Copy- Dr Renton
Dr Lyness
Mr Manson
Mr Malyon
} BJR. 11/1/73

REGIONAL TRANSFUSION DIRECTORS' MEETING

Minutes of the 144th meeting held on Wednesday 25 October 1972 at 11.30 am in Room 1114, Department of Health and Social Security, Euston Tower, 286 Euston Road, London, NW1 3DN.

PRESENT:

Dr W d'A Maycock	- in the Chair
Dr S Murray Dr L A D Tovey Dr C C Bowley Dr J Darnborough Dr T E Cleghorn Dr W J Jenkins Dr K Ll. Rogers Dr M M Fisher (deputy) Dr G H Tovey Dr R J Drummond Dr G W G Bird Dr F Stratton Dr D Lehane Dr D S Smith	- Regional Transfusion Directors
Dr I S Macdonald	- Scottish Home and Health Department
Dr I B M Lewis	- Scottish National Blood Transfusion Association
Colonel T E Field	- Northern Ireland Blood Transfusion Service
Dr E C Shore Dr S L Waiter Dr M A Buttolph Mr B O B Gidden Mr W A Walters Mr R H Hanson	- Department of Health and Social Security

The meeting was preceded by a talk given by Dr Y E Cossart, on the subject "Does Australia antigen subtyping matter".

The meeting expressed its great regret at the recent death of Dr Obank, and stood in silence for one minute to show its respect for him.

The Chairman welcomed Dr Sheila Waiter, who had taken over some of the duties of Dr Obank. He also welcomed Mr Gidden and Dr Buttolph.

Apologies for absence were received from Dr Goldsmith.

1. CONFIRMATION OF MINUTES

Appendix I to RTD Minutes 20 September and revised pages 9, 10 and 10a to replace pages 9 and 10 already circulated were distributed at the meeting. The minutes of the meeting held on 20 September were then confirmed subject to the following changes:-

PAGE 4 Insert at end of para.2f. : "Dr G H Tovey and Dr Jenkins undertook to prepare a note on the use of leucocyte-poor blood for discussion at a future meeting."

" 8. 4 lines from the bottom - delete "generally"

2. MATTERS ARISING:

a. PROVISION OF PLASMA OR SERUM TO BE USD

a. PROVISION OF PLASMA OR SERUM TO BE USED AS A BIOCHEMICAL REAGENT

It was reported that the Department was considering asking firms for estimates of the cost of processing. Dr Buttolph said that if this information were forthcoming, the meeting between representatives of the RTD meeting and LDAG Standards Sub-Group might take place before Christmas.

b. TRANSPORT ACT. APPLICATION TO NBTS

Mr Walters said that he was still awaiting information from Legal Branch which had consulted the Department of the Environment concerning questions raised by Dr Bowley and Dr Rogers. In the meantime he could report that the Department of the Environment had stated that if a refrigerator carried in a vehicle was fixed (eg. bolted) to the vehicle it became part of the vehicle and its weight had, therefore, to be included in the weight of the vehicle.

It followed that if as a result of this blood collecting vehicles were heavy goods vehicles, drivers of these vehicles would need to hold a heavy goods vehicle driving licence.

Dr Bowley stated that all drivers at RTC Sheffield possessed this licence

so that any driver could drive any vehicle. The metropolitan RTCs had great difficulty in recruiting such drivers. The meeting considered that all drivers should be graded "E". Mr Walters undertook to look further into these matters and to report at the next meeting on this and also on the other questions still with Legal and Department of the Environment.

c. ACTION UNDER THE MEDICINES ACT 1968

Mr Walters said that there was not yet anything further to report.

d. USE OF COMPUTERS IN RTCs.

Mr Walters said that the Department's Management Services Branch were being asked to arrange an evaluation.

e. NOTES ON TRANSFUSION

The meeting agreed that Dr Maycock should decide the size of the initial distribution of the new edition. In general the numbers distributed last time were adequate.

3. THE NBTS IN THE REVISED NATIONAL HEALTH SERVICE

The Chairman referred to the report, Organization of the National Blood Transfusion Service, prepared by a Working Group and approved unanimously by the RTD meeting, which had been given to CMO on 1 September 1971. Subsequently two meetings had been held in the Department. Mr Gidden had come to inform the meeting of the present position.

