REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 149th meeting held on Wednesday 28 November 1973 at 11.30 am in Room D106, Department of Health and Social Security, Alexandra Fleming House, Elephant and Castle, London, SE1 6BY

PRESENT

Dr W d'A Maycock	-	in the Chair
Dr S Murray Dr L A D Tovey Dr C C Bowley Dr J Darnborough Dr T D Davies (deputy) Dr W J Jenkins Dr J V Barry (deputy) Dr J Grant Dr G H Tovey 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
Dr A E Bell	-	Scottish Home & Health Department
Dr H B M Lewis	-	Scottish National Blood Transfusion Association
Dr J J A Reid Dr P Duncan Thomas Dr S L Waiter Dr M A Buttolph Dr M F Cuthbert Mr W A Walters Mr R H Hanson Mrs R A Tunnard	-	Department of Health and Social Security

Apologies for absence were received from Dr Rogers, Dr Bevan and Colonel Field.

The Chairman welcomed Dr P Thomas and Dr M F Cuthbert from the Medicines and Food Division which administered the Safety of Medicines Act, 1968.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 26 September 1973 were confirmed subject to the following amendments:-

PAGE 3 para.2b second para. insert "RTC Edgware" after "Brentwood"

4 " 2f(ii) " " second line Dr Lehane pointed out that this line should read "his centre to investigate the grading of the post of supervisor of bottle"

last line should read - "post has been graded under Group 4 (£23.52p per week.)

6 third line from top - delete "Dr Goldsmith mentioned the difficulty of ...." and insert "There was difficulty in...."

2. MATTERS ARISING

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL REAGENT

Dr Buttolph said there was nothing yet to report from the Department. Dr Jenkins stated that the London Hospital used the remains of serum specimens as control reagents. Dr Maycock said the Laboratory Development Advisory Group was unwilling to accept material of this kind as control reagents.

b. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY

The meeting considered the results of pilot trials in 7 regions which were summarised in RTD(73)28. There was overall similarity between these trials but they differed in certain important details, such as the number of negative controls, inclusion of a test of ABO incompatibility, and the potency of the antibodies. There was, perhaps unexpectedly, high incidence of false negatives (about 33 per cent) but this appeared to be mainly due to the inclusion of some very weak antibodies and to loss of potency in certain specimens distributed in hot weather. The number of incompatibilities actually missed altogether, ie. by all methods of testing was very small.

The following points were stressed (i) the need for uniformity of design of the trial (ii) the need for a method of scoring results (iii) the need for a method of grading antisera (iv) the inclusion of sera which gave positive antihuman

globulin reactions (v) the possibility of pooling antisera from RTCs and (vi) the need for a uniform way of presenting results.

Dr Goldsmith said that his laboratory had benefitted from the trial by undertaking to test all the reagents issued by RTCs to hospital pathology laboratories; a few weak antibodies had been missed.

Pathologists and technicians had collaborated readily and had found the trials beneficial.

After further discussion the meeting agreed that a second series of pilot trials should be held in which all RTCs would take part and that this series would be designed and supervised by a Working Group consisting of Dr Goldsmith (convenor), Dr Wagstaff, Dr Darnborough, Dr Jenkins and Mr Lockyer. In organizing and supervising the second series of pilot trials the Working Group was asked to make proposals regarding:-

(i) A method of scoring

(ii) Uniform manner of presenting results

(iii) Selection, pooling and grading of antibodies

(iv) Inclusion of ABO incompatibility

(v) Number of negative controls

If required Dr Bowley offered to provide albumin for the second series of pilot trials.

It was proposed that after the second series of pilot trials the centres should participate in a trial organized by Blood Group Reference Laboratory. It was agreed that this proposal should be considered again at the next meeting.

c. PRINCIPAL TECHNICIAN

Dr Maycock reported that he had received comments on RTD(73)15 from eight centres and that he had revised this paper which had now been circulated to

all Directors under reference (RTD(73)15 Revised October 1973. Mr Harley of Personnel Division had informed Dr Maycock that the revised paper would be put before Committee A of the Whitley Council on 29 January 1974, as a record of the views of RTDs.

