

REGIONAL TRANSFUSION DIRECTORS MEETING

Minutes of the 210th Regional Transfusion Directors Meeting held
in the Library of the Regional Transfusion Centre, Birmingham on
Wednesday 18th January, 1989 at 11.00a.m.

Present:

Dr. W. Wagstaff (Chairman)
Dr. F. Ala
Dr. J. Blagdon
Dr. E. Brookes
Mr. J. Canavan (DoH)
Dr. M Contreras
Mr. B. Crowley
Dr. C. C. Entwistle
Dr. I. D. Fraser
Dr. H. H. Gunson
Dr. J. F. Harrison
Dr. D. Lee
Dr. H. W. Lloyd
Dr. W. M. McClelland
Dr. V. J. Martlew
Dr. R. J. Moore
Dr. J. A. F. Napier
Dr. H. Pickles (DoH)
Dr. A. E. Robinson
Dr. K. Ll. Rogers
Dr. D. S. Smith
Lt. Col. M. J. G. Thomas



1. Apologies

Apologies for absence were received from Professor J. D. Cash, Dr. R. S. Lane and Dr. J. Darnborough.

The Meeting was opened by Dr. Gunson as Dr. Wagstaff was delayed. He welcomed Dr. Brookes as the new SNBTS Observer. A welcome was extended to Dr. Robinson and Dr. Lloyd when they arrived.

2. Minutes of the 209th Meeting

These were accepted subject to an amendment Item 9 (e) which should have referred to the 50th Anniversary of Blood Transfusion in the Army.

3. Matters Arising

(a) Bone Marrow Panel

Dr. Pickles reported that decisions about funding had been made but she felt unable to give details to the Meeting and proposed that these should be revealed through routine channels. Dr. Fraser expressed concern that informal information that he had received suggested that funding would come from the UKTS Budget and that the panel would pass to UKTS control. This concern was shared by others and expressed particularly about the way in

which the panel might be used. Dr. Pickles commented that Standing Medical Advisory Committee was unhappy about some present practices and hoped that the appropriate Royal Colleges might produce ethical guidelines.

(b) Associate Specialists

Dr. Pickles reported the Department's view that the hospital staff grade was particularly appropriate for the BTS and referred Directors to Circular HC(88)58 for details. Dr. Gunson indicated that he felt this was a matter which the National Directorate should consider and this was agreed.

(c) Clinical Grading

There were no reports of industrial action at the present time but it was anticipated by some centres that if imminent appeals were unsuccessful further industrial action could be expected. Dr. Harrison reported that she had approached her RHA with proposals for senior Donor Attendants on Scale B and reported that the RHA would not agree to these unless the National Directors paper was issued by the DoH. Dr. Moore commented that the Paper had been to the DOH who were reluctant to make an exception for the BTS document following the experience of a similar exception for midwives. He felt that the Department had given its tacit approval by suggesting that it should be circulated to RHA's over the National Director's name. It was suggested by Dr. Ala that if the DOH were to refer any queries about the paper to Dr. Gunson that this would in itself imply their approval of its contents.

4. National Director's Report

(a) Communications with the Directorate

Dr. Gunson reported that the daily blood stock reports had proved extremely useful and he exhorted every Centre to purchase a FAX Machine to facilitate the transfer and reception of this information. The handling of these data was at present a manual process but a computer programme had been written which will go into use from the beginning of February. He reported that it had been possible to mobilise 550 units of blood in 45 minutes following the rail accident at Clapham. Dr. Gunson also drew attention to difficulties which had been experienced in making contact with both Tooting and Edgware on that occasion because the phonelines had been blocked with enquiries. Hence his letter requesting information from all Centres about ex-directory lines. Replies from some Centres were still outstanding. Dr. Gunson reminded Directors that he had also asked for monthly reports of plasma product stocks. There had been no response from three Centres and incomplete information from others.

