replaced by "Dr Murray thought that improvement of screening for HLA antibodies would involve extra cost; she hoped to obtain additional revenue for this purpose."

" " last paragraph, penultimate line. Replace "hospital" by "laboratory"

" 4 " 2d. line 9 insert "not" between "were" and "combined"

" 6 " 2g paragraph headed "Antibody Screening" 1st line, delete "Leeds"

2. MATTERS ARISING

a. QUALITY CONTROL APPLIED TO BLOOD GROUP SEROLOGY

i. Dr Goldsmith reported that since the 1 September 1975. 10 RTCs had organized 15 quality control exercises in hospital transfusion laboratories - Leeds(3). Sheffield(1), Cambridge(1). Brentwood(3). Tooting(1). Wessex(1). Oxford(1). Liverpool(2), Lancaster(1), Glasgow(1).

ii. Proficiency Testing of RTCs. Dr Goldsmith said that serum No.4 would be distributed within the next few weeks.

iii. Draft proposals concerning the role of the professional bodies in relation to external quality control schemes with special reference to participants with poor performance (RTD(75)27 (RSCC 13/4)).

In the discussion of this paper, particularly paragraph 8, Dr Waiter reminded the meeting that there was not yet a National scheme for quality control in blood group serology and that when such a scheme was introduced it would differ from others in having a regional tier composed of the RTCs which had built up a close relationship with haematologists responsible for transfusion and which for many years had been responsible for maintaining a high standard of blood group serology in hospital transfusion laboratories. The intention was not that the proposed Advisory Panel in Haematology should disturb this relationship in any way but that it should be available to help in any cases of persistently poor performers after regional

efforts had failed. When called upon to deal with a blood group serology problem, the Panel would include at least one expert in this subject.

The meeting agreed with paragraph 8.

b. REPORT OF WORKING PARTY ON THE FORMATION OF A BONE MARROW DONOR PANEL AND THE NEED TO DETECT MORE SERA SUITABLE FOR TISSUE TYPING

i. Dr Maycock said that the Report of the Working Party was being considered within the Department, following a meeting on the 16 December 1975 between the Working Party and members of the Immunology Sub-Committee of the NOMS/NTTRL Management Committee. This joint meeting had been arranged because it had become evident, since the Working Party completed its report, that the problems attached to using bone-marrow grafts from unrelated donors were greater than foreseen. The Report and the circular and covering letter, drafts of which had been circulated, would not be issued.

Dr Maycock said it was now thought that the need for donors of tissue-typed platelets and leucocytes was likely to become greater than that for unrelated donors of typed bone-marrow. An estimate, made at the joint meeting on 16 December 1975, was that the need for tissue-typed platelets would be at least ten times that for bone-marrow grafts. A panel of tissue-typed donors would, therefore, be wanted and it was logical to empanel donors to give platelets, and white cells as well as, possibly, bone-marrow.

The meeting was not unanimous about the need for tissue-typed platelets, but one member expressed concern that RTCs would not be able to meet requests likely to be made by hospitals in the next 12 months. The view was expressed that if tissue-typed platelets were prepared, requests for them would grow and RTCs would find it difficult to resist them. Dr G H Tovey estimated that a panel of 50,000 tissue-typed donors would be wanted.

Mr Draper said that DHSS would write to Directors in the near future about the bone marrow and platelet donor panel.

RTDs agreed to send Dr Maycock the following information:-

a. Whether tissue-typed platelets were issued.

b. If so, what proportion of the total platelet preparations (in terms of blood donations) issued were tissue-typed

c. For what conditions tissue-typed platelets were issued

d. If tissue-typed platelets were not yet provided, the Directors' opinion regarding indications which would justify their issue.

ii. A paper (RTD(76)2) tabled by Dr G H Tovey, showed the numbers of sera received by NTTRL in 1975. Of 156 separate sera, 151 were contributed by regional transfusion centres and of these sera the majority were detected at RTC Bristol. Most centres had contributed at least one; six centres had sent three.

From the discussion it became apparent that tissue-typing at centres might leave little sera for NTTRL and that more help (medical, technical and/or clerical, depending on circumstances) was necessary in some centres to follow up donors. Dr Maycock reported for Dr Wagstaff that at RTC Sheffield, 12,000 donors were screened in 1975; 1,500 of these had cytotoxic antibodies of which 80 were monospecific.

Dr Tovey asked Directors, if possible, to send anti-sera containing antibodies to the antigens listed in RTD(76)2 and anti-sera of any specificity which on screening react as well as or better than anti-sera of the same specificity issued by NTTRL. Contributions of as little as 25ml were invaluable.

c. CENTRAL COMMITTEE FOR NBTS: MINUTES OF MEETING 16 OCTOBER 1975

These were received. There were no comments.

d. TRAINING OF MEDICAL LABORATORY TECHNICIANS - SUGGESTIONS FOR MODIFYING STUDY GUIDES

Only one Director had submitted suggestions. Mr Gregory would still be pleased to receive any comments Directors wished to make.

It was reported that RHAs had now been told that DHSS did not at present propose to advise extension of the existing arrangements for training medical laboratory technicians within the limits of discretion given by STM 47/70.

e. BLOOD PRODUCTS LABORATORY: PROVISION OF PLASMA

Dr Maycock reported that the total volume of plasma (ie. time-expired, specific, supernatants from fresh plasma) available for preparing albumin in last quarter 1975 had improved and equalled that available in the second quarter 1975. The increasing amounts of fresh plasma from the AHG programme would improve the position further in 1976. He reported that the floors of the fractionation suite at BPL were about to undergo

extensive repairs which would not be completed until mid June 1976 at the earliest. During this time the amounts of normal immunoglobulin and albumin prepared, would have to be diminished. Reserves were sufficient to maintain supplies at present levels. Specific immunoglobulins and coagulation factors would continue to be prepared. When the repairs were finished, it was planned to increase the preparation of albumin fractions by about 40 per cent, if sufficient plasma was available. RTDs reported that the consumption of red cell concentrates was growing.

f. WORKING PARTY ON CODE OF PRACTICE FOR CELL SEPARATORS

It was reported that this Working Party had been set up and the proposed terms of reference were:-

"To prepare a code of practice for cell separators with particular reference to blood donors."

The members of the Working Party were:-

Dr W d'A Maycock(Chairman), Dr A B Kay, Dr I W Delamore, Dr John Goldman, Dr Humphrey Kay, Dr R Powles, Dr Barbara Roberts, Dr F Stratton, Dr W Wagstaff, Dr J M A Whitehouse and Dr M L N Willoughby.

Its first meeting would be held on Friday, 12 March 1976.

g. RETENTION OF EQUIPMENT WASHING FACILITIES IN RTCs.

It was reported on behalf of Dr Wagstaff that RHA Trent had agreed that RTC Sheffield should retain facilities for washing equipment and preparing sets and fluids. These facilities would be available to other centres on condition that they provided any materials needed and collected the equipment, fluids etc. or paid transport charges.

Dr Barnes reported that RTC Wessex could probably undertake to wash equipment for centres.

The facilities at Newcastle, Cambridge, Liverpool and Manchester did not meet the standards required under the Safety of Medicines Act. The latter two Centres were making use of the Sheffield facilities for preparing bottles, sets and fluids.

h. SUPPLIES OF SERUM FOR QUALITY CONTROL

Dr L A D Tovey reported that a meeting was to be held with representatives of RTCs., Wessex, Bristol, Birmingham, Edinburgh and Glasgow and DHSS.

After experience had been gained in collecting serum for quality control, he would prepare a paper for the RTD meeting.

i. NBTS 47: NUMBER OF PLATELET PREPARATIONS

Dr Maycock reported that the information in RTD(75)20, tabled on 8 October 1975 was incorrect, and that he had subsequently written to RTDs asking for the following information to be shown under NBTS 47, para.23:-

Total number of preparations of platelets made at RTC and total number issued, both in terms of donations.

j. PUBLICITY PAMPHLETS:

NBTS BOOKLET. Mr Dutton reported that the text and art-work was now complete and that the booklet should be ready in April or May.

LIFE BLOOD SERIES;

i. "Haemolytic Disease of the Newborn". The text was complete and the design and illustrations were being prepared.

ii. "Blood Donors and Open-Heart Surgery". Dr Jenkins had received the first draft of the text from Dr Bourdillon.

iii. "Panels of Donors of Rare Types". The text was being prepared.

k. BSI COMMITTEE ON BLOOD TRANSFUSION EQUIPMENT SGHM/11

Dr Maycock reported that Dr Freda Roberts had agreed to serve as a representative of NBTS on this Committee and that Mersey RHA had given its approval.

3. SUPPLY MATTERS:

a. MINUTES OF MEETING OF BBPE SUB-COMMITTEE 3 DECEMBER 1975 (RTD(76)1)

Mrs Tunnard drew the meeting's attention to two points in particular:-

i. The new Avon A100 blood administration set with flexible drip-pump was now available on Central Supply (para.4.2).

ii. An HEI leaflet is to be issued concerning potential dangers of giving a potent drug through a standard blood giving set without using an additional flow control regulator (para.6).

Miss Rosbotham referred to Standards on Particulate Matter in Administration Sets (para.5), and asked the meeting if it had advice to offer. The meeting felt it could not give any advice, because it considered that the sets were not a significant source of particulate matter.

b. WORKING PARTY ON THE ADDITION OF DRUGS TO INTRAVENOUS FLUIDS.

Dr Maycock informed the meeting that the Working Party's report, now in

draft form, warned against the addition of drugs to blood or any blood products and certain other solutions.

c. AMPINS. Mrs Tunnard reported that it was not known whether the manufacturer of these had been inspected and assessed in accordance with the requirements of the Medicines Act. This matter would be considered at the next B & BPE sub-committee meeting.

Mr Gooch asked Directors to send him details of defects so that they could be reported to Medicines Division.

d. CRATES FOR PLASTICS BAGS. Dr Rogers had complained that the modified crates for plastics bags provided by Supply Division were not satisfactory. RTCs Newcastle and Cardiff were using adapted milk bottle crates: other RTCs seemed to be satisfied with the crates provided. Mr Gooch and Miss Rosbotham suggested that further consideration could be given to Dr Rogers's complaints at the B & BPE sub-committee meetings, and asked how many RTDs would be interested in the introduction of a modified crate. As only Dr Rogers was interested, it was agreed that modifications would be un-economic, and that no further action would be taken.

4. AHG CONCENTRATE:

a. PROVISION OF PLASMA (RTD(75)26)

It was explained that this paper was a revised version of RTD(75)21, prepared in the light of comments from RTDs on the latter paper. If RTDs had any comments these should be sent to Mr Dutton without delay.

Dr Maycock reported that (i) the amount of fresh plasma received at BPL and PF Laboratory, Oxford in November and December 1975 had exceeded the forecast target monthly rate in RTD(75)26 and (ii) modifications to BPL, necessary in order to fractionate the proposed amounts of fresh plasma, would be completed by late January or early February 1976.

The situation in certain RTCs was:-

Newcastle:	slightly ahead of target
Edgware:	could improve on target as demand for cryoprecipitate had lessened.
Brentwood:	was about to reach target
Birmingham:	delay in modification to building would defer attainment of target by about 6 months. Demands for cryoprecipitate were growing.
Liverpool:	although modifications to building would not be complete until the end of 1977. might be able to send small amounts of fresh plasma.
Manchester:	fewer requests received for "Hemofil" since "World in Action" TV programme.

b. DISTRIBUTION

The meeting nominated Drs Jenkins, Gunson and Stratton to represent RTCs at any meeting arranged to discuss the method of distributing concentrate and other preparations used to treat haemophilia.

5. SECOND REPORT OF ADVISORY COMMITTEE ON TESTING FOR HEPATITIS B ANTIGEN

a. SELECTION OF DONORS

The Chairman reported that DHSS had received requests for permission to put into effect the recommendations in paragraphs 16 and 18 of the Report at the same time as those concerning the method of testing, paragraph 34. While it was in order to adopt immediately recommendations about more stringent testing, it would not be wise to adopt the recommendation in paragraphs 16 and 18 until the Report had been approved which should be in about three weeks' time.

Dr Wagstaff had asked that any relaxation of rules should be introduced at a given date; to this the meeting agreed and asked DHSS to set the date in due course.

b. MODIFICATION OF NBTS STATIONERY AND LITERATURE.

It was noted that, when the recommendations in paragraphs 16 and 18 were adopted, certain items of stationery etc. would have to be modified. The meeting requested Publicity Sub-committee to make itself responsible for these changes.

c. COLLECTION OF BLOOD FROM KNOWN HB_s ANTIGEN POSITIVE DONORS

The following centres (i) took donations from antigen positive donors at blood collecting sessions but made special arrangements for the collection of this blood:- RTCs. Newcastle, Tooting, Bristol, Cardiff.

(ii) took donations from antigen positive donors at the RTC itself:- RTCs. Brentwood, Southampton, Inverness.

(iii) did not collect donations from antigen positive donors:- RTCs. Leeds, Cambridge, Edgware, Oxford, Liverpool, Belfast.

Surprise had been caused by antigen positive donors from a region which bled such donors at blood collecting sessions presenting themselves at blood collecting sessions in regions where such donors were bled only at the RTC.