Mr Harley had pointed out that Directors should keep RHBs fully informed of their views regarding this grade so that RHBs could consider what effects the proposals might have in pathology laboratories and also inform RHB representatives on the Management Side. The RHB representatives were: Dr T Heap, Mr P A Tye and Mr W H Earles, nominated respectively by Sheffield, Wessex and South Western RHBs.

d. PUBLICITY

(i) WEDGWOOD PLATES

Mr Walters reported that the Department had ordered a further batch. The design of the front of the plate would be unchanged; to the reverse would be added: "National Blood Transfusion Service 100 donations".

It was suggested that other forms of award should be given for 200, 300 etc. donations, for example that "200 donations" could be inscribed on the reverse side of the first award.

Dr Jenkins thought that for some time, most regions would not have donors who reached 100 donations.

Dr Maycock suggested that, although Edgware was the only centre at present at which many donors gave 100 or more donations by plasmapheresis, more regions would eventually become involved in these awards.

It was suggested that the Wedgwood plate should be given for each 100 donations. The following Directors were in favour of this proposal:-

Newcastle, Leeds, Sheffield, Cambridge, Brentwood, Oxford, Bristol, Birmingham, Manchester, Liverpool and Wessex.

The meeting agreed that the Department should consider this matter and report back at a later meeting.

Dr Lewis mentioned that in Scotland a silver plate was awarded for 100 donations. He would bring a sample to the next meeting.

(ii) PAMPHLETS

PLASMAPHERESIS LEAFLET. Dr Cleghorn said he would have a text ready in two weeks' time.

"BLOOD GROUPS AND THE STUDY OF MANKIND". Information Division had recently had this leaflet reprinted. It was proposed and agreed that this pamphlet should be divided again into a pamphlet on The Blood Groups and a second on Blood Groups and Anthropology and that Dr Mourant should be invited to write the latter pamphlet.

(iii) BOOKLET "THE NATIONAL BLOOD TRANSFUSION SERVICE". Dr Lehane undertook to revise this booklet which had remained unchanged in form and style for many years.

e. CAREERS IN BLOOD TRANSFUSION

It was reported that the text had been submitted to the British Medical Association.

f. REGIONAL TRANSFUSION CENTRE STAFF

STERILIZER ATTENDANTS. Dr Murray pointed out that although it appeared from the previous minutes, 26 September 1973, para.2f(ii) that this grade was about to be investigated, this grade at RTC Newcastle had been investigated on two occasions some months ago, and that she was waiting to hear the results. Dr Waiter undertook to find out what had happened in the Department.

g. REORGANIZATION OF NATIONAL BLOOD TRANSFUSION SERVICE

Dr J J A Reid, Chairman of the Committee on Organization of the Blood Transfusion Service in England and Wales informed the meeting of the progress made by the Committee.

3. SUPPLY MATTERS:

a. REPORT ON MEETING OF BLOOD AND BLOOD PRODUCTS EQUIPMENT SUB-COMMITTEE HELD ON 12 OCTOBER 1973

Mrs Tunnard referred to the minutes of the meeting (BBPE/Min.4) which had been circulated to all Directors. These were mainly for noting with the exception of paragraphs 4B and 4C, which required the endorsement of Directors. This had already been sought in the letter of 12 November which had accompanied the copies of BBPE/Min.4.

Directors confirmed their agreement to the decisions reached by the BBPE Sub-Committee and noted that arrangements for the supply of the new design blood administration sets would now be set in train.

b. PLUGS FOR USE WITH PLASTICS BLOOD PACKS

Mr Hanson said that Travenol Laboratories Ltd. had promised to provide in the near future specimen individually strip packaged plugs for agreement. A small additional charge for this item was to be expected and was agreed in principle by Directors.

