

South West Patient Blood Management Group Minutes

Thursday 28 January 2021

Via Microsoft Teams

Present:

Elmarie Cairns, Chair (EC), Sam Timmins (ST), Christina Laxton (CL), Oliver Pietroni (OP), Carol McGovern (CM), Kelly O'Toole (KO), Lorraine Mounsey (LM); Mark Pope (MP), Issie Gardner (IG), Donna Davis (DD), Alison Hill (AH), Vikki Chandler Vizard (VCV), Joe Tyrrell (JT), Karen Mead (KM), Alison McCormick (AM), Debbie Saunders (DS), Sophie Scutt (SS), Katharine Sprigge (KS), Annette Pocock (AP), Ian Mowat (IM), Jackie McMahon (JM)

Apologies:

Barrie Ferguson, Ian Sullivan, Caroline Lowe, Julia Pinder, Janee Allen, Thomas Teare, John Faulds

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.

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

- Regional Newsletter launched. Aim to circulate quarterly. Next issue due out in April – contact ST if you would like anything included.
- Annual transfusion practice survey analysis underway. Updated to make more relevant and functional and include info that people have been asking for. The results will be made accessible and presented to all the SW RTC groups.
- Some of the data gathered from the survey will be used to populate the HTC report to the RTC that the new Chair is introducing and the report will give hospitals the opportunity to highlight any work they are doing behind the issues and wastage data, around PBM, appropriate use, etc., to provide a more balanced picture.
- Derriford maternal anaemia project looking at screening for iron deficiency at higher levels than current guidelines being taken to Peninsula obstetric anaesthetists group.
- Strengthening current BMS education offering to include an event aimed at more senior BMSs. Also happy to receive ideas for a clinician based event – email any suggestions to ST.
- Aim to start using Sharepoint for secure sharing of regional data, policies, etc.
- Pre-op anaemia toolkit now available:
<https://hospital.blood.co.uk/patient-services/patient-blood-management/pre-operative-anaemia/>
- Anaemia e-learning modules due to go live in February.
- Blood Assist App launch delayed until end of January – **post meeting note: this has now launched and is available at Google play and iTunes stores - search NHS Blood Assist.**
- Transfusion 2024 published.
- NCA finalising remaining audit reports from 2019. Plan to launch new programme which will include cell salvage. If available, programme will be circulated with the minutes.
- SHOT webinars continuing.

- Designing national heatmap of across the board anaemia service management, starting in the south west.
- **No update** on UKCSAG re-structure but will continue to push for SW representation.

There were some positive comments re use of Sharepoint for the group and ST/JM will set up some baseline folders to get started before sharing the link. Please email any suggestions for content to JM. ST happy to give a tutorial once it is live. VCV thought it would also be a good idea for the TPs.

EC thanked everyone who had responded to the contact survey with areas of interest – this will help us streamline the mailing lists. Please complete if you haven't yet done so.

4. **Regional Cell Salvage Data Presentation, Olly Pietroni, RCHT**

The data previously collected was very messy and difficult to make sense of. However, 8 hospitals had contributed data on c. 7½K cell salvage episodes. Validity of data is questionable due to data entry anomalies but was able to analyse entries over a three month period in 2018.

- Biggest users were obstetrics and orthopaedics.
- Processing rates for these categories were variable with two hospitals showing a low rate of processing in obstetric cell salvage – why? Processing rates in orthopaedics were much better – if only being used in high risk cases, could it be used more widely?
- Reinfusion data – not all trusts recorded but on assumption that available blood was given back, most were reinfusing less than 500 mls but some had more than 3 litres reinfused.
- Are we under-estimating blood loss in orthopaedics? Data suggests obstetrics estimate more blood loss but a similar amount is reinfused in both groups.
- Maternal Anaemia is an RTC objective so looked at documented pre-op Hbs for all caesarean sections. Different guidelines but most fairly similar with a median Hb of just below 120.

A recent survey suggests that most trusts are collecting most of the data the presentation is based on. What do we want going forward – the data can be really useful and it would be good to continue to share our experiences and explore differences in the region but we would need denominator data to make it meaningful, and streamline to focus on specific areas, with non-onerous data collection. OP suggested a yearly collection of data, which would need to be unformatted, potentially using Sharepoint to upload, or email to JM.

