

Minutes of Virtual SW RTT Meeting
17 September 2020, via Microsoft Teams

Present:	Stuart Cleland (SC), Chair	Apologies:	Prof. Mike Murphy (MM)
	Sam Timmins (ST)		Paul Kerr (PK)
	Tim Wreford-Bush (TWB)		Ian Sullivan (IS)
	Caroline Lowe (CL)		Jackie McMahon (JM)
	Sally Charlton (SCh)		Emma Taylor (ET)

All present welcomed and apologies noted.

SC confirmed that today's and all future RTT meeting minutes will be posted to the JPAC website.

RTC Agenda Planning:

Following discussion around the format, timing and content of the meeting, the following was agreed:

- Date tbc November 2020 (post-meeting note, date agreed 17.11.20)
- Held via Microsoft Teams
- Duration – 2.5 hours to include a break

The meeting will be split into two sessions – first session to be business-based, including issues and wastage, RTC Objectives, NBTC Feedback, followed by an education element to include COVID-19 reflective learning: preparing to supply a Nightingale Hospital; managing an anaemia service through the pandemic; and also include PREVENTT summary/discussion.

TW-B agreed to present on the setting up of a Nightingale Hospital and learning outcomes.

ST will contact Olly Pietroni at RCHT to present on managing an anaemia service through the pandemic and SC is happy to contribute from the Derriford perspective. ST received a lot of detailed information from John Faulds on how RCHT carried on with their service, which included moving out of the main hospital, and will share this with OP. ST also suggested OP liaises with Kim who provided admin support, to supply some figures around attendance. A good example of how to keep a service going will be extremely useful if we are faced with a second wave.

Action: ST

It was agreed it would be a good idea to link the regional issues and wastage overview with a look at stock management through the pandemic from a large and smaller hospital perspective. CL is happy to do this for Derriford and ST will contact Julia Pinder at Torbay for a smaller hospital's viewpoint. JM can also help pull some data together. The south west saw a larger spike in wastage than most other regions so it would be good to be able to share some learning points.

Action: ST

ST will suggest the following content for a structured response:

How did you respond?

What was the impact on your trust?

What would you do differently?
How did you manage your O- stocks?

SC suggested ROTEM as another topic for consideration. One of the anaesthetic trainees at Derriford, who had previously presented at RTC about getting ROTEM set up in massive haemorrhage and obstetrics at RCHT, has now got it established in Derriford and could share his experiences of that.

SC is also keen to discuss maternal anaemia and this will be covered in the summary of RTC Objectives.

The implications of the PREVENTT study should prompt a lot of discussion around the impact on planned or existing anaemia services and is non-COVID related. We can use the presentation that ST put together following the PREVENTT summary webinar. SC is planning to attend the NATA webinar about IDA in surgical patients and as PREVENTT is sure to come up, can also provide some feedback on that.

JM to put together formal agenda for circulation to RTT and invite comments/any other ideas.

Action: JM

RTC Objectives Action Planning:

Due to the number of apologies, it will be difficult to make any firm decisions but the objectives previously set were reviewed:

Emergency O+ Policy: A brief survey to gauge practice in the region established that the vast majority of trusts have something in place, whether it's just in one department, or only for males. ST explained that this is now a national PBM objective so she will be happy to lead on it and help support any outlying trusts if they want it. There will be a toolkit available. ST also mentioned that the TP at Poole had done a lot of work around risks and benefits so would be a good contact and TW-B confirmed that the national TLM group will also be offering support.

HaemSTAR: The original idea was for a regional project but no suggestions were put forward. We also considered piggy-backing on existing projects but didn't manage to progress. As it needs to be trainee-led, SC will email PK for input as to how we proceed.

Action SC

Maternal Anaemia: SC would like to see a policy for treating maternal anaemia implemented regionally and outlined the steps taken at Derriford to set up a pathway for taking a more aggressive approach by treating orally at booking rather than waiting for the 2nd or 3rd trimester. Engaged with obstetricians, anaesthetists, haematology and blood transfusion in order to plan the pathway.

- An audit of the prevalence of anaemia in the local population established a significant amount were anaemic and that the normal Hb at booking was not what the guidelines say (110g/l). The average was 120g/l and this was used as the baseline. Anyone below that would be referred back to their GP to be prescribed oral iron
- The GP community wasn't engaged as much as it could have been, so a lot of GPs were not happy with this approach.

- CCG very enthusiastic to implement Devon-wide but then decided it would be too difficult for all trusts in the region to agree to do it in the same way.
- Now looking to have iron issued by the midwives and then audit and get GPs on our side by presenting data to support it.
- Have started seeing less patients presenting at term anaemic and are hoping to get some data soon to support this. We have also got a reduction in the levels of iv iron being used but don't have data to support yet.
- Going forward hope to be able to generate a report showing Hb at booking, Hb at term, hopefully ferritin, how much blood they received during their admission for delivery and post-delivery Hb and from that link with the number of patients who have had iv iron to be able to show a change over time. The intervention is very low risk and the benefits could be great.
- Next step is to present this protocol to the region and get thoughts on whether other trusts are keen to implement something similar relevant to their own population.

