

Secretary
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REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 145th meeting held on Wednesday 10 January 1973
at 1.45 pm in Room 1114, Department of Health and Social Security,
Euston Tower, 286 Euston Road, London, NW1 3DN

PRESENT:

Dr W d'A Maycock

- in the Chair

Dr S Murray)

Dr L A D Tovey)

Dr C C Bowley)

Dr J Darnborough)

Dr T E Cleghorn)

Dr W J Jenkins)

Dr K L L. Rogers)

Dr J Grant)

Dr G H Tovey)

Dr R J Drummond)

Dr G W G Bird)

Dr F Stratton)

Dr D Lehane)

Dr D S Smith)

- Regional Transfusion Directors

Dr K L G Goldsmith

- Blood Group Reference Laboratory

Dr H B M Lewis

- Scottish National Blood
Transfusion Association

Colonel T E Field

- Northern Ireland Blood
Transfusion Service

Dr S L Waiter)

Dr M A Buttolph)

Mr W A Walters)

Mrs R A Tunmard)

Mr R H Hanson)

- Department of Health and Social
Security

Apologies for absence were received from Dr Macdonald.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on 25 October 1972 were confirmed subject to the following changes:-

PAGE 3 2nd & 3rd lines - After discussion it was agreed that the sentence

"The meeting graded E" should be re-
worded. "The meeting considered that many drivers
could be graded E if attention were given to
arranging the scope of their duties."

PAGE 12 3rd line after "per cent" insert "per annum"

" 14 1st para.

lines 7,8 & 9 Amend to read: "These nurse blood collectors were paid as staff nurses with a responsibility allowance of £60 p.a. ; the Head Nurse of RTC Bristol was paid as a Senior Ward Sister.

2. MATTERS ARISING

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL CONTROL REAGENT
There were no developments to report.

b. TRANSPORT ACT 1968 - APPLICATION TO NETS

Mr Walters said that Legal Branch were still considering Dr Bowley's letter, which contained helpful interpretations of the application of this Act to NETS. Referring to Dr Rogers' letter of 22 August 1972, relating to the weight of vehicles, Mr Walters said that the upper limit of weight of vehicles classified as "dual purpose vehicles" was 2 tons. Goods vehicles over $3\frac{1}{2}$ tons plated weight or over 30 cwt unladen weight were classified as "heavy goods vehicles". \int Dual purpose vehicles, and vehicles of $3\frac{1}{2}$ tons plated weight or under or 30 cwt unladen weight or under are classified as light goods vehicles. \int Dr L A D Tovey said that the Leeds RHB paid for the training of drivers of heavy goods vehicles and for one driving test; the Sheffield RHB paid for two tests.

c. ACTION UNDER THE MEDICINES ACT 1968

There were no developments to report.

d. NOTES ON TRANSFUSION

Dr Maycock reported that the text prepared for the printers was not "clean" enough to be acceptable. The text was being retyped at RTC Newcastle and would be sent to the printers immediately it was received.

3. MEDICAL STAFF IN RTCs.

CONSULTANT ESTABLISHMENT It was agreed that the original working party formed to consider the consultant establishment of RTCs., which had met only once, should be reconstituted. The following were nominated to

serve on it:-

Dr G H Tovey, Dr Murray, Dr Stratton and Dr Cleghorn.

Dr Maycock said he would arrange a meeting as soon as possible.

Dr Lewis undertook to ask Dr Macdonald to arrange Scottish representation.

PART-TIME MEDICAL OFFICERS. Dr Maycock said since the last meeting Dr Elizabeth Shore had informed him that after April 1974 medical staff up to and including registrars would be employed by Area Health Authorities. It, therefore, seemed probable that RTCs. providing they were not administered by AHA's would be able to employ AHA medical staff part-time for collecting blood.

f. GROUPAMATIC BLOOD GROUPING MACHINE

Dr Buttolph said that the case for purchasing one of these machines had been put to the Development Steering Committee.

3. THE NATIONAL BLOOD TRANSFUSION SERVICE IN THE REVISED NATIONAL HEALTH SERVICE

Dr Maycock reported that the Standing Medical Advisory Committee had discussed the future organization of the NBTS at its meeting on the 9 January. It had recommended that a committee should be formed to consider this matter.

4. SUPPLY MATTERS:

a. SIGNIFICANCE OF PHTHALATES IN PVC FORMULATIONS

Two papers were before the meeting:

RTD(73)1. Memorandum by IHSS Scientific and Technical Branch (STB4)

"Phthalate Plasticizers in PVC Blood Packs."

