

Notes from Executive Meeting, Monday 10th June 1991.

Present: Professor J P Allain  
Dr M MacDougall  
Dr W Ouwehand  
Dr L Williamson

Apologies for absence Mr Hawdon.

1) Matters arising.

- a) Budget Devolution. The finalized price list had now been issued to hospitals. Dr McDougall expressed thanks to Mr Hawdon and Mr Mann for all the work which they had put in to achieve this list.

Dr Ouwehand reported that at the last Eastern Division Meeting concern had been expressed at the fact that Regional prices will operate when blood is transferred between regions. Professor Allain said that he would again be pressing for uniform prices at the forthcoming RTD's meeting in York.

- b) Laboratory Refurbishment. The meeting arranged for the afternoon of the 10th June would have to be changed as Dr Ouwehand could not attend. A new date would be found as soon as possible.

- ✓ c) Medical Secretariat. The secretaries had requested that they have an overall Manager and Mr Hawdon had offered to take this on. This was heartily approved by the Executive. The question of secretarial training was rediscussed as it was felt that the Training Committee was an inappropriate forum for making decisions of this sort. It was agreed that two secretaries could be sent for training in networking and wordstar and that Mr Hawdon should decide who would be most appropriate to attend. Training for Mr Slopecki in STSS however, was not approved as Dr Ouwehand felt that it was likely that he could obtain this training through the University system in Cambridge.

- d) Staff Travel. It was likely that when Sector budgets were instituted travel for MLSOs on call would be top-sliced. However, Sector travel budgets should include Heads of Sector. Dr Ouwehand felt that NIBSC would probably pay some of his travel costs to meetings. Professor Allain reported that the University allowance was only £400 per year per member of staff. Dr McDougall agreed to find out what the Regional budget is for Consultant travel.

- e) Plasma Deliveries to BPL. The Executive Committee would be grateful if Mr Hawdon could carry out a costing exercise on the offer from Liverpool RTC to deliver our plasma.

Any Other Business.

- 1) Dr Ouwehand reported on his attendance at the Eastern Division of Consultants Meeting. Dr Terry Snape from BPL had attended this meeting to answer questions. Dr Snape confirmed that BPL was unable to produce Factor 9 from apheresis plasma. BPL will be producing a new SOP for recalling units if information is received regarding the health of the donor once

an IPP has reached them. This will then enable RTCs to produce their own SOPs for their in-house procedures. BPL are planning to reduce their quarantine period for plasma from thirteen weeks to four weeks on the basis that 45% of post-delivery reports reach them within four weeks but that 50% do not reach them until after nineteen weeks. Internal changes were planned at BPL so that they would no longer have to withdraw plasma even if the donor had subsequently become hepatitis B positive. There will be a new plasma specification to clarify the details. In the meantime, BPL would issue a retrospective release of the last twelve months' telephone calls regarding donor health so that RTCs can learn what factors in the donors health would lead to unacceptable plasma.

- 2) Ernest Young Management Consultancy had visited five RTCs and had produced a report for the National Directorate. This report considers matters such as central stock management and the future role of the National Directorate.
- 3) The Department of Health had apparently ruled that HCV confirmation would have to be done by the PHLA laboratories but North London RTC had stated that they would be doing their own confirmation in-house.
- 4) Audit of hospitals. It was agreed that visits were not mandatory and discussion took place as to the difference between medical audit and technical audit.
- 5) BPL have not reached a decision regarding production of polyclonal hepatitis B immunoglobulin, although studies were in progress in Amsterdam using monoclonals in the context of liver transplantation. It was agreed that Cambridge RTC should make a bid to be involved in production of any Hep B plasma needed, and this would be co-ordinated by Dr Caffrey. Professor Allain would write to Bernard Crowley regarding this matter. Dr Snape had confirmed that there was no difference in Factor VIII yield between apheresis and recovered plasma. It was also stated that BPL specifications would not in future go through the QUIN Committee.
- 6) Quarterly statistics K038. It was confirmed that these were no longer needed.
- 7) The Research Committee had not yet met. Professor Allain is of the opinion that this Committee is not a viable proposition unless there are some funds so that pre-viewed projects could be funded within the N BTS. Probably £200,000 would be needed for a viable fund and it was hoped that this would come from industry.
- 8) The quality and usefulness of Eastern Division meetings had been discussed by Dr Ouwehand and Colonel Thomas and will be discussed at the next meeting which will take place in Cambridge in late August.