Dr. Gunson reported that since the last RTD Meeting, the National Management Committee of the NBTS had been established and had met on 2nd December, 1988. He felt that it was important that the Minutes of this and future Meetings were discussed at Divisions to allow the National Directorate to have the opportunity to get the views from all medical staff in the Service. He therefore proposed that Divisions should meet three to four weeks after the NMC Meetings to discuss the Minutes and to make an input to the next Meeting. This would involve five Meetings per annum. If this role for the National Management Committee and the Divisions was agreed he asked Directors to consider the future of the RTD Meeting and suggested that the

business part of the Meeting should be shorter with the National Director summarising Management Activity and the remainder of the Meeting being devoted to medical and scientific aspects of problems, e.g. cross-accounting, quality control, etc. Dr. Gunson pointed out that the regular slot on the Agenda for BPL update would no longer be necessary because of the creation of a CBLA/NBTS Liaison which would meet regularly, probably quarterly and report to the National Management Committee. This Liaison Group would meet twice before the 1st April to consider problems associated with initiating cross-accounting on 1st April. The Meeting discussed Dr. Gunson's proposals and the need for change. The Committee Structure associated with the National Directorate was welcomed and as the discussion of a medical/scientific RTD Meeting developed it became clear that any managerial role for the RTD Meeting was regarded as superfluous. It was agreed that there was value in meeting once a year for a one-day scientific symposium and it was agreed that this should be quite separate from the BBTS Meetings and indeed should take place in the Spring. Dr. Gunson confirmed that contact with the SNBTS would be maintained by regular Meetings between himself and Professor Cash. Dr. Pickles confirmed that the DOH accepted the changes and Dr. Gunson confirmed three avenues of communication with the Department which would be maintained, i.e. direct contact between himself and Dr. Pickles and between Dr. Moore and Mr. Canavan; via the NHS Management Board Co-ordinating Committee; via the annual report submitted by the National Director on Management Objectives in the NBTS. Dr. Rogers asked how the Department's performance would be evaluated and the Chairman indicated that Directors would be watching to see that Dr. Gunson's views were conveyed by the Department to Regional Health Authorities.

Dr. Wagstaff summarised the discussion which led him to ask if it was the wish of those present that the RTD Meetings should be discontinued and be replaced by an Annual Meeting open to all NBTS Consultants with a Scientific Agenda. This was agreed unanimously.

(b) Plasma Supply

Dr. Gunson reported that the CBLA/NBTS Liaison had discussed the DOH Plasma Supply Group's paper and had recommended option 2 which delayed maximum fractionation until 1991. Mr. Graham Hart was to write to all RHA's indicating the need to achieve 8.82 tonnes per million by the end of 89/90. Beyond this point, Dr. Gunson said that regions would be expected to respond according to their ability and their other commitments. Dr. Gunson went on to report that the Liaison Group had discussed cross-accounting and that a paper had been put up to the NBTS Management Board for early consideration which included a figure of £35.00 per kilogram for recovered plasma and £60.00 per kilogram for pheresis plasma. This Paper would incorporate the costs of BPL products and would refer to the need to distribute to RTC's through RHA's a sum from the BPL Budget equivalent to their production costs so that regions could purchase products. Dr. Moore was asked how RHA's would be briefed and he indicated that they already know in principle that cross-accounting begins on 1st April 1989 and that he was meeting a representative of Regional Treasurers who will have the information by letter by the middle of February. Dr. Harrison referred to costing which had been done at Brentwood indicating that pheresis plasma costs £80.00 per litre to collect. There is a danger that her RHA would refuse to sanction plasma harvesting by apheresis arguing that it would be cheaper to buy the products on the commercial market. Dr. Gunson pointed out that BPL must be

able to work within commercial cost margins or else close down. It must therefore be able to buy plasma at competitive prices and Centres would need to examine productivity carefully. Factors such as the restrictive Guidelines and the profit margin on harnesses neither of which apply to commercial plasma production worked against the NBTS. Dr. Robinson commented that recent costing at Leeds indicated a figure of £48.00 per litre. A major factor in achieving this was the exclusive use of DA's for apheresis apart from one RGN Supervisor. Mr. Crowley commented on the need for a uniform costing system for the NBTS and found the different prices hard to reconcile. He indicated that the price for apheresis plasma was based on a figure which would allow BPL to produce acceptable products at an acceptable price. He would in fact like to pay the going rate for source plasma but recognised that at the present time some accommodation with RTC's was necessary. Dr. Lee commented on the restrictive nature of the Guidelines and Dr. Gunson said that Dr. Robinson had agreed to review the Guidelines but added that Dr. Moore had shown that factors other than staff costs were made a major contribution. Dr. Gunson asked for comments on Dr. Lane's specifications for source plasma which had been circulated through Divisions to be made by 2nd February. Dr. Robinson asked if the implication in the specification for plasma that time expired plasma was no longer required was in fact correct. Dr. Gunson undertook to make enquiries.

