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IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of Directors' Meeting held in the SNBTS Headquarters
Unit on Tuesday, 14 September 1982

Present : Dr J D Cash (in the chair)
Dr E Brookes
Dr H B M Lewis
Dr D B L McClelland
Dr R Mitchell
Dr S J Urbaniak
Mr J G Watt (itmes 1 - 5 inclusive)
Mr D Gilhooly (Secretary)
Dr A E Bell (SHHD)
Mr J O Wastle (SHHD)
Dr H H Gunson, Manchester

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Miss Corrie and Dr Wagstaff.

Dr Cash welcomed Dr Urbaniak, Director Designate, North-East Scotland BTS, and Mr Wastle, SHHD, to their first Directors' meeting.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 15 June 1982 had been circulated and the following amendments were agreed :-

- i. Minute 3a, page 2, lines 7 and 8 Replace "through their local Health Boards for permission" with "to the Secretary of State for authorisation".
- ii. Minute 4 Replace third sentence with . . . "Dr Lewis reported that in Aberdeen the Burns Unit, after changing from dried plasma to SPFS for two years, had reverted to the use of dried plasma for the last three years. They were of the opinion that it was easier to achieve stability in their patients with dried plasma than with SPFS. Dr Lewis thought that the surgeons concerned with the treatment of burns in Scotland should be consulted before a decision was taken to discontinue the production of dried plasma."
- iii. Minute 7 Replace final sentence with "Dr Bell (who had been present) said that no change in policy was intended by the Sub-Committee".
- iv. Minute 8 Replace title of minute with CDS WEEKLY REPORT : Publication of a Paper on Immunoglobulin Preparations available from the SNBTS".

With these amendments the minutes were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a) Supply of Blood for and Charging to the Private Sector (minute 3a)

Mr Wastle referred to his letter of 6 August to Dr Cash (which had been previously circulated) which advised that it would be difficult for SHHD or CSA to issue, to private sector authorities, instructions to have a minimum of twelve months consultation with the Transfusion Services prior to the commissioning of new developments of 119 beds or less. In future SHHD would advise the BTS as soon as any developments were notified to the Secretary of State and as this notification should be received prior to planning permission, there should be sufficient time for the BTS to liaise with the developers. Mr Wastle advised that the Secretary of State had received five notifications and full details would be sent to Dr Cash.

Dr Mitchell reported that he had been asked if he would supply a service to a new private hospital planned for his area, and because of Trade Union opposition to such developments it was agreed that the supply of services to the private sector was one that required to be fully explored by the Management Committee, so that clear advice could be issued to Directors. Dr Cash agreed to write to the Secretary of the CSA detailing the situation and asking that it be considered by the Management Committee as a matter of urgency.

b) Insurance Cover for Plasmapheresis Donors (minute 3b)

Mr Wastle reported that SHHD had been advised that the Life Offices Association did not envisage any difficulties in personal insurance cover for plasmapheresis donors, and he agreed to confirm this in writing to Dr Cash. Mr Watt raised the problem of plasmapheresis donors who were not insured and Mr Wastle advised that the Treasury Anti-D compensation scheme had recently been extended to cover plasmapheresis donors in general, but that the scheme did not cover boosting of donors, except those boosted for Anti-D.

Dr Mitchell reported that he hoped to establish a new Anti-A and Anti-B immunisation programme. He was advised that the proposal might be considered by the CSA Ethical Committee, prior to beginning this work.

c) Commercial Blood Products purchased in the year to 31 March 1981 (minute 3c)

Dr Cash reported that Dr Colin Prentice intended to submit a paper to the Scottish Haemophilia Directors meeting, requesting the production of an NHS activated Factor IX. It was agreed to await the outcome of this meeting before giving further consideration to this matter. Mr Watt advised that there were considerable difficulties inherent in the production of this type of product.

d) Freeze-Dried Fibrinogen Concentrate (minute 3d)(i) Consultation with Obstetricians and Haematologists

Dr Cash reported that he had received only one reply (Dr McClelland) from Directors regarding the outcome of consultations with obstetricians and haematologists. Dr McClelland reported that he had discovered there was no demand for this product in his region. Dr Brookes advised that there was no demand in her region from haematologists or obstetricians. Dr Lewis had not yet managed to make any enquiries. Dr Mitchell advised that he had not consulted obstetricians specifically but the usage of the product was very low. He had written to Dr J Davidson, Consultant Haematologist, and awaited a reply.

(ii) Consultation with the Obstetrics and Gynaecology
Sub-Committee of the NMCC

It was agreed that consideration of further consultation should await the completion of Directors' enquiries.

(iii) Other sources of Freeze-Dried Fibrinogen

Dr Cash had written to the Swiss Red Cross Blood Transfusion Service and the Blood Products Laboratory regarding an alternative source of supply, and Directors noted that both establishments were in a position to supply the SNBTS. It was agreed to consider obtaining supplies from these sources, preferably BPL, when the PFC stock level was reduced to six months' supply.

e) Anti-CMV Plasma (minute 3f)

Mr Watt reported that the stock held in PFC was 53.9 kilos of plasma and 137 vials, which represented approximately one year's supply at existing usage.

Dr McClelland advised that he was trying to find an assay for plasma as he was unable, at present, to send serum to Dr Cuthbertson. Because of the difficulties of local assaying it was suggested that Dr McClelland continue to maintain close contact with Dr Cuthbertson.

