

IN CONFIDENCE

MINUTES OF THE SNBTS/NBTS LIAISON COMMITTEE
HELD ON 30 APRIL 1991

PRESENT

SNBTS

David McIntosh
Professor John D Cash
Mrs Elizabeth Porterfield

NBTS

Dr Harold Gunson
Dr Roger Moore

Mr McIntosh welcomed everyone to the Fourth meeting of the Committee.

1. MINUTES OF THE PREVIOUS MEETING (7 JANUARY 1991)

The Minutes, which had been circulated, were agreed as a true record of the proceedings.

2. MATTERS ARISING

2.1 Plasticisers in blood bags

Dr Gunson had contacted Joe O'Sullivan (Baxter Health Care) from whom he was awaiting details of the status of the application for an FDA Licence.

Mr O'Sullivan wished to set up two research projects using the new bags - one on platelet survival in blood collected into the new type bag which would be conducted by Dr Ala in Birmingham and the second to be conducted by Dr Boulton in Southampton (specific details unknown).

Item to be retained on agenda for report at the next meeting.

EP

2.2 Manufacturers Licences (Specials)

DMcI thanked Drs Gunson and Moore for their help with this matter. All Scottish regional centres had now submitted applications.

All NBTS applications had also been submitted and the first inspection had been arranged to take place at North West Thames regional centre. RM would provide relevant information on the visit to SNBTS (via JDC) once this was available.

RM

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It was noted that Dr Gunson was currently in touch with all NBTS Centres to conduct QA audits prior to formal inspection. SNBTS had already established an audit team which was visiting Scottish centres; the first of these had already been carried out (Inverness) and it was hoped to complete the audit process by January 1992.

Dr Gunson welcomed the SNBTS approach regarding membership of appropriate QA committees - this was under consideration and he would revert.

HHG

2.3 AIDS Leaflet

Dr Gunson summarised the discussions which had taken place in the sub-committee set up by the Expert Advisory Group on AIDS (EAGA) to consider the leaflet and its contents following the recommendations of the Standing Committee on Medical Acceptance of Blood Donors. Various changes had been recommended for referral back to the Standing Committee via Dr Gunson. He proposed to consult with Dr Brian McClelland who had chaired the EAGA sub-committee and undertook to write to SNBTS (via JDC) with details of the amendments requested by the sub-committee.

HHG

Professor Cash undertook to discuss the situation with Dr McClelland and to add the item to a future meeting of the SNBTS Medical and Scientific Committee for consideration.

JDC

Dr Gunson would refer the matter back to the Standing Committee prior to the next EAGA meeting on 2 July 1991.

HHG

2.4 Anti-HCV Testing

2.4.1 Commencement Date

It had been suggested that a commencement date of 1 September 1991 UK-wide would be appropriate, however Dr Gunson reported that Newcastle RTC (Director/General Manager, Dr Hugh Lloyd) had commenced testing within the past week. No confirmatory testing was being undertaken and no information was available on donor counselling.

In view of the implications for the rest of the UK blood transfusion services, DMcI immediately informed Scottish Home and Health Department officials. Dr Gunson had already advised Department of Health counterparts and advice was awaited.

Dr Gunson hoped to establish multi-centre evaluation of second generation test kits, with Newcastle as a participating Centre. An SNBTS Centre would contribute to the evaluation.

HHG/JDC to finalise arrangements, keeping DMCI informed of events.

It was agreed that a firm clarification of policy was urgently required from DoH/SHHD within 7-10 days.

2.4.2 Plasma for Fractionation

It was agreed that plasma sent for fractionation should be anti-HCV-ve, however, the definition of same was yet to be decided. Agreed that the involvement of NIBSC was required to assist with testing plasma pools. It was also agreed that the red cells obtained from donors found to be anti-HCV positive would be unusable and only the plasma could be used.

2.4.3 HCV - PCR Confirmatory Testing

Noted that PCR was a practical problem for NBTS. Dr Gunson wished to conduct a separate research project over a 6-12 month period with a view to evaluating the PCR test and to assess its need for screening purposes. This was dependent on funding from the Procurement Directorate.

JDC advised that SNBTS would be conducting PCR confirmatory testing.

2.5 Rh-ve Blood Donor Labels

This matter is now resolved. Centres should have labels by 1 April 1992.