Mr Gidden said that as Directors knew, the Government's White Paper on NHS reorganization left the responsibility for the provision of a blood transfusion service with the Regional Health Authority. In general it had been decided that the functions of the RHA's although extended to include present local health authority functions, should remain the same as those of Regional Hospital Boards now. Nevertheless the Department recognized that the BTS, although a vital component of the hospital service, was unlike any other component, and that a degree of central co-ordination in its operation was highly desirable if not essential. This existed in an important measure already through the meetings of RTDs, which, however, had an informal and not a formal basis.

In the reorganization of the Health Service it was envisaged that a much more thorough going planning procedure would be adopted, which would allow the Department to monitor the plans of health authorities on a continuing basis. This should help to ensure that important requirements of the BTS were not neglected. This was a deliberately new feature of the administrative arrangements, and the staff of the Department is to be very substantially increased to deal with individual regions.

In addition the Department is proposing to examine whether it would be practicable to introduce some special administrative arrangements which would permit uniform practice to be achieved in the BTS in accordance with departmental policies.

Mr Gidden pointed out that, although the principle underlying reorganisation of NHS was devolution, it was intended that the actual intervention of the Department in the running of NHS would be much greater and it was because of this that the administrative resources of the Department would be increased.

The meeting expressed the greatest disappointment at the Department's rejection of its proposals for a centrally controlled service and criticised the delay of more than a year between the presentation of the proposals and this meeting. In the discussion the following points were raised:

a. Regional Transfusion Directors' Meeting (i) Would this become a statutory advisory committee? Mr Gidden said that it would not; the only statutory committees were those of the Central Health Services Council; it would not be possible to form such a committee which could replace the RTD meeting.

(ii) The RTD meeting was the only body that could give informed professional and technical advice to the Secretary of State about the running of NBTS. Did the Department propose to take measures to ensure that advice given by the RTD meeting and accepted by the Department was applied uniformly and effectively in the regions? Hitherto advice, although apparently accepted by the Department might be disregarded regionally. Was the Department in future likely to try to ensure that all RHAs carried out centrally accepted advice? Mr Gidden pointed out that the Department alone could decide what weight should be given to advice tendered by the RTD meeting.

b. IMPLEMENTATION OF POLICY BY RHAs. Mr Gidden explained that the proposed planning cycle described in "Management Arrangements for the Reorganized NHS" would enable the Department to exercise much closer scrutiny of the work of RHAs. For example, it was unlikely that failure by an RHA to provide for capital developments in an RTC would go

unnoticed.

c. RELATION OF REGIONAL TRANSFUSION DIRECTOR TO RHA. Mr Gidden said that the report "Management Arrangements for the Reorganised NHS" was intended for discussion and was not the final word. It contained some errors in its references to NBTS. The view was expressed that if the RHAs. were to be responsible for the running of RTCs., the Regional Transfusion Director should be responsible to the Authority itself and not to one of its officers.

d. It was suggested that the Working Group which had drafted the original proposals might be able to assist the Department when it considered what special administrative arrangements should be made to ensure co-ordination and administrative uniformity within NBTS. Mr Gidden noted this suggestion.

e. REGIONAL BOUNDARIES. Dr Bowley asked whether the areas served by RTCs would have to be changed so that they were co-terminous with the new RHA areas. If so the change would have to be made very soon as many RTCs planned a year or even more ahead. Re-alignment of boundaries, at any rate in the Sheffield region, would introduce anomalies which he thought should be avoided.

Mr Gidden explained that the proposals submitted by the RTDs had been rejected for reasons unconnected with the quality of the advice offered by RTDs. One reason was that in reorganising the NHS the Department had adopted the principle of devolution. He hoped that the Department would soon be ready to describe to the meeting the arrangement it proposed to institute within the framework of the new NHS to meet at least some of the criticisms of the RTDs.

[Note: Following the meeting the question of boundaries was considered in the Department. Neither the White Paper on the Reorganization of the NHS nor the proposals in the Management Study require each Regional Transfusion Centre to confine its operations within its own region and present arrangements may therefore continue.]

4. AUSTRALIA (HEPATITIS-ASSOCIATED) ANTIGEN

a. TESTING OF DONATIONS

The position regarding centres not yet testing all donations was reported to be

Newcastle: expected to be testing 75 per cent of all donations by 8 November.

Cambridge: expected to begin testing all donations on 6 November.

