South West Transfusion Practitioners (SWTP) Business Meeting
Via Teams
6th October 2021

Attendance:	Trust
Stuart Lord (SL) (Chair)	Gloucestershire Hospitals NHS FT
Karen Mead (KM)	North Bristol NHS Trust
Sally Charlton (SC)	Great Western Hospitals NHS FT
Michelle Davey (MD)	Somerset NHS Foundation Trust
Siobhan Hunter (SH)	Cornwall Partnership NHS FT
Pedro Valle-Vallines (PV)	Royal Cornwall Hospitals NHS Trust
Nesa Kelmendi (NK)	Royal Cornwall Hospitals NHS Trust
Ian Sullivan (IS)	Royal Cornwall Hospitals NHS Trust
Alison Hill (AH)	Yeovil District Hospital NHS FT
Lorraine Mounsey (LM)	University Hospitals Dorset NHS FT – Bournemouth
Sarah Salisbury (SS)	Salisbury NHS Foundation Trust
Vikki Chandler-Vizard (VCV)	University Hospitals Dorset NHS FT – Poole
Kathleen Wedgeworth (KW)	Northern Devon Healthcare NHS Trust
Laura Davenport (LD)	Northern Devon Healthcare NHS Trust
Carolyn Jones (CJ)	Royal Devon & Exeter NHS FT
Caroline Lowe (CL)	University Hospitals Plymouth NHS Trust
Soo Cooke (SC)	University Hospitals Bristol & Weston NHS FT - Bristol
Matthew Hazell (MH)	NHSBT
Sam Timmins (ST)	NHSBT
Jackie McMahon (JM)	NHSBT
Charlotte Longhorn (CL)	NHSBT

Apologies:	
Julie Ryder	Great Western Hospitals NHS FT
Anna Gillard	Nuffield South West
Veronica Sansom	Royal Devon & Exeter NHS FT
Egle Gallo	University Hospitals Bristol & Weston NHS FT - Weston

Welcome and Introductions:

The meeting began with a discussion around gender in transfusion and the introduction of an additional box to the request form for a non-male/female option. Poole are about to go live with the addition of an 'unknown' box and their Major Haemorrhage policy has been amended to use O- as standard for any unidentified/unknown or undisclosed gender. All emergency and Major Haemorrhage O use is audited almost immediately, so any impact on O- stocks will be picked up quickly. MH raised the point that if every trust were to do this, it could pose a potential risk to O- stocks nationally. VCV didn't think it would be an issue at Poole as they have a robust policy for using O+ where appropriate and weren't expecting a sudden increase in requests where the gender is unknown. ST also emphasised the importance of education and awareness in preventing inappropriate use in any situation.

All agreed to the recording of the education session for sharing via the TPs SharePoint site.

NMA:

Ratification of NMA Portfolio

Overview of NMA Course Agenda and Learning Points

The finalised template was circulated to the group, along with a post-course portfolio template and an approval process for HTTs to use to ensure the right candidates are applying for the course. The template is intended as a guide and can be modified to accommodate individual trust processes. The document now needs to be ratified. The only comment ST had received was around the educational provision and that as this is not only provided by NHSBT a tweak to the wording is required around appropriate theoretical knowledge being provided. No more comments were received so the document was ratified subject to the minor wording change and rubber-stamping by the Regional Transfusion Team, if required – JM to check. ST will alert the TP group once it is available on SharePoint. SL thanked everyone involved in the working group for their input.

ST provided an outline of what is covered in the NHSBT course, which includes pre-course learning and pre- and post-course tests. Currently still on-line, and potentially hybrid in the future. Due to high demand, the NMA working group are exploring ways of making it more accessible, including other staff levels and possibly working with the deaneries. KM added that it would also be a useful course for new and developing TPs and sought information around prescribing practices for physician associates. ST's impression is that they will need extra education and support and will check with NHSBT's PBM Education Lead. ST also suggested speaking to the local education provider to establish what training had already been provided as it varies from uni to uni. This led to a discussion around getting transfusion integrated into medical training and how it could be achieved. SC mentioned that UHBW do contribute to the medical training at Bristol University and that it may be worth contacting Charlotte Bradbury, their Consultant Haematologist who, along with the registrars, SC and the Jehovah's Witnesses contribute to the second year, covering haematology, haemostasis, coagulation and blood transfusion. ST to find out if UHP and RD&E are doing something similar to try and understand what is going on in the region and if RTC involvement is required to ensure consistency.