CL: great data and really useful to have the ability to compare and benchmark. Since the period of the data analysis, NBT audited use in caesarean sections and now take a more targeted approach. Also think that orthopaedics not so good at estimating blood loss which could explain why this group shows better give back. Would it be useful to compare cell salvage and allogeneic transfusion rates?

OP: Allogeneic tx rates – difficult to measure/interpret when comparing trust data and would require a lot more data gathering. If there is an appetite for this data, it could be a good audit to do separately with a few hospitals.

EC: Hope the presentation has generated some enthusiasm from the group to take forward. It will showcase the good work being done in the region but also enable trusts to identify areas they may need to look at to make changes in line with best practice. The group can also provide a forum for sharing ideas for smaller, more specific projects with smaller cohorts.

OP: If everyone happy to proceed a communication will be sent to cell salvage contacts via ST/JM to request the data and outline how it needs to be submitted. This can then be presented at the next meeting.

KS queried if it would be possible to collect data on allogeneic transfusions following large blood loss in vaginal deliveries as vaginal cell salvage is an area that needs more research.

EC: NBT have a policy in place for this for Jehovah Witnesses – happy to share. Plan to extend to other groups once more data is available to evidence the benefit.

5. IV Iron Administration and Hypophosphataemia

PREVENTT raised a lot of questions around pre-op anaemia management and the MHRA sent out yellow card alert for Ferinject in November 2020. A short survey was sent out to the SW PBM group to gauge regional feeling to the alert. 5/17 responded – 3/5 were aware and 2/5 were considering a change to practice or extra screening. Email received by NBT from Ferinject medical advisor stated “we know that low phosphate levels occur after Ferinject administration and that serum phosphate levels should be measured in patients with risk factors for Hypophosphataemia”. The group felt that this was a concern and there were implications for both medical and surgical patients and that although the at risk group were mainly patients on long term treatment, receiving multiple high doses or with pre-existing risk factors, there is evidence it happens after just one dose. Potentially a lot of people in the at risk category but more information is required so it was agreed to invite a medical advisor from Ferinject to the next meeting. There is also data from Monofer to suggest Monofer causes much less hypophosphataemia. Group members were asked to share any changes that they make as a result of the alert. IG pointed out that it is not so much of an issue in obstetrics as a younger, fitter population.

6. Recent Regional Discussions and Queries

Laparoscopic Cell Salvage Set-up – Poole (MP)

Had an issue with the kit when using for ectopic pregnancy procedure. Have now resolved with manufacturer supplying a slightly modified kit which enables own tubing to be attached. MP to share a picture when kit is received..

Cell Salvage Patient Information Posters – Poole (MP)

Thinking of introducing posters to highlight availability as there are a lot of people unaware it exists. Do other trusts have one/would a regional poster be of interest?

MP happy to lead and will get some feedback from the group.

Cell Salvage KPIs – Glos (DD)

In response to DD's query, no-one used KPIs to assess their cell salvage service but it was suggested there is the potential to create regional KPIs from the database.

There was also a discussion around coding and associated tariffs and CM, RCHT agreed to find out how this is applied in her trust. Tariffs could be a way of encouraging specialties to use cell salvage. DD was able to confirm the codes that her trust uses on their autologous transfusion sticker - X36. 4 for set up and X33.7 for reinfusion.

7. Any Other Business

Please email any suggestions for future educational topics to EC/ST/JM.

Next full meeting will be in September but will send out a date for a more informal catch-up before.

CL: NBT replacing Rotem machines and would be interested to hear what other people are using.

8. Date of Next Meeting

08.06.2021 (interim) and 28.09.2021 (full)

SW PBM Meeting, 28.01.2021 : Actions		
Action	Actioner	Comments
Distribute up-dated NCA Programme	ST	If available
Create Group Sharepoint site/folders	ST/JM	
Complete contact survey	All	
Communicate with group re data gathering requirements	OP	Via ST/JM
Invite Ferinject medical advisor to next meeting	EC	
Share image of modified cell salvage kit	MP	
Canvass group re regional cell salvage poster	MP	
Feedback re. RCHT's coding/tariffs	CM	
Feedback to CL re Rotem/Teg	All	

South West Patient Blood Management Group Minutes
Tuesday 15th September 2020
Via Microsoft Teams

Action Log

Action	Actioner	Completed
Circulate information on Tx Team WTE/Bandings	JM	
Comments invited on education for the group, TXA survey, group outputs over next 12 months	All	

[illegible]