

REGIONAL TRANSFUSION DIRECTORS' MEETING

RTD/M163

Minutes of the 163rd meeting held on Wednesday 6 October 1976 at 11.30 am in Room D104, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

PRESENT: Dr W d'A Maycock - Chairman

Dr S Murray)	
Dr L A D Tovey)	
Dr W Wagstaff)	
Dr J Darnborough)	
Dr T E Cleghorn)	
Dr W J Jenkins)	Regional Transfusion Directors
Dr K Ll. Rogers)	
Dr D S Smith)	
Dr H H Gunson)	
Dr G H Tovey)	
Dr G W G Bird)	
Dr F Stratton)	
Dr D Lehane)	
Dr B Bevan)	

Dr I A Cook Scottish National Blood Transfusion Service

Dr A D McIntyre Scottish Home and Health Department

Mr M W Draper (part))	
Dr M E Abrams (part))	
Dr V Mary Collins (part))	
Mr T E Dutton)	
Mr G E J Firstbrook (part))	DHSS
Dr Fletcher (part))	
Mr J Flint (part))	
Miss S H Rosbotham (part))	
Dr Alison Smithies (part))	
Dr Sheila L Waiter (part))	
Mr R P Cleasby)	
Mr M F Brennan)	

The Chairman welcomed Dr Mary Collins of the DHSS Scientific Services Medical Division.

1. APOLOGIES FOR ABSENCE

An apology was received from Colonel Field.

2. CONFIRMATION OF MINUTES OF 162nd MEETING

The minutes of the meeting held on 21 July 1976 were agreed, subject to Item 6b(i) being amended to record that the NBTS had already attained the original target for Factor VIII production if account was taken of cryoprecipitate production and that the total usage of Factor VIII, including commercial concentrate, was

approaching the 35 million iu per annum which the clinicians had stated earlier in the year would be necessary.

3. MATTERS ARISING

a. QUALITY CONTROL APPLIED TO BLOOD GROUP SEROLOGY

- i The minutes of the Working Party meeting held on 24 May 1976 (RTD(76)24) were noted. It was agreed that Dr Jenkins would become acting Chairman of the Working Party to take forward its work, including consideration of Mr Lockyer's report on future arrangements for national and regional quality control schemes. The meeting noted that Dr Jenkins would henceforth be invited to meetings of the LDAG Standards and Quality Control Sub-group.
- ii The Chairman understood from Dr Giles at BGRL that Serum No 5 had been issued to RTCs. On her behalf, he asked RTCs to send more plasma for anti-A and anti-B sera, as BGRL was finding it difficult to meet its present commitments to supply these products. He also told the meeting that he would consider with DHSS whether there was a continuing need to maintain the national grouping serum reserve; its dispersal would allow 130 litres each of anti-A and anti-B serum to be made available to RTCs. In the light of suggestions that the procedures for producing these sera might be revised, it was agreed that a working group (Dr Cleghorn, Dr Jenkins, Dr Lehane and Dr Murray) should be established to discuss the problems of the supply of serum from natural sources and from immunised donors.

b. WORKING PARTY ON THE FORMATION OF A BONE MARROW DONOR PANEL

i Draft letter to RTDs (RTD(76)22)

The meeting considered a draft DHSS letter covering the code of practice for bone marrow donation. It was recommended that DHSS should take no action until the code of practice for the clinical use of blood cell separators had been agreed, when the matter would be reconsidered.

ii Supply of tissue grouping sera

Dr G H Tovey reported that the supply of grouping sera was increasing, although there was still a shortage of sera for rare groups.

c. PUBLICITY PAMPHLETS

Mr Dutton said that the Publicity Sub-Committee had been preoccupied with the new NBTS film and consequently no further work had been done on new leaflets. (Note: The "Rare Blood Groups" had been issued to RTCs containing an error in the text, which had occurred during the printing, and Information Division were now arranging to withdraw or overprint the leaflet.)

d. WORKING GROUP ON MEDICAL STAFF IN RTCs (RTD(75)8)

The Chairman introduced Dr Abrams and Mr Whippman of the Department's medical manpower divisions which had considered the Working Group's Report

and were sympathetic to the main argument put forward therein. However, hospital medical staffing (including NBTS) was governed by an agreement between the Department and the medical profession, and the proposal in the Report that medical assistants should in future be able to be appointed without reference to the Department ran counter to the terms of this agreement. This requirement applied even in the case of appointing a locum medical assistant, although clinical assistants were not covered by the agreement.