It was agreed it would be a good regional project and SC is happy to share the data capture tool to enable trusts to audit their own populations and to share anonymised data with any interested parties. Even if trusts take it no further than the initial audit, it will give us some comparative data to try and improve practice.

The main barriers are what the guidelines say and a reluctance to check ferritin on every patient because of costs or a lack of evidence about what it means but if you can demonstrate a reduction in blood product use and anaemia at term and a reduction in iv iron use, the argument becomes very clear.

Finding an interested party to lead is key and SCh suggested the trust audit midwives could be a good link to finding a potential project lead in each trust. If there is interest, ST/JM can also canvass TPs/HTC Chairs to see if they are willing to support and ST can promote via other regional groups.

We could potentially then go back to the CCGs once we have some outcome data to give it more authority and make it easier to implement.

RTT Workplan

Platelet usage and wastage. This relates back to an NHSBT presentation at a TLM meeting highlighting Filton issues a lot more platelets than other centres – does the RTT need to take this forward in light of current pressures? ST reviews A neg platelets weekly for usage and component control through the recovery period and there are no outliers. TW-B said the Lab. Managers normally just talk about A- platelets – don't know how many hold O- in PAS rather than A-? Could be an angle to take if we do revisit – in view of changes to the MH policy how many still hold A-?

It was agreed to leave on the Workplan to be reviewed at the next RTT meeting.

Regional Actions to Support Supply and Demand Challenges: rolling item to capture any useful feedback from usage/wastage conversations at RTT/RTC.

Regional TXA guideline for #NOF/Trauma: Historically explored implementing regional guideline but national guidance now in place. Regional audit was then considered but probably enough audit activity at the moment. ST has suggested a TXA audit for the PBMG workplan so can remove from the RTT Workplan and revisit with the PBMG.

Cell Salvage Database. Planning for this to become a rolling usage audit programme for the PBMG rather than a database.

Proposed regional survey topics for 2020 (heading subsequently changed to Proposed trust survey topics for presentation to RTC):

GWH/Anaemia project– trying to get GPs more involved with pre-optimisation. Currently on hold due to COVID-19 - leave on Workplan.

PBM with NBT - historically, NBT biggest inputters to cell salvage database so looking at how to utilise the data. Currently on hold due to COVID-19 - leave on Workplan.

SpICE – NHSBT driven – wanted to understand who was using and who had access to. No further input received – remove from Workplan and ST will feedback to ET conflicting messages that on one hand being asked for more people to access whilst also being told it is only intended for the labs to interpret and disseminate.

Action: ST

Regional Database survey – data collection live.

RTT Membership: Following a discussion around recruiting a Blood Conservation Co-ordinator or someone in a specific PBM role to the RTT, it was agreed that ST would raise at the next SW PBMG in January 2021.

Action: ST

TP support – ST outlined the plan to replace the weekly bulletin that was previously used to communicate with TPs with a quarterly regional newsletter to include publication updates, query updates, RTT updates, etc.

Twitter – activity scaled back but will pick up again.

Website – Reviewed monthly by the NHSBT Hospital Liaison Team (ST/ET/JM) to ensure up-to-date.

PBM Resources – complete

HTC End of Year Highlight Reports – rolling item – produced annually.

Annual Report – rolling item – produced annually.

HTC Reports – rolling item – report produced by JM for HTC meetings.

RTC Budget

As it will not be possible to set up any face to face events for the remainder of the budget period, it was agreed that the most sensible use for the funds would be for educational grants.

Education Group

In the absence of live events ST put forward some ideas for a virtual programme of short, pre-recorded conversational webinars to be launched at monthly intervals.

CL and SCh confirmed they would be happy to take part in a TP-based conversation and the rest of the RTT will be asked to contribute and put forward ideas.

AOB

None

Date of Next Meeting

TBC

SW RTT Meeting
17 September 2020, via Microsoft Teams

Action Log:

Action	Actioner	Completed
Contact Olly Pietroni, RCHT, to present at RTC on managing an anaemia service through the pandemic and share information received from John Faulds	ST	
Contact Julia Pinder, Torbay, to present at RTC on stock management through the pandemic	ST	
Forward RTC agenda to RTT for review/comment/other ideas	JM	
Contact Paul Kerr for input on how to proceed with HaemSTAR	SC	
Contact ET re removing SpICE from RTT Workplan	ST	
Discuss BCC/PBM representation on RTT at next SWPBMG	ST	
Suggest ideas/contribute to virtual education programme	All	