

Eastern Division of Consultants' Meeting held on 24 May 1990  
Thursday 24 May 1990

1. Self-sufficiency: the Chairman agreed to write to Dr Gunson with the Division's views on the DOH's stand on self-sufficiency and the NET experience with BPL granting additional discounts to hospitals, unknown to the RTC.
2. The DOH's plans for charging: is it to be implemented in all Regions? This should be clarified before a letter is distributed to donors in all Regions. Furthermore Districts will need to be informed as soon as possible if charging is to be considered in any particular RHA.

With the exception of South London RTC, the rest of the Division was unanimous that most of the current problems would not occur if there was no cross charging, especially for blood products.

3. Retention of records: RTCs are becoming flooded with paperwork. Therefore it is imperative that the RTCs are informed of the official recommended period for retention of records especially as it has medico-legal implications.
4. National certification after Apheresis training would be very desirable.
5. National targets and usage and the Scottish capability of fractionation of CMV immune plasma needs clarification. We also need to know when BPL will be ready to prepare I.V. CMV-Ig. Also, what the BPL charges are likely to be for this and for polyclonal I.V. Ig, needs to be known. Unless competitively priced, hospitals will buy commercial products.
6. All RTCs ready to test for HIV1/2 in June.
7. Quality audit should assess the level of communications between the Consultants of each RTC as well as between Consultants, Senior Managers and all levels of staff within the RTC.
8. The Division voted against separate Chief Executive meetings and decided that all disciplines should report through their RTD to the Divisions and then to NMC.
9. John Ord from Brentwood and another member yet to be named from Cambridge were nominated to help with the computerisation of the Bone Marrow Donor panel.
10. Dr Harrison distributed documents on Provision of Donor Committee and requested that each RTC should bring their views to the next meeting.
11. Members unanimously agreed that Birmingham's low usage of blood and components in liver transplantation should be explored further.
12. Dr Gunson to be reminded about the COSHH data sheets that he offered to provide to RTCs.

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## EASTERN DIVISION OF CONSULTANTS IN BLOOD TRANSFUSION

Minutes of the Meeting held at the Regional Transfusion and Immuno-Haematology Centre, Cambridge on Thursday 24 May 1990

### PRESENT

Dr M Contreras (Chairman)  
Dr M de Silva (Acting Secretary)

Dr J Blagdon  
Dr H Boralessa  
Dr R Brearley  
Dr B Brozovic  
Dr E Gascoine  
Dr A Gorman

Dr J Harrison  
Dr P Hewitt  
Dr M McDougal  
Dr W Ouwehand  
Col M J G Thomas  
Dr L Williamson

Dr Lorna Williamson, Locum Consultant Haematologist at the Cambridge Transfusion Centre, was introduced to the members and welcomed to the meeting. Dr Williamson presented data on the usage of blood and its cost in liver transplantation at Cambridge.

Dr Harrison commented on the problem that London faced, particularly with foreign and extra-regional patients and Dr Contreras pointed out that this also applies to bone marrow transplantation.

#### 1. Apologies for absence

Apologies for absence were received from Dr R Jones, Dr J Kemp, Dr S Knowles, Dr R Lane, Dr E Ranasinghe, Dr K Ll Rogers and Dr T Wood.

#### 2. Minutes of the previous meeting

Minutes of the meeting held on 21 March 1990 were accepted.

#### 3. Matters arising from the previous minutes

##### 3.1 Low dose antenatal anti-D Ig trial

More than 4,000 patients have now been entered into this trial.

3.2 CMV immunoglobulin now being distributed to RTCs pro rata to immune plasma input. Dr Harrison undertook to write to Dr Gunson to enquire how much CMV immune plasma Scotland/BPL will be able to fractionate, and to clarify what the national target is.

3.3 There was grave concern that the Department of Health is not supporting self-sufficiency in plasma products in the UK. The Chairman undertook to write to Dr Gunson regarding this as the members felt that something needs to be done urgently.

3.4 There was much dismay to hear from Dr Harrison that BPL had offered greatly discounted prices for blood



products to a hospital in NET, which is already supplied with BPL products by Brentwood RTC at the discounted NBTS prices. This is likely to have great repercussions as the Association of Haematologists in NET are writing to BPL to enquire if these same discounts would be available to them. The Chairman to write to the National Director about this serious situation asking for Mr Ron Wing, Mr Duncan Nichols and Mr Malone Lee to be informed.

