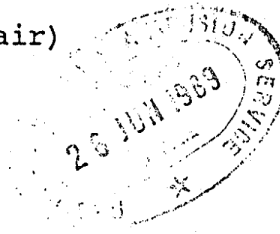


NATIONAL DIRECTORATE OF THE BLOOD TRANSFUSION SERVICE

Meeting of the National Management Committee
held on 1st June 1989

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. W. Wagstaff



In attendance: Mr. P.J. Cosgrove

ACTION

1. Apologies for Absence

No apologies : all present

2. Late Change of Venue

Dr Gunson welcomed the members of the committee and thanked them for responding to the late change of venue which was due to the London Underground strike.

It was agreed that a meeting would be held in London in the near future.

3. Minutes of the Meeting Held on 13th April 1989

The minutes of the meeting were approved subject to a correction at 3.4 which should read Dr. Goffin.

4. Matters Arising

4.1 British Bone Marrow Donor Plan

Dr. Fraser gave an oral report on the progress made in respect of the British Bone Marrow Donor Panel. Concerning the Membership of the reconstituted Executive Committee, this comprises:-

Dr. I.D. Fraser, South Western RTC,
Chairman

Professor B.A. Bradley, UKTS

Jennifer Duguid, Mersey RTC

LIV/1302

Dr. C.C. Entwistle, Oxford RTC

ACTION

Dr. R. Goffin, South Western RTC

Dr. H.C. Gooi, Yorkshire RTC

Dr. Howse, Hammersmith Hospital

Dr. Susan Knowles, North West Thames RTC

Dr. A. Rejman, Department of Health

Dr. P.M. Trenchard, Welsh RTC

Dr. T.A. Wood, South London
Transfusion Centre

Dr. Fraser issued an invitation to Dr. Gunson to attend meetings of the Executive Committee and has invited Dr. P.L. Yap, South East Scotland Regional Transfusion Service to attend as an observer.

With regard to the request from Mr. J. Humphries, British Bone Marrow Donor Appeal for the BTS to tissue type enrolled donors, it was agreed that the Executive Committee should look into this at its first meeting. Concern was expressed regarding the costs involved which were in excess of the level of funding offered and which could prove a serious drain on the resources of the BTS. It was essential, therefore, that the Executive Committee should examine the basis of the costing.

Dr. Fraser

4.2 Courses for Quality Assurance Managers

Dr. Moore reported that arrangements for the course for Quality Assurance Managers were nearly complete. It was intended that the same course would be run twice, the first in the week commencing 13th November and the second in the week commencing 27th November 1989, with no more than 14 persons attending per course.

If demand for the course was greater than that provided for then the course could be run again.

After completion of the courses it is intended to form a core group including Dr. Gunson, Dr. Moore, six Quality Assurance Managers and someone from BPL. Members of this group would arrange visits in 1990 to RTC's and BPL and begin an audit of Q.A. systems.

ACTION

Regarding the cost of the course, provisional estimates were that it would cost £580 per person, plus accommodation and living expenses, every effort will be made to reduce this.

4.3 Provision of Frozen Blood

The committee considered a report on the proposal for a centralised frozen blood bank in the West Midlands RTC, a copy of which is enclosed. Dr. Gunson reported that Dr. Angela Robinson had indicated that Leeds RTC would continue to maintain a supply of frozen blood, it was agreed, however, that the frozen blood banks at Brentwood and Birmingham RTC's would be merged.

It was agreed that the preferred costing mechanism would be those set out at 2a and 2b. It was also agreed that any hospital requesting frozen units should bear the full cost of the unit(s) ordered and all transport costs.

With regard to reporting, Dr. Harrison said that at present Ray Kirkham received information regarding the stocks held by each frozen blood bank, Dr. Ala agreed to take this on board. It was suggested that after the proposed rationalisation of stocks, Dr. Ala should circulate the stock position but thereafter this would only need to be done once a year.

Dr. Ala

Dr. Gunson said he would circulate information regarding the Europeans frozen blood bank, Amsterdam which was issued once a year.

Dr. Gunson

Divisional Chairmen were asked to raise this matter at Divisional meetings, and to let Dr. Gunson know if these proposals were acceptable.

