Meeting details

Subject	**JPAC Board**
Date	Thursday 13 November 2025
Time	10:00 to 13:00
Location	Microsoft Teams

Attendees

JPAC Office			
Clare Denison	**CD**	Deputy Director, JPAC	
Peter Rae	**PR**	Scientific Publishing Manager, JPAC	(Minutes)
Stephen Thomas	**ST**	Professional Director, JPAC	(Chair)
Anna Witham	**AW**	Administrator, JPAC	
Executive Working Group			
Emyr Adlam	**EA**	Chair, SACIT	
Ryan Evans	**RE**	Chair, SACBC	
Dora Foukaneli	**DF**	Clinical Transfusion Medicine Specialist, JPAC	
Jayne Hughes	**JH**	Chair, SACCSD	
Ines Ushiro-Lumb	**IUL**	Chair, SACTTI	
Sharon Zahra	**SZ**	Member, SACCTP and SACT	(Deputising for Chair, SACCTP)
JPAC Board			
Neil Almond	**NA**	MHRA South Mimms Laboratories	
Richard Ballerand	**RB**	Lay representative, JPAC	
Lorna McLintock	**LM**	Medical Director, SNBTS	
Edwin Massey	**EMa**	Medical Director, WBS	
Gail Miflin	**GMi**	Chief Medical Officer, NHSBT	
Shruthi Narayan	**SN**	Medical Director, SHOT	(Observer)
David Olszowka	**DO**	Regulatory Governance Lead, MHRA	
Helen Percival	**HP**	Lay representative, JPAC	
Amy Shackell	**AS**	Regulation Manager, HTA	
Guests			
Charlotte Washington	**CW**	Deputy Chief Medical Officer, NHSBT	(Observer)

Apologies

Allameddine Allameddine	**AA**	Medical Director, NIBTS	
Kenny Douglas	**KD**	Chair, SACCTP	
Andrew Godfrey	**AG**	Medical Director, IBTS	(Observer)
Evelyn McLennan	**EMc**	Chair, UK Quality Managers Group	
Richard Lomas	**RL**	Chair, SACT	
Gary Mallinson	**GMa**	Scientific Lead for Safety Policy, JPAC/SaBTO	
Nicole Thornton	**NT**	Chair, SACIH	

Agenda items — Action

1. Welcome and apologies

ST welcomed attendees:

- **JH** attended as the new Chair of SACCSD
- **SZ** deputised for **KD**, Chair of SACCTP
- **CW** attended as an observer

Other attendees and apologies as noted.

2. Minutes, actions and workplan

2.1. Minutes of the JPAC Board meeting on 19 June 2025 (JPAC 25-55)

Approved for publication on the website. **PR**

2.2. Open actions (JPAC 25-56)

- **Position Statement on relationship between JPAC and SaBTO** (20.03.25, item 5.3a and 5.3b)

SaBTO has reviewed and approved the new Position Statement, which will be included in the induction pack for new SaBTO members. Included on this meeting's agenda for noting by JPAC Board (JPAC 25-87), the Position Statement will now be published on the JPAC website. Actions closed. **PR**

2.3. Summary of open workplan items (JPAC 25-57)

A number of open workplan items were scheduled for presentation at this meeting but were not submitted due to committee workloads and the prioritisation of other items. The JPAC Board gave its approval for these items to be rescoped to next year. The JPAC Office, in discussion with the SAC Chairs, will revise the timetable for submissions. **PR**

3. Standing Advisory Committee on Care and Selection of Donors (SACCSD)

3.1. Bleeding Disorders (JPAC 25-58)

SACCSD previously proposed the removal of the obligatory deferral of family members, carers and sexual partners of individuals treated with blood-derived coagulation factor concentrates (JPAC 25-05). The JPAC Board approved this change in principle on 14 March 2024 but requested additional information to clarify the original rationale for the deferral.

A review of archived donor selection guidelines has shown that the deferral has been in place since 1994, prior to the introduction of risk reduction measures for Variant Creutzfeldt-Jakob disease (vCJD). It was most likely introduced due to the high rates of blood-borne virus transmission in the 1980s and early 1990s. As donor screening and pathogen inactivation of plasma-derived coagulation factor concentrates used today has improved significantly, the JPAC Board was reassured that the deferral's removal was appropriate.

