REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 198th Regional Transfusion Directors' Meeting held at Hannibal House, London, on Wednesday 22nd January 1986.

PRESENT

Dr I D Fraser (Chairman)
Dr F A Ala
Dr E Brookes
Dr A K Collins
Dr M Contreras
Dr J Darnborough
Dr C C Entwistle
Dr H H Gunson
Dr J F Harrison
Dr A M Holburn
Dr D Lee
Dr W M McClelland
Dr R Moore
Dr J A F Napier
Dr F M Roberts
Dr E A Robinson
Col D Robson
Dr K Ll Rogers
Dr A Smithies
Dr W Wagstaff
Dr L A D Tovey (afternoon)

1. APOLOGIES

Apologies for absence were received from Dr J Cash, Mr W Armour and Dr D S Smith. Dr W Whitrow was unable to attend as the new representative of Scottish RTD's and the meeting welcomed Dr E Brookes as his deputy.

The thanks of the RTD Meeting were expressed by the Chairman to Mr Alun Williams for his support and the meeting welcomed Mr Roger Moore who has taken over this duty.

Dr Fraser expressed the great appreciation of the NBTS and the RTD Meeting to Dr A M Holburn. All felt great regret that he was to leave the BGRL and the Blood Transfusion Service and wished him happiness and success in the future.

2 and 3. MINUTES OF THE LAST MEETING AND MATTERS ARISING

i) Although discussed under ii) the item should be headed The Future of the National Blood Transfusion Service.

ii) AIDS Update

Dr Smithies had circulated a consent form to be signed by US military personnel giving blood in US military installations whereby information (should they be found to be HTLV III antibody positive) would be given to the US Medical Service. If they do not sign the form they should not be bled.

The meeting discussed the attendance of US military personnel at UK bases or general public sessions.

Dr Smithies informed RTD's that Dr Crawford at the DHSS would deal with personnel of the UK Forces who had given consent (if HTLV III antibody positive) for the passing on of information. In time other officers will be nominated. If consent is not given the standing VD regulations apply.

Dr Smithies stated that this information (HTLV III antibody, HB_sAg and tests for syphilis) marks sexually transmitted disease and support could be offered to such persons.

Col Robson confirmed after questioning that homosexuality is an offence under British Military Law.

The meeting felt that all voluntary blood donors should be treated in the same way.

Dr Gunson reported that the programme of screening all US military staff for anti HTLV III will soon be complete.

RTD's concluded that known anti HTLV III positive personnel should be excluded by US authorities from blood donor sessions and that we could not accept two different systems.

iii) Item 6 should correctly be anti HTLV III screening.

Dr Contreras corrected the statement from 'frozen' cells to 'liquid' stored cells for boosting of donors.

A Fenwal pack with 40 segments available for storage of cells has now been produced and a photograph of this item was circulated.

Autologous blood transfusions and frozen blood

Dr Fraser reported that a small group had been convened and a document will be prepared and circulated. There is Scottish representation.

iv) Item 8. CBLA Working Group on Quality Assurance

Dr Wagstaff was invited to report.

The discussions of a small meeting had led to the conclusion that it would be appropriate to separate the issue into two parts. Therefore it had been proposed to form two sub-groups.

ONE Dr Wagstaff (Chairman), Dr Ala, Dr Hewitt, Dr Robinson, Dr Snape, Sister Ada Christie.

This group would look into elements of work leading to return of blood and plasma to Regional Transfusion Centres. This involves selection and care of donors, session premises, equipment, procedures, training of staff as well as storage and transport to the RTC.

TWO Convened by Dr Napier with Dr Ala, Dr Donald, Dr Daw and Dr Barbara to look into preparation of components and to assess essential requirements for standards of supply of materials to BPL. It would also be necessary to incorporate details of storage conditions, transport and documentation.

If this meeting approves this approach, meetings can be arranged in February. Approval was given.

