

London Regional Transfusion Committee

London & South East Trauma & Haematology Group

Thursday 22nd March 2018

14:00 – 16:30

Lecture Theatre C

Ground Floor Hunter Wing

St George's hospital, Blackshaw Road, SW17 0QT

Topic															
Welcome															JU
JU welcomed all to the meeting and round room introductions were made.															
Attendance															
Trust	Name	19/01/16	25/07/16	15/11/16	27/07/17	29/11/17	22/03/18	Trust	Name	19/01/16	25/07/16	15/11/16	27/07/17	29/11/17	22/03/18
Imperial	David Johnson						P	OUH	Nikki Curry	P	A	A	N	N	A
	Denise McKeown	N	P	A	P	P	A		Sue Hemmatapour	N	A	A	A	N	N
	Simon Eaglestone	N	N	N	N	N	N		Julie Staves	P	A	A	P	A	A
(NHS BT)	Fateha Chowdhury	*	*	*	P	P	A		Claire Guest	N	N	N	N	P	N
Barts	Paul Grist	N	N	N	N	N	N	BSUH	Julie Cole	N	N	P	P	P	A
	Julia Lancut	N	A	P	A	A	N		Peter Larcombe	N	N	N	N	N	N
	Pascal Winter	P	P	P	A	N	P	Addenbrooks	Dora Foukaneli	N	N	N	A	A	A
	Jo McCullagh	N	N	N	A	N	P		Claire Newsam	N	N	P	A	P	C
	Nidhi Sharma	P	N	N	A	N	N		Katherine Philpott	N	N	N	A	A	N
	Vacant TP								Ruth Smith	P	P	N	A	A	N
(NHS BT)	Laura Green	P	*	A	A	A	P	GOSH	Rachel Moss	*	*	P	A	A	A
(NHS BT)	Shubha Allard	N	A	A	A	A	A	GSTT	Tim Maggs	*	*	*	A	A	N
KSS	Gary Wareham	N	A	P	P	A	P		Sue Robinson	*	*	*	P	A	N
SGH	Steven Wiltshire	P	P	P	P	P	P		Vanessa Fulkes	*	*	*	P	A	N
	James Uprichard	P	P	P	P	P	P		Charlene Furtado	*	*	*	P	P	N
	Bassey Williams	N	N	P	P	N	N		Dharshana Jeyapalan	*	*	*	N	A	P
	Matt Free	P	A	P	N	P	P	NHSBT	Al Hunter	P	P	P	P	A	P
	Sarah Carr	N	N	N	N	N	N		Richard Whitmore	P	A	P	A	P	P
	Kelly Feane	N	P	P	A	N	N		Helen New					A	A
KCH	Emily Carpenter	P	P	P	P	P	A		Anwen Davies						A
	Jen Heyes	*	*	*	*	P	P		Sasha Wilson						A
	Malcolm Tunnicliff	N	A	N	N	N	N		Gemma Fawke						
	Ken Amenyah	P	N	P	A	D	N								
	Alek Mijovic	N	N	N	N	N	N								

Previous Minutes:

The minutes were approved as an accurate record of the meeting held on the 29th November.

Updates – Major Trauma Centres**Cambridge**

RePHIL trial – East Anglia Air Ambulance – started. Randomised to get saline v RBC/plasma. Different types of boxes in pre-hospital setting.

CRYOstat – to start soon. Funding issue mentioned in last meeting solved.

KSSA

Routine Pre-hospital transfusion with RBC and Lyoplas. Supply issues with Lyoplas from Germany – unable to keep up with demand. Pharmaceutical product – NHSBT asked to be a third party supplier but not possible due to grey supply. Another manufacturer in France to be visited. Looking at what other processes are being used in other air ambulance services to provide best treatment.

Barts

Will start using A FFP for unknown patients.

GSTT

Has 2 white boxes that hold 20 units each – one with O D negative and one with O D positive red cells.

Last activation was the Parsons Green incident but no patients received.

St Mary's

Major internal incident across Imperial with IT system failure.

Reduction in stock holding O pos and O neg. Big saving on stock. Meeting with BSMS to discuss stock. Might be presenting at RTC. Looking at stock across all sites to try and centralise ordering.

St Georges

Cryostat2 – 22 patients. Moving apheresis unit to a remote part of the hospital away from the laboratory. ED blood fridge playing up a bit – who pays for a replacement? Record of use of O pos and O neg for all code red patients. Lots of B patients that have received A plasma and no adverse reactions to plasma.

Getting a TEG6S in ED. KCH has a TEG in ED. BH the TEG was removed from ED as no patient was in department long enough for the results to be acted upon.

