CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Thursday 22 November 2012, 10:30 – 15:30

Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS	
Derriford Hospital	Adrian Copplestone (AC), Adam Forbes (AF)
Dorset General Hospital	David Quick (DQ), Dietmar Hôfer (DH)
Gloucestershire Hospitals	No Attendance
Great Western Hospital	No Attendance
North Bristol Trust	Janet Birchall (JB)
North Devon District Hospital	Maggi Webb (MW)
Poole General	Alison McCormick (AM), Sue Redfearn (SR)
Royal Bournemouth	Shane McCabe (SM), Julie Johnson (JJ)
Royal Cornwall Hospital	Stephen Bassey (SB), Deb Thomas (DT)
Royal Devon & Exeter Hospital	Paul Kerr (PK), James Piper (JP)
Royal United Hospital Bath	Dave Fisher (DF), Jennifer Page (JPg)
Salisbury	Phil Donnison (PD), Anne Maratty (AM), Caroline Mathews (CM), Effie Grand (EG)
Taunton and Somerset Hospital	Sarah Allford (SA), Alison Western (AW),
Torbay Hospital	Patrick Roberts (Chair) (PR), Alistair Penny (AP),
University Hospitals Bristol	No Attendance
Weston General	Louise Jefferies (LJ), Francoise Dollery (FD)
Yeovil District Hospital	No Attendance
PRIVATE HOSPITALS	
Nuffield Health Cheltenham Hub	No attendance
Nuffield Health Exeter Hub	No attendance
Spire Hospital, Bristol	Bernadette Jones (BJ)
Somerset Community Health	No attendance
Patient Representative	Bob Lang (BL)
NHSBT	
Transfusion Liaison Nurses	Peter Thompson (PT), Alister Jones (AJ)
Trainee Scientist	Sara Wright (SW)
RTC Administrator	Jackie McMahon (JM)

1. **Apologies:** Attached.

2. **Previous Minutes:** The minutes of the meeting held on 18 May 2012 were confirmed as a true record.

3. Matters Arising

3.1 4.1 Adhoc Data
No issues raised.

3.2 6.1 Taunton Team – Feedback from Major Incident
AJ referred to the circulated document 'Emergency Transport Meeting at Musgrove Park Taunton 17th July 2012' and confirmed that the three actions with regard to lines of communication between the hospital, NHSBT and the driver have been agreed and that the number for contacting the duty transport manager during a major incident will be circulated to the laboratory managers.

The provision of MI (major incident) packs by NHSBT was discussed and the consensus was that individual hospitals should decide their own requirements – some hospitals already have them built into their major incident policies. SA commented that the lesson TSFT had taken from the incident was to order components without waiting for information to come through from the incident scene. They now have built into their plan that the BMS can go ahead and place the order before the consultant arrives.

For hospitals with limited space for extra stock, it was suggested requesting to utilise NHSBT refrigerated vans to temporarily hold stock on site.

AC pointed out that the trauma centre network is now in place so major incidents will be handled differently going forward.

3.3 9.4 2012 Database Survey
Covered under main agenda.

4. Questions from Circulated Documents (All)

JB commented that the figure for platelet expiry at Filton blood centre is high, but said that as Filton acts as a reserve for other parts of the country this is understandable.

AC highlighted the need to reduce platelet wastage, both at NHSBT and in the hospitals, and was keen for a mechanism to be developed which enabled hospitals to feed information on platelet usage to NHSBT and assist demand planning. It was acknowledged that whilst one of the aims of ITS is to improve the ordering/supply process this is a long way off.
AC will devise a simple regional pilot for labs to feed information into NHSBT. This will be reviewed by the RTT for endorsement prior to distribution.

Action AC/RTT

Pooled Granulocytes
This new product is manufactured by pooling and concentrating granulocytes from ten whole blood donations. One pooled pack is

approximately 210 mls in volume allowing 2 packs to be used for an adult and 10-20ml / Kg for a child (up to a maximum of two packs). NHSBT can supply ABO and RhD matched units but cannot do broader phenotype matching. If a patient has red cell antibodies, they may still only be issued ABO and RhD matched because of the low red cell content. PR asked if anyone was collecting outcome data as they are used so little. JB said there is little published evidence to support use at present and good trial evidence is required.

5. National Blood Transfusion Committee Update (JB)*

[*All presentations are available on the RTC website]

JB presented the results of the platelet survey to the RTC chairs, and represented the SW RTC on PR's behalf (but missed most of both meetings due to travel disruption and the flood at Filton Blood Centre). JB's presentation highlighted issues taken from the minutes of the meetings and included the SW RTC highlight report which emphasised the region's stable platelet use compared to the 8% rise nationally.

