EC 1/94

MEETING OF UKBTS/NIBSC EXECUTIVE COMMITTEE

Minutes of the first meeting, held at the West End Donor Centre, Margaret Street, London, on Monday 12 July 1993.

PRESENT

Dr W Wagstaff, Sheffield BTS (Chairman)
Dr T Barrowcliffe, NIBSC
Prof J D Cash, SNBTS
Dr M Contreras, North London BTS
Dr H H Gunson, National Blood Authority
Dr G Schild, NIBSC

1. APOLOGIES FOR ABSENCE

None were received. It was noted that Professor Cash would be arriving late, en route home from the USA.

2. NOTES OF UKBTS/NIBSC LIAISON GROUP MEETING

The notes of the meeting held on 25 November 1992 were accepted as a true record, with one correction. Item 3.1.3 of these notes refers to the "Director" of BPL. This term should be replaced with "Medical Director".

3. MATTERS ARISING

3.1 Revised Guidelines

It was noted that the second edition of the Guidelines had now been published. The Chairman agreed to write round to all RTCs in the UK, suggesting 6 weeks' lead time for alteration of SOPs before enforcement of any changes embodied in the second edition.

3.2 Standards

NIBSC are happy with the new name of "British Working Standard (BWS)" which will be the usual generic name applied to standards resulting from BTS/NIBSC liaison.

The new BWS for HBsAg, 0.5 iu/ml, is now in use and is currently free of charge. There is no current problem either with source material or with restrictions on distribution. The Executive wished to minute their thanks to NIBSC, and particularly to Dr Morag Ferguson, for the excellent work done in the production of this Standard, this being the first time nationally or internationally that a go/no-go standard has been produced which complies with guidelines. The Chairman undertook to write expressing these thanks to Dr Ferguson, with a copy to Dr Jeremy Metters of DoH. Thanks were also expressed for the financial support for the work involved in this Standard coming from CSA Scotland, and for the help received by all those RTCs involved in collaborative assays.

It was noted that work was being undertaken already in the production of British Working Standards for the following:

Anti-HIV
Anti-HCV
Anti-C3 for Tissue Typing of Class II antigens
Broad spectrum AHG for crossmatching
Anti-C3d

The Standard for Anti-D grouping reagent, was now ready, ampouled at NIBSC prior to release.

It was thought that work may need to be done in the future on a Working Standard for Anti-HBc, but the difficulties in agreement on candidate material were acknowledged.

With regard to funding of work on standards, NIBSC have started dialogue with the NBA, in anticipation of the transfer to NBA of the service level agreement presently held with the Department of Health. It was noted however that the NBA represents only England, some mechanism would have to be devised to include Scotland, Wales and Northern Ireland, all of whom contribute to NIBSC funds.

3.3 Disclaimer clause in Guidelines

Prior to publication of the second edition of the Guidelines, the Chairman had taken advice with regard to the need for a disclaimer, following which a suitable form of words (taken from the introduction to the section on reagents in the Guidelines) was included in the Preface.

3.4 Revision to the Guidelines

It was agreed that a list of agreed revisions be published in the journal, "Transfusion Medicine".

4. STANDING COMMITTEE ON SELECTION OF DONORS

The recommendations from the meeting of this Standing Committee, which had been incorporated in the new Guidelines, were tabled and noted.

It was noted that a working party under the Chairmanship of Dr Gunson was in the process of producing an A-Z type document on Medical Assessment of Donors, under the auspices of the NBA. Discussion centred on two aspects:

a) The content of such A-Z booklets vis-à-vis the section on Medical Acceptability of Donors in the full Guidelines.

b) The possibility of combining the two national documents, English and Scottish, into one UK A-Z type of booklet.

It was agreed that it would be impossible to reach a firm decision on these points until such time as the new document had been tried in the field. This in any case would give ample time for any agreed amendment to the format of the third edition of the Guidelines (4-5 years being the envisaged time between editions).

5. STANDING COMMITTEE ON COMPONENTS

No immediate changes to the Guidelines were proposed.

However, the Standing Committee has recommended the formation of a new Standing Committee on Information Technology, this being fully discussed and agreed by the Executive. The Executive also considered that this new Standing Committee should have two sub-groups/working parties, one dealing with labels, the other with barcoding. It was suggested that Dr Angela Robinson be approached regarding the Chair of the Standing Committee on Information Technology, the Chairman of the Executive being asked to take this in hand.

