

Minutes of the National Blood Transfusion Committee

19th September 2016

Rooms on Regents Park, Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London, NW1 4RG

Present:

Dr J Wallis	JW	Chair
Dr K Pendry	KP	Secretary
Dr S Allard	SA	Royal College of Pathologists
Dr C Baker	CB	Patient Involvement Working Group
Mr S Basse	SB	Transfusion Laboratory Managers Working Group
Dr A Benton	AB	Blood Implementation Group, Wales
Dr P Bolton-Maggs	PB-M	Serious Hazards of Transfusion
Dr C Carroll	CC	North West RTC
Dr J Cort	JC	East Midlands RTC
Dr A Dodds	AD	North East RTC
Mr G Donald	GD	Patient Representative
Mr C Elliott	CE	Institute of Biomedical Science
Mrs S Harle-Stephens	SHS	British Blood Transfusion Society, Plymouth
Dr J Graves	JG	Infectious Disease and Environmental Hazards Department of Health
Ms G Gray	GG	Royal College of Obstetricians and Gynaecologists
Ms K Hearnshaw	KH	Patient Representative
Mr A Jackson	AJ	British Blood Transfusion Society
Dr N Jones	NJ	East of England, RTC
Dr P Kelly	PK	London RTC
Mr S Khan	SK	Intensive Care Society
Mr P Lidstone	PL	Director of Blood Manufacturing and Logistics, NHSBT
Dr S Mallett	SM	Royal College of Anaesthetists
Dr G Mifflin	GM	Medical and Research Director (NHSBT)
Dr A Morrison	AM	Scottish Clinical Transfusion Advisory Committee
Dr C Newson	CN	West Midlands RTC
Mr J Reid	JR	Royal College of Physicians
Mr C Robbie	CR	Principal Haemovigilance Specialist, MHRA
Ms M Sekhar	MS	British Society of Haematology
Dr N Sargent	NS	South Central RTC
Ms L Sherliker	LS	National Lead: PBM Team
Dr Y Sorour	YS	Chair of RTC Chairs & Yorkshire & The Humber RTC
Mr J Thompson	JT	Royal College of Surgeons
Dr H Wakeling	HW	South East Coast RTC
Dr S Wexler	SW	South West RTC
Dr H Williams	HW	NHSBT Director of Diagnostic and Therapeutic Services (NHSBT)

In attendance:

Mrs C Bernstrom	CBe	EA to NBTC
Ms E Carpenter	EC	PBM Practitioner attending as an observer.
Dr A Hunter	AH	Frozen Component Product Manager (NHSBT)
Mr C Philips	CP	Head of Hospital Customer Service (NHSBT)
Dr S Trompeter	ST	Consultant Haematologist and Paediatric Haematologist – NHSBT / UCL NHS Foundation Trust

Apologies:

Mrs T Allen	TA	NHSBT Assistant Director Customer Services
Mr A Cope	AC	Royal College of Emergency Medicine
Dr C Costello	CC	NHSBT Non-Executive Director
Ms R Gallagher	RGa	Royal College of Nursing
Dr L Green	LG	Blood Components Working Group
Ms M Jokinen	MJ	Royal College of Midwives
Prof S Hill	SH	Chief Scientific Officer, NHS England
Dr S Morley	SM	Royal College of Paediatrics and Child Health
Mr S Penny	SP	Assistant Director National Operations Blood

21/16	Welcome and Apologies	
	Noted.	
22/16	Minutes of the meeting of the full Committee held on 14th March 2016.	
	Agreed as a true record.	
04/16	<u>Annual Report 2015/2016</u>	
	Final version will be posted on JPAC website	
23/16	Regional Transfusion Committee (RTC) Chairs	
	The key highlights from the morning meeting of RTC Chairs were presented by Youssef Sorour The RTC Chairs approved of the new shorter format and welcomed the idea of holding a workshop on a topic before the NBTC in future	
	The general constraints and concerns felt nationally were mainly associated with staff shortages and low morale.	
24/16	NBTC Workplan 2016/17	
	KP gave overview highlighting the objectives:	
	1. PBM/NICE guidelines	
	2. Work with NCA to further improve the better use of blood transfusion.	
	3. Develop dashboard/benchmarking for PBM in absence of HSCIC big data solution.	
	4. Continued support of education and training for all aspects of blood transfusion.	
	5. Establish workable forms of consent for transfusion.	
	6. Promote patient and public involvement in PBM.	
	7. Improve component range and specifications	
	8. Support NHSBT in implementation of blood component specific projects.	
	9. To support Transfusion Laboratory service delivery following UK TLC report 2016.	

