

South-West Transfusion Practitioners Meeting
Thursday 26th April 2012
Oake Manor Golf Club, Taunton

Sponsorship of meeting kindly provided by Celgene

<u>Attendees</u>	<u>Apologies</u>
<p>Louise Jefferies (Chair), TP, Weston General Hospital.</p> <p>Biddy Ridler, Blood Conservation Specialty Doctor, Royal Devon and Exeter Hospital.</p> <p>Kathleen Wedgeworth, TP, North Devon District Hospital, Barnstaple.</p> <p>Soo Cooke, TP, University Hospitals, Bristol.</p> <p>Karen Mead, TP, North Bristol NHS Trust (Frenchay & Southmead).</p> <p>Jaime Denham, Clinical Skills Facilitator, Somerset Partnership (Community Health).</p> <p>Alison Rundle, TP, Cornwall and Isles of Scilly (Community).</p> <p>Alison Hill, TP, Yeovil District Hospital</p> <p>Caroline Blake, TP, Dorset County Hospital, Dorchester.</p> <p>Alison Western, TP, Taunton & Somerset Hospital.</p> <p>John Faulds, Blood Conservation Co-ordinator, Royal Cornwall Hospital, Truro.</p> <p>Rob McGowan, TP, Gloucestershire Hospitals (Cheltenham and Gloucester).</p> <p>Nicki Jannaway, TP, Royal Cornwall Hospital, Truro.</p> <p>Deb Thomas, Senior TP, Royal Cornwall Hospital, Truro.</p> <p>Veronica Sansom, TP, Royal Devon and Exeter Hospital.</p> <p>Peter Thompson, Transfusion Liaison Nurse, NHSBT Plymouth</p> <p>Alister Jones, Transfusion Liaison Nurse, NHSBT Plymouth.</p>	<p>Vikki Chandler-Vizard, TP, Poole General Hospital</p> <p>Norjin Pejic, Transfusion Link Nurse, Circle Hospital, Bath</p> <p>Julie Dickens, Transfusion Link Nurse, Prospect Hospice, Swindon</p> <p>Julie Johnson, Transfusion Service Co-ordinator, Royal Bournemouth Hospital.</p> <p>Sue Scott, TP, Royal United Hospital, Bath.</p> <p>Julia Pinder, TP, Torbay Hospital.</p> <p>Pippa Spreadbury, Transfusion Link Nurse, BMI Bath Clinic.</p> <p>Anne Marratty, TP, Salisbury District Hospital.</p> <p>Cathy Hall, TP, Derriford Hospital, Plymouth.</p> <p>Georgina Vincencova, TP, Derriford Hospital, Plymouth</p> <p>Mary White, TP, Nuffield Health, Cheltenham.</p> <p>Helen Maria, Senior TP, Royal United Hospital, Bath.</p> <p>Sally Caldwell, Senior TP, Great Western Hospital, Swindon.</p> <p>Maria Davies-Smith, TP, Great Western Hospital, Swindon</p> <p>Claire Husain, Transfusion Link Nurse, UKSH Devizes.</p> <p>Debbie Davey, Transfusion Link Nurse, BMI Bath Clinic</p> <p>Greg Malcolmson, Senior TP, Derriford Hospital, Plymouth.</p> <p>Kim Locke, TP, Royal Bournemouth and Christchurch Hospitals.</p>
<p><u>Speakers</u></p> <p>Wendy Etheridge (RCI, NHSBT)</p> <p>Gail Catton & Jacquie Harris (Celgene)</p>	

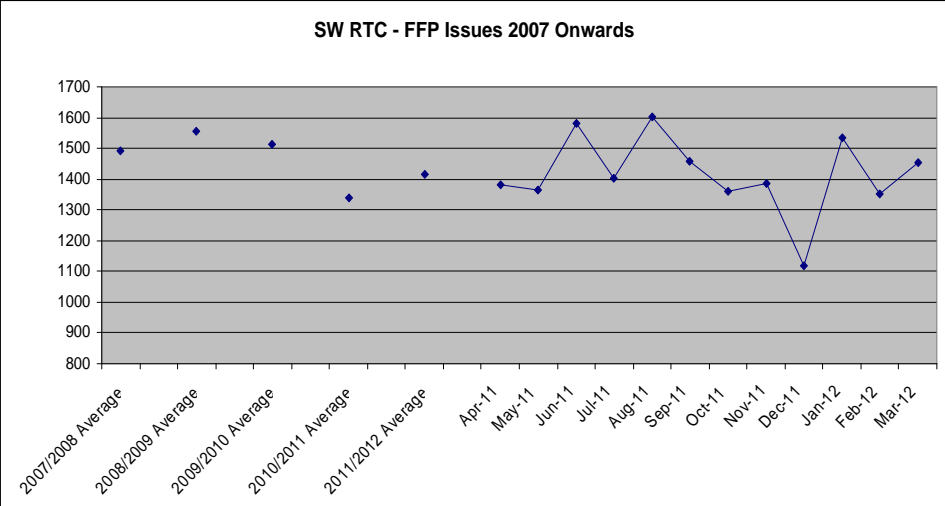
1.	Introduction & apologies, minutes of last meeting and matters arising	Action
	<ul style="list-style-type: none"> The Chair opened the meeting by welcoming everyone and conducting a round of introductions. All actions from the last meeting on 28 09 11 have been completed. Karen Mead reiterated to BMS members of the group that she still has details of a useful course – the Certificate of Quality Management, lasting 12 weeks and costing £600. For further details, please contact Karen Mead: Karen.Mead@nbt.nhs.uk 	
2.	TP development – Alison Western	

