Confirmed Minutes
London Regional Transfusion Committee
London Blood Transfusion Forum (RTC Business Meeting)
17th October 2014
The Great Hall, Camden Centre, London

Present

Sheelan	Abdulah	Central Midlesex
Jibril	Abukar	Homerton University Hospital
Abdul	Adamu	Whittington Hospital
Kezia	Alex	Homerton University Hospital
Anwar	Ayubi	King George & Queens Hospital
Emily	Baker	Great Ormond Street Hospital
Kasia	Ballard	West Middlesex University Hospital NHS Trust
Chetan	Bhatt	Whittington Hospital
Hugh	Boothe	Chelsea and Westminster Hospital
Alison	Brownell	Queens Hospital
Rachel	Brownell	West Middlesex University Hospital NHS Trust
Amanda	Carey	Guy's and St Thomas'
Elaine	Carter-Leay	Queens Hospital
Sandeepa	Chandarana	Royal Free Hospital
Betty	Cheung	Croydon University Hospital
Monique	Chituku	West Middlesex University Hospital NHS Trust
Sarah	Clark	Royal Free Hospital
Nicola	Cleave	The Harley Street Clinic
Sue	Cole	Princess Royal University Hospital
Samantha	Conran	Croydon University Hospital
Hapinder	Dhillon	Imperial College Healthcare
Ladan	Dirie	Royal Free Hospital
Ann-Marie	Ellis	Royal Free Hospital
Haddy	Faye	Whittington Hospital
Vanessa	Fulkes	Guy's and St Thomas'
Nimze	Gadong	Newham University Hospital
Wendy	Mensah-Arhinful	Whittington Hospital
Lisa	Gibb	Great Ormond Street Hospital
Joshna	Gopal-Patel	Homerton University Hospital
Sofia	Hernandez	The Harley Street Clinic
Esther	Hill	St Anthonys Hospital
Mairead	Hurley	St Thomas Hospital

Helen	Iyama	Northwick Park Hospital
Michelle	Jallow	Royal Marsden Hospital
Florence	Kajumba	Croydon University Hospital
Dorothy	Kasibante	HCA International
Pavel	Kotoucek	Homerton University Hospital
Megan	Lawn	Kings College Hospital
Deborah	Maule	North West London Hospitals
Denise	McKeown	Imperial College Healthcare
Anne	Minogue	Queens Hospital
Rafiu	Mosobalaje	The Harley Street Clinic
Korsheda	Naidu	St Helier
Evgeniya	Naumovshkaya	Whittington Hospital
Kelly	Nwankiti	Kings College Hospital
Jamie	Patel	Kingston
Rebecca	Patel	North West London Hospitals
Priti	Patel	Barnet and Chase Farm Hospitals
Tollene	Riley	Royal Brompton Hospital
Angela	Short	St Helier
Seema	Solanki	HCA International
Marian	Stewart	Kingston
Bruno	Tacco	BUPA Cromwell
Vanlata	Varu	St Mary's Hospital
Luke	Woodford	St Thomas Hospital
Julie	Wright	Queens Hospital
Colin	Wright	Skills for Health
Hafsah	Ahmad	Renzo Galanello Fellow
Arzu	Mahmood	Renzo Galanello Fellow
Natasha	Bott	St Thomas Hospital
Gavin	Cho	North West London Hospitals
Helen	New	Imperial Healthcare Trust / NHSBT
Mandy	Hobson	Royal Free - Barnet & Chase Farm Hospitals
Paul	Telfer	Barts Health NHS Trust
Julie	Ball	SHOT
Ruth	Gottstein	St Mary's Hospital, Manchester
Richard	Whitmore	NHSBT
Antonia	Hyde	NHSBT
Natasha	Butt	
Rachel	Moss	Imperial NHS Trust
Wendy	McSporran	Royal Marsden
Julia	Stanger	Northwick Park Hospital
Magda	Jabbar Alonaidi	West Middlesex Hospital
Margaret	Semple	Parkside Hospital
Nidhi	Sharma	Barts NHS Trust

Mahmood	Chowdary	Whittington Hospital
Rakesh	Ravi	Barts NHS Trust
Anna	Capps-Jenner	TDL – Ealing
Ahmad	Hafsat	Whittington
Basey	Williams	St Georges Hospital

Apologies

Sarah Clarke – Royal Free
Ladan Dirie – Royal Free
Dorothy Kasibante – HCA Laboratories
Anna Li – Royal Free
Kalinga Perera – Kings College Hospital

Welcome and Introductions

GC welcomed everyone to the meeting and informed those present of the health and safety requirements for the building. GC thanked the sponsors.