(c) Management Information Systems

Dr. Moore told the Meeting that a Consultant's report indentifying the needs of the Service was expected in April with a further report in the Autumn with proposals for meeting these needs. He indicated that a Steering Group had been set-up to ensure that these reports achieved their aims.

(d) Proposal from Haemonetics

Dr. Gunson referred to the proposal for a five year contract with Haemonetics which had been circulated to Divisions. The proposal was with Mr. Mansel Chamberlain, the supplies Officer at North East Thames who has been involved in discussions with Mr. Critchley of the Procurement Directorate. Dr. Lee indicated that there was general support from the Northern Division and that Dr. Robinson had asked that those Centres who had already made capital investment in machines should have the free machines included in their replacement programmes. Dr. Gunson commented that he wished to be involved in the allocation of the free machines to Centres and indeed that this input from the National Director was an essential part of the Contract. For the Eastern Division Dr. Contreras said that the proposal was viewed with some suspicion partly because of the long term commitment and partly because it was felt that an even greater reduction in harness prices could be achieved. For the Western Division, Dr. Ala confirmed general support and wished to know if the reduction in harness prices could be taken up without taking on additional machines. Lt. Col. Thomas reported an approach from BPL to the Ministry of Defence which had resulted in a Pilot Scheme to collect ten tonnes of plasma per annum at Aldershot with a view to expanding this programme to fifty tonnes per annum from the army. Col. Thomas believed that this could be a very productive exercise and that the nature of his donor population would allow them to be more highly organised than was always possible with the general public. He pointed out that the income from plasma would be essential if the army was to be able to buy products from BPL. The Chairman indicated that Dr. Gunson needed a commitment so that he knew that if an agreement were negotiated that all

Centres would proceed. After some further discussion this undertaking was forthcoming.

(e) Donors over 65

Dr. Wagstaff asked for comments from Divisional Chairman about Dr. Gunson's guidelines which had been circulated. Dr. Contreras reported that in the Eastern Division opinion was divided as to whether the option to carry on after 65 should be offered to all donors or to those who specifically asked for it. The other Divisions had agreed that the initiative should lie with the donor. Col. Thomas felt that this approach was too negative and that the letter to the donor should be worded in such a way as to indicate that while most donors resign at the age of 65, the opportunity to continue for up to five years was available to those who were medically fit. During discussion, concern was expressed about re-programming computers to deal with a very small number of donors. The Chairman summarised the discussion and indicated that he sensed reluctant and guarded approval for the guidelines. Dr. Gunson reminded the meeting that his response to Mrs. Curry was based on what had been previously agreed and that any decision other than acceptance of guidelines could not easily be made. Dr. Gunson commented that the SNBTS were looking at the possibility of recruiting donors from the age of 17. Dr. Martlew referred to problems of confidentiality relating to sexually transmitted diseases if donors under the age of 18 were recruited. It was agreed that this matter required further thought.

5. BPL Up-date

Mr. Crowley reported that the CBLA has a new Chairman, Mr. Ron Wing and that the Authority had lost Dr. Gunson as a member though he had agreed to continue to attend Meetings as an observer. He said that Mr. Mallory had left to take up a post in Italy.

Mr. Crowley said that BPL would soon be submitting proposals to the DOH for a new R and D facility to tackle problems such as the improvement of F8 yields. He reported that filling 500ml containers with 4.5% Albumin had begun and that issues of F8 had increased substantially. Issues for the last quarter were three times those for the same quarter in the previous year and were 30% up on the previous quarter. The yield was now 140iu/kilogram and he hoped to achieve 150iu by mid 1989.

He reported that BGRL was to move to Bristol and that steps to introduce cross-accounting were in hand. He went on to express some reservations about the later years of the programme for plasma harvest. He remained unconvinced about fractionating so much plasma just to achieve self sufficiency for F8 and indeed had reservations about the concept of self sufficiency since he was sure that some Haemophilia Directors would always want a product other than that available from BPL. Mr. Crowley appealed for any information which could be gleaned from tenders for Albumin by Regions.

