UKBTS/NIBSC LIAISON GROUP
BRIEFING NOTE OF MEETING AT COLINDALE **25 NOVEMBER 1992**

CIRCULATION: Prof J.D Cash
Dr R.J Perry
Dr W Wagstaff

1. Agenda and supporting papers are attached for reference.

2. **UPDATE ON REVISED GUIDELINES**

2.1 **General Information**

2.1.1 The final revised text was now with HMSO as hard copy and on disc.

2.1.2 As agreed at a previous meeting, the text had been prepared as a single volume with 3 sections. Consequently, chapters 1 and 2 have been input as a "preface" and are not repeated in each section.

2.1.3 It was envisaged that the document would be issued in 1993, in which case the guidelines would be dated 1993, not 1992.

2.1.4 Department of Health will bear printing costs (see 2.3)

2.1.5 Guidelines will be issued in ring binder format.

2.2 **Proof Reading**

2.2.1 It was hoped that galley proofs would be made available for examination/correction.

2.2.2 Proofs would be issued to Standing Committee Chairs who would be responsible for ensuring adequate proof reading within a strictly controlled timetable.

2.2.3 Major changes to text, unless of fundamental importance, should be avoided.

2.3 **Issues**

One copy will be issued free of charge to each hospital who participates in NEQAS for blood group serology. 10 - 12 copies will be issued to each RTC.
(How do we ensure HQ, PFC, NRU etc receive sufficient copies ?)

3.1 **FUTURE LIAISON/STRUCTURE**
(see paper A)

The following were will be:

3.1.1 The levels of organisation were:

- The Liaison Group dealing with policy and prioritisation
- The Executive Group dealing with operational matters, revisions
- The Standing Committees

3.1.2 The Liaison Group will meet annually
The Executive Group will meet six monthly
The Standing Committees would meet as required but probably quarterly.

3.1.3 The Liaison Group Membership will be:

- SNBTS - NMSD
- NIBSC - (Medical) Director
- NBTS/NBA - National Director / National Medical Director
- Wales BTS - Dr J.A.F. Napier
- PFC - Director
- BPL - Director
- Standing Committee Chairs (5)
- Dept of Health - MCA - Dr Kavanagh
  - Policy Division - Dr A Raymond

3.1.4 The Executive Group Membership will be:

- SNBTS - NMSD
- NBTS/NBA - National Director / National Medical Director
- NIBSC - (Medical) Director
- Standing Committee Chairs (5)
- Chairman of BCSH to be invited according to the agenda.

3.1.5 The following Standing Committees were agreed:

- Donors
- Blood Components
- Reagents
- Plasma for fractionation
- Transfusion transmitted diseases

It was proposed and agreed that the labels working party reports to the Standing Committee on Blood Components.

3.2 **GUIDELINES REVISION POLICY**

3.2.1 Revisions will be issued as replacement pages - to be identified with effective date. Where page numbering sequence is disrupted this will be resolved by retaining the same page number but with alpha characters attached eg page 62, 63a, 63b, 63c, 64 etc (or similar method).

3.2.2 Revisions to be issued at least annually; 6 monthly or shorter if appropriate. A listing of revisions will be issued annually *(shouldn't this also be publicised eg in Transfusion Medicine ?)*

3.2.3 There may be a requirement to issue a revised index page with each revision.

3.2.4 Revisions will be "official" from the date of issue. *(but how will this take account of the need to revise local SOPs ? - might be worthwhile planning effective date to take place say 4 - 6 weeks after issue)*

3.2.5 Unless the frequency or extent of changes identified require otherwise, the document will be revised every 5 years.

4. **STANDARDS**

4.1 It was agreed there was no need to form a Standing Committee/Working Party on Standards.

4.2 It was noted that a British Working Standard for Varicella Zester was now available.

4.3 NIBSC representatives asked for time to formulate the definitive names for "standards" eg some are "working standards" others are "reference reagents".

