

## London Regional Transfusion Committee

### CONFIRMED Minutes of London Regional Transfusion Team Meeting

Monday 15<sup>th</sup> June 2015

Meeting 14:00-17:00

Boardroom, Clarence Memorial Wing, St. Mary's Hospital

#### Present:

Gavin Cho (GC) (Chair)	Consultant Haematologist, North West London
Aman Dhesi (ASD)	PBM Regional Lead, NHSBT
Jen Heyes (JH)	PBM Practitioner, NHSBT
Rachel Moss (RM)	Transfusion Practitioner, Imperial Healthcare NHS Trust
Shubha Allard (SA)	Consultant Haematologist, Barts Health NHS Trust & NHSBT
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Megan Rowley (MR)	Consultant Haematologist, Imperial Healthcare & NHSBT
Mandy Hobson (MH)	Transfusion Practitioner, Royal Free London NHS Trust
Richard Whitmore (RW)	Customer Service Manager, NHSBT
Julia Stanger (JS)	Transfusion Laboratory Manager, North West London Trust
Megan Lawn (ML)	Transfusion Practitioner, Kings College NHS Trust
Matthew Free (MF)	Transfusion Laboratory Manager, St Georges Hospital
Hugh Boothe (HB)	Transfusion Laboratory Manager, Chelsea & Westminster Hosp

#### Apologies:

Dorothy Kasibante (DK)	Transfusion Practitioner, HCA International
Toby Richards (TR)	Consultant Vascular Surgeon, University College London
Antonia Hyde (AH)	Customer Service Manager, NHSBT
Sue Mallett (SM)	Consultant Anaesthetist, Royal Free NHS Foundation Trust

#### Minute Secretary:

Angela Pumfrey (AP)	London RTC Administrator
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### 1. Welcome

GC welcomed everyone to the meeting.

### 2. Minutes and Actions of Last Meeting

The date of the meeting to be amended, otherwise the minutes of the last meeting held on 16/04/15 were accepted as an accurate record.

**ACTION: AP to make change and arrange for minutes to be uploaded to JPAC website**

**Action 2** – JH met with Diane Munroe re. shared care information. They need to decide in what format the information will be.

**Action 5.1** – Completed. To be discussed further under Item 5c.

**Action 5.2** – National Pathology Week. SA has discussed with Royal College of Pathologists. A focus group has been formed. There will be a simple poster campaign. A patient representative from the Sick Cell Society will speak. Sick cell comparative audit report will be published by then so could also be included.

**Action 5.3** – AD has not been able to find the Canadian DVD. The Haematology and Trauma Group are doing a massive haemorrhage DVD and there are massive haemorrhage guidelines that are currently being proof-read for publication.

**Action 9.3** - Done. The survey will be presented at ISBT Conference.

### 3. NICE Transfusion Guidelines

SA urged the group to at least read the executive summary. The document is very lengthy, but stakeholders will need to go through the whole document to respond with comments. GC has read the whole document and stated that not all recommendations in the guidelines are evidence-based. The guidelines are likely to be published by the time of the October RTC meeting – it will be an item on the morning agenda. You have to be registered as a stakeholder to make comments. Email has been sent out from NHSBT asking for feedback to be emailed to AP by 25 June. Imperial will draft one response as a Trust – RM will send to AP.

**Action: Send any feedback about the guidelines to AP by 25 June.**

### 4. PBM Project

It was hoped that TR would be at the meeting to discuss. JH went through the action plan for National PBM Management Recommendations which outlines where the working groups fit into PBM. There are gaps under Specific Aspects of Surgical PBM and Specific Aspects of Medical PBM. There was a discussion about the intra and post-operative management. It was agreed that it would be good to focus on trying to save blood during surgery. It is common practice to take a lot of blood for tests only. Could we take smaller samples, what would be the effects on the patient and the lab? Sometimes a lot of spare samples are taken, but this could be because the patient is difficult to bleed so all the blood is taken in one go. It was suggested that this topic would be ideal for the Ask the Audience section at the next RTC.

**ACTION: Add iatrogenic anaemia to ask the audience session at next RTC meeting**

### 5. RTC Work Plan

JH explained that we will no longer go through every item on the work plan, but instead just focus on those topics where there are things to bring up. The full work plan was distributed with the agenda.

#### a) RTC April 2015

The overall evaluation of the event was distributed with the agenda. Top Box Score was 100%. AP went through the main comments that were raised. A lot of delegates liked the interaction of the meeting and the range of topics. The majority of delegates rated the venue as excellent or good. There were several complaints about the food, with some delegates wanting hot food or a wider variety of food. The same venue has offered us a 20% discount if we book by the end of June. The group agreed that we should book the venue for the April 2016 RTC, but see whether they can offer us a different choice of food.

**Action: AP to liaise with the venue re: booking for 2016 and food choices**

#### b) RTC October 2015

To be called 'Transfusion 2020'. There was a meeting before the RTT meeting to discuss the agenda which is still in draft form as speakers to be confirmed. AD went through the agenda. After discussion, the following was decided:

Recurrence of Cancer – to be removed

GC to chair the whole day

GC and AD to ask Ian Trenholm to give a talk on demand now and in 2020

Products in 2020 – Rebecca Cardigan to be asked to present – AD to ask her

Pathology Mergers – Chris McNamara to be asked to present. MH will ask Sue Mallett to ask him.

