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SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' meeting held in the
SNBTS Headquarters Unit on Tuesday 12 June 1984

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr R Mitchell
Dr D B L McClelland
Dr W M McClelland, Belfast (items 1 to 6)
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow (items 1 to 6)
Dr A E Bell SHHD (items 1 to 6)
Mr A J Murray SHHD (items 1 to 6)
Miss M Corrie (Secretary)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were notified from Dr H H Gunson and Dr I D Fraser (who had replaced Dr Wagstaff) and from Mr J Davidson.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13 March 1984 had been circulated. Consideration was given to comments which had been received and the following amendments were made:

- a) Item 3(d) - the words "based on Dr Mitchell's leaflet" in the penultimate sentence were deleted.
- b) Item 3(h) - replace the words "no UK assay at present" towards the end of this minute with "no Scottish-based assay."
- c) Item 3 (i) ii - delete the word "the" before "Transfusion Services" in the first line.
- d) Item 4 - replace the final line of the first paragraph by ".....justified retaining the two frozen red cell banks (Edinburgh and Glasgow)."

3. MATTERS ARISING FROM THE MINUTES

- a) AIDS (3b)
Draft revised leaflet for donors

As agreed at the previous meeting Dr McClelland had revised the leaflet which he had drafted for circulation to blood donors with call-up letters. The revised draft had again received comments and a further one had been circulated with the agenda. Dr McClelland tabled another draft in substitute of the one which had been circulated and on the basis of comments made during the meeting this was again revised. (Final version attached).

Concerning printing it had been concluded after investigation in the SE Centre that it was no cheaper to reproduce the leaflet in a Transfusion Centre than commercially. Miss Corrie undertook to make the arrangements necessary to provide leaflets which could be used by each Transfusion Centre appropriate to the local method of preparing call-up letters. It was recognised that it might in the end be necessary to print in each Region if no acceptable standard size could be obtained. The total required would be 250,000.

b) Anti-D Working Party (3d)

i. Meeting between SNBTS and Obstetricians

Following the agreement at the previous meeting to discuss topics of mutual interest with representatives of the NMCC specialist sub-group on obstetrics and gynaecology the following was agreed: Dr Cash (with Dr Mitchell and Dr Urbaniak as working members) should meet Professor Whitfield (Glasgow) and Dr Crawford (Dundee). The general purpose would be to explore the interface between Transfusion, Obstetrics and Neo-natal clinical practice and the specific topic would be: ante natal prophylaxis for HDN. Dr Cash's secretary would notify suitable dates to Dr Bell whose colleagues in the field in the SHHD would participate.

ii. Code of practice for plasma donation

Dr Cash tabled a letter dated 5 June 1984 from Dr Urbaniak enclosing a short paraphrasing of relevant sections of the report by Dr Boulton to which reference had been made at the previous meeting. In his letter he explained why he had been unable to prepare a code of practice. [Secretary's note: The copies tabled at the meeting contained manuscript notes which had been made by Dr Cash]. The need to have a code of practice was confirmed on the basis of a number of comments which were made in discussion, Dr Urbaniak undertook to produce a set of guidelines which would provide latitude for differing practices in the various Transfusion Centres.

iii. Product information leaflet

Dr Perry explained that he intended to have available for the November 1984 meeting on immunoglobulins a leaflet which would cover all the PFC's IgG products.

c) NBTS Hepatitis Working Party (3g)

Deferred in the absence of Dr Gunson.

d) Charges to the Private Sector (3i)

i. Present position in Scotland

Miss Corrie reported that substantive agreements for the supply of crossmatched and non crossmatched blood had been sent to the SHHD as to an appropriate service charge for crossmatching.

Of the three private hospitals in West of Scotland all receiving non-crossmatched blood, the Ross Hall had paid handling charges since November 1983 on the basis of an interim agreement. Bon Secours had signed the interim agreement known to the Directors while objecting to the clause requiring participation in NEQAS, the objection being to results being passed to the Transfusion Director. The Nuffield McAlpin Hospital had declined to sign the interim agreement because of the same clause but were paying the handling charge.

It was noted that the DHSS had issued a circular - comments due by 30 June - which would involve introducing handling charges retrospective to 1 April 1984. The DHSS handling charges would be slightly higher than those currently in use in Scotland, but that there was no intention for change in Scotland at present.

The draft DHSS circular envisaged credit for the return by private hospitals of unused blood. (Not in the case of Scotland). It was believed that some Transfusion Centres and private hospitals in England and Wales believed that the credit system was unworkable and should not be introduced.

It was noted that the Scottish Office Finance Division had taken into account the cash required to supply the private sector in calculating the revenue allocations for the SNBTS for 1984-85.

The attitudes taken by hospitals in Glasgow to the clause in the agreement requiring NEQAS results to be sent to the Transfusion Director was discussed: it was recognised as a West of Scotland problem at present (the haematologists in that region having declined to accept the need for a local NEQAS adviser). It was agreed that it was absolutely essential to retain clause VI as it stood.