Dr Cash advised that a report on trials for bone marrow transplant IgG would be considered at an informal meeting at the Royal Marsden Hospital on 17 September 1982. He also reported that Cutter Laboratories were continuing trials in the US on an intravenous product with a high titre of CMV.

f) Record of Allo-immunisation (minute 3g)

Dr Mitchell reported that he had received Directors' comments on the draft card tabled at the previous meeting, and he proposed to take account of these comments and proceed to galley proof stage. Dr Mitchell assured Directors that he would consider the problem of additional personal information which had to be typed on such a small card.

g) Freeze-Dried Plasma (minute 4)

Dr Cash reminded Directors that the BTS Sub-Committee had accepted the proposal to suspend the production of freeze-dried plasma in the national plant in W Scotland BTS and had asked Directors to decide the date when this should happen. It was agreed that the plant should be closed down on 31 December 1982.

Dr Cash announced that he had arranged a meeting for 25 October to which Scottish Doctors in Burns Units would be invited. He hoped the meeting would be addressed by Dr John Settle who would explain the benefits of a modified SPPS in the treatment of burns patients. In response to a question from Dr Lewis, Mr Watt said that the modified SPPS could be produced from the next batch of plasma to be processed, although Directors would have to agree on how and when it should be issued, as there was approximately nine months' supply of SPPS in stock.

It was noted that the BTS sub-committee had asked the Treasurer to discuss with Dr Mitchell the implications of the plant closure at Law and, on the advice of Mr Wastle, it was also agreed that Mr Watt should produce, as a matter of urgency, an estimate of the likely increase in PFC expenditure as a result of the ending of freeze-dried plasma production at Law.

h) Serum for Quality Control (minute 9)

Dr Cash reported that Dr Seth, of Professor Whitby's Department, had agreed to supply a list of hospitals using the serum supplied to the Peptide and Hormone Steering Group of NEQAS by the SNBTS.

Dr Seth had also confirmed that he would continue with the work undertaken by his predecessor, Dr W Hunter.

i) Anti-tetanus Plasma to PFC (minute 14)

Dr Cash reminded Directors that the paper tabled at the previous meeting appeared to indicate that there had been a fall in the amount of Anti-tetanus plasma supplied to the PFC and he sought Directors' comments on this in relation to the targets which had been set at the meeting on 22 April 1982. Mr Watt confirmed that there had been a significant fall in the quarter ended June 1982, when only 100 kilos of plasma had been received at the PFC, compared to 1157 kilos in the year ended March 1982. Directors acknowledged these figures but confirmed that it was unlikely that the new targets could be achieved in 1982/83. However, they would achieve an input of plasma that would be close to that of 1981/82.

Dr Lewis pointed out that he had received no development funds to assist him meet his new target, although he had requested additional money.

4. MRC BLOOD TRANSFUSION RESEARCH COMMITTEE

Directors noted correspondence from Dr Cash and Dr Gunson (which had been previously circulated) which explained that the MRC had disbanded the Blood Transfusion Research Committee, and which suggested the establishment of a UK Transfusion Service Research Committee.

Dr Gunson spoke to the proposal and a full discussion followed. Directors agreed that Dr Cash should discuss the matter further with Dr Gunson and Dr Wagstaff, possibly meeting colleagues in both DHSS and SHHD, and refer back to Directors for a further full discussion.

Dr Cash agreed to send Directors a copy of the letter outlining the MRC reasons for disbanding the committee.

5. MANUFACTURE OF PRODUCTS IN THE NHS: DRAFT CIRCULAR

Directors considered a draft DHSS circular (which had been previously circulated) on a revised policy for the manufacture of products in the NHS. Dr Bell explained that it was a DHSS document and that consultation on it had not yet taken place in Scotland, and that there were no plans to issue a similar draft circular in Scotland. However, if the circular was issued in England, following the consultation which arose from the draft, it was likely that the decision would be to promulgate in Scotland.

It emerged during the discussion which followed that the revised policy might have considerable implications for the Blood Transfusion Service in the area of reagents and other products produced by the Service (excluding therapeutic blood

products, which are excluded from the policy), and Dr Cash agreed to seek clarification from the CSA.

6. WORKING PARTY ON ANTI-D IMMUNISATION

Directors noted the minutes of the meeting of the Regional Transfusion Directors Working Party (which had been previously circulated) held on 30 March.

Directors also noted and approved Dr Urbaniak's nomination to the Working Party as a replacement for Dr Cook.

7. CODE OF PRACTICE FOR MANUAL PLASMAPHERESIS WITHIN UK BLOOD TRANSFUSION SERVICES

Dr Gunson spoke to a draft Code of Practice (which had been previously circulated) and invited Directors' comments, which he noted. Dr Mitchell agreed to send Dr Gunson his written comments.

Dr Gunson agreed to circulate a final draft in due course.

8. RTC QUALITY ASSURANCE PROGRAMMES/MEDICINES INSPECTORATE

Dr Cash referred to a letter dated 8 September which he had written to Dr Wagstaff suggesting that English RTDs consider the possibility of a UK Working Party being established to consider the need for quality assurance programmes which meet the criticisms of the Medicines Inspectorate, with a view to producing sensible national guidelines.

Directors endorsed Dr Cash's action.

9. STANDARD OPERATING PROCEDURES COMMITTEE

Dr Cash advised that he had sent Directors a copy of the minutes of the first meeting of the Standard Operating Procedures Committee held on 7 July, and that in future they would receive copies direct from Dr Perry.

It was noted that only the SOPs for the West of Scotland were circulated with the minutes and Dr Cash agreed to pursue this with Dr Perry.

10. MEMBERSHIP OF DIRECTORS' MEETING

Dr Cash advised the meeting that Dr D Walford continued to receive agenda papers and minutes of Directors' meetings but, he assumed, due to her extensive workload, had not attended a meeting for some years, or indeed acknowledged receipt of the papers etc. It was agreed that it would be appropriate not to send further papers etc. to Dr Walford.

11. DATE OF THE NEXT MEETING

Tuesday, 14 December, 1982.