Divisional
Chairmen

4.4 National Contract with Baxter Healthcare

ACTION

Dr. Gunson reported that agreement in principle had been reached with Baxter Healthcare regarding the supply of plasma collection machines and that he was awaiting a draft agreement which he would circulate when this was available.

Dr. Gunson

4.5 National Contract with Cryo-Services

Dr. Moore reported that the price paid by RTC's for liquid nitrogen was higher than the price offered by Cryo Services and he would contact them in the near future regarding arrangements for a national contract.

Dr. Moore

4.6 Plasma Supply Estimates 1989/90

The committee received a table, copy enclosed which sets out the Plasma Supply Estimates for 1989/90. Concern was expressed regarding the ability of some Regions to reach their targets.

The Committee agreed that in addition to the possibility of generating income RHA's should be made aware of the benefits of self sufficiency.

It was agreed that the Committee would consider what steps to take at the next meeting.

5. Management of Blood Supplies for Civil Disasters

The Committee considered a paper on the management of blood supplies in the event of a Civil Disaster, a copy of which (amended in line with the Committee's recommendations) is enclosed.

The Committee discussed common experiences of recent civil disasters, the massive response from the public, due mainly to the impact of television; numerous press enquiries; the need for accurate information; and the willingness of RTC's to help the affected Region.

It was agreed that a seminar should be organised in the near future at which Regions which had been affected by civil disasters could pass on what they had learned.

LIV/1305

ACTION

With regard to the document itself, Directors should arrange to have the National Directorate proposals incorporated in their disaster plans.

RTD's

6. Reduction of Minimum Donor Age to 17

The Committee considered a paper on the possible reduction of the minimum age of donors to 17 years, which the SNBTS has decided to do and which RDO's in the NBTS would like to do.

Dr. Moore advised the Committee that this question should await the outcome of the Marketing Consultants work which should determine if a campaign using especially designed promotional materials would be of benefit, particularly whether it would establish the donor 'habit' and increase the numbers of very responsive donors.

Department of Health lawyers have been asked to advise on parental consent for which the SNBTS has devised a form.

There were no objections to the principle of reducing the age to 17, however, it was agreed that it would be prudent to defer making a decision on this matter for 4 months by which time information would be available from the SNBTS, the market survey and a response should have been received from the Department.

7. Product Supply From BPL

The Committee received a table, copy enclosed, setting out BPL's Sales Plan/Estimate of the NBTS estimated requirements for blood products.

The Committee were advised that there was a problem regarding the supply of 500 ml 4.5% Albumin which would mean that the NBTS would only receive 60% of amounts ordered for May. It was envisaged that the level of supply in July, August and September should be broadly in line with demand.

The Committee was asked to note that the 50ml sized bottles of albumin which had been included in the product list circulated by BPL were not available.

LIV/1306

Information from the Commercial Division of BPL to some RTD's indicated that improved yield of Factor VIII would result in an increased amount per vial.

ACTION

The Committee agreed that, if true, such a move would be totally unacceptable as it would simply lead to wastage and increased costs with no benefit to the BTS. The need was for a standard vial with an agreed standard content. It was agreed that deliveries from BPL would be closely monitored and that the Directorate should be informed promptly of any further difficulties.

RTD's

It was reported that it was difficult for haematologists to exactly predict the demand for Factor IX. If haematologists found they were low on stocks additional stocks could be obtained by contacting BPL.

Policy for Equipment Trials Involving Plasma

The Committee considered a draft policy document, prepared by BPL, regarding equipment trials involving BPL.

As it stood this document amounted to a bilateral contract between BPL and the proprietor of the equipment to be evaluated, which did not take into account the possible involvement of the BTS.

It was strongly felt that BPL should amend the document to reflect the possible tripartite nature of such trials.

Dr. Gunson agreed to raise this matter with the CBLA and report back to the Management Committee.

Dr. Gunson

With reference to the proposed evaluation of Baxter Healthcares Autopheresis C machine for the preparation of platelets and plasma, it was pointed out that the BTS would be involved in the evaluation, collecting platelets and plasma, and BPL should therefore pay something for the plasma collected, since they would derive saleable products from the evaluation. Dr. Gunson obtained agreement from the three RTC's concerned, Bristol, Sheffield and North London, that £10.00 per kg plasma was reasonable. He agreed to put this to the CBLA.