	<ul style="list-style-type: none"> Alison attended the TP development workshop in Birmingham late last year, representing the South West region. Alison fed back to the group using the presentation attached (by e-mail only). Key points included: the need to raise awareness of the skills that TPs already possess; the need for TPs to spend some time to identify leadership skills already held; and to investigate strategies for developing leadership and management skills, such as chairing meetings. NHS Leadership tools are available on the internet, which can be used across the NHS to underpin leadership development. See http://www.leadershipqualitiesframework.institute.nhs.uk/ After some discussion, it was agreed to attempt to set up a similar workshop to the Birmingham event at the proposed regional TP conference later in the year (see item 6). 	PT
3.	Blood conservation – why? – Dr Biddy Ridler	
	<ul style="list-style-type: none"> Biddy's presentation is attached 9via e-mail only). The general principles of blood conservation were revisited. Current status and future developments in blood conservation were examined. Discussion ensued around the significant culture changes often needed to push forward the blood conservation message. 	
4.	Sponsors session - Celgene	
	<ul style="list-style-type: none"> Gail Catton and Jacquie Harris outlined the use of Vidaza in the treatment of MDS. There is evidence to suggest that in the longer term, this new agent can help reduce dependency on transfusion. Further information is available from jacharris@celgene.com 	
5.	All about RCI – Wendy Etheridge	
	<ul style="list-style-type: none"> Wendy outlined the work of Red Cell Immunohaematology at NHS Blood and Transplant. Various scenarios were discussed. Wendy outlined how difficult it can sometimes be to get matched blood for some patients, and in extreme cases this can take up to 24 hours. A copy of Wendy's presentation is attached (via e-mail only). 	
6.	Regional TP survey & the future of the group – Peter Thompson	
	<ul style="list-style-type: none"> Peter presented the findings of the 'Survey Monkey' survey into the future of the SWTP group, which was conducted earlier this year. A copy of the results, including response rate, is attached (e –mail only). Key points included: there was unanimous agreement that the meetings should continue; the venue should be Oake Manor / Taunton area wherever possible. Difficulties surrounding release to attend were discussed. It was agreed that from now on, meetings would be held a maximum of three times per year. One of those meetings will be a regional TP professional development conference, with a full day being dedicated to this. The other two meetings will run in a similar format to the existing one (see also 'Any Other Business') 	PT
7.	TLN / SWRTC Education Subgroup report – Peter Thompson / Alister Jones	
	<ul style="list-style-type: none"> TLN report is attached at Paper A. Alister outlined the current activities of the SWRTC Education Subgroup. The midwives event in March had been a great success, and the next major regional education event was likely to focus on enhanced recovery/ pre-op preparation of the patient. Soo Cooke gave particular mention to Sally Caldwell, whose session on SHOT was particularly well done and well received. Materials from the HCA and midwives study days are available on the SWRTC 	

