

NATIONAL DIRECTORATE OF THE NBTS

National Management Committee

Minutes of the tenth meeting of the National Management Committee held on Thursday 5th July 1990.

Present: Dr. H.H. Gunson (In the chair)
Dr. F.A. Ala
Dr. M. Contreras
Dr. I.D. Fraser
Dr. J.F. Harrison
Dr. D. Lee
Dr. R.J. Moore
Dr. A. Robinson
Dr. W. Wagstaff

In attendance: Mr. P.J. Cosgrove

1. Membership

Dr. Gunson welcomed Dr. A. Robinson, the new Chairman of the Northern Division, to the Committee, and thanked Dr. Lee for his service.

2. Apologies for absence - none.

3. The minutes of the ninth meeting held on 30th April 1990 were agreed.

4. Matters arising

4.1 Medical audit in the NBTS

The Committee welcomed a paper from the Working Group Chaired by Dr. Wagstaff. A Summary paper which included a draft bid for funds from the DH was discussed, and its proposal to use a medical officer of senior registrar status in each centre to assemble patient outcome data was agreed.

The bid amounted to approximately £150K and if successful the funds will be managed by the National Directorate.

The paper on medical audit will be sent to the Divisions for discussion. It will be noted that this contains a questionnaire, which has been modified from that used by the JCHMT for haematology, and which is intended to provide preliminary information for the audit team.

Action - Dr. Gunson

4.2 Provision of Donors Committee

Dr. Moore highlighted the following:-

A new TV filler has been produced and distributed to TV companies and RDO's. Sky television has given the filler air time during peak viewing times and Teledata has recorded an upsurge in the number of enrolment enquiries. TV A.M. also ran the filler on two days per week over four weeks mid-May to mid-June.

The Summer advertising campaign is a poster campaign to be mounted in major cities and towns in England and Wales. Two new posters have been produced.

It was clear that further investigations and a feasibility study would be needed before a commitment to plastic membership cards could be made.

4.3 MIS data

The software for MIS has been issued to all Regions and, as a part of the phased introduction of the system MICs have received processed data from two information sets : blood and products; and geographic data. The Committee received a 'league table' showing the amount of data received. Although all Regions have made some data returns, several Regions have not provided sufficient data to make the national summaries meaningful.

Regions are urged to do their utmost to provide the information necessary to realise the full potential of MIS.

4.4 Questionnaire for donors

The Committee discussed problems regarding a health questionnaire for donors and Dr. Gunson advised members that there were dangers in not having the basis for an agreed approach to this matter. Due to the wide variety of RTC practices, it has not proved possible to devise a questionnaire on travel as planned. It was agreed that a wider look at donor questioning to identify the core questions and to produce recommendations as to how and at what point these should be asked should be prepared.

Action - Dr. Moore
Dr. Gunson

The Committee wished to place on record that the AIDS leaflet should be sent to all donors with every call up with no exceptions.

4.5 Blood Donor Association

Following the recent local press campaign mounted by

the self-styled National Blood Donor Association, Dr. Gunson had responded to each newspaper proving the correct facts. Dr. Gunson was pleased to inform the Committee that his letter had been given equal prominence to the 'BDA' letter in most papers.

Dr. Gunson had offered to meet with the BDA, however, their response was that they were only willing to meet Dr. Gunson if they could dictate the agenda. Clearly they are a politically motivated pressure group and such a meeting would need further consideration.

Though there has been no significant adverse reaction from the overwhelming majority of donors. It was agreed that as a matter of priority donors should be informed of the changes to the BTS financing. The delay in producing an information leaflet had been outside the control of the BTS.

A draft letter to donors as an alternative or to supplement the leaflet was discussed and after amendment, it was agreed that the letter should be sent to each donor with the call-up. Members agreed that it would be preferable for the letter to be signed by the RTD and members undertook to convey to other RTDs in their Divisions the importance of using the letter without amendment so that a uniform national view was put forward. A leaflet explaining devolution should be available for RTCs, to give out at sessions. Both letter and leaflet should be available for issue from Wednesday 1st August 1990.

