

**Confirmed Minutes of the  
London Regional Transfusion Committee  
London Blood Transfusion Forum (RTC Business Meeting)  
held on 14 October 2016  
at The Atrium, Royal Free Hospital**

**Present:**

Abdul Adamu (AA)	Whittington Hospital
Anita Aggrey (AAG)	Barnet General Hospital
Shubha Allard (SA)	Barts Health/NHSBT
Magda Al-Obaidi (MAO)	West Middlesex University Hospital
Mariam Ammoun (MA)	Hammersmith Hospital
Namal Bandara (NB)	Kings College Hospital
Lorraine Barwick (LB)	Great Ormond Street Hospital
Chetan Bhatt (CB)	Whittington Hospital
Dilraj Birdee (DB)	Hammersmith Hospital
Heather Brotherton (HB)	Chase Farm Hospital
Alison Brownell (AB)	Queens Hospital Romford
Elaine Carter-Leay (ECL)	Queens Hospital Romford
Sandeepa Chandarana (SC)	Barnet General Hospital
Vashira Chiroma (VC)	Hammersmith Hospital
Gavin Cho (GC)	NHSBT
Sarah Clark (SC)	Royal Free Hospital
Michelle Conway (MC)	Harefield Hospital
Bernadette Cruz (BC)	Northwick Park Hospital
Helena Day (HD)	Harefield Hospital
Ciara Donohue (CD)	Royal Free Hospital
Oluwatola Elegbe (OE)	Barts Health
Fernando Fegarido (FF)	Kings College Hospital
Matthew Free (MF)	SWL Pathology - St. George's Hospital
Diana Gabriel (DG)	Barts Health
Champika Gamlath (CG)	Kings College Hospital
Lisa Gibb (LG)	Great Ormond Street Hospital
Jan Gordon (JG)	Chelsea & Westminster Hospital
Christy Green (CG)	Royal London Hospital
Jane Harris (JH)	New Victoria Hospital
Amanda Hobson (AH)	Royal Free Hospital
Dena Howlett (DH)	Epsom General Hospital
Charmaine Jardiel (CJ)	West Middlesex University Hospital
Portia Kwaartemma (PK)	Chase Farm Hospital
Alison Le May (ALM)	BMI Shirley Oaks Hospital
Rui Leite (RL)	SWL Pathology – St. George's Hospital
Sarah Lennox (SL)	Royal National Orthopaedic Hospital
Ila Mandavia (IM)	Northwick Park Hospital
Michelle Martin (MM)	Barts Health
Oscar Martin-Simon (OM)	BUPA Cromwell Hospital
Josephine McCullagh (JM)	Whipps Cross Hospital
Wendy McSporran (WS)	Royal Marsden Hospital
Anne Minogue (AM)	Queens Hospital Romford
Patsy Morris (PM)	Kings College Hospital
Simisade Olorode (SO)	Barnet & Chase Farm Hospitals
Florence Parkinson (FP)	Barts Health
Rebecca Patel (RP)	London Northwest Healthcare
Gargi Patel (GP)	Northwick Park Hospital
Carolyn Price (CP)	Guy's & St. Thomas' Hospitals
Gill Rattenbury (GR)	Parkside Hospital

Joao Ribeiro (JR)	SWL Pathology – St. George's Hospital
Susan Robinson (SR)	Guy's & St. Thomas' Hospitals
Janette Santillan (JS)	Northwick Park & St. Mark's Hospitals
Maame Serwaa Atta (MSA)	Barnet General Hospital
Nidhi Sharma (NS)	Newham University Hospital
Sally Sharp (SS)	Harefield Hospital
Angela Short (AS)	Epsom & St. Helier Hospitals
Jagjit Singh (JS)	Royal Marsden Hospital
Cathy Staples (CS)	BMI Shirley Oaks Hospital
Elisha Thuesday (ET)	Guy's & St. Thomas' Hospitals
Louise Tillyer (LT)	Royal Brompton Hospital
Tracey Tomlinson (TT)	NHSBT
James Uprichard (JU)	St. George's Hospital
Jessica Walls (JW)	NHSBT
Richard Whitmore (RW)	NHSBT
Eve Wilson (EW)	Chelsea & Westminster Hospital
Pascal Winter (PW)	Barts Health
Julie Wright (JW)	Queens Hospital Romford
Nefreteria Duncan (ND)	Chase Farm Hospital
Julie Manyonga (JM)	Chase Farm Hospital
Barbara Baah (BB)	Chase Farm Hospital
Linda Price (LP)	Queen Elizabeth Hospital Woolwich
Joe Nanuck (JN)	Queen Elizabeth Hospital Woolwich
Rup Amatya (RA)	Northwick Park Hospital
Eugenia Nweje (EN)	Chelsea & Westminster Hospital
Zahir Mansi (ZM)	Ealing Hospital
Selamawit Kassa (SK)	Imperial NHS Trust
Amanda Joseph (AJ)	Kingston Hospital

