Copy sent to Dep Director 2/9/71

Copy Dr Simon 29.7.71 Dr Lee.

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of a meeting held on Wednesday 14 July 1971 at 12 o'clock in Room D106, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London, SE1

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 Ll. Rogers Dr J Grant Dr R J Drummond Dr G W G Bird Dr F Stratton 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 W B Obank Mr W A Walters Mr T R M Simon Mr R H Hanson Mrs R A Tunnard	- Department of Health and Social Security

BLOOD TRANSFUSION SERVICE 1 SEP 1971 DIRECTOR MANCHESTER

The Chairman introduced Mr T R M Simon of DHSS.

Apologies for absence were received from Dr Macdonald.

1. CONFIRMATION OF MINUTES

The minutes of the meeting held on the 5 May 1971 were confirmed, subject to the following amendment:-

PAGE 5 Para. 2 3rd line This should be amended to read "apparently receiving different forms of treatment than in others".

2. MATTERS ARISING

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL CONTROL PREPARATION

Dr Obank distributed a draft form of agreement that might be used by DHSS if a firm were appointed to prepare biochemical control preparations. He informed the meeting that DHSS had considered how such preparations might be prepared and that it seemed unlikely

that this work could be satisfactorily done within NHS. It was not simply a matter of a freeze-dried preparation of human normal serum; both human and animal sera and preparations of urine were required which were either normal or "fortified" with various substances including enzymes. He thought it unlikely that NBTS could carry out the preparation and distribution of these control preparations.

The meeting was not satisfied with the assurance it was given that DHSS had investigated fully the possibility of preparing these preparations within NHS nor was it clear that, if the work were undertaken by a firm, the serum and end products would remain throughout the property of DHSS and that there would be no question of sale in UK or abroad (see Minutes 5 May 1971, para.2.b.ii). In the discussion the following points were made:-

1. A determined effort should be made by DHSS to produce within NHS any control preparation involving human blood; to have this done commercially, except in the manner discussed on 5 May 1971, would eventually lead to loss of control over any blood supplied to a firm and to requests for blood from an increasing number of commercial firms which would be difficult or impossible to resist.
2. NBTS could probably distribute control preparations without difficulty.
3. Several Directors were unwilling to send human blood in any form direct to any commercial organization.
4. Draft agreement. Para.1 should also require the information regarding the composition of the price to be included in any leaflets issued with the control preparations. Most Directors regarded the provisions of para.3 as most undesirable and certainly as unnecessary if the control preparations were prepared under contract in the manner proposed at RTD meeting on 5 May
5. The meeting felt that its opinions had not been fully taken into account and was surprised that Colonel Field had already been asked to supply blood to a firm in Belfast. Colonel Field thought that donors in N. Ireland would not object as their blood was to be used in the service of patients.

6. The Chairman said that he thought these different points of view should, if possible, be reconciled otherwise independent donor panels might be formed which might become a source of embarrassment to NBTS.

The meeting nominated Dr Bowley and Dr Jenkins to attend, with Dr Maycock, a meeting of LDAG Standards Sub-group on 29 September and invited Mr Neill and Dr Buttolph to attend the next RTD meeting on 6 October.

b. FUTURE ORGANISATION OF NBTS

i. The meeting considered in detail a draft report prepared by the Working Group formed at RTD meeting 16 December 1970. The meeting agreed that a revised text should be prepared by the Working Group to take account of the criticisms and suggestions made by the meeting and that after circulation to RTDs for final approval, the revised text should be submitted to DHSS.

ii. Attention was called to the recommendation concerning the transfusion service contained in the report of the Central Committee on Hospital Medical Services of the British Medical Association. The meeting asked the Chairman to write to BMA to request that CCHMS should make it clear that this recommendation had been made without consultation with any of those concerned.

c. BCSH WORKING PARTY TO ADVISE ON THE CONTROL AND CERTIFICATION OF BLOOD GROUPING REAGENTS: SPECIFICATION FOR ANTI-D Rh SERUM FOR RAPID TYPING

