

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 151st meeting held on Wednesday 24 April 1974
at 11.30 am in Room D101, Department of Health and Social Security,
Alexander Fleming House, Elephant & Castle, London, SE1 6BY

PRESENT

Dr W d'A Maycock	- in the Chair
Dr S Murray	
Dr L A D Tovey	
Dr W Wagstaff (deputy)	
Dr J Darnborough	
Dr T E Cleghorn	- Regional Transfusion Directors
Dr W J Jenkins	
Dr K Ll. Rogers	
Dr J Grant	
Dr G H Tovey	
Dr B Bevan (deputy)	
Dr G W G Bird	
Dr F Stratton	
Dr D Lehane	
Dr D B Smith	
Dr K L G Goldsmith	- Blood Group Reference Laboratory
Dr A E Bell	- Scottish Home and Health Department
Dr H B M Lewis	- Scottish National Blood Transfusion Association
Dr J C A Raison	
Dr S L Waiter	
Dr R L Carter	- Department of Health and Social Security
Mr D U Jackson	
Mrs R A Tunnard	
Mr R H Hanson	

The meeting stood in silence as a mark of respect for Dr Bowley who was killed in an air crash near Paris on the 3 March 1974. Dr Bowley had been a member of the Regional Transfusion Directors' meeting since 1953. The meeting asked the Chairman to write formally to Mrs Bowley to express its deep sympathy.

The Chairman reported that Dr Drummond had written to thank everyone for the gift given to him on his retirement.

Apologies for absence were received from Colonel Field and Dr Buttolph.

1. CONFIRMATION OF MINUTES OF MEETING HELD ON 20 FEBRUARY 1974

The minutes were confirmed subject to the following amendments:-

Page 4 para 2e lines 6 and 7 - delete "and upon whether the attendant was working alone or not"

" 8 " 8 amend (b) to read:- "an epileptic confirmed by his doctor no longer to be on anti-convulsant treatment and who has not been subject to fits for a period of three years may be accepted as a donor."

2. MATTERS ARISING

a. QUALITY CONTROL AS APPLIED TO BLOOD GROUP SEROLOGY

The Chairman reported that the Working Party had met and a paper is being prepared for the meeting of the LDAG Subgroup on Quality Control on 24 May 1974. Dr Goldsmith would report to the RTD meeting on 3 July 1974.

b. PRINCIPAL TECHNICIAN

Mr Jackson reported that the group nominated at RTD meeting 20 February 1974 had not yet been able to meet Mr Harley. Dr Jenkins had not yet completed the redrafting of the paper originally sent to Mr Harley (RTD(73)15 Revised, Oct.1973). When this was done it was proposed to discuss the new draft at an informal meeting with Mr Harley. Thereafter the paper would be considered by the RTD meeting with a view to its submission officially to the Department.

Dr L A D Tovey said he had not agreed to serve on this group (RTD Minutes, 20 February 1974, page 3, para.2(c)). At the request of the meeting he now agreed to serve.

c. PUBLICITY PAMPHLETS

i. PLASMAPHERESIS (RTD(74)9)

Dr Maycock had received only five replies from RTDs commenting on this paper by Dr Cleghorn. The gist of replies was that the paper was suitable to give to donors who had volunteered for plasmapheresis but not for general distribution. Dr Darnborough had undertaken to write a short description on simple lines to be included in a more general leaflet suitable for distribution to donors. Dr Maycock asked any RTDs who still wished to do so, to send comments within 2 weeks.

ii. GIFT OF LIFE. Dr Smith and Dr Barnes had prepared a text which was being considered within the Department.

- iii. BLOOD GROUPS AND THE STUDY OF MANKIND. Dr Maurant had revised this leaflet, which was now in the hands of Information Division. It was not proposed to circulate the revised text to RTDs as the changes were few.
- iv. PAMPHLET ON THE NATIONAL BLOOD TRANSFUSION SERVICE. Dr Lehane and his staff had revised this pamphlet, the text of which had been sent to Information Division. The finally proposed text would be circulated to RTDs in due course.

The meeting confirmed that there was a steady demand for pamphlets of the type previously published in the Life Blood Series which were designed to be informative documents for donors, their friends and certain other groups such as students. There was probably also a need for leaflets designed to be used to recruit donors.

d. OBSERVATIONS IN NATURALLY AND DELIBERATELY IMMUNIZED DONORS

Dr Maycock reported that he had discussed Dr L A D Tovey's report (RTD(74)3) with Professor P L Mollison.

Professor Mollison thought it would be useful to collect details of episodes in which reactions occur within a short time of plasmapheresis. Long term medical events, he thought, should be noted but not investigated, since the few that had been recorded seemed too various to suggest any connexion with preceding plasmapheresis. The meeting agreed to send Dr L A D Tovey the appropriate information.