Dr. Gunson

9. Equipment Monitoring Group

The membership of this Group had now been confirmed as follows:-

Dr. Roger Moore - National Directorate
Mr. Ray Kirkham - N.E. Thames RTC
Mr. Nick Tandy - South Western RTC
Mr. John Klukowski - West Midlands RTC
Mrs. Kathy Baker - West Midlands RTC
Mrs. Pat Moseley - Yorkshire RTC
Mr. Mike Brewer - Cardiff RTC

Dr. Moore said that although initially the Group would only be looking at bags and harnesses it was intended that once this had been completed the Group would look at centrifuges and other equipment.

10. Provision of Donors Committee

Dr. Moore reported that at its last meeting the Provision of Donors Committee had awarded the market research contract to Research Bureau Limited.

Work will commence in July and will be completed in October/early November 1989, and will involve visits by the Consultants to all RTCs. It is envisaged that rather than the consultants looking at every aspect of the BTS in each Centre, particular aspects of the range and scope of operations will be selected e.g. the consultants will attend a session in a rural area in one Region ; an industrial session in another Region; and visit static collection centres in the major cities.

To ensure that the study is kept on the right lines the Provision of Donors Committee will be involved at every stage.

The Consultants have been provided with information gathered by other, smaller studies in order to reduce the amount of duplication of work.

The aim is to produce a strategy for the next 5 years on which RTCs will act to drive home the message to donors that the BTS is the lynch-pin on which the National Health Service relies.

LIV/1308

11. Management Information System

Dr. Moore gave an update on progress regarding the Management Information System.

The results of the first stage based on the workshops had identified the range of information required by the tiers of management. The next step, producing a detailed specification of how these needs could be met by individual RTCs was imminent. Visits to each RTC were being arranged. RTC's with the Cardiff system would be dealt with en bloc.

It had been agreed that Arthur Young should be retained to carry on this essential work and it was noted that Workshops will again be held, at least twice, so every Regional Centre will be involved.

Dr. Moore promised to keep the Committee fully informed of developments.

Dr. Moore

12. Meetings of Divisions

12.1 The Committee received the minutes of the Northern, and Western Divisions.

12.2 Matters Arising

With regard to the minutes of the Northern Division the Committee noted that the anti-D immunoglobulin trial should start in September 1989.

The Committee welcomed the decision of the Northern Division to invite an observer from the SNBTS to attend the Northern Division meetings.

Regarding "Long Term Ill Effects in Deliberately Immunised Rh Negative Male Volunteer Donors", it was noted that the draft questionnaire was being revised and would be amended before it was put to the National Management Committee for approval.

ACTION

Only those Regions who had an interest in the study and those who had relevant information to hand would take part in it.

Concerning the Guidelines for apheresis donors it was agreed that these guidelines should be more flexible and that a draft of the revised Guidelines should be prepared as soon as possible.

With regard to the minutes of the Western Division concerning the new contracts for General Practitioners, concern was expressed at the possibility that many GP's would be precluded under the terms of the contract from being sessional Doctors. Dr. Gunson asked RTD's to advise him of the numbers of GP's presently working as sessional Doctors and agreed to contact the Department of Health on this matter.

RTD's

Dr. Gunson also undertook to look into the possibility of securing Associate Specialist status for some sessional Doctors, particularly those involved in apheresis.

Dr. Gunson

With regard to the minutes of the Eastern Division Dr. Contreras agreed to circulate these as soon as possible.

Dr.
Contreras

Dr. Contreras reported that at the meeting of the Eastern Division deep concern was expressed regarding supplies from BPL, particularly the confusion caused by BPL supplying 250 ml bottles instead of 500 ml bottles.

13. Meetings of Other Committees

13.1 NBTS/CBLA Liaison Committee

The Committee received the minutes of the NBTS/CBLA Liaison Committee of 17th May, a copy of which is enclosed.

ACTION

13.2 UK Advisory Committee on Virological
Safety of Blood

Dr. Gunson was not able to attend the last meeting of the UK Advisory Committee however, he was able to advise on the following matters discussed by it.

Human Growth Hormone

Professor Preece will be asked to trace those who had received Human Growth Hormone before 1985 to offer them counselling concerning the possibility that they had contracted a slow acting virus through this treatment, and to request them not to give blood.

