

part of the National Blood Authority

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Qul Crisis

Anti HCV
Testing

Notes of a Management Group Meeting

Held on Monday, 11 February 1991 at 2.00 pm

Present:- Dr McDougall (Chairman), Dr Ouwehand, Dr Williamson and Mr Hawdon

In Attendance:- Dr Rankin

1. Matters Arising

a) Gulf Crisis

It was reported that blood collections was now back to a normal level. Dr Williamson said that red cell stocks remain high throughout the country and there was no prospect of being able to off load onto other Regional Transfusion Centres. The National Directorate was looking into ways to utilise these stocks.

Costs of the extra donor call up had been passed to the National Directorate. It was agreed that the reporting of additional costs arising from the Gulf Crisis would be via the National Directorate for blood collection and processing and via the Regional Health Authority for demands from hospitals the treatment of casualties.

b) Budget Devolution

It was agreed that the draft letter as presented should be sent to Unit General Managers. Copies should also be sent to Regional Haematologists and the Regional Health Authority's Finance Department.

It was agreed that submissions should be made to the Regional Health Authority for a share of the additional funds which were being made available for the liver transplant programme.

c) British Bone Marrow and Platelet Donor Panel

Consideration was given to the letter from Dr Goffin dated 30 January 1991 and it was agreed that we could provide the data in the form required. However, before proceeding it was agreed that discussions should take place with Addenbrooke's staff.

d) RTC Electrical Mains and Standby Supplies

The receipt of a letter from Roughton Design dated 5 February 1991 was noted. The recommendation to instal power surge protection equipment was accepted and should be acted on, as and when appropriate.

e) Anti-HCV Testing

Dr Rankin gave details of her discussions with commercial representatives and the various systems available (Abbott

and Ortho). She was of the opinion that the proposals from Ortho would better suit our Virology Laboratory's operation and she would recommend this system. From a rough estimate of costs it would appear that the introduction of HCV testing would be some £350,000 plus per annum. Concern was expressed that no additional funds were to be provided and that these costs would need to be recovered from product pricing. It was agreed that Dr McDougall should write to Dr O'Brien (copy to Dr Gunson) explaining the situation of asking that consideration be given for additional funds to be made available. It was agreed that Dr Rankin should visit the North West London Regional Transfusion Centre to discuss the introduction of the testing programme.

f) Laboratory Refurbishment

Dr Ouwehand gave an update of the progress towards a major refurbishment in nominated laboratories and it was optimistic that the programme would be completed by June/July of this year. In view of the high cost of VAT on the project it was thought worthwhile investigating whether the purchase of equipment and services could be processed through the University which might avoid the payment of VAT.

Dr McDougall reported that he had received a letter from Dr O'Brien in response to our request to revise the expenditure priorities within the capital funding of £345,000 for the year 1991/92. Dr O'Brien wished to be assured that the equipment replacement programme would not be jeopardised by any rearrangement of priorities. Dr McDougall would reply explaining that the main change was the intention to provide more support for the Quality Assurance Department.

g) Human Tissue Bank

Dr McDougall reported that Dr Rubery had been asked by Dr O'Brien to examine the proposals for a Human Tissue Bank at the Regional Transfusion Centre. It had been arranged for Dr Rubery to visit the Regional Transfusion Centre at 2.15 pm on Tuesday, 19 February 1991.

2. Virology Laboratory Staff

Consideration was given to a report from Mr Slopecki dated 5 February 1991 concerning senior staff within the Virology Laboratory. In view of the strong opinion expressed it was agreed that urgent action should be taken. Dr McDougall and Mr Hawdon would investigate immediately and examine the options available.

3. Haemonetics Proposal

Consideration was given to a letter from Haemonetics (UK) Limited proposing that the Regional Transfusion Centre undertake an evaluation of the Haemonetics Plus machine. Dr Rankin expressed concern over earlier clotting problems with the Haemonetics equipment and did not feel inclined to revert to the use of this system. The Baxter equipment was performing very satisfactorily

and there would be no advantages in price or operation with the Haemonetics system. It was agreed that there was no real purpose to be served of entering into the trial as proposed.

4. Regional Health Authority's Equal Opportunities Policy

Consideration was given to the invitation from the Regional Health Authority for senior staff to attend seminars which would give a general introduction to the Regional Health Authority's policy. It was agreed that all staff involved in interviewing should be urged to attend one of the seminars as arranged.

5. Staff Training

Consideration was given to an application for financial support for attendance on an external management course. Following discussion it was agreed in principle that support should be given, the level of which to be determined. It was important to ensure that an even handed approach was given to all training/education applications. Mr Hawdon agreed to investigate further consequences in terms of leave and finance.

6. RTC Garage/Transport

Dr McDougall gave details of discussions being held with the Cambridge Health Authority to investigate the expansion in the use of the garage. Meetings were arranged to be held with the senior member of the Cambridge Health Authority.

7. Special Donor Recruitment

Dr Rankin reported on present expenditure for recruiting of bone marrow donors and plasmapheresis donors and gave details of the changes she wished to introduce. It was agreed that these changes should be introduced.

8. Quality Assurance Responsibilities

As a result of the need for more frequent plasma deliveries being made to Elstree Mr Hawdon raised the question of availability and the requirement for the Quality Assurance Officer to give clearance before dispatch. In the absence of Mr Slopecki no plasma could be released. Following discussion it was agreed that in the absence of the Quality Assurance Manager Dr McDougall or Dr Ouwehand could undertake this responsibility.

9. Laboratory Office Staffing

Dr Ouwehand said that there would not be a need for the high level of staffing in the Laboratory Office once the ante-natal screening service had been computerised. Ways to redeploy staff would need to be investigated. In the general discussions which ensued it was agreed that the special antibody donor recruitment could be processed through the Laboratory Office and further consideration would be given for other areas of work to be transferred.

10. Issues Department Staffing

Dr Williamson gave details of her discussions with Mr Ealey on the revised staffing proposal of the Issues Department. Consideration would be given to more flexible working arrangements for day staff. Mr Hawdon was asked to look into the possibility of transferring the day staffing structure from ASC to MLA.

11. Laboratory Equipment - Flow cytometer - Addenbrooke's Hospital

Dr Williamson felt that the Blood Transfusion Service should give support to the Haematology Department at Addenbrooke's Hospital in the purchase of the Flow cytometer equipment. She suggested that a letter of support should be sent to the Regional Health Authority. Mr Hawdon was asked to contact the Acting Regional Scientific Officer to investigate how best our support could be given.

12. Irradiation Equipment

Dr Ouwehand reported on discussions he had had with medical staff at the MRC and Addenbrooke's Haematology Department over the use of the irradiation equipment. Dr Marcus would support the removal of the equipment to the Blood Transfusion Service but it would appear that the continued use by research staff would not make this a viable proposition.

13. Date of Next Meeting

It was agreed that the next meeting of the Management Group should be held on Monday, 18 February 1991 at 10.15 am.

12 February 1991