During the discussion, Dr. Gunson indicated that he had not been obliged to leave the CBLA but had felt that on occasion there might be a conflict of interests. Dr. Wagstaff welcomed the increased in F8 yields which prompted Mr. Crowley to reflect on the diversity of assay results for F8 at PFL, BPL, NIBSC, etc. He was taking a personal interest in resolving these discrepancies.

6. HIV Update

Dr. Gunson told the Meeting that he had no developments to report. He indicated that it was time to re-apply for Miss Rawlinson's grant from the MRC and asked if Directors still supported the regular circulation of HIV Data which they did. He indicated that the National Directorate would absorb this exercise.

Asked about HIV 2, Dr. Gunson indicated that he intended to get some feed-back from Dr. Philip Mortimer as up to 4,500 samples had been tested at Colindale. It was said that no positives had been found in a blood donor. Commenting on NANB Hepatitis and the Chiron test Dr. Gunson said that the Study was almost completed and he hoped to analyse the results within two months. He had met representatives from Chiron who had agreed to test 1,000 samples from donors with raised ALT and 1,000 age and sex matched controls. He indicated the need for further funding to apply the Anti-HBc test to all rather than a proportion of the donors in the trial. Dr. Contreras commented on a conversation with Dr. Harvey Alter who believed that 80% of NANB PTH will be avoided if the Chiron test is introduced but that ALT screening would continue. Turning to HTLV 1, Dr. Gunson reported that he hoped to get a group together to look at HTLV 1 and to report to the DOH Committee looking at Viral Transmission.

7. Scientific Staffing Group

Dr. Fraser summarised the background to the Meeting on the preceeding day and that said proposals previously drawn up by the group had been submitted to the DOH, bounced back and been re-submitted, and were under consideration. It was recognised however that any changes based on these proposals could take up to two years to achieve. It was therefore necessary to look at how transfusion centres would be affected by the Whitley B Restructuring exercise. Dr. Fraser said out of eight representatives on the group, five were well under way. One centre had not yet started to consider the changes, one centre was in confrontation with its scientific staff, and one centre was waiting for a report from the group. He said that it was important to grade posts rather than persons. He advised Directors to confirm with their RHA's that RTC staff would not be directly compared with those in hospital. He indicated the need to clarify the terminology in the grading guidelines as to what constituted a laboratory, a department, a section, etc, etc.. He asked RTD's to submit to Dr. Doughty by 24th January their views on the job content of posts at MLA and MLSO 1-4 so that these views could be collated by Dr. Doughty and Dr. Fraser and form the basis of a report to the National Management Committee.

8. CMV Immunoglobulins

Dr. Contreras referred to the letter which she had written to Dr. Wagstaff and to the need for some co-ordination of the use of the product to avoid its improper application. She was supported by Dr. Robinson who had been faced with a situation on more than one occasion where CMV Immunoglobulin was unavailable to her in spite of a major input of source plasma from Leeds. The Chairman suggested that this should be referred to the Anti-D Working Party and it was agreed by the Meeting that this Working Party should assume a wider role to become the Immunoglobulin Working Party.

9. Tetanus Immunoglobulin (I.V.)

Dr. Wagstaff indicated that he had had two replies to his letter which suggested that no demand was being made to RTC's for this product and that supply must therefore be coming directly from PFC. He said that he had contacted Dr. Lane to suggest that high titre plasma should be sent to PFC for fractionation with the product being returned to BPL for distribution. Dr. Lane had expressed reluctance to part with some of the best source material for the preparation of an intermuscular preparation. Dr. Wagstaff indicated the need for the Immunoglobulin Working Party to look at the production and distribution of this Immunoglobulin.

10. Transfusion Medicine Handbook

The Chairman referred to a letter from Professor Cash with a proposal that this publication should be subject to revision/review every two years. If this was agreed, should an Editorial Group be constituted? This was agreed by the Meeting. Professor Cash went on to say that Dr. McClelland would be willing to act as Editor again and the suggestion was welcomed by the Meeting. Dr. Contreras asked for more time for proof-reading. Finally, Professor Cash's letter asked how secretarial and other assistance would be funded for future editions. Dr. Gunson suggested that the HMSO profits from sales abroad could be ploughed back into the next edition. The Chairman said that he would write to Dr. McClelland encouraging him to make an early start.