25/16	Minutes of the meeting of the Executive Working Group held on 20th June 2016
	The minutes of the meeting held on 20 June 2016 were agreed as a true record.
26/16	National Comparative Audit of Blood Transfusion Programme
	KP gave overview of update provided by John Grant-Casey.
	Current and recently reported audits
	<ul style="list-style-type: none"> o 2014 audit of transfusion in children and adults with Sickle Cell Disease o 2015 Audit of Patient Blood Management in adults undergoing scheduled surgery to be repeated Autumn 2016 o 2015 audit of the use of blood in patients with lower GI bleeding o 2016 Audit of red cell and platelet transfusion in adult haematology patients to be repeated 2017 o 2016 Audit of Red Cell Transfusion in Hospices
	Future audit topics
	The following audits are being planned to be offered during later 2016 and through 2017:
	<ul style="list-style-type: none"> • Audit of Transfusion Associated Circulatory Overload • Audit of blood sampling and labelling, collection of blood from blood bank and administration to the patient (known as the Vein to Vein [V2V] audit • Audit of the use of FFP in children and neonates • Re-audit of blood use in upper GI bleeding
	Timescales for these audits are TBC.
	AFFINITIE
	The AFFINITIE team is surveying some sites to ascertain how they are using the audit reports and are conducting other work relevant to the trial.
	<u>Sickle Cell Audit – presented by Sara Trompeter</u>
	A summary of the audit results will be shared with NBTC members; RTC Chairs are asked to highlight the key points from the audit at their RTC business meetings. The audit has demonstrated the need for improvement in the quality and delivery of transfusion management in patients with sickle cell disease
27/16	Update on National Commissioning proposals
	Discussion of NCG proposals was led by HW and JW.
	NHSBT's pricing intentions have been presented to the Department of Health and hospital stakeholders via the National Commissioning Group (NCG) process. Since the end of 2011/12, NHSBT has seen a 20% reduction in the demand for blood and within this time the price of blood has fallen from £124 to £120. NHSBT has invested in PBM programmes to influence appropriate use of blood which contributed to decline in blood use. There is growing pressure on universal blood components such as O neg red cells and A neg platelets. In

	addition, NHSBT needs to replace the IT infrastructure that underpins the blood supply chain
	HW said the consultation had gone out to 116 trusts and received a 70% response rate on the range of proposals; 95% negative, 4% positive and 1% neutral feedback. Feedback was driven by cost-related concerns, especially increased cost of O neg red cells, A neg platelets, and the collect charge (charge made by NHSBT for Trusts to collect blood components from the blood centre). The survey response was reflected at the meeting by feedback from the RTC Chairs. There was concern about the collect charge, particularly with reorganisation of the Leeds / Sheffield Centres.
	The suggestion to introduce differential pricing for O neg red cells initially came from hospital representatives on the NCG. As the universal surcharge on O neg has proved so unpopular, NHSBT will be working on further proposals to be presented to the NCG next year which will involve a more sophisticated differential charging system based on levels of inappropriate ordering. A similar approach to A Neg platelet orders will also be developed. This approach was supported by the majority of the membership. In the meantime, a small increase in the cost of all red cells will be put to the NCG in November to cover NHSBT cost pressures.
28/16	Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)
	Jonathan Graves noted that SaBTO would be meeting again in November to review HEV screening of blood components (universal vs. screening of blood for an extended group of patients). SaBTO would also be providing advice on HEV testing for transplant donors and patients.
	In preparation for the Nov meeting, a survey of impact of implementation of HEV screening on hospitals has been undertaken by JW/SB in order to estimate the hidden and actual costs involved including the impact on increasing wastage of blood components.
	4 deaths have been noted due to HEV though we do not know whether transmission in these cases was from diet or transfusion. SHOT had recorded one case of HEV infection in 2016 in a patient who should have received HEV screened components and in which the patient made a full recovery.
29/16	Serious Hazards of Transfusion (SHOT)
	SHOT Report and Symposium. The SHOT Report for incidents reported in 2015 was published on July 7th at the SHOT symposium in Manchester. The presentations from the symposium can be viewed on the SHOT website (www.shotuk.org).
	The largest professional group attending was TPs 39.8%, with scientists 29.2% and other 31.0%.
	Two main recommendations made in the SHOT Report:
	<ol style="list-style-type: none"> 1. To use a checklist at the bedside to ensure correct patient ID, component and specific requirements 2. To use a TACO (Transfusion-associated circulatory overload) checklist prior to transfusion to assess risk
30/16	NBTC Working Groups (3 key points from each group– 5 mins max)