4.4 It was agreed that the provision of standards underpinned the philosophy of the guidelines.

4.5 NIBSC had been discussing with Department of Health how these Standards might be funded. The current approach is that funding is allocated from Department of Health to NIBSC. In future, Department of Health would like to see funds allocated to the NBA who would negotiate a service level agreement with NIBSC for the provision of standards. This model needs to be developed to establish how SNBTS, Wales and Northern Ireland would interact. In any event, NIBSC would much prefer to negotiate with a single organisation.

5. **AOCB**

The Reagents Standing Committee had inserted a 'disclaimer' clause in the introduction to their section. W.W would investigate whether this would have any legal status, if so it would be incorporated in chapter 1, if not it would be deleted from the document.

Note: Those items bracketed and shown in italics represent afterthoughts en route to Edinburgh. I have taken no further action than to copy this note to W.W.

UKBTS/NIBSC LIAISON COMMITTEE

11.00 am, 25 November 1992

at North London RTC, Colindale

A G E N D A

1.	Apologies.	
2.	Update on Revised Guidelines.	
3.	Future Liaison Structure and Guidelines revision policy.	Enc. A
4.	Standards.	Enc. B
5.	Involvement of national authorities.	
6.	Interaction with other specialist advisory bodies.	
7.	Any other business.	
8.	Date of next meeting.	

WW/CJS

PROPOSALS FOR THE STRUCTURE OF THE UKBTS/NIBSC LIAISON COMMITTEE

1. The UKBTS/NIBSC Liaison Committee (the core group) should continue to meet, representing the interests of:

   a) the Blood Transfusion Services of England, Scotland and Wales

   b) NIBSC

   c) the Procurement Directorate and Medicines Control Agency of DOH

   d) BPL Elstree

   e) PFC Edinburgh

2. It is proposed that an Executive Committee be formed, consisting of the 2 National Directors of the UK Transfusion Services, together with the Director of NIBSC and the Chairmen of all Standing Committees operating under the umbrella of the Liaison Committee.

3. The Standing Committees which began the first revision of the published Guidelines consisted of:

   a) Standing Committee on Donors

   b) Standing Committee on Blood Components

   c) Standing Committee on Reagents

   d) Standing Committee on Plasma for Fractionation

Following publication of the first edition of the Guidelines, the original Working Party on Microbiology, which was formed to advise the other working parties, was disbanded. However, since that time, the Advisory Committee on Transfusion Transmitted Diseases set up by the National Directorate of the NBTS has been expanded and now includes representatives from Scotland and from NIBSC. It has become de facto a Standing Committee on TTD and it is proposed that this Committee be brought into the UKBTS/NIBSC organisation.

Two working groups were formed during the initial phase of the Guidelines revision, these being a) the Working Group on Blood Donor Sessions and b) the Working Group on Apheresis Sessions, both of which report to the Standing Committee on Donors. During the deliberations of the Standing Group on Reagents, a need has been recognised for a further working group on reference materials. It is recommended that this group be formed, with appropriate representation from UKBTS and NIBSC.

Future Guideline Revisions

1. It is hoped that the second edition of the Guidelines will be in such a form as to enable updating to be carried out by the replacement of individual pages.

2. These changes will have their origins in recommendations coming from the Standing Committees, which will meet at appropriate intervals (? quarterly).

3. The recommendations for change put forward by the Standing Committees will be endorsed by the Executive Committee which will therefore meet on a six monthly basis. It is proposed that this endorsement be accepted as the final consultative step before printing and distribution of the changes to holders of the Guidelines, unless such changes would have a significant effect on national policy. In this instance it may be necessary to seek further endorsement from the Liaison Committee.

4. The UKBTS/NIBSC Liaison Committee itself should aim to meet annually to review approved and proposed changes to the Guidelines, and to co-ordinate the publication of new editions of the Guidelines at three yearly intervals.