Professor Mollison considered that it was well worthwhile recording in detail any adverse reactions after deliberate immunization or boosting. Dr L A D Tovey had prepared a report form (RTD(74)12) which the meeting agreed to use. The following amendments were made: "date of birth" in place of "address and age"; "Red cell, white cell and serum groups" instead of "ABO and Rh genotype"; spaces to be made for entry of up to three genotypes and dates after "genotype of cells injected"; a space to be made for recording the relationship of a reaction with the injection of cells in the immunization programme; a space to be made for reference number of volunteer.

It was agreed that RTDs would (i) complete this form and send it to Dr Tovey for any reaction associated with any procedure of immunization or boosting and (ii) send annually the total number of immunizations so that Dr Tovey could calculate the incidence of reactions.

Dr Tovey undertook to distribute a supply of amended forms to RTDs.

e. ANTI-HB Ag IMMUNOGLOBULIN FOR PROTECTING INFANTS OF HB Ag POSITIVE MOTHERS. It was reported that RTCs. Leeds, Sheffield, Cambridge, Bristol, Birmingham, Liverpool, Wessex and Northern Ireland had agreed to participate by HB Ag testing ante-natal specimens.

The MRC Anti-HB Ag Immunoglobulin Working Party had applied to the Council for approval and financing of the trial.

Dr Bevan offered to participate (30,000 mothers per year). Dr Maycock undertook to inform the Chairman of the Working Party.

f. HAEMOPHILIA - PROVISION OF PLASMA FOR ANTI-HAEMOPHILIC GLOBULIN CONCENTRATE. Dr Maycock reported that since January 1973 the increase in the amount of frozen fresh plasma was such that the amount fractionated had risen from 80L per week to 108L per week in the period January to March 1974. This plasma had been contributed mainly by 5 centres. A sixth supplied a modest quantity and a seventh had just begun. With extra staff the amount fractionated could be doubled immediately. With extra staff and equipment the amount fractionated could be increased up to 10-fold.

Dr Maycock urged that RTDs should encourage by every possible local means the use of concentrated red cells.

Dr Maycock also reported that the amount of time-expired plasma (in terms of single donations) sent to BPL in relation to regional population varied from about 3 per 1000 population to 11 per 1000 population. There was clearly a wide variation which would have gradually to be eliminated.

g. CAREERS IN BLOOD TRANSFUSION - BMA LEAFLET. It was reported that this leaflet was now in use. Copies were distributed to the meeting.

h. ADVERSE REACTION REPORT FORM. Dr Maycock said that only half the RTDs had commented on the form and asked for outstanding replies to be sent within two weeks.

3. PUBLICITY IN "THE SUNDAY TIMES" CONCERNING THE DONOR PANEL

Dr Cleghorn referred to the article in the Sunday Times on 7 April 1974 which had as its raison d'être a laboratory notice issued in July 1973, a copy of which had apparently been sent to the Sunday Times. He also referred to the confidential document dated 18 April 1974 which had been sent to all RTDs and DHSS in which were set forth the immediate aspects of the episode.

After some discussion of the problems arising from this event, Dr Maycock proposed and the meeting agreed that an ad hoc group should be formed to consider what groups of donors can be identified, the use of whose blood should be given special consideration and whether any groups can be identified whose blood should be rejected.

The meeting asked that this ad hoc group should consider the definition of donors from endemic and previously endemic malarious areas, in certain groups of whom there appeared to be a high frequency of HB Ag. The meeting nominated Drs G H Tovey, Cleghorn and Stratton as members of the ad hoc group. The Chairman proposed that Dr Dane should also be a member.

Dr L A D Tovey asked whether some mechanism could be devised whereby RTDs might be given early warning of the intention of the press to publish articles likely to give rise to public discussion. This was difficult, if not impossible, in the case of complex subjects such as that concerning Edware RTC because such subjects could not be dealt with briefly by telephone or by telegram or teleprint. On the other hand there were events, such as the publicity given to Simon Bostic in February 1973, warning about which could be given succinctly without fear of any misunderstanding arising. The DHSS representative undertook to try to warn RTDs in appropriate instances.

4. ARRANGEMENTS UNDER REGIONAL HEALTH AUTHORITIES

In some regions no communication had yet occurred between RTD and RHA. In most regions communication had been established and in some there had been discussion of arrangements for management of RTCs.

Arising from the discussion the meeting asked the DHSS to consider issuing advice to RHAs on the relationship between RTD and RHA and, especially, on the position of the RTD as adviser on blood transfusion to RHA. All RTDs considered that they should be directly responsible to the RHA for the provision of transfusion facilities in the region. It was also suggested that the RTD should have the right to attend meetings of the RHA when matters concerning the transfusion service were being discussed.