	<u>Patient Involvement Working Group report (Dr Charlie Baker)</u>
	<ol style="list-style-type: none"> 1. Further develop information on blood transfusion for patients and the public 2. Ensure patient information leaflets (PILs) are relevant and up to date 3. Promote transfusion awareness in collaboration with specialist societies and groups 4. Provide support to other organisations 5. Promote implementation of SaBTO guidance on consent
	<u>Patient Blood Management Working Group (Ms Louise Sherliker)</u>
	LS gave overview of projects:
	<ol style="list-style-type: none"> 1. Single Unit Transfusion. 2. Iatrogenic Anaemia. 3. IDA Anaemia in Primary Care. 4. NW Pre op Anaemia 5. PBM in Obstetrics 6. O D Neg Campaign 7. National Platelet Action Group 8. Blood Choices App 9. Transfusion Informatics
	<u>Proposal for new Anaemia Management working group (Dr Kate Pendry)</u>
	KP gave overview of background of the group.
	One of the key pillars of PBM is the timely recognition, investigation and management of anaemia. The 2011 NCA of transfusion in medical patients highlighted the fact that many patients with reversible anaemia (mainly due to iron deficiency) were being transfused unnecessarily but were also not being investigated adequately.
	Proposal - to develop an anaemia working group as a subgroup of the NBTC to drive the improvement programme of anaemia management. The group would work with key stakeholders including perhaps all key pharmaceutical companies involved in anaemia management. The aim would be to drive the agenda for PBM through the NBTC rather than allow this to be driven by an industry sponsored programme.
	There was agreement that such a group should be formed and KP will arrange the first meeting to be held late 2016
	<u>Education Working Group (Dr Shubha Allard) – reviewing courses -</u>
	Projects completed since last NBTC:
	Membership expanded to ensure a mix of NHSBT and hospital based consultants, PBMPs, TPs and Laboratory Reps.
	Membership of and participation in BSH Education committee activities. The committee has run successful education days on haematology for undergrads and junior doctors and education days for new haematology SpRs with transfusion topics included.

	Ongoing evaluation of NHSBT courses for haematology trainees. Dates have been advertised to March 2017.
	Projects in Progress:
	PBM Smartphone App: a medical device to support decision making around anaemia management and use of red cells in non bleeding adult patients based on NICE and BSH guidelines: The App is currently being built. Quality Dept to sign off testing protocol. Evaluation with pre and post App decision making and usability amongst senior doctors and then pilot amongst foundation doctors.
	Haematology SpR course review group: Consultant and NHSBT representation from all areas with trainee input from hospital based SpR.
	Non-medical authorisation course: Explore the feasibility of collaborating with NHSBT workforce development (OWD) on the administration of the non-medical authorisation course and centralising this work.
	Future Projects:
	Transfusion Education Initiative: pilot course aiming to improve transfusion training of F1 and F2 doctors using Team Based Learning and social media to enhance participation and maximise learning opportunities, as well as generate some enthusiasm for transfusion medicine. Planning two single day events, with online tutorials using social media and interactive lectures. Participants will be encouraged to undertake a transfusion-related Quality Improvement Programme within own Trust.
	Contribute to development of NHSBT International framework for medical trainees working with RCP Medical training initiative.
	Develop programme for education days for TPs, Midwives and specialist nursing groups as demand dictates. Contact and build relationships with the NMC, NHS England, RCM, RCN and College of ODP's to assist in the promotion of transfusion education and explore ways of working with Universities
	<ul style="list-style-type: none"> • Student Nursing Societies. • RCN Student Committee. • Facilitate further event similar to that held in Northumbria University • Investigate feasibility of student nurse placements. • Promote educational resources and PILs via exhibition stands
	Support work being done by UK cell salvage action group (UKCSAG) to establish electronic training resources on BBTS website using funding originally set aside for UKCS Database.
	<u>Learnbloodtransfusion activity (Ms Louise Sherliker)</u>
	Achievements noted.
	<u>Transfusion Laboratory Managers Working Group (Mr Stephen Bassey)</u>
	Growing concern over staffing and networking. A meeting is to be arranged with Prof Sue Hill, Chief Scientific Officer, NHS England.
31/16	Royal Colleges/Specialist Societies

