IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of meeting of Directors held at the Protein Fractionation Centre, Liberton, Edinburgh at 11.00 on Wednesday 11 June 1975.

Present: Major General H C Jeffrey (in the chair)
Dr J D Cash
Dr I A Cook
Dr H B M Lewis
Dr J Wallace
Mr J Watt
Dr A D McIntyre
Mr R N Roberts
Miss M Corrie (Secretary)

1. INTRODUCTION

Apologies were intimated from Dr C Cameron and Dr W d'A Maycock

2. MINUTES OF THE LAST MEETING

The minutes of the meeting held on 12 March 1975, which had been circulated, were agreed to be a true record.

3. MATTERS ARISING FROM THE MINUTES

a. Policy on tissue typing (minute 3c)

Mr Roberts spoke to his letter of 18 April 1975 to General Jeffrey on this subject. He explained that the SHHD view was that arrangements under which the transfusion service recouped from Health Boards expenses incurred in tissue typing for organ transplantation should continue in respect of existing commitments. Any new commitment in tissue typing should be financed by SNBTS. This would apply both to tissue typing carried out by SNBTS staff and to any proposed expansion of the service provided by Dr Dick at Glasgow Royal Infirmary, which should be submitted through SNBTS. SNBTS should consult SHHD before undertaking specific developments - for example tissue typing in respect of bone marrow transplantation.

b. Provision of advice on blood transfusion matters to the Scottish Health Service Planning Council (minute 3d)

It was reported that the initial membership was complete and the first meeting would be held on 27 June 1975. The following members associated with the transfusion service had been appointed since the last Directors' meeting:

Scientific interest	Mr G Templeton
Medical laboratory technology	Mr A D Farr
SNBTA	Miss D Nelson

Membership was normally for a four year period. In order to achieve rotation some members had been appointed in the first instance for two years. It was felt that the period of membership of Regional Directors should always be two years.

Dr McIntyre explained that one item on the agenda for the first meeting would be bone marrow transplantation. He felt certain that following very general discussion, the matter would be referred to the Directors' meeting for detailed consideration.

c. Supply of plasma (minute 4a)

A preliminary meeting to discuss plasma transfer packs and plasma quality had been held on 28 May and the first formal meeting was taking place on 11 June.

d. Supply of anti-D (minute 4f)

The following stocks were reported:

	100 mg	50 mg
At PFC at 30 May 1975	120	62
In regions at 31 March 1975	505	214

In addition PFC held 158 litres of plasma as follows:

low titre	29
medium titre	106
high titre	23

With the dried powder also in existence the total was 6 months' supply of anti-D in various stages of preparation.

It was agreed that a desirable target would be 6 months' supply ready for issue and it was agreed to look at this possibility in detail at a later date.

It was felt appropriate to discuss item 10 of the agenda (assessment of anti-D plasma) at this stage.

Mr Watt introduced the topic following his letter of 28 May which had been circulated. He recommended that the three gradings of anti-D plasma currently in use - high, medium and low - should be replaced by two. All plasma containing a concentration of 50 µg/ml or greater should be designated high (prefix DD) while all other plasma containing anti-D could continue to bear the prefix AD.

Mr Watt suggested also in respect of anti-T plasma, that material with an activity greater than 20 i.u./ml could be prefixed DD.T. The lower limit of acceptability could be lowered to 5 i.u./ml and bear the prefix AT.

4. REGIONAL INTAKE AND UTILIZATION OF BLOOD 1974-75 AND SUPPLY OF PLASMA TO THE PFC

General Jeffrey introduced the paper which he had prepared and circulated with the agenda. It was agreed that initial concentration should be on supplying FFP to the PFC for production of Factor VIII. Discussion then took place on the following points in the paper (Dr Cameron had submitted written comments).

a. Long term requirements of fresh frozen plasma for factor VIII

Discussion on the need to increase the supply of fresh frozen plasma to PFC for Factor VIII production centred on targets suggested by Dr Cash and

reproduced at annex C of General Jeffrey's paper. It was agreed that Directors should set their targets for 1975-76, 1976-77, 1977-78, using the guidelines offered, and submit them to the NMD on the proforma at page 2 of annex C. In the column headed BASIC TARGET two figures should be entered:

i Plasma donations converted locally to cryoprecipitate
ii Plasma donations sent to PFC

b. Apparent discrepancies in Regional statistics

There was some discussion on the difficulty of finding a definition of an "issue" of whole blood which would overcome the problem of issues apparently exceeding donations. The principal cause of this was bottles cross-matched in hospital being subsequently returned to the Centre and reissued, perhaps several times. Directors agreed to see how the discrepancies, which were minor, could be avoided.

c. Blood donations

The target of a 10% increase in donations suggested in the paper was discussed. Dr Cash was of the opinion that any increase necessary should be based on population figures rather then on a percentage of current intake, but the NMD considered this would impose an impossible burden on the Law Centre. Dr Wallace suggested that optimal use of existing donations should be achieved first. As regards the time-scale, he would not be in a position to increase input materially until the new mobile donation vehicle was functioning. Dr Lewis considered that, in a region of his size, a 10% increase would not present problems.