Concern was expressed about the RHA boundaries in certain places, eg. that Bath was now within Wessex RHA area, and should receive transfusion facilities from Southampton, although RTC Bristol was within a few miles.

It was agreed that this subject should be discussed again at the next meeting.

5. SUPPLY OF BLOOD FOR USES OTHER THAN TRANSFUSION (PAPER RTD(74)11)

In introducing this paper, which had been prepared by the Department, Dr Maycock said that as the only organization in UK dealing with human blood, NBS could not dissociate itself from the problem of providing human plasma and serum for diagnostic purposes and also for monitoring therapy. Blood or blood derivatives were an essential part of certain laboratory techniques which themselves were essential and all of which benefitted the patient. Dr Maycock suggested that the proposals in paragraphs 6(c) and 8 should be adopted. The time had now come to tell donors, for example, by including information in leaflets and talks, that various components of blood were now necessary for certain laboratory techniques which were of great benefit to the patient. It was also pointed out that the NHS had to import most of these materials at present; these were expensive and the source of some of the blood used was insecure.

The volume of blood needed was estimated to be about 1000L per year or about 275 donations per Centre per year in Great Britain and Northern Ireland. There were other requirements, for example, a supply of platelets.

In discussion, which was inconclusive, the Directors stressed the need to use plasma in preference to serum whenever possible.

The meeting agreed to consider this subject again at the next meeting. It was suggested that Professor Whitehead should be invited to discuss with the Directors the requirements of the groups concerned with non-therapeutic uses of blood and how these requirements might be met from the BTS.

6. SUPPLY MATTERS:

POSITION REGARDING SUPPLY OF PLASTIC AND OTHER TRANSFUSION EQUIPMENT

Mrs Tunnard reviewed the position.

GLASS. An improvement had occurred except in the instance of bottles for non-injectable water.

PLASTIC TRANSFUSION SETS. Two to three months supply in hand.

RUBBER DISCS AND METAL CAPS. Stocks were building up slowly.

RUBBER CLOSURES (LACQUERED). The position was less secure; supply barely met demand.

PLASTIC CONTAINERS FOR BLOOD. These were supplied at present by only one firm sited in UK and the position could not be regarded as satisfactory. It was suggested that a representative of Messrs. Avon Medical should be invited to the next meeting of the Sub-committee on Equipment to discuss the long delay that had occurred since the firm decided to make plastic containers for blood.

HTCs wholly using plastic containers for blood collection:-

Edgware, Brentwood, Bristol, Cardiff, Birmingham, Manchester, Wessex.

HTCs using plastic containers for only a proportion of blood collected:-

Newcastle, Leeds, Sheffield, Cambridge, South London, Oxford, Liverpool

7. NEED FOR EQUIPMENT FOR WASHING RED CELLS FOR CLINICAL USE

Dr Maycock reported that he had received, uninvited, a quotation from Messrs. Haemonetics Ltd. to supply 10 model 15 SS centrifuges and 10 model 15 centrifuges for washing red cells together with associated equipment.

From the discussion it was clear that the need for this apparatus and equipment already existed in transfusion centres and hospitals.

The meeting accepted Dr Jenkins' offer to arrange a meeting in the autumn at which the use of this equipment would be explained and discussed and the equipment itself demonstrated. It was agreed that each HTC would send three participants. Dr Jenkins said that the staff of the Army Blood Supply Depot, Aldershot would assist him in organizing the programme.

8. ANTI-D IMMUNOGLOBULIN

Dr Maycock informed the meeting that the Joint Sub-committee on the Prevention

of Haemolytic Disease at its last meeting had suggested that Rh-negative mothers undergoing amniocentesis could be given 50 µg anti-D immunoglobulin up to and including the 20th week of pregnancy and 100 µg thereafter. The decision to use these doses should be made locally by the obstetrician in charge of the case.

9. ANY OTHER BUSINESS

- a. MEASLES CONVALESCENT PLASMA. Dr Maycock informed the meeting that a need for specific anti-measles immunoglobulin is likely to arise and asked Directors to arrange to set aside plasma from donations from donors who had had measles in the previous 3 months.
- b. BIOTEST DIRECTORY OF TRANSFUSION SERVICES. The meeting decided that it did not wish to collaborate with Messrs. Biotest in preparing a directory of British transfusion centres. Dr Maycock was asked to inform Messrs. Biotest.
- c. TRANSMISSION OF DONOR INFORMATION BETWEEN CENTRES. An extract from a letter from Dr Darnborough (STD(74)13) was distributed. It would be considered at the next meeting.

10. Date of Next Meeting. This was arranged for 3 July 1974.