## London Regional Transfusion Committee

Home & Community Transfusions – MR suggested David James or Daniel Lasserson  
Divide into categories

**Action:** AD and AP to draft a letter on behalf of GC to invite Ian Trenholm  
AD to ask Rebecca Cardigan  
MH to ask Sue Mallett to ask Chris McNamara  
MR to ask David James or Daniel Lasserson

### c) RTC January 2016

Feedback from renal colleagues is very positive – they feel there is enough scope and topics to fill a day.

Working group to draft agenda – MR, MH ML. Maybe also some input from renal nurses.

Cost - £25

Topics: TTD, apheresis, practical sessions, centres in the community (St. George's Hospital has a centre run by Fresenius), prescribing for nurses

### d) Regional Platelet Audit

Double dose audit done and will be circulated on Wednesday. Will now do a 'where do platelets go' audit similar to the 'where does blood go' one. The audit form will initially be completed in the lab, with the TP carrying out any further investigation. The audit lead can follow up any issues that need to be clarified. Once the form is agreed, it will be trialled in a few labs to see how it works. Each lab only needs to audit one week in of their choice in July. Questions that the group wanted adding were "are you a platelet stockholder" as some hospitals stock them rather than order as needed, and "were the platelets ordered for a specific patient". RM will see what she can do, but is concerned that too many questions makes it more complicated to complete.

There is an article in the latest edition of Blood Lines about LoPAG.

### e) Nurse Authorisation Survey

35 responses, equating to roughly one per Trust. 75% of the respondents said they use regional documentation. How people are assessed as competent is of concern, they are not trained to authorise blood during the nurse prescribing course.

We could have this as an afternoon session on TP days to discuss shared practice. JH to meet with the RCN at the end of July as a starting point. It was suggested whether prescribing of blood could be an optional module on the nurse prescribing course.

## 6. Change in Informed Consent Standard

SA to speak about it at the next meeting in September. To be on next agenda.

**ACTION: Add as agenda item to next RTT meeting**

**Post-Meeting Note:** Sa will be at a meeting in Strasbourg on the date of the next RTT meeting, but has provided the following update:

Following the case of Montgomery –vs- Lanarkshire Health Board (March 2015) there has been a change in the informed consent ruling.

Until now, in the UK, doctors have largely been allowed to decide what information to give patients, and the 30 year old Bolam test specified that their conduct would be considered acceptable if it would be supported by a responsible body of medical opinion.

The UK's Supreme Court has now judged that it is for patients to decide whether the risk of treatment and alternative options have been adequately communicated.

The Montgomery ruling means that doctors will have to take 'reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments'. Doctors should make extra sure that the

## London Regional Transfusion Committee

discussion is fully documented. Instead of a responsible body of medical opinion, the judgement now rests with 'a reasonable person in the patient's position' to ascertain as to what counts as a material risk.

Commentaries available in recent BMJ articles.

### 7. Regional Dashboards

Was discussed at the RTC meeting and examples of what the dashboard could look like were shown to the group. AD asked the group what they want put onto the dashboard. Rather than having figures for each hospital, which will be a lot of work, just put the figures for each region so that we can compare our region with the others and each hospital can compare themselves with the region. We will start by recording wastage. It can include with save 1 unit a month that came out of the RTC.

**ACTION: JH/AD to develop dashboard and design 'save 1 unit' campaign.**

### 8. Platelet Supply Project

Project is ongoing. Pooled platelets supplied by Filton and Colindale are now a 70/30 mixture. Some other centres are still supplying 100% platelets, but all A&O platelets should be the appropriate mixture.

Apheresis – there is a change in supply for matched platelets. You will receive from whatever centre holds the product, but testing is still done at the local centre. Allocation will be done secondly by specialist people. 24 hours notice is still needed.

Increment data – will be held electronically at Colindale so you can see which hospitals are performing better.. There is an issue with how hospitals get the increment data to Colindale. RW said it can be faxed, but everyone said that wards do not have faxes anymore and not all have access to printers that can fax. This is the main reason why Increment data is not being sent. It was suggested that the data is scanned and then emailed. RW said he is aware the system needs updating, but first of all we need to focus on ordering electronically.

*Cost of Red Cells* – The price has gone down, backdated to April. Saving has been given back to NHS.

*Letter from Huw Williams* – There is a proposal to make Colindale a 24/7 manufacturing site. This will have a positive impact on the supply of rare products and also the ability of wash platelets

*Pulse System* - Every 3 years, NHSBT has to justify why we use the Pulse system. We are the only organisation in the world using this software. NHSBT is looking for a more Windows-based system.

*Brentwood Site* –They are looking for a new site in Basildon.

*Short Journey Containers* – Are being used in Tooting this week and in Colindale from next week. The Clinimed boxes can be used by the hospital for internal journeys, but they will be responsible for them and will have to validate them. Negotiations are ongoing for hospitals to use the new boxes for internal journeys.

