PGaPAC and HTA Meeting held on 12th October 2010 11.00 am at University College London

Present:

W. Birch, C. Birkett, C. Davies, S.Franey, S.Gaze (Chairman) D.Heylings, S.Standring, A.Whitaker

1. The Chairman welcomed everyone to the meeting and asked that everyone introduced themselves.
SG apologised for not arranging meetings as frequently as had been previously agreed in 2008.

2. CB informed the meeting that he does not yet know what the final arrangements will be regarding the future of the HTA. Regulatory functions will still be required to continue, however this will not be carried out by the HTA. The Department of Health is currently reviewing all options, CB will be working with them to determine what the possibilities are regarding Anatomy, which was not specifically mentioned in the white paper. CB informed the meeting that one option was to keep the HTA together as a unit, but placing it under a different regulatory body's control.

CD suggested that simply moving the HTA en bloc to another regulator would not result in any cost saving. CB replied that it was hoped that efficiencies would be made from sharing resources.

SS asked what the timescale was.
CB replied that the Academy of Medical Sciences' (AMS) review of medical research regulation was due to be presented inNovember, however, he thought that January would be more likely. According to the indicative timelines set out in the ALB White Paper, the HTA will cease to exist by April 2013.

DH asked how the new scheme would be regulated and that having one person who knew the whole sector including the relevant regulatory factors would be a good idea.
SS asked about the possibility of self regulation.
CB replied that there were no fully formed plans as yet; however he would welcome any comments from us.
SG stated that PGaPAC should have some part to play in the new structure due to the wealth of experience in and around what we do. This was agreed by SS who stressed the importance of the tripartite meetings and the development of the Bequeathal Secretaries network, in order to share best practice.

DH thanked CB for the recent rebate. This was echoed by the rest of the meeting.

3. SG asked CB what the HTA's views were about the proposed DI/PD network.
CB replied that he thought it seemed a good idea; however the HTA would not be able to "endorse" it, as such.

SG asked if we (the PGaPAC) would be able to help with official inspections.

CB replied that he could only see this working in the form of specialist advisors and that they were used but only really in very technical areas. SG stressed that the network could provide professional input and assistance.

DH asked if we would be able to link the DI/PDnetwork with self regulation.
CB replied that the HTA was present in order to make sure institutions were compliant and did not break any laws. He added that he would not rule out taking someone from the network with him on an inspection, and that he would contact PGaPAC for advice.
SG asked CB whether he would be willing to send out a letter on our behalf to the DIs and PDs informing them of the proposed network. CB said that he would prefer to give SG a list of email addresses rather than send out the letter himself. CB suggested to SG that the DIs would be in the best position to cascade information to relevant PDs. SG stated that we would try and set up the DI/PD network as soon as possible. CB added that it was a requirement in the human application sector that there is an independent external audit every two years. However, such an audit was not required for the Anatomy Sector by the HT Act and he could not be directly involved with it, although he thought it was a good idea.

4. CB clarified the wording of consent. Prior to the current act we were able to accept donors for 'medical research', however, now we are unable to do so (except Bristol who accept bodies solely for research). In order to accept a donor for anatomical examination, the words 'anatomical examination' must be included in the donor's will. SG added that this point had also been raised at the Bequeathal Officers meeting, due to the large number of donors who could not be accepted. SG added that this had the result of making the HTA look as if they were responsible for non-acceptance of prospective donors, because relatives believe it is the HTA who is preventing the acceptance of such donors. CB suggested that we write to the Law Society to improve the wording of wills. SS added that the banks and GPs should also be contacted and suggested that the Royal College of GPs be contacted to add this information to their next newsletter. SG suggested that we also write to the Royal College of Pathologists
DH asked whether such advice could be put on the HTA website, along with the suggested wording. CB added that this information was available in the FAQ section; however, he will review the website.
DH suggested that a letter be sent to all DIs informing them of the exact wording that is required. CB said that he would arrange a reminder to be put in to the next HTA newsletter and suggested that we each check our consent forms to make sure they are clear about the required wording.

CD asked for a contact person at the Department of Health who we could contact regarding adding full body donation to the organ donor register.
CB was unable to supply a name, but will look into it.

5. CB was unsure of the state of the medical examiners scheme. WB had contacted her local coroner's officers who had informed her that due to funding matters it was extremely unlikely that this scheme would happen. CB stated that this second step to confirm cause of death was to avoid the reoccurrence of Harold Shipman type cases. Sheffield had run it as a pilot scheme, and there did not seem to be any delay in registration.

CD asked why it was possible for certain religious groups such as Muslims to get a death registered in 24 hours, but not our Bequest Co-ordinators.
CB said that the Ministry of Justice and the Department of Health were responsible for this and said that he would try to identify someone for the PGaPAC to contact to discuss further.
CB presented a document from the Department of Health's website on improving the process of death certification: in England and Wales, this document does not refer to anatomical donation.

6. CB reiterated a point from the earlier focus meeting that bones can be held without a licence as long as they are not used for a scheduled purpose. No licence is required for bones over 100 years old, although it is often difficult to ascertain an exact age of such bones.

7. CB stated that he felt the Bequeathal Officers meeting was a good idea. The point raised at the meeting regarding urgent inquiries was discussed. Officers should first contact their DI, who is responsible for the acceptance of cadavers. If the DI is unable to help then Officers should contact the HTA stating that they are Bequeathal Officers and their query is urgent, and that it is possible a donor could be lost if the query is not dealt with immediately. DH added that the idea of the Bequeathal Officers' network was to help filter out these queries which should only be forwarded to the HTA if left unanswered. CB stated that Bequeathal Officers should only contact the HTA in exceptional cases as the DI is their first port of call. WB is to put this information on the Bequeathal Officers' forum. CB is to make his staff aware that urgent calls should be treated as such.

SG informed CB of the joint letter to the HSC regarding formaldehyde monitoring. SG is to keep CB informed of the outcome of this.

SG closed the meeting. CB expressed his thanks and stated that he found the meeting very helpful.

Meeting closed at 12.00am