

EASTERN DIVISION OF CONSULTANTS IN BLOOD TRANSFUSION

Minutes of the meeting held at Blood Products
Laboratory on Wednesday 18 October 1989

PRESENT

Dr M Contreras (Chairman)
Dr M de Silva (Acting Secretary)

Dr H Boralessa
Ms Gaynor Fryers
Dr H Gorman
Dr P Hewitt
Dr R Jones
Dr J Kemp
Dr S Knowles
Dr K Rogers
Col M Thomas
Dr M Williams
Dr T Wood

1. Apologies for absence

Apologies for absence were received from Dr J Darnborough, Dr J Harrison, Dr J Blagdon, Dr R Lane and Dr B Brozovic.

2. Minutes of previous meeting

Minutes of the meeting held on 5 July 1989 were approved as a true record.

3. Matters arising from the previous minutes(i) Liver transplants

Problems associated with the supply of blood for liver transplants continue. Particular concern was expressed both about the supply of scarce products for foreign patients as well as foreign patients getting priority over NHS patients who have been on the waiting list for a longer period.

(ii) Immune plasma for BPL

Gaynor Fryers informed the meeting that the National Director has recently been informed of the targets for immune plasma (both unitage and weight). The general opinion was that information regarding immune plasma input to BPL from RTCs should be given in unit values rather than in kg weight.

(iii) Reduction of minimum age of donation

It was concluded that there would probably be legal implications of lowering this below 18 years because donation is of no direct benefit to the donor.

(iv) Anti-HTLV1 testing

No reliable confirmatory test available yet. No money available from DoH for preliminary trial on 100,000 donors.

(v) UK NBTS/CLA Liaison Group guidelines

This document has now been sent for binding and will soon be distributed to all RTCs. It is to be used as a consultative document for about 18 months and any comments are to be sent to Dr Wagstaff. Dr Contreras stressed that this document will not replace SOPs but merely be used as guidelines.

4. (i) Provision of frozen blood

There still exists a considerable number of units frozen in liquid nitrogen outside Birmingham. The date of transfer of these units to Birmingham has not yet been finalised and red cells continue to be frozen at Brentwood.

(ii) Plasma from Baxter Auto-C and Baxter Contract

Ms Gaynor Fryers' attention was drawn to the fact that 80% of IPPs sent to BPL were overfilled when greater than 600 ml plasma was collected from each donor.

No penalty charge for not taking up 100,000 sets. Contract likely to be agreed. The meeting felt strongly that plateletpheresis sets should be included in this contract.

(iii) Equipment trials involving plasma

A definitive document will soon be available for the parties concerned to sign. The general consensus was that these regulations should apply for all machines. No member of the Division was aware of any data showing acceptability of plasma ex-platelets from either the Haemonetics PCS or the Autopheresis C.

(iv) Provision of donors' committee

Concern was expressed that whilst the consultant's report is awaited, there is a dearth of publicity material at a time when the entire country is short of blood.

// Tooting is experiencing great difficulty in attracting suitable donor attendant staff, especially as 6/8 donor sessions are held late in the evening and the pay is grossly inadequate to attract suitable staff to work unsocial hours.

(v) Plasma supply estimates 1989/90 and 1990/91

Still below target in 89/90. Certain RTCs have not even achieved the targets set by themselves. Dr Rogers

stated that it would be more appropriate to have targets set and shown on the tables distributed by the National Directorate, according to population. At present Tooting has achieved the target it set itself although this was low considering its population. This makes it more difficult for him to get funds from the RHA.

Ms Fryers stated that many circulars sent by the National Directorate to RTCs are not circulated to BPL, who only appear to get selected information. It was also felt that data sent from BPL to the National Directorate is distributed to the RTDs in a changed format which was less meaningful than the data received from BPL previously.

Col Thomas informed the meeting that the ABSD is not yet being reimbursed for their plasma input but that this is likely to change soon.

(vi) Guidelines for use of FFP

A working party being set up by Dr Ala. Dr Contreras said that the NIH Consensus Report is good and could have been summarised to avoid both the delay and extra work.

(vii) Samples for NEOAS

Bristol is getting adequate support from all RTCs. The meeting agreed unanimously that there should be no charge for this plasma. Dr Contreras informed everyone that Dr Fraser had made a plea for plasma containing complement fixing anti-Le^a and anti-Jk^a in particular.

