

BLOOD TRANSFUSION SERVICE: MISCELLANEOUS ISSUES
NOTE OF MEETING ON 18 APRIL 1988

Present: SHHD

CSA/SNBTS

Mr D Macniven
Dr J Forrester
Mr T R Macdonald

Mr J T Donald
Professor J D Cash

1. It was agreed that henceforth where the minutes indicated that action had been agreed they should also indicate a timetable for action where this was applicable and show in the margin the initials of the party responsible.

Ministerial Visit to the Protein Fractionation Centre (PFC)

2. Mr Macniven reported that Mr Forsyth had expressed an interest in visiting PFC, probably in the Summer Recess. It was noted that Professor Cash would not be available in the first 2 weeks in August. Action lay with SHHD, once the Minister's summer diary became clearer.

SHHD

Blood Donation Levels and Media Campaign

3. Professor Cash confirmed that donor attendances had increased in the first quarter of 1988 but said that the significant results would be those for the second quarter. He explained that several evaluation studies were taking place into the effect of the media campaign and other considerations and first drafts of results were expected in the next 2 weeks.

SNBTS

4. On the question of Mr Forsyth giving blood, it was noted that in Scotland blood could not be given for 12 months after a visit to Kenya (compared to 6 months in England). Professor Cash suggested that the Minister might visit the Edinburgh Donor Centre in the Summer Recess and give a blood or plasma donation without publicity, paving the way for giving blood at the start of the next phase of the recruitment campaign, probably in the autumn, should a second phase be necessary. This approach would demonstrate continuing interest in the Service. Action lay with SHHD.

SHHD

Stocks of Unscreened Plasma

5. Mr Macniven said that it was preferable to take action together with DHSS but, in recognition of the increasing need for a decision, asked for views on the way forward. Dr Forrester felt that the options available to Ministers were (a) to scrap the stocks (b) to accept the expert advice in its entirety or (c) if a compromise was proposed accepting part of the advice only, to seek further expert advice. Professor Cash noted that in the United States the Food and Drugs Administration had advised that untested plasma should not be used. As regards the Scottish stocks, he pointed out that hyperimmune plasma which could be retrospectively accredited was usable, although there were some indications

that donors whose blood tested positively on one occasion could test negatively at a later date. He said that it would help decision making in the Blood Transfusion Service if the Department were to write to the Service in the next 2 weeks indicating that, while a decision had not been taken, it would be prudent meantime to assume the need to restock. This was agreed.

SHHD

Product Licences

6. Mr Donald said that, contrary to the statement in paragraph 7 on page 5 of the Note of Meeting on 8 January, the Agency had replied to the Department's letter of 29 August 1983, as Mr Wooller had since indicated to the Department. Professor Cash said that in paragraph 9 also on page 5 the note was wrong in recording that he no longer considered that it was necessary to await the anticipated BTS/NIBSC Working Party Report. CSA had recently written to Mr Calder in reply to his most recent letter.

SHHD

Haemophiliacs: Claims for Compensation for Infection with HIV

7. In discussion of the 2 current cases where compensation was being sought from Lothian Health Board, the Scottish National Blood Transfusion Service and the Secretary of State for Scotland, comment was made on the possibility at the time the virus was transmitted of substituting cryoprecipitate for Factor VIII. In particular, Professor Cash said that it would have been a logistic impossibility and referred to the professional view that the risk did not justify such substitution. He said also that ^{the} an American study of patients receiving respectively cryoprecipitate and Factor VIII had shown, over time, ^{no} difference in conversion rates. For the future, it was agreed that the Department and the Blood Transfusion Service should continue to research the background to the 2 cases independently (to maximise the chance of identifying all relevant facts) and that close liaison throughout was essential in the interests of all three dependents.

SHHD/
SNBTS

Supplies to Private Hospitals for NHS Patients

8. Professor Cash said that, on any future occasion when blood was required for NHS patients in private hospitals, he did not wish the Blood Transfusion Service to differentiate between NHS and private patients when billing the hospital. He would prefer to reimburse Health Boards on demand, thus keeping the relationship with the private sector straight forward. It was noted that the Service's priority remained the NHS and that there could be no guarantee that sufficient blood would always be available when private hospitals treated NHS patients, particularly if demands were made above the amounts in the agreements with the private sector. Early notification of possible requirements was therefore essential. For the exercise presently in train whereby sums had been held back centrally to be used to reduce waiting lists following applications for the available resources by Health

Boards, Mr Macniven undertook to ascertain the timetable to which the exercise was being run; to provide extracts from the applications submitted, showing the kind and number of operations proposed by each Health Board and where they would be carried out if the Health Board was not doing the operations itself; and to inform the Agency as soon as possible of decisions taken.

SHHD

Blood Supplies to London

9. Professor Cash explained that under present arrangements any supplies sent from Scotland to London represented surplus stocks and were provided for the cost of transport only. He did not favour the contractual type of arrangement which it was understood the Health Authorities in Bristol, Oxford and Southampton were considering. *It was agreed that existing arrangements would be maintained, meantime.*
PFC Staffing Structure

10. The CSA representatives said that Messrs Maltman and McCaskill of the Agency had been set a deadline of 30 April to propose a new structure.

CSA

Performance Indicators

11. Mr Macniven referred to the possibility of utilising the commercial cost of buying Factor VIII as a performance indicator for the PFC and said that Dr Forrester had identified American and French statistics which suggested that the BTS's 1986 valuation of its production under-stated the savings which accrued to the Scottish Health Service. Professor Cash agreed that it would be beneficial to show a cost comparison between PFC and, for example, the costs which would arise if the Red Cross took over. An appropriate calculation was in preparation, although the calculation of costs for laboratory services was causing a difficulty.

SNBTS

Income Generation

12. Professor Cash saw benefits in income generation, provided that a financial climate was established which would allow services to be bettered as a result. The need was to provide the incentive for Blood Transfusion Staff to seek out income generation possibilities. He proposed an arrangement whereby allocations in the second year could, at the least, include an inflationary element for income generated in the previous year. Mr Macniven said that under present rules income generated could be kept in the year in which it was generated; but that in subsequent years, allocations were set to reflect the benefit obtained from income generated previously. He would be grateful for proposals from the Agency, particularly as responsibility in the Department would fall to his Division from 1 May.

CSA/
SNBTS

HIV Inactivation Studies

13. Dr Forrester reported that the Minister was being consulted about the proposed change and that a response was imminently expected.

SHHD

Health Care International(HCI)

14. Professor Cash did not envisage difficulties if the developers of the proposed private hospital at Clydebank recognised that the Blood Transfusion Service could provide no platelets and would not be able to provide above 7,500 units of blood per year. He felt, however, that it was important to look now at the requirements of the hospital, obtaining information particularly about the prospects of the hospital being built. Mr Macniven said that it was open to the Agency to make enquiries of Mr Laydon of Locate in Scotland as to whether the project will proceed, although the Chief Medical Officer had been charged with convening the proposed meeting between the Blood Transfusion Service and the developers when appropriate. Moreover, it was expected that HCI would seek a meeting soon. It was further reported that HCI had it in mind to appoint a Scottish adviser. Professor Cash indicated that it was important to seek advice not only about the collection of blood but also about transfusion practice.

SHHD

T R MACDONALD

27 April 1988

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