REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 152nd meeting held on Wednesday 3 July 1974 at 11.30 am in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant & Castle, SE1 6BY.

PRESENT:

Dr W d'A Maycock	- in the Chair
Dr S Murray Dr L A D Tovey Dr W Wagstaff Dr J Darnborough Dr T D Davies (deputy) Dr W J Jenkins Dr K Ll. Rogers Dr J Grant Dr G H Tovey Dr G O Walters Dr G W G Bird Dr F Stratton Dr D Lehane Dr D S Smith	- Regional Transfusion Directors
Dr K L G Goldsmith	- Blood Group Reference Laboratory
Major-General H C Jeffrey	- Scottish National Blood Transfusion Service
Dr H B M Lewis	- Scottish National Blood Transfusion Service
Colonel T E Field	- Northern Ireland Blood Transfusion Service
Dr S L Waiter Mr D U Jackson Mrs R A Tunnard	- Department of Health and Social Security

The Chairman welcomed Major General Hugh Jeffrey, Director of the Scottish National Blood Transfusion Service; he would attend meetings of Regional Transfusion Directors in future. He also welcomed Dr G O Walters who had succeeded Dr Drummond as Director at RTC Cardiff. The Chairman congratulated Dr Wagstaff on his appointment as Regional Transfusion Director of RTC Sheffield.

Apologies for absence were received from Dr Bell, Dr Cleghorn (represented by Dr Davies), Dr Buttolph and Mr Hanson.

1. CONFIRMATION OF MINUTES OF MEETING HELD ON 24 APRIL 1974

The minutes were confirmed subject to the following amendments:-

Page 5A para.5: penultimate paragraph:-

Dr Rogers, Dr Murray and Dr Jenkins considered that this paragraph did not accurately represent their view which was that normal donations of blood should be used only for clinical purposes.

Dr Maycock said he thought it would be unwise for the meeting to decide now that it would not provide serum. After discussion it was agreed that the objection of Drs Rogers, Murray and Jenkins should be minuted and that the wording of this paragraph should be amended as suggested by Dr G H Tovey. This paragraph to be replaced by: "In discussion which was inconclusive, the Directors were concerned that no single donation of red cells should be wasted and stressed the need to use plasma in preference to serum whenever possible. Drs Rogers, Murray and Jenkins said that, in their opinion, normal donations of blood should be used only for clinical purposes.

2. MATTERS ARISING

a. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY (RTD(74)14

The Chairman reported that he and Dr Goldsmith had been unable to attend the meeting of the LDAG Quality Control Sub-Group on 24 May. The next meeting of the Sub-Group will be held on the 23 September 1974 and it was hoped that Dr Goldsmith would then be able to report the position reached with quality control as applied to blood group serology.

Dr Goldsmith introduced paper RTD(74)14 - Minutes of a meeting of the Working Party to Advise on Proficiency Testing, held on 5 April 1974.

The following points emerged from the discussion:-

(i) Proficiency testing was now being carried out in all regions except those served by RTCs Edgware, Cardiff and Liverpool.

(ii) Frequency of distribution of proficiency test reagents. The majority of centres considered an interval of 3 months reasonable but because of local difficulties, eg. staff shortages, some regions found this interval too short (Newcastle, Leeds, S.London). Dr Jenkins had found that the work associated with proficiency

testing could be absorbed into the normal laboratory duties and that testing could be done at monthly intervals; these frequent tests had strengthened links between the RTC and pathology laboratories and were appreciated by the pathologists.

(iii) Use of same antisera. Dr Goldsmith had received antisera from members of the Working Party and would prepare pools which would be sufficient for their proficiency tests. He could include other centres if they sent antisera. The aim was that uniform antisera should be used by all regions.

(iv) Scoring. Dr Jenkins and Dr G H Tovey reported that scoring was useful; it stimulated fruitful discussion between laboratories and between laboratories and RTC and enabled laboratories to follow their own progress. Dr Maycock said that a fully developed scheme of proficiency testing should include a system of scoring and that, preferably the same system should be used throughout NBTS.