Approved for publication by the JPAC Board. **PR**

3.2. Testosterone Replacement Therapy (JPAC 25-59)

A key driver for this proposal was to provide donation session staff with guidance on assessing donors seeking to donate in order to prevent or manage a raised haematocrit arising as a side effect of testosterone therapy. Previous discussions with the British Society for Haematology (BSH) guideline writing group have clarified that therapeutic venesection is not considered an appropriate treatment. However, while the benefit of providing clear guidance to staff was appreciated by the JPAC Board, the rationale for deferring donors with a high haematocrit was challenged, given that blood donation is not understood to represent a medical risk to these individuals, and blood is in short supply. The proposal was not approved by the JPAC Board.

A follow-up meeting will be arranged between the Medical Directors of the four UK Services, **JH**, **DF** and Faye McCleery (SACCSD member and lead author) to further discuss the proposal. **ST**

3.3. Chapter 3.4: Informed consent (JPAC 25-60)

A proposal to update Red Book guidance on donor consent was welcomed by the JPAC Board. A suggestion was made to clarify staff responsibilities with regards to the Montgomery ruling, for which legal obligations may differ between the UK Services.

Pending this amendment, approved for publication by the JPAC Board. **PR**

4. Standing Advisory Committee on Blood Components (SACBC)

4.1. Phase 2 validation of dried plasma (JPAC 25-61)

The JPAC Board was asked to note an amended phase 2 clinical study design. Due to changes in the treatment of choice for cardiac surgery patients which make the original study design unviable, the phase 2 clinical study will instead include trauma patients. There were no objections.

4.2. Provisional specification: *Red Cells for Neonates and Infants, Washed, Leucocyte Depleted* (JPAC 25-62)

A provisional component specification has been prepared to support UK involvement in the WashT trial initiated by the University of Adelaide and the Australian Red Cross Lifeblood. It has been written to be consistent with existing specifications for washed adult red cells and standard neonatal red cells.

Approved for publication by the JPAC Board. **PR**

5. Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI)

5.1. Chapter 9.2: Microbiology screening (JPAC 25-63)

The existing table of screening tests for tissue and stem cell donors has been separated into individual tables specific to living tissue, deceased tissue and stem cell donors. Test requirement categories have also been revised and now include ‘Mandatory’, ‘Discretionary’, ‘Recommended’ and ‘Optional’.

While the individual tables of screening tests were noted as helpful, the JPAC Board agreed that further work was required to establish the rationale for each test requirement category. In particular, clarity is required as to whether ‘Mandatory’ refers to a test that is deemed necessary to ensure donor and recipient protection or a test that is a defined legal or regulatory requirement. The purpose of the

chapter was also discussed, as it is unclear whether it should state minimum requirements only or reflect current practice, which often exceeds the minimum requirements.

The revised chapter was not approved. A further review of the chapter will be discussed by SACTTI at its next meeting and resubmitted to the EWG and JPAC Board for approval at a later date. **IUL**

5.2. Usutu Virus (USUV)

A revised Risk Assessment and Position Statement were included for noting (JPAC 25-85 and 25-86). The JPAC Board was asked to note that as West Nile Virus (WNV) NAT assays target the sequence for a mutual antigenic complex, the assay shows intentional pan-sensitivity and will detect both WNV and USUV.

6. Standing Advisory Committee on Information Technology (SACIT)

6.1. Potential deprecation of Codabar format in barcode scanners (JPAC 25-64)

SACIT has been made aware that manufacturers of barcode scanners are intending to reduce the scope of supported symbologies, with the potential loss of Codabar functionality and concatenation currently in use within the UK Services. While there is currently no clear timeline, SACIT has recommended that each UK Service raise a risk on their organisational risk register. SACIT also recommends that the UK Services consider informing customer hospitals of the potential withdrawal of Codabar, explore options to manage scanner availability, and readdress the implementation of full face labelling.

The JPAC Board agreed that a recommendation should be made to the UK Forum to commission a short-life working group to coordinate a UK-wide response. **ST**

7. Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)

A summary report on SaBTO's activities to September 2025 was provided for information (JPAC 25-65).

