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NOT FOR PUBLICATION RTD/M170

REGIONAL TRANSFUSION DIRECTORS MEETING

Minutes of 170th Meeting held on Wednesday 22 February 1978 in Room D101, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

Present:	Dr W d'A Maycock	- Chairman
	Dr Anne K Collins (Deputy)	- Regional Transfusion Directors
	Dr L A D Tovey	
	Dr W Wagstaff	
	Dr J Darnborough	
	Dr T E Cleghorn	
	Dr W J Jenkins	
	Dr K Ll Rogers	
	Dr D S Smith	
	Dr H H Gunson	
	Dr G H Tovey	
	Dr G W G Bird	
	Professor F Stratton	
	Dr A J Napier	
	Dr A Holburn	- Blood Group Reference Laboratory
	Dr C Cameron	- Scottish National Blood Transfusion Service
	Col T E Field	- Northern Ireland Blood Transfusion Service
	Dr A E Bell	- Scottish Home and Health Department
	Mr T E Dutton	- DHSS
	Mr A L Parrott (part)	
	Dr Sheila L Waiter	
	Mrs R A Tunnard (part)	
	Mrs S C Yuille	
	Miss S H Rosbotham	
	Mr M F Brennan	

The Chairman welcomed Dr A Holburn, the new Director of the BGRL, and Mrs S Yuille of the Department who had taken over from Mr RP Cleasby.

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Lehane and Dr Freda Roberts (who is to become Director of the RTC Liverpool at the end of the year in place of Dr Lehane).

2. MINUTES OF THE 169TH MEETING

The minutes of the meeting held on 14 December 1977 were agreed.

3. MATTERS ARISING FROM THE MINUTES OF THE 169TH MEETING

a. Official Paid Stationery (Item 3a)

Referring to the last RDO meeting Mr Dutton explained that the Post Office had

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yet to decide what arrangements would replace the 'Official paid' facilities, but RDOs had been reassured that these facilities would not be withdrawn from the NBTS until satisfactory alternative arrangements had been made.

b. Self-adhesive labels (Item 3c)

Mr Dutton reported that the HMSO labels were being sent to Manchester RTC for preliminary testing. Depending on the satisfactory outcome of these tests the labels would then be sent to other RTCs for further tests.

c. Medical examination of blood donors (Item 4)

The Chairman reported that the Memorandum had been completed and would be sent to RTCs.

d. Computing in the NBTS (Item 6 + RTD(78)11)

The Chairman reported that Mr Peel of the DHSS Computer and Research Division had put a paper to the Department's Computing and Technical Committee on 19 January 1978 seeking its agreement to set up a study to assess the requirement for computing systems in the NBTS. If the Committee decided that such a study should take place and accepted the terms of reference proposed by Mr Peel, then a Region would be selected to undertake the study. There was some misunderstanding among Directors on what had been agreed at the last meeting and the Chairman suggested that Mr Peel be asked to attend the next meeting to report on the Committee's progress and to answer any points which the Directors might wish to raise.

4. SUPPLIES OF BLOOD AND BLOOD PRODUCTS TO THE PRIVATE SECTOR OF MEDICINE - RTD(78)9

The Chairman thanked Professor Stratton, Dr Gunson, Dr Jenkins and Dr Cleghorn for their papers examining the implications for the NBTS of arrangements for passing on charges in connection with the supply of blood and blood products. He thought, however, that before considering these papers members might wish to discuss the paper prepared by the Department on this subject since it set out the legal constraints within which the NBTS was obliged to operate and the views of Ministers on what the policy should be vis-a-vis the private sector of medicine.

Mr Dutton introduced the Department's paper and drew attention to the Parliamentary interest first shown in this subject when Mr Pavitt put down a number of Parliamentary Questions. More recently, Mr Moonman had also asked a number of questions in Parliament about the arrangements under which blood was supplied to private hospitals, clinics and nursing homes and the charges made. Ministers had answered questions about the proportion of the total blood collected which was supplied to private hospitals and it was known that a number of groups including the research department of the TUC were investigating this subject.

The Department's view, as recently endorsed by Ministers, was that there should be no charge for the blood itself or for the blood from which the blood product was derived, but that a handling charge should be passed on to the private sector. The underlying principle was that the NHS should not be out of pocket in these transactions. The Department was currently working out a scale of charges which would include the cost of collection, testing, any processing and delivery. The intention was to keep the charging system as simple to operate as possible and Ministers and the Department were well aware of the desirability of trying to keep the charges at a level which would not encourage private hospitals to set up their own donor panels.

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Members were concerned about the implications for Regional Transfusion Directors of paragraph 6(ii) of the Department's memorandum which referred to the proposal to remind those concerned with the supply of blood and blood products that their responsibility lies first and foremost with the medical needs of those who are patients of the NHS and secondly with supplying the medical needs of the private sector.

Directors felt that a stipulation as firm as this would mean that from time to time, until there was enough blood to meet all requirements, they would be placed in an impossible position ethically. Paragraphs 6(iii) and (iv) also raised ethical problems but it was the wording of paragraph 6(ii) which particularly concerned them.

Mr Parrott assured members that the Department understood the position in which Directors might be placed and was anxious not to make their task more difficult. In so far as section 62 of the NHS Act 1977 allowed - and this qualified the Secretary of State's powers under Section 25 by requiring him to be satisfied that the supply of blood and blood products outside the NHS would not to a significant extent interfere with the performance of his duty to NHS patients - the Department would consider whether the requirements governing the arrangements for supplying the private sector could be drafted in such a way as to avoid posing ethical problems for Directors.

It was generally agreed that the eventual solution must be to ensure that there were no shortages of blood and blood products and members urged the Department to impress upon the Regions the need to make available the money to collect more blood.

The Chairman invited Dr Cameron to outline the Scottish view on proposals to levy a service charge. Dr Cameron said that in Scotland there was the same reluctance to do so, but they were bound by the same legislation as England and Wales.

Mr Parrott referred to the final paragraph of the Department's paper on the consultation which must be undertaken before anything was promulgated on this subject. In view of the ethical problems which might arise several members suggested that the Medical Defence Union should be included amongst those consulted.

Mr Dutton referred to advice which he had received from the Department's Legal Branch in response to Dr Rogers' question about the legal position of a Director when charges are levied. The advice had drawn attention to the provision of Section 25 of the NHS Act 1977 and the power of the Secretary of State to make blood supplies available and to include terms as to charges.

Members briefly discussed the possibility of charging both private and NHS hospitals for blood products. While it was acknowledged that this would help to ensure that clinicians were aware of the cost of the blood products they used, there were other factors to be taken into consideration including the cost of all the accounting involved. Several members doubted whether the accounting needed to be detailed or expensive to apply.

5. HAEMOLYTIC DISEASE OF THE NEWBORN

a. 'McMaster Papers'

At the previous meeting Directors had expressed their concern at the decision of the Joint Sub Committee on Prevention of Haemolytic Disease of the Newborn to introduce routine antenatal prophylactic treatment and had asked to see copies of papers of the seminar at McMaster University which has helped the Sub Committee to reach their conclusion.

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Dr Maycock reported that since the last meeting, as agreed, he had informed Sir Cyril Clarke and Professor Mollison of the Directors' misgivings and copies of the McMaster papers had been circulated.

Dr Waiter described the stage reached in the Joint Sub Committee which had set up a Working Group to examine the practical implications of providing this treatment.

Members expressed the view that once a start had been made to extend treatment in this way it might be very difficult to withdraw the treatment if subsequent events showed it to be ineffective. They were also concerned about increasing the number of donors who would have to be "boosted" or deliberately immunized. They thought that there were more urgent tasks which NBTS should be preparing to undertake.

Dr L A D Tovey presented an analysis (previously circulated to RTDs) of first-affected mothers in the Yorkshire Region, 1973-1976. This showed that failure to protect occurred in about 1.0 per cent of those given anti-D immunoglobulin and that this amounted to an average of 11 (range 7 to 14) mothers per year. During the same period anti-D immunoglobulin was not given to an average of 20 (range 10 to 45) mothers per year nor was it given to an average of 9 (range 7 to 14) mothers per year undergoing abortion. During the same period an average of 9 (range 7 to 11) primigravidae per year presented with anti-D antibody. Dr Tovey estimated that the introduction of prenatal treatment with anti-D immunoglobulin might protect 20 to 25 mothers in the region who at present were not so protected.

Dr Cameron added that a similar survey had been carried out in the Scottish BTS and its conclusions were in broad agreement with those of Dr Tovey. Dr Cameron offered to provide members with the paper on the results of the Scottish survey for the next meeting.

The meeting thought that it seemed difficult to justify a clinical trial at this stage and that efforts should first be directed to see what measures could be taken to reduce administrative and post-abortion failures and to reinforce the recommendations contained in the SMAC booklet 'Haemolytic Disease of the Newborn'.

It was agreed that Dr G H Tovey, Dr L A D Tovey and Dr Wagstaff should prepare a joint paper reflecting the views of the Directors expressed at the meeting. Dr L A D Tovey agreed to act as co-ordinator and arrange distribution of the paper to RTDs and DHSS.

Members agreed to delay further consideration of the subject until the report of the Working Party of the Joint Sub-Committee on the implications of providing prenatal treatment proposed might be ready.

b. <u>Working Party on Anti-D Immunoglobulin (RTD(78)3)</u>

Members agreed to Dr Jenkins' proposal that Dr Cleghorn should be nominated to succeed Dr Beryl Bevan as a member of the Working Party.

Dr Jenkins reviewed the report of the Working Party and identified the main problems which needed to be resolved.

After discussion Directors agreed that only the British anti-D plasma standard (72/229) should be used as the daily working standard in RTCs.

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On page 3 of its report, the Working Party identified 5 principles. After discussion the meeting agreed subject to final confirmation, that:-

1. The minimun acceptable titre of 'natural' anti-D should be increased to 50 iu/ml and that RTCs should harvest as much as possible of the natural anti-D meeting this criterion.

2. The boosting of natural antibodies should be undertaken at all RTCs in accordance with an accepted schedule and code of practice (to be prepared).

3. Primary immunization should not, for the present, be limited to selected centres, but that further donors should not be recruited for primary immunization without reference to the Working Party.

4. That a Standing Watch Committee should be formed to review regularly the provision of anti-D plasma and the supply of anti-D immunoglobulin.

5. That a quality control scheme should be introduced to monitor the quality of anti-D plasma sent to BPL.

It was also agreed that the present situation should be reviewed by means of a questionnaire prepared by the Working Party. The information so collected might enable targets for anti-D to be allocated to RTCs and, if necessary, to select centres to undertake primary immunization; the information might also be of help in arriving at decisions regarding additional funding.

RTDs accepted that there might have to be some adjustment of existing arrangements but pointed out that as these had been built up over several years and that staff had been recruited and trained, they should not be lightly dismantled.

6. TRENDS WORKING GROUP REPORT (RTD(78)4 - RTD(78)6* - RTD(78)12*)

The Chairman said that the Department's purpose in setting up the Working Party was to provide a broad indication of likely requirements for the major blood components over the next 5 to 10 years so that the Department and the NHS could begin to consider financial and other implications. The Working Group's recommendations regarding albumin fractions reflected an earlier study carried out under the aegis of the Council of Europe and the recommendations as a whole were in line with other recent study reports. The aim was to achieve NHS self-sufficiency in blood products, particularly in Factor VIII concentrate and albumin solutions which are currently being purchased from commercial manufacturers in large quantities.

The Working Group estimated that within the next 5 to 10 years the amount of albumins required annually could be expected to grow from about 100 gm (or about 6 bottles PPF) to about 200 gm (or about 12 bottles PPF) per 1000 population and recommended that the Health Departments should plan for an annual production of about 200 gm per 1000 population. To meet the needs of haemophiliacs the Group estimated that about 1000 iu Factor VIII per 1000 population per annum would be needed. The Group believed

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FOOTNOTE

* (i) Amendments Table (ii) of RTD(78)6 - Population figures for NW Thames and NE Thames to read 3.55 and 3.35 million respectively and the percentages in column 2 to read 7.2% and 6.8% respectively.