	website.	
8.	UK Cell Salvage Action Group update – Dr Biddy Ridler	
	<ul style="list-style-type: none"> Update from Biddy Ridler and John Faulds is attached at Paper B. 	
9.	Feedback from conferences and educational events	
	<ul style="list-style-type: none"> Alister Jones attended the recent NATA conference in Copenhagen. The results of a Europe-wide benchmarking exercise in transfusion practice are expected soon. A presentation on haemovigilance in Germany revealed how well developed UK systems are. It was very interesting to see what's currently happening in other countries. 	
10.	Group discussion of any recent SHOT/SABRE/Near Miss incidents	
	<ul style="list-style-type: none"> There was general debate and discussion surrounding the issue of how to ensure prescribers identify which patients needed irradiated blood, as well as ensuring that irradiated blood was supplied by the lab. when indicated. It was agreed that there are many 'holes' in the system, and there is no single solution to the problem; it is very much a case of local risk identification and management. Other issues discussed included: anaphylactic reaction to red cells; delayed transfusions; traceability problems; wastage due to out-of-temperature controlled storage; over-run of platelet transfusion; sample errors, including wrong blood in tube when using a blood tracking system (patient notes were scanned, not the wristband!). 	
11.	Any other business (including date of next meeting and Chair)	
	<ul style="list-style-type: none"> Deb Thomas suggested that at future TP meetings, there should be four short, sharp slots for group members to report on internal audits that they had carried out. These needn't necessarily be PowerPoint presentations etc; just quick and easy. This could be a valuable way of pooling resources; for example, the Truro team have just conducted an audit of consent recording in transfusion – with the sum total of 0% of transfusion consent being recorded in the patient's notes. This suggestion was unanimously welcomed and agreed. Kathleen Wedgeworth has been appointed to the TP group of the BBTS (well done Kathleen). She highlighted two forthcoming events of interest for TPs – the national TP conference in Birmingham on 26th June (run by TPs for TPs). The focus of this meeting will be professional development opportunities for TPs and national developments in transfusion practice. There will also be a TP session at the BBTS ASM at Harrogate in September – the theme this year is 'making a difference'. Veronica Sansom asked how various trusts produced their patient ID bands, and discussion around this topic ensued. There being no further business, the meeting was closed at 16.30. Date of next meeting and Chair: TBC (next meeting may be a TP professional development day as mentioned previously). 	