RTD(73)2. Photostat copy of "Migration of a phthalate plasticizer from polyvinyl chloride blood bags into stored human blood and its localization in human tissues." R J Jaeger and R J Rubin, New. Eng. J. Med. 1972-287-1114.

Mr Hanson reviewed the position regarding phthalate plasticizers. These had received considerable publicity following the article by Jaeger and Rubin which had been summarized in "The Times" 7 December 1972 and which was the subject of an annotation in the Lancet 1973-1-28.

Mr Hanson informed the meeting that DHSS and Government Chemist had carried out during the past two years a series of experiments on the passage of di-2-ethyl hexyl phthalate (DEHP) from plastic used for transfusion equipment into plasma, and were considering alternative plasticizers should it be decided that DEHP should not be used. It was pointed out that Jaeger and Rubin themselves did no more than suggest that "plastic formulations that do not contribute any extractable materials to blood or its fractions be developed" and that these authors said that there is no documented evidence of harmful effects induced in patients who had been transfused or undergone operations with cardiac pulmonary bypass using PVC equipment containing phthalate plasticizer, although phthalate plasticizer had been found in the tissues of some of these patients.

It was also pointed out that plastic equipment containing phthalate plasticizer had been used in many countries, particularly USA and Canada for about 20 years without any harmful effects being associated with it and that DEHP is apparently metabolized and excreted. Certain categories of donors and patients were more exposed than others, eg. haemophiliacs who were treated regularly with cryoprecipitate prepared in plastic equipment and donors bled by plasmapheresis, for which plastic equipment was used. Two centres now used plastic equipment exclusively and others planned to do so.

Although the Directors now had sufficient information to answer any questions put to them, they expressed some concern at the general effects the Lancet annotation might have. Dr Maycock said that the Department was considering

whether a reply should be sent to the Lancet.

Dr Maycock said that the Department was fully aware of the difficulties that would arise if it were decided that DEHP should not be used, and pointed out that the use of phthalates was by no means confined to transfusion equipment.

b. TRIAL OF NEW METAL-TIPPED PLASTIC PIERCING DEVICE

Mr Hanson said that the trial of this device made to the design of the Sub-committee on the Redesign of the Plastic Giving Set, was behind schedule. Replies (150 in all) had been received from Cambridge, Brentwood, Edgware, Edinburgh and Inverness. A number of complaints had been made but he felt confident that if sets were used in the proper manner, this would not arise. Replies were awaited from: Newcastle, Leeds, Sheffield, Tooting, Manchester, Birmingham, Liverpool and Belfast. Dr L A D Tovey hoped to reply soon. It was stated that the manufacturers could not be prevented from putting this device or the other new all-plastic device recently distributed by Travenol on to the market if they wished to do so. It was, therefore, desirable to complete the trial as soon as possible so that the DHSS could present the results to the makers.

The meeting agreed that replies should be submitted by the end of February and that the trial would then cease.

In reply to a question by Dr Lehane, Mr Hanson said that there had been no complaints of "coring" of rubber closures so far. He thought coring would not occur if the piercing device were inserted without twisting.

c. TRANSFUSION SETS - AVON MEDICAL.

Dr Rogers reported that the drip chamber on some of these sets was insufficiently translucent making it difficult to observe fluid flow. Supply Division was aware of this defect which was due to an extrusion problem with the grade of PVC used. A recently agreed change in formulation of the PVC should solve the problem.

d. SECOND MEETING OF BLOOD AND BLOOD PRODUCTS SUB-COMMITTEE

Copies of the minutes of the second meeting were tabled.

e. METHOD OF DISTRIBUTING GIVING SETS

The change-over in the method of distributing blood giving sets was discussed. RTCs should continue to hold stocks until the end of March. They should continue issuing until their stocks were exhausted after which hospitals would be supplied by Central Stores. Mrs Tunnard asked RTDs to notify her of the date when supplies to RTCs from manufacturers should be stopped. RTCs that receive orders from hospitals after their stocks are exhausted should return them to hospitals and tell them to send them to HSB4c, Supply Division in accordance with instructions to be issued. Mrs Tunnard said Supply Division would ask hospitals for monthly orders and would send out a "Dear Secretary" letter and an HSPG page with copies to Regional Supplies Officers, SAMOs., etc. (DS (Supply) 5/73 has now been issued).

f. METHEDRINE SUPPLIES

Dr Maycock said he had received an enquiry from one RTC regarding supplies of methedrine, previously included in the resuscitation kit carried by blood collecting teams. He informed the meeting that Methedrine was still available through hospital pharmacies, although it could no longer be generally prescribed. This procedure was outlined in CMO letter of 18 October 1968 sent to general practitioners.

