

MINUTES OF THE EASTERN DIVISION MEETING HELD AT  
THE NORTH LONDON BTS COLINDALE ON THURSDAY,  
9th JANUARY 1992.

**PRESENT:** Dr J F Harrison (Chairman)  
Dr A Gorman (Acting Secretary)  
Professor J-P Allain  
Dr M Brennan  
Dr B Brozovic  
Dr M Contreras  
Mrs G Fryers  
Dr P Hewitt  
Dr R Jones  
Dr S Knowles  
Dr S M McDougall  
Col. M Thomas  
Dr L Williamson

1. Apologies for Absence

Apologies for absence were received from Dr H Boralessa, Dr M de Silva, Dr E Ranasinghe, Dr J Kemp, Ms B Phipps, Dr B Brierley. Dr W Ouwehand was able to attend the audit meeting in the afternoon, but not the morning business meeting. Members noted with regret that there was no representation at the meeting from the South Thames Transfusion Centre.

2. Minutes of the Previous Meeting

Minutes of the meeting held on 23rd October 1991 were accepted as a true record.

3. Matters Arising

(a) A list of NBTS Committees and membership had been received from the National Directorate. In general, members felt that this list was incomplete. No details were given of the various committees which were reviewing "The Red Book" for example. Details of other groups such as the Transport Working Party, the Labels Working Party and the Barcode Working Party would also be valuable.

(b) Future of the NBTS: It was noted that this was not an item for discussion on the Agenda of the forthcoming National Management Committee Meeting. Dr Harrison had spoken to Dr Roger Moore and understood that the comments and proposals were still being considered by ministers and that a reply was expected within the next few weeks. Mrs Fryers reported that BPL had heard that no NBA would be set up until October 1992 at the earliest.

(c) Inventory Control: Ms Phipps had proposed a study to look at inventory control of blood and components. The National Management Committee had suggested that she should discuss the matter with Mr Sid Stewart who had already done some work on this subject.

(d) Bone Banking: Professor Allain reported that on 1st August 1992 a tissue bank will open at Cambridge BTS to store bone, heart valves and bone marrow. This will initially be funded by the RHA. It is planned to provide a service for East Anglia Region at first but a service for other Regions may be available at a later date.

(e) Collaboration with Wellcome on QA of Microbiological Testing: Professor Allain has been approached to chair a small working party consisting of himself, Dr Entwistle and Mr P Nuttall in order to progress this matter.

4. Agenda and Papers for the NMC Meeting on Thursday, 16th January 1992.

(a) Matters arising from the Minutes of the NMC of 30/10/1991.

10.21 There was a factual error in this minute. Dr Harrison had referred to untoward incidents during whole blood collection, not apheresis.

3.5 The Eastern Division does not support the idea of management training courses on a national basis for BTS consultants. It was felt that a more general course which gave a broader outlook and involved liaison with other consultants within the region would be more useful than a course specifically designed for BTS consultants.

9.6 Some members felt that there were already too many different types of donor recruitment leaflets and that a specific platelet-pheresis leaflet would not be useful. Others felt that cost savings could be made even if two or three centres required a particular leaflet rather than individual centres having their own leaflets printed.



(b) Agenda of the NMC Committee Meeting for 16/1/92

3.1 Revision of the AIDS Leaflet

Members felt very strongly that the revisions that were being proposed for the AIDS leaflet were not appropriate and would be difficult to operate in practice. The NBTS should devise its own leaflet and not rely on advice from people who were not conversant with the day-to-day operation of the Service. For example, there is no evidence that men who have had a homosexual experience before 1977 are still at risk and the idea that people who have had their ears pierced or have had a course of acupuncture should wait two years before recommencing as blood donors is far too strict and will result in a considerable decrease in the number of volunteers. There was an extensive discussion on this matter and it was agreed that the consultants at Colindale BTS together with appropriate advisors would draw up a draft document which could be used as an infectious diseases exclusion leaflet by the NBTS. This draft document will be available for the next meeting of the advisory committee on donor selection.

3.4 AIDS and the Workplace

Members did not agree with some of the proposals in the document drawn up by Dr Gunson. It was felt to be perfectly reasonable to take a pre-employment sample of blood for testing for Hepatitis B surface antigen from persons who are seeking employment within the BTS. It was pointed out that if a person would not be employed if the HBsAg test was positive, then this information should be included in the job description. For most employees however, the Hepatitis test is done in case the staff member should subsequently contract Hepatitis B during the course of their employment. It is acceptable to archive this pre-employment sample provided that the employee was in agreement so that a "lookback" could be done in the event of an accident to the employee involving Hepatitis B, Hepatitis C, HIV or any other transfusion transmitted disease. If the employee refused permission for a sample to be archived this could be noted and the sample discarded.

