

REGIONAL TRANSFUSION DIRECTORS' MEETING

MINUTES OF 168TH MEETING HELD ON WEDNESDAY 5 OCTOBER 1977 IN ROOM D110,
DEPARTMENT OF HEALTH AND SOCIAL SECURITY, ALEXANDER FLEMING HOUSE,
ELEPHANT AND CASTLE, LONDON SE1

Present: Dr W d'A Maycock

- Chairman

Dr S Murray
Dr L A D Tovey
Dr W Wagstaff
Dr J Darnborough
Dr T Davies (Deputy)
Dr W J Jenkins
Dr K Ll Rogers
Dr D S Smith
Dr H H Gunson
Dr G H Tovey
Dr G W G Bird
Dr A J Napier

- Regional Transfusion Directors

Dr I A Cook

- Scottish National Blood Transfusion Service

Col T E Field

- Northern Ireland Blood Transfusion Service

Dr Carolyn Giles (Part)

- BGRL

Mr T E Dutton
Dr Sheila L Waiter
Dr A P Fletcher (Part)
Mrs R A Tunnard (Part)
Miss S H Rosbotham (Part)
Mr R W B Allen (Part)
Mr G B Peel (Part)
Mr M F Brennan

- DHSS

The Chairman welcomed Dr Napier and informed the members that although Dr Bevan would not be retiring until the end of the year she had requested that her future successor, Dr Napier, should attend on her behalf. The Chairman also welcomed Dr Sheila Murray and Dr Carolyn Giles, acting Director of the Blood Group Reference Laboratory.

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Cleghorn, Dr Lehane, Dr Stratton and Dr Bell (SHHD).

2. MINUTES OF THE 167TH MEETING

The minutes of the previous meeting held on 6 July 1977 were agreed subject to the following amendments:

- i page 1 - the reference to the award of the Queen's Silver Jubilee Medal to Mr GRO-A should read "and Mr GRO-A". Dr Bird reported that Mr GRO-A, who had given 100 donations, had also received this medal;

- ii page 4, paragraph 4(a) line 6: 'Within a period of 18 hours' to be inserted after 'plasma';
- iii page 6, paragraph 3, line 4: 'of the need' to be added after 'patient';
- iv page 7, paragraph 9(b) line 2: 'given' to replace 'loss'.

3. MATTERS ARISING

a. Proficiency Testing in Blood Grouping - (Item 3a - RTD/M166)

i Antisera 7 and 8

No comments had been received from Directors.

ii Supplies of Reagents

Dr Giles thanked members for their response to her request for supplies of reagents; sufficient quantity had been received to meet the requirements of the next few years.

iii Organisation of Quality Control - Blood Grouping - RTD(77)6 (Item 3a - RTD/M166)

At the meeting in May, Directors were asked to send comments to Dr Jenkins on the Report of the Working Party to advise on Proficiency Testing - (Appendix to RTD(77)6).

Dr Jenkins reported that he had received written comments from Leeds and Sheffield, both of whom gave general support to the scheme and hoped that it would develop into a national quality control scheme.

The views of the members were sought and the majority expressed their support for the scheme.

Dr Giles pointed out that additional staff would be required at BGRL to handle the extra work involved.

Members agreed to postpone the adoption of the scheme until the new director of BGRL had been appointed, and there had been a further meeting of the sub-group.

b. 'Official Paid' Stationery - (Item 3b(i))

Mr Dutton reported that meetings had taken place during the past few months, between representatives of NBTS and DHSS and the Post Office, concerning the proposal of the Post Office to withdraw 'Official Paid' facilities from NBTS.

Particular emphasis was placed on the importance of 'OP' stationery in connection with blood donor recruitment and the serious difficulties which would ensue if OP facilities were withdrawn, especially the difficulties for local volunteer donor organisers, many of whom might resign.

