

IN CONFIDENCE

## SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in the SNBTS Headquarters  
Unit on 16 March, 1982

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Present: Dr J D Cash (in the chair)  
Dr E Brookes  
Dr H B M Lewis  
Dr D B L McClelland  
Dr R Mitchell  
Mr J G Watt  
  
Dr A E Bell, SHHD  
Mr J H F Finnie, SHHD  
Miss M Corrie (Secretary)

## 1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies were intimated on behalf of Dr I A Cook, Dr H H Gunson, Dr D Thomas and Dr W Wagstaff.

## 2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 8 December 1981 (which had been circulated) were agreed as a true record. It was noted that the following changes of date had occurred since the minutes were prepared :

- a. NBTS Transfusion Directors' Meeting from January to February (minute 3d)
- b. Evaluation meeting, pro rata system from February to 22 April (minute 4)

## 3. MATTERS ARISING FROM THE MINUTES

- a. BP 1980 - Addendum 1981 (minute 3c) and Workshop on Quality Assurance

Dr Cash reported that he had received data on products from two of the Transfusion Centres and did not expect more. He now considered that a Workshop on Quality Assurance should be held early in 1983, after the Medicines Inspector had visited all of the Centres, and would deal primarily with fresh plasma quality. Mr Watt expressed his view, namely that he could not wait until 1983 for agreement about plasma specifications and that currently he had very little information about the plasma which he was fractionating for the SNBTS. It was explained that the Workshop was not related to production and issue of specifications and after a further discussion it was agreed that Mr Watt would issue to each Director a questionnaire which would enable PFC to have speedy access to the current status of plasma specifications.

- b. Testing for hepatitis (minute 3d)

Dr Cash recalled that the SNBTS had proposed to the NBTS Directors that a UK Working Party should be established on the subject of the microbial contamination of blood products. It had been noted at the previous meeting that the proposal would be considered at the NBTS Directors' meeting in February. In the event the item had been deferred from lack of time and Dr Wagstaff had written on 25 February to all the Directors asking for their views on a proposal to study post-transfusion hepatitis. Dr Cash agreed to draw Dr Wagstaff's attention to the fact that the

SNBTS proposal had not been confined to hepatitis. Dr Cash reported that the MRC's Blood Transfusion Research Committee had decided recently to disband their Hepatitis Working Group, because a number of groups in the UK were studying hepatitis.

c. National Stocks of Blood Products (minute 4)

It was confirmed that it was hoped to establish national stock levels for PFC products at the meeting (to be held on 22 April) at which the pro rata system of product issues would be evaluated. Other topics for discussion would be the effects on the Regions of the need to close PFC while the -40°C cold rooms were being renovated and the shortage of freeze-drying space (to be improved following the installation of a new freeze-drier which was on order). The need to improve the cold rooms at W Scotland BTS (following criticism by the Medicines Inspector) was discussed. It was noted that the starting date for the proposed parallel experiments in plasma collection using SAC type anticoagulants and by plasma-pheresis would depend on the capacity at the PFC as well as on funding.

Mr Watt explained that his current freeze-drying capacity allowed him to fractionate 720 kg. per week (700 kg. average intake). Only 610 kg. on average were processed.

d. The supply of blood for, and charging to, the private sector (minute 5)

i. Supply to the private sector

There had been discussion at the previous meeting on the fact that, at a time when the private sector was growing in Scotland, some trades unions were requesting assurances that blood donated by their members would not go to the private sector. Mr Finnie explained that the situation was under consideration. The passing of the Health Services Act, 1980 had removed the requirement for the Secretary of State to report annually to Parliament what blood and blood products had been supplied to the private sector. This made it more difficult for Centres to insist on knowing what blood was being supplied to the private sector (particularly in W Scotland where much of the blood was issued from the Transfusion Centre to hospital blood banks).

It was noted that the matter had been discussed at the NBTS Directors' Meeting on 18 February. One very serious potential problem was that of the opposing influence of trades unions opposed to private practice and their companies which might be supporting private practice through private health insurance for some of their staff. The Transfusion Service could find itself in the midst of a conflict (in which it was not a participant) which could damage seriously the collection of blood in industrial and commercial concerns.

It was noted that new private hospitals were planned for Glasgow and Edinburgh. Dr Mitchell had proposed that W Scotland BTS should undertake the crossmatching for the Glasgow hospitals and awaited a reply. Dr McClellan (who already crossmatched for the existing, small private sector in SE Scotland) expressed a view he wished to ensure that the new private hospital in Edinburgh would obtain its crossmatched blood from the Regional Centre.

Two points about private hospitals were explained :-

- a. they were expected to buy products which were available commercially,
- b. only those with more than 80 beds required to be approved by the Secretary of State.

Dr Lewis asked about his position in supplying BTS products to North Sea oil rigs (which were not under the NHS). No helpful comments were forthcoming.

The Directors wondered what authority (if any) they would have to inspect the ways in which SNBTS products were stored in private hospitals.

