8.6.82. COPIES TO DR. LEE, DR. WENSLEY, DR. STEVENS, DR. CARTER, MR. HOWELL, MR. MAWSON, MR. MALYON, GRO-C

Not for Publication RTDM/183

REGIONAL TRANSFUSION DIRECTORS' MEETING

MINUTES OF 183RD MEETING HELD ON WEDNESDAY, 7TH OCTOBER 1981 AT THE DHSS

Present: Dr. F. Ala
Dr. G. W. G. Bird
Dr. A. K. Collins
Dr. J. Darnborough
Dr. C. C. Entwistle
Dr. I. D. Fraser
Dr. H. H. Gunson
Dr. A. M. Holburn
Dr. R. S. Lane
Dr. W. M. McClelland
Dr. R. Mitchell
Dr. J. A. F. Napier (Secretary)
Lt. Colonel E. S. Parry
Dr. K. Lt. Rogers
Dr. F. M. Roberts
Dr. D. S. Smith
Dr. G. H. Tovey
Dr. L. A. D. Tovey
Dr. W. Wagstaff (Chairman)

1. Apologies for absence were received from Dr. J. Cash and Dr. J. Harrison

2. MINUTES OF 182ND MEETING

Dr. Gunson pointed out that he was not an RTD representative on the Blood Products Committee of the BP. Membership of this Committee is by individual invitation from the BP itself when blood and blood products are under consideration. Dr. Bird raised a correction relating to 14/3 report from the Hepatitis Advisory Group. He pointed out that in fact there had been no change relating to eligibility of staff working in dialysis units with regard to blood donation. Dr. Bird also pointed out that vaccine for hepatitis B was not yet available in the United Kingdom.

Dr. Wagstaff welcomed Dr. F. Ala, Director Designate of the West Midlands (Birmingham) RTC attending his first meeting of RTDs. Miss Wall, Nursing Division of DHSS, was also welcomed for her attendance for the discussion of Team Leaders and Donor Attendants pay and also Mr. S. Godfrey for discussion of items 3a, 3d and 3k.

3. (a) BLOOD SUPPLIES DURING OUTBREAK OF HOSTILITIES.

Dr. Parry reported on discussions between the MOD and DHSS. Dr. Proffit of the Department of Health was meeting Regional Medical Officers in November and asking their approval in principle for RTDs to begin outline planning with the Ministry of Defence in order that any formal submission may be made through the Department of
** Health for Government approval. It was hoped that RTDs would seek an opportunity to discuss with Regional Medical Officers the availability of stock with regard to both emergency, civilian and military needs. Some discussion ensued amongst RTDs with regard to the three weeks expiry date and its extension to five weeks for CPD-adenine. It was generally felt that this was too great a benefit to be discarded on the untested assumption that retention of a three week expiry date would make more blood available in RTCs to

meet sudden emergency demands. It would be helpful to have more clear information from the MOD as to the numbers of units required and the time period that might have to be covered.

3. (b) BLOOD SUPPLIES TO PRIVATE SECTOR AND SUPPLIES OF NBTS MATERIAL TO INDUSTRY

The former topic was discussed under 3d. There have been approaches from some commercial organisations to RTCs with regard to purchase of blood or blood products. These transactions would not be possible until the DHSS had given advice to regional health authorities regarding the arrangements under which such transactions could take place. RTDs were unanimous in that any materials supplied by the NBTS to industry should only be used for manufacture of products for export and not for the home market which may possibly compete with those already produced by the NBTS.

3. (c) Q.C. QUESTIONNAIRE

The summarised results of the questionnaire concerned with provision of red cells, serum and plasma by RTCs were distributed.

