0141

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of the meeting of the Co-ordinating Group
held in the Headquarters Unit on Tuesday 19 November 1985

Present: Dr J D Cash (in the chair)
Dr E Brookes
Dr D B L McClelland (items 1-7)
Dr R Mitchell
Dr R J Perry
Dr S J Urbaniak
Dr W Whitrow
Miss M Corrie (Secretary)

Mr J N Francis

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Morris McClelland had sent an apology.

2. MINUTES OF THE LAST MEETING

AIDS (3d (i)): Substitute Dr Urbaniak for Dr Mitchell in line 3 of page 4.

Home defence planning (15): Add the following:-

c) "Dr Whitrow was invited to establish a small group to develop, on behalf of the SNBTS, guidelines to be followed by SNBTS Centres in preparing local home defence related policies. Dr Whitrow agreed to take on this remit after he had been to Easingwold."

3. MATTERS ARISING

a) Burns SPPS
As agreed at the previous meeting the PFC was producing two more batches of each product. These would be ready in December. The Glasgow team had released a significant amount of product which had been distributed by PFC to the other trial collaborators.

b) Machine plasma/plateletpheresis
i. **draft guidelines:** the code of procedure had been re-titled "Guidelines" so that the contents could be implemented simultaneously with their submission to the DHSS and SHHD for consultation. It was hoped that they would be published as a code of practice once consultation was complete.

The Directors undertook to implement the guidelines meantime. It was agreed that Dr McClelland should send them to MSE in relation to the machine which he was testing for them. Miss Corrie would circulate further copies of the Scottish circulars relevant to the guidelines. *

ii. **National register:** (page 3 of the guidelines refers) Dr Urbaniak explained that the central collator (Dr A Robinson) had sent to the Scottish Directors a questionnaire about machines used in their Centres. Dr Urbaniak reminded his colleagues that in a previous context they had decided not to release donor data to third parties.

Dr Cash undertook to write to Dr Robinson to say that the Scottish Transfusion Directors would be willing to participate in hazard notifications and that while enthusiastic about a central statistical registry they would not participate until the Transfusion Directors had discussed and agreed a procedure for reporting to a small independent group. Dr Cash would write to Dr Fraser (Bristol) suggesting that Dr Napier (Cardiff) might head such a group. *

Dr Urbaniak was thanked for his contribution to the Working Party.

c) Commercial interface

i. **Press release:** there had been no problems following the press release on 11 October.

ii. **Release of products:** Dr Cash asked the Directors to remind their staff to observe the guidelines which they had formulated and which the CSA Management Committee had approved (BTS Sub-committee 21 November 1984/Management Committee 19 December 1984). *

d) AIDS

i. **Alternative counselling centres:** Dr McClelland reported having received, together with the infectious diseases unit in Edinburgh, a SHHD grant for a 6-month analysis of the work of a testing centre to which members of the public who wanted to be tested for the AIDS antibody could refer themselves. Their data so far indicated that some clients might have attended as blood donors had the alternative counselling centre not been available. It was staffed by the ID unit and some BTS doctors who were employed (on a sessional basis) for this purpose by the Lothian Health Board.

ii. **Protecting staff at Donor sessions:** Dr Mitchell reminded the Co-ordinating Group that he had received from the local branch of NUPE a request that staff should have protective clothing including gloves to wear at donor sessions. The Directors agreed that there was no requirement for donor teams to have such protective clothing at normal donor sessions. However, it was emphasised that staff should use the finger guards which were available to avoid accidental inoculation.

iii. **CDS reporting of HTLV-III antibody positive donors:** Dr Cash's letter of 11 October 1985 to the Directors had been circulated together with the proposed CDS reporting form and comments on the latter from Dr Whitrow and Dr Gillon who had both queried the need to enter date of birth.

It was agreed that if the date of birth was entered on the reporting form there would be little chance of double-reporting (a problem which was worrying Dr Emslie of CDS) and consequently no need to have the regular meetings which Dr Emslie had thought would be necessary to avoid double-reporting.

