IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in the Headquarters Unit on 9 October 1986

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow (from item 3 b vii. onwards)
Dr W M McClelland
Miss M Corrie (Secretary)
Mr J N Francis
Mrs E Porterfield (Minutes)
Dr I D Fraser, Bristol
Dr H H Gunson, Manchester
Dr J Forrester, SHHD
Mr A J Murray, SHHD
Dr J Gillon (Item 3 f ii.)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Cash announced that Dr Jack Gillon, South East BTS, would attend at 11.30 am for item 3 f ii.

An apology was noted from Dr D B L McClelland.

2. MINUTES OF THE PREVIOUS MEETING (25 JUNE 1986)

With the undernoted agreed amendments the minutes were accepted as a true record.

Minute 5a: HIV Testing of staff reagent samples
Insert final sentence: "If staff donate reagent samples they will sign the standard donor disclaimer and it will be routinely treated as other donations."

Minute 5 b): Guidelines for the use of cell separators in volunteer donors
Replace with the undernoted paragraph:
"Dr Urbaniak pointed out that a recommendation to DHSS to reconvene the WP which produced the Code of Practice for the clinical use of blood cell separators had been made. This 1977 Code of Practice included the collection of granulocytes from donors as well as patient apheresis. The former would be better combined with the existing NBTS/SNBTS Code of Practice for automated apheresis procedures."

Minute 9: Efficiency savings:
Delete the sentence "He stressed that any savings identified this financial year would be returned to BTS in next year's development

allocation."

3. MATTERS ARISING

a) Developments with the private sector (3a)

i. **Meeting with CSA Chairman:** Directors were anxious to hold the previously cancelled meeting with the Chairman in particular to seek confirmation that ASTMS was representing all unions in matters related to the private sector. Dr Cash had written to the Secretary of the Common Services Agency requesting that the meeting be arranged following the BTS Sub-committee on 19 November 1986.

ii. **Substantive agreement:** Directors' views on the unacceptable developments with regard to the substantive agreement had been passed to the General Manager and it was agreed that a meeting should be arranged between Directors and the GM to discuss the topic. Dr Cash undertook to write to Mr Donald with the suggestion that the matter be taken up on the 19 November following Directors' discussion with Sir Simpson Stevenson.

iii. **Handling charges for PFC products:** revised charges for BPL products had now been agreed with DHSS and Mr Francis would similarly update charges for PFC products and circulate to Directors.

b) AIDS

i. **Validation studies of PFC products:** Dr Perry summarised progress with model virus studies and differing heat treatment protocols. All of the data was currently being incorporated in a full report of the work to date which it was hoped might be of assistance to Directors in their interactions with clinical colleagues. **Dr Perry would circulate copies to Directors when available.** *

ii. **Current status of HIV antibody positive donations:** Directors reported the current position as follows:

Inverness	1 (none since last report)*
Aberdeen	Nil
Dundee	3 (none since last report)
Edinburgh	8 (+ 3 since last report)*
Glasgow	2 (none since last report)
Belfast	2 (+ 1 since last report)

* reported following the meeting

iii. **Quality assurance: Scottish membership of NBTS/CBLA Working Party:** following the request for Scottish representation the chairman of the working party, Dr W Wagstaff, sent to Dr Cash copies of relevant working papers which were subsequently circulated to the Directors.

The Working Party had delegated the following areas of activity to two sub-groups who reported to the core group:

A. all QA applicable up to the point of receipt in RTCs
B. all QA subsequent to the receipt of blood in RTCs

The convenor of sub-group A. was Dr Wagstaff and that of Sub-group B. Dr J A F Napier.

In view of the advanced nature of the work of the Sub-groups it was decided to nominate a Scottish representative only to the core group. It was agreed Dr Cash should invite Bruce Cuthbertson, QA Manager PFC to undertake this task on the understanding that he would give Dr Cash all the Group's papers so that the Directors could be kept informed. *

iv. **Lesbian blood donors:** as had already been agreed by NBTS Directors it was confirmed that lesbian blood donors should not be excluded from donation. *

v. **"Seroconversion" of previously ELISA positive WB negative donors:** as had been agreed at the Co-ordinating Group on 19 August 1986 Dr Cash had submitted a proposal to the NBTS Directors' meeting on 8 October 1986 that donors found to be repeatedly ELISA positive but consistently confirmatory WB negative and eventually ELISA negative over a 6-month period should be returned to the donor panel, providing all tests remained negative.