Action - Dr. Gunson

4.6 Communications between National Directorate and RTCs

The recent proposals concerning improving communications within the NBTS had been discussed at Divisions and whilst accepting the need for better communications it was felt the arrangements for consultation could best be left to RTCs.

At the request of the Committee, Dr. Gunson undertook to write to Chairmen of NBTS Committees suggesting that in general national meetings of professional and scientific groups should be held annually now that divisional meetings were regularly held.

Action - Dr. Gunson

It was agreed that RTDs should circulate the NMC agenda and appropriate papers to their staff.

Action - RTDs

4. Organisation of the NBTS

The Committee considered a draft proposal from the Directorate to the DH for national management of the NBTS. The primary aim of the paper was to gain approval in principle to national management. A financial and implementation strategy would need to follow that approval.

There was lively discussion with a substantial majority in favour of the proposal.

It was agreed that the paper would be circulated to RTDs for their personal comments on 1) the principle of national management and 2) the paper itself.

Action - Dr. Gunson

5. Budget devolution update

The Committee considered a progress report on the introduction of budget devolution.

In the light of the DH guidance document "Operating Contracts" the financial sub-group has examined the relationship between purchasers and providers, and will produce a specimen manifesto detailing the quality, services and supply available and a specimen service agreement by the end of July.

Although details will vary locally there is considerable advantage in a common approach.

Members agreed to let Dr. Moore have copies of existing specimen contracts.

Action - Members of NMC
Dr. Moore

6. Communications with donors - way forward

The Committee considered the National Provision of Donors Committee's revised "Communications Strategy : Developing Implementation Targets for 1990/91" which incorporated Research International's final proposals.

The paper concentrates on operational matters and gives targets for improving the session experience on a wide front. It also makes recommendations on the monitoring of progress toward ensuring donor satisfaction.

The Committee was unanimous in its support of this paper and strongly recommended that RTCs adopt PODs proposals.

It was agreed that RTDs should be asked to supply a timetable for the implementation of the recommendations as soon as possible.

It was also agreed the POD members should undertake an audit

of the progress made toward improving the session experience for donors and report back to the NMC. A copy of the paper will be sent to all RTDs.

Action - RTDs
Dr. Gunson

7. Storage of frozen blood - West Midlands RTC

7.1 Revised costings

Dr. Ala advised the Committee of the costs of relocating and operating the National Frozen Blood Bank. It was proposed that each Region should pay a sum of £480 per annum for 5 years to cover the costs of relocation and £870 per annum to cover the costs of laying down and storing units. The initial costs per Region would, therefore, be £1,350 per annum. The costs would be reviewed annually for the first five years.

It was noted that the Welsh RTC which whilst being a major contributor was not a user of the frozen blood bank, but nevertheless had indicated it would pay the membership fee.

Recovery costs would be £60 per unit and transport costs payable by the receiving RTC were estimated at £40 per trip.

RTCs depositing units in the bank should make it clear whether these should be retained for their use or if they could be issued to any Region in need.

7.2 Activities of Frozen Cell Bank, Amsterdam

The Committee received for their information a schedule detailing the source and destination of donations handled by the European Frozen Blood Bank in 1989.

8. Plasma for reagents

8.1 Status on draft specifications

Dr. Gunson advised members on the progress to date on the drafting of documents on plasma for reagents. Members agreed that these should now be sent to RTCs for consultation which should involve producers of reagents at the centres.

Action - Dr. Gunson

8.2 Proposals for transfer pricing arrangements for plasma for production of reagents

The Committee considered a proposal from BPL Diagnostics on Transfer Pricing for Plasma and Red Cells between BPL and RTCs and specific arrangements

on the screening of cells and referencing.

The Committee had reservations on these proposals and considered that the most important topic was the proposed future role for BPL(D). There was unanimous support for the continuation of BPL(D)'s activities but it was considered that an improved service was needed.

It was agreed that these matters should be considered further and Dr. Gunson agreed to meet Mr. Crowley to initiate discussions.