3. (d) STATISTICS FORM (NBTS 47 REPLACEMENT)

As a result of discussions with Mr. S. Godfrey it was possible to produce a much abbreviated list of statistical information which could replace NBTS 47. An addition to the list was the requirement to provide figures for the supply of blood and blood products to private hospitals and clinics. RTDs expressed reservations about the difficulties of collecting this information but it was pointed out (SG) that if DHSS wishes with regard to charges for these were to be implemented in April 1982 then the information would have to be available. Some discussion followed regarding the mechanics and reliability of such information and anxieties were expressed as to whether RTCs would benefit from these charges. It seems likely that these detailed arrangements would have to be sorted out within each region and further discussions were necessary.

It was generally agreed amongst RTDs that there was nothing to be gained by collection of failed haemoglobin screen test figures. These reflected differences in testing procedures between centres rather than any real differences in the incidence of anaemia in the population. Likewise it was not felt useful to continue sending reports of positive tests for syphilis to DHSS. This information could be more reliably obtained from other sources where more sensitive and specific tests could be employed. RTDs therefore ** agreed to discontinue sending these two statistical returns from January 1st, 1982. RTDs were asked to report suspected cases of post transfusion hepatitis B to Dr.Barbara Ely, DHSS. A discussion then followed regarding the definition on incompatible transfusion. The frequency of reporting might very well depend on the threshold at which such cases were notified. It was, therefore, agreed that since all such information was in any case kept at RTCs this could be made available whenever the need arises. Quarterly return of this ** statistical information was agreed. Mr. S. Godfrey would notify the RTD Committee about the need to return information regarding incompatible transfusion reactions.

3. (e) REPLY FROM PROF. E. FREIESLEBEN REGARDING QUALITY CONTROL OF BLOOD PRODUCTS

Dr. Wagstaff reported that a draft form of the European guide lines may be released early next May which could be considered by RTDs.

3. (f) DIFFERENTIAL BETWEEN TEAM LEADERS AND DONOR ATTENDANTS

Dr. Wagstaff pointed out, as part of the background discussion, that practices within transfusion centres were showing radical changes. Important developments such as plasmapheresis have a bearing on nursing responsibilities within the NBTS. Miss Wall was able to say that the matter of Team Leaders' differentials had already been placed as an item on the forthcoming Whitley Council Agenda. Dr. L. A. D. Tovey considered that the current duties of Team Leaders, Donor Attendants and also Staff Nurses working within the Transfusion Service needs to be investigated in the light of recent developments in particular, with reference to the demand for Staff Nurses and Sisters within cell separator and plasmapheresis units. It would be preferable for this to be considered centrally rather than undertake local negotiations when the amount of Regional Nursing Officer experience of transfusion service practice was limited. RTDs concurred with the suggestion that some form of more formal training for Donor Attendants and NBTS Nurses would be desirable. Miss Wall pointed out that this view was firmly expressed at the most recent meeting of NBTS Senior Nursing Staff and the suggestion had been made to the Nursing Division. It was important that RTDs lend their support. Miss Wall also wished to raise the two problems of Team Leaders' pay and the needs for qualified nursing staff with regional nursing officers. She would then be in a position to discuss these matters in greater detail at the next meeting of regional nursing officers. Miss Wall wished to have a clear statement from RTDs about the direction in which relevant transfusion practice was moving so that its implication with regards to nursing staff could be assessed. There would be a need for job specifications for the varying grades of nursing staff. Dr. Darnborough reminded RTDs that as long as ten years ago a need for some formal qualification for
** DAs had been stated. Directors agreed to discuss their views about future Donor Attendant and nursing responsibilities at regional
** group meetings. Dr. Wagstaff agreed to prepare a summary paper to Miss Wall when these had been collected.

3. (g) BGRL Q.C. SCHEME

In Dr. G. H. Tovey's absence Dr. Holburn reported (being a member of the Poor Performers in Haematology Panel). The question of RTD representation would be discussed at a forthcoming meeting but it was felt that if this were to be agreed then representation from other specialised interests would also be requested. It was appropriate to remind the panel that since RTDs provided the source material essential for this quality control scheme their wishes in this respect should be seriously considered.