This proposal had also been accepted by the NBTS Directors and it was agreed Dr Fraser would refer the matter to the Expert Advisory Group on AIDS. No action would be taken in RTCs meantime. *

SNBTS Directors endorsed this decision. *

vi. **Donor self-exclusion:** as agreed at the Co-ordinating Group on 19 August a proposal had been submitted to the NBTS Directors' meeting on 8 October 1986 to approach DHSS about establishing a UK study to assess the efficacy of current donor information leaflets. It had been remitted to Dr Fraser to contact Dr Smithies and it was agreed that he should suggest a joint NBTS/SNBTS study. *

It was noted that during the last two months SEBTS had undertaken a limited study of the results of introducing the flash card and pilot revised call-up letter.

vii. **HIV epidemiological study (3e):** as agreed at the previous meeting Dr Cash had written to Dr Wallington requesting Scottish representation to the study group, when it became apparent that Dr Brian McClelland was already a member of the group.

Dr Fraser reported that ethical problems had prevented finalisation of the protocol, which had been made to 7 ethical committees throughout England and Wales. Difficulties had already arisen and responses were awaited from the remaining ethical committees.

It was agreed to review the situation once all ethical committees had responded. *

viii. **Monitoring the accuracy of BTS anti-HIV screening:** there had been circulated a letter sent by Dr Gunson on 1 October to all Directors in England and Wales and Northern Ireland on this topic.

Dr Gunson sought Directors' co-operation in submitting to him up-to-date figures for anti-HIV positive donors in Scotland for inclusion in a review of the first full year's testing results destined for publication in the BMJ or Lancet.

SNBTS Directors welcomed the effort of Dr Gunson and his colleagues to publish data and agreed to consider the Scottish position at their next Co-ordinating Group meeting. *

c) HLA Antisera screening (3d)
Dr Cash congratulated Directors on the Scottish contributions which had been made to UKTS.

It was noted that while the list of required specificities reduced the volume of samples to be sent to UKTS there was no reduction in the volume of primary screening necessary, however valuable information had been received.

OFF AGENDA

d) Notes on Transfusion (3f)
Dr Fraser, who was an assistant editor along with Dr Gillon, reported on behalf of Dr Brian McClelland (editor).

Contributors had been contacted and it was envisaged that the new format would be similar to that adopted in the AABB Physicians Handbook. Permission had been sought from the AABB to reproduce some of the material contained in their publication and work was ongoing.

e) Directed donations and autologous transfusion (3e)
The reported submitted in August 1985 for consideration by the NBTS Advisory Committee had been circulated, however, no meeting had yet been held. It was thought that a meeting might be convened in December 1986.

Directors noted the recent developments in the USA and Australia where autologous transfusion services were now in operation. **It was agreed that this matter would be kept under review and further considered at the next meeting.** *

f) Unrelated bone marrow donors (3h)
i. **UK:** it had become increasingly clear over the last few months, with the development of major programmes to establish unrelated bone marrow donor panels both in Europe and the USA, that a further review of the current UK position was required. To that end Dr Cash had written, as agreed, to Dr Ian Fraser expressing SNBTS Directors' views that there was now a need to establish such a panel and that the donor element would be better run by the UK Transfusion Services.

The English and Welsh Directors had agreed at their meeting on 8 October that the NBTS should support unrelated bone marrow transplantation. They had also agreed to convene a group of bone marrow transplant clinicians and BTS representatives who would prepare a scheme for submission to the DHSS. Directors were asked to nominate an SNBTS representative. Dr Jack Gillon (who was in attendance at the meeting for item 3 f ii) was invited to undertake this task, which he agreed to do. *

ii. **SNBTS:** Dr Gillon reported on the discussions leading to the production of the interim report (which had been circulated) and summarised its contents. The specific questions raised and Directors' responses are set out in Annex 1 to these minutes.

The Directors thanked Dr Gillon and his colleagues for their efforts and in view of the decision to set up a UK working group (minute 3 f i above) it was agreed it would be helpful if the group could now produce draft procedures and donor literature. It was suggested that close liaison should be maintained with the staff of the Bristol, Manchester and Edgware Centres. *

g) Surrogate testing for NANB hepatitis (3i)

Dr Gunson reported that three English Centres (Edgware, Bristol/Manchester) were to study the incidence of raised ALT and hepatitis core antibody levels in their donor populations. Dr Fraser indicated that it would be helpful if an SNBTS Centre could be included in the study. Dr Gunson had recommended to the DHSS that a group should be established and this had been agreed.

It was agreed that the UK Working Party on Transfusion Associated Hepatitis was the most appropriate body to pursue the issue of implementing surrogate testing in RTCs and Dr Cash should write to Dr Gunson on behalf of SNBTS Directors formally requesting that this working party be reconvened, with a view to making proposals to Department of Health. *

(NOTE: the UK Working Party on Transfusion Associated Hepatitis last met in 1981. SNBTS representatives on this Working Party were Dr Brian McClelland, Dr Mitchell and Dr Bruce Cuthbertson.)

h) Product liability (3k)

i. **CSA:** following discussions between Dr Cash and the General Manager the latter had agreed to arrange a meeting with senior SHHD colleagues to try to clarify UK policy with specific reference to licensing of products and Crown Exemption.

ii. **NBTS Advisory Committee:** no meeting had yet been held.

