Blood Consultative Committee Meeting

Minutes 5th February 2019

10SC Canary Wharf

1. Introductions and apologies for absence

   The meeting was opened, everyone was thanked for attending, new members were welcomed, and apologies were noted.

2. Approval of minutes of previous meeting held 6th February 2018

2.1 Matters arising from minutes:

- Item 3 – Perfusion of organs for transplantation – MHRA to liaise with HTA on traceability requirements, and send list of collated questions to NHSBT

  A general agreement was reached and was passed to NHSBT to review. JPAC will form a working group to address this issue.
- Item 4.1 – Collaborative working – MHRA to further explore links with UKAS

  MHRA met with UKAS in October 2018 to discuss information sharing. There was agreement to look at a confidence building phase, potentially including observed inspections. Some aspects of MHRAs regulatory work will not be feasible to share or transfer MHRA is also looking into performing a gap analysis between the standards. With MHRAs current Brexit workload, progress on these proposed actions had been delayed.
- Item 4.4 – Online blood forum for stakeholders: Review and future use – MHRA to consider potential input to forum or other communications from patient groups

  MHRA had reviewed this proposal. MHRA noted that the forum was set up as a tool to help those involved in blood component collection, processing, testing and distribution to comply with the EU Blood Directives, UK Statutory Instruments and good practice requirements. The forum aims to provide an opportunity for extended communication between peers and to allow users to put forward their comments and get "real-life" examples of ways in which they can manage robust quality procedures that ensure compliance and which dovetail with their own business needs and resources. MHRA was unable to identify a benefit to patient groups or members of the public from being actively invited to participate in the forum, and this position was put to the committee. It was also noted that the forum is publicly accessible and therefore members of the public or patient groups are already able to engage with the forum community if they wish to and would not be excluded from doing so.
- Item 4.6 – Process for committee members to submit agenda items for BCC – MHRA to implement a mechanism for reporting agenda items and communicate this to committee members.

  The email address bloodcc@mhra.gov.uk was set up following the previous meeting. Members should note that this address is only to be used for communication directly associated with the Blood Consultative Committee.

3. EU Exit update

   MHRA provided a summary of the Agency's preparations (relevant to the blood sector) for EU Exit. Preparations were focusing on a no-deal exit to ensure readiness for this possible outcome, although this focus did not indicate that a no-deal exit was more likely. Changes to blood regulation required for a no-deal exit are more straightforward than medicines, with the major change being from the operation of the Blood Safety and Quality Regulations on a national basis without interaction with the EU. MHRA had written to the four blood services to confirm that arrangements would be in place to support importation of blood components from the EU in the event of a no-deal exit.

   Members of the committee raised specific queries which were answered during the meeting.

4. Agenda items submitted by committee members

4.1 Proposal to hold workshops

A proposal was submitted that MHRA should host workshops to provide training and support to the sector. At this time, the work involved in delivering preparations for EU Exit and Operational Transformation means that resources are limited for other activities, however the proposal was noted as something that would be considered in the future. In the interim, the committee was reminded that the Haemovigilance Team Manager is available to deliver training on the regulatory process and quality requirements. To date 33 visits have been performed (section 5 contains additional details). MHRA encourages the sector to make best use of this available resource, including co-ordinating between sites and Trusts to organise joint training sessions.

4.2 Proposals to encourage participation of all members: 5-minute agenda slots, or 1-2 slides pre-submitted if not attending

A proposal was submitted that in order to encourage participation in the meeting, each representative should present a 5-minute slot (1-2 slides) about their organisation and the issues they have to see if there are trends and if other members can help to resolve them. This proposal was generally accepted by the committee and will be trialled for the next meeting.

4.3 Proposal for the blood forum to send a weekly newsletter to all subscribers and to have a documents repository

Use of the forum was discussed and whether these additional features could be added. The tool used to deliver the forum is an off-the-shelf package and therefore there may be limited opportunities to add features, however MHRA agrees to investigate what is possible and provide guidance on use of any additional features.

Action: MHRA to investigate whether there is existing unused functionality within the forum software to allow these features to be added, and if so to provide appropriate guidance.

4.4 Handling of whistle-blower information

The MHRA Intelligence Coordinator, provided a brief overview of the processes in place at the agency for dealing with external whistleblowing referrals. Information received by MHRA is reviewed through a defined assessment process which reviews the potential risks to quality, safety and the whistleblower themselves whilst maintaining the confidentiality of the whistleblower. Specific details of the process have not been included in the minutes of the meeting due to information governance restrictions on sharing of sensitive information.

5. <u>SABRE update</u>

MHRA provided a summary of SABRE reporting for 2018. This shows a slight increase in the total number of reports. There appears to be a reduction in the number of reaction reports, and an increase in event reports, however half of that increase is due to one hospital implementing strict zero-tolerance policies with respect to sample processing and component collection. Over 50% of all event reports are reported to be due to human errors, but it is likely that further investigation would uncover potential areas of improvement in the QMS.