The SC on Components also felt that they could come to no firm conclusion at the moment regarding the procedures which involve holding blood at 22°C overnight after donation, but recommended that a careful watching brief be kept.

6. STANDING COMMITTEE ON REAGENTS

The current situation as regards standards is as described above.

The SC raised their concerns with regard to the liaison with European committees, dealing with both diagnostic and therapeutic elements of transfusion medicine/science. It was felt that generally, in the past, there had been little or no consultation with interested parties within the UK. It was assumed that, with regard to reagents, consultation if it existed would be through the DoH Medical Devices Directorate (David Kennedy being the contact point). However, Dr Schild agreed to approach Dr Gatovski of the Medical Devices Directorate for information on this point. It was also agreed that Dr Gunson, as Medical Director, NBA, would make an approach for better consultative procedures on EEC work, to the appropriate contact point within DoH.

It was pointed out that reagent testing, as part of the workup of standards etc, was time-consuming and relatively expensive at RTC level. At the present moment, these expenses are accepted as representing normal working practice by RTCs and RHAs, but assurance would be sought that this acceptance would also apply when the NBA had taken over managerial responsibility for RTCs in England. The Chairman agreed to write officially to the two National Medical Directors on this point.

With a view to the bringing in of "fresh blood" to the organization, Dr Contreras and Mr Martin Bruce have resigned from this Standing Committee. Dr Contreras proposed that Dr de Silva be appointed as the new Chairman of the Standing Committee, this being accepted by the Executive. Miss Diana Brazier and Mr John Allan would be invited to join the Standing Committee, which would have three sub-groups: a) HLA, b) Standards and c) New Technologies.

7. STANDING COMMITTEE ON PLASMA FOR FRACTIONATION

The minutes of the meeting of this SC held on 23 March 1993 were tabled. Some items for revision, within the Guidelines, had been raised, but were left for the next meeting of the SC to be held in September 1993.

This SC had also raised concerns with regard to consultation on the EEC front. Dr Barrowcliffe agreed to wait for the outcome of the approaches outlined in item 6 of the meeting.

8. CHANGES TO STANDING COMMITTEES

8.1 Titles

It was agreed that the Standing Committee for Reagents would in future be called "Standing Committee on Reagents for Immunohaematology and HLA Typing". The Standing Committee on Transfusion Transmitted Diseases, would be retitled "Standing Committee on Transfusion Transmitted Infections".

8.2 Composition

Changes already agreed to the composition of Standing Committees are as outlined above in these minutes, but are summarized in the attached family tree, with any further amendments which may have been agreed in post-meeting discussions.

9. WORKING GROUP ON I.T.

As outlined above, it was agreed that there would be a new Standing Committee on Information Technology.

10. LABORATORY TECHNOLOGY COMPANION

It had been suggested that methodology and employment of standards, as set out in the Guidelines, should be developed into a Laboratory Technology Companion, especially in the field of component production. There being no enthusiasm for this proposal, the idea was shelved.

11. STANDING COMMITTEE ON TRANSFUSION TRANSMITTED DISEASES - ELECTION OF CHAIRMAN

It was confirmed that this Standing Committee would in future be known as the SC on Transfusion Transmitted Infections, and would be firmly established as a UKBTS/NIBSC Liaison Standing Committee. Dr Gunson was of the opinion that he should not Chair the SC, since as Medical Director of NBA he might not be able to accept the advice coming from it. Following discussion with regard to possible Chairmanship, it was agreed that the Chairman of the Executive Committee should approach Dr Fereydoun Ala. At the meeting of the SC to be held two days following this meeting of the Executive, Dr Wagstaff would initially take the Chair, but would hand over to the new Chairman after matters arising had been covered.

12. ANY OTHER BUSINESS

The official acceptance of the Guidelines by national authorities was discussed. It was agreed that the Chairman of the Executive would write to appropriate individuals at the NBA, CSA Scotland, CSA Wales, and Northern Ireland Office, asking that formal acceptance of these Guidelines be given.

13. DATE, PLACE AND TIME OF NEXT MEETING

The date, place and time of the next meeting would be announced, probably in about six months' time.

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