



CANADIAN BLOOD SERVICES SOCIÉTÉ CANADIENNE DU SANG

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SUMMARY notes of the meeting of the National Liaison Committee (NLC) held at the Crown Plaza Hotel, Richeleau Room, on Monday, June 7, 2004, from 8:00 a.m. to 6:00 p.m. EST.

PRESENT:

Ms. Eleanor Holmgren	Canadian Association of Transplantation
Mr. Howard Waldner	Canadian Healthcare Association
S/Sgt Larry Misner	Bruce Denniston Bone Marrow Society
Ms. Kate Gagliardi	Canadian Society for Transfusion Medicine
Ms. Wendy Chaulk	Candlelighters Childhood Cancer Foundation
Mr. John Maiorano	Thalassemia Foundation of Canada
Ms. Lorna Stevens	Neutropenia Support Association
Ms. Nikki Roy	Physicians & Nurses for Blood Conservation Inc.
Mr. François Perron	Canadian Society of Clinical Perfusion
Mr. Bill Mindell	Canadian Hemophilia Society
Ms. Sheila Rivest	Aplastic Anemia & Myelodysplasia Assoc. of Canada
Ms. Tokie Onoda	CLC Calgary
Mr. Gord Hickman	CLC Halifax
Mr. Morley Reid	CLC- St. John's
Ms. Kathie Leigh	CLC – London
Mr. Chad Milford	CLC – Vancouver
Mr. Jay MacLeod	CLC- Winnipeg

OBSERVING:

Mr. Ian Mumford	Canadian Blood Services
Ms. Jennifer Spencer	Canadian Blood Services
Ms. Lorna Tessier	Canadian Blood Services
Ms. Jennifer McEvoy	Canadian Blood Services
Ms. PJ Vankoughnett-Olson	Canadian Blood Services

REGRETS:

Dr. Anargyros Xenocostas	Canadian Blood & Marrow Transplant Group
Mr. James Davies	Arthritis Society of Canada
Dr. Davy Cheng	Canadian Cardiovascular Society
Ms. Elizabeth Tough	Canadian Immunodeficiencies Patient Organization

Dr. Robin Moore-Orr Anemia Institute

CO-CHAIRS:

Ms. Adélaïde LaPlante Canadian Blood Services
Board of Directors
Mr. James Kreppner Canadian Blood Services
Board of Directors

FACILITATORS: The Syntegrity Group

Introduction of participants

The co-chairs welcomed all participants to the meeting and turned the meeting over to the Syntegrity Group who structured and facilitated day one of the NLC meeting.

The Syntegrity Group

NLC members were asked to focus on the question, **“Do you think that the five-year Plasma Protein Product Strategic Plan ensures Canada will have access to a safe, secure and cost-effective supply of plasma protein products, and what advice can you offer as we go forward with this strategy?”**

The Plasma Protein Product Strategic Plan was broken down into six sub-topic discussions. The topics included Product Selection; Utilization; Canadian Sufficiency; Collections; Manufacturing, Inventory Management and Distribution. Throughout the day, the Committee members separated into two breakout groups to discuss each topic, raise issues and agree upon statements that reflected their views. In addition, all members participated in a closing plenary session that provided them with a final opportunity to provide advice to the Canadian Blood Services Board of Directors.

Member Feedback

The NLC supported the overall Plasma Protein Product Strategic Plan and appreciated the opportunity to provide detailed feedback. The feedback will be presented to the Canadian Blood Services Board of Directors for consideration in the revision of the Plasma Protein Product Strategic Plan.

Summary of NLC Comments:

A full report of the feedback is to be provided to the Board of Directors. Highlights are as follows:

Product Selection

Key Points: The NLC is supportive of this strategic direction. The committee states that it is important to clearly define stakeholder groups and to keep them informed and involved in product selection.

Recommendation: Greater detail regarding the mechanism for selecting new products is suggested as well as involving stakeholder groups in product listing and de-listing. Including the definition and criteria for selecting a stakeholder group to participate in a product review is recommended. CBS should play a strong role in the selection of new product categories.

Utilization

Key Points: The NLC is supportive of this strategic direction. The committee emphasizes that CBS has an important role in ensuring product utilization data it intends to publish reaches the target audiences in the healthcare system.

Recommendation: The focus should be optimal usage and consider the donor perspective. Pharmacoeconomic analyses should be developed to demonstrate the overall cost benefit of these products to the healthcare system as opposed to just measuring it. CBS should continue to research best practices in utilization and to play a role in informing and educating key stakeholders.

Canadian Sufficiency

Key Points: The NLC is supportive of this strategic direction. The committee agreed that the sale of Canadian plasma should not be pursued at this time.

Recommendation: Careful deliberation should be undertaken on the issue of polling donors on the concept of selling Canadian plasma if it is not being contemplated. The degree of reliance on U.S. commercial product should be communicated to the public. CBS should maintain a clear understanding of global product diversity to enable securing products in as diversified a manner as possible.

Collections

Key Points: The NLC agrees with the framework for this strategic direction however believes that achieving the levels of 60,000 additional litres of plasma is challenging.

Recommendation: The collections plan should be well researched and involve stakeholder consultation. A contingency plan, such as a longer timeframe, should be considered and the impact on whole blood collections should be closely monitored. CLCs can offer input in this area.

Manufacturing

Key Points: The NLC supports this strategic direction and agrees that Canada should not pursue a domestic fractionation plant at this time.

Recommendation: The committee supports diversification of vendors to ensure adequate products at a reasonable cost. Should CBS move to redirect surplus proteins for humanitarian use, on a cost-neutral basis, it could have a negative impact on donors and must be carefully communicated. Health Canada should be encouraged to harmonize its regulatory standards to facilitate greater product diversity.

Inventory Management and Distribution

Key Points: The NLC is overall supportive of this strategic direction.

Recommendation: CBS should continue to consult with hospitals and develop a mechanism to mitigate the risk of low supply due to sudden or unplanned events. The review of target inventory levels could be undertaken more frequently than every three years. When assessing alternative distribution models, comparisons with other countries of similar geographies should be included.

The Co-chairs thanked everyone for their participation.

Meeting adjourned at 6:00 pm.