

NATIONAL DIRECTORATE OF THE NBTS

NATIONAL MANAGEMENT COMMITTEE

Minutes of the sixteenth meeting held on Monday, 2nd September 1991 in the Cripps Conference Room, University of Nottingham.

Present: Dr H.H. Gunson (In the Chair)
Dr C.C. Entwistle
Dr I.D. Fraser
Dr J.F. Harrison
Dr S.M. McDougall
Dr R.J. Moore
Dr E.A. Robinson
Dr W. Wagstaff

1. There were no apologies for absence. Dr Entwistle was welcomed in place of Dr Ala as a Western Division representative. The committee's appreciation of Dr Ala's sound and measured advice was recorded.
2. The minutes of the fifteenth meeting were accepted.
3. Matters arising.

3.1 Medical Audit

The first medical audit had been carried out at Trent by Drs Gunson and Fraser. Dr Wagstaff reported that the audit had been very well received. It was hoped that this encouraging start would help allay the concerns of other RTCs about the scope and style of the medical audit process.

3.2 Revision of AIDS Leaflet

Contributions to the revision had come from the Standing Advisory Committee (SAC) chaired by Dr Wagstaff, the Expert Advisory Group on AIDS (EAGA) subgroup chaired by Dr McClelland and the EAGA itself. The main points of debate remain the use of 1977 as an exclusion date and the explicit naming of countries such as Africa where heterosexual contact may be regarded as HIV risk behaviour. The version presently supported by EAGA names Africa and uses 1977, however, it has been criticised by representatives of the Commission for Racial Equality at a recent DH meeting.

After discussion it was agreed that the following action would be taken.

- a) The SAC would consider the use of a 5 year exclusion period following risk behaviour rather than the present 1977. This would bring HIV into line with general policy on other diseases and avoid allegations of labelling of "risk groups".

Action: Dr Wagstaff

- b) Africa remains the major heterosexual risk country and should therefore be named. The SAC would consider wording which included 'people of any race' to limit criticism of racial discrimination.

Action: Dr Wagstaff

- c) The DH would be asked and expected to settle the matter with the CRE since RTCs cannot be expected to continually defend the policy with local groups.

Action: Dr Gunson

- d) Once the policy has been decided effort will be needed to explain it to interested groups and ensure appropriate and understandable wording.
- e) The present policy of deferral for those having sex in New York or Thailand will continue until the new policy and leaflet has been agreed.

3.3 COSHH Data Sheet

Dr Harrison reported that more time has been allowed for receipt of comments on the data sheet. Dr Entwistle confirmed that a symposium on COSHH as it applies to RTCs will be held at Oxford on 21st October.

3.4 RTC Statistics

The RTC activity statistics for DH which will replace the K038 form are being assembled by the Directorate. Most RTCs have now produced complete data.

3.5 Supplies of blood to the ABSD

The DH have provided a clarification to EL(91)78, which they say was intended to maintain the status quo as regards blood supplied for MOD hospitals. Auxiliary services such as laboratory work and reagents cannot be provided free of charge neither can increases in the level of blood supply. The year 1989/90 has been agreed as the baseline.

3.6 British Bone Marrow Donor Panel

The Bone Marrow Donor Appeal have offered funding to South Western RTC to set up an International Register. This would conflict with present strategies for co-operation with the Anthony Nolan Trusts and so Dr Fraser has not encouraged the proposal.

4. Minutes of NBTS/CBLA Liaison Committee

The fall in demand for CMV immunoglobulin and the consequent reduction in requirement for CMV plasma was noted.

5. Minutes of meeting of UK Advisory Committee on Transfusion Transmitted Diseases

The recommendations from the committee had been assembled in a compendium by Dr Gunson and sent to all RTDs.

It was noted that testing had now started throughout the UK. The utilisation of plasma from HCV positive donations was discussed. At present they are acceptable for fractionation in the United States but not in Europe. BPL will accept plasma in accordance with the agreement in NMC 38/91 i.e. RIBA negatives.

NOTE: - subsequent to the meeting this policy has been amended cf. Dr Gunson's letter to RTDs of 11th September 1991.

6. HIV Personnel/Employment Policy

It was agreed that the booklet of advice entitled 'AIDS and the work place' produced by the Health and Safety Executive was satisfactory and there was no need for a special BTS policy. A booklet prepared by EAGA entitled Guidance for Clinical Health Care Workers was recommended.

Members queried current Hepatitis B immunisation policy in the BTS and it was agreed to reproduce previous advice from this committee.

(Minute from NMC Sixth meeting 2nd November 1989 as amended at NMC 7th meeting, 4th January 1990).

"The risk of infection is minimal providing proper safety precautions are taken to identify staff who may have been put at risk and appropriate action taken. There are differences between Regions (in their policies) and it was agreed that Regions should continue to operate their own policies".

7. Indemnity Insurance for Collection Sessions

The advice from the Legal advisor to NWRHA stating that RTCs cannot take out indemnity insurance was noted.

It has also been clarified by DH that the supply of blood to non-NHS hospitals is not classified as an income generation activity. Because of this it must be treated in the same way as NHS operations and therefore cannot be protected by RTC insurance.

8. Management Training Courses for Consultants

It was agreed to explore with Divisions whether there would be a demand for such a course tailored to BTS needs. Following a positive reply the Directorate would draft a specification and ask several training firms to tender for the work.

Action: Divisional Chairman

9. Minutes of Division

Eastern Division

NMC members agreed that if at all possible, there should be a single national version of the new black and white labels. As a first step the variation in present labels would be explored.

Action: Dr Moore

Northern Division

It was noted that BPL can no longer re-assay out of date products on behalf of RTCs.

It was agreed by NMC members to discuss with BPL the unsatisfactory response from BPL to Mersey on the policy for credit for defective goods.

Action: Directorate

Western Division

The proposal to charge a user fee of £20 for rare frozen cells was endorsed by NMC members.

The proposal for RTCs to offer shortdated products at discounted prices was agreed to be a matter for the RTCs concerned. The National Directorate would help find 'Customer RTCs' if RTCs offering discounted products approached them.

10. Minutes of RDOs and DSMs 21st March 1991.

The minutes were noted.

11. Any other Business

11.1 Reorganisation of BTS

It was agreed that a special meeting of the NMC with Chairmen of RDOs, Scientists, Nurses and Business Managers would be arranged (Now 30th September). Mr Wing as chairman of CBLA would also attend the meeting to answer queries. Following this meeting, the individual professional groups would be able to meet

and discuss the proposals and then send representatives to a plenary meeting towards the end of October.

Dr Gunson would squash rumours of a reduction in the number of RTCs by writing to all RTDs explaining that this was not under discussion and hard to envisage given the reliance of the blood supply on contributions from every RTC.

11.2 Platelet Symposium

Dr Love is organising a meeting in Sutton Coldfield on 31st October where recent experiences of users and manufactures of plateletpheresis equipment will be discussed.

12. Date of Next Meeting

Wednesday, 30th October 1991, at 11am. Manchester.
(Note change of date).