Dr L A D Tovey said his teams carried Methedrine in a special lockable container. Dr Cleghorn had adopted the use of Methoxamine Hydrochloride (trade name Vasoxine or Vasylox).

g. AMPINS

It had been reported by several RTDs that one of the senior members of the firm of Bell & Co. which supplied Ampins had recently transferred to another company, and entered into correspondence with RTDs regarding present and future arrangements for supplying Ampins. There was now some confusion regarding the source of supplies and payment of bills.

Mrs Tunnard advised RTDs to apply to Regional Supplies Officers if they were having difficulty. She undertook to examine again the possibility of finding another maker, but as Ampins were apparently patented, this might be unsuccessful.

Dr Stratton mentioned the possible use of plastic sachets for local anaesthetics. It was pointed out that previous attempts to obtain such a device had failed because of technical difficulties and the probable high cost. Ampins now cost 2.5p each which was less than the cost of a sachet estimated some years ago.

Mrs Tunnard also undertook to consider a central contract for Ampins since they were used exclusively in all RTCs except Newcastle and Sheffield; at RTC Edware they ^{were} used for 50 per cent of local anaesthetic injections.

h. ABEL MORRALL TAKING NEEDLE

Dr Murray reported that medical staff complained about the bluntness of needles supplied to Newcastle by Abel Morrall: some batches were acceptable, but on the whole they were poor. It was decided to refer this matter to the Blood and Blood Products Equipment Sub-Committee.

i. NEEDLE SHARPENERS

Dr Bowley reported that he could not recruit needle sharpeners at the present rate of pay. It was agreed that he should write to Dr Maycock.

5. AUSTRALIA (HEPATITIS-ASSOCIATED) ANTIGEN

a. TESTING OF DONATIONS

It was reported that all RTCs were now testing all donations for Au antigen and antibody.

RTC Newcastle had reached the state of testing all donations on 6 Nov.1972.

RTC Oxford on 6 Nov.1972 (antigen only) and RTC Cambridge on 4 Dec.1972.

Dr Maycock reported that although BPL had been testing all plasma received at BPL since November 1971, some of the dried plasma in Central Store had not been tested. He would write to Directors about arrangements for testing this plasma.

b. ANTI-AU IMMUNOGLOBULIN

Dr Maycock asked that any plasma containing anti-Au antibody, not needed locally for testing, should be sent to BPL to be used for preparing anti-Au immunoglobulin. Donors with antibody should be invited to undergo plasma-pheresis.

Dr Maycock informed the meeting the trial of anti-Au immunoglobulin being arranged by an MRC Working Party had not yet begun and in reply to a question from Dr Murray said that an accident was at present defined as (1) the penetration of the skin by an object known to be contaminated with a body fluid which was Au-positive within the previous four weeks or (2) massive soiling of the body surface with Au positive body fluid. This definition might be elaborated. Dr Murray referred to the letter CMO 25/72, dated 7 Dec.1972. (This letter does not supersede HM(72)33 which is specifically referred to.)

c. RESULTS OF TESTING OF DONATIONS

Dr Maycock reported that monthly results had not been received from Cardiff, Bristol, Manchester and Liverpool. He hoped to summarize these results for the next meeting.

d. RECORDING OF RESULTS - MEDICO-LEGAL SIGNIFICANCE

An RTD had recently asked whether it was necessary to record both positive and negative results of Au antigen and antibody tests on NBTS 101. This question had been referred to Legal Division. Their reply indicated that it might prove advantageous to record results on NBTS 101. It would, therefore, seem wise to do so. Copies of relevant documents are attached for information : RTD(73)4 and RTD(73)5.

e. AU POSITIVE DONORS WHO DO NOT REPLY TO LETTERS

Dr Darnborough asked for guidance about the action that should be taken when an Au positive donor failed to reply to letters informing him that he was Au positive, that he should no longer act as a donor and asking for permission to refer him to his GP.

After discussion it was agreed that Dr Darnborough should ask MOH Cambridge whether his department could assist in any way and that Mr Walters would consult GRO.

6. QUALITY CONTROL

A paper (RTD(72)7) "Quality control as applied to blood group serology" by Dr Goldsmith was before the meeting.