Dr Goldsmith said all Directors had received a copy of the final specification. The meeting agreed that all Centres would now adopt this specification. It also agreed that the Central Pathology Committee could be informed at its next meeting of the adoption of this specification and that supplies of anti-D serum for rapid typing were available from RTCs.

d. COLOURING OF GROUPING SERA FOR MANUAL USE

Dr Goldsmith said that, as agreed, he had written to WHO Blood Group Reference Laboratories in countries throughout the world. Replies were still being received and he would produce a summary of them for the next RTD meeting. From the information he had received so far it seemed that most countries coloured anti-A serum blue or green and anti-B serum yellow, orange or red. These were entirely different from the colours

discussed at the previous meeting: anti-A, yellow; anti-B, red; anti-O, blue; anti-D, green. In Canada the use of coloured grouping sera had recently been abandoned and Auto-Technicon Incorporated had asked CRCS BTS to discontinue the use of coloured sera in blood grouping machines because the tubing took up the dyes used and became permanently discoloured.

After a general discussion the meeting agreed

i. to defer for a year further consideration of the use of coloured sera for manual grouping.

ii. to use sera, coloured in accordance with the recommendations of BCSH Working Party, in blood grouping machines in RTCs.

e. DONOR ATTENDANT STAFF

Directors had no additional information to offer concerning the recruitment of donor attendants.

Reference was made to a suggestion that the 80 hour fortnight due to be introduced in January 1972 should be introduced before this date by any units able to do so. The meeting noted that 3 RTCs (Newcastle, Leeds and Brentwood) would be able to reduce the working fortnight before January 1972.

f. SYPHILIS TESTING

Dr Maycock reported that an apparently satisfactory VDRL carbon antigen was now available from Messrs. Burroughs Wellcome (see RTD Minutes, Dec.1970).

3. ANTI-D IMMUNOGLOBULIN

a. SUPPLIES OF PLASMA

Dr Maycock reported that the volume of plasma being received at BPL was increasing but the potency of the pools as determined by Dr Hughes-Jones, remained between 15 and 20 µg per ml anti-D. It was proposed that centres with auto-analyser equipment should assay plasma against the International Standard of Anti-D Grouping Serum, to which a value in International Units had been assigned. Likewise anti-D immunoglobulin should be assayed against the proposed International Standard of Anti-D Immunoglobulin which was at present being subjected to collaborative assay following which a value in International Units would be assigned to it. If this were done the potency of anti-D antibody and its dose

could be expressed in International Units.

Dr Maycock undertook to discuss with Dr Bangham whether samples of these Standards could be released for the above purposes.

b. BOOSTING AND DELIBERATE IMMUNIZATION

There was no further information to add to that given at the meeting in May.

c. DISTRIBUTION AND USE

i. It was reported that the change from the 200 µg dose to the 100 µg and 50 µg doses had been made smoothly on 1st July in all regions except Newcastle where it had been made on 12 July.

Those RTCs concerned had included Services units in the reorganization, with the exception of RAF Hospital, Halton which had now been looked after.

The meeting asked that in future the dose - 100 µg or 50 µg - should appear on labels and cartons in addition to the weight of protein. Dr Maycock undertook to consider this: it might not be possible in the case of the vial labels.

ii. Use of anti-D immunoglobulin in cases of abortion in Rh-negative women.

Dr Darnborough doubted whether the proposed provision of 50 µg doses would be adequate because immunoglobulin would be given following spontaneous abortions. He thought that twice as much was likely to be used. Dr Cleghorn thought twice as much as estimated might be needed.

Dr Bowley said that when making the change-over in the Sheffield Region he had suggested to users, with the agreement of obstetricians, that 50 µg anti-D immunoglobulin should be given to spontaneous abortions occurring between the 12th and 20th weeks. It was difficult to diagnose an abortion earlier than 12 weeks.

Dr Maycock said it was possible that the SMAC Joint Sub-committee would reconsider the advice given concerning the use of immunoglobulin after spontaneous abortions in Rh-negative women.

