

NATIONAL BLOOD AUTHORITY

Minutes of the Twenty-fifth Meeting of the National Blood Authority held on Thursday 22 June 1995 at 10.30am at Oak House

PRESENT: Sir Colin Walker
Mr J F Adey
Prof W G van Aken
Mr D Allison
Dr E A E Robinson
Mr B J Savery

IN ATTENDANCE: Mr P Pudlo
Dr A S M Rejman
Miss J Minifie

95/39 **APOLOGIES FOR ABSENCE** were received from Mr Banks and Sir Keith Peters and Mr Savery would be a little late.

95/40 **MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**
The minutes of the previous meeting were agreed.

95/32 The Chairman said he had not received from the Department a copy of the letter sent to Mr Langlands by Dr Contreras but it was agreed now to regard this as "water under the bridge".

95/37 **Annual Report**
Mr Pudlo had written to Mr Savery with advice and Mr Savery was pursuing the line of a report covering two years to be issued in September.

95/41 **CHIEF EXECUTIVE'S REPORT**
Mr Adey had three major issues to report on, each of which was of a highly confidential nature.

41.1 **Dr Contreras**
Mr Adey provided a progress report on the situation with Dr Contreras and her management team. He had met each member of her team individually and had had a four hour discussion with the team as a whole to discuss some of the issues they had raised. He agreed with them that while these issues needed addressing they should certainly not be addressed at this time given other priorities. It was agreed that they would be addressed in the future. In addition Mr Adey had met with the Northern and South West zonal teams to establish if they had any concerns.

Dr Contreras and her team had withdrawn their letters.

Mr Adey had had separate meetings with Dr Calman and Mr Langlands to appraise them of the situation. Dr Contreras had written to Mr Langlands and had not informed Mr Adey of this.

Mr Savery joined the meeting at this point and reiterated the need to make clear the responsibilities of the Board, the Executive, HQ staff and the Zonal Directors and to ensure all staff understood these responsibilities.

Mr Adey added that a team had been selected to move into Colindale should this be necessary. Mr Allison referred to the necessity of ensuring we followed the letter of the law and Mr Adey advised that all letters were being seen by our lawyers. The Minister was aware of the situation.

Mr Allison felt that Mr Adey should not spend any more time on this matter as he had far more important issues to deal with.

41.2 **Independent Panel**

Mr Adey said the Panel's report had been received by The Chairman on behalf of the Board within the last 24 hours and a copy had been sent to Alan Langlands directly by the Panel. They had assured us they would not publish it anywhere. The Chairman would reply to them. Mr Adey said they had gone well outside their remit in some areas but they were clearly saying that we had taken into account all the comments received during the consultation period.

Action: CW

Mr Allison had read the report and felt the Minister would nevertheless want answers to three points raised by the panel

- i) Where are the savings coming from?
Mr Adey said that the Department had been given more detailed figures but these were not significant because the object of the exercise was to improve the service not cut costs.
- ii) Standard of post graduate and scientific training
Dr Robinson said we were committed to providing this in accordance with regulations at all times.
- iii) Role of administrative centre
Mr Adey said this was self evident in that fourteen sets of administration were being reduced to three.

41.3 **Next few months**

Mr Adey said the Department had told us to be ready from 28 June onwards to make an announcement at short notice. Once the date was known it was important that as few people as possible knew it but staff meetings at all sites, announcing the decision plus full details of staff positions would take place simultaneously.

The Chairman reiterated the highly confidential nature of the above items.

41.4 Blood Stocks

Had been running at between 15,000 and 17,000. Collections had been quite good and levels had been maintained throughout the tricky May Bank Holiday periods.

41.5 General Information

There had been a good meeting between Mr Adey, Mr Savery, Dr Robinson, Mrs Cunningham and Mr Alastair Liddell, Director of Planning and Performance Management at NHSE who had visited on 26 May. Dr Robinson wished to record Mr Liddell's advice that PR should be regarded as an integral part of senior management, not merely a support service.

Mr Adey and the Chairman had had a helpful meeting with Mr Sackville on 14 June.

Mr Adey had visited the Chairman of the Irish Transfusion Service on 20 June and looked forward to a good working relationship with them.

Mr Adey, Dr Robinson, Mr Savery and Mr Richard Walker had visited the CLB in Amsterdam at Professor van Aken's invitation and this promised to be the start of a long term process of co-operation between CLB and BPL.

41.6 BPL Report

There was a discussion about the rate at which recombinant was taking over from 8Y. Mr Adey asked Dr Rejman to telephone Mr Walker to inform him of some specific changes in treatment that he was aware of. Mr Adey would ask Mr Walker for a report on Factor VIII including a comment on the likely effect of recombinant Factor VIII taking a high market share earlier than anticipated.