Minutes and Actions from previous meeting

The minutes from the meeting held on 30th April 2014 were accepted by those present as an accurate record. Any amendments noted to be sent to the PBM Team for incorporation.

Action: Any amendments to the minutes to be emailed to PBM Team and minutes to be put on RTC Website – CD

Actions – all actions from the previous meeting were complete.

National Blood Transfusion Committee (NBTC) and Regional Transfusion Committee (RTC) Chairs Feedback

Gavin Cho gave and update of key discussions from the NBTC and RTC Chairs meeting which was held in September 2014

NBTC meeting feedback

Topics discussed from the NBTC meeting are as follows:

- Adrian Newland has stepped down as Chair of the NBTC and has been temporarily replaced by Jonathan Wallis
- Patient Blood management projects are being run across the country
    - Pre-op anaemia pilot running in 5 centres in the North West. A project manager will be appointed to run this project.
    - Single unit transfusion policy implementation in 2 London hospitals with evaluation of impact.
    - Project looking at linking transfusion episodes to pre and post haemoglobin results within in Clinisys laboratory information management system in the South West.
    - A group are looking at benchmarking service with other countries such as Australia
    - PBM app to help decision making is in development and has received a research grant.
- NPSA SPN 14 review group sent recommendations to the NBTC for consideration.
- The Transfusion Laboratory Managers Working Group is looking at the emergency transfer of blood and how this can be more regulated. They are also looking at how hospitals can best manage shortages in blood supply.
- The NBTC are looking at working more closely with the Royal Colleges to improve patient blood management.

- Anti-D in women with BMI >30 was discussed following a change in recommendations for an anti-D provider. BCSH have released a addendum to the Anti-D guidelines.
- SHOT
    - Majority of transfusion error is caused by human factors
    - Looking to redesign the transfusion process
    - Suggest that all ABO incompatible transfusions should be a DH 'Never Event'

RTC Chairs meeting feedback

Topics discussed from the RTC Chairs meeting are as follows:

- National Comparative Audit (NCA) for Transfusion is running the AFINITY project looking at audit report delivery and how this impacts on implementation of recommendations and change in practice. The first audit will start in January and all auditors are asked not to discuss or share reports to limit study contamination.
- There were concerns raised in other RTC regions about pathology modernisation and how this is affecting laboratory practice. GC asked the room if they have been affected by pathology modernisation and this was discussed during the 'ask the audience' session of the meeting

London Regional Transfusion Committee Update

GC thanked Brian Robertson and Sue Rudd for their work as members of the Regional Transfusion Team (RTT) and welcomed Julia Stanger as second representative from the North London Transfusion Advisory Group (TAG) on the RTT. The RTT are still looking for a representative from the South Thames TAG.

The budget for 2014/15 remains at £5600 and will be spent on education days with support from sponsors. GC thanked the sponsors of the meeting.

RTC Work plan

- London Platelet Action Group (LoPAG)
    - 3rd Newsletter for platelet champions has been released
    - An article regarding the work of LoPAG has been written for Blood and Transplant Matters
    - The next platelet champions day is on the 13st November
    - 2 regional audits will be run looking at the use of platelets in the region
- MBOS App
    - App is being updated and will be tested to ensure correct functionality
    - Abstract has been accepted by ASH and will be accompanied by a poster
- Training passport – Update given by Mandy Hobson and Skills for Health later in meeting
- Nurse Lanyard Card
    - Aims to develop an aid memoir for safe transfusion practice.
    - Will be piloted by working group members to assess impact on practice
- Nurse Authorisation of Blood Components
    - Policy template is in evolution based on feedback from policy ratification processes
    - The NHSBT course is being reviewed for 2015 cohort
- London and South East Haematology and Trauma Group
    - Last meeting was in May
    - There was discussion around the use of pre-thawed plasma for trauma and massive haemorrhage and the pros and cons for this. Currently 2 major trauma centres are pre-thawing plasma
    - There is interest in other plasma components such as lypohilised/freeze dried plasma that could be a future replacement for F
- CMV Good Practice Guidance
    - Based on discussion from RTC meeting in April.
    - Gives advice about CMV negative blood requirements following SaBTO recommendations
    - Will be available on the Transfusion Guidelines Website

PBM Team Strategy

Clare Denison gave a presentation informing the committee present that the PBM team are developing a 3 year strategy. In order to make it fit for purpose the team would like feedback about what RTC members want to see the team involved with. A survey was included in the delegate packs and the room were asked to complete and give to a member of the team present on the day.

