0015 NF. Board

IN CONFIDENCE

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
Minutes of a Meeting of the Management Board
held in Headquarters on 11/12 October 1990
(11th Supply and Demand, 12th Self-Sufficiency)

Present: Mr D B McIntosh (in the Chair)
Professor J D Cash
Mr J Francis
Dr R Mitchell
Dr D B L McClelland
Dr R J Perry
Dr C V Prowse
Mrs M Thornton
Dr S J Urbaniak (12th October)
Dr W Whitrow
Miss M Corrie (Secretary)

Action

1.0 INTRODUCTION AND APOLOGIES FOR ABSENCE

There were apologies from Dr Brookes for both days and from Dr Urbaniak for 11th October.

2.0 SUPPLY AND DEMAND (11TH OCTOBER)

Dr Robert Stewart attended for this item.

2.1 Minutes of Previous Meeting

The minutes of the Supply and Demand meeting held on 5th June 1990 had been circulated and certain comments received. Agreed amendments are in Annex A attached.

2.2 PFC Report

Agreed: on future occasions Dr Perry to present a production and stock status report to Supply and Demand meetings. RJP/MC.

2.3 Target Tables

Agreed: Dr Stewart to issue a comprehensive set of target tables for issue with the minutes. These tables to show specificities where collection is not required as well as those where it is. RS

Target collection and issue tables attached at annex B amended as agreed in these minutes.

2.4 Annual Production and Plasma Procurement Plan 1991-92

Dr Stewart introduced the overall summary of his plan (which had been circulated).

2.4.1 Factor VIII

Noted: usage in 1989-90 had been estimated at 8.4 million iu of which the SNBTS had supplied 7.3 million.

Agreed: aim to produce 16.4 million iu in 1991-92 (11 million for issue and 5.4 to stock). The additional FFP required would be obtained partly from stock reductions at PFC and partly from increases in whole blood collection and plasmapheresis. RJP

Whole blood: alternatives were proposed for a 2% increase per Centre or a 5.8% increase in Glasgow and none elsewhere.

Agreed: To give Glasgow a one year "break" from its progress towards regional self-sufficiency. Each Centre to achieve a 2% increase over the 1990-1991 target, ie. a total increase from 282,000 usable donations to 288,000 usable donations. Dr Stewart to amend error in respect of Edinburgh and re-issue the table. TDs/ RS

Noted: Transfusion Directors expressed doubt about being able to meet their targets. It was agreed that final targets must take marginal unit cost into account and it might prove necessary to amend individual targets slightly - with less coming from some units and more from others. The overall target will of course remain the same.

2.4.2 Funds: Mr Francis to identify the resources required and the unit costs (in discussion with Transfusion Directors). Individual Centre target details to be revised following these discussions and budgets to be notified well in advance of 1st April 1991. JNF/ TDs

2.4.3 Plasmapheresis

Agreed: aim for a 2% increase per Centre, giving a total input to PFC of 3,800kg. TDs

Plasma Summary

Total fresh plasma target 1991-92 to be 79,500kg. Dr Stewart to re-draft the tables in his report to reflect the above agreements. RS

2.4.4 DEFIX

Noted: demand stable, but a distinct change in the attitudes of the UK Haemophilia Directors to three factor concentrates and the likelihood that the market would demand a single FIX product in the very near future.

Agreed: remit this matter with some urgency for product development consideration. JDC

2.4.5 Albuminoids

2.4.5.1 demand

Noted: demand for albuminoids exceeds the SNBTS ability to supply now.

Agreed: PFC to produce 1,737kg of albuminoids (100,000 vials over all sizes), 83,000 for issue, the remainder for stock. This would reduce commercial purchase and could be achieved from the current agreed level of plasma input. RJP

Noted: some of this material will be product manufactured at BPL from Scottish plasma and made available for issue to the NHS in Scotland as part of an exchange agreement with BPL.

2.4.5.2 Regional SPPS Allocations 1991-92

Noted: Dr Stewart proposed an increase to 75,000 vials of SPPS (from 70,000) the addition to go to Glasgow. Some Centres were issuing less than their target issues.

Agreed: the best solution to discrepancies in use is via medical audit. The Service should attempt to achieve self-sufficiency without over-stimulating demand. Dr Stewart to have the facility to contact Centres issuing less than their targets with a view to possible transfer to other regions. TDs/ JDC

In future, given the vastly improved databases in the Product Services Department and at PFC it should be possible to issue products to Centres on the basis of usage.

2.4.6 Immunoglobulins production plan 1991/92

2.4.6.1 Intravenous

Noted: the demand had plateaued due (at least in part) to strict control of issues.

PFC planned to increase output through increased production capacity at PFC. No extra plasma required from Transfusion Centres.