(v) Testing of RTCs. Dr Goldsmith was preparing to distribute unknown antisera to RTCs and would write to Directors. The results would be published under code. The Scottish NBTS and Northern Ireland were invited to take part.

HB Ag testing, syphilis testing and tissue typing. After a brief discussion, it was agreed that (i) HB Ag testing was "controlled" by the routine reference of specimens to PHLS hepatitis reference laboratory and by using the panel of antigens distributed by the Standards Laboratory, CPH Laboratory, Colindale; (ii) syphilis testing was "controlled" satisfactorily by contacts already existing between RTCs and Venereal Disease Reference Laboratories; and (iii) it was too soon to consider establishing a scheme of proficiency testing of tissue typing and that the provision of a steadily increasing number of reference tissue typing sera by the National Tissue Typing Reference Laboratory, Bristol provided a means of adequate control.

b. PUBLICITY PAMPHLETS

(i) PAMPHLET ON PLASMAPHERESIS (kTD(74)9)

The meeting agreed that regions wishing to use a technical pamphlet to explain plasmapheresis to donors who had volunteered to undergo this procedure should prepare their own and that the Edgware pamphlet (kTD(74)9), could be used, if desired, as a basis for such

pamphlets. The reservations recorded in RTD(74)15) regarding the medico-legal aspects of the wording in RTD(74)9 and regarding the harmless nature of the procedure should be borne in mind when preparing pamphlets.

(ii) PLASMAPHERESIS LEAFLET (RTD(74)16).
The meeting agreed that the Department should simplify the text. Three specific changes were approved: (1) delete from last sentence "ie. those rather rare donors with certain special plasma constituents"; (2) modify first sentence of draft which was too technical; (3) second para. 3rd line, define "components".

(iii) "GIFT OF LIFE". Mr Jackson put the revised text on the table and asked RTDs to send comments in writing by 12 July.

(iv) NATIONAL BLOOD TRANSFUSION SERVICE. The text of this booklet was in DHSS and would be sent to RTDs for comment before long.

c. OBSERVATIONS IN NATURALLY AND DELIBERATELY IMMUNIZED DONORS

Following the last meeting Dr L A D Tovey had circulated revised report forms: one was designed to be completed for each serious reaction; the other was intended as an annual report of the number of donors boosted or immunized and of the number of apparently minor reactions occurring within a few hours of injection.

After the meeting had discussed the difficulties that would arise in analysing returns if the classification of "serious reactions" and "minor reactions" were left to each RTC., it was agreed that all reactions should be reported individually for a period of 6 months. The method of reporting would then be reconsidered in the light of the analysis of reports received.

Dr Tovey asked that NBTS form numbers should be allocated to the two forms.

Note: Individual reaction report form NBTS 50
Annual report form NBTS 51

d. PROVISION OF PLASMA FOR ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE AND OTHER PLASMA FRACTIONS INCLUDING SPECIFIC IMMUNOGLOBULINS

The meeting considered Dr Maycock's letter of 12 June 1974 to Directors about the need to provide more plasma for fractionation and paper RTD(74)19 which summarized information from Queensland, Western Australia and New South Wales, Canada and Switzerland about numbers of donations collected and the use of concentrated red cells.

Dr Maycock said that as a result of a number of factors that were operating or had operated, the NBTS now found itself in a position of some difficulty and facing a shortage of certain preparations of human blood. These factors, not necessarily in order of importance, were:-

a. The need to provide anti-haemophilic globulin concentrate equivalent to about 275,000 donations. This was the preferred preparation and was essential for home treatment which was being increasingly used. The Department had been advised that the NBTS should reach the position of being able to supply this amount of concentrate by 1975, but this was clearly not possible.

b. An increasing demand (throughout the world) for albumin fractions, mainly plasma protein fraction (PPF). The Scottish estimate of the need was at least 6.5 x 400ml 4.5g% protein solution per 1000 population, rising perhaps as high as 12 bottles/1000. BPL Elstree had recently come into operation: its capacity had been planned in 1967-1968 when the present level of need for albumin fractions was not foreseen.