The alternatives open to the private sector, such as importation of blood cells and the establishment of private blood banks, were noted, and the role of the Medicines Inspectorate was queried.

It was agreed that Dr Cash should invite the SHHD to consider if there was some way in which private hospitals of any size could be obliged to clear with the blood transfusion service how they proposed to obtain blood and blood products. It was not the size of the hospital but the number of surgical beds which affected the BTS.

It was believed that a circular or Dear Secretary letter on the topic of commercial blood products for the private sector had been issued and Dr Cash agreed to ask the SHHD for a copy.

## ii. Handling Charges

It was noted that the NBTS Directors had made strenuous efforts to advise the Secretary of State against making handling charges to the private sector. Dr Gunson and Dr Wagstaff were being invited to meet the appropriate Minister, apparently to hear what was to happen on 1 April (the date previously mooted by the Secretary of State for the possible introduction of handling charges).

Mr Finnie outlined the present position as follows :-

The Exchequer and Audit (E and A) who had been investigating the charges made to the patients treated in the authorized private beds in the NHS had noted that no charge was made for blood or blood products. They had therefore suggested that the daily charge to patients should be increased by 1% from 1 April 1982 to take account of the blood supplied. The appropriate consultation (e.g. Independent Hospitals, Joint Consultants Committee, Community Medicine Specialists) was taking place and the date proposed by the E and A would not be met. Since the charges to private patients in NHS hospitals were fixed annually, there would now be no increase until 1 April 1983.

## e. Code of Practice for the automated plasmapheresis of volunteer donors (minute 6)

### i. Comments by the Executive sub-committee of the NMCC

Comments made by the executive sub-committee of the NMCC had been considered at the previous meeting and responses made. Dr Cash had communicated these (with relevant data) to the SHHD in a paper. It was agreed that Dr Cash should send a copy of this paper to each Director.

It was reported that the NMCC had accepted the SNBTS advice on the medical examination of donors and frequency of donation and that the code would be issued, subject to minor differences between England/Wales and Scotland. The NMCC's recommendation for inclusion, in the code, of provision for regular review of the code at agreed intervals (with which the SNBTS Directors had agreed) was considered by the SHHD to be inappropriate for inclusion in the code but could possibly be issued in a covering letter.

ii. Insurance cover for donors

Mr Finnie agreed to confirm to Dr Cash that it had been agreed that DHSS would approach the Life Offices Association on behalf of donors of plasma by plasmapheresis. Dr Cash explained that he had obtained information on donor insurance in a number of countries and that the information received was being collated.

iii. Other points

Dr Mitchell (who said he would soon be boosting donors for anti-A and anti-B) wished to see a revision of the consent document. Dr Cash reminded the Directors of his recommendation that the CSA should establish an Ethical Committee.

Dr McClelland reported that the Medicines Inspector had inspected the cell separator suite in SE Scotland BTS from the aspect of granulocyte and platelet procurement.

f. Haemophilia/SNBTS Directors (minute 7)

Dr Mitchell confirmed that the Medicines Inspector had inspected his methods and facility for the production of freeze-dried cryoprecipitate.

There had been no response from the Armed Forces as to the latter's need for the product.

Dr McClelland reported that Mr Christie of Exchequer and Audit had paid particular attention on his visit to SE Scotland BTS to the concept of preparing cryoprecipitate on economic grounds and had asked about this and about freeze-drying.

Dr McClelland had responded that he might be interested in preparing the product. If so, he would wish it to be freeze-dried at the PFC.

g. Commercial blood products purchased in the year to 31 March 1981 (minute 8)

Dr Mitchell hoped to be able to report at the next meeting his findings on the reported purchases in the year to 31.3.81 of commercial anti-D and factor IX.

4. NEQAS BLOOD GROUP SEROLOGY SCHEME

Dr Cash introduced a paper which had been circulated by Dr J E MacIver, Chairman of the National Advisory Panel in Haematology, entitled "Proposals Concerning the Relationship Between the National Advisory Panel in Haematology and the Blood Group Serology Scheme of NEQAS". This paper concerned an instruction which Dr MacIver had received from the DHSS (Dr Peter Woodford) that Dr MacIver's panel was responsible for identifying and dealing with persistently poor performers. It was noted that a previous DHSS document had laid this responsibility on the Regional Transfusion Directors.

Dr MacIver had proposed a "local expert" in each Region who would be appointed by the RTDs. This "local expert" would make the first approach, namely an offer of help and advice, to a persistently poor performer. If this approach failed the Panel would be informed of the laboratory's code number and the Chairman of the Panel would write to the laboratory advising that unless there was an early improvement in performance a visit would have to be made and the identity of the laboratory would then, of necessity, be revealed to the Panel.

The SNBTS Directors considered Dr MacIver's proposal to be satisfactory. It was agreed that the Directors should release the codes of participating laboratories in their Regions to Dr A M Holburn of BGRL.



The Directors had been invited to send a representative to the NEQAS Steering Group and Dr Mitchell was nominated.

