0006

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the Co-ordinating Group
held in the HQ Unit on 19 February 1985

Present: Dr R Mitchell (in the chair items 1-5 and 7)
Dr J D Cash (in the chair items 6, 8 and 9)
Dr E Brookes
Dr D B L McClelland
Dr R J Perry (part only)
Dr S J Urbaniak
Dr W Whitrow
Miss M Corrie (Secretary)
Mr J N Francis (morning only)

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Dr Mitchell welcomed Dr Perry to his first meeting as substantive PFC Director.

An apology was notified from Dr Cash for the early part of the meeting and from Dr Morris McClelland.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 20 November 1984 had been circulated and the following amendments were agreed:

To the minute Scotblood '85 (3e) add "but it was also pointed out that it had not been the custom hitherto for the Director (locally) to take more than an informal role in the planning".

Study of blood collection costs (9)
Replace the words "CSA Finance Branch" by "Mr Francis".
With these amendments the minutes were agreed to represent a true record.

3. MATTERS ARISING FROM THE MINUTES

a) SNBTS Crossmatch procedures(3c)
Dr Urbaniak reported that he had sent out the final summary of SNBTS crossmatch procedures. A meeting to discuss these would be held on Tuesday 2 July. - subsequently cancelled because not ready - others had not met

b) Principal/Senior Chief MLSO meetings(3d)
It was noted that the agenda for the meeting of the above held on 5 February 1985 included 2 items remitted by the Directors.

c) Scotblood 1985 (3e)
Dr Urbaniak reported that the Organising Committee had invited those people whom the Co-ordinating Group had suggested.
Dr Mitchell explained the circumstances which led him to ask the committee of his donor and research fund to consider paying for fares and two nights stay in Aberdeen for those of his staff who wished to attend Scotblood. It was noted that the Centres had traditionally met travel expenses by the cheapest method. This was sometimes a BTS vehicle and staff from the Centres and PFC would not have to pay their own travel expenses in 1985. Overnight accommodation was however a different matter and Dr Mitchell explained that he did not intend to meet this cost again.

After discussion it was agreed not to ask the Agency to fund Scotblood totally since this would alter its character. *

d) "Burns" SPPS (3f)
Correspondence had been circulated with the agenda. It was noted with some disappointment that Dr Bill Reid (Consultant Plastic Surgeon, GRI) who should have been a prominent member of the trial appeared not to be participating. Dr Cash had suggested seeking further participants from England instead but the Co-ordinating Group members present did not believe this would be a satisfactory solution.

After discussion it was agreed to ask Dr Cash to write to Miss Sutherland indicating that the PFC could not make more 'burns' SPPS meantime and that BTS would welcome results from the first issue. *

e) Notes on Transfusion
Dr Mitchell reported that only one haematologist in W Scotland had received a copy of the document which the Scottish Directors did not wish to issue. Dr Mitchell explained that the Transfusion Directors of England and Wales had now obtained DHSS agreement not to issue the 'new' "Notes on Transfusion" and that another working group might be established to prepare a replacement.

Dr McClelland reported that Dr Ghosh had prepared for use in Edinburgh a draft based on the AABB Physicians Handbook (which Miss Corrie had ordered for the Scottish Directors). **Dr McClelland undertook to send Dr Ghosh's draft to Miss Corrie for circulation to the Directors and receipt of their comments. Dr Perry would provide notes on PFC products.** *

Progress would be reported at a subsequent meeting.

It was noted that there might be a need to prepare amendments to the booklet on 'Immunisation against Infectious Disease' (the green book 1984) recently distributed by SHHD on behalf of DHSS which did not reflect Scottish practice concerning the use of immunoglobulins. This task might usefully be done by the small working party on immunoglobulins (Dr Crawford, Dr Yap and Dr Cuthbertson). *

f) UK Register of red cells

Dr Mitchell, who had sent information on the procedure to the Directors on 14 February explained aspects of it. **He agreed to notify his colleagues from time to time what particular specificities were needed and whether frozen or "on the hoof".** Items already on Dr Harrison's register would stay there. *

Dr Mitchell explained that he had written to Dr Frank Boulton concerning requests for compatible blood from the frozen rare cell bank. This would become clearer when the agreed inventory lists had been circulated. Where difficulties arose with difficult or combined antibody specificities then individual directors were free to either phone Glasgow BTS, or Dr Harrison at Brentwood, directly so that a search could be made for a suitable donor. Where donations were already in frozen banks and had been aliquoted for boosting of volunteers for the production of anti-D immunoglobulin, it was suggested that wherever possible these boosting cells, from regular donors who had given at least three times in the past without incident, might be tested for antibody to HTLV-III. **Dr Mitchell agreed to explore the possibility of testing file samples of sera from these donors with Dr Follett as an interim measure pending wider production of HTLV-III testing methods.** *

It was agreed that Dr Mitchell should ask Dr Follett to do an initial check on serum. Dr Morris McClelland was using W Scotland cells and Dr Mitchell undertook to contact him. It was noted that the information must be treated in confidence. *

g) NBTS Working party on the code of practice for plasmapheresis (11)

It was noted that 2 meetings had been held and papers circulated for comment. The role of nurses was an important item being considered. The code of practice did not recommend the use of ECG machines in Donor Centres and **it was agreed that donors requiring ECG should should be referred instead to a cardiologist**. *

h) Memorandum on the care and selection of blood donors (14)

As had been stated on the agenda Dr Urbaniak did not recall the agreement to ask Dr Jack Gillon to visit the Transfusion Centres and prepare a draft memorandum for consideration by the Directors. His colleagues did recall the matter and Miss Corrie read the letter (copy attached) which Dr Cash had written subsequently to Dr Gillon on the matter.