It was agreed that primary consideration should be to make the best use of existing blood intake and that regions should attempt to increase donations within the limits of staff, equipment and accommodation.

d. Issues and use of whole blood

Following discussion of the figures quoted in para. 3 of the paper, which had been added purely as an illustration, it was agreed that targets for acceptance of out-dated blood should be left to the discretion of individual Directors as conditions varied considerably between Regions.

During the discussion Dr Cash drew attention to the increased plasma yield - some 10%-from out-dated blood which could be achieved by rapid centrifuging in special oval cups in a Mistral centrifuge (details were given to Directors) and by further washing of the sedimented cells. Mr Watt confirmed that such washing could be used to prepare albuminoid fractions and it was suggested that a scheme for central washing (at PFC) be considered.

e. Issue and use of concentrated red cells

The main point which arose in this discussion was Dr Lewis's comment (supported by Dr Cameron's written views) concerning the limitations on the use of CRC; they should be used only when preferable to whole blood. CRC could not always replace whole blood and over-insistence in CRC issue could be self-defeating in that clinicians would resort to PPF+CRC. The targets in the paper (40% minimum by 30 September 1975 and 50% minimum by 31 March 1976) were in some cases already reached or exceeded and were generally agreed.

f. Cryoprecipitate

Concerning the return of cryosupernatant to red cells, Dr Wallace pointed out that this was necessary in some cases to maintain adequate supplies of whole blood (Factor VIII deficient): it was the practice in his Centre to issue cryoprecipitate designated from ABO group blood. Dr Cash queried the necessity for this as a routine procedure.

Directors agreed, where necessary, to review this practice in their Centres.

g. Use of plasma and plasma dried at Law

The pros and cons of fresh frozen plasma as against dried plasma were discussed: storage problems militated against keeping large stocks of FFP and dried plasma also had a shelf life some 16 times longer than FFP.

It was agreed that the target for stocks of fresh dried plasma at Law (achieved at present) should, for the time being, be 3000 units.

h. Long term requirements of plasma

In introducing the question of obtaining normal plasma by plasmapheresis the MMD raised the question of the wastage of red cells and if this was unavoidable. Dr Cash mentioned some of the possible uses, for example packing large thoracotomy wounds with red cell stroma. Mr Watt deprecated any wastage. It was agreed that Dr Wallace should form a small working group, similar to that considering plasma standards, to look into the possibilities of using out-dated red cells.

Directors were of the opinion that plasmapheresis should not be introduced as a method of obtaining normal plasma at present.

5. FORECAST OF DEVELOPMENTS

Directors outlined their proposals for development in financial years 1976-77, 1977-78 and 1978-79 (appendix to these minutes refers). These proposals would appear in the estimates of revenue and capital expenditure due to be submitted to Headquarters Office by 31 July for consideration at the Co-ordinating Group meeting to be held on 20 August.

6. MEDICAL STAFFING OF TRANSFUSION CENTRES

Consideration was given to confidential paper reference RTD/NGM(73)8 (circulated with the agenda) which had been discussed at the last meeting of Regional Transfusion Directors from England and Wales. While noting that the report had been written prior to the principal developments in component therapy, Directors were generally in agreement with the main points in the report although it was acknowledged that not all were applicable to Scotland. It was agreed in particular that, to attract medical staff of high calibre, some opportunity for clinical involvement had to be provided. It was also agreed that a Regional Director required time to oversee the whole range of activities of his Centre so that he should not be expected also to take detailed personal responsibility for any one activity. The points made in the paper concerning administrative staff were applicable to Scotland.

Dr McIntyre said he would convey the Directors' views to ~~DHSS~~ SHHD.

7. CONTAMINATION OF INFUSION FLUIDS

Discussion centred on NHS circular No. 1975(GEN)14 of 19 March 1975 which had been distributed to Directors. While the circular referred only to infusion fluids it was recognised that transfusion fluids could also become contaminated. The usual procedure following discovery of contamination of an SNBTS product would be for the Director who first made the discovery to warn clinicians in his own Region, the other Regional Directors and the NMD. Supplies would be recalled and tested within SNBTS.

One exception to handling incidents within SNBTS could be any case of contamination of distilled water and saline issued by PFC which might be used in hospitals for purposes other than administration of the blood products with which they had been issued. In such cases the "early warning" procedure noted in NHS circular No. 1974(GEN)68 and in General Jeffrey's letter to Directors of 10 December 1974 should be operated. There could be instances in which a report of such contamination was received <u>from</u> SHHD following notification by a Health Board.

8. ANTI-D QUANTIFICATION

Directors agreed that proficiency testing should be developed within the SNBTS and it was remitted to Dr Wallace to implement a scheme on the lines of his letter of 29 April to his fellow Directors. Dr Wallace agreed in addition, at the request of Mr Watt, to assay certain PFC products, initially in parallel with Professor Goldsmith. Dr Wallace would require first to obtain a standard for IgG.