Dr Fisher had agreed to chair the Bar Code Working Party in place of Dr Wagstaff.

v) Item 10. Charging for Ante-Natal Serology (Private patients). This should read £6.00 per request per department involved. Dr Entwistle reported that this is the advice of the DHSS Audit Dept.

The Minutes were otherwise accepted.

4 and 5. BGRL UPDATE

Dr Holburn pointed out that administrative arrangements are not satisfactory and underfunding makes it impossible for the laboratory to continue supply and development of reagents.

Dr Holburn favoured "across the board charging" since the agreed charging only for monoclonal antibodies gives no aid in funding other products, eg. enzymes, screening cells, solid phase developments.

BGRL stocks of human plasma are low and FDA standards cannot be met unless high proportions of immune plasma are added. Dr Holburn had felt it essential to write to all RTD's warning that supplies are running out.

There is a three month lag between placing an order with Celltech for monoclonal antibodies and receiving a supply - orders should now have been placed. Information is available on present use within regions but once a charge is made hospitals may wish to handle their own orders. There is at present no mechanism for re-charging.

In discussion most felt that because of the large sums involved Regional Officers would require quotes. The problem at present is that CBLA have not yet fixed a price and there are a number of commercial supplies in the market - including BIOSCOT. BGRL could well be undercut. Since reagent production is 80% of BGRL budget, if this is withdrawn what is the future? There had been rumours of the proposed transfer of the production department to Elstree but it was understood that no decision had yet been made.

A number of people are developing monoclonal antibodies - would it be possible for such a group to become a manufacturing base?

Dr Smithies confirmed that anyone can manufacture within the NHS provided it can be shown that products are not more costly than commercially available material.

Dr Fraser suggested that the CBLA should meet with the three Chairmen of Divisions. Dr Gunson felt that Mr Smart was likely to agree to this and the meeting supported this proposal.

Dr Contreras, as Chairman of the Working Party on Reagents, expressed congratulations to Dr Holburn on the great improvement of reagents prepared and also the range of products. The meeting supported this testimonial to Dr Holburn.

Items 6, 7 and 8 were postponed, until Dr Tovey was present.

9. AIDS UPDATE

All appreciated Miss Rawlinson's reports.

Dr Smithies said that the DHSS is shortly to issue a Press Release.

Dr Gunson had carried out a study on 400 coded samples assessed by 3 tests. Dr Mortimer has carried out an evaluation on a further 5 test kits. The ad hoc panel meets in March and will receive these results.

BPL Control Sera

These were felt to be useful. Dr Mortimer (Colindale) requires supplies of positive donations and will prepare another batch.

The December results distributed recently by Dr Gunson were discussed, and the new form. (These had been sent only to RTD's and Dr Smithies). The problem of definition of an "equivocal" result was raised. There is need for a low positive control in sufficiently large quantity for widespread use.

Confirmatory Tests

Dr Smithies reported.

The CMO had received a letter from Dr Cash. The Screening Sub-Committee will be meeting again. It seems sensible at present that all anti HTLV III positives should be tested at one Centre. There is not at present one wholly satisfactory confirmatory test. Dr Brookes reported that Scotland is using Western blot.

10. NOTES ON TRANSFUSION

The booklet is almost out of supply. The matter was discussed at Divisions:- Northern and Western expressed support for a new edition. Eastern also supported the need but questioned the format. Should it be providing for nurses and pharmacists as well as medical staff? Intensive care personnel and outside haematologists could be involved with input.

Scottish representation is obviously important and consultation with Dr B McClelland and Dr S Urbaniak was proposed for the preparation of a draft.

11. GUIDANCE ON CELL SEPARATOR USE

The draft document is still being considered by DHSS.

England, Wales and N Ireland have agreed to these guidelines. Scottish Directors expressed concern over commercial knowledge of machines in use in each RTC.

Dr Robinson will not identify RTC's if they do not wish it. Approval was given on this basis.

12. CMV HYPERIMMUNE PLASMA

See letter from Dr Apperley.

