Minutes of the Meeting of the Eastern Division Consultants

in the Blood Transfusion Service

held

4th July, 1985 at Tooting Centre

Present: **Dr. Blagdon**
Dr. Boralessa
Dr. Contreras
Dr. Gibson
Dr. Hewitt
Dr. Rogers - Chairman
Dr. Williams

1. **Apologies** for absence were received from Dr. Brozovic, Dr. Darnborough, Dr. Kemp, Dr. Harrison, Dr. Lane and Dr. Wood

Dismay was expressed that so many people were absent for whatever reason.

2. **Minutes** of the meeting held on 11th April, 1985 were accepted as generally correct.

3. **Matters arising from the Minutes**

(a) Blood Supplies for Liver Transplants

Dr. Blagdon asked whether pooling of resources for liver transplants would only follow the setting up of a National Service. A request was made for circulation of any existing second document relating to the National Service. Dr. Contreras was to raise the matter at the RTDs meeting.

In the same vein, Dr. Gibson requested that Dr. Napier be asked about the success of the 'excess blood' data collection scheme at his Centre.

(b) Supplies of Anti-D for Immunoglobulin Preparation

It was confirmed that Edgware's accredited donors have now been anti HTLV III tested.

(c) Sickle Cell Society

Dr. Williams had communicated with Dr. Harrison and confirmed that Brentwood would test black donors for Sickle Cell trait, if identified as black at sessions, and donors would be informed.

(d) Charging between 2 Regions

Concerning Inter/Intra regional charging, Dr. Contreras wished to register that the Price Waterhouse report was very poor.

Dr. Blagdon deplored the Birmingham meeting.

In response to questions, Dr. Rogers said that April 1986 was the tentative date for introducing cross-charging and that in the S.W. Thames Region clinical budgeting was planned for 1987.

(e) Charges for BPL Products

Dr. Gibson asked whether Elstree information regarding Factor VIII yield of raw plasma would be better distributed. It seems that Elstree no longer considers the quality of raw plasma to be critical.

4. Increased demands for HLA typed or CMV negative platelets

Dr. Contreras reported receiving requests for HLA matched platelets for up to three patients daily.

Requests of this kind were rare in the other divisional Centres. Edgware demand was thought to be due to the specialised aplastic anaemia practice at Hammersmith and Great Ormond Street Hospitals.

In response to Dr. Contreras' request for help, it was said that Tooting have a small panel of typed donors but only V50 machines for collection. Cambridge and Brentwood have typed donors but no collection facilities. All would help as far as possible.

Tooting, Cambridge and Brentwood have no CMV tested donors.

5. Increased demand for FFP for hospital use

22,000 units were issued by Edgware in 1984 compared with 15,900 units from Tooting.

It was generally thought that FFP is being misused in lieu of 4.5% Albumin.

Dr. Contreras said that with respect to items 4 and 5 and item 6 to follow, her Centre was overloaded and may need to retract from certain national efforts such as supplying a large proportion of the UK's specific immunoglobulin plasma.

It was considered that the only long term solution for Edgware was the resolution of the NW/NE Thames boundary problem.

Dr. Contreras needed help in the shorter term but no solution was forthcoming. The matter was to be raised at the RTD Meeting.

6. Supply of raw materials for ABO & Rh grouping reagent

Dr. Contreras referred to the general shortage of ABO reagents especially anti A, B. She asked Centres to recruit Group O mothers with babies affected by ABO HDN and to screen random donors.

It was not clear whether satisfactory preparation of A &B substance for boosting would be available in future.

With reference to Rh(D) grouping reagent, there was discussion as to whether high potency anti-D plasma should be diverted to non-clinical needs in time of apparent shortage. .Tooting and Cambridge representatives thought that clinical needs should take precedence while Edgware and Brentwood representatives favoured equal precedence for immunoglobulin and reagents needs.

Dr. Contreras stressed that if BGRL was to remain as central supplier then all Centres must contribute.

7. Application of new 5 year rule for 'TA' donors

Dr. Rogers asked whether any Centres were refraining from using 'TA' donors for....

... red cells for 5 years after return to the UK, in accordance with new guidelines.

Tooting defer all 'TA' donors for 6 months and use them for plasma only for 3 years after return unless a negative malaria antibody test is obtained.

Cambridge defer 'TA' donors for 6 months after their return and then use them for red cells.

Brentwood defer for 3 months and then use them for red cells if they have taken anti-malarial tablets. If no prophylaxis, then they are labelled 'TA' for life.

Edgware defer donors initially for 3 months and use them for plasma only, for three years after their return. Morocco and Tunisia are not considered 'TA' areas.

Dr. Williams pointed out that Tooting's results of malaria antibody testing showed that approximately 12% of tropical area visitors claiming not to have had malaria gave definite positive results.

Whether the recent DHSS document on guidance for selection of blood donors was an official document of any legal standing should be raised and minuted at the next RTD Meeting.

8. **UKTS 'Bone Marrow News Letter'**

It was unanimously agreed that donors HLA typed for other reasons should not be directly approached to become marrow donors.

9. **Agenda for RTD's Meeting - 10th July, 1985**

(5) **Update on AIDS**

The documents circulated relating to the handling of anti HTLV III positive donors were discussed.

The flow chart was considered unwieldly and unworkable. Edgware representatives circulated a simplified verson.

Dr. Hewitt was anxious that records of donors found negative following an initial positive screening test should not be flagged in any way.

Dr. Blagdon was concerned that under the suggested scheme it might be longer than 48 hours before the retained bag was tested and pssible mistaken identity discovered. By this time the truly hazardous donation would have been issued. The bag should be tested in parallel with repeat test on serum sample.

After very long discussion it was agreed that BTS personnel must obtain the second sample from the donor on some pretext. Should the second sample be positive, a letter should be sent to the donor saying that a BTS doctor would like to discuss the results with the donor in person. The donor should be asked permission to inform his GP at the time he is told the results.

Subsequent counselling should be done by the General Practitioner, Community Health Physician, Local Infectious Diseases Consultant, or a person specifically employed by the BTS for this purpose. The DHSS should be asked to inform the groups concerned of BTS policy.

(6) **RTD Computer Working Party**

It was considered that a Computer User Group would be preferable to a Working Party.

(10) **Hepatitis B Screening - Independent Quality Control Arrangements**

There was agreement with the contents of Dr. Napier's letter.

(12) **Blood Supplies to the Armed Forces - Civil Defence Planning**

No plan for blood supplies to the Armed Forces existed in the Eastern Division.

(14) **Gradings of Nurses at Regional Transfusion Centres**

On the subject of gradings of Head Nurses, Dr. Gibson had evidence that the vast majority were Nursing Officer Grade II.

10. Any other Business

Dr. Williams raised the subject of low haemoglobin levels amongst donors. Since improving the performance of the Van Slyke test at sessions, Tooting's true rejects for one week in June 1985 represented 5.1% of donors bled.

This compared with 3.2% at Brentwood and approximately 2% in Cambridge. Edgware would send their figures to Tooting.

Dr. Williams suggested that discussion might take place at some time about the possible lowering of minimal acceptable levels and referred to the Canadian Red Cross study at McMaster University.

Reference was made to the 'Hemocue' instrument which might allow more 'false failure' donors to be bled.

11. Date of next Meeting

The next Meeting is to be held at Edgware Centre on 3rd October, 1985.