3.5 Anti-HIV1/2 testing

The report on the first one month's trial of the Wellcome II kits has been sent to the National Director. Compares well with the Wessex trial results, and the general impression is that the assay is very good with a very low rate of false positives and initial reactives.

4. Matters arising from the Management Committee Meeting held on 30 April 1990

4.1 Medical audit in the NBTS

ABSD and Scotland will be included. Dr Gunson is expected to write to RMOs regarding medical audit.

4.3 Apheresis guidelines

Ten copies distributed to each RTC. Anyone needing more should inform Dr Harrison. It was suggested that the Apheresis Working Group should recommend that a national certificate for plasmapheresis operators be created which should be updated annually.

4.4 Retention of records

There is uncertainty about how long records should be kept including session slips, as there has been no directive on this.

4.5 Special meeting of National Management Committee on 9 April 1990

4.5.1 Budget devolution to districts: majority preferred block contracts for districts. It is likely that many RHAs will consider Blood Transfusion as a core function and may not implement charges at all.

4.5.2 Concern was expressed that donors will react to the national leaflet even in Regions where the RTCs have not decided the charging policy, if any.

4.6 Ad hoc meeting of Chairmen of NBTS Committees

4.6.1 The Eastern Division RTCs do not operate a statutory holiday linked to a bank holiday weekend.

- 4.6.2 Anti-HIV1 & 2 - all RTCs are ready to start testing and the ABSD have already started. The DOH have not set a date for anti-HCV testing as there is insufficient data regarding the positive predictive value of the test. It appears that the DOH is buying time before instructing RTCs to commence testing.
- 4.6.3 Europe and 1992: members felt that not having cross charging would have been a good means of preventing imports of European blood and components.
- 4.6.4 Quality audits: Dr McDougal reported that the Cambridge audit was done very professionally and efficiently and outlined some examples of the criticisms and suggestions that were made. Concern was expressed about the security of their computerised issue procedure and the consortium of RTCs who used the Cardiff computer programme met and agreed that the audit team were correct and solutions for the problem are now being addressed.
- 4.6.5 Communications - the consensus was that communications within RTCs, between RTCs and in NBTS in general could improve. It was generally agreed that departmental heads within an RTC should report to the Consultants and Director who should then bring their views to the Divisional meetings. It was agreed that the National Management Committee should be informed of the salient points discussed at the Divisional Meeting - see attached sheet. Members unanimously decided against extending meetings to include RDOs, nurses, administrators etc or to have meetings of "chief executives". If RDOs or business managers or other professionals are needed to discuss specific items, they will be invited to attend the end of the meeting.

4.7 British Bone Marrow and Platelet Donor Panel.

The Chairman requested each RTC to ask bone marrow donors if they would like to be included in the international panel provided harvesting is done in the UK.

Dr Harrison offered the help of John Ord to Dr Ian Fraser and Dr McDougal also felt that he might be able to find a person from the Cambridge RHA to provide advice on computerisation.

6. Provision of Donors Committee

BTS has spent much money and time on this and the members felt that the results of this should now be implemented. Each



Division will be expected to forward their views and suggestions on the paper written by Dr Roger Moore.

7. Any other business

- 7.1 Dr Rogers had written for clarification about the age of blood recommended for neonatal transfusion, in view of less than 48 h being recommended in the recent ABC of Transfusion in the BMJ. There was unanimous agreement that blood less than 5 days was perfectly adequate. Dr Contreras said that she had used her editorial prerogative to extend the time to 5-7 days in the monograph to be published by the BMJ shortly including all the "ABC" chapters.
- 7.2 Dr Boralessa enquired whether the national data sheets for COSHH are to be provided by the National Directorate. The chairman agreed to bring this up at the next meeting of the NMC.
- 7.3 In reply to Col Thomas, the Chairman informed that the guidelines on the use of FFP are now at the final draft stage and that the BCSH should have them in six weeks' time. It is then up to the task force to decide on the publication of the document.

Dr Darnborough was invited for lunch and presented with a gift by the consultants in the Division.

8. Date and venue of next meeting

18 July 1990 at Aldershot.

Dr Contreras thanked Dr McDougal for the hospitality extended to us.

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