Ratification of Regional Competencies

Ratified and will be posted to the TP SharePoint site. No update on the national competencies.

Ratification of SW TP Group ToRs

SL to make the agreed changes to the quoracy prior to posting to TP SharePoint site.

Regional Training Slides - Feedback

ST had received some comments via email so will meet separately with VCV, and BF if available, to review/amend.

TP 2021 Feedback (SL)

- Gender in Healthcare and Implications for Transfusion is a hot topic and one of the main obstacles is LIMs. A big increase in gender re-assignment referrals and surgery so transfusion practice needs to keep up. BSH guidelines are generally binary so don't currently 'fit'.
- TP Role in Major Incidents. Rare but memorable events where blood is an early requirement. TP role is pivotal as interface between clinical and lab areas and knowledge of hospital, so perfectly placed to co-ordinate but not 24/7 role. Recommendations for guidance/improving policy included setting up of Transfusion station in ED, having a thorough debrief afterwards, use of transfusion action cards (template available on JPAC website) and facilitating transfusion in command structure.
- Blood donor selection policy update given around the recommendations given by the FAIR Steering Group. All donors now asked the same questions around sexual activity and multiple sexual partners.

- Main points from national TP network update; TPs now involved in design of NCAs; recommendation for standardisation of TP job descriptions – there is an ongoing discussion with NHS England around TP job description/banding; national competency framework still awaited.
- Nightingale Hospital experience from three centres – similar common themes, including no consideration for transfusion training, logistical challenges, rapidly evolving, changing processes with lots to learn afterwards.
- Convalescent Plasma Trial overview. Although there is currently no evidence for the effectiveness of CP for COVID-19 patients, one positive from the trial is that a lot of the donors have been retained as whole blood and plasma donors.
- PREVENTT Trial overview. Talk from one of the researchers summarising the trial and findings - already extensively discussed within the SW RTC groups.
- Setting up IV Iron clinics – three different perspectives. All TP-led. Takeaway message is that determination and effort is required.
- Overview of Sickle cell disease issues in transfusion – efficacy of transfusion is poor, mainly given for stoke and neurological reasons; increase in alloimmunisation; only one drug available at the time of the presentation.

PBM Update (ST)

- The national education programme is slowly being rolled out but, in the meantime all RTCs are opening their local events up to all regions. This will also apply to the educational element of the SW RTC meeting in November.
- Everyone was thanked for their feedback on the Blood Assist App and in response to some comments, ST explained that the Blood Assist App covers administration whereas the authorisation element is covered as a separate process in the Blood Components App – this is currently undergoing a re-vamp and the updated version should be available by the end of the year.
- A Blood Assist App specifically for paediatrics and neonates is being explored.
- The new transfusion leaflet has been launched; the CMV-ve factsheet now more clearly highlights the need for CMV-ve granulocytes and Iron in Your Diet is due to be re-published.
- Pre-op Anaemia Toolkit updated. Currently trying to get more resources around re-starting and recovery and adding a business case.
- Working on iatrogenic anaemia/reduced sampling guidance for the PBM Toolkit – ST thanked SL and KM for their feedback.
- Results of the platelet stockholding and usage survey available on the BSMS website.
- New Components E-learning package in development; also developing follow-up anaemia package aimed at primary care focussing on anaemia of chronic disease and inflammation.
- ST had article published in Practice Nurse emphasising the importance of PBM and emphasising the timely identification and treatment of anaemia.
- NCA of NICE Quality Standards due soon. Keen to incorporate this into the revamped annual transfusion survey and do every few years for benchmarking.
- UKCSAG have launched their cell salvage audit. This has gone to the SW PBM Group. Let JM know if you would like a copy.