c. The need to depend, at least temporarily, upon supplies of AHG concentrate and possibly PPF from commercial sources posed a potential threat to the unpaid voluntary donor system: (i) a permanent demand for commercial preparations might arise (ii) it had been suggested that NBTS should provide plasma to commercial firms for the preparation of coagulation factor concentrates, which are needed by clinicians responsible for treating disorders of coagulation.

d. Dr Maycock reported that two meetings between representatives of DHSS and SHHD had recently been held at the request of SHHD. The request was prompted by the discrepancy between the Scottish estimate of need for PPF (6.5 bottles/1000 population) and the smaller English potential and the fact that SHHD considered that the present dependence on commercial supplies of anti-haemophilic globulin concentrate and PPF posed a threat to the unpaid voluntary donor system. As a result of these meetings the following principles had been reaffirmed:-

(1) The system of unpaid blood donation must be preserved in UK.
(2) In order to preserve this system the blood transfusion services in UK must be self-supporting.

(3) There should be agreed UK targets for provision of preparations of human blood. It was agreed that the GB target for PPF should be between 4 and 5 bottles/1000 pop. although the Scottish NBTS estimates that it can provide 6.5 bottles/1000 pop. and possibly more.

Dr Maycock said the reasons why the Scottish NBTS had a greater potential were: a greater rate of blood collection, about 40 donations/1000 pop. compared with about 30/1000 pop. in NBTS; a larger number of staff at all levels; more liberal financing.

In the present circumstances increasing the numbers of donations used as concentrated red cells seemed to be the most practicable way of improving the amount of plasma for fractionation. In the Glasgow region 40 per cent of donations were used as concentrated cells (CR).

The present position in RTCs is:

	CR prepared as percentage of donations issued	Needs in order to increase proportion of CR.
Newcastle	15	Staff; plastic equipment; cntfge.*
Leeds	20	Space; centrifuge (CR to 25%)
Sheffield	6-7	Equipment
Cambridge	10	Staff; equipment
Edgware	25	Space, staff but probably at max.
Brentwood	30	-
Tooting	nil	Space, staff
Oxford	33	Haematologist and 3 technical staff.
Bristol	25	Equipment
Cardiff	20	Staff; centrifuges on order
Birmingham	20-25	Space, equipment
Manchester	17-18	Space, equipment
Liverpool	15	Space, equipment
Wessex	7	Space, equipment

* Financial approval obtained

In the discussion the following points emerged:-

(1) Dr Jenkins said that to increase the proportion of CR from 30 to 40 per cent would involve very close personal contact with clinicians, haematologists and senior technical staff of laboratories. He was not confident that 40 per cent could be reached and thought plasmapheresis should be considered as a means of obtaining plasma.

(2) Major General Jeffrey offered to obtain details from Dr Wallace of the means adopted to raise the use of CR to 40 per cent in Glasgow region and the means proposed to increase this to 60 per cent.

(3) Dr L A D Tovey said that, for some reason, it was easier to get hospitals to accept CR if only bottles or only plastic containers were issued.

(4) Dr Rogers suggested that a group of representative clinicians (physician, surgeon, anaesthetist, haematologist) might be formed to consider how the use of CR could be promoted.

(5) DHSS had already asked the Royal College of Pathologists if it would consider arranging a symposium of the use of CR.

(6) The meeting considered that a CMO letter, possibly coupled with a simultaneous annotation in a weekly medical journal would be helpful.

The meeting concluded that the immediate aim should be to raise the use of concentrated red cells to 30 to 35 per cent but that in order to reach this level additional capital and revenue expenditure would be necessary. The Chairman asked RTDs to do everything they could within the limitations of their present budgets.

e. MEDICAL EXAMINATION OF DONORS

At the request of Dr Stratton the subject of donors with a history of epilepsy was reconsidered by the meeting. After discussion the meeting agreed that the recommendation in RTD Minutes 20 February 1974, para.8 as amended by RTD Minutes 24 April, para.1 should not be changed but that the position would be reviewed in three years. (For convenience the amended recommendation is repeated: (a) A person on regular medication for epilepsy should not be accepted as a donor; (b) an epileptic confirmed by his doctor no longer to be on anti-convulsant therapy and who has not been subject to fits for a period of 3 years may be accepted as a donor.