Any Other Business

Dr Ouwehand raised the following :

- 1) The next meeting of the East Anglian Regional Haematology Advisory Committee would be on the 16th July when both Dr Ouwehand and Dr Williamson were on holiday. Professor Allain would inform the Region about new developments within the Centre.
- 2) Maintenance of the Coulter in the antenatal laboratory was currently costing £1,500 per year. Now that there is an additional machine in the QA department, Dr Ouwehand will establish total usage of the two machines and other possibilities for back up should the QA machine fail. He will see David Reardon about this.
- 3) The question of returns of out-dated blood from hospitals was raised and Dr Williamson confirmed that she would like to keep the system as it is for the time being.
- 4) Rougton Design had submitted an estimate for re-wiring for £21,000. It was agreed that Mr Hawdon should write to the Region informing them that despite replacing apheresis equipment there were still problems with machine failure and that this could potentially be due to wiring problems.
- 5) Nigel Clark had approached Dr Ouwehand asking about funding to go on an MSC course. It was agreed that Nigel should make an informal application to the Training Committee.
- 6) Dr Ouwehand asked for permission to appoint an MLA to replace an MLSO on maternity leave. This was approved and he would organise this through Heather Hitcham.

Dr Williamson raised the following items :

- 1) There is only one spare light pen in the Centre and at the moment the shortage of light pens means that the staff in the processing areas were having to perform tasks at different terminals often in contravention of Good Manufacturing Practice. It was agreed that funds should be found to buy an additional light pen costing approximately £300.00. Dr Williamson would inform Robin Lambert of this discussion.
- 2) Dr Hoggarth from Papworth Hospital had expressed concern at the use of products, particularly FFP by the Cardiac Surgeons. It was agreed that we would set up a meeting with them at Papworth probably in September for a full discussion of the use of blood products. Dr Williamson will inform Dr Hoggarth of this.
- 3) Dr Williamson informed the Executive that for the next two months Mr Fagence would be learning the work of the Issues Department prior to Mr Ealey's retirement. Therefore, Caroline Slopecki would be in charge of the blood Processing Laboratory.

Professor Allain raised the following items:

- 1) Mr Slopecki would be shortly auditing the Antenatal Laboratory and as part of this he should also audit the Oxford computer system.
- 2) He had received the CV from a second MD PhD student at the University of Irwala wishing to come for a holiday visit. One student had already been allocated to HCV work, and it was agreed that the second should come to the Centre and that a project should be found for him. Dr C R Sehlim, Senior Registrar in Haematology at Addenbrooke's would be seconded to the Centre on a 50% basis for six months probably in July. A suitable project would have to be found for him and one possibility would be that he could work on the effective granulocyte analysis on platelet protein 1B. Professor Allain stated that Post Docs would only be appointed once projects had been first agreed. He stated that it would be important to acquire expertise in HLA technology if there were any hope of us requiring the tissue typing service in the foreseeable future.

Dr Williamson raised a further item concerning the Major Disaster Plan. As things stand RTC stocks of giving sets and inlets which are sent out with the blood and albumin in the event of a major disaster are generally out of date in house and have to be replaced. It was agreed that once the current stock runs out they would not be replaced and it would be up to the hospitals to provide these in the future. This seems logical as the blood is always sent to a hospital blood bank and never to the site of a major disaster. However, before informing the hospitals Dr Williamson will co-ordinate with Gordon Tunley at the RHA who is responsible for major disaster planning.

The next meeting will be held on Monday, 17th June at 10 a.m. Since Dr Williamson will be absent from the Centre from Thursday, 13th June onwards Dr Ouwehand will draw up the Agenda.