The Post Office had nevertheless stated that it was unable to offer facilities other than those already available to commercial organisations and therefore could not take cognizance of the special position of NBTS. The strongest possible representations from the Department and the RDOs present at the discussions had not caused them to change this view.

The Post Office representative explained that postal charges were governed by legislation and Post Office regulations, and these limited flexibility in negotiating with individual organisations although their aim was to provide a service to meet the customers particular requirements.

The alternative postal systems available to the NBTS were:

- a. Freepost
- b. Business Reply
- c. Stamped Stationery
- d. Franking machines
- e. Postage stamps.

Mr Dutton had sought assistance from the Civil Service Department to bring pressure to bear on the Post Office to modify their decision but CSD were unable to help.

A letter would be sent to Directors which explained the present position and suggested that the RDOs should discuss their problems with the local marketing manager of the Post Office and seek his advice.

It was very doubtful whether the Department would agree to provide regions with additional funds or increase cash limits to meet the extra expenditure required by some RTCs as a result of the Post Office's decision.

Directors were seriously concerned about the consequences of the withdrawal of OP facilities from the NBTS and regretted the decision of the Post Office. Members suggested that if the charge hindered the recruitment of donors and led to shortages of blood the reason should be explained to hospitals by DHSS or RHAs rather than RTCs.

c. TV Films: review by Dr Waiter - (Item 3b(iii))

Dr Waiter reported that the Central Office of Information had given her the opportunity to view all films about the NBTS and its activities. The 4 year old TV filler on Rhesus Babies, which incorrectly informed viewers that all Rhesus negative babies needed blood transfusions, had been withdrawn and a new film was being prepared. Dr Rogers and Dr Darnborough would assist in examining the proposed film commentary.

In reply to several members' enquiries, Dr Waiter explained that neither COI nor the Department was able to influence the showing of TV fillers and arrange for films to be shown in regions where there were particular shortages of blood; the films were transmitted free of charge and were fitted in to suit the company's purposes.

d. NBTS 47 - (Item 3d)

Mr Dutton informed the Directors that Statistics Branch had been unable to examine the revised form, mainly due to difficulties associated with dispersal of their work and personnel from London. Statistics Branch had promised to provide their comments within the next few days and these would be circulated to members.

e. Self-adhesive labels - (Item 3e)

Mr Dutton reported that the Department had asked HMSO to re-examine the possibility of providing self-adhesive labels to the requirements of NBTS. A copy of the report showing the failure of the original batch of labels had been sent to HMSO.

f. Supplies of blood to the private sector of Medicine - (Item 3g)

Mr Dutton reported that the Minister of State had been advised of the position concerning the supply of blood to the private sector which had enabled him to reply to Mr Laurie Pavitt MP to the effect that only a small percentage of blood collected by NBTS was issued to treat private patients.

The whole matter was being looked into by the Department and it was likely that the Department would eventually provide that service charges, including the cost of collection, and any processing and testing required should be made on an appropriate basis.

Several members thought that too heavy a service charge could result in the private sector establishing their own blood banks.

The Sunday Mirror article on blood to the private sector of medicine appeared to have produced very little response in donors.

g. Cytomegalovirus and Blood Transfusion - (Item 7)

Dr Lane's paper which summarized the Oxford Symposium on Cytomegalovirus and Blood Transfusion would be circulated to members within the next 2 weeks.

h. Labelling of Blood and Blood Compounds - RTD(77)10 - (Item 5)

The Chairman advised that those Directors who had agreed with the wording recommended in the report of the Working Party to describe the contents of blood packs and blood products, should adopt the proposals and introduce labels accordingly.

i. NBTS Submission to the Royal Commission on the NHS

Mr Dutton informed Directors that from what he had heard about the amount of written evidence received by the Commission and their time-table, their opportunities for taking oral evidence must impose limitations on whom they could invite.

j. The use of human blood for quality control purposes.

Consideration was now being given to the likely requirements for serum for internal quality control, principally in chemical pathology laboratories of the NHS, and how this can be distributed.