MHRA also provided further details on the workshops held by the Haemovigilance Team Manager since March 2018.

Meeting type	**Number of visits**
HBB/ BE	16
RTC/Lab Managers/ TP meetings	11
Manufacturers (3x LIMS, 1x NWIS, 2x Temp Monitoring)	6
Total	33

Several common issues have been identified from these sessions

Common issues	**MHRA guidance**
Sites are taking a UKAS ISO 15189 approach to QMS management,	MHRA inspect against the GPG and sites must therefore ensure that their Blood Transfusion QMS complies with

especially if their lab has achieved or preparing for UKAS accreditation, instead of following the Good Practice Guide (GPG).	these guidelines. While there are similarities between the requirements of ISO 15189 and the GPG in some areas, compliance with ISO 15189 alone will not be sufficient for a site to demonstrate compliance with MHRA requirements.
Sites stating that in BT UKAS are contradicting MHRA in their QMS approach i.e. over reporting of incidents	These issues should be referred to the MHRA either through the Haemovigilance Team Manager and/or the GMP inspectors via gmpinspectorate@mhra.gov.uk
Concerns raised by sites that the Blood Compliance Report is confusing, with a need for a more detailed guide on how to complete it.	The BCR guidance document aims to provide sufficient instructions to support completion of the form without containing unnecessary details. MHRA periodically reviews and updates the guidance document in response to feedback, and where clarification is needed this can be requested from bcr@mhra.gov.uk As part of Good Practice obligations, sites should have appropriate systems and sufficient expertise to be able to provide the requested information.
Loss of experienced staff in Good Practice principles Lack of available capacity and knowledge to balance operational need with MHRA compliance. Lack of BT experienced BMS staff to fill vacant spaces	It is the responsibility of the sites executive management to ensure that the appropriately qualified and experienced staff are available to deliver the appropriate level of operational function within their blood transfusion departments. The relevant references within the GPG are, 1.2.2, 1.2.5, and 2.2. Sites are also responsible for ensuring that an effective capacity plan is put in place to demonstrate that the staffing level is enough to cover the workload including out-of-hours working and effective implementation of the quality management system. Where a shortfall is identified, senior management should act to ensure enough resource is available. Sites are encouraged to contact the Haemovigilance Team Manager directly for any questions that they have regarding Good Practice Principles or alternatively use the MHRA Forum to post their question and/or visit https://www.gov.uk/guidance/blood-authorisations-and-safety-reporting for relevant advice.

In summary, very positive feedback had been received about visits, including manufacturers. The role appears to manage the HBB and BE expectations of the MHRA and helps to provide appropriate strategies for helping HBBs and BEs to achieve compliance whilst avoiding any conflict of interests. It provides a helpful support service to HBBs and BEs for general enquiries and meets the needs of the ever-changing blood transfusion community with regards to new technologies, new practice guidelines and NHS Pathology transformation projects.

Sites are encouraged to contact the Haemovigilance Team Manager for any questions that they have regarding Good Practice Principles or alternatively use the MHRA Forum to post their question and/or visit https://www.gov.uk/guidance/blood-authorisations-and-safety-reporting for relevant advice.

6. BCR process update

There was a presentation of the Blood Compliance Report (BCR) process update. This included the changes made to the process for the 2018 submission, the outcome of the 2018 BCR assessment and a discussion of proposed changes to the BCR for the 2019 submission. The results from the hospital blood bank inspections

carried out in response to the 2018 BCR assessment were presented and compared to the outcome of the 2017/18 inspections. A summary of the common deficiency findings during the 2018/19 inspections were presented along with their Good Practice Guideline references.

7. Regulatory update

7.1 Review of the EU Blood Directives (EUBD) and EU Tissues and Cells Directives (EUTCD) which is due to report end 2019

A summary of responses has been published by the Commission in April this year and is available online: https://ec.europa.eu/health/sites/health/files/blood_tissues_organs/docs/2018_consultation_evaluationbtc_report_en.pdf

Ad-hoc meetings have been held with stakeholders (18) and minutes have been published. https://ec.europa.eu/health/blood_tissues_organs/events_en#anchor1

It was noted that there is no Mutual Recognition Agreement (MRA) for Blood.

A consultant, ICF Consulting, evaluated the blood and tissues legislation and has examined and extracted available evidence from 382 relevant data sources. Its final report was submitted to the Commission in September 2018 and is subject to peer review. The key findings are:

The recitals to Directives 2004/98/EC (and Directive 2002/98/EC) aim for high levels of human health protection, improved quality and safety, and self-sufficiency. However, there is evidence that the legislative provisions have not adapted to (or are adaptable to) or stayed up to date with the following:

- Scientific and technical developments
- Socio-demographic developments
- Epidemiological developments
- Clinical demand and practice
- Commercialisation
- Internationalisation

The Commission is still deciding whether to hold a meeting to disseminate its finding at a stakeholder event.

