

# **South West Patient Blood Management Group Minutes**

## **Tuesday 18 January 2022**

### **Via Microsoft Teams**

#### **Present:**

Elmarie Cairns, Chair (EC), Sam Timmins (ST), Oliver Pietroni (OP), Donna Davis (DD), Alison Hill (AH), Joe Tyrrell (JT), Karen Mead (KM), Sophie Scutt (SS), Annette Pocock (AP), Caroline Lowe (CL), David Quick (DQ), Michelle Davey (MD), Paul Scates (PS), Jane Donald (JD), Jackie McMahon (JM)  
Ian Swann (IS) and Jaclyn Colman (JC), Haemonetics

#### **Apologies:**

##### **1. Welcome & Apologies for Absence**

EC opened the meeting and welcomed all those present. Apologies are noted above.

##### **2. Summary of Previous Meeting & Matters Arising (not covered in main agenda)**

EC summarised the main points of the previous meeting, which were confirmed as a true record.

**\*Copies of the presentations will be uploaded to Sharepoint following the meeting.**

##### **3. Regional Transfusion Team (RTT) & PBM Update (ST)**

**RTT:** Progress around the O+ve in male major haemorrhage objective continues, with an informal discussion planned late Spring to address any issues and concerns for trusts yet to implement; survey planned of maternal anaemia management to support regional objective and will be included in the Obstetric-themed study day on 7 Sept; December RTC Newsletter was sickle cell themed; Second round of HTC reports to RTC in Nov 21– interactive reporting tool to enable more meaningful reporting of PBM activity, issues and wastage; re-design of annual transfusion survey continues.

**PBM:** Virtual access to national education events will continue; blood components app. updated and re-launched; PBM Toolkit updated with new content and will include CQUIN details when re-launched; new e-learning modules will include two focussed on anaemia; currently challenges within PBM team due to staffing levels and skills mix so some projects may take a little longer than usual to complete; ongoing challenges with blood stocks, particularly O-ve.

##### **4. Transfusion Survey Update (ST) (survey circulated pre-meeting)**

ST outlined plans to update the survey. This includes sectioning the survey and sending to trusts via the HTC Chair/TP to give to the relevant department/team to complete as previously the onus was very much on the TPs. The PBM section will go to the PBM teams and we are hoping to use a quality improvement tool for the PBM section once it has NBTC approval. It works through each Quality Standard in more depth – not just the yes/no questions we currently ask – and will involve auditing a handful of patients for each QS once a year. A report is then automatically generated. Hope to be able to present the tool at the next meeting.

EC agreed that the PBM questions should be answered by trust PBM teams who have a better understanding of what is happening and also suggested asking if consultant anaesthetists have any allocated, paid sessions for PBM.

Following a discussion around fibrinogen concentrate, ST highlighted that this is the sort of question that could be modified to provide a more useful answer.

OP commented that it is a good survey to provide an overview of transfusion practice and shouldn't become too over-complicated or onerous to complete.

With regard to IS's comment that one of the challenges of cell salvage adverse event reporting is the lack of a denominator of the number of cell salvage events, OP mentioned that we have collected some regional cell salvage information from several trusts via the cell salvage database but that a further denominator of the number of surgeries would be required to make it meaningful. ST thought it should be possible to retrieve data on the number of surgeries through coding but probably not for cell salvage as there is no consistent tariff. Torbay has structured documenting of cell salvage events through coding but this has never attracted any remuneration.

EC requested everyone to review the PBM questions and send any comments to ST/JM by 4<sup>th</sup> February.

**5. UKCSAG Update (EC)**

Last met 12<sup>th</sup> January and EC's first meeting as representative for the south west. ToRs currently being updated and considering if the group should submit an annual report to SHOT. The Learn Cell Salvage modules are out with the group for updating. The deadline for the national survey has been extended to the 28<sup>th</sup> Jan and EC happy to share the link for anyone yet to complete. The group aim to give some initial feedback within three months and then publish a report.

UKCSAG will not be following the AABB guidance to extend the usage time for cell salvaged blood from 4 to 8 hours and all references to the AABB will be removed from the group's literature. At the same time a literature search will be undertaken for evidence around the timescales for reinfusing autologous blood, alongside some research into bacterial growth at various timescales.

**6. Presentation of Regional Cell Salvage Data (OP)**

Previous data not particularly reliable due to accuracy, duplication, etc, but showed what could be achieved. Now have one year's worth of data from 2019 from 8 hospitals to present. Some didn't meet all the parameters so some of the data is skewed and assumptions were made if the information was incomplete. c.6000 cases were reviewed with 2400 patients getting their blood back, mainly in obstetrics, orthopaedics and vascular. Also looked at TXA use and maternal anaemia.

The presentation will be uploaded to the data collection page of the SWPBMG sharepoint and EC requested that everyone reviews their data and sends any feedback to OP or via JM and also look at it in conjunction with their own policies so that we can use the informal June meeting to add a bit more clarity and consider what we do going forward. Also considering a poster presentation of anonymised data to NATA if there are no objections.

**7. Haemonetics – Filtration in Cell Salvage/RS1 Leucodepletion filter**

IS gave some background on filtration in the medical setting and the features of the RS1 leucodepletion filter in cell salvage. The use of leucodepletion filters in oncology surgery is positively indicated by NICE and the Association of Anaesthetists. The RS1 is the only leucodepletion filter approved for use in cell salvage but in the comments that followed, IS stressed that Haemonetics has no claims regarding the reduction of cancer cells.

**8. Date of Next Meeting**

June (informal) date tbc  
13.09.22 (formal)

<b>SW PBM Meeting, 18.01.22 : Actions</b>		
<b>Action</b>	<b>Actioner</b>	<b>Comments</b>
Circulate link to JPAC education page	ST	
Upload fibrinogen concentrate business cases to PBM sharepoint page	CL/SS	
Circulate UKCSAG survey link	EC	
Feedback on database presentation	All	