Action: ASMR, JFA

It was pointed out that in Mr Walker's report the first sentence under "Coagulation" should read "..... and 8Y sales are still strong."

The Chairman commented again on the lack of information provided to the NBA on changes in treatment and consequent lack of forewarning in changes in demand for particular components or products.

Mr Adey commented that the proposals for BPL had in particular been designed to combat the anticipated effect of the introduction of recombinant.

95/42 MEDICAL DIRECTOR'S REPORT

42.1 Fresh Frozen Plasma

Dr Robinson, with help from Mr Scofield and Dr Rejman, had reprepared her submission to the MSBT and she had circulated this to Board members on 24 May. Although she had not yet seen the minutes of the MSBT meeting she believed their recommendations were as follows:

- i) More time for the NBS to further consider the complex implications of introducing a virally safer clinical FFP and cryoprecipitate.
- ii) In the interim to actively promote the Guidelines for the use of Clinical FFP by appropriate publicity, and widespread clinical audit to encourage peer review and improvement in current FFP and Cryo transfusion practice.
- iii) Continue the clinical trial of SD-VIP currently underway in the UK but recognise that the size of a clinical trial to show lack of infectivity by using options other than quarantining to improve the safety of FFP is prohibitively large and impossible to satisfactorily undertake.
- iv) Review experience in other countries and undertake trials of MB/light inactivation methods as soon as practically feasible together with a comparative cost benefit analysis of the options available.
- v) Obtain more data on the seroconversion rate amongst regular donors in England and Wales and better data on the incidence of post transfusion viral infections to determine a more accurate risk assessment.

A CMO letter would be sent to every doctor flagging up inappropriate use of FFP and reminding them of the 1992 guidelines for correct usage. It would also be recommended that aspects of these guidelines be included in college curricula. Clinical audit of hospitals across the country would also be promoted. Also collaboration between BPL and Scotland on Fibrinogen and Fibrin Glue would be encouraged.

42.2 **HCV Lookback**

Dr Robinson said the exercise was progressing and forms were coming in to her for audit and invoicing purposes on the understanding that money would be made available to the NBA by the Department. The administrative aspect of the exercise had now become significant and she and Mr Savery were working on documenting the cost which would also be significant.

Dr Robinson also wished to draw to the attention of the Department that she was receiving queries from hospitals and, while she was telling them that they must comply with the HS Guidance letter sent to all hospital Chief Executives, some of them were asking us for help and some guidance from the Department would be appreciated. Additionally all HCV positives were being referred to specialist liver centres and there was anxiety about who would fund the interferon treatment. In response Mr Pudlo said that where the Department

received such letters they replied by saying they were prepared to take into account unpredicted budget pressures of this nature.

42.3 Viral Vector Production Capability

Dr Robinson updated the Board saying we had received referees' comments which raised some queries which we have answered. She hoped we might receive some feedback on our application after an MRC Board meeting at the end of July. She would need a little further discussion with the Executive before coming back to the Board again.

42.4 National Platelet Study

The national platelet study group, chaired by Dr Derwood Pamphilon, had produced an excellent protocol for the study including contributions from the whole Service. The study would look at patient outcomes and was in line with NHS research principles and Dr Robinson had written to Professor Sir Miles Irving of the Study Group on Health Service Technologies and he had replied asking for the protocol to be submitted to the Acute Sector Group which she has done. She hoped for a rapid response and it is planned for the study to be funded by Cobe, Haemonetics, Baxter and the NHS but she warned that should the commercial companies want changes to the protocol that she considers scientifically inappropriate she would like the NHS to fund in total the sum of £300,000 over two years. The Chairman asked Dr Robinson to provide the Board with a note on how the new national structure had enabled this initiative to happen.

Action: EAER

95/43 FINANCE & ADMINISTRATION

Mr Savery had nothing to add other than to highlight the new format for the accounts which from now on would include accounts for the Zones on a monthly basis. Quarterly performance indicators, including manpower and blood supply figures, would be seen for the first time at the next meeting. The Executive had taken a decision to pay 3% to the nurses and zonal Directors had been instructed to implement this.

95/44 ANY OTHER BUSINESS

Matters in Confidence

It was agreed that the agenda for future meetings would include a final item "Matters in Confidence". The decision as to whether to circulate the minutes of particular items under that heading would be taken on an individual basis as matters arose.

Complaints Procedure

Prof van Aken asked whether this was in place and Dr Robinson responded that she had asked her zonal clinical directors to check that a system was in place at each centre. Additionally the NHS procedure was under review and she had asked Paul Pudlo to keep her fully advised on this. It was agreed that the Board should receive a report on complaints on a six monthly basis.

Action: EAER

Date of Next Meeting

The next meeting would take place at Oak House at 10.30am on Thursday 20 July.