Action - Dr. Gunson

9. Provision of red cells, plasma and sera for NEQAS

The Committee noted that as from April 1991 the DH will be setting up a central office for the provision of budgets for scheme organisers of NEQAS blood group serology exercises. RTCs will be paid for the provision of red cells, plasma and sera and will be charged for the costs of the exercises.

The Committee was advised that at a recent meeting of the Steering Committee for NEQAS had discussed the screening of cells for DGHS. It was suggested that one RTC in each Division should screen cells for hospitals participating in NEQAS as a means of achieving uniformity in the format of screening cells. It is understood that one centre, Glasgow and the West of Scotland, screens most, if not all, of those screened in Scotland.

The Committee felt that it was most unlikely that RTCs would be able to do this.

Dr. Fraser undertook to keep the Committee informed of developments.

Action - Dr. Fraser

10. Minutes of Divisions

10.1 Eastern Division

Dr. Contreras highlighted the following matters:-

- (i) Self-sufficiency - Dr. Contreras said that she had written to Dr. Gunson on this matter and his reply would be discussed at the next meeting of the Division.
- (ii) The Division recorded its opposition to budget devolution.
- (iii) Some consideration should be give to certification of registered nurses who had become proficient in the use of apheresis

machines. Dr. Gunson considered that this should be performed by the Regional Transfusion Director.

- (iv) Quality audits should assess communication levels at RTCs. Dr. Gunson considered that this was a management role rather than one of quality. This interpretation was not accepted by Dr. Contreras who considered that it had implications for quality. Dr. Gunson agreed to look into the matter.
- (v) Dr. Gunson was asked to provide data sheets for COSHH. He replied that he had consulted the Head Laboratory Scientists Committee and they were confident that this matter was in hand in all RTCs. Dr. Harrison commented that she thought that a data sheet was required for blood. No one could confirm this, and she agreed to look into the matter and report to Dr. Gunson.

Action - Dr. Harrison

- (iv) Dr. Gunson stated that he had written to Dr. Lloyd in answer to Dr. Contreras's comment that an early resolution of the record storage problem would be welcomed.

10.2 Western Division

Dr. Ala agreed that all matters had been considered during the meeting.

10.3 Northern Division

- (i) Dr. Gunson commented that since the initial sentence of minute 3.6 was incorrect, the second was incorrect also and did not reflect the helpful conversation that took place between Dr. Moore and Dr. Flanagan.
- (ii) The wording of minute 5 was briefly discussed and Dr. Gunson considered that it was possible that his intentions had been misunderstood.

11. Automation Users Group

- 11.1 The minutes were received and noted with interest.
- 11.2 Dr. Gunson was asked to write to Dr. James about the large membership of this Committee particularly since she may require specialists in addition to the normal membership.

12. Any other business

12.1 NBTS/CBLA Liaison Committee, meeting 19th June 1990

These were tabled and Dr. Gunson highlighted the following.

- (i) Mr. Savery was concerned about the level of orders for the second quarter. A further meeting had been arranged to review the third quarter orders.
- (ii) Dr. Moore had been informed that from 1st July 1990 CBLA would not be paying for anti-CMV plasma. The short notice given was deplored and exemplified the difficulties of establishing good working relationships with CBLA. The implications of the withdrawal of this purchasing could not immediately be assessed. RTDs who were affected would need to consider this matter and would be asked to advise the Directorate accordingly.

Action - RTDs

12.2 NBTS/SNBTS Liaison Committee

Dr. Gunson reported that the first formal meeting had taken place between the National Directorate and National HQ of the SNBTS.

The minutes of this meeting (27th June 1990) were tabled.

- 12.3 Dr. Wagstaff stated that the Head Laboratory Scientists had requested a six month delay in implementation of the UKBTS/NIBSC Guidelines. It was agreed that this was not acceptable and Dr. Gunson suggested that Dr. Wagstaff replied accordingly in his capacity as Chairman of the Core Liaison Group.

13. The next meeting will be held at Bristol RTC on Monday 3rd September at 12 noon.
(Please note time change)