	Instead of having a separate meeting of the Royal Colleges & Specialist Societies before each NBTC meeting, JW proposed a 90 minute workshop could be held (to include the RTC Chairs) on the morning of each NBTC meeting. The next topic will be Transfusion Education.
32/16	NBTC Budgets
	Budget update report (Ms Louise Sherliker) – budgets are currently slightly overspent and a review will be undertaken.
33/16	NHSBT
	<u>Dr Gail Mifflin, Medical Director, NHSBT presented overview of Policy setting for Blood Safety.</u>
	What's good about policy making?
	<ul style="list-style-type: none"> • Strong advisory machinery - blood and organs • Led by content experts/peers • Regulators are part of the process • Assurance allows 'light-touch' regulation • Consultation ensures stakeholder buy-in
	<u>Blood Components Specialist Advisory Group (Dr Stephen Thomas)</u>
	ST gave overview of the advisory group and if anyone has any questions they should submit them to him by e-mail.
	<ol style="list-style-type: none"> 1. The '30 minute rule' for the time that red cells may be out of the refrigerator is being revised to 60 minutes. 2. The shelf life of thawed plasma has been extended to five days, which appears to have been well received by hospitals. The 30 minute rule will still apply to time out of refrigeration, but this will be reviewed. 3. Guidelines on platelets handling have recently been reviewed (Thomas, Transfusion Medicine 2016) and a guidance document will be developed and placed on the JPAC website. 4. There is a proposal to manufacture FFP from first-time donors. This will help with sufficiency of supply for vulnerable groups (eg A neg) and will be discussed in more detail at the January 2017 EWG meeting. 5. There is a proposal to manufacture pooled platelets from double-sized pools. This could offer significant cost-savings, and will be discussed in more detail at the EWG meeting in January 2017. 6. Pathogen Inactivation (PI) of platelets - development work has been postponed for the short term due to competing priorities. 7. PI of red cells - NHSBT has nearly completed validation of PI red cells for use in a clinical trial. 8. UK Blood Services are developing a framework for consideration of new/improved PI systems (at the request of SaBTO). 9. Rejuvenation of red cells - NHSBT is supporting a clinical trial in cardiac patients. 10. Whole blood for use in trauma - the main outcome of the customer session had been the demand for this component and development work will be progressed.
	<u>Key Performance Indicators (KPI) for NHSBT.</u>
	CP gave overview of his KPI report that has been shared recently with the

	Transfusion Laboratory Managers working group.	
	<u>Update on Leeds / Sheffield project</u> – CP confirmed engagement and consultation with customers. A detailed business case is being worked up around specialist services. YS requested the CP keep the group updated with further developments.	
	<u>Website update</u> – it was noted that the most visited part of the Hospitals and Science website is PBM that receives 75% of the hits.	
34/16	Medicines and Healthcare Products Regulatory Agency (MHRA)	
	Any questions on the update report are to be directed to Chris Robbie.	
35/16	Any Other Business	
	CE asked for an update on the standardisation of the specification of the transfusion request : <i>a draft has been agreed through the national lab managers group and is being presented to the pathology Informatics group at RCPATH</i>	
36/16	Date of Next meetings	
	NBTC/RTC Chairs – Spring meeting Monday, 20 th March 2017 at Royal College of Obstetricians and Gynaecologists, (Rooms on Regents Park) 27 Sussex Place, Regents Park, London, NW1 4RG	
	NBTC/RTC Chairs – Autumn meeting Monday, 18 th September 2017 at Friends House, 173-177 Euston Road, London, NW1 2BJ	

There were no actions recorded from this meeting.