Oxford: expected to begin testing all donations on 6 November.

b. ANTI-AU IMMUNOGLOBULIN

Dr Maycock reported that the Medical Research Council had formed a committee to evaluate this specific immunoglobulin. He thanked RTDs for the plasma containing anti-Au antibody sent to Blood Products Laboratory from which initial supplies of anti-Au immunoglobulin had been made. Continuing supplies of such plasma were necessary and he asked all RTDs to send to BPL all antibody containing plasma not required as a reagent or for the preparation of reference standards.

c. REFERENCE PREPARATIONS

Dr Maycock said Dr Bradstreet, Standards Laboratory, Central Public Health Laboratory had asked him to convey her thanks to those RTDs whom she had asked to contribute plasma for setting up anti-Au reference preparations. Dr Maycock also reported to the meeting that he understood that WHO was considering the establishment of international reference preparations and that WHO Expert Committee on Australia antigen would recommend that IEOP was the "minimum acceptable" method for detecting the antigen.

d. TESTING OF STAFF

With Dr Darnborough's permission a notice sent by Dr Darnborough to staff at RTC Cambridge was circulated for information.

New entrants were being tested at 4 centres. It was pointed out that it was recommended that the testing of existing staff should be on a voluntary basis. In most centres staff had not yet been tested and there was at present reluctance to do so until the Department had given some guidance regarding questions put by staff regarding security of tenure of posts of any found to be antigen positive. Dr Maycock stated that the recommendations in paragraph 61 of the Report of the Advisory Group on Testing for the Presence of Australia (Hepatitis-Associated) Antigen and Its Antibody, still seemed to be reasonable, but the risk of spread by antigen positive individuals was undergoing general re-assessment as were also means of neutralising this risk.

e. RESULTS OF TESTING

i. Dr Maycock explained that Appendix I to the Minutes of RTD meeting 20 September, summarized all results he had received up to that date. A high incidence among new donors tested at S. London RTC seemed worthy of note.

ii. The meeting agreed that each RTC should complete a form for reporting Au antigen and antibody results on blood donors RTD(72)8 to show all results up to 30 September 1972 and that thereafter the form should be submitted monthly.

iii. Results of tests on plasma received at Blood Products Laboratory RTD(72) 10, 11, 12, 13A and 13B. These were distributed for information. Dr Maycock requested RTDs to send to Miss C Shaw, Blood Products Laboratory, the information missing from RTD(72)13A and 13B.

5. ANTI-D IMMUNOGLOBULIN

a. RESULTS OF TREATMENT WITH 100 µg DOSE. RTD(72)3

Dr Maycock explained that these results had been assembled for reporting to MRC Committee on the use of Anti-D Immunoglobulin for the prevention of

sensitization to the Rh(D) antigen which had recommended the adoption of the 100 µg dose. They had also been shown to the SMAC Joint Advisory Sub-committee on the use of anti-D immunoglobulin.

The MRC Committee had concluded that the results indicated that the 100 µg and 200 µg doses appeared to be equally effective, but that a definite conclusion could only be reached when a comparison could be made of the incidence of sensitization in the next pregnancy in women treated with one or other of these doses. The necessary information was now being collected.

b. EXTENT OF USE OF ANTI-D IMMUNOGLOBULIN

Dr Maycock reported that at the request of SMAC Joint Sub-committee the Department was planning to investigate whether all the mothers eligible for treatment were receiving it. One RTD reported that treatment had temporarily ceased in one hospital due to an administrative failure; in another region medical staff had asked how to obtain anti-D immunoglobulin. The amounts of immunoglobulin apparently being used suggested that few eligible mothers were not being treated. RTDs undertook to watch the position in their regions.

c. TREATMENT OF RECIPIENTS OF Rh-INCOMPATIBLE TRANSFUSIONS

It appeared that there might be as many as 20 occasions a year when an Rh-negative girl or woman of childbearing age received Rh-positive blood in error. There was evidence that immediate treatment with anti-D immunoglobulin would prevent sensitization in some cases. A dose of 10 µg antibody per 1.0ml blood transfused had been suggested. The intramuscular injection of such a dose, using the 100 µg doses prepared for routine prevention, involved a volume which caused extreme discomfort.

The meeting agreed that it would be a great advantage if each centre could keep a small amount of more potent anti-D immunoglobulin, eg. 500 µg in 2.0ml. Dr Maycock undertook to arrange for this to be prepared. The meeting left to him the decision regarding the numbers of doses to be provided for each centre.

The meeting agreed that a report or reports should be published describing successfully treated cases.

6. MEDICAL STAFF IN REGIONAL TRANSFUSION CENTRES

Dr Maycock welcomed Dr Elizabeth Shore who attended the meeting for this item.

CONSULTANT ESTABLISHMENT.