6. Use of O-Pos Blood in Emergencies and Massive Haemorrhage (JPg)*

JPg presented the final O-Neg survey report and re-iterated the key message - with good stock rotation in remote fridges O-Neg blood use and wastage can be reduced. A discussion regarding whether the use of O-Pos blood in place of O-Neg could be used in emergency/massive haemorrhage situations followed. Concern was expressed regarding the potential for both creating RhD antibodies and the ineligibility for electronic issue because of mixed field reactions. Also labelling O-Pos as emergency blood may lead to it being given to females by mistake. It was suggested that O-Neg blood should continue to be held for emergency use and O-Pos blood be used for massive haemorrhage in men or women of non childbearing capacity. Some hospitals confirmed that their massive haemorrhage policies already state O-Pos for men.

JB re-iterated that the practice of keeping 2 units of emergency O-Neg in remote fridges may not be enough if massive haemorrhage occurred.

The discussion concluded with broad agreement that it would be acceptable to issue group specific blood after one sample if urgent, or carry on with O-Neg until 2 samples were received. Also that the aim should be to rotate emergency O-Neg blood with more than 10 days shelf life back to stock to prevent transfusion to other groups to avoid time expiry. This should allow a reduction in overall O-Neg stock.

7. Blood Conservation Group Update (AJ)

A low-impact survey is planned to obtain data on ICS activity within the region, aiming to capture information on the types of machines in use and the annual use of consumables. John Faulds, Blood Conservation Co-ordinator at RCHT gave a presentation on iron optimisation at the transfusion study day and is keen to know if anyone else in the region is

looking to set up a similar programme and whether they would be interested in working together. Representatives from a number of Trusts at the meeting confirmed they have programmes in place. One Trust gives tranexamic acid pre-op to knee and hip surgery patients. SB pointed out that as part of PBM it is likely that Trusts will be asked what they are doing for iron optimisation.

8. Education Sub-Group (AJ)

Two study events were held in the region during October/November:
(i) TP development day - based around the national framework for TP development. The event received extremely positive feedback.
(ii) Transfusion study day - 'Preparation for surgery and peri-operative transfusion', this event also received very positive feedback and one interesting point that emerged is a lack of knowledge on point of care testing.

A PowerPoint presentation has been produced to help enhance the management of remote blood fridges. A presentation on basic blood group serology is planned for nurses.

8.1 Learnbloodtransfusion

The module on Consent has been finalised and will be launched once testing is complete. A revalidation course for Module 1 will shortly be available. A writing group has been established to prepare a module on the Management of Transfusion Reactions and Safe Transfusion Practice.

AC raised two issues around competency training:
(i) the assumption that an individual is competent if a Trust has LearnPro and the limitations of competency training when transferring between Trusts
(ii) difficulty in capturing staff at doctor/consultant level even though they have input into transfusion decisions.
He suggested that a national approach was required to address the situation.

PT summarised the two separate issues as:
(i) the knowledge base for transfusion and competency assessments have merged into one in peoples' minds but BCSH guidelines state quite clearly that people should receive theoretical transfusion training applicable to their role on a regular basis;
(ii) NPSA Safer Practice Notice re competency: the NPSA working group recommendation is still some time away. It may be more effective to have training and competency combined. There has been some discussion by the working group around having an observed assessment initially, followed by regular knowledge based assessments.

9. TLM Update (MW)

The last meeting was held in the summer and covered SHOT & SABRE reports (as usual); feedback from MHRA/CPA inspections (with a comment that the CPA was becoming more like MHRA); feedback from the National Lab Managers, SHOT and PBM meetings; reports from NHSBT and presentations on changes to the ordering of processed products, i.e. washed red cells, and the new specimen tracking system for RCI & H&I.

10. TLN/TP Update (PT)

The last TP event was the Development Day and, although it evaluated well, attendance was disappointing. PT confirmed the format for next year will be three TP meetings (approx. March, June & September) with a lot more focus on clinical issues, and with one meeting set aside as a formal development day/conference. As well as enabling TPs to update their knowledge base, the meetings offer good networking opportunities and PT encouraged attendance.

11. Report from NCA Medical Use of Blood (PT)*

In the absence of the full report, PT presented a summary of findings that had been provided by Kate Pendry. The full report is expected to be available by mid-December and PT explained that although Part 1 is complete, there has been a delay in receiving feedback on the cases selected for further investigation in Part 2.