(ii) RTD(78)12 Section 1, line 8 - "70,000" to read "7,000"
line 9 - "30,000" to read "3,000"

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that if sufficient blood were collected to provide 200 gm of albumin per 1000 population, approximately 1300 iu of Factor VIII would also be available per 1000 population, which was considered to be sufficient for likely needs. The present output of PPF was about 2.5 bottles per 1000 population.

The Chairman drew attention of members to the data in Dr Darnborough's paper dated 21 2 1978 (subsequently numbered RTD(78)12) which generally agreed with those in RTD(78)6.

The Department planned to inform Regional Health Authorities of the Working Group's Report in the near future.

It was agreed that RTDs should study the papers before the next meeting and make a preliminary assessment of how the recommendations of the Working Group would affect the operation of the NBTS in their Regions. Dr Jenkins suggested that it would be advantageous to consider methods of obtaining the plasma required by methods other than simple donation.

. SUPPLY MATTERS

a. Blood and Blood Products Equipment Sub-Committee. RTD(78)1

Mrs Tunnard said that information on ferrous sulphate tablets would be sent to Directors.

Dr Cleghorn pointed out that in section 9 of the Sub-Committee's report (Any Other Business) 'Travenol pack heat sealers' should read 'Travenol hand sealers'.

b. Quality Control of Ampins

Dr L A D Tovey asked whether there were any plans to carry out quality control tests. Miss Rosbotham said that she would make enquiries. It was pointed out that RTCs would be seriously affected if Medicines Division were for any reason to withdraw the licence for the production of ampins.

8. TELEVISION ADVERTISEMENT SPONSORED BY ST JOHN'S AMBULANCE BRIGADE. RTD(78)2

After discussion the meeting agreed that the Chairman should write to Dr Raffle, Medical Adviser to St John's Ambulance Brigade, pointing out the dangers of using lockets to record the blood group.

9. REGIONAL GROUPING OF RTCs. RTD(78)5

Dr G H Tovey said that Directors had been considering the arrangements for holding ad hoc regional meetings of Directors when Dr Maycock retired. Their aim was to involve all NBTS consultants, so that they would have an opportunity to contribute to the work done at the RTD meetings. It was proposed that there would be 3 Regional Groups of NBTS Consultants under a rotating Chairmanship, which would meet some time before each RTD meeting. For such an arrangement to work the agenda for the RTD meeting together with associated papers should be received by Directors at least one month before the RTD meeting.

Members appreciated that such an arrangement might not be possible if the RTD meeting was to be held as frequently as at present ie 5 times per year, but they thought that 3 or possibly 4 meetings a year could be held under such an arrangement. Directors were anxious that there should be a smooth transition to the proposed arrangement.

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10. EEC REGULATIONS APPLYING TO DRIVERS. RTD(78)10

It was noted that these regulations did not apply to NBTS drivers.

11. MEDICAL STAFFING (DR DARNBOROUGH)

Directors discussed staff shortages in Regions and the number of times they had advertised without result. Altogether there were 10 vacancies, including one Deputy Directorship. There were 2 vacancies in Newcastle, Liverpool, South London & Bristol had one vacancy. Brentwood and Cambridge each had a vacancy, but had not received any applications. There was one vacancy at Cardiff.

Professor Stratton emphasised the need to improve the quality of supporting staff available to Directors since the burden of administration work was a great discouragement to doctors interested in joining the NBTS. He invited the Department to consider what could be done to improve the state of affairs.

Professor Stratton agreed to bring to the attention of the Royal College of Pathologists the problems concerning Senior Registrar posts, but before doing so he asked RTDs to let him know of their particular shortages.

12. WORKING PARTY ON THE QUALITY OF CRYOPRECIPITATE

It is intended to circulate the report before the next meeting.

13. LABELLING OF PLASTIC CONTAINERS OF BLOOD

It was agreed to hold this matter over until a future meeting.

14. ANY OTHER BUSINESS

The Chairman invited Directors to attend a demonstration of the chromotographic fractionation of blood plasma which he would be pleased to arrange at BPL if a sufficient number were interested. 7 and 9 March were suggested as possibilities.

15. DATE OF NEXT MEETING

3 May 1978.

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