In general arrangements had been made for 50 µg doses to be issued only if a sample was sent for blood grouping. A blood group card (NBTS 3) would be sent with the immunoglobulin.

iii. CMO letter to General Practitioners dated 23 June

Dr Obank undertook to have copies sent to RTDs.

iv. Kleihauer Test

The reference slides prepared by Dr Bowley had been introduced, save in Newcastle RTC where a thicker smear was preferred and would be used. It was agreed that the slides issued to Newcastle should be re-issued to the Services for use in overseas medical units.

v. 200 µg dose vials These had been withdrawn and were being stored in RTCs.

vi. Surveys of treated mothers

It was confirmed that the following centres were conducting surveys:-

200 µg: 1st pregnancies — Newcastle, Leeds, Sheffield, Cambridge, Brentwood, Oxford, Cardiff, Birmingham

This survey had ceased on 30 June 1971

2nd pregnancies — Newcastle, Leeds, Sheffield, Cambridge, Cardiff and Bristol

100 µg: 1st pregnancies — Newcastle, Leeds, Sheffield, Cambridge, Brentwood and Bristol

50 µg: Newcastle and Leeds reported that they proposed to conduct surveys of women who received this dose.

4. SUPPLY MATTERS

a. PROPOSALS OF SUB-COMMITTEE ON REDESIGN OF GIVING SETS

Notes of meetings of the Sub-Committee on 21 January, 5 February and 8 June were before the meeting. It was recalled that the terms of reference of this Sub-Committee were to decide what patterns of giving sets were now required in view of the increasing use of plastics containers for blood and intravenous fluids and the increasing variety of containers and closures currently available.

The Sub-Committee had proposed that ultimately there should be one pattern of giving set which would:

i. be used both for preparations of blood and crystalloid fluids

ii. be suitable for use with bottles and plastics containers

iii. have separate piercing and air inlet devices

iv. be packed without a needle, which could, if wanted, be obtained separately

Mr Hanson reported that Baxter and Avon Medical had agreed to produce prototype sets to the design proposed by the Sub-Committee. Ultimately some 3,000 to 4,000 sets would be available for trial.

b. Mr Hanson distributed a report regarding the efficiency of the plastic foam air outlet filter in Smith and Nephew taking sets.

c. PROPOSAL TO PRINT DONOR APPEAL ON PACKET FOR FERROUS SULPHATE TABLETS

N. London RTC Edgware had proposed that the packet should be used as a vehicle for recruitment propaganda. Two examples of possible wording were put to the meeting.

After discussion the meeting decided to defer a decision.

5. 5.0L DISPOSABLE PLASTIC BAGS FOR SENDING PLASMA TO BPL

Dr Maycock stated that the Department were considering how the equipment required would be provided. He said that RTCs Brentwood and Birmingham were already sending plasma in 5.0L bags and that RTC Cambridge was about to begin.

Dr Murray said Newcastle would be unable to adopt this method for the time being because of lack of space.

6. AUSTRALIA (HEPATITIS-ASSOCIATED) ANTIGEN

It was reported that the Department had distributed the report of the Advisory Group on Testing for the Presence of Australia (Hepatitis-Associated) Antigen and Its Antibody for comment and that it would probably be issued in definitive form in the autumn. At present the Department had accepted the recommendation that all donations should be tested for the presence of the antigen. The meeting indicated that it accepted the report in general. Directors were invited to send any detailed comments to Mr Simon as soon as possible. The present position was:

TESTING ALL DONATIONS:	Sheffield, Edgware
TESTING SOME DONATIONS:	Newcastle*, Leeds*, Cambridge, Brentwood, Oxford*, Cardiff*, Birmingham*, Manchester, Liverpool, Wessex, Belfast*, Bristol

NOT YET TESTING: Tooting

* Testing at present done in PHLS Laboratory

RTC Wessex expected that all donations would be tested by the end of 1971.

It appeared that some centres would be unable to begin testing until late in 1972.

7. DATE OF NEXT MEETING

This was arranged for Wednesday 6 October 1971.