The Directors agreed that the form was suitable and that they would use it as it stood. *

The Directors agreed to adopt a proposal from CDS to use the form to report hepatitis B +ve donors also and Dr Cash would tell Dr Emslie this. *

It was agreed to head the forms "specific retrovirus" and "hepatitis B" respectively. *

iv. **Methods of educating SNBTS staff:** Miss Corrie explained the problem of the BTS staff learning about AIDS either through the press or narrowly as their schedules of work required.

Miss Corrie undertook to find out more about a training package and video which would be available from the DHSS towards the end of November. *

It was agreed to assess this training package before deciding whether an article should be commissioned for Bloodletter. *

Dr McClelland reported that the staff side members of his JCC were preparing questions for a session on AIDS and he would keep Miss Corrie briefed. *

e) Home defence planning

Dr Cash welcomed Dr D G Wilson, Scottish Health Service Civil Defence Adviser who explained his role, referring to the draft paper accompanying circular DS (1985)32 which had been circulated with the agenda for the 20 August 1985 Co-ordinating Group meeting.

Dr Wilson explained the current Government assumptions about the form of any forthcoming war. He confirmed that regional and health authorities should prepare their own plans drawing on each others' experience.

Dr Wilson said he would be willing to attend meetings of the group which Dr Whitrow would establish early in 1986.

4. SOP COMMITTEE

There had been circulated Dr Perry's letter of 31.12.84 to Dr Cash in which he recommended that the formulation and revision of SOPs should be transferred from the current SOP committee to the meeting of principal and senior chief MLSOs.

After a full discussion it was agreed that the SOP committee had fulfilled a very useful role. Most action would in future be internal to each Transfusion Centre and Directors could refer any inter-regional matters to the Co-ordinating Group who would remit them to appropriate groups for study and recommendation. *

Dr Cash undertook to thank the members of the SOP committee for the work which they had done to date and to explain to them that there was no further need for a standing national committee. *

It was noted that the NBTS Directors had invited Dr Wagstaff (a member of the Council of Europe committee on SOPs) to establish a UK team to draft national standards and specifications. They were expected to invite the Scottish Directors to nominate one of their number to join this team.

5. HEAT TREATED FIBRINOGEN AND VW FACTOR PRODUCTS

There had been circulated a summary of Directors' replies to Dr Cash's letter of 30 July 1985 requesting estimates of likely total annual requirements for heat treated fibrinogen and VWF.

After discussion the Directors supported the idea that PFC should develop both products giving a high priority to heat-treated VWB Factor. It was also agreed that future production targets should be based /m population on those figures supplied by Dr Boulton (SEBTS). *

6. AD HOC ISSUES OF CMV IMMUNOGLOBULIN

Dr Perry had suggested that the Edinburgh and Glasgow Transfusion Centres should each maintain a small stock of CMV immunoglobulin for issues ad hoc to patients other than Scotland or the current renal or Hammersmith trials. This was because the PFC had no one at hand to assess requests from a medical point of view.

The CBLA had sent 250kg of plasma against the 400kg which Dr Perry had expected in order to service the bone marrow trial and ad hoc issues in England.

It was agreed that any Centre in Scotland holding a supply of the IgG could be subject to intense pressure. It was agreed to discontinue ad hoc issues from 1 January 1986. It might be possible to offer some to the CBLA for issue in England and Wales. Dr Cash undertook to notify each English Transfusion Director while Dr McClelland would write to all consultants who had received ad hoc issues. Dr Cash would also write to the Secretary of the CBLA concerning the small amount of plasma which had been sent to the PFC. *