7.2 Joint action on regulatory controls for new blood components and new tissue components.

This is a three-year project initiated by the National Institute of Health in Italy. The key objective of the Joint Action 'facilitatinG the Authorisation of Preparation Processes for blood, tissues and cells' (GAPP) is to facilitate the development of a common and optimal approach to assess and authorise preparation processes in blood and tissues establishments for novel components.

16 EU Member States and 1 non-EU Member States are involved. There are 26 Partners and 14 collaborating partners. The objectives of the joint action are:

- Increasing consistency and efficacy of CAs regulatory activities through harmonisation of EU-level tools for authorisation procedures for preparation processes at blood and tissues establishments.
- Developing a concept model for a European Knowledge-sharing platform that can support CAs in the assessment and evaluation of novel preparation process of products.
- Establishing an international network of specifically trained assessor/inspectors that can support CAs in the assessment and evaluation of preparation processes of products.

The core work packages are:

- WP5 Development of Overall Guidance on organization of PPA system
- WP6 Technical Annex 1 on authorization changes in donation, procurement and collection, processing, preservation, storage and distribution (including labelling and package inserts)
- WP7 Technical Annex 2 on assessing the quality and safety of donor testing, microbial inactivation and sterilization steps as part of PPA
- WP8 Technical Annex 3 on overall guidance: assessing clinical data as part of PPA authorization
- WP9 Knowledge sharing on PPA between EU CAs
- WP10 Training courses and manual for training

It is about what decisions are made and how, and visibility of decisions, rather like the work of JPAC.

MHRA together with its collaborating partners (JPAC and NHSBT) will be helping with WP6,

There will be two subgroups for the work package, one on defining the critical characteristics for each category of blood component, tissue or cell type and one on providing guidance on the assessment of

validations to prove achievement of the critical characteristics for each category of Substances of Human Origin (SoHO).
MHRA will lead for blood. To a large extent Chapter 8: 'Evaluation of novel blood components, production processes and blood packs: generic protocols of Guidelines for blood transfusion Services' should hopefully be very useful.
Both MHRA and its collaborating partner JPAC attended the kick-off meeting held at the offices of The National Institute of Health in Rome, in June last year where each work package leader gave a presentation on their part of the work to be conducted.
MHRA and JPAC also attending the first technical meeting in Paris in September 2018 hosted at the offices of the Agence de la biomédecine which has the overall WP6 lead.
The first technical meeting for WP6 is to be held in MHRA offices in this month. The meeting will focus on defining the critical characteristics for each category of blood component, tissue or cell type.

7.3 VISTART programme (including CESIP) and expert subgroup on inspections

7.3.1 VISTART (Vistart, Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation) is an EU Joint Action to promote and facilitate harmonisation of inspection, authorisation and vigilance systems for blood, tissues and cells. It also aims to increase collaboration between member states and confidence in each other's inspection and vigilance programmes. It is set up as a series of 10 work packages such as Inspection Guidelines, Training, joint inspections and an audit system.

7.3.2 CESIP (Common European SoHO Inspection Programme), as referred to above is a work package (number 10) within Vistart. It aims to set up an audit system of member state inspection system and in order to verify equivalence of inspection systems in this area. This system is equivalent to the Joint Audit Programme for medicines GMP inspectorate audits and a link has been established between these programmes.

7.3.3 Expert Sub-Group on Inspections in the Blood and Tissues and Cells Sectors. This was established in 2018 and its main aim is to provide technical expertise and provide advice and comment to the European Commission's services on inspections and inspection systems. The group will review existing guidance, revise these where necessary, develop training materials, coordinate inspection related activities between member states.

8. A.O.B

8.1 DHSC advised that No deal EU exit blood regulations have been approved and will come into force on exit day.

8.2 A committee member commented that the MHRA Inspectorate Blog provides good useful information.

8.3 A committee member asked if MHRA Inspectors could respond to more queries on the forum. The committee was reminded that the primary purpose of the forum is to facilitate discussion within the sector and whilst MHRA Inspectors do periodically visit the forum, for specific queries these should be directed to gmpinspectorate@mhra.gov.uk.

8.4 A committee member asked if changes in site management should be reported to MHRA and if so how and when. MHRA confirmed that for HBBs there is no obligation to report proactively, however an email can be sent to gmpinspectorate@mhra.gov.uk if preferred. The obligation on HBBs is to report up to date information about responsible staff on the BCR form each year. For sites holding a blood establishment authorisation (BEA), changes to personnel named on the authorisation will result in a variation to the BEA. Guidance is provided at https://www.gov.uk/guidance/blood-authorisations-and-safety-reporting#blood-establishments-bes.