Agreed: aim to produce 26,000 3g vials, 16,600 to issue and 9,400 to stock. RJP

2.4.6.2 Intramuscular

Noted: (a) Dr Stewart was monitoring closely a continuing increase in demand. The reduction in vial size had had the desired effect of reducing the number of gms issued.
(b) SHHD are re-considering the possibility of issuing guidelines to G.Ps.

Agreed: monitor the demand curve in case the level demand should begin to jeopardise PFC production. PFC to aim for 28,000 vials, 22,000 to issue, 6,000 to stock. Also keep SNBTS policy on IMIG production and free issue under review. RS/ RJP

2.4.6.3 Anti-D

Noted: the demand for the 3 sizes was stable. The effect of the prophylaxis trial on the demand for the 250 iu size had still to be determined.

2.4.6.4 Anti-tetanus

Noted: the demand for the 250 iu size had declined. That for the 3,000 iu intravenous formulation remained at about 1 vial per month.

Agreed: PFC to produce 2 million iu (4,800 vials) of 250iu size and sufficient 3,000 iu to maintain supply. Total procurement 330kg plasma, regional plasma targets as in summary III of the plan. RJP/ TDs

2.4.6.5 Anti-Hepatitis B

Noted: since the change in vial size from 500 iu to 1,000 iu it had been difficult to identify the underlying trend but it appeared that demand had reached a plateau of about 1,000 vials pa.

Agreed: aim to produce 2,000 vials in 1991-92, 1,000 to issue, the remainder to stock. Collection targets as in summary III of the plan. RJP

2.4.6.6 Anti-Rabies

Noted: demand very low but a steady growth which requires monitoring.

Agreed: collect 50kg plasma in the regional proportions shown in summary III of the plan. TDs

2.4.6.7 Anti-Rubella

Agreed: no production or plasma procurement required.

2.4.6.8 Anti-varicella/zoster

Noted: demand had fallen back to around 400 vials pa.

Agreed: Dr Stewart to review the position and re-issue targets. RS

2.4.6.9 Anti-CMV

Noted: demand showing signs of steady growth.

Agreed: Dr Stewart to review and return with an amended target. RS

2.5 Product Inserts PFC Products

Noted: the existing working group were having difficulty (through commitments elsewhere) in completing their task.

Agreed: the need for a product insert for each PFC product. Professor Cash to progress this. JDC

2.6 Platelet Demand

Noted: Professor Cash was undertaking a review of platelet demand over the past 10 years so that it can be included in future targets. JDC/RS

2.7 Quality of Plasma

Noted: Dr Cuthbertson, PFC Quality Control Manager, is beginning to undertake the monitoring of plasma quality.

Agreed: He shall proceed, pending a resolution of overall national Q.A. policy.

3.0 ORGAN TRANSPLANTATION

3.1 Liver Transplant

Noted: there was likely to be a decision soon about the opening of a liver transplant unit somewhere in Scotland involving between 50 and 60 transplants a year. As the greatest consumer of blood products in the entire surgical practice liver transplantation needs to be served on an SNBTS basis, the products required being red cells and, even more, platelets.

3.2 Cardiac Transplant

Agreed: a need for early intelligence about cardiac transplantation. Emergency plateletpheresis panels and high level of FFP necessary.

Professor Cash and Mr McIntosh to emphasise to SHHD again the need for early warning about all transplant developments. JDC/ DMcI

4.0 WHOLE BLOOD AND FFP PERFORMANCE STATEMENT TO 31 AUGUST 1990

Mr Francis introduced the above (which had been circulated). He confirmed there would be a series of such reports presented periodically at the Board in the form which had been agreed at the June 1990 Supply and Demand meeting.

Noted: problems of inconsistent donor data and of definitions on the DOBBIN system were being addressed.

Agreed: unit costs to be included in due course when definitions are defined and agreed. JNF

Noted: in total, Scotland had achieved so far 99% of the whole blood and plasma input targets, a highly satisfactory performance.

Agreed: at a future date the regional contributions to be analysed and discussed. RS

SE Scotland: Mr Francis to contact Dr McClelland concerning the latter's comments about the current year targets and funding. JNF

5.0 ANTI-CGL CLINICAL TRIAL

Noted: a proposal for clinical trial of the product in patients undergoing invasive procedures for the management of renal stone disease had been circulated. Two members had queried the supply and whether the product was clinically active. Dr Perry confirmed the PFC had 600kg which was sufficient and that the clinical activity was not certain: the trial sought to establish this.

Agreed: ° support the trial. BMcC
° cease issue of the product to clinicians requesting it ad hoc.
° do not rebuild the plasma stock. (MC to arrange table specifying no collection). RJP