The question was raised as to why the CSA had not introduced handling charges for the blood alone for those hospitals currently receiving crossmatched blood, since the matter of a service charge for crossmatch was a separate issue. Dr Cash undertook to approach CSA Secretary.

ii. Private Sector blood handling services

Dr Cash has circulated a paper which he proposed to submit to the CSA for the BTS Sub-committee subject to the approval of the Directors. The draft was discussed and a number of amendments made as a result. Dr Cash would submit the agreed re-draft to CSA Secretary.

e) National Registry of HLA typed donors for bone marrow transplantation (5)

It was reported that Dr P L Yap (consultant SE Scotland BTS) had undertaken to organise a meeting to be held on 2 October 1984. Dr Ben Bradley and others would be invited and it was intended that alternative points of view would be presented.

4. SCREENING OF DONORS FOR PLASMA DESTINED FOR HBIG AND CMV IgG

Dr Cash drew attention to correspondence received from Professor Drew Winston (Assistant Professor of Medicine/ID, Los Angeles) who was involved in the use of CMV immunoglobulin in bone marrow transplantation. He had noted that AIDS victims tended to have high CMV levels, which cast doubt on the advisability of taking the immunoglobulin from males. There was discussion as to the advisability of relying on women for anti-CMV plasma or adopting Professor Winston's criteria for clinical assessment of donors, which was aimed at eliminating men who were in a high risk group of contracting AIDS.

After discussion it was concluded that there was insufficient concordance of opinion to reach agreement on the matter which was deferred for discussion on another occasion.

5. MEETING OF TRANSFUSION DIRECTORS ENGLAND AND WALES

A meeting had been held on 11 April 1984.

6. MLSO STATE REGISTRATION

In a letter dated 10 May 1984 to Dr Cash, Dr Whitrow has drawn attention to the problems faced by the Medical Laboratory Technicians Board of the Council for Professions Supplementary to Medicine in finding an acceptable substantive method of testing the competence of graduate applicants for state registration. An oral examination had been established in 1982 to be followed by a written one. A press statement issued in April (copy attached) explained the current position and it was noted that a proposal for what the board called an "objectively structured practical examination" was being explored as a basis for testing the competence of both graduate and certificated applicants for state registration.

The Board had arranged for an oral examination to extend (in Scotland only) to non-graduate applicants and the Directors discussed whether there should be a Scottish standard examination. It was agreed that it would be inappropriate to do so since the statutory authority on the subject (the Council for Professions Supplementary to Medicine) had decreed that the oral examination should be local.

It was noted that the Council had sent the Press statement to Directors of laboratories rather than employing authorities.

7. SCOTBLOOD 1985

It had been remitted to Dr Urbaniak (Co-ordinating Group 22 May) to arrange for Scotblood 1985 to be held in Aberdeen and he offered 13 April or 29 June, dates which were acceptable to the University for accommodation purposes. Overnight accommodation would be available on 12 April or 28 June. The 13 April was selected and Miss Corrie would ask formally for nominations to the Organising Committee.

8. DONOR CONSENT FORMS

Dr Cash referred to the guidance document and donor consent forms which he had prepared for the BTS Sub-committee working party on the disposal of surplus blood products.

After discussion and taking into account comments already received by Dr Cash from the Directors it was agreed to recommend that it would be open to Directors to draft their own forms within an agreed framework in respect of special donations taken for specific purposes.

9. DATE OF THE NEXT MEETING

11 September 1984 (Dr Cash's letter of 23 May to Directors).

PLEASE READ THIS LEAFLET AND HELP US TO KEEP BLOOD TRANSFUSION
SAFE

There is a small number of illnesses which can be transmitted from donors to patients. This is because some apparently healthy people can carry viruses or other agents in their blood which may not affect them but which could result in illness in the patients who receive their blood. Because of this, special regulations apply to donors who have had some forms of Hepatitis or who have been exposed to Malaria.

More recently another disease known as AIDS has been described.

AIDS (Acquired Immune Deficiency Syndrome)
This is a condition, at present quite rare in the U.K., in which the body's natural resistance to various diseases is seriously reduced. The cause of AIDS is unknown, but the disease, which is frequently fatal, may be transmitted by blood or blood products. There is no laboratory test available yet to identify donors who might transmit AIDS. For the present therefore, it is important that those who belong to certain groups, who have an above average risk of contracting this condition, should not donate. These groups are:

- residents of or visitors to certain areas such as Chad, Haiti and Zaire
- sexually active homosexual men
- present or past abusers of intravenous drugs
- sexual partners, male or female, of any of the above people.

If you think that you might belong to any of these groups, please do not donate blood at present. If you have any questions please ask to see the doctor at the donor session or contact one of the medical consultants at your Regional Blood Transfusion Centre.

Please remember there is no risk of getting any of the above illnesses from giving blood.

Glasgow and West of Scotland
Edinburgh and South East Scotland
Dundee and East of Scotland
Inverness and North of Scotland
Aberdeen and North East Scotland

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