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f. SUPPLY OF BLOOD FOR USES OTHER THAN TRANSFUSION

Dr Waiter said that it was now accepted by the medical profession that quality control was an essential part of diagnostic laboratory procedures. Some of the necessary reagents were expensive and had to be bought from abroad. A significantly high proportion of reagents containing human blood had been found to be HB Ag positive. She thought the meeting would be unwise to reach a final decision on the supply of blood for control reagents until there had been an opportunity for the meeting to discuss the problem with Professor T P Whitehead, Chairman of the LDAG Sub-Group on Quality Control and also seek the views of Dr S M Lewis who organizes a quality control scheme in haematology.

Dr Maycock said Professor Whitehead would be invited to attend the next meeting and Dr Lewis would be invited to offer his views on the present and likely future requirements for human blood for use in the QC scheme for haematology.

g. PUBLICITY IN THE SUNDAY TIMES. Dr Maycock reported that the ad hoc advisory group proposed at the meeting on 24 April 1974, had met on 23 May 1974. Comments from members of the group on its draft proposals were awaited.

h. CAREERS IN BLOOD TRANSFUSION. The Chairman reported that approval had been given for the Council for Postgraduate Medical Education (England and Wales) to use the BMA "Career Profile" on blood transfusion in connexion with the Council's proposed booklet on careers information and guidance to final year students and doctors in training grades.

3. ARRANGEMENTS UNDER REGIONAL HEALTH AUTHORITIES -

BOUNDARIES:- Some RTDs were concerned that existing boundaries might be changed without proper consideration of the effects upon the supply of blood, staff and transport. The balance between the donor panel on the one hand, the regional needs and necessary staff, laboratory facilities and transport on the other hand, might be easily distorted by changes in boundaries. Boundaries were apparently to be discussed at the next RMO meeting at DHSS. The meeting agreed that RTDs should see their RMO's and explain the effects of boundary changes on the transfusion service.

RELATIONSHIP BETWEEN RTD AND RHA AND RMO. The Department was not intending to issue guidance. Some concern was expressed that under the new organization, RHA's would gradually become less familiar with certain grades of staff employed in RTCs. and their problems, eg. medical laboratory technicians.

4. WORKING PARTY ON FUTURE ORGANIZATION OF NBTS.

Dr Maycock said that the Working Party had completed its report and that it would be submitted to the Standing Medical Advisory Committee on 9 July 1974. He gave a brief résumé of the recommendations.

5. SUPPLY MATTERS:

a. PLASTIC TRANSFUSION EQUIPMENT. The present position was reported:-

Transfusion sets: good supplies were being received from the manufacturers

Plastic containers: Messrs Travenol had sufficient stocks to meet any demand. Supplies from Messrs Tuta were less dependable because of industrial troubles in Australia. Messrs Tuta hoped to have a factory working in Scotland by the end of 1975.

Dr Smith said that he was not satisfied with the standard of quality control of the Travenol equipment; a high proportion of plastic containers

received by Wessex RTC were defective. The meeting hoped that DHSS would be able to maintain adequate staff to keep a strict watch on the quality of transfusion and other equipment used by NBTS.

b. AMPINS. Dr Stratton reported an incident in which a stop had been put on the use of Ampins by Medicines Division late on a Friday afternoon, acting on second-hand information. This had caused acute difficulty in RTCs using this device. The action had been taken without any consultation with the centre where the possible defect in the Ampins had been observed and investigation of which was, in fact, almost complete. The suspected defect was not confirmed.

c. BLOOD AND BLOOD PRODUCTS EQUIPMENT SUB-COMMITTEE. Dr Wagstaff was nominated to succeed the late Dr Bowley as a representative of the RTD meeting on this sub-committee.

6. BLOOD GROUPING REAGENTS:

a. TO DISCUSS THE NEED TO PROVIDE SNAIL ANTI-A FOR USE IN BLOOD GROUPING MACHINES IN HOSPITAL LABORATORIES (RTD(74)17)

Dr Goldsmith said that RTCs. Leeds, Sheffield, Bristol, Manchester and Wessex had tested this reagent in the blood grouping machines and found it to be completely satisfactory and preferable to human anti-A. More experience of snail anti-A in manual methods was necessary; it apparently tended to adhere to the wall of grouping tubes.