Dr Jenkins outlined the difficulties which he had experienced in filling medical assistant posts and it was agreed that he should send Dr Maycock the details. RTDs said that their ability to collect blood would be severely impaired if medical assistant posts falling vacant could not be filled immediately they occurred. Clinical assistants did not provide a solution as they could not work for 5 days a week. Mr Whippman assured the meeting that the Department would deal with emergency appointments as quickly as possible.

Dr Abrams explained that the Report implied an increase in SR posts in blood transfusion rather than in haematology. The Department and the Central Manpower Committee were opposed to the creation of further haematology training posts, but proposals for the creation of blood transfusion SR posts would be considered sympathetically. The term "supernumerary", as used in the Report, was thought to be confusing and the Department would prefer to see some other term used. RTDs asked what action the Department intended to take in relation to the Report. Mr Whippman explained that the impetus for its implementation must come first from RHAs as employing authorities, although he thought the Department would be prepared to present the Report, subject to the amendments discussed, to Regional Medical Officers' meeting. The significance of Section 108 of the terms and conditions of service of hospital medical staff was touched upon, but it was decided not to pursue the matter.

e. NBTS SCIENTIFIC STAFF MEETINGS (NBTS(76)11)

Dr Rogers reported that the conference held at Tooting on 17-19 September had been successful. Over 200 staff attended, 175 being from other RTCs. He recommended a continuation of the practice. It was agreed that NBTS should organise a symposium on quality control and standards in NBTS, and Dr Wagstaff undertook to arrange this for early 1977.

f. TRAINING OF MEDICAL LABORATORY TECHNICIANS

It was hoped that a progress report would be available for the next meeting.

g. CYTOMEGALOVIRUS AND BLOOD TRANSFUSION (RTD(76)16)

In the light of the work being carried out at Oxford, Sir Robert Williams, Director of the PHLS, had asked Dr Maycock to what extent other PHLS laboratories would be called upon to carry out CMV testing.

The blood of CMV antibody negative donors was used at Oxford for transfusion of:- renal transplant cases, susceptible pregnant mothers to prevent infection of infants, children with leukaemia or undergoing cardiac surgery.

Three regions used thawed recently frozen red cells which avoided the risk of transmitting CMV infection. Dr Maycock asked Dr Gunson if he would discuss with Dr Tobin whether the significance of CMV should be the subject of a symposium. RTC Oxford was the only centre which selected CMV antibody negative donors: no others had been requested to do so.

h. SUPPLIES OF SPECIFIC PLASMA FOR THE PREPARATION OF IMMUNOGLOBULIN

i Hepatitis-B

The Chairman reported that the PHLS had asked BPL to supply additional quantities of the immunoglobulin for the treatment of spouses whose partners had hepatitis. He reported that the supply of plasma from RTCs had diminished. Dr Stratton commented that in the absence of the DHSS Circular implementing the second report of the Advisory Group on testing for the presence of Hepatitis B Surface Antigen and its Antibody, RTC staff were reluctant to bleed infected donors. The Chairman reported that the Advisory Group had agreed that the proposed requirement that persons who had suffered from hepatitis should no longer be excluded from donor panels would now be permissive rather than mandatory.

ii Anti-varicella/herpes zoster

The Chairman said that although the total amount of these specific plasmas had increased, RTCs were contributing unequally and BPL would welcome more plasma. At the next meeting he would propose priorities for the collection of specific plasma.

iii Rabies

At a DHSS meeting it had been decided to set up a working group to trace individuals who had been in contact with the fatal rabies cases and who had received duck embryo vaccine. Plasma from such people was particularly suitable for the preparation of human rabies immunoglobulin. The Chairman said he would circulate the minutes of the meeting to RTDs.

i. 13TH COUNCIL OF EUROPE COURSE IN BLOOD TRANSFUSION: BRISTOL, 18-29 APRIL 1977

Dr Maycock reported that he had received to date 2 nominations (one from England, one from Scotland) for the 3 available UK places.