PK commented on how difficult the form for the second part was. PT confirmed that this had been a major criticism and was fedback to the NCA. The focus in future is likely to be on electronic data gathering.

12. Iron Deficiency Anaemia in Obstetrics (SA)*

SA presented on the identification and treatment of iron deficient anaemia in obstetrics, and emphasised the need to have robust policies in place. SA also commented on the fact that nationally there are no audits on this subject on RTC websites.

13. Two Samples for Electronic Cross-matching (PK)*

PK stressed that the two-sample rule only applies to a small number of patients as most will have a historical blood sample and that the key issue is the taking of two separate samples. This prompted a discussion around implementation, and PK emphasised the importance of education and support at Board level with Trusts having robust policies in place for dealing with outlying practice. Evidence of junior doctors taking 2 samples at once and sending them at different times was highlighted. All present agreed this was very poor practice and undermined the principle of the process. ED is a key area to target with significantly fewer patients having a historical record and a higher prevalence of labelling errors.

AC pointed out that simply encouraging staff to check computer records first will help reduce unnecessary blood samples.

14. Feedback from Patient Blood Management meeting (AM)*

AM gave an overview of the topics discussed. She said there were a lot of good things going on around the country and world-wide, as outlined by speakers from Australia and USA. NBTC is to set up a working group to take PBM forward.
JB pointed out that transfusion medicine has improved greatly over the past 10 years and has been a great achievement.

15. Platelet Use Survey (JB)*

JB highlighted the platelet use survey that was presented to the RTC Chairs in November. The survey emphasised that practice within the SW region overall is good but that the future will prove challenging with an ageing population/increasing incidence of chronic bone marrow failure. JB said that in her experience talking to day unit nurses about practice helps to bring about change.

16. 2012 Database Survey (JB)*

JB presented the findings of the 2012 database survey:

- Regular medical training is still a problem.
- Progress in use of cell salvage .
- Although the majority of lab staff will challenge requests, evidence suggests a reticence to challenge CH requesting platelets.
- Majority of Trusts that are major trauma centres will have TEG/ROTEM.
- Significant problem with major blood using specialties not attending HTCs.

Letters will be sent to outlying hospitals, and there were no objections to JB's suggestion to start including outlying use of O-Neg.

17. AOB

(i) Units for Hb are due to change from g/dl to g/l in March 2013
(ii) PR's term as SW RTC Chair is coming to an end and any HTC Chairs interested in this role should approach him directly.

18. Date of Next Meeting

Thursday 9 May 2013

GLOSSARY OF ABBREVIATIONS

AIM	Appropriate Inventory Management
BBT	Better Blood Transfusion
BCSH	British Committee for Standards in Haematology
BMS	Biomedical Scientist
BSMS	Blood Stocks Management Scheme
CPA	Clinical Pathology Accreditation
CH	Consultant Haematologist
DH	Department of Health
H&I	Histocompatability & Immunogenetics
HTC	Hospital Transfusion Committee
IOCS/ICS	IntraOperative Cell Salvage
ITS	Integrated Transfusion Service
KPI	Key Performance Indicator
LBT	Learnbloodtransfusion
MHRA	Medicines & Healthcare Products Regulatory Agency
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NCG	National Commissioning Group
NHSBT	NHS Blood and Transplant
NPSA	National Patient Safety Agency
PBM	Patient Blood Management
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Trust
RCI	Red Cell Immunohaematology
RTC	Regional Transfusion Committee
RTT	Regional Transfusion Team
SABRE	Serious Adverse Blood Reactions & Events
SHOT	Serious Hazards of Transfusion
TLM	Transfusion Laboratory Manager
TLN	Transfusion Liaison Nurse
TP	Transfusion Practitioner
TSFT	Taunton & Somerset NHS Foundation Trust

South West Regional Transfusion Committee Meeting

Thursday 22 November 2012 at Oake Manor

APOLOGIES

Hospital	Name	
Circle Bath	Norjin	Pejcic
Glos Hospitals	Sally	Chown
	Paul	Turner
North Bristol	Tim	Wreford-Bush
RD&E	James	Piper
	Biddy	Ridler
	Veronica	Sansom
Royal Cornwall	Carol	McGovern
	Richard	Noble
	John	Faulds
RUH	Jerry	Nolan
	Helen	Maria
	Susan	Scott
Somerset Partnership	Nina	Vinall
Swindon	Doug	Smith
	Sally	Caldwell
UHB	Soo	Cooke
	Tom	Latham
Yeovil	Simon	Davies
	Alison	Hill