11. Autologous Blood Transfusion Service

Dr. Napier said that he had little to add to the information in his letter. Dr. Rogers suggested that the van might be part of a service for intra-operative autologous blood transfusion, taking a cell-saver and a technician to the hospital concerned. He was aware of at least two concerns operating in this way in London.

12. W.I. Proposals for Reward Credit System

This proposal was considered and the Meeting supported the response which Dr. Napier had made to Mrs Spears. The Meeting confirmed that the NBTS could not be associated with any form of inducement to donation. Dr. Contreras reminded Directors of the possible value of offering slightly more substantial refreshments to donors particularly when they came at lunchtime or early evening.

13. Nomination of New Secretary

The dissolution of the RTD's Meeting in their present form meant that a new secretary would not be required.

14. Reports from Working Parties

Anti-D Working Party

Dr. Lee reported that the Working Party was due to meet in two weeks time and that the main item to be discussed was the trial of low dose ante-natal prophylaxis.

London Blood Supply Working Party

Dr. Harrison reported that the position with routine blood stocks had improved but drew attention to problems relating to liver and heart/lung transplants pointing out that RTC's could not always meet demands for blood and products. The problem was exacerbated by the number of patients being flown in from the EEC for this type of surgery. Dr. Gunson suggested that the National Directorate should examine the need for a National Policy.

UKBTS/NIBSC Liaison Group

Dr. Wagstaff tabled the 'contents' page of the expected document. He anticipated that this would be circulated in the near future and hoped for a rapid response from Directors. The intention was to publish the final version in April/May 89.

15. Reports from Divisions

Dr. Harrison referred to the Donor Attendant Team Leaders National Study Day and proposed that it should be held on a Divisional basis which would make it easier to release staff to attend. This was agreed. Dr. Contreras asked for guidance about a number of requests from donors for Certificates showing HIV status. Dr. Gunson indicated that this had previously been agreed that these should be given and that a small charge may be appropriate. If the request were from an Insurance Company, then, provided the donor is agreeable to the information being released it may be appropriate to make a larger charge of say £20.

Northern Division

Dr. Lee reported a proposal from Dr. Wagstaff that the Senior Registrars in Blood Transfusion might be invited to attend Divisional Meetings. He said that during discussion the proposal had been extended to include Associate Specialists. It had been agreed that as the meeting moved from centre to centre that the SR and Associate Specialist of the host Centre be invited to attend. The Division had also discussed Dr. Contreras' letter about donors having electrolysis, and had felt that decisions previously taken should be confirmed and that only donors having electrolysis carried out by a medical practitioner could be accepted. Dr. Wagstaff commented that he had approached Mr. John Ayling, of the Medicines Inspectorate who had indicated that he would not want blood from donors having electrolysis unless this was being carried out under medical supervision.

Western Division

Dr. Ala reported that Hepatitis B Immunisation had been offered to the staff of the Mobile Teams. He referred to the minutes of the Automation Users Group and asked that the Terms of Reference for the Microbiology Group should be separate from those of the User Group dealing with Automation.

15. Any Other Business

Anti-D Immunoglobulin

Dr. Rogers asked for an update on the ante-natal prophylaxis of Rh immunisation bearing in mind that there was now enough Anti-D to undertake

this. Dr. Wagstaff recalled that it had been previously agreed to wait for the outcome of the low dose trial. It was anticipated that this would take 18 months/2 years.

Audit Boards

Dr. Entwistle drew attention to the fact that Clinical Audit was being discussed in the BMJ and other quarters. He asked whether BTS staff would be audited by Health Authorities or by the National Director. Dr. Pickles said that the matter was being considered and had not been resolved.

ABSD

Col. Thomas gave Directors preliminary notification of the event to mark the 50th Anniversary of ABSD/NBTS which would take the form of a 2 day symposium on 11/12th October, 1989. He said that a service of thanksgiving would be held on Sunday 3rd September, in the Garrison Church at Aldershot and that this event would be linked with a dinner dance on Friday 1st September. He asked RTD's to provide him with information about anyone known to them who had served with the Transfusion Service during the 39-45 War. (Since the Meeting the date for the Symposium has been changed to 4th/5th October).

Dr. Wagstaff concluded the Meeting by thanking Dr. Ala for his agreement to host the Meeting at short notice and for the very acceptable hospitality which he had extended.