(viii) Low dose antenatal anti-D Ig trial

Dr Contreras informed the meeting that several obstetricians have been recruited and the trial should start soon.

(ix) ABSD PP Clinic

Col Thomas informed the meeting that Oxford, Tooting and Wessex RTCs have been approached informally in order to get a catchment area.

(x) Haemonetics contract

Only Lewisham need any machines - one PCS to replace a V-50.

(xi) Training of medical and scientific staff from overseas

Tooting - many requests for short visits. Requests generally turned down as it involves too much work.

NLBTC - numerous requests both from official agencies as well as personal contacts. Those who come for long periods gained more and also of more use to RTC.

The general consensus was that all British Council requests and requests from other Agencies should be referred to the National Directorate so that visitors may be allocated to all RTCs.

5. (a) Shortage of blood supply

The National Directorate, although helpful, still did not appear to have data on the amount of blood that is immediately available for distribution from each RTC. The meeting felt that it would be helpful to the National Directorate if there was an extra column added to the stock list to indicate how many units of a group each RTC could offer readily to others. At present the London RTCs are operating on absolutely minimum levels.

(b) Future management of NBTS

There will probably be many changes. Dr Rogers informed the meeting that a Managing Director is to be appointed to Tooting and to the Scottish National BTS.

The manner in which different RHAs view the Blood Transfusion Service appears to differ. The SET RHA considers the Blood Transfusion Service to be a non-core function whereas the NWT RHA considers it to be a core function. The North London Blood Transfusion Centre will continue to be managed by its RHA.

(c) Management information systems

The members of the Division stated that they had neither funding nor a spare member of staff to feed in the data - although it may be possible for some centres to find a management information coordinator. As the benefit of the study is to the National Directorate, the general feeling was that the funds must come from there, especially as each RTC by and large had the information they needed locally.

(d) Cross accounting

Deadline 1991. It was noted that RTCs were advised not to do too much except local costing.

6. British bone marrow and platelet donor panel committee

Funding of £36,000 from the DHSS for one year. It is not clear at present if this is renewable. It was also not clear whether insurance cover was available for both donors and harvesters.

It was noted that there appears to be a wide variation between the RTCs for the cost of HLA class 1 typing.

The Hammersmith data of 52% survival of GCL patients having unrelated bone marrow transplants was very encouraging.

7. (a) Pricing of anti-D plasma

Ms Gaynor Fryers informed the meeting that the National Directorate has been informed of the price to be paid for anti-D > 50 iu per ml, on a sliding scale. The general consensus was that there was no incentive to collect and test plasma that had anti-D < 50 iu if this was going to be paid at base rate. There was every incentive not to test this plasma and to send it with the general FFP.

(b) The meeting noted that BPL will be producing F.VIII vials with a lower unitage, close to 250 iu.

(c) Cross accounting procedures

There has been no directive from the Department regarding cross accounting next year. There appears to be a great variation in how RTCs deal with the BPL charges. Some RTCs pass on cost to districts, others to hospitals and some RTCs absorb the entire cost for the hospitals within their region. Concern was also expressed that the biggest user of Factor VIII in the SET RHA does not use the BPL product. Concern was expressed that the DHSS is continuing to fund hospitals for the purchase of commercial foreign albumin and Factor VIII.

(d) Chillcheck

A report from Dr Ala awaited.

(e) Blood and blood products in war

Col Thomas informed the meeting that as far as he knew the MOD is not aware of any contract between themselves and the NBTS to build-up a stockpile of albumin.

(f) V50 plasma/surge set

The meeting noted that BPL has agreed to take this plasma in a non-teardown pack for the present.

8. It was noted that a notice is now required to be placed in all donor clinics urging recipients of human growth hormone to refrain from donating. The members felt that it would be unfortunate if this detracted from more important issues, for example the high risk category for HIV.

9. BPL Specifications for plasma for fractionation

Members felt that this document is more suitable for the pharmaceutical industry than a biological resource. The RTCs have had very little input into the contents of the specification. The document appears not to have taken any account of what was said in the May 1989 meeting to which each RTC sent two representatives. It was suggested that Mr

David Crowley be invited for the next Divisional meeting. The meeting felt that it was unfortunate that Dr Lane was not able to be present at this meeting even for a short time and Dr Contreras agreed to write to Dr Lane to request from him the minutes of the May 1989 meeting, and to request another meeting of representatives from RTCs to discuss the use of the specification document.