Dr Mitchell had received the final version of the English memorandum (issued at a NBTS Directors' meeting in London on 18 February - reconvened from 23 January) and **it was agreed that Dr Cash should issue a copy to each Director. It was agreed that the English document would be used in Scotland pending Dr Gillon's survey.** *

4. INVERESK RESEARCH INTERNATIONAL

Dr Cash's letter of 15 January 1985 to the Directors was discussed. **It was agreed that the Inverness, Aberdeen, Dundee and Glasgow Centres should join Edinburgh in providing to Inveresk Research International cells to develop human monoclonal antibodies to HBsAg.** It was noted that the CSA had the right of access to cell lines to produce immunoglobulins for the SHS. *

5. SMOKING AND HEALTH

This item had been deferrred from the previous meeting. It concerned a request from the General Administrator for Divisions to submit to him proposals for the implementation of Circular 1984 (GEN) 17 on smoking in the workplace, the intention being that the CSA would prepare a policy on the matter.

There were tabled copies of the combined Scottish Health Education Group and ASH publication "Smoking and Health Facts Pack".

It was agreed to recommend to the Agency that this pack should be used as a basis for a smoking and health policy in Divisionsand that the Scottish Health Education Group (SHEG) should be asked to provide or advise on education and training for smokers *

It was agreed also that Directors would ask their Unit Administrators to be the regional and PFC contact and that (once a CSA policy was evolved) the meeting of Unit Administrators would share ideas and draw attention to any wide divergences between the Centres. *

6. BTS SUB-COMMITTEE 20 FEBRUARY

The agenda was discussed and discussion centred principally on the following:

a) Commercial interface steering group

i. Press release: it was explained that the matter of a press release had been discussed at a high level in the SHHD and had only recently been returned to Mr A J Murray for consultation with the SIO. Mr Murray intended to contact SNBTS.

ii. A draft of a statement for internal use within the SNBTS had been issued by Dr Cash and it was emphasised that it was intended only as a basis for local use if wanted. It had since been realised that the statement that the SNBTA had approved the release of products was incorrect and the statement had therefore been re-worded and re-isssued.

After discussion Dr Cash agreed to notify CSA Secretary that the SNBTA had not approved the matter formally, despite there having been a representative of donors on the Advisory Panel for the Disposal of Surplus Blood Products. *

iii. Trades Unions: it was noted that at its meeting on 21 November 1984 the BTS Sub-committee had agreed that Trades Unions should be advised in advance of the intention to make a public statement. **Dr Cash would bring up this matter at the meeting of the Sub-committee.** *

It was noted that one of the roles of the Commercial Interface Steering Group was to ensure that any agreements entered into were of potential scientific benefit to the SNBTS.

b) Overtime

The CSA Management accountant had not adhered to his undertaking to submit his Sub-committee paper to the Director in time for them to prepare their own statements (he had not sent it to each Director until 6 February). The two Directors who had commented had done so on the basis of the computer printout.

7. TECHNICAL AND SCIENTIFIC STAFFING LEVELS

At the Directors meeting on 11 December 1984 Dr Mitchell had reported from the NBTS Directors' meeting a survey which was being undertaken of staffing levels in the English and Welsh Transfusion Centres. At the most recent NBTS Directors' meeting Dr Cash was asked if the SNBTS would agree to participate in the survey. The Co-ordinating Group recognised the differences in workload and activity between England and Scotland and while agreeing to participate wished before doing so to see a questionnaire which had been produced for the purpose. Dr Cash agreed to ask Dr Wagstaff for this.

8. PFC: IV IMMUNOGLOBULIN VIA "NEW CHEMISTRY"

There had been circulated correspondence between Drs Perry, Cash and McClelland and the following was noted:
intramuscular immunoglobulin would be made to "new chemistry". The intravenous product would continue to be made under "old chemistry". *

However a modified process would help to improve yield. Dr McClelland was arranging a clinical trial with Northwick Park Hospital with this "modified process" intravenous product and if that was satisfactory Dr Perry would proceed to "new chemistry" and clinical trial. It was noted that the licence application for "old chemistry" product was with the licensing authority.