250 L each year for 2 years is required and this can be fractionated in Scotland on our behalf. (Credit can be given for Factor VIII and albumin products).

Dr Robinson reported that at present there is no proven evidence for clinical benefit using either prophylactic or therapeutic anti CMV immunoglobulin. The preliminary study using BPL material ran into problems with non-A non-B hepatitis. Another trial of use is required. Of 250 marrow transplants in the UK each year some 40 cases of CMV pneumonitis arise. A double-blind trial using two anti-viral agents is proposed.

Plasma can be measured against a Scottish standard (Dr Cuthbertson) CF or Elisa 1/64 I.F. 1/32.

500 Kg - 11 litres per case treated is necessary.

There is only 44 Kg in BPL.

If each RTC collected 4 litres per month this could be met.

6. SUPPLY OF HYPERIMMUNE PLASMA

There is a shortage.

Regarding anti-tetanus hyperimmune plasma an official commitment is needed since most regions are screening but not all have the resources to increase plasmapheresis. Dr Kavanagh felt that about two-thirds of material used was commercial. Usages vary markedly in different hospitals. Dr Smithies agreed to send the guidelines on the use of anti-tetanus immunoglobulin to Dr Fraser. It was felt that Regional Pharmacists should be approached.

The suggestion was made and supported that the Anti-D Working Party could take on a useful additional role and become the 'Immunoglobulins Working Party.'

7. ANTE-NATAL ANTI-D PROPHYLAXIS

The figures previously issued were examined and it was agreed that offering this treatment to mothers with no living children would require 30% to 40% more plasma. (Fractionation capacity is available). If Obstetricians wish to extend treatment the DHSS view is that they can do so, but commercial material may have to be used. There is at present no imported material. The issue of the Drugs and Therapeutic Bulletin had led to more positive interest.

8. ANTI-D INJECTION SLIPS (NBTS 49)

Only 4 regions now use these (Sheffield produce their own, with space for ABO and D typing). Brentwood are to stop. The need for an Ig batch number was queried. There was no great support for their continued use. Dr Tovey will draft a new Form and contact those involved.

13. NBTS ADVISORY COMMITTEE

Dr Gunson reported. They last met in November 1985. NBTS Members pressed that the Department should be advised to look into Central Co-ordination of the Service. The NHS Management Board will consider whether this should be an option. Haste was urged to avoid fragmentation of the Service - already a most worrying and realistic prospect. Most RTD's are involved in management reviews and Regional General Managers must also be involved. If the Management Board does decide that a study is to be undertaken RGM's must be advised not to change the present arrangements.

Much concern was expressed over the situation in South London RTC. It was apparent that while the Director was expected to have medico-legal responsibility for the Service and care of donors and patients - administrative structure would be changed in such a way as to give him/her only a medical advisory capacity. This is incompatible with present legislation and job descriptions, and is a matter of great concern to all who have the high standards of the NBTS at heart.

Under the "Griffiths" procedure a General Manager appointed to a Regional Transfusion Centre would be "advising on policies." This is felt to be inappropriate to anyone not a medical specialist in Blood Transfusion and a member of the RTD Meeting.

The matter of nurses at Brentwood performing Blood Collection duties was also raised. A trial is now completed and a report under consideration.

14. AXON HEALTH CARE

This company has approached a number of RTD's. They apparently wish to produce monoclonal antibodies to a range of blood group antigens. They have spoken to Dr Smithies and quote Dr Tills. A meeting was held with Dr Holburn, Dr Fraser and Dr Contreras but concern was expressed by all over ethics, finance and the real objectives of Axon. They wish to collect donor blood samples. Dr Starkie has been asked to produce some documents specifying details of serological work and verification.

The Chairman has been approached by (Speywood) Porton International for 50 ml blood samples. Amersham International have also asked for plasma to help in production of anti HTLV III reagents. If the NBTS cannot produce the materials importation will be necessary.

We are also approached for coagulation materials (Dr Ala).