10. Medical audit in the NBTS

After a long discussion the meeting felt that the Chairmen of Divisions are not expert on medical audit and should have some guidelines for writing a draft policy. It was suggested that Dr Contreras should write to Dr Wagstaff suggesting that Medical Audit be the topic of the one day Spring meeting in 1990.

11 Format of the Divisional/Management Committee meetings

Dr Blagdon has informed Dr Contreras that he was not happy to attend the Divisional meetings unless the format was changed, so the Divisional meetings followed Management Committee meetings.

12. Plasma for IV-Ig preparation at BPL

Due to problems with licenses, only plasma with normal ALT be used for IV-Ig. An extra £2.50 per kilogram plasma will be paid for ALT testing. Any plasma outside normal range will be used for general fractionation.

13. Financial implications of anti-HIV1/2 testing and HCV testing

No |
209 | A combined test will probably come into use some time during the next year. The meeting noted that Wellcome HIV-1/2 test will be 50p more than their HIV-1 only test, whereas the Behring and Dupont tests will probably be the same price as their HIV-1 test. The NLBTC, Glasgow and Manchester RTCs (also ABSD) will evaluate these tests.

Anti-HCV testing

Not yet licenced by FDA, but the UK is likely to commence testing around June/July 1990. Concern was expressed that there is no confirmatory test. Dr Contreras informed the meeting that Dr Gunson's recommendation to the DHSS were that the UK should start testing (i) only after FDA licensing, (ii) when confirmatory testing is available and (3) there is provision for counselling. The financial implication for the UK is likely to be over 5 1/2 million pounds. It has been estimated that it would cost the NLBTC over £600,000 per year at the rate of £1.70 + VAT per test. This cost excludes the replacement of the 1% or so donors who would be lost.

14. Dr Gorman expressed concern about the loss of donations from those donors who have visited Africa by the need to send the donations for anti-HIV-2 tests to Dr Philip Mortimer at PHLS. Concern was expressed that PHLS were very slow in returning results and in some instances the donors had returned to

donate after five months when results of the previous test were not yet available.

15. Dr Gorman enquired about the policy of other RTCs regarding accepting persons with gout for donation. They are accepted at NLBTC. The new guidelines do not give specific instructions. Dr Hewitt once again clarified the selection criteria for donors who had returned/arrived from tropical areas. The other RTCs expressed interest in seeing the guidelines for donor selection that the NLBTC uses. Dr Hewitt agreed to send these to those Eastern Division RTDs who requested them.

16. More RTCs are now complying with the requirement to test donors who have lived or visited S. America, and the financial implication of T.cruzi antibody testing at the Hospital for Tropical Diseases was discussed and Dr Hewitt agreed to write to Dr Gunson regarding this.

17. Handbook of Transfusion Medicine

There was general dissatisfaction that extra copies had to be paid for.

18. Stocks of BPL fractionated products

It was felt that the price of BPL albumin (which is well above the market price of commercial albumin) should be discounted to a realistic level by a departmental subsidy so that districts can be induced to buy the BPL product.

Ms Fryers informed the meeting that the current yield of Factor VIII had gone up from 135 iu per kilogram to 150 iu per kilogram.

19. There was general agreement on the format of the label on the primary blood collection pack.

20. Any Other Business

- (i) Following a letter to Dr Harold Gunson from Miss Ellison, the secretary of the Combined Committee on Donor Attendants, it had been suggested that the chairmen of Divisions meet Miss Ellison with Dr Gunson, but there was no response from her. The Division's opinion was that regrading of DAs is a local issue and should be handled locally. It appears that the matter brought up by Miss Ellison is probably a local one as there had been some problems regarding regrading in Liverpool.

The summary for the Eastern Division was as follows:

Brentwood)	No problems
NLBTC)	
Lewisham		May have a problem with approx 12
		part-time DAs in the static clinic who were graded A by
		the Lewisham Hospital nursing staff. All are now
		appealing.
Tooting		One appeal which was rejected.

Cambridge

Not represented at the meeting.

- (ii) An example of the new bronze lapel batch sent by Dr Douglas Lee was shown at the meeting and was well received. The meeting was informed that over 70% of donors questioned appeared to like this.

21. The next meeting will be held at 11 am on Thursday 7 December at North London Blood Transfusion Centre, Colindale.

Date

Signed
(Chairman)

PMdeS/MJE
30.10.89