OFF AGENDA

2.6 UK BTS Bar Code Working Party/

3.1 UK BTS Labels - Establishment of Sub-Group

Concern was expressed as to the membership and viability of this group. After a full discussion it was agreed that it might be most appropriate to disband the working party and establish a UK BTS label steering group (under the auspices of the Red Book Committee), the membership to include the QA reps from the regional transfusion centres. Dr Gunson would write to those concerned with a view to establishing the group and disbanding the working party.

HHG

3.2 Yersinia Enterocolitica

Dr Gunson hoped to receive a report following the FDA open meeting on 9 and 10 May. He would keep SNBTS colleagues informed (via JDC).

HHG

The questionnaire circulated with the papers for the meeting was reviewed and it was agreed that should it be necessary to do so a revised version would be issued to UK transfusion centres.

HHG/JDC/
DMcI

The implications for stock management and usage were discussed and it was agreed that the best approach would be to conduct a survey of regional practices. Professor Cash would add the item to the next SNBTS Medical and Scientific Committee Agenda and Dr Gunson would refer the matter to the Advisory Committee on Transfusion Transmitted Diseases for consideration (on which SNBTS was represented by Dr Mitchell). JDC to ask Dr Mitchell if he would prepare draft thoughts for a UK questionnaire for submission to the next meeting of the Advisory Committee on TTD which was due to take place on 10 June 1991.

RM via
JDC

3.3 HLA Grouping Sera - Supplies

JDC outlined the various concerns within the SNBTS consequent upon the establishment of the new Health Authority status of the UKTS. The areas causing particular anxiety were those of availability of supplies and cross charging but he also noted his concern regarding lack of consultation prior to the change of status.

Dr Gunson advised that like the SNBTS, the NBTS Directorate had not been consulted. He would add the item to the agenda of his next management team meeting to assess the NBTS position and would report to the next meeting of this group.

HHG

3.4 Red Book Groups

It was agreed that it would be appropriate to set up an implementation group under the main donor selection group which would be composed of Dr Mitchell, Dr Moore and Mairi Thornton.

HHG

The component group had already been agreed and a sub-group to consider labels (see item 3.5 above) was also agreed as appropriate.

HHG

Dr Gunson agreed that from June onwards Archie Barr (Glasgow), John Barbara (North West Thames) and Philip Muir would be added to the membership of the Advisory Committee on Transfusion Transmitted Diseases.

3.5 Supplies of Blood to NBTS - Procedures

Professor Cash re-capped the arrangements made to deal with supplies to ABSD during the Gulf crisis and the suggestion that a similar system be instituted to cover requests for assistance from NBTS Centres.

There were two aspects to the need for a controlled system:

- (a) emergency requests via the NBTS Directorate and
- (b) bilateral contracts between centres.

There was a full discussion of the various aspects to the supply of surplus red cells to the NBTS following which it was agreed that DMcI would consider SNBTS commitment levels which might be undertaken for supplies in emergency and non emergency situations.

DMcI

Dr Gunson and Dr Moore would consider their likely volume requirements and the options for charging and disbursement of monies and would advise DMcI and JDC in due course.

HHG/RM

It was agreed that the forms and procedural systems already established should probably be used in future with one minor change, ie that notice of any request should be extended to the afternoon - 10.30am was too early. Re-activation of the system will however be postponed until the volume and cost aspects have been firmed up.

3.6 Letter in "The Independent"

DMcI noted the disappointment felt within the SNBTS regarding the implications for Scotland of the wording used. It was agreed this incident highlighted the need for closer communication between all the organisations to try to ensure public solidarity

3.7 Publicity

3.7.1 NBTS

Dr Gunson reported that a new agency had been appointed to work with the NBTS and was currently designing a campaign strategy.

It was also noted that the high stock levels achieved due to the Gulf crisis and its associated publicity were now falling rapidly, probably due to outdating.

3.7.2 SNBTS

DMcI reported the current work on blood stock management which would be considered by the SNBTS Management Board in due course. It was also noted that stocks were well balanced among the various blood groups.

3.8 Fractionation of Hyperimmune Plasmas for BPL

DMcI reported that it had been agreed with CBLA (Bernard Crowley) that SNBTS would fractionate surplus hyperimmune plasma from England and Wales for products not available via BPL. The first example was anti-hepatitis B for the North West Thames region with product swaps in return.

3.9 Medical Audit

Dr Gunson reported the creation of audit teams to visit NBTS centres. He was also encouraging centre managers to set up transfusion committees.

JDC advised that Dr Brian McClelland was managing the Scottish BTS audit programme.

4. **DATE OF NEXT MEETING**

No arrangements were made. EP will contact all soon to make arrangements for the timing and venue of the next meeting.

EP