3 (h) NBTS ANNUAL REPORT

Dr. Napier reported that he had had replies from just under half of RTDs and these had generally been in favour with the contents of the proposed report. The matter had been discussed at regional divisional meetings, two out of three divisions had felt that the statistical information would be superfluous and inappropriate in view of the

trends towards reduction of statistics collection. Other aspects covered by the report could be included in any future proceedings of an NBTS scientific meeting. It was decided therefore not to institute a NBTS annual report.

3 (i) NBTS SCIENTIFIC MEETING

Dr. Gunson reported the results of discussions amongst the regional chairmen. Their proposals were outlined in a paper which had been circulated. There were that:

1. Regular scientific meetings should be held on blood transfusion.
2. That steps be taken to form a British Society of Blood Transfusion.
3. And the RTD Committee should institute a steering group to further this aim. The steering group should be representative of consultants, medical and senior scientific and MLSO staff working in blood transfusion with the power to co-opt a suitable professional advisor.
4. Constitution should be given by the steering group to form a British Journal of Blood Transfusion which would be the official organ of the future society.
5. It was proposed that the inaugeral general scientific meeting of this society should take place in the autumn of 1982.

RTDs were grateful for the consideration that had already been given to these topics by divisional chairmen and requested that they should form the nucleus of the steering group. It was agreed that the three members who had produced the outline proposals should form a Steering Group, together with Dr. I. Fraser. Dr. Gunson suggested that Dr. Cash should also be a member of this group, since he had previous experience of the constitution of a Society in Haemostasis and Thrombosis. This was agreed.

3. (j) FUND RAISING IN NBTS

This topic was not discussed.

3. (k) RDO MEETING WITH DHSS

Lengthy discussion on this topic took place. Mr. S. Godfrey expressed a view that from his recent experience much of the content of the RDOs meeting was not of direct concern to the DHSS. RTDs were of the strong opinion that RDOs were not in a position to discuss policy matters pertaining to their RTC though agreed that matters regarding the implementation of such policies as for example, difficulties in recruitment of donors during industrial recession may be useful topics for their consideration. The continuing need for central RDO meetings needed to be resolved. If these were to take place should they be chaired by an RTD or should a chairman be found amongst RDOs. Dr. Entwistle proposed a regional structure along the lines of consultant medical staff each having its own chairman. An annual meeting could also take place with the DHSS invited to be in attendance and the consultant advisor as chairman. Mr. S. Godfrey made an alternative suggestion that the meeting should be chaired by one of the RDOs. RTDs felt that it was of the greatest importance to establish the terms of preference of such a central RDOs' meeting and this would be necessary before Dr. Gunson would be able to accept the chair of such a meeting. It was felt desirable for RTDs to discuss this problem with their own RDOs. The northern regional group made an offer to discuss this matter further at their next meeting which was to coincide with an RDOs at the same time. This matter could

be included in the agenda of other regional group meetings. RTDs elected to defer decision on this matter pending further discussion.

4. CHAIRMANSHIP OF WORKING PARTIES REPORTING TO RTD COMMITTEE

(a) Anti-D Administration. This had not met since the last directors' meeting. Dr. L. A. D. Tovey was preparing a paper on failures of anti-D prophylaxis programme, Sir Cyril Clarke's Committee has still not decided about its views regarding extension of the antenatal prophylaxis though it was pointed out that part of this indecision had been due to the views expressed at the last RTD meeting. Dr. Gunson pointed out that he wished to retire as chairman of this working party and proposed Dr. L. A. D. Tovey to succeed him. This proposal was accepted by RTDs. Dr. L.A.D.Tovey proposed Dr. Douglas Lee to join the Working Party as a new member and this was accepted.