4. ROLE OF ADVERSE REACTIONS SUB-COMMITTEE OF COMMITTEE OF SAFETY OF MEDICINES IN RELATION TO ADVERSE REACTION TO BLOOD AND BLOOD PRODUCTS

Dr Thomas explained that in UK the Committee on Safety of Medicines (CSM) was the statutory body (Safety of Medicines Act 1968) concerned with the collection of reports on and investigation of adverse reactions to medicinal products. CSM had established an Adverse Reactions Sub-committee to deal with this aspect of its statutory obligations. Holders of products licenses under the Safety of Medicines Act 1968 were legally required to report adverse reactions. The

position was that some imported blood products were now licensed and an adverse reaction (Serum hepatitis) to one of them had recently been reported. Since it had been agreed in principle that the preparations of human blood provided by the National Blood Transfusion Service would be subject to control under the Act, Dr Thomas proposed that RTCs should begin to report adverse reactions to the Sub-committee, particularly since an adverse reaction might occur (as in the case mentioned above) in a patient who had received both NBTS and imported products.

Dr Maycock outlined the present voluntary system used by RTCs to gather information about reactions and report them:

(i) Cases of Serum Hepatitis were reported to Dr Maycock on a special form. This system had been in use since 1946.

(ii) Transfusion Reactions (deaths or severe reactions attributable to blood transfusion and incompatible blood transfusions whether followed by a death or a severe reaction or not) were reported under "Strictly Confidential" cover to CMO on a special form. This system was introduced shortly after the inception of the Health Service.

(iii) Pyrogenic, urticarial and allergic reactions were reported by hospitals to RTCs on a form (NBTS 11) which had been in use since 1946 and was designed to be issued with each unit of blood, plasma or other blood product.

It was recommended in Notes on Transfusion (pp.20 and 21) that serum hepatitis, reactions to infected blood and all severe reactions should be reported at once to RTDs. The reason for this was because appropriate action must be taken by the RTC without delay regarding donors or procedures within the centre. It was important for the same reasons that reactions associated with plasma or plasma fractions should be reported without delay to BPL. It

was essential that any action necessary within the centre should be taken without delay.

The numbers of cases of serum hepatitis and other reactions reported varied widely between regions.

The method of reporting was then discussed. Several Directors thought that reports to CSM should be made by hospitals since the details of the yellow report card issued by CSM could only be completed in hospitals. After discussion it was agreed that if reports of adverse reactions concerning blood and blood products were to be made to CSM, such reports were best made by RTDs because they almost always heard of and investigated serious reactions associated with blood and blood products. It was not essential that the yellow card was used, providing the name of the doctor in charge of the patient was reported.

After further discussion it was agreed

a. that cases of serum hepatitis should continue to be reported to Dr Maycock on the usual form, to which a space for the name of the doctor in charge of the patient would be added.

b. that any other serious reactions, eg. to infected blood, would be reported to Dr Maycock, using, when appropriate, the form "Notification of Transfusion Reaction."

c. Dr Maycock would send copies of these documents to Dr Cuthbert.

It was further agreed that this subject should be reviewed early next year.

5. BONE-MARROW TISSUE DONORS

It was reported that at an informal meeting held by the Chief Medical Officer on 29 October it had been agreed in principle that a panel of bone-marrow tissue donors should be formed and that a Working Party should be appointed to draw up a code of practice regarding the recruitment and treatment of such

donors and to make recommendations about the use of bone-marrow transplantation.

6. HEPATITIS B ANTIGEN

Dr Maycock reported that the Advisory Group on Testing for the Presence of Australia (hepatitis associated) Antigen and Its Antibody was to be reconvened and would meet on 6 December. It would consider in particular (a) the need to adopt more sensitive methods of testing for the presence of antigen (b) the provision of reference preparations of antigen and antibody (c) the position of the antibody positive donor; it would also consider whether any other parts of its report needed modification.

Dr Maycock reported that WHO had issued an amendment to p.31 of WHO Technical Report Series No. 512. Mr Walters undertook to obtain and distribute copies of the amendment.

