

EASTERN DIVISION MEETING

Minutes of the Meeting held at the Cambridge B.T.C. on
Wednesday, 14 August 1991

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Present: Dr J F Harrison (Chairman)
Dr H Boralessa (Secretary)
Professor P Allain
Dr R Brearley
Dr D Brozovic
Dr M de Silva
Mrs G Fryers
Dr P Hewitt
Dr J Kemp
Dr S M McDougall
Dr W Ouwehand
Colonel M Thomas
Dr L Williamson

1. Apologies for Absence

Apologies for absence were received from Dr M Contreras,
Dr A Gorman, Dr S Knowles, Ms B Phipps and Dr E Ranasinghe.

2. Minutes of the Previous Meeting

Minutes of the Meeting held on 6 June 1991 were accepted as a true
record.

3. Matters Arising

None - all items covered later in the agenda.

4. Agenda/Papers for Management Committee Meeting on 2 September 1991

(a) MINUTES OF THE MEETING HELD ON 20 JUNE 1991

6.13 N.B.T.S. Research Committee

Members noted that Professor Allain was to be asked to chair this
Committee.

Dr Hewitt enquired about NBTS Committees. No list of membership
and terms of reference of the various NBTS Committees has been
received. Dr Harrison will raise the matter again with Dr Gunson.

6.15 Supplies to ABSD

Colonel Thomas informed the Division that RTCs were funded up to the fiscal year 89/90 to provide blood for the military hospitals. Hence red cells and components over and above what was supplied in the year 89/90 is chargeable by the RTCs. This applies also to supplies for the navy and airforce. Charges for reagents, panel cells and investigations are excluded from this arrangement and should be charged from the very outset. Any queries about supplies to any of the three Services should be referred to Colonel Thomas.

6.22 National Frozen Blood Bank

Members expressed concern because charges for the current year were increased by £2,000 per RTC. In future charges should be agreed at the beginning of the year, a contract signed and no changes made during the year.

RTCs requested that they should receive from time to time, a list of "wanted" units for freezing.

7.7 Working Party on Record Keeping

There was unanimous agreement that this Committee should be reorganized.

(b) AGENDA OF THE N.M.C. MEETING FOR 2 SEPTEMBER 1991

3.1 Medical Audit

Dr Hewitt reported that she and Dr Contreras were still not happy about the suggested way in which medical audits were to be performed. Other members of the Eastern Division felt that the first wave of medical audits, if viewed as fact finding exercises, would be extremely useful. Some Divisional members who were not members of audit teams, felt that the papers which had been circulated about medical audit in the NBTS were extremely worrying. They remained concerned that they would have to be subjected to individual interview by auditors on a one-to-one or two-to-one basis.

Brentwood's medical audit is scheduled for Friday, 18 October i.e. prior to the next Eastern Division Meeting. Dr Harrison agreed to report to the Eastern Division after the Brentwood audit had taken place.

3.2 Revision of AIDS Leaflet

Members felt very strongly that the recommended revisions to the AIDS Leaflet would make it even more difficult to operate in practice. The exclusion of volunteers who had had sexual relationships in Africa at any time since 1977, means that people who have lived in Africa for periods of three months or more with their families, will be excluded as donors. Colonel Thomas pointed out that many Army personnel have spent time living with their wives and families in Africa since 1977.

Other Centres too are having difficulties because donors who have had sexual relationships in New York, the West Indies, Brazil and Thailand are being excluded as recommended, but we have no indication as to what the cut-off date should be for exclusion of these volunteers i.e. should we go back to 1988 or even 1977?

It was felt that it would be more practical and still safe to exclude persons who had had sexual relationships in high risk areas, or with persons from high risk areas, within the last three years. Representatives of one transfusion centre confessed that donors were being readmitted to the panel eighteen months after they had had sexual relationships with persons from high risk areas.

It was felt that any revision of the AIDS leaflet should be agreed by Divisions before publication since otherwise, although the theoretical risks may have been thoroughly considered, the problems of implementation of the list of exclusions might not be taken fully into account. Members of the Eastern Division were asked to send their views on revision of the AIDS leaflet to Pat Hewitt, who is the Eastern Division representative on the committee considering donor selection criteria.

The suggestion that persons who had had a blood transfusion should be excluded for one year in view of the possible long incubation of Hepatitis C, was supported. It was also suggested that exclusion of donors after tattooing, ear piercing etc, should also be extended to one year. If this new one year rule is to be implemented, Divisional members would like to receive clear instructions from Dr Gunson, so that all Centres can make the change at the same time.

3.3 C.O.S.H.H. Data Sheets

Since all RTDs had had the opportunity to send in comments to the C.O.S.H.H. Committee prior to the production of C.O.S.H.H. data sheets for blood and blood components, both Dr Harrison and Dr Williamson expressed some surprise that Divisions were to be asked to comment again on the data sheets that had been produced before a final version is issued. The C.O.S.H.H. Committee will have to meet again to consider these further comments.

6.0 HIV Personnel/Employment Policies

Members felt that they would have no difficulty in complying with the policies as set out in the documents which had been circulated.

Dr Harrison raised the matter of Hepatitis B vaccination. She wondered whether the NBTS should review its policy and now recommend Hepatitis B vaccination for NBTS staff, particularly in view of the increase in the amount of medico-legal litigation.

5. Format of Divisional Meetings

Dr Ouwehand proposed changing the format of the Divisional Meeting, so that more medical topics can be discussed. There was much discussion and it was agreed that the next Eastern Division Meeting would take the form of a business meeting in the morning followed by a Divisional Medical Audit Meeting in the afternoon. Dr Ouwehand agreed to organize the Medical Audit Meeting on 23 October

6. Proposals for the Future Organization of the N.B.T.S.

Members of the Division received a letter from Dr Contreras who was unable to be present at the Meeting, but wished to inform members of her views following a meeting which she attended at the Department of Health on 8 July. Members noted that the formation of a National Blood Authority was going ahead. They supported this initiative in principle and agreed that every effort should be made by all Transfusion Centres and by BPL to ensure the success of the N.B.A.

7. Proposal for new Definition and Labelling of Rh Negative Donations

A paper was circulated by Cambridge BTS, in which various points were raised. It was felt that antenatal blood group cards and certificate books did not need to be recalled but new donors or patients could be given black and white cards from April 1992 onwards. Dr de Silva circulated a paper giving details of North London BTCs experience of testing for Rh (D) positive and negative only. Dr Ouwehand was concerned that if only one monoclonal anti-D is used for testing, then D^u donors might be missed.

8. Any Other Business

Dr Ouwehand asked for an update on the proposal that Divisional contracts might be obtained for the purchase of various items. The proposal has been referred to the Business Managers of the various Centres, who will be in touch with each other to discuss the matter.

9. Date and Venue of Next Meeting

23 October 1991 at the Bio Products Laboratory, Elstree.

Times: Business Meeting 10.30am to 1.00pm
Medical Audit Meeting from 2.00pm onwards.