(b) Machine Readable Labels. Dr. Gunson reported progress regarding the new blood pack labels. This recommended format was now acceptable to BP and Medicines Division. The matter of labels for various blood products will be resolved at a forthcoming meeting of the ISBTS in New York. Dr. Gunson also reported that the Working Party had frequently become involved with matters relating to computing. He suggested that a separate workshop on computer developments may be useful. After discussion RTDs agreed with this suggestion and that the chairman together with Mr. J. Dunleavy (Oxford BTS) be asked to organise this. In view of Dr. Gunson's retirement as Chairman of this Committee this would now be Dr. Wagstaff. The matter of membership of the Working Party on machine readable labels was discussed. It was felt that the present RTD and consultant medical staff membership should be quite adequate even after the resignation of Dr. Gunson (adequate in numbers).

(c) Single Pack Working Party. Dr. Lane reported that the Coagulation Laboratory would be commissioned this week and this would allow phasing in of the new single pack intake. Progress at this committee meeting was reported more fully in the minutes which had been circulated to RTDs during this meeting. In view of retirement new members were wanted for this Working Party. It was agreed that Dr. Entwistle would replace Dr. Bird and Dr. Harrison would replace Dr. Jenkins and Dr. Blagdon would be co-opted on to the Committee for assistance with regard to question and additive solutions.

(d) Working Party on Blood Preservation. Dr. Parry reported that three publications were in progress. These were concerned with in vitro studies on white cell filters, provision of Frozen Blood for Neonates and a letter to clarify confusion arising in some Regions between microaggregate filtration, white cell removal using microaggregate filters and white cell filtration. The Working Party had expressed a preference that the publications be produced under the auspices of the Working Party making reference to the centre at which the work had been performed. RTDs felt that it would be more acceptable and in keeping with past practice if the authorship consisted of the members of the Working Party.

(e) Dr. Darnborough and Dr. Entwistle were able to report that progress on the topics of donor recruitment and the update on a memorandum on the care and selection of donors was well underway.

5. HEPATITIS B POSITIVE PLASMA FOR HEPATITIS B VACCINE

Dr. Bird pointed out that the DHSS were looking to Wellcome for the production of such a vaccine and that Wellcome would be wanting to obtain their source materials from the transfusion service. Dr. Bird

who was retiring from the Hepatitis Advisory Group suggested that we should support this scheme and he was also a member of the PHLS Hepatitis Council, a body that met seldom. Dr. T. Wallington was proposed by Dr. Fraser to replace Dr. Bird and this was accepted by RTDs. Dr. Entwistle informed RTDs that MERCK may have a hepatitis B vaccine on trial and are awaiting licensing approval. This may be available in late 1982. During discussion of this topic, Dr. Entwistle mentioned a draft document concerned with vaccination for Health Service employees which briefly touched on the problem of hepatitis vaccination. It had served to heighten interest of Health Service employees including the ASTMS in the topic. Although the problem of hepatitis vaccination had been considered by the Central Advisory Committee this particular document in its draft form had not (RSL). Dr. Wagstaff pointed out that the Advisory Committee on Dangerous Pathogens was likely to reconsider recategorisation of hepatitis B at its meeting next October and that he hoped to be informed of this decision.

6. CHAIRMANSHIP OF WESTERN DIVISION

Dr. Bird reported that the Western Division had accepted Dr. Bird's nomination of Dr. Fraser to be the next chairman.

7. MEETING OF RTC ADMINISTRATORS

An explanatory meeting had been called by RTC administrators to discuss the need for regular meetings. There was definitely some value to be gained from such inter-centre discussions but RTDs generally agreed that these developments should be viewed with caution. The Eastern Division agreed to consider the problem of RTC administrators along the same lines as the Northern Group had agreed to discuss RDOs meeting. Dr. Rogers reminded RTDs of the importance of clarifying their attitudes to meetings of various professional groups with RTCs as a matter of some urgency.