If an employee has an accident then every effort should be made to identify the source of the blood and ensure that this blood has been appropriately tested. If the employee has had an accident with infected or possibly infected blood then the employee should be referred to an appropriate physician for further testing, counselling and treatment. It is not the role of BTS consultants to provide treatment for employees in this situation.

4. Minutes of the QUIN Committee of 5/12/91

Some members were concerned that the revision of the plasma specification was taking so long, but it was appreciated that this was probably the result of extensive consultations.

Dr Harrison raised the matter of selection of donors for collection of plasma for fractionation by apheresis. It was felt that donors taking certain types of medication, for example, would probably be acceptable for plasmapheresis whereas they might not be suitable for donation of whole blood or platelets. It is probable that plasma would be suitable for fractionation provided that any drugs it contained did not bind to albumin. It was agreed that the Brentwood consultants would investigate this matter and produce a list of commonly used drugs and details of whether or not these drugs bind to albumin.

6. Minutes of NBTS/CBLA Liaison Committee 12/12/91.

Representatives of those centres which produce plasma by apheresis for fractionation stated that they could not afford to produce plasma for the price that was to be paid by BPL in 1992/93. The consequence of this would be that the quantities of plasma collected by apheresis would fall. Eventually this will mean that BPL will have insufficient plasma to fractionate and products will need to be imported. The Department of Health should be made aware of this potential problem. Professor Allain said that he was still awaiting a reply from Dr Gunson to his letter concerning the price that has been fixed for apheresis plasma in 1992/93.



7. Minutes of POD Committee of 18/12/91

These minutes were circulated at the meeting. Some members felt that the BTS's profile is too low and that someone in the BBC should be approached to ask whether free advertising could be provided at peak times. It was also felt that advertising and information on radio and TV should be given about the scientific side of blood transfusion as well as just asking people to come forward and donate. It was also suggested that a video about the Blood Transfusion Service should be made for use in schools.

8. Commercial Involvement in Monthly HIV/HCV Reports

Members agreed that copies of Vi Rawlinson's reports should be made available to the appropriate commercial companies.

5. Training in Transfusion for the New Style MRCPPath

There was a wide ranging discussion about the new style MRCPPath examination. Concern was expressed because the new Part 1 exam for which one month's training at a BTS is recommended is supposed to be largely practical with little emphasis on interpretation of results and theoretical knowledge, whereas the new Part 2 examination will be almost entirely a theoretical test. It seems that practical skills and theoretical knowledge are to be divorced to a certain extent and this does not make training in blood transfusion at the Transfusion Centre very easy either for the Part 1 or for the new Part 2 examinations.

6. Update on COSHH Sheets

Dr Harrison apologised for the fact that she had not made the appropriate amendments to the NBTS COSHH Sheets following comments from the three divisions. Amendments are now being made and the final sheets will be issued shortly.

9. Dates of Forthcoming Meetings

The following forthcoming dates were agreed:

25th March 1992	at Brentwood
25th June 1992	at Tooting
2nd September 1992	at ABSD (note change of date)
25th November 1992	at Cambridge

Minutes of POD Committee of 18/12/91

These minutes were circulated at the meeting. Some members felt that the advice on appropriate methods of disposal of non-microbiological positive blood would be welcomed. Brentwood BTC feels that it is undesirable to pour large volumes of blood into the drains and they are therefore proposing to autoclave all blood donations before disposal by incineration. The problem of incineration was then discussed since many hospital incinerators do not comply with current legislation and the burning of plastics can be difficult. The question of whether there are any EEC regulations about blood disposal was raised.

7. Bone Marrow Donor Leaflet

Members had studied the proposed leaflets circulated by Dr Fraser. There was a general feeling that only one leaflet was necessary and that the leaflet of further information for potential bone marrow donors was the most useful. Centres did not wish volunteer bone marrow donors to write in to them for information. It was much better to recruit such donors at blood donor sessions and therefore the consent forms and request forms should not be printed as an integral part of the leaflet. They can then be used by those Centres who wish to use them. The view was expressed that there was no need to contact the GP of a volunteer bone marrow donor unless that donor had been picked out for further testing as a possible match for a patient.

8. Any Other Business

(a) Dr Contreras raised the problem of a change in funding for NEQAS. If funds have been devolved to RHAs then Transfusion Centres should be able to apply to the RHA for reimbursement of NEQAS charges. It was agreed that all Centres in the Eastern Division would apply to their RHAs for reimbursement for NEQAS charges.

(b) Blood Transportation Working Party Report

Colonel Thomas circulated copies of a final draft of the above report. Concern was expressed that this draft report had not been circulated to RTDs for comment since there were considerable financial and other implications of the report.

9. Dates of Forthcoming Meetings

The following forthcoming dates were agreed:

26th March 1992	at Brentwood
25th June 1992	at Tooting
2nd September 1992	at ABSD (note change of date)
26th November 1992	at Cambridge