**South West Transfusion Practitioners Group Meeting,
Thursday 26th April 2012: NHSBT Transfusion Lisison Nurse Update**

<p style="text-align: center;">Platelets</p>	<ul style="list-style-type: none"> National demand for platelets continues to rise sharply. However the South West (SW) region has bucked this trend over the past year (platelet issues fell by 0.3%). Thank you for all your efforts in helping to achieve this. The focus will remain on appropriate use of platelets throughout the coming year. Particular emphasis will be on the need to investigate the appropriateness of double-dose prophylactic platelets, and this may be subject to regional survey/audit. <div data-bbox="395 418 1323 862"> <p style="text-align: center;">SW RTC - Platelet Issues 2007 Onwards</p> <table border="1"> <caption>SW RTC - Platelet Issues 2007 Onwards (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>Issues</th> </tr> </thead> <tbody> <tr><td>2007/2008 Average</td><td>1500</td></tr> <tr><td>2008/2009 Average</td><td>1480</td></tr> <tr><td>2009/2010 Average</td><td>1500</td></tr> <tr><td>2010/2011 Average</td><td>1620</td></tr> <tr><td>2011/2012 Average</td><td>1620</td></tr> <tr><td>Apr-11</td><td>1720</td></tr> <tr><td>May-11</td><td>1780</td></tr> <tr><td>Jun-11</td><td>1700</td></tr> <tr><td>Jul-11</td><td>1680</td></tr> <tr><td>Aug-11</td><td>1650</td></tr> <tr><td>Sep-11</td><td>1580</td></tr> <tr><td>Oct-11</td><td>1580</td></tr> <tr><td>Nov-11</td><td>1500</td></tr> <tr><td>Dec-11</td><td>1600</td></tr> <tr><td>Jan-12</td><td>1580</td></tr> <tr><td>Feb-12</td><td>1480</td></tr> <tr><td>Mar-12</td><td>1600</td></tr> </tbody> </table> </div>	Period	Issues	2007/2008 Average	1500	2008/2009 Average	1480	2009/2010 Average	1500	2010/2011 Average	1620	2011/2012 Average	1620	Apr-11	1720	May-11	1780	Jun-11	1700	Jul-11	1680	Aug-11	1650	Sep-11	1580	Oct-11	1580	Nov-11	1500	Dec-11	1600	Jan-12	1580	Feb-12	1480	Mar-12	1600
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<p style="text-align: center;">ORhD negative blood</p>	<ul style="list-style-type: none"> Although the stock of group ORhD neg. red cells is reasonable at present (with a couple of recent sharp dips), we are approaching the Olympics and thus will need to build stocks for this event. The NBTC target of fewer than 10.5% of O neg issues as a proportion of red cell use continues. The SW saw a reduction of 0.1% from the previous year, from 10.3% down to 10.2%. <div data-bbox="399 1066 1316 1534"> <p style="text-align: center;">O Neg as % of RBC Issues</p> <table border="1"> <caption>O Neg as % of RBC Issues (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>%</th> </tr> </thead> <tbody> <tr><td>2010/2011 Average</td><td>10.3</td></tr> <tr><td>Sep-10</td><td>10.5</td></tr> <tr><td>Oct-10</td><td>9.8</td></tr> <tr><td>Nov-10</td><td>10.5</td></tr> <tr><td>Dec-10</td><td>10.0</td></tr> <tr><td>Jan-11</td><td>10.1</td></tr> <tr><td>Feb-11</td><td>10.4</td></tr> <tr><td>Mar-11</td><td>10.4</td></tr> <tr><td>Apr-11</td><td>9.9</td></tr> <tr><td>May-11</td><td>10.2</td></tr> <tr><td>Jun-11</td><td>10.1</td></tr> <tr><td>Jul-11</td><td>9.9</td></tr> <tr><td>Aug-11</td><td>10.0</td></tr> </tbody> </table> <p style="text-align: center;">SW RTC</p> </div>	Period	%	2010/2011 Average	10.3	Sep-10	10.5	Oct-10	9.8	Nov-10	10.5	Dec-10	10.0	Jan-11	10.1	Feb-11	10.4	Mar-11	10.4	Apr-11	9.9	May-11	10.2	Jun-11	10.1	Jul-11	9.9	Aug-11	10.0								
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<p style="text-align: center;">Red cells</p>	<ul style="list-style-type: none"> Red cell issues fell by 5.0% in the SW region over the past year. <div data-bbox="363 1612 1291 2078"> <p style="text-align: center;">SW RTC RBC Issues 2007 Onwards</p> <table border="1"> <caption>SW RTC RBC Issues 2007 Onwards (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>Issues</th> </tr> </thead> <tbody> <tr><td>2007/2008 Average</td><td>14500</td></tr> <tr><td>2008/2009 Average</td><td>14500</td></tr> <tr><td>2009/2010 Average</td><td>14800</td></tr> <tr><td>2010/2011 Average</td><td>14500</td></tr> <tr><td>2011/2012 Average</td><td>13800</td></tr> <tr><td>Apr-11</td><td>13600</td></tr> <tr><td>May-11</td><td>14400</td></tr> <tr><td>Jun-11</td><td>14500</td></tr> <tr><td>Jul-11</td><td>13700</td></tr> <tr><td>Aug-11</td><td>13800</td></tr> <tr><td>Sep-11</td><td>13900</td></tr> <tr><td>Oct-11</td><td>13500</td></tr> <tr><td>Nov-11</td><td>13800</td></tr> <tr><td>Dec-11</td><td>13300</td></tr> <tr><td>Jan-12</td><td>14300</td></tr> <tr><td>Feb-12</td><td>12800</td></tr> <tr><td>Mar-12</td><td>14300</td></tr> </tbody> </table> </div>	Period	Issues	2007/2008 Average	14500	2008/2009 Average	14500	2009/2010 Average	14800	2010/2011 Average	14500	2011/2012 Average	13800	Apr-11	13600	May-11	14400	Jun-11	14500	Jul-11	13700	Aug-11	13800	Sep-11	13900	Oct-11	13500	Nov-11	13800	Dec-11	13300	Jan-12	14300	Feb-12	12800	Mar-12	14300
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FFP	<ul style="list-style-type: none"> FFP issues in the SW region have increased by 5.7% in the past year. This is thought to be due to the increase in protocol –driven approaches to emergency care (i.e. massive haemorrhage policies). Any thoughts?  <table border="1"> <caption>SW RTC - FFP Issues 2007 Onwards</caption> <thead> <tr> <th>Period</th> <th>FFP Issues</th> </tr> </thead> <tbody> <tr><td>2007/2008 Average</td><td>1480</td></tr> <tr><td>2008/2009 Average</td><td>1550</td></tr> <tr><td>2009/2010 Average</td><td>1500</td></tr> <tr><td>2010/2011 Average</td><td>1350</td></tr> <tr><td>2011/2012 Average</td><td>1420</td></tr> <tr><td>Apr-11</td><td>1380</td></tr> <tr><td>May-11</td><td>1350</td></tr> <tr><td>Jun-11</td><td>1580</td></tr> <tr><td>Jul-11</td><td>1400</td></tr> <tr><td>Aug-11</td><td>1600</td></tr> <tr><td>Sep-11</td><td>1450</td></tr> <tr><td>Oct-11</td><td>1350</td></tr> <tr><td>Nov-11</td><td>1380</td></tr> <tr><td>Dec-11</td><td>1100</td></tr> <tr><td>Jan-12</td><td>1520</td></tr> <tr><td>Feb-12</td><td>1350</td></tr> <tr><td>Mar-12</td><td>1450</td></tr> </tbody> </table>	Period	FFP Issues	2007/2008 Average	1480	2008/2009 Average	1550	2009/2010 Average	1500	2010/2011 Average	1350	2011/2012 Average	1420	Apr-11	1380	May-11	1350	Jun-11	1580	Jul-11	1400	Aug-11	1600	Sep-11	1450	Oct-11	1350	Nov-11	1380	Dec-11	1100	Jan-12	1520	Feb-12	1350	Mar-12	1450
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Patient information leaflets (PILs)	<ul style="list-style-type: none"> A new PIL for patients receiving platelets is at an advanced stage of development and should be available within the next two months. 																																				
First observations after start of transfusion & the NHSLA (for information).	<ul style="list-style-type: none"> At a recent NHSLA conference in the North West it was suggested that this observation should take place between 15 and 30 minutes. NHSLA advise that policies reflect this to reduce the risk of failing this standard Note from Tony Davies of SHOT: The 15 minute BCSH recommendation is based on reaction times reported to SHOT, and other historical data which clearly show occurrence of major haemolytic reactions and the bulk of anaphylactic reactions during that early period I think it is practically impossible to comply with an audit standard of observations at exactly 15 minutes, and NHSLA are increasingly picking up this non-compliance at inspection when they look at patients' transfusion records - in some cases this may even lead to a 'fail' in the 'monitoring of patients' criterion To bring the observations schedule into the real world, I think we have to be looking at a time interval for the early observation rather than exactly 15 mins, and it would seem reasonable for this to be between 12-25 minutes, or something similar to that, but I have no evidence to back that up and it is only my personal opinion. 30 minutes would seem to me to be a bit long, especially if someone is at all late coming to do them. 																																				
Regional Meetings	<ul style="list-style-type: none"> 18th May 2012: South West RTC meeting, Oake Manor, Taunton 																																				
National and international events	<ul style="list-style-type: none"> May 2012: BSMS road shows: 4th Birmingham; 10th Liverpool; 23rd London; 31st Oxford : www.bloodstocks.co.uk/openmeetings/2012/DatesandVenues/index.asp 22nd May 2012: BBTS Hospital Transfusion Special Interest Group (HoT SIG) meeting, Austin Court, Birmingham : www.bbts.org.uk/ 5th July 2012: SHOT Symposium, The Lowry Centre, Salford Quays shot@nhsbt.nhs.uk 12th-17th July 2012: International Society of Blood Transfusion (ISBT) annual congress, Cancun, Mexico : www.isbtweb.org/news/article/international-congress-of-the-isbt-mexico-2012/ 																																				