8. ANTITETANUS IMMUNOGLOBULIN

Dr. Lane reminded RTDs that supplies of this were not in great abundance and that a future shortage would not be discounted. The problem was somewhat similar as regards supplies of hepatitis immunoglobulin and Dr. Lane would clarify the problem in writing to RTDs shortly. **

9. DEVELOPMENTS IN HEPATITIS TESTING AND THIRD REPORT OF HEPATITIS TESTING

Dr. L. A. D. Tovey reported his enquiries about the new British standard for hepatitis B. Dr. Lane had been asked and had admitted that the report concerning use of this material was a little premature. As yet no supplies of the standard were available for use. Dr. Tovey pointed out that the matter of adequate sensitivity levels was treated rather vaguely in the report. Dr. Lane offered the interpretation that this guidance was to indicate the RIA and ELISA tests with sensitivity levels in the order of 2BSI were acceptable but RPHA tests were definitely not.

10. HUMAN SERUM FOR BIOCHEMISTRY Q.C.

Dr. Lane issued lists received from the technical services manager which detailed the amounts of stock held from each RTC. These figures would be available to RTDs should they be required.

11. CONSULTANT ADVISOR TO DHSS

In view of Dr. G. H. Tovey's retirement, Dr. Gunson had been asked to fulfil this role. Dr. Gunson asked RTDs for their approval that a letter be written to Dr. Tovey expressing their thanks for all the work that he has put in in the two and a half years he has been consultant advisor, in particular noting his achievement in getting
** the Advisory Committee of the NBTS established. Dr. Wagstaff agreed to do this. Dr. Gunson went on to describe the changes that would take place with his appointment. Whereas former consultant advisors had spent considerable amount of time fulfilling this commitment and were based for much of the time at DHSS this was not to be the case for the future. Dr. Gunson would not have a base and secretarial support at DHSS . The new arrangements would be more in line with the various other consultant advisors in specialties to DHSS. Where statements had to be made on behalf of the DHSS this would be done by DHSS and not by the consultant advisor to the DHSS. Dr. Gunson expressed his willingness to attend any meetings of working parties or regional groups at which his contribution would be useful, he saw his role as reflecting the views of the RTDs and NBTS at large and communicating these to the DHSS where appropriate. Dr. Gunson pointed out that because of this new commitment he would have to resign as chairman of the Northern Division. Dr. Wagstaff had been elected to this position and RTDs agreed that the constitution be altered to allow Dr. Wagstaff to do this and to remain as RTD chairman of the RTD meetings.

12. UK NATIONAL EXTERNAL QUALITY ASSESSMENT SCHEME IN BLOOD GROUP SEROLOGY

The steering committee which advised Dr. Holburn in the management scheme felt that RTDs would be best placed to assist with the problem of persistently poor performers. Dr. Holburn had been asked to enquire of RTDs their feeling with regard to the extent of their responsibilities in this direction. RTDs generally felt that it has to be the responsibility of the haematologist to determine standards and safety in his own laboratory but RTDs fulfilled an important co-ordinating role and had a responsibility to point to areas of deficiency and to offer such assistance as may be required. The disappointing results that have been experienced so far following the introduction of quality control schemes was discussed. Although these schemes have been in operation in many regions with advice from the RTC offered in cases of poor performance the overall standards have improved very little. The only way in which this situation could be significantly rectified would be to close laboratories if their performance remained substandard. It was agreed that now the steering committee had agreed on a definition of poor performance this might serve to clarify or emphasise the position of the laboratories concerned. This might lead to an attempt to improve matters. The situation would be watched carefully over the next few months.

13. MRC TRIAL OF PPF

Dr. Cash co-ordinating a trial of PPF and crystalloids at selected centres in the UK which would require 9000 units of PPF over a two year period. In view of the qualitative difference between the PPF from Elstree and that from Scotland, the slightly more purified preparation from Elstree was preferred. Dr. Lane explained that he anticipated some delay in the introduction of this trial but he felt that this amount could be let out of the reserve stock which he was holding. Release of this was agreed by RTDs.

14. The next meeting was to be at Leeds on January 20th, 198~~1~~2