All transplant surgeons who have live organ donors or cadaverous donors are to ask relatives if the donor had received Human Growth Hormone. Whereas there is no evidence that the virus involved may be transmitted by transfusion, as there is no evidence that it might not, it has been agreed that there will be a press release concerning the request to those who received it not to donate blood or organs.

Dr. Gunson will circulate details of proposals when these are available. It was stressed that there was no reason to exclude persons who had received recombinant growth hormone after 1985.

Dr. Gunson

Anti-HTLV 1

Dr. Gunson advised the Committee that in light of the problems encountered in using presently available tests for HTLV 1, and the likelihood that better tests would be available very soon, the decision as to whether to proceed with the testing of 100,000 samples for HTLV 1 would not be made until the next meeting of the Committee on the Virological safety of blood on 3rd July, 1989.

LIV/1311

14. Any Other Business

14.1 Donors Who Have Lived In Malarious Areas

It was reported that there was no Ministry of Defence list of Malarious areas available for use by the BTS. It was agreed that the BTS would, therefore, use the World Health Organisation's list.

14.2 AIDS Leaflet

It was reported that this Committee would be given an opportunity to examine the revised AIDS leaflet before it was reprinted and it was agreed that the proposed revision of self exclusion leaflet should be distributed to Divisions for their comments. It was agreed that the only change which need be made at present was to include sexual partners of prostitutes. The final leaflet had to be approved by EAGA.

Dr. Gunson

14.3 SOS International

The proposals that SOS International had put forward to Dr. Fraser were discussed.

Since these raised a number of important matters it was agreed that no further action would be taken and the advice of the Department of Health was required on this matter.

Dr. Moore

14.4 Cross-Charging Within Regions

As present RTC's supply blood free of charge to District hospitals within their Region. Some Regions are now considering charging their Districts for blood supplies.

This was felt to be premature. Regions were not yet apportioning the costs of providing blood and blood products in a uniform manner and, therefore, had not arrived at a common basis on which to charge Districts.

LIV/1312

This would come once the Management Information System had been implemented. Also, there were worries as to the reaction of donors who gave blood freely.

ACTION

Whilst the Committee had no objection to the principle of cross-charging, which might make Districts more conscious of the need to use blood supplies more judiciously, it was agreed that such a move needed careful planning and preparation and a paper on this subject would be put to the National Co-ordinating Committee.

14.5 Liver Transplants

Concern was expressed at the continuing rise in the number of liver transplants which, because of the short lead time available, sometimes strained the resources of the Regions in which they took place. It was agreed that information regarding the number of planned liver transplants should be sought.

For Dr. Gunson reported that EC nationals could obtain treatment in the U.K. and had to receive such treatment on the terms that would be given to a U.K. national.

14.6 Council of Europe Meeting of Committee of Experts on Blood Transfusion and Immunohaematology (Liege)

Dr. Gunson reported that at the ISBT meeting in Liege a select committee on automation and quality assurance had produced guidelines which were not too dissimilar to those produced for the U.K.

It was intended to publish the guidelines sometime next year.

A small working group had also been set up to consider European self sufficiency. The group will be headed by Dr. Mandolaki.

ACTION

The Committee also noted that the ISBT had approved in principle a European Blood Donor card and a European Blood Donor Day.

Dr. Gunson agreed to circulate the meeting report when this became available

Dr. Gunson

14.7 Handbook of Transfusion Medicine

The Committee offered its congratulations to the authors on the booklet which they thought was excellent.

14.8 Intravenous Immunoglobulin

Dr. Contreras asked if BPL was able to provide intravenous immunoglobulins. Dr. Gunson replied that BPL was unable to do that at present because of the need for ALT, testing which was a requirement before a licensed procedure could be used.

14.9 RhD Grouping Of Blood

Dr. Contreras had sent a paper to the National Director regarding the RhD grouping of blood donations. Dr. Gunson thought it was a rational and sensible approach and recommended it to RTD's.

He was asked to circulate Dr. Contreras's paper.

Dr. Gunson

14.10 Management Courses

Dr. Moore said he had asked RDO's to advise him of the names of companies which ran media training courses suitable for RDO's.

15 Date And Venue Of The Next Meeting

It was agreed that the next meeting of the committee would take place on 29th August, 1989 at the West End Centre, London.