Kings

Now open for Cryostat2, 1 patient randomised onto the early cryo arm yet. Currently open only 9-17:00 due to research nurse availability but plan to open 24/7 once we have successfully enrolled a few patients and are happy the system is working.

Issues with Octaplas becoming clumpy post thawing. After discussion with Octapharma we have extended our thaw time to 35 minutes and this seems to have been resolved. Reports of clumping

<p>only with batch M743C9521</p> <p>We have introduced a reflex add on of Clauss fibrinogen for clotting screen received on all trauma patients (defined by use of trauma name). Although part of massive haemorrhage test set, previously this was underused as clinicians opted to request individual tests. Also prompts BMS to telephone MTC directly if results require products to be given according to code red policy.</p> <p>Teaching sessions on Haematology and Transfusion in Trauma by Haematology Consultants and/or TP to Major Trauma Consultants, Anaesthetists and Intensivists across all Doctor grades has appeared to improve both sampling during Trauma Code Reds and also the appropriate use of coag packs. Training was offered and accepted via Trauma M&M. Supporting data to follow.</p> <p>Recent platelet shortage did not affect any trauma patients, but there was a 2 hour period where no platelets were present on site. This was due to an influx of non-code red patients bleeding thus appropriately requiring the reduced stock we were holding whilst waiting for next delivery. Luckily, we did not need to request any blue light deliveries</p> <p>NHSBT Update Previous action to enquire about delivering blood directly to site if patient trapped – multiple reasons why not – will be raised to director of quality.</p>	
<p>Is ‘Whole Blood’ superior? Trial proposal from Barts Health and NHSBT</p> <p>Red cell and plasma study in pre-hospital setting. Leucodepleted red cell and plasma in pre-hospital setting Team at RLH made a case for whole blood (WB) rather than separate plasma and RBC.</p> <p>Leucodepletion removes platelets from whole blood during processing. New filters available that save the platelets but would need to be tested and validated. NBTC – of all components in development the members wanted NHSBT to concentrate on whole blood.</p> <p>4 work packages – NHSBT and Royal London Hospital 1 – assessment of RC&plasma component for clinical use. Shelf life will be 14 days 2 (feasibility study) – Deliverability of RC&plasma to hospitals for use in pre-hospital setting and impact on safety and resuscitative markers in trauma bleeding patients 3 – development of WB component for the future 4 – RTC – subject to WB development work (2-3 years time). Comparison of current treatment with RC&plasma (or WB)</p> <p>Feasibility study Observational study From June 2018 RC&plasma transfusion will replace RBC transfusion in pre-hospital setting in London O D negative Population – trauma patients requiring blood in the pre-hospital setting Comparator (controls): all trauma patients who have been transfused RBC in the pre-hospital setting in London from March 2015 – April 2016 Continue routine care for patients when they attend ED at receiving hospital.</p>	<p>LG</p>

<p>Primary outcome OTIF (On Time In Full) – NHSBT measure Wastage levels – hospital measure</p> <p>Secondary objectives Impact of RC&plasma transfusion with RBC only transfusion on resuscitative effect, coagulation parameters, overall transfusion requirements, haemolysis, and mortality in trauma bleeding patients.</p> <p>Data will be collected for each patient that has received RC&plasma. Transfusion team will be contact (NIHR registered).</p> <p>Study length – 18-24 months.</p> <p>Questions JU - Why is whole blood so difficult? Leukodepletion removes platelets. Removal of white cells important safety measure. At what storage condition do you use to store whole blood with platelets?</p> <p>Component will have plasma from UK source. Risk balance..</p> <p>JU - Mark Yazer work – what are the differences? Study only looked at 47 patients. The platelets are included as they use a different filter which doesn't meet the UK standards for leukodepletion. Blood supply unit on site - secondary processing to remove the wastage issue. Will NHSBT take the units back to do secondary processing?</p> <p>If unit not used by day 10 the units will be put in the ED fridge for use in bleeding patients – only 4 units in fridge as maximum.</p>	
Break	
Major Haemorrhage Protocol – the Brighton experience with cryoprecipitate	JC
Unable to present – sent apologies	
Kings Code Red Audit – What's the real story?	JH
Multi-MTC MHP Audit Results	SW
<p>All really busy without time for audit. 3/6 replies. NCA will do an audit – October this year. Local network MHP's Confirmatory sample rule O D Pos in any other fridges other than ED. Hot lab – improve sample turnaround time Big problem with getting sample and turnaround.</p>	
Any other business including date for next meeting:	

RTC website – Host stuff. What do we want on there?

ToR – action JU/EC to update

Minutes

Presentation?

Audit proforma

Communications

O D negative audit – this year

June or early July - RLH