The following designations were accepted for various products: *
Mark I - intravenous via old chemistry
Mark II - intravenous by new chemistry
Mark III - intravenous via modified process

9. AIDS

a) Donor Declaration

Dr McClelland explained that he had added another item to the donor health questionnaire (this had been circulated following a meeting of members of the Scottish Homosexual Rights Group). He had since reduced this statement to "If you think there is any reason why your blood should NOT be used for transfusion, please tick this box and you will not be questioned further". He would run this on a trial basis for two weeks. Dr Mitchell explained that he had added after the "high-risk" statement on his questionnaires the words "If the answer to any of the questions is YES you will be seen by a member of the medical staff before leaving". AMENDED

It was agreed to await Dr McClelland's experience. *

Dr McClelland was expecting to mail all donors now, not only those agreed at the previous meeting. Dr Whitrow expected to be able to do the same and it should be possible to tell donors in advance that they would be asked to sign at sessions. Dr Mitchell repeated the impossibility in his region of writing to every donor.

b) HTLV-III Antibody positive donors

There was increasing concern that the commercial test kits available were insufficiently accurate for use on the donor population but nevertheless the two Health Departments were committed to its introduction. It was necessary therefore to decide what to do about donors found to be antibody positive.
The DHSS had set up two working parties as follows:-
i. antibody testing
ii. counselling and care of people found to be antibody positive.
There was a strong move to insist on counselling and long term care and there should be co-operation between the SNBTS and consultants in infectious diseases who should be contacted now in order to prepare plans for the future. It was reported that the Glasgow and Edinburgh Transfusion Centres were already meeting colleagues in infectious diseases and it was agreed that each Centre should evolve a plan.

The AABB Blood Bank Weekly had published a list of questions and factors to be taken into account and **Dr McClelland agreed to let Miss Corrie have a copy for circulation and the collection of comments from Directors. Dr Cash would prepare for the May meeting of the BTS Sub-committee a paper requesting the SHHD to ask Health Boards to give all possible assistance in counselling.** The two working parties mentioned above would report back to the DHSS on 13 March. *

c) Scottish Homosexual Rights Group

Dr McClelland had met members of the above 6 weeks previously and was due to meet them again. Two issues of the Scottish AIDS Monitor had been issued and the Homosexual Rights Group was actively promoting the policy that homosexuals should not donate blood.

d) Plasma batch No 3-009

It was noted that it had been agreed that Transfusion Centres holding plasma from the above batch had released/could release it to the PFC. They would continue to hold the samples already held and keep as many samples as they could from the rest of the batch in an attempt to reach 100%.

There was discussion on how long (and where) to keep the samples and **Dr Cash agreed to ask Dr Pepper to prepare a paper on the establishment and maintenance of an SNBTS archive of samples.** *

e) HTLV-III antibody testing

There was growing concern about the number of false positives produced by the current generation of tests and all available kits were to be evaluated, under DHSS sponsorship, by the Middlesex Hospital and PHLS in field studies and there would be RTC studies of donor incidence. The group on antibody testing would be given further advice that a number of English Transfusion Centres should evaluate the kits and **after a full discussion it was agreed that Dr Cash's letter of 25 January to Dr Mitchell (circulated) should not be pursued at the present time.** *

f) DHSS Expert Advisory Group

Dr Cash reported from the above.

g) SNBTS Re-test or Reference Centre

Dr Cash felt that the Scottish Directors should consider the need for a re-test or reference Centre once HTLV-III antibody testing had been introduced. The possibilities included the SNBTS itself or the Department of Virology at Ruchill Hospital, Glasgow.

It was agreed that there was a need for a Scottish Reference Centre and that such a Centre should preferably not be within the SNBTS. Dr Cash undertook to explore whether the Virology Department at Ruchill could assume the role. *

h) Advisability of introducing antibody testing

Dr Cash tabled a draft letter to the Lancet (signed by a number of NBTS Directors) advising that antibody testing should not be introduced at present, given the unreliability of the current generation of tests.

After agreeing to minor amendments to the text Dr Cash undertook to submit it for publication above the names of the Scottish Directors also. It was agreed that the letter was not the correct forum for explaining to the public the precise nature and significance of testing for antibody. *

It was agreed that no Transfusion Centre in Scotland would commence routine HTLV-III antibody donation testing unilaterally under any circumstances and whatever pressures might be applied. * It was hoped there would be a ministerial statement to the effect that testing would not be introduced to blood donations until the tests were likely to yield more accurate results.

i) 'Hearsay' evidence on donors

It was agreed that any Director in receipt of 'hearsay' evidence about a donor should use his best efforts to check whether the information was accurate and invite the donor for a discussion. If the latter declared he was not in a risk group he should be asked to sign a declaration to that effect. The Legal Adviser had said this should be done before witnesses. **In view of the implications it was agreed that the Legal Adviser should be asked to meet the Directors and explore the situation with them.**

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j) Issue of leaflets/notification to donors

Dr McClelland reported that he had decided to mail leaflets or notification letters to the homes of all donors on his panel, not only to the categories agreed at the meeting on 20 November.

10. FACTOR VIII BATCH DEDICATION

Deferred.

11. ABORTION ACT 1967: BLOOD COVER AT APPROVED PLACES

Deferred.

12. SNBTS REPRESENTATION AT AABB 1985

Deferred.

13. DATE OF THE NEXT MEETING

Tuesday 21 May 1985.