9. BLOOD DONATIONS AND HEPATITIS (replacing STOCKS OF PLASMA FRACTIONS)

General Jeffrey explained that SHHD would welcome Directors' comments on DHSS letter ref. CMO 13/75 of 1 May 1975 to all Regional Medical Officers and Transfusion Directors in England and Wales. This stated that in the opinion of a sub-group of the Advisory Group on Testing for Australia Antigen, the red cells of donors who were born or had resided in endemic malarious areas should not be used.

Dr Wallace explained that his first knowledge of the recommendation as a member of the Advisory Group was when it was circulated as a proposed appendix to the Group's draft report. It has <u>not</u> been incorporated in the final report.

Directors agreed to continue with their present practice which was to ask donors if they had suffered from malaria at any time, <u>not</u> whether they were from endemic malarious areas. It was not a major problem in Scotland.

Dr McIntyre noted Directors' views for transmission to DHSS.

10. ANY OTHER BUSINESS

a. <u>Anti-tetanus immunoglobulin</u>

Dr McIntyre explained that the Advisory Committee on Protection against Tetanus had drafted recommendations which it would present soon to its parent body, the Joint Committee on Vaccination and Immunisation. Briefly these recommended active immunisation of certain occupations and classes of the population, defined those wounds in the case of which ATIG should be

administered, and advised the use of human ATIG.

Directors discussed the availability of human ATIG in Scotland. PFC had in hand some 2000 doses, but initial stocking up by hospital departments might strain this. Dr McIntyre explained that SHHD would consult SNBTS before issuing advice to Health Boards about use and availability.

It was agreed that SNBTS must ensure it had sufficient human ATIG in hand before a circular was issued and that Directors should meanwhile consider in principle to whom supplies of ATIG should be issued in hospitals in their Regions.

b. Management Sub-Committee for PFC

Dr Cash submitted that the disbanding of the PFC Management Sub-Committee had deprived SNBTS of a much-needed forum for discussion of such matters as production policy. One issue requiring early discussion was how to make best use of otherwise very expensive spare capacity pending the finalisation of an agreement with England and Wales for the fractionation of plasma from south of the Border. General Jeffrey undertook to consider this with Mr Watt and Dr McIntyre.

General Jeffrey suggested that Directors should submit to him any matters affecting PFC which required discussion. He would be pleased to convene special meetings.

c. Closure of PFC for maintenance

In response to a request from Dr Cash, Mr Watt explained that for three weeks commencing Monday 30 June major PFC plant would be undergoing annual maintenance. Some two-thirds of staff would be present and the PFC would continue both to accept plasma and to issue blood products and distilled water. The maintenance period for 1976 would be announced soon and in future PFC would probably cease fractionating for one month in each year.

d. Hours of duty of junior medical staff

Advance Letter (MD)SCOT 4/1975 of 20 May concerning the new junior medical contract had been circulated. General Jeffrey summarised its contents and asked Directors to discuss with junior medical staff what, under para. 6 of the Advance Letter, were the number of average weekly hours of duty for which each junior should be contracted. He further asked that Directors should submit their proposals which would then be discussed at the meeting of the Co-ordinating Group on 20 August 1975. (Miss Corrie subsequently confirmed with SHHD that 'junior' did not include Medical Assistants even though the latter are under the present agreement eligible for extra duty allowance).

e. Purchase of commercial blood products

In response to a query from Dr Cash, General Jeffrey explained that SHHD had under urgent consideration the issue of whether commercially produced blood fractions which might be required should be purchased by SNBTS or by Health Boards.

11. DATE OF NEXT MEETING

Since some Directors had already left it was agreed to arrange the date of the next meeting by letter.

(Tuesday 30 September was subsequently agreed.)

APPENDIX

DIRECTORS' MEETING - 11 JUNE 1975

DEVELOPMENTS PROPOSED FOR PERIOD 1975-78

NORTH OF SCOTLAND

In the 3-year period the purchase of a mobile donating centre and associated change in methods of blood collecting.

NORTH-EAST SCOTLAND

Bringing into use of frozen cell bank
Building extension and alteration
Extension of tissue typing service for organ transplantation
Expansion in component therapy
Post of second consultant

EAST OF SCOTLAND (Dr Cameron's written submission)

Staff increases for blood collection and laboratory, to cope with expansion.
Purchase of autoanalysers for automated blood grouping and antibody detection and quantification.

EDINBURGH AND SOUTH-EAST SCOTLAND

Introduction of continuous flow cell separator
Developments in marrow transplantation
Upgrading of isotope laboratory
Long-term storage of platelets and white cells
Production of reagents to complement components
Extension of quality control service for PFC which emerged from the coagulation study presently financed by an SHED research grant.

GLASGOW AND WEST OF SCOTLAND

Red cell freezing and platelet separation

PROTEIN FRACTIONATION CENTRE

Establishment of a central microbiology service
Extension of production building
Large scale chromatography to be connected to production process
Large scale electrophoresis to be connected to production process
Redevelopment of refrigeration plant over 3 years
Replacement of filling plant
Upgrading of filling equipment in sterile area
Freeze stripping of plasma.