Dr Maycock informed the meeting that in 1972 a Working Party had recommended that a National Quality Control Centre for Pathology Laboratories should be established. This proposal had been discussed at an office meeting in July 1972 by the Consultant Advisers concerned. At this meeting it became clear that NBTS was assumed to be operating a quality control scheme and was, therefore, self-sufficient. Following this meeting Dr Maycock had asked Dr Goldsmith to prepare the paper RTD(72)7 and had discussed the problem with some RTDs. These enquiries showed that the 'control work' done by RTCs, varied from supplying weekly sets of reagents to confirming the groups of red cell donors in pathology laboratories. There were two aspects of the problem: (a) quality control or proficiency testing in which laboratories volunteer to examine unknown specimens and send their results to a central laboratory; (b) the provision of known serological "reagents" such as those provided by RTC Bristol (RTD(73)6 attached).

After discussion it was agreed that the matter should be referred to the Working Party to Advise on the Control and Certification of Blood Grouping Reagents on behalf of the British Committee of Standards for Haematology, Chairman

Dr Goldsmith and that Dr Buttolph would draw up terms of reference. It was also agreed that the Working Party should co-opt additional members if needed.

The terms of reference proposed are:-

"To advise the Department whether or not it is desirable to provide a scheme of proficiency assessment of blood group serology work in hospital laboratories and, if so, how this might best be done."

7. ANTI-D IMMUNOGLOBULIN

It was reported that the SMAC Joint Sub-Committee on Prevention of Haemolytic Disease of the Newborn, at its last meeting, had considered reports comparing the amounts of anti-D immunoglobulin (50 µg dose) and the numbers of cases treated in approved places. There were certain discrepancies and the Sub-Committee had, therefore, recommended that similar information should be collected again during the period January to June 1973. The RTDs concerned agreed that the form of return used in the last survey was acceptable.

Dr Maycock undertook to write to them.

8. WEDGWOOD PLATES FOR 100 DONATIONS

Mr Walters reported that in one region the plates were not considered a sufficiently good award and it had been suggested that the donor's name should be fired on to the plate. As Messrs. Wedgwood had said that individual names could not be fired on, Mr Walters asked whether the donor's name should perhaps be shown on the presentation box.

After discussion the meeting agreed that

- a. Certificates similar to those presented by RTC Sheffield to donors who had given 50 or 100 donations would be used at all centres. The meeting accepted the offer of RTC Sheffield to provide certificates until a national design was approved. Mr Walters undertook to obtain specimen designs.

b. Mr Walters undertook to discuss with Messrs. Wedgwood the incorporation of "100 donations" and "NBTS" on the plate.

c. Dr Rogers and Dr Cleghorn agreed to canvas the donors' opinion of the plate.

d. Mr Walters would arrange for a letter to be sent to Centres asking for the numbers of Wedgwood plates held before ordering more.

9. TELEX SYSTEM

Dr Maycock asked RTDs to consider whether the use of Telex would be of any advantage to RTCs. Communication between centres would be facilitated and correspondence with suppliers and other firms could, theoretically, be reduced.

Dr G H Tovey reported that RTC Bristol was equipped with Telex because of its international role as a tissue typing serum reference laboratory. Telex had not proved of particular value in UK. It was pointed out that this would not be so unless RTCs and hospitals began to be equipped.

Dr Cleghorn suggested the use of the Mufax system.

The meeting agreed to consider this matter again at a future meeting.

10. NBTS COSTING SUB-COMMITTEE

Dr Drummond said that it had been agreed that this Sub-committee, of which he was Chairman, would meet to consider any problems that had arisen following the introduction of the costing scheme in NBTS (HM(69)23). As he would soon be retiring he asked whether the Sub-Committee was to be disbanded or another Chairman nominated. Dr Maycock and Mr Walters undertook to consider this matter.

11. QUESTIONNAIRE ON CONCENTRATED RED CELLS, PREPARATIONS OF PLATELETS AND LEUCOCYTE-POOR BLOOD PRODUCED IN RTCs. JULY TO DECEMBER 1972

Dr Maycock explained that the Council of Europe Sub-Committee of Experts on Blood Problems had asked for information from member countries and asked

Directors if they would complete and return the form (RTD(73)6) put on the table at the meeting.

12. DATE OF NEXT MEETING.

Members were asked to reserve the 28 February and 21 March 1973.

MR PERCY OLIVER, OBE

Before the meeting Mr F Hanley, JP., Chairman of The Oliver Memorial Fund for Blood Transfusion presented each Regional Transfusion Director in the transfusion services of the United Kingdom and the Heads of the Blood Group Reference Laboratory and Blood Products Laboratory with a photograph of a memorial to Mr Percy Oliver, OBE which had recently been unveiled in the Department of Haematology, King's College Hospital, London, SE.

Mr Hanley was accompanied by Mr F Palmer of the Red Cross Greater London Blood Transfusion Service. Dr R J Drummond thanked Mr Hanley on behalf of the Directors.