Transfusion Training Passport

Mandy Hobson and Colin Wright from Skills for Health (SFH) gave an update on the project.
The aim of the work is to standardise transfusion training in the UK and provide a document with minimum standards for mandatory training. MH thanked the working group and Skills for Health for all the work to get this to where it is. SFH have made the transfusion training part of the core skills framework that hospitals can register for. The core skills framework is available on the SFH website www.skillsforhealth.org.uk. Organisations can download the framework and align their training before submitting a declaration of compliance. The aim is to have a directory of aligned hospitals/Trusts so that training can be transferred with the member of staff to reduce the amount of training required.

NHSBT Update

Antonia Hyde presented an update and informed the meeting of the following

- The Brentwood Estate Project is still ongoing. Hospitals to be supplied by an alternative centre have been moved. The site for the new Brentwood stock holding unit have been chosen and is due to open mid 2015
- Platelet supply project will work towards lowering the target for apheresis platelet collections to 60% from 80% over the next 2-3 years. Hospitals have been asked by NHSBT to review their current ordering practices to help NHSBT meet these changes. NHSBT have release a document detailing the indications for apheresis platelets which have been communicated to hospitals
- The HT status will be removed from the labels of red cell units in January 2015. NHSBT are giving hospitals notice so that changes can be made to SOP's and LIMS if required
- Historical Phenotyping will be rolled out in January 2015 which will allow for greater transparency of available stock and help prevent units being dispatched before validated labels can be added. This is already in place for HbS tested units
- The transport management system (TMS) will be trialled in Manchester and Lancaster. This will allow NHSBT to trace all assets which should help with delivery tracking and could potentially be used for samples referred to NHSBT. Currently the only change hospitals will experience is an electronic signature will be required for all deliveries.
- OBOS update will take place at the same time as the roll out of TMS to your area. This will detail your routine delivery times and ad-hoc deliveries will be automatically populated based on the delivery time stated in your SLA
- Short journey containers are being introduced to reduce the clinimed boxes. There are validated for up to 3 hours. These will be trialled in Cambridge in December.
- RTC update. There is a new head of RCI at Colindale, Tracey Tomlinson from Hammersmith. Tooting is currently recruiting for the same post. There are new RCI reports that are designed to give information in a more user friendly. RCI have asked for any feedback on these reports to be given to the customer service team.
- There is a genotyping platform installed at Colindale which is being used to complement testing for patients with complex antibodies which were previously referred to Bristol. This will allow a quicker turnaround time.
- There is a new Hospital and Science website platform. Any feedback on this should be passed to the customer service team.

London RTC O RhD negative data and discussion

Jen Heyes and Hugh Boothe presented data on O RhD negative issues and substitutions for the London Region. The data presented showed that London O RhD negative issues were higher than the

recommendation of 10.5% as shown by the NCA audit of 2010. However, London hospitals receive the highest number of O RhD negative substitutions - typically for patients requiring the phenotype R_0. HB asked the meeting if there was anything that could be looked at as an RTC to improve or share best practice. Richard Whitmore explained that NHSBT are looking at how to improve the management of R_0 units to help ensure they reach the patients that need them. This is a long term piece of work that will be evaluate, and includes recruitment of more O neg and Ro donors, movement of Ro units into Londo centres, and extended historical phenotypes on units. NHSBT usually hold about 4 days worth of O neg stock however stocks ofter fall below this resutling in communications being sent to hospitals asking them to conserve stocks. There is an identified gap in London between O neg issues and O neg requests. It is suggested that O Neg wastage appears low as these units are often transfused to non O neg patients to prevent time expiry and they are viewed as such a precious resource.
A discussion took place that included suggestions to review stock locally and in TADG and RTC meetings, include up to date information regarding O neg on the NHSBT Hospitals and Science Website and publication of O neg guidance from the National Transfusion Laboratory Managers group (NTLM) following the forthcoming survey.