7. ANTI-D IMMUNOGLOBULIN

UNTOWARD REACTIONS. Dr L A D Tovey asked for a more precise definition of the amounts of antibody referred to in Minutes 26 September 1973, para.8d. Dr Maycock undertook to do this.

OBSERVATIONS IN NATURALLY AND DELIBERATELY IMMUNIZED DONORS. It was agreed that brief reports of events of the kind discussed at the previous meeting (Minutes, 26 Sept.1973 para.8e) should be sent to Dr L A D Tovey, who would collate them and report periodically to the RTD meeting.

ADEQUACY OF DISTRIBUTION OF ANTI-D IMMUNOGLOBULIN. Dr Maycock explained that the Joint Sub-committee on the Prevention of Haemolytic Disease of the Newborn had expressed concern about the number of eligible mothers who were not treated. He asked Directors to complete and return without delay the questionnaire regarding the numbers of 100 µg doses issued in 1972 and of 50 µg doses issued in period January to June 1973.

KLEIHAUER TEST REFERENCE CENTRES. The Joint Sub-committee had asked for information regarding facilities for this test. The information previously

supplied was imprecise. Dr Maycock asked RTDs to send him brief descriptions of the arrangement in each region.

COLLECTION OF RESULTS OF TREATMENT. Dr Murray undertook to collect and prepare a report on the results in second pregnancies in mothers treated with 100 µg anti-D immunoglobulin in Newcastle, Leeds, Brentwood and Bristol. It was agreed that Dr Bowley would prepare a separate report on such mothers in the Sheffield region.

8. "USING THE LABORATORY"

It was reported that this book was about to be revised. RTDs were requested to send Dr Maycock any comments regarding the paragraphs on blood transfusion (para.6.5 to para.6.7).

9. ANTI-HB Ag IMMUNOGLOBULIN FOR TREATING INFANTS BORNE OF HB Ag POSITIVE MOTHERS

Dr Maycock referred to his letter of 21 November 1973 in which he had described the treatment trial that might be arranged by MRC Working Party on Anti-HB Ag immunoglobulin. He explained that if RTDs of regions where ante-natal blood grouping was centralized, wished to participate they should send him particulars of additional revenue expenditure that would be involved. If MRC ultimately approved the trial, this expenditure would be met from MRC funds. It was not, as far as he knew, the intention that RTDs would undertake the follow-up of treated infants; this would be the responsibility of the obstetric and paediatric departments concerned. Many RTDs expressed the view that the antigen screening should be done by PHLS which would in many areas be syphilis testing ante-natal blood specimens. Dr Maycock asked RTDs to reply to his letter as soon as possible and undertook to inform the MRC Working Party of the meeting's views.

10. PROVISION OF DIESEL OIL AND PETROL

Mr Walters stated that last year DHSS had recommended RHBs to provide oil storage capacity equivalent to 200 hrs. operation of emergency generators. RTDs asked for copies of the relevant DHSS letters. Mr Walters agreed to enquire what

special arrangements, if any, might be made for providing petrol for NBTS if rationing were introduced.

11. NBTS 101

Mr Walters reported that the RDO meeting had suggested that the reverse side of NBTS 101 should be modified so that the result of HB Ag antigen testing could be recorded. The meeting did not agree with this proposal and asked that this change should not be made. The meeting agreed with the proposed amendments on the front of NBTS 101.

12. MEETING OF HAEMOPHILIA CENTRE DIRECTORS

It was reported that Dr Rosemary Biggs, who organized periodic informal meetings of haemophilia centre directors had invited all the RTDs to attend the next meeting which was to be held in Sheffield on 31 January 1974. After discussion the meeting decided that it would prefer to be represented by observers at the Sheffield meeting: Drs Bowley, Cleghorn and Lehane were nominated.

14. DATE OF MEETINGS 1974

It was agreed that meetings would be held on 20 February, 24 April, 3 July, 9 October and 11 December.