## 12/16 **Welcomes and Introductions**

PK welcomed everyone to the meeting and informed them of the housekeeping for the room.

## 13/16 **Minutes of Last Meeting (20<sup>th</sup> April 2016)**

Any amendments, please send to London RTC Administrator, Angela Pumfrey. Otherwise, the minutes will be accepted as a true record.

**Action: AP to arrange for them to be uploaded onto JPAC website.**

## 14/16 **NBTC & RTC Chairs Meeting Feedback**

PK gave a presentation

### NBTC Update

- National Audits: 2 currently ongoing and 4 planned for the future
- New Pricing Proposals: Necessary because demand, and therefore income, is reducing. Also hospitals are requesting more rare components which cost more. Every option was considered before deciding the proposals. Hospitals were consulted on the five different proposals.
- SHOT Update: Breakfast symposium in July was well received and will be repeated again. The two main recommendations were devising pre-transfusion checklists for TACO and at the bedside checking.
- Future Symposia:
  - 'Advances in Transfusion Medicine' – 24 & 25 November 2016
  - Annual SHOT Symposium - 12 July 2017

### RTC Chairs Update

- BMS empowerment is an important issue
- Difficulties in organising training because of pressures on RTC's to find affordable and suitable venues

- Staff not able to attend training/events because of people leaving and rotating – this has impacted on RTC events and attendance numbers.

#### London RTC Update

- Rachel Moss has now left her NHSBT secondment and is working as TP at GOSH.
- Emily Carpenter will be leaving her NHSBT secondment next week and returning to her role at King's College.

#### **RTT Committee:**

Megan Rowley and Megan Lawn have stepped down from the Committee due to job relocation and retirement respectively. Sue Mallett will soon be retiring. Therefore, the Committee is looking for a new Consultant representative – expression of interest invited.

#### **LoPAG Group:**

- LoPAG Champions Day – to be held on 23 November 2016.
- Sarah Clark will take over as Chair from Rachel Moss
- Summer newsletter has gone out
- Make sure Angela has the most up-to-date details of your Platelet Champion

#### **BMS Empowerment:**

- Two education days will be held next February in Tooting and Colindale.

#### **Haematology & Trauma Group:**

- The trauma day held in May was very successful with 200 delegates from 53 Trusts. Another one will be planned for 2017 and then every other year.

15/16

#### **NHSBT Update**

##### **Save 1 Unit of O D Neg:**

- NHSBT need help to save O D Neg units as demand increases and ensuring adequate supplies is becoming unsustainable. We are on the cusp of a critical situation. Every hospital needs to help and see where they can make savings.
- NHSBT's actions include: increasing donations, asking hospitals to consider what they are ordering and holding. O D Neg donors are being called back every 12 weeks (the maximum).
- Be mindful of O D Neg demand when placing orders and conserve units for O D Neg patients
- Reduce stock holding in satellite fridges

##### **Changes to NHSBT Customer Service/PBM Team:**

- Jen Heyes and Clare Denison are the PBM's covering London
- Richard Whitmore will be covering the VMI project
- Antonia Hyde is on a secondment from November
- There is a Customer Service Response Desk: 0208 201 3107 (Mon-Fri 9-5)

##### **Update to Red Book:**

Change to removal of red cells from controlled temperature environment – includes a new section on removal and return (Change Notification No33-216 on JPAC website)

##### **Pricing Proposals 2017-18:**

- 5 proposals from the National Commissioning Group. Feedback from hospitals has been presented to the NHSBT Executive. More information available on the website.
- Decrease in demand for RBC has resulted in loss of income for NHSBT – they are addressing this by a cost improvement programme (including IT upgrade) and this review of pricing and service provision.
- NHSBT are not in a position to provide further details at this stage. If you have any concerns, you can see who is involved on the National Commissioning Group website. Please be aware that these are only proposals and are likely to change.