## 9. RTT Membership Tenure

Under the Terms of Reference, tenure was set for the Chair only, which is two years. AD is concerned that the other members are not given the opportunity to leave the group if they wish and that new members are not encouraged to join. Should we list how long people have been a member and set a time limit? No one could remember when they joined the group, plus it was felt that people would say if they wanted to leave the committee. MR said that some hospitals do not allow their staff the time to attend these sorts of meetings or make them take it as study leave.

After a discussion, the following was agreed:

- Committee membership should be informal with no set tenure apart from the Chair
- At the first meeting of every financial year, ask the members if they are happy to continue for another year
- At the RTC ask people if they are interested in joining the RTT
- Current members will have to step down to make way for new members.
- Review each member's attendance to ensure they are contributing to the group
- Allow observers

## 10. Any Other Business

### 10.1 ISBT Conference and Exhibition at Excel Centre 26 June – 1 July

AD has the applications for the breakfast meeting – will review with RM. There is a lot of interest.

**Post-Meeting Note from SA:** AD and RM helped organise an excellent breakfast TP networking meeting at ISBT London that was very well attended. Discussions are ongoing re. developmnet of a TP subgroup of the ISBT Clinical Transfusion Working Party.

### 10.2 Haematology & Trauma Group

New Chair - James Upritchard. Next meeting is 7<sup>th</sup> September. ML will feedback to the RTT meeting in September.

### 10.3 PBM Secondment Posts

AD reported that he has had two secondment posts approved, to cover JH and CD for 6 months and 12 months respectively. Interviews to be held on 21<sup>st</sup> July. Please send details to anyone who you think will be interested.

**Action: All members to circulate details of secondment posts to their teams**

### 10.4 Administrative Support for North London TAG Group

The TAG group have raised the issue of administrative support for their meetings and also the issue of money. They handed over their budget to be managed by the RTC team and the £4000 was spent on three education days. They are now struggling to raise enough sponsorship money to pay for catering and the expenses of the minute taker. They have requested for the RTC to fully support their meetings and AP to take minutes. AD and JH have discussed this and have come up with the following options:

- 1) Fully support TAG meetings (3/4 per year) – but then what about the TP meetings and other meetings who get no admin support. AP will not be able to service all these meetings working just 20 hours a week.
- 2) AP to type up minutes from handwritten notes
- 3) RTC budget funds travel expenses for minute taker and the cost is passed onto the delegates on education days. Travel expenses are £160 per year.

## London Regional Transfusion Committee

4) TAG is given support from RTC to increase their sponsorship so they can pay for the minute taker and catering themselves.

Option 2 was offered to them, but this was refused. They have a meeting this Friday and for that meeting they have agreed to write the notes and AP will type them up.

The South London TAG have joined with the South East Coast TAG and they have their own budget from which they pay the expenses of their minute taker. AD has looked into what other regions do, four support the TAG meetings but they are in the same location as the administrator. Two have regular BMS education days and two have control over the TAG budget. RW pointed out that the North London TAG only represents half of the hospitals within the London RTC.

The group felt that we should support them if necessary and did not want to cause friction between them and us. They said that, if AP was not able to take the minutes due to time constraints, then maybe we have to look at taking other work away from her. HB did mention that he thought TAG was thinking about reducing the number of meetings and joining up with South London TAG and just having one group. RW feels that the TAG group should find it easy to get sponsorship.

It was eventually agreed that their usual minute taker will continue to take minutes and her expenses will be paid for one year. They will be offered admin support from AP to invoice sponsors and arrange catering. JH is going to their meeting on Friday – she will feed this back to them. Review after one year to see if it is working.

### 10.5 Skills for Health

ML and MH have today finalised the Skills for Health e-learning module. Everyone will be informed when it is ready. Training passport is available on the Skills for Health website. It was suggested that an email with a flyer is sent to everyone.

### 10.6 Choosing Wisely Programme

This is a programme from the USA which comprises of five simple messages to help doctors and patients choose their care. It has been adopted by the Academy of Medical Royal Colleges and the Royal College of Pathologists will take it forward.

## 11. Date of Next Meeting

Monday 21<sup>st</sup> September 2015 in the Boardroom, St Mary's Hospital

### London RTT - Action list for 15<sup>th</sup> June 2015

Item No (minutes)	Action	By Whom	Completion
2	Minutes of April meeting to be uploaded to RTC website	AP	Completed
3	Send any feedback about NICE guidelines to AP by 25 June.	All	Completed
5a	Liaise with W12 Conferences re: booking for 2016 and food choices	AP	Completed
5b	Draft a letter to invite Ian Trenholm to speak Invite Rebecca Cardigan to speak Ask Sue Mallett to ask Chris McNamara to speak Ask David James or Daniel Lasserson to speak	AD/AP AD MH MR	Completed Completed Completed Completed
8	Develop dashboard and design 'save 1 unit' campaign	JH/AD	For Sept agenda
10.3	Circulate details of secondment posts	All	Completed
10.4	Feedback outcome to TAG meeting	JH	Completed

**END**