7. IMMUNOGLOBULIN PRODUCT INSERTS

i. Varicella zoster: the contents of this (3rd draft July 1985) were agreed. Dr Perry explained that the dosage had to be double that of the current USA product since its potency was 45% to 60% of the USA one. Dr Cash tabled a letter from Dr Mitchell enclosing comments from Dr Ian Hann (RHSC, Glasgow) indicating that the volume might be impractical for paediatric use. Dr Perry undertook to explore the volume aspect and the insert was approved subject to a satisfactory outcome to his enquiries. *

ii. Rubella: Editorial points were made and Dr Perry accepted these. In his letter (which had been tabled) Dr Mitchell had drawn attention to Dr Brian McClelland's observations that he would not be happy with the rubella recommendation until it had been cleared by the Scottish virologists. Dr Perry undertook to pursue this with Dr McClelland and resolve the situation. If resolved the insert could be published. *

Dr Cash agreed to ask the working party to prepare a study protocol for trial of the product. *

iii. Meeting of leaflet working party 24.6.85: notes of the above had been circulated. It was noted that the supply of rubella was adequate. The leaflet working party had recommended giving consideration to producing an intravenous immunoglobulin because of the large doses recommended for protection. Dr Perry undertook to produce a paper for the June 1986 meeting on supply and demand. * A vial size of 25,000 IU was agreed meantime.

8. BLOODLETTER

It was agreed that Bloodletter should continue for a further year. *

9. PROPOSED DONOR NEWSLETTER

A paper proposing the launch of a Scottish donor newsletter had been circulated. Miss Corrie agreed to add an amount for travel and subsistence of BTS staff to the proposal which she should put forward for development funding in 1986-87. *

It was agreed that the membership of the editorial committee would be considered when the development came up for consideration in 1986. Meanwhile Miss Corrie should ask the Secretary of the SNBTA whether his executive committee would agree in principle to nominate someone to the editorial committee should the newsletter come to fruition. *

The paper had included a request to the Directors to meet the Donor Organising Secretaries to exchange ideas on future blood collection and donor publicity planning. They agreed to do so at a meeting following the supply and demand one in 1986. *

10. BTS SUB-COMMITTEE AGENDA

Items on the agenda were discussed.

11. RED CELL CLEARING HOUSE

Deferred.

12. FROZEN RED CELLS FOR BOOSTING ANTI-D PLASMA DONORS

Deferred.

13. PROPHYLACTIC TRIAL OF CMV IMMUNOGLOBULIN IN HEART AND LUNG TRANSPLANTATION

Deferred.

14. HEPATITIS B NEONATAL PROGRAMME

Deferred.

15. DONOR ORGANISING SECRETARIES: DESIGNATION

It was explained that the Scottish Donor Organising Secretaries wished to adopt formally the designation of "Regional Donor Organiser" as used in the rest of the UK. This was agreed on the understanding that it would involve no additional cost and Miss Corrie agreed to undertake any administration necessary to effect the change. *

16. STAFF: SAMPLES OF BLOOD FOR REAGENTS

Dr Mitchell reported an approach by some of his staff. They did not wish donations of less than 20ml which they gave purely for scientific work to be tested for hepatitis B or HTLV-III antibody. Dr Mitchell had decided not to cease testing these donations meantime however small. There was some discussion as to whether the donors should certify they did not belong to any high-risk group. **The Directors undertook to think about this, discuss it with colleagues and report to the next meeting.** *

17. PRIVATE SECTOR AGREEMENTS

Mr Wooller had sent to each Transfusion Director for approval 2 substitute paragraphs for the agreement. He had asked Dr Cash to co-ordinate replies should these not be straightforward. The Directors had nominated Dr Mitchell to respond on their behalf.

18. REPRESENTATIVES TO UK TRANSFUSION DIRECTORS' MEETINGS

Dr Cash explained that Dr Mitchell wished to be replaced as Scottish representative. **It was agreed to discuss the item at the first possible meeting.** *

19. DATE OF THE NEXT MEETING

It was agreed to try to cover the above deferred items at one of the December 1985 meetings on development proposals.

The next ordinary meeting was 25 February 1986.