No maximum figure had been agreed on the amount of whole blood/serum to be given by the NBTS although 300L per annum has been suggested. The meeting urged that a top figure should be agreed upon. Regional Scientific Officers have been asked to make a survey of laboratories' present usage. Dr Waiter undertook to send copies of the letter to RScOs to Regional Transfusion Directors.

4. MEDICAL EXAMINATION OF BLOOD DONORS - RTD(77)12

Dr Murray's revised version of the DHSS Memorandum on the 'Selection, Medical Examination and Care of Blood Donors' was based upon a memorandum originally prepared to provide guidance for new divisional medical officers within Northern RHA.

Members agreed that the document would be suitable in providing basic guidelines for all Blood Transfusion medical staff who had responsibility for blood donors.

Directors accepted the importance of providing guidance which would assist donor session medical officers. One of the problems regularly accepted was that of deciding whether or not to bleed a donor who was taking one or more drugs.

Although Directors recognised the practical difficulties involved in listing drugs which might render a prospective donor unfit to give blood, Dr Murray proposed that the following 5 categories might be helpful for this purpose:

1. New or experimental drugs.
2. Drugs declared by the donor due to illness or treatment.
3. Long-term drugs.
4. A mixture or heavy dosage of drugs.
5. Drugs unknown to the doctor in attendance.

Additionally, persons on anti-histamines, antibiotics and anti-depressants should not give blood until treatment had been completed.

Several Directors stated that they had given instructions to their medical officers attending blood donor sessions that a donor who was receiving any form of medical treatment from his doctor should not be asked to give blood.

The Chairman's proposal that both views should be incorporated into an appendix to the Memorandum and for each region to decide which was the more suitable approach was agreed by the members. Dr Maycock also suggested that RTDs might wish to consult Dr Davis of the Reaction Committee on Medicines for his views on particular drugs and their affect on prospective donors.

Members agreed to include in the memorandum Dr G H Tovey's suggestion that donors attending blood donor sessions should be asked:

1. Date of last visit to the doctor
2. Whether drugs had been prescribed
3. If any drugs were being taken
4. If the donor has been well since his previous donation

The following amendments to the Memorandum were agreed by members:

- a. Section I, paragraph 3: 'Finally' to replace 'solely'
- b. Section II, page 5, line 3: 'jaundice or' to be added after 'from'
- c. Section II, page 3: 'Lepto-spirosis' and 'glandular fever' to be included in the list of conditions which rendered a person unfit to give blood

The Chairman thanked Dr Murray for her work in preparing the Memorandum and obtained her agreement to modify the document in the light of the recommendations agreed at the meeting and any other comments which members might send to her.

5. FACTOR VIII

- a. A Working Party on the Quality of Cryoprecipitate.

Dr Gunson reported that he had had discussions with Dr Bidwell on particular problems concerning the quality of cryoprecipitate and was proposing to conduct a pilot study on the interrelation of:

1. The anti-coagulant chosen
2. Thawing methods
3. The age of the plasma

Dr Gunson hoped to be able to submit a report early in the New Year.

- b. Distribution of Factor VIII concentrate. RTD(77)14

Dr Maycock had written to RTDs on 12 August asking for information on the distribution arrangements for commercial Factor VIII concentrate to Haemophilia Centres. RTD(77)14 summarised the replies.

Dr Davies amended the entry for Edware to indicate that no distribution of commercial concentrate through the centre was contemplated.

6. MEDICINES ACT 1968

The Chairman welcomed Dr Fletcher of Medicines Division to the meeting.

Dr Fletcher informed the members that the phase of informal visits by Inspectors had been completed and that most RTCs had now been visited. Elstree and Liberton had also had visits from Inspectors.

Dr Fletcher told the members that a meeting within Medicines Division had taken place on 15 July 1977 to discuss the reports of these informal visits.