8. Serious Hazards of Transfusion (SHOT)

The Annual Shot Report 2024 includes new SHOT Transfusion Safety Standards, produced in response to similar recurring themes in previous reports. The JPAC Board welcomed and endorsed the findings and recommendations of the report. Additionally, in collaboration with patient representatives and other key transfusion stakeholders, SHOT has led on the development of the MyTransfusion mobile app which provides transfusion information to recipients.

9. JPAC Office

9.1. Recruitment

JH has been appointed as the new Chair of SACCSD following an application and interview process. As former Deputy Chair, Jayne chaired SACCSD in an interim capacity following the previous Chair's resignation, ensuring the continuous and effective functioning of the committee.

The recruitment of a new Scientific Lead for Safety Policy (JPAC/SaBTO) is now underway to allow a period of transition ahead of the full retirement of **GMa** in March/April 2026.

A Regulatory Affairs Manager, funded by NIBTS, is also being recruited. Based within JPAC, this role will be primarily focused on the ongoing work with DHSC and others regarding the new EU SoHO Regulation and any impact on GB or NI and any necessary changes to UK legislation.

9.2. Website

Migration of content to the new website is now complete and will be reviewed to ensure its accuracy. User acceptance testing will then be carried out to formally validate the new website as part of the Change Control process.

The website is scheduled to launch in January 2026. A period of overlap between the existing website and the new website is being planned. During this time, any updates to the guidelines will be reflected on both websites. When the existing website is decommissioned, an automatic redirection will be put in place from the current URL (www.transfusionguidelines.org) to the new website (www.jpac.org.uk). As the long-term future of the current URL is uncertain, this redirection will not be permanent.

9.3. Government Internal Audit Agency (GIAA) audit of emerging infection surveillance processes

Two of the three recommendations of the recent GIAA audit have been addressed by the revised Position Statement included for noting (JPAC 25-73). These relate to communication between SACTTI and the NHSBT/UKHSA Epidemiology Team and established timescales for the completion of actions.

The third recommendation, to review options for additional support for the surveillance process, is to be addressed by 31 March 2026 and is currently being considered.

9.4. Review of the SoHO Regulation

The second stage of the DSHC work to consider the impact of the EU SoHO Regulation is due to begin shortly. This will include wider stakeholder engagement and will include JPAC as a key stakeholder.

9.5. Exercise Pegasus

JPAC actively participated in the recent DHSC pandemic preparedness exercise. In response to emerging information, updated Risk Assessments and Position Statements were developed and guideline updates were issued. The JPAC Pandemic Preparedness Plan was followed during the exercise and is now undergoing revision to reflect lessons learned. Thanks were recorded to all those who contributed.

10. Any other business

10.1. Changes to Tropical Viruses deferral criteria

SACCSD and SACTTI have previously discussed and approved the introduction of a seasonal risk for Tropical Viruses in the Geographical Disease Risk Index (GDRI). To allow its implementation to be beneficial for the coming year, the JPAC Board gave its approval for these changes to be progressed offline, via email circulation, rather than delay until the next JPAC Board meeting on 26 March 2026. Changes will include the introduction of seasonal Tropical Viruses risk for all European countries and clarification that all-year risk continues to apply to all other countries in the GDRI. **JH**

10.2. Carter review of pathology services

An independent UK-wide review of pathology services has been commissioned by the Institute of Biomedical Science (IBMS). The review aims to benchmark the performance of UK pathology services and make recommendations to support a sustainable, high-quality pathology service model.

ST will consider how JPAC might contribute to the Carter review. **ST**

11. Papers for noting

There were no objections to the papers included for noting (JPAC 25-66 to 25-87).

12. Dates of future meetings

EWG	Thursday 29 January 2026		
EWG	Thursday 26 February 2026	**JPAC Board**	Thursday 26 March 2026
EWG	Thursday 23 April 2026		
EWG	Thursday 21 May 2026	**JPAC Board**	Thursday 18 June 2026
EWG	Thursday 23 July 2026		
EWG	Thursday 22 October 2026	**JPAC Board**	Thursday 19 November 2026