The work of the service, measured in terms of donations of blood collected, had risen during the past five to six years at a rate of five to six per cent. On the other hand RTCs were undertaking new work eg. tissue typing, Australia antigen, new clinical applications of the use of blood derivatives for which the services of consultant grade were necessary. Dr Stratton said that in his own centre he found it increasingly difficult to arrange adequate supervision and performance of such work with the consultants at present on his establishment.

It was suggested that the apparent unattractiveness of consultant posts in NBTS might be offset by creating joint appointments with hospitals or medical schools.

The meeting agreed that the working group formed some years ago to consider the consultant establishment of regional transfusion centres should be re-convened to re-examine the need for additional consultant posts and make proposals about the nature of such posts, taking into account the report on the training of consultants in transfusion being prepared by the Royal College of Pathologists.

Dr Macdonald said that Scotland would like to be represented on this working group.

MEDICAL ASSISTANTS

Dr Darnborough referred to the Third Progress Report on Hospital Staffing Structure (Medical and Dental) prepared jointly by the Health Departments and Joint Consultant Committee (Brit. Med.J. 1972-3-Supplement p.143). He asked whether there was likely to be any mechanism, similar to that applied

some years ago to SHMO's whereby suitable medical assistants could be upgraded to Consultant and whether the grade of medical assistant was likely to lapse. Dr Shore said that Medical Assistants could only become Consultants by competing for consultant vacancies in the normal way and that it was intended that an establishment of Medical Assistant posts would continue for a limited range of work in Regional Transfusion Centres.

Dr Smith mentioned the disadvantages of employing clinical assistants rather than medical assistants: clinical assistants would not undertake rota duties at nights or week-ends.

It was agreed that the Working Group should consider the employment of medical assistants in RTCs.

PART-TIME MEDICAL OFFICERS

Dr L A D Tovey reported that he experienced considerable difficulty in recruiting sufficient numbers of part-time doctors for collecting blood. He suspected that there were differences between regions in the manner in which part-time doctors were recruited. In his region he could employ general practitioners part-time, but could not employ hospital medical staff who, however, could replace general practitioners while they worked for the RTC. Dr Shore explained that this application of the regulations was correct. An authority was not allowed to pay full-time employees to undertake work for it in their spare time, but one authority could pay the employee of another authority for such work. Dr Shore pointed out that in the revised NHS, full time local health authority medical staff whose contracts of employment would be transferred to the new Area Health Authorities would not be available for part-time blood transfusion work for the area authorities but might be able to undertake work for the regional health authorities.

Dr G H Tovey reported that RTC Bristol had overcome the difficulty of finding sufficient medical staff to collect blood by employing state registered nurses to collect blood who worked under medical supervision, usually that of a general practitioner who was unwilling or physically unable, eg. because of age, to undertake blood collecting sessions. Bristol employed five nurse blood collectors; few complaints were received from donors, certainly no more than when doctors were employed. These nurse blood collectors were paid as Staff Nurse #£ o Ward Sisters; the Head Nurse of the RTC was paid at the same rate but in addition received an allowance. RTC's Edgware and Brentwood employed SRNs to carry out plasmapheresis.

From the discussion it appeared that most centres would probably prefer to continue as long as possible to employ doctors to collect blood. It was agreed that the Working Group should also consider the problem of recruiting medical staff to collect blood.

7. ACCIDENT INSURANCE FOR DONORS

Mr Walters reported an incident in which a member of a blood collecting team while at a factory had suffered an injury due to the negligence of one of the factory's employees. The firm had criticized the Department for not insuring its staff against such events. Mr Walters confirmed that it was not the Government policy to insure staff in this way.

8. GROUPAMATIC BLOOD GROUPING MACHINE

Dr Maycock reported that this French machine, developed in Professor Soulier's laboratory and about which all RTDs knew, was now being manufactured by Roche and that about six continental laboratories were using it. It had originally been intended to test the machine in RTC Newcastle but this would not be possible. "Groupamatic" had certain advantages: for example it produced a typewritten record of results referred to the numbered samples fed in, it could if required

be used to produce a container label for each donation tested; it was designed so that it could be used in conjunction with a computer.

Dr Buttolph explained that it was an expensive machine and that the Department would hesitate to buy one for trial without an assurance that there would be a place for such a system in RTCs. Servicing might present problems unless several machines were bought. The RTDs present urged the Department to agree to a trial of the Groupamatic machine at RTC Birmingham where the feasibility of linking it with a computerized system of donor and laboratory records could be fully investigated.

9. The date of the next meeting was arranged for Wednesday, 10 January 1973.