There was to be a further meeting on 6 October when representatives of NBTS and DHSS would be present when it was hoped to examine in detail the views and recommendations of the Medicines Inspectorate with the aim of producing a definitive document which would provide the guidelines of good manufacturing practice and standards in the NBTS.

Dr Fletcher acknowledged the importance of maintaining flexibility within the NBTS to provide room for initiative on the part of RTCs.

He anticipated that the implementation of most recommendations would require a transitional period because of the practical considerations likely to be involved.

A paper would be prepared by Medicines Division following 6 October meeting as a discussion document for consideration by RTDs at their next meeting.

7. WHOLE BLOOD QUALITY CONTROL MATERIAL FOR AUTOMATED BLOOD COUNTING. RTD(77)13.

The Chairman welcomed Mr Allen of DHSS Scientific and Technical Branch.

Mr Allen explained that the paper was a preliminary document to assess the value of whole blood quality control material. NHS haematology laboratories had had limited experience in developing this material although a successful pilot-study was set up by the Welsh Region in 1976 involving 17 laboratories in routine daily quality control.

Mr Allen sought the opinions of Directors on whether a comparable pilot study could be established in another RTC which would be prepared to provide Dr Lewis of the Welsh Region with material to examine if it can be successfully reproduced.

Members agreed that time expired red cells could be made available by RTCs but there could be difficulties in providing 12 day old red cells if asked to do so.

8. HAEMOLYTIC DISEASE OF THE NEWBORN: RTD(77)15.

Dr Waiter stated that the paper was circulated to members for information. A meeting of the Joint Sub-Committee on Prevention of Haemolytic Disease of the Newborn had been arranged for 18 October and a report would be made to members at the next meeting.

9. USE OF FROZEN BLOOD

Dr Maycock reported that the Army Blood Supply Depot continued to supply frozen blood to patients when required as well as supplying red cells to the London area. Contrary to reports, ABSD had not diminished its supply of red cells although they had experienced shortages from time to time.

10. NOMINATION OF NBTS REPRESENTATIVES

1. Advisory Committee on Top Grade Biochemist Appointments.

Dr Raison had suggested to the Chairman that a Director of a RTC should be nominated as an adviser to the Committee.

Dr G H Tovey accepted nomination.

2. National Quality Control Scheme - Haematology.

A Director of a RTC was required to act as observer on the professional bodies panel of NQCS on trends within the NBTS.

Dr Jenkins agreed to serve in this capacity.

3. PHLS Sub-Committee on Hepatitis.

Dr Maycock agreed to approach Dr Cleghorn to represent the NBTS on the PHLS Sub-committee on Hepatitis.

11. COMPUTERS IN NBTS: REPORT ON QUESTIONNAIRE. RTD(77)16

The Chairman welcomed Mr Peel, DHSS Computer and Research Division.

Mr Peel said that the report 'Computing in the NBTS' was based on returns of a questionnaire completed by the 3 RTCs involved in the computer feasibility study into donor panel registration, call-up and administration. The report was a first draft as a basis for discussion between the Directors of Brentwood, Birmingham and Manchester and the Department.

Mr Peel advised members that if they considered that the use of computers was necessary for the efficient organisation and development of the NBTS they should inform the Department of their views.

It was pointed out during discussion that -

One of the problems associated with separate regional organisation was the identification of a computer programme which was well documented and also capable of being modified to suit the requirements of each RTC and be sufficiently flexible to cope with the anticipated expansion of the NBTS. If Directors were able to identify such a programme the Department would be prepared to discuss the possibility of assisting RTCs to develop a computer system for use in all regions.

Dr Jenkins.

Mr Peel added that the advantage to be gained in using computers was in blood bank inventory and stock control in which he estimated that it was possible to save 18-20% red cells.

After discussion the members concluded that more time should be given to the subject and the views of experts on computerization obtained before a decision was reached.

The subject would be raised again at the next meeting.

2. Date of next meeting.

14 December 1977.