ACTION: Discuss the O RHD negative survey when results available
ACTION: Develop a Good Practice Guidance

Patient Blood Management
This session contained three presentations demonstrating patient blood management initiatives in London hospitals.

Improving patient blood management in a district hospital – Dr Katherine Warburton, West Middlesex Hospital
A project was performed over a 6 week period where all blood transfusion requests were reviewed and changed based on patients symptoms and results. The data collected during this 6 week period was compared to a pre-intervention baseline to highlight the change in blood usage and the number of haematinic tests performed.

Implementation of a mandatory weight box on the Trust electronic ordering crossmatch form to reduce the risk of TACO – Angela Short, Epsom and St Helier Hospital
Epsom and St Helier have added a compulsory weight box for clinicians to complete when making a request for blood. This was in response to the rise in reports of Transfusion associated circulatory overload seen by SHOT. For patients weighing <50kg the paediatric formula for calculating red cell volume was used. This resulted in a reduction in the number of red cells issued.

Single Unit Transfusion Pilot Update – Jen Heyes, NHSBT
NHSBT and Kings College Hospital are working together to implement a single unit transfusion policy for medical patients that have symptomatic anaemia. This session gave an update on the progress made so far and a case presentation to highlight a transfusion that was classed as inappropriate. Further updates will be given at future RTC meetings.

Ask the Audience
Clare Denison chaired this session which invited the meeting to ask questions and share experiences and practice. The following topics were discussed.

- GC previously asked if pathology modernisation was affecting London transfusion services. ML stated that recruitment can be a problem for third party providers of pathology services as adverts may not appear on NHS jobs. LG stated that pathology mergers that happen without planning and network harmonisation can result in risk to patient as results may not be available at the treating hospital.

- RM asked if those attending had any knowledge of other clotting product being used instead of FFP for the treatment of trauma patients. ML as chair of the haematology and trauma group stated that this was not common if it was occurring and was not recommended in any protocol or documentation. There is however discussion within the trauma networks about quick access to plasma components and how this could happen. CD mentioned that there is a trend showing an increase in the amount of cryoprecipitate used and a move towards using this instead of FFP in trauma patients.
- LG raised the subject of the age of red cells at transfusion for particular patient groups and what evidence there is for this. RW stated that he was not aware of evidence to support rules. WMc stated that the New Scientist published an article about a trial looking at the use of fresh blood for the treatment of Alzheimer's.
- KN asked if there was a recommended transfusion rate for higher weight paediatric patients. LG stated that at GOS they recommend transfusion of a unit over 3 hours with a 250ml maximum. RM stated that the BCSH are writing the new paediatric guidelines which may have more information.
- ML asked if there was any evidence to support the recommendation for clinical teams not to squeeze blood units during a massive haemorrhage. RM stated they recommend pressure pumps rather than hand squeezing and JW stated that where possible a raid infuser or pressure is used as it is safer than hand squeezing. The meeting recognised that it would be difficult to stop users from trying to get blood into the patient rapidly during a major haemorrhage.
- AH asked about how H&I can support the return of HLA match platelet increment data. ML and HB stated that data about the number or returns would be useful to highlight the problem to the clinical area. CD stated that this may be possible in the future but is labour intensive as the process is manual. There was discussion about the lack of understanding in the clinical teams about the importance of returning the increment data and who within the hospital should take responsibility for the task. HB mentioned that H&I used to visit hospitals and offer training for clinical staff. JH suggested it would be useful to have information informing the clinical staff giving the platelets of the importance of the completion and return of the form
  ACTION: AH will feedback to H&I
- MR asked about how to assess the patient post transfusion to determine if a second unit is required and who's responsibility it is to do this. KN suggested that it should be a multidisciplinary approach which may be dependent on the clinical area. KW stated that it would be best to speak to the patient to find out if they are feeling better as they are best to know what's normal for them. GC stated that it's an important question to answer and those assessing the patient would need to look at the patients symptoms of anaemia and not just rely on numbers. SC suggested it could be a check list that would be completed by all staff involved in the patient care. KW stated that it should be a professional and clinical opinion rather than the patients.