AH requested a copy of ST's Practice Nurse article.

SL to circulate article published by one of GHNHSFT's consultant haematologists suggesting that there is very little evidence for the use of liberal prophylactic platelet transfusions in haem/onc patients to prevent bleeding. Their haematology team are now using it as the basis for making changes to practice.

Round-table Discussion:
Sharing of Best Practice – Wins/Challenges

AH, YDH: Merging with Somerset NHSFT and currently collaborating to get the peri-operative care project underway and working on a business proposal for a fully integrated anaemia service.

SH, CPNHSFT: Considering SIMS for blood transfusion training around transfusion reactions/TACO. Shared experiences of the group were mainly around Major Haemorrhage, but it was agreed this would be a useful addition. SH to share if she manages to get it off the ground.
MH has case studies on transfusion reactions from the clinical consultant perspective.
KM, NBT: Requested transfusion reactions case studies from MH which they will discuss outside the meeting. Also took from the Gender in Healthcare presentation at TP 2021 that both the MHRA and SHOT have agreed that if the information is not provided and an incorrect gender is recorded in the lab, it is reportable to SABRE. If the clinical area provides the incorrect gender, it is not reportable. It is illegal to record a person as transgender without their consent. Still no clinical lead for transfusion in the trust. Progressing with a project for electronic phlebotomy with Haemonetics so would welcome feedback from anyone who has it. ST to reach out nationally on KM''s behalf.
MD, SNHSFT: Progressing with blood track implementation but progress has been halted over an issue with either the lab system or blood track not picking up middle names. KM suggested contacting her outside of the meeting as NBT had overcome the same problem with a fairly easy fix. Concerned potential merger with YDH could cause paperwork issues. AH, YDH thought this would probably not become an issue as her perception is it is more a senior management merger with closer collaboration between specialties.
LM, UHD – Bournemouth: Recently merged with Poole and there is a lot of pressure to align with staff working across both sites but transfusion completely different on both sites. Failing PDAs causing a lot of problems within transfusion and not helping with the alignment process. Also, now part of One Dorset Pathology so a new lab system has taken priority over clinical issues. It is on their risk register and with the quality and governance groups. Following comments of similar issues in other trusts, SL suggested starting a SharePoint discussion.
SS, SDHNHSFT: Very busy – re-writing blood and MTP policies. Moved to Blood 360 so training all staff members. Managed to implement platelet transfusions on the mobile chemotherapy unit – no suitable patients yet but the process is in place.
SC, UHBW: In the process of getting Haemonetics so useful to hear everyone's feedback. Queried if anyone had managed to re-instate face to face training for doctors as they have seen an increase in the number of transfusion related incidents from junior doctors up to ST6. ST will set up a discussion board around post-covid working on SharePoint for any feedback.

There was a brief discussion around the pros and cons of setting up a documentation group to provide standard policy templates.

AOB

ST will set up an informal meeting at the end of November/beginning of December to pick up on some of the themes of the meeting.

SW TP Group Meeting, 06.10.21

Action Log:

No.	Action	Actioner	Completed
1	Check if RTT approval needed for NMA documentation	JM	Complete
2	Check education provision for physician associates with PBM Education Lead	ST	
3	Check UHP and RD&E involvement with medical schools training re transfusion	ST	
4	Post Regional Transfusion Competencies to TP SharePoint site	JM	Complete
5	Amend quoracy wording in TP ToRs	SL	
6	Review/amend TP Training Slidedeck	ST/VCV	
7	Send Practice Nurse article to Alison Hill	ST	
8	Circulate article on prophylactic platelet transfusions in haem/onc patients to TP group	SL	Complete
9	Feedback to KM if any experience with setting up electronic phlebotomy with Haemonetics and ST will reach out nationally	All/ST	
10	Set up post-COVID discussion board on TP SharePoint	ST	
11	Set up informal TP ‘chat’ meeting for end Nov/beginning Dec	ST	Complete