For further information please contact:

Peter Thompson TLN (Plymouth), 01752 617824 peter.thompson@nhsbt.nhs.uk

Alister Jones TLN (Filton), 0117 921 7498 alister.jones@nhsbt.nhs.uk

Useful links:

RTC website:

<http://www.transfusionsguidelines.org.uk/index.asp?Publication=RTC&Section=28&pageid=1062>

NHSBT Hospital Liaison monthly 'Update':

<http://hospital.blood.co.uk/>



For the SWTP meeting 26.4.12

Update from the UK Cell Salvage Group (UKCSAG)

Biddy Ridler 19.4.12

Change of Chairs from 20.12.11:

Rebecca Gerrard and Karen Shreeve have taken over joint Chairs role from Catherine Howell and Joan Jones

Intraoperative cell salvage QC pilot (Lead: John Faulds)

- Paper finalised
- For posting on the UKCSAG website

Learn Cell Salvage e-learning package now launched

Learnbloodtransfusion elearning can be accessed by three routes –

- *LearnPro NHSTM* learning management system:
www.learnbloodtransfusion.org.uk
An open access internet based learning management system, individual learners should self-register under their employing organisation/institution.
Trust administrators within organisations can report on learner activity and manage learner accounts.
England: organisations in England can register by contacting the NHSBT customer service team (customer.services@nhsbt.nhs.uk).
- National Learning Management System (NLMS):
This is only accessible to staff in NHS organisations in England that are using ESR.
- E-Learning for Healthcare (e-LfH): www.e-lfh.org.uk

Cell Salvage competency assessments/Staff responsibilities/Validation of equipment/FAQs

- Documents revised for website

BCSH Guideline for Cell Salvage

- New proposal, in progress with UKCSAG representation

Please visit the UKCSAG website for all information about cell salvage:

<http://www.transfusionguidelines.org/Index.aspx?Publication=BBT&Section=22&pageid=7507>