The meeting felt that if such considerations would improve patient care a concerted approach from the NBTS would be best. Such materials could be produced in the NHS.

The meeting felt that a well structured response was required to all such requests. It was proposed that perhaps an ethical sub-committee with a special interest in monoclonal antibodies could consider the need and give legal advice. Dr Hugh Jones was suggested as an expert to convene such a meeting.

It was pointed out that donor consent is required, either individual or general (by Ministerial announcement).

15. STANDARD CHARGE TO PRIVATE SECTOR FOR BLOOD RETURNED IN DATE?

The meeting felt that the level of in date but unusable blood returned by private hospitals was too high. A charge suggested was said by Dr Lockyer to be a breach of contract. Ref HC85/8.

Dr Smithies agreed that there is no charge to be levied for blood returned 'in date.'

It was noted that no RTC recycles such blood donations and the RTD meeting at the time objected to this arrangement. There are differences in that some RTCs issue directly while many private hospitals function as satellites of NHS Hospital blood banks.

An "issue charge" was suggested and Dr Smithies was asked to look further into this matter. It is, of course, a use of the donation if it is on stand-by to a hospital and can deprive others of possible use of the blood. Better communication with Regional Auditors would be appreciated.

16. A donation taken from a nursing auxilliary caring for an 'AIDS' patient was discarded and the donor suspended.

Professor Zuckerman on consultation recommended that such donors should be accepted if there were no other risk factors and this was supported by Divisions. Dr Gunson had been asked to present a paper to the expert advisory committee on the use of Jet Guns for local anaesthetic in the Blood Transfusion Service. Although not on our evidence the committee had decided that their use be discontinued. Dr Gunson will write to RTD's.

17. The bag fault monitoring scheme is supported by most RTCs and has been welcomed by Scottish Centres, Medicines Inspectorate and manufacturers. New books are now ready for approval by RTD's. Reports of Divisions:-

Eastern - supported the concept of monitoring but the complexity is a problem

Northern - supported its continuation

Western - " " "

The figures of faults related to centrifugation and damage in processing.

18. Dr Fraser has already replied.

19. Patients are referred to London from other Regions and Edgware would request co-operation from these Regions for platelet support for these mostly aplastic patients sent to Royal Free and Hammersmith.

20. BLOOD DONORS FROM CENTRAL AFRICA

Central Africa and Brazil had been taken out of the leaflet. There was also discussion regarding Sub-Saharan Africa and the status of visitors or residents. Clear guidance is required and the leaflet is to be revised and reprinted.

The CDC report on glaziers was noted.

21. Dr Contreras reported on problems with donor bleed beds (Crosslands).

22. THE TRAINING FILM for all staff has been distributed. It is based on the role of the Head Nurse.

A paper from Miss Mears was noted and will be discussed at the next meeting. It was suggested that the BBTS should be involved with Dr Wagstaff giving advice as necessary.

23. Dr Lee was proposed, seconded and his nomination accepted with thanks. A vote of thanks was proposed to Dr Collins. Some discussion took place regarding secretarial provision to the meeting - it may be appropriate to bring a secretary or to request a local Centre to provide a suitable person. Since the DHSS ceased to provide secretarial services this has been carried out by a member of the meeting.

24. REPORTS FROM DIVISIONS

Most matters had already been raised.

Eastern - Advice to private clinics for abortions at 20 weeks. A reply is awaited from the DHSS before the end of March.

There had been discussion about Creutzfeld-Jacob Disease.

Although it is possible to identify recipients of growth hormone this is a confidential matter. We await Professor Milner's advice. It could be that 1000 patients are under treatment now.

25. Dr Holburn reported on the Reagent Working Party. The minimum specification of reagents had been the subject of a report.

Note was taken of charging for the exchange of blood between Regions and also Scotland.

26. DATE AND PLACE OF NEXT MEETING

The date of the next meeting is 23rd April 1986 in Manchester.

AKC/DD
4.4.86