#### 5. FREEZE-DRIED FIBRINOGEN CONCENTRATE

Mr Watt introduced a letter (which had been circulated) which he had written on 28 January to Dr Cash. He had advised discontinuing the production of freeze-dried fibrinogen concentrate or, if this was unacceptable, meeting the needs of the small number of users by substituting vials of 100 ml capacity. Mr Watt explained that it was the withdrawal of the standard MRC bottle which had led him to make the proposal because adaptation of the substituted DIN bottle would be costly.

After discussion, the following was agreed :

- i. Mr Watt would make 100 bottles of the product in MRC bottles. This would give 3 years' supply at the current rate of issue.
- ii. The Directors would consult obstetricians in their Regions about the use made of, and requirement for, the product.
- iii. Dr Cash would ask Dr Bell to put the issue to the Obstetrics and Gynaecology sub-committee of the NMCC.

#### 6. SALT-POOR ALBUMIN 20%

In response to a request from Mr Watt, the Directors confirmed that the bottle which Mr Watt was recommending for freeze-dried fibrinogen concentrate would be acceptable for 20 gms of salt-poor albumin 20%. Mr Watt said he could produce a salt-free albumin if this was needed. Dr Cash agreed to consult renal physicians on this matter.

#### 7. ANTI-CMV IMMUNOGLOBULIN

Dr Cash referred to the interest being shown, by consultants involved in bone marrow and renal transplantation, in an anti-CMV IgG. PFC had lately supplied to Sheffield and Glasgow IgG. It was concluded that the SNBTS should anticipate an increase in demand and Dr Cash recommended that the SNBTS should attempt to collect more plasma as a matter of some urgency. He had suggested to the Directors, in a letter dated 25 January, that they should try to obtain anti-CMV by plasmapheresis. Recent contact with the Microbiological Research Centre at Porton Down had revealed that there was no vaccine with which to boost donors.

Dr Mitchell illustrated the difficulty in obtaining anti-CMV plasma by explaining that, from a total of 656 donors who had been screened, only 12 had antibody of 1:32 or above (10 at 1:32 and 2 at 1:64). The PFC stock was 9.2 litres plasma and 137 vials ready to issue. It was agreed to aim to provide PFC with 220 kg. in the next 12 months and the Directors were asked to notify Miss Corrie if they required additional funds for the purpose. Mr Watt would alert the National Medical Director once he had reached 220 kg.

#### 8. RECORD OF ALLO-IMMUNISATION

Miss Corrie explained that an enquiry from one Transfusion Centre about reprinting the SNBTS Record of Allo-Immunisation Card had led to the discovery that a number of systems existed in Scotland of notifying a person that he or she had an antibody and the significance of this during hospital treatment or pregnancy.

It was agreed that there was a need for a card designed to prevent incompatible transfusion. One card of a handy size to be carried in wallet or handbag should be sufficient, perhaps sealed into a transparent plastic holder.

Dr Mitchell agreed to look into the possibilities and contact Miss Corrie.

#### 9. AHG SERUM

Dr McClelland and Dr Mitchell reported that the group of staff from their Centres who were working on the topic of where to produce AHG Serum for use in Scotland were producing a joint specification and considering the likely uptake of the final reagent. They expected to recommend that the Scottish Antibody Production Unit should take over from SE Scotland and W Scotland BTS the issue of Coombs Serum for the whole of Scotland. Meanwhile the existing SE and W reagents had been tested by Dr A M Holburn of BGRL amongst a series of NHS-produced Coombs sera which he was evaluating against commercial equivalents. He had said that in general these NHS reagents were of lower quality than the commercial ones. He had agreed to release the codes of the NHS producers. Dr McClelland and Dr Mitchell expected to present their report (including Dr Holburn's data) at the next meeting.

Dr McClelland agreed to check his shelf-stock of Coombs Serum and notify Mr Watt for how much longer he would like the PFC to continue filling serum for SE Scotland BTS.

#### 10. NBTS DIRECTORS' MEETING 18 FEBRUARY 1982

Dr Mitchell tabled notes on the above meeting and spoke to them.

Dr Cash agreed to ask the Chairman of the NBTS Directors' meeting for a progress report from the Blood Preservation Group.

It was agreed that Dr Cash would take responsibility for circulating papers for NBTS Directors' meetings to the Scottish Directors.

#### 11. RELEASE OF BLOOD DONOR RECORDS

Dr McClelland sought his colleagues' advice about the release of donor records in connection with a criminal charge against a blood donor and he was recommended to consult the Scottish Health Service Legal Adviser, Mr A F Neilson.

#### 12. MR J FINNIE

Dr Cash notified the meeting that this would be the last at which Mr Finnie would be present, since he was transferring on promotion to the Department of Agriculture and Fisheries. Dr Cash said he and his colleagues were very sorry indeed to see Mr Finnie go and wished him success in his new posting.

#### 13. DATE OF THE NEXT MEETING

Tuesday, 15 June 1982.