i) Purchase of commercial blood products (4)

i. **Amendments to figures issued for the last meeting:** a revised statement had been circulated.

ii. **Future developments:** this matter would be discussed, as previously agreed, annually at the June meeting of Directors. In the meantime Dr Forrester reiterated SHHD responsibility for data collection and advised Directors that it might be counter productive if local (RTC) initiatives were made.

j) Testing of staff reagent samples (5)

It was confirmed that all Directors had received a copy of the protocol drawn up by Dr Mitchell. Four centres had now implemented the recommendations. Miss Corrie would check the position in the South East.

k) HBsAg vaccination of staff (10)

A meeting had now taken place between Dr Cash and Dr Sharp, the CSA Occupational Health Adviser, when Dr Sharp had agreed to send to Dr Cash details of an existing vaccination programme (Forth Valley Health Board) in order that Directors might study them and make proposals for the SNBTS.

Dr Cash advised the Directors of the difficulties Dr Sharp might encounter in the event of an Agency decision to implement a staff vaccination programme especially in regard to the Ambulance Division. He asked Directors to consider whether SNBTS might be able to assist with

A. doctors to carry out the programme
B. follow-up checks of antibody titres
C. antibody assays.

It was agreed that the Scottish Directors would continue consideration of these matters which would be best done in the forum of the Co-ordinating Group. *

4. NIBSC

The need for the development of closer links between Transfusion Services and NIBSC had been discussed at the Co-ordinating Group on 19 August when it had been agreed to seek NBTS Directors' support to a joint (UK) approach to the problem.

At their meeting on 8 October NBTS Directors had agreed that Dr Fraser and Dr Cash should write jointly to Dr Schild, Director of NIBSC, in terms of the draft letter which had been submitted for consideration.

It was agreed that Dr Fraser and Dr Cash would now send the approved letter to Dr Schild. *

5. NBTS DIRECTORS' MEETING

Dr Whitrow's notes of the meeting held on 9 July 1986 had been circulated and notes of the meeting held on 8 October 1986 would be circulated in due course.

Several items of joint NBTS/SNBTS interest had been discussed and all have been reported as appropriate in these minutes.

In response to a query from Dr Urbaniak regarding the supply of anti-D in England and Wales Dr Whitrow outlined current difficulties in obtaining commercial supplies to supplement BPL issues.

NBTS colleagues were now investigating methods of increasing production and were considering the introduction of a pro rata system of issue. In addition anti-D plasma would be used for therapeutic purposes only (not reagents), efforts would be made to better control the use of anti-D and issues to private patients from countries outwith the UK would cease.

Dr Derrick Tovey had also been asked to reconvene the Anti-D Working Party.

6. BLOOD TRANSFUSION NURSING FORUM

Dr Fraser's opinion had been sought by Dr Jean Harrison on the need to send to Directors as well as HODs the questionnaires seeking views from heads of department on Project 2000. At that time he had advised that Directors need merely be kept informed of events.

Subsequent events led to the topic being considered at the NBTS Directors' meeting on 8 October when it had been agreed that any comments provided in response to the RCN questionnaire were made on a personal basis and did not therefore represent the views of the UKBTS. **SNBTS Directors confirmed approval of this decision.** *

7. DHSS AIDS LEAFLET

The revised DHSS Aids Leaflet had been circulated by Mr Murray. SNBTS Directors expressed their concern regarding some of the donor exclusion criteria incorporated in this revised version and the fact the appropriate professional consultation did not appear to have taken place.

8. DATE OF NEXT MEETING

Wednesday 17 December 1986.

ANNEX 1

INTERIM REPORT ON SNBTS CONTRIBUTIONS TO UKTS UNRELATED BONE MARROW DONOR PANEL

In response to queries from the SNBTS Working Party the following specific areas were discussed and agreed by the Directors at their meeting on 9 October 1986.

1. All Scottish RTCs should in principle be able to contribute and each Centre should be able to carry out the entire procedure leading to registration of a potential donor subject to local arrangements.
Agreed.

2. Only passive recruitment of donors should be employed i.e. the provision of literature at blood donor sessions. No blood donor session or group of donors would be approached on an individual basis.
Agreed.

3. The quality of the publicity material must be of the highest standard. **Agreed.** Directors strongly supported the concept of confidentiality of donor information. It was also felt that a register of approved Haematology Departments should be drawn up and an appropriate code of conduct devised.

4. The working party should assume, for the moment, development in the UK only, but for both the public and the private sector.

5. Directors would wish to ensure that arrangements were made whereby donors were appropriately compensated for any loss of earnings etc.

6. The Working Party were recommended to consult Miss Corrie who would advise them regarding existing Treasury Donor Compensation Scheme.

7. Directors agreed that anonymity of both donor and recipient would be crucial to the success of the scheme.

8. Directors agreed the need for designated centres of responsibility (reference centres) within the NHS.

9. Directors noted the financial and staffing resource implications of potential developments in this area.