Comments from the group: The change in pricing will just mean that NHS money is being moved between different organisations, but it is all tax payers' money in the end. Private hospitals will pass the increased cost onto their patients/health

insurance providers.

#### **16/16     Iatrogenic Anaemia – Update**

- This is a project between St. George's Hospital and West Sussex Hospitals Foundation Trust and NHSBT.
- Patients lose blood due to the taking of blood samples. How can we improve this.
- Look into how many samples we are taking from each patient.
- The study flagged up the issue of 'discard' – where you withdraw a volume of fluid to flush the line. Most of the fluid is flush, but there is some blood within it. For every 80mls taken, approximately 20mls is discard, but it does vary from hospital to hospital.

Solutions:

- Use a fat thin tube. They are a normal size tube, but have a thin inner tube.
- VAMP system – this is a reflushing system that can be used in ICU.
- A standardised discard policy
- Encourage ICU's to change their practice.
- Rachel is working on these at the moment, but feels that using the fat thin tube would be the best option. If anyone would like to work on one of these options, please contact Rachel.
- There was a question on what is the optimal discard volume. Rachel said it is 2mls for arterial lines and 5mls for central lines.
- Someone asked about the use of discard vacuum bottles. Rachel said that these will be a big cost to hospitals, but will not save blood. It is better that we focus on changing practice in ICU's because they do not reinfuse blood, whereas in theatres they do. At Kingston Hospital they have decreased their sampling in neonates since having to give reasons why they are taking the sample.
- Research projects can really increase the amount of sampling we do. Be aware of this when identifying patients for research.

#### **17/16     National Pathology Week – Regional Campaign Update**

7-13 November. We try to have a different initiative every year. This year we will concentrate on the 'Patients Voice' where patients with sickle cell disease will share their stories as London has a high percentage of these patients and it is a very complex disease. The idea will be to share stories between the patient and the laboratory. Royal College of Pathologists' website has a lot of resources and tips on how to organise events. If you organise an event, register it on their website. Royal College of Pathologists are holding a symposium on 24 & 25 November 'Advances in Transfusion Medicine'.

#### **18/16     How to Educate to Make a Difference to Clinical Practice**

Presentation is below



A Miller  
Presentation.pdf

#### **19/16     BMS Empowerment Survey - Results**

There were two empowerment workshops earlier in the year. Every delegate was asked to complete a survey on the day and then repeat the survey a few weeks later to measure whether the workshop had changed their practice. The results were presented, but the respondent rate for the second survey was not as good.

BMS' feel less adequately supported by their TLM and senior BMS staff post-workshop. This needs to be brought up at TAG meetings.

Attendees comments were: they find it difficult to challenge clinicians because they are intimidating, make you feel you do not know what you are talking about, get annoyed if they are challenged. Some said they give into the clinicians because

they want to avoid an argument. Some said it is difficult working out-of-hours as you have to use your own judgement to back up decisions.

It was raised that you must challenge the doctors if you feel they are doing something wrong. Everyone agreed that BMS' are on the frontline. Some hospitals do not have a resident SpR, so the BMS is making the decisions alone. Just because the clinician says no to the decision, does not mean they are not supportive. Sometimes the clinician is inexperienced and not confident and this could be why they are coming across as angry and upset. However, the BMS' should be treated with respect.

**20/16     Ask the Audience**

**a)     O D Negative**

What are hospitals doing to reduce their O D Neg usage or save O D neg units? It was suggested to devise a table grouped by ages and genders. By looking at the box that pertains to the age of the patient you are treating, it will advise you what blood you should give. At St. George's O D Neg requests are down to 6% