

NATIONAL DIRECTORATE OF THE NBTS

National Management Committee

Minutes of the thirteenth meeting of the National Management Committee held on Friday 1st February 1991.

Present: Dr. H.H. Gunson (In The Chair)
Dr. F.A. Ala
Dr. J.F. Harrison
Dr. R.J. Moore
Dr. A.E. Robinson
Dr. W. Wagstaff

1. Apologies for absence

Apologies were received from Dr. I.D. Fraser and Dr. S.M. McDougall.

2. Minutes of the twelfth meeting

The minutes of the twelfth meeting held on Thursday 25th October 1990 were approved as a correct record.

3. Matters arising

3.1 Medical Audit : Regional Transfusion Committees

The Committee discussed the findings of Dr. Gunson's survey of Regional Transfusion Committees and the need to make progress in the introduction of medical audit in the NBTS.

At present eight Regions do not have a Regional Transfusion Committee.

However, in discussion it was recognised that the foundations for medical audit in the NBTS are Hospital Transfusion Committees and it is essential that they should be in place and working as soon as possible.

Dr. Gunson agreed to write to Regional Medical Officers advising them of the plans for medical audit within the NBTS and where appropriate requesting their assistance in forming Hospital Transfusion Committees as a first step.

It was noted that the Minister of Health had announced that a further £47M had been allocated for the introduction of medical audit and RTDs could bid to their RHAs for some of these funds.

Action - Dr. Gunson

LIV/1517

3.2 National Association of Blood Donors (NABD) : meeting with the National Directorate - 30th November 1990

Dr. Gunson reported that a useful meeting had been held. The NABD saw their role as one of partnership with BTS but also acting as a consultative body for matters affecting donors. In particular they asked that the possibility of allowing them to distribute their literature at NBTS sessions be considered.

Whilst welcoming this exchange of views the Committee felt that such a step would be premature at present.

Dr. Gunson advised the Committee that a further meeting with the NABD will be arranged.

Action - Dr. Gunson

3.3 Organisation and management of NBTS

The DH has not yet produced any proposals for the future or remit of the National Directorate once budget devolution is in place.

In order to stimulate discussion, a shortened version of the Directorate's proposals on the organisation and management of the NBTS has been sent to Catherine Hawkins, Regional General Manager, South Western R.H.A., leading RGM of the Regional General Managers Committee and member of the NBTS Co-ordinating Committee. Her response is awaited.

3.4 Budget devolution

Members reported that with local variations, budget devolution was taking place in all regions with RTCs pursuing Service Agreements with their hospitals. Finalisation of agreements awaits the calculation of product prices.

Members were disappointed to learn that DH would not provide additional funds for anti-HCV testing. DH has recognised that the devolved budgets as presently allocated will not cover increased costs and intends to write an Executive Letter pointing out to General Managers that budgets should not be ring fenced i.e., if blood is needed the money must be found from within other budgets by prioritisation. The Committee was concerned at this approach.

3.5 Policy on donors between 65 and 70 years

It was agreed that henceforward the policy on active donors over 65 will be as set out in NMC 4/91.

The upper age limit for donors will become the seventieth birthday provided the donor remains in good

health. However donors will be given the opportunity to retire honourably on their 66th birthday.

POD had advised that recruitment of 17 year old donors should not be a priority given the difficulties of parental consent etc. The Committee therefore agreed not to pursue this issue at present.

3.6 Optimum blood stock management

Investigations into optimum blood stock management are continuing, the Yorkshire and Trent regions are in the process of evaluating the system proposed by Mr. Stewart. Dr. Moore agreed to further this evaluation by providing a "user friendly" document.

Action - Dr. Moore

3.7 Colour coding of blood group labels

The Committee noted that there was widespread support for the adoption of black on white ABO labels as an interim arrangement until international agreement has been reached on colour coding. Introduction of B/W labels will be on 1st April 1992, as agreed.

4. - MIS

The Committee received copies of graphical reports drawn from the MIS system which illustrated the type of information which the system could generate.

It was noted that the major benefits of the system would be available to RTC managers and they should be encouraged to use the system.

The quality of data is the responsibility of RTCs and it is not possible for the Directorate to vet every entry. Comparisons between RTCs are still difficult due to the incomplete data.

5. AIDS leaflet

The present AIDS leaflet has been the subject of increasing criticism over the last year on the grounds of alleged 'racism' and the fact that it does not acknowledge 'safe sex'.

To open debate on a new leaflet, the paper NMC 6/91 sets out exclusion criteria together with supporting rationale. Members welcomed the paper and agreed that it should be submitted to the Standing Committee on the Medical Acceptance of Blood Donors where further comments could be incorporated.

It is hoped that a revised rationale document could be put to the Expert Advisory Group on AIDS at its next meeting on

19th March 1991. After EAGA approval, it would be for the UK BTS to develop an AIDS leaflet suitable for donors from the rationale document.

Action Dr. Wagstaff
Dr. Gunson

6. U.K. Barcode Committee

6.1 Barcoding of plasma for fractionation and fractionated plasma products

Dr. Gunson reported that in a recent meeting with Dr. Fisher and Mr. Kirkham of the Barcode Working Party, the issue of plasma and product barcoding were clearly separated.

A temporary solution is needed for the labelling of plasma with centre codes. So far BPL proposals have proved unsatisfactory. In the longer term replacement of Codabar by the ISBT recommended Code 128 might be considered. The proposal that the National Directorate engaged consultants to examine this proposal was welcomed.

For BPL fractionated products a barcode system acceptable to users should be adopted. BTS is but one user and pharmaceutical industry standards might be more widely acceptable. A meeting with BPL to discuss these matters will be held soon.

Action - Dr. Gunson
Dr. Moore

6.2 Barcode Working Party tasks for 1991

The Committee welcomed the programme of work and in addition asked that the Barcode Working Party should examine the use of barcoded expiry dates.

Action - Dr. Gunson

7. Disposal of time expired red cells

The Committee considered a paper which outlined the main points to be included in a Health Circular to replace HC (84) 7 on the accountability for blood stocks through proper record keeping and the maintenance of quality in hospital blood stores. It was suggested that it is no longer necessary for time expired blood to be returned to RTCs for disposal.

The points in the paper were accepted by Members. It was noted that not all hospitals have the facilities to dispose of time expired red cells and may prefer to return them. It was agreed that such arrangements could be made if needed.

LIV/1520

In all cases hospitals should inform RTCs of the units they do dispose of quoting the unique number.

8. NBTS/CBLA Liaison Committee

The Committee noted that BPL would no longer need ALT tested plasma although formal notification from BPL was awaited. Members suggested that a formal contract with BPL would provide greater security for RTCs planning expansion of plasma collection. It was agreed to explore the advantages and disadvantages of this approach with BPL.

Mr. Prince of BPL(D) had proposed £100 a donation for units to make-up cell panels. It was agreed that RTCs should adopt a common policy and that £200 more accurately reflected the work involved.

The Committee welcomed the Product Licence obtained by BPL for albumin and the Manufacturers Licence granted for the factory.

9. Frequency of meetings

Members discussed representations from Mr. Frank Morris on behalf of RDOs, but endorsed their previous decision that DSMs/RDOs should meet only annually. They felt that Divisional meetings were better value primarily in terms of the business they could deal with but also the time and costs involved. Structured workshops on particular issues would be unaffected by this ruling.

It was agreed that RTDs meetings would also remain an annual event. The next one would be held at the time of the annual consultant meeting in June. However, there was a view that participation in Management Committee decisions could be enhanced if Divisions met before the Management Committee. It was recognised that this might be advantageous although not all topics would benefit from this approach. Dr. Gunson agreed to consider the matter.

10 Minutes of other divisions

10.1 Northern

All items covered elsewhere.

10.2 Western

All items covered elsewhere.

10.3 Eastern

Most items covered elsewhere but the Division is concerned that the Research Committee has not yet met.

11. National meeting of RDOs and DSMs

The minutes of this meeting were noted.

LIV/1521

12. **Automation Users Group**

The minutes of this meeting were noted.

13. **Any other business**

13.1 COSHH regulations

Directions for the safe handling of blood and blood products are needed to comply with COSHH regulations. These are not to be confused with package inserts which provide medical information for users. Dr. Harrison agreed to chair a drafting committee to finalise the directions she had prepared. Drs. Lorna Williamson (E. Anglia) and A. Lubenko (N. London) were proposed.

Action - Dr. Gunson

13.2 Rhesus negative donations

The logic and serology of the decision to change Rh negative labelling were generally accepted but the cost of re-programming computers was proving difficult. However implementation of the change by April 1992 is still recommended.

13.3 Risk management

Dr. Ala asked that the topics of risk management and quality of computer software be moved up the agenda.

13.4 Haemonetics plasma sets

Divisions were asked to comment on proposals from Haemonetics that the five day PRP platelet sets would incorporate a tamper proof needle at no extra cost and a microbial filter for an extra £2.30 + VAT. The sets for the PCS plus already incorporate these features and will remain at £42.30 + VAT.

Action - Chairman of Divisions

13.5 Representation on British Standards Committees

BSI are seeking an NBTS representative to replace Dr. Blagdon on HCC26 - Committee on biological testing of medicinal and dental materials. It was thought a scientist might be appropriate and a nominee is sought from Divisions.

13.6 Establishment of a register for commercial involvement

Members welcomed the suggestion that each RTC should provide a list of companies to whom they provide samples and reference material from human blood. This would be recorded at the Directorate to provide evidence that the transaction was both ethical and

sanctioned by the RTD. The record would provide security for those concerned in the event of investigation or allegations of impropriety. It was agreed to draw-up a simple form.

Action - Dr. Moore

13.7 Record keeping

Concern was expressed that Dr. Lloyd's group had as yet not made any proposals on this issue.

Action - Dr. Gunson

14. Date, place and time of next meeting

The next meeting will be held at the National Directorate on Tuesday 16th April, at 11.00 a.m.

LIV/1523

REGIONAL BLOOD TRANSFUSION COMMITTEES

Survey of Regional Transfusion Centres

NORTHERN	None
YORKSHIRE	None - no enthusiasm at RHA
TRENT	None
	Transfusion matters discussed at Regional Haematology Sub-Panel, chaired by a haematology representative of the Regional Advisory Sub-Committee on Pathology, to which it reports. RTD is ex-officio on Advisory Sub-Committee.
EAST ANGLIA	Regional Committee recently established. Has no input from RHA.
N.WEST THAMES	Several Hospital Transfusion Committees in existence. Would prefer to wait until this programme is complete. Doubts value of a Regional Committee.
N.EAST THAMES	Transfusion-users group will form the Regional Transfusion Committee with input from RHA. Membership under review.
SE/SW THAMES	None. Other matters have greater priority.
WESSEX	None
OXFORD	None
S. WESTERN	None
W. MIDLANDS	Yes, chaired by elected chairman. Terms of reference: "to advise the Regional Medical and Scientific Committees (and through them the RHA) on medical and scientific aspects of BTS and in particular on developments in the BTS in W. Midlands."
MERSEY	Yes, but Committee to be convened if necessary. Regular reviews to be undertaken by Regional Adviser on Audit and RTD. Hospital Committees are in a state of evolution.
N. WESTERN	None
WALES	None

LIV/1524