

NORTHERN ZONE AUDIT GROUP

**NOTES OF THE MEETING HELD ON 12TH NOVEMBER 1996
LEEDS BLOOD CENTRE**

Present:	Dr M Gesinde	Dr R Webster	Dr A Townley
	Dr A Singh	Dr S MacLennan	Dr R Sokol
	Dr D Jones	Dr P Bayjoo	Dr E McSweeney
	Dr E Williams	Dr P Forsyth	Dr F Rushambuza
	Dr D Stainsby	Dr J Fitzgerald	Dr B Izmeth
	Dr M Mackay	Dr K Shwe	Dr V Martlew
	Dr V James	Dr A Jaiswal	Dr A Shepherd

TOPICS DISCUSSED:

ACTION

**1 POST-DONATION ILLNESS -
Dr Sheila MacLennan**

Dr MacLennan reported that this topic had also been considered by the Midlands and South West Zone and was now under consideration by the SAC on Donor Selection, with input from the Committee for Control and Prevention of Infection of the Association of Medical Microbiologists, and also from SACTII.

The intention is that an addendum will be produced for inclusion in the MAD Guidelines.

A Zonal SOP for blood product recall is also currently being drafted.

**2 HCV LOOK-BACK -
Dr V Martlew**

Dr Martlew presented a review of the HCV Look-Back in the Northern Zone; summary overheads attached.

11 DEC 1996

ACTION

It was apparent that the number of implicated donations identified did not correlate with the population served by each Centre. There was a variable capacity by Blood Centres and Hospitals to trace donor and patient records, and some donations have been lost to follow-up.

The majority of counselling had been undertaken by NBS staff, and this had required a major time commitment. During the course of the exercise two doctors had suffered needlestick injuries. It was evident that the Zonal SOP required review in the light of the advice which these individuals had received. One doctor, who had undertaken the majority of counselling by domiciliary visit, had concerns about her safety.

It was not clear how many patients had been traced but not counselled, either having declined counselling, or following advice from their GP.

The reason for transfusion was not documented as part of the look-back exercise. The sensitivity of this issue was recognised.

It was noted that 17 litigation procedures had been initiated across the Zone.

Clinical feed-back from hepatologists was variable, and it was hoped that this would increase. *

ACTION POINTS:

- | | | |
|---|--|------------------|
| 1 | Needlestick Injury SOP to be revised. | Khin Shwe |
| 2 | Medical staff to be chaperoned when undertaking domiciliary visits. | All |
| 3 | Efforts to be made to ascertain the clinical outcome of patients referred. | All |

3 DATE & TIME OF NEXT MEETING

Thursday, 23rd January 1997 - Manchester Blood Centre

TOPICS:

- 1 Audit of Donor Counselling with Respect to
Transfusion- Transmitted Infection - Dr A Townley
- 2 Audit of Use of Cryoprecipitate - Dr D Stainsby
- 3 Audit Support and Structure.

Further details will be circulated nearer the time.

NZAG3176/DS

NATIONAL BLOOD SERVICE

NORTHERN ZONE

AUDIT

HCV LOOK-BACK

EXERCISE

1995/96

DATA TO 30/9/96

NATIONAL BLOOD SERVICE

NORTHERN ZONE

POPULATION

TRENT	5m
MANCHESTER	2.8m
LANCASTER	1.4m
LEEDS	3.2m
NEWCASTLE	3.0m
MERSEY & NORTH WALES	2.8m

TOTAL - 18.2m

**DONATIONS IDENTIFIED BY CENTRES
(LBF1 FORMS : YELLOW)**

	LBF1 FORMS SENT	POPULATION (m)	POPULATION (%)
TRENT	531	5	0.011
LANCASTER	173	1.4	0.012
MANCHESTER	487	2.8	0.016
LEEDS	275	3.2	0.008
NEWCASTLE	294	3.0	0.009
MERSEY & NTH WALES	463	2.8	0.016
TOTAL	2223	18.2	0.012

NB: MOST CENTRES RECORDS FROM 1981 ONLY

FATE OF DONATIONS (LBF1 FORMS)

HOSPITAL DATA

LBF1	TRENT	LANCASTER	MANCHESTER	LEEDS	NEWCASTLE	MERSEY/ NORTH WALES	TOTAL (%)
Sent	531	173	487	275	294	463	2223(100)
Returned	494	152	320	267	294	410	1937(87)
Record Lost	60	37	59	62	52	147	417(18.7)
Patient Dead	255	73	145	115	124	126	838 (37.6)
Patient Alive	132	42	89*	97	83	60	503(22.6)
LBF1 Out- standing	37	21	167	8	Nil	53	286(13)

* 91 Units - 2 Patients transfused twice

FOLLOW-UP IN GENERAL PRACTICE

(LBF2 FORMS : PINK)

LBF2	TRENT	LANCASTER	MANCHESTER	LEEDS	NEWCASTLE	MERSEY/ NTH WALES	TOTAL (%)
Sent	112	42	114	80	94	71	513(100)
Returned	111	36	110	80	93	69	499(97.3)
Outstand- ing	1	6	4	Nil	1	2	14(2.7)

Several More patients' deaths detected by LBF2

COUNSELLING PERSONNEL

	TRENT	LANCASTER	MANCHESTER	LEEDS	NEWCASTLE	MERSEY/ NTH WALES	TOTAL (%)
G.P.	44	5	16	10	13	5	93(22)
Non-NBS Consultant	20	NIL	12	5	13	17	67(17)
NBS Doctor	55	29	50	53	42	38	267(61)
GRAND TOTAL	119	34	78 (+10*)	68	68	60 (+2*)	427(100)

* Patient not counselled on advice of Attendant Physician

RESULTS OF HCV FOLLOW-UP INVESTIGATIONS

	TRENT	LANCASTER	MANCHESTER	LEEDS	NEWCASTLE	MERSEY/ NTH WALES	TOTAL (%)
HCV ANTIBODY NEGATIVE	22	8	22	26	27	24	129(33)
HCV ANTIBODY POSITIVE PCR NEGATIVE	37 (*28 incl)	2	14 (*7 incl)	42 (*39 incl)	8 (**5 incl)	5	108(27.5)
HCV ANTIBODY POSITIVE PCR POSITIVE	22 (**1)	24	40	19	13 (**2)	29	147(38)
HCV ANTIBODY NEGATIVE PCR POSITIVE	2	NIL	2	NIL	1	Nil	6(1.5)
TOTAL	83	34	78	88	49	58(***2)	390(100)

* PCR Unknown
 ** HCV Indeterminate
 *** Patients Declined Test

CLINICAL OUTCOME

	TRENT	LANCASTER	MANCHESTER	LEEDS	NEWCASTLE	MERSEY/ NTH WALES	TOTAL (%)
REFERRAL	63	***(ALL) 34	ALL HCV MARKERS 12	32	31	32(**2)	270
OPD VISIT	93	***	29	20	30	26	165
ABNORMAL LFT	22	***	6+?	15	13	11	52+
HCV HISTOLOGY	9(13*)	***	6	***	12	9	36+
∞ INTERFERON	5	***	4	***	3	6	18(0.8)
DONATIONS IDENTIFIED	531	173	487	275	295	463	2223(100)

* Histology not available - 90% available histology
HCV Liver Disease

** Patient Declined Referral Specialist

*** No Feedback from Specialist

CONCLUSIONS

**NUMBER OF DONATIONS FOR FOLLOW UP
CENTRE POPULATION**

**VARIABLE CAPACITY TO FIND RECORDS
(PATIENTS/DONATIONS)**

POSITIVE HISTOLOGY IN LIVER BIOPSIES REPORTED

PATIENTS OFFERED INTERFERON = 18/2223

? ANY SUSTAINED RESPONSE ?

MANY DONATIONS LOST TO FOLLOW-UP

? LITIGATION ↑

**WHERE DO WE GO FROM
HERE?**

ACTION POINTS ?

**PROFESSIONAL/PUBLIC AWARENESS
(USA)**

**LIAISON HEPATOLOGISTS (CLINICAL
OUTCOME)**

**NEW PROCEDURE NEEDLESTICK
INJURY**

CHAPERONE AT DOMICILIARY VISITS