4. MEDICINES ACT 1968. APPLICATION TO NBTS (RTD(76)25)

The Chairman introduced Mr Firstbrook, Dr Fletcher and Mr Flint of the Department's Medicines Division who were attending the meeting to answer RTDs' questions about the implementation of the Medicines Act 1968 in the NBTS (Circular HSC(IS)144 refers). Mr Firstbrook explained that the Secretary of State had decided that the standards of manufacture in NHS Units should be no lower than those for commercial firms. To give effect to the direction of the Secretary of State Crown Exemption from the provisions of the Medicines Act had been waived. However, these provisions, in particular as regards licensing matters, were being applied administratively with suitable modifications to take account of the NHS situation. RTCs were asked to submit through RHAs brief details of their production activities, premises etc. It was unlikely that licences as such would be issued, but some form of written authority might be given. Meanwhile, RTCs could continue to engage in manufacturing activity. When a RTC had been inspected by

the Medicines Inspectorate, the Department would write to the RHA pointing out any shortcomings and seeking the RHA's proposals for remedying them and a timetable for their completion. It was hoped that the necessary measures would be achieved informally. Where there was thought to be a safety hazard the RTC through the RHA might be requested to see that the suspect activity was terminated immediately. Otherwise, it would not be necessary for Centres to cease manufacture while improvements were being made.

RTDs needing advice on the standards expected at RTCs (eg for planning new buildings) could write to the Department (Medicines Division 2, Finsbury Square House, 33-37A Finsbury Square, London EC2A 1PP, telephone 01-638-6020). A visit by the Inspectorate would be arranged if necessary.

In response to RTDs' concern about the work involved in submitting product information, it was explained that a brief statement setting out the size of the manufacturing operation, the range of products and a description of the facilities would suffice. A single application on behalf of all RTCs was not considered practicable. RTDs were also concerned that the standards applied by the Medicines Inspectorate were derived from those prevailing in pharmaceutical manufacturing and that the same considerations might not always apply where blood products were concerned. It was agreed that it might be appropriate for Directors to meet to consider processing standards.

5. FACTOR VIII. SUPPLIES OF PLASMA

i Current Scheme

The Chairman said that although three centres still had some way to go, 90 per cent of the current plasma production for Factor VIII Concentrate had already been achieved, although it was suggested that this might be at the expense of time-expired plasma.

The Factor VIII concentrate produced at BPL and PFL was expected to be available in small bottles by the end of 1976. The possibility of having to halt production at Leeds, Brentwood and Bristol if the Medicines Act licensing authority prohibited the use of pigtail bags was noted.

ii Future Target

All RTDs had now been invited to the meeting with Haemophilia Reference Centre Directors in Sheffield on 22 October to discuss a revised target of Factor VIII output. The meeting was to be purely professional, with participants speaking as individuals.

iii Working Party on the quality of cryoprecipitate

Dr Gunson reported that although the working party had not yet formally met he had corresponded with the members. As a first step it was proposed that each RTC should send 12 random samples of cryoprecipitate to Dr Bidwell for assay. Detailed discussions with RTDs would follow.

iv Methods of distribution

The Chairman had written to Reference Centre Directors, copies to RTDs, setting out the proposed allocation of concentrate to each Reference Centre territory. He requested RTDs to discuss the proposals with HRC Directors without delay, if there were any obvious discrepancies and to let him know the outcome since BPL would begin distributing the concentrate in November.

6. SUPPLY MATTERS

Some RTDs had experienced further trouble with Ampins. It was understood that the manufacturer had been visited by the Medicines Inspectorate and Miss Rosbotham had asked Medicines Division for very early warning of any likely interruption of supplies. Meanwhile, Supply Division would pursue the possibility of persuading another firm to take on the manufacture of these ampoules including the possibility of a central contract.

ITEMS 7 - 9

These items were deferred to the next meeting.

10. DATE OF NEXT MEETING

Wednesday 8 December 1976.