The meeting agreed that snail anti-A was acceptable for machine grouping and asked Dr Goldsmith to arrange to supply it. Dr Murray undertook to test snail anti-A in tile grouping. Dr Shepherd, haematologist, Northampton, was carrying out a similar trial in a hospital laboratory.

b. PREPARATION OF ANTI-A AND ANTI-B GROUPING SERA.

Dr Goldsmith reported that requests of anti-A and anti-B sera exceeded the amounts that the Blood Group Reference Laboratory could supply. For this reason and because the quality of antisera collected from serum donors was variable and tended to be of low potency he thought that NBTS should consider establishing a panel of volunteers willing to have their natural titre of antibody raised by the injection of red cells.

NBTS was possibly the only service of its type not obtaining anti-A and anti-B grouping sera from boosted donors.

After discussion it was agreed that the feasibility of doing this should first be examined at one RTC. Dr Lehane volunteered to do this and to keep in touch with Dr Goldsmith and Dr Maycock.

An arrangement for compensation, similar to that for anti-D plasma donors, would be necessary. Mr Jackson undertook to look into this matter. Donors of anti-A and anti-B sera who were boosted would be exposed to some degree of risk as the naturally immunized anti-D donor who was boosted.

7. WORKING PARTY ON THE FORMATION OF A BONE MARROW DONOR PANEL

Dr Maycock reported that the Working Party had drafted a code of practice, an explanatory leaflet for donors and a notice and also a draft memorandum on recruitment of donors and organization and administration of the panels. The Department was now consulting the Life Offices Association regarding life insurance policies taken out by these donors. It was possible that the WP would recommend the establishment of an advisory committee.

8. TRANSMISSION OF DONOR INFORMATION BETWEEN CENTRES

The meeting discussed Dr Darnborough's paper RTD(74)13. It agreed that Directors should keep themselves informed of the resignation and transfer between regions of special donors such as those on the National Panel.

9. NBTS STATISTICS: NBTS 47

a. Mr Jackson spoke to paper RTD(74)18 describing a revision of Section I of NBTS 47, proposed by the Regional Donor Organisers' meeting. The meeting agreed that the revised form should be tried in parallel with NBTS 47 for the period August to December 1974.

b. Submission of NBTS 47 by numbered weeks. Dr Cleghorn had proposed that NBTS 47 should be related to numbered weeks rather than calendar months, since the former arrangement lent itself more readily to mechanical data handling.

It was agreed that the Department should consider the proposal.

10. SYMPOSIUM ON FROZEN BLOOD.

Dr Jenkins reported that he had distributed a tentative programme to RTDs and reserved a lecture theatre at London Hospital Medical School on 3 October 1974.

11. REGIONAL DONOR ORGANISERS' MEETING

Mr Jackson said he would ensure that all RTDs received copies of the agenda and any relevant papers.

12. POSTERS SUB-COMMITTEE.

In order to help Information Division deal more expeditiously with the preparation of posters and other advertising material needed for donor recruitment, it was proposed to reform this sub-committee which had been established originally

to consider, for example, posters at intermediate stages of production. The meeting agreed with this proposal and nominated Dr Darnborough and Dr Rogers to represent the RTD meeting.

13. ADVERTISEMENTS IN PUBLIC TRANSPORT: NW AND NE THAMES RHA DONOR RECRUITMENT COMPAIGNS

The meeting was informed that posters and announcements concerning this compaign would appear in buses and underground trains in the autumn.

14. BLOOD DONOR BADGE: QUALIFYING DONATIONS.

The question had recently been asked whether donations given to overseas transfusion services should count towards NBTS badges. The Chairman said that donor badges were Sovereign's awards which were made in recognition of donations given to the NBTS and in Armed Forces of the Crown. They were not intended to recognise a series of donations, irrespective of the transfusion service to which they were given. The meeting agreed and reaffirmed that only donations given in UK or in the Armed Forces of the Crown should be counted for the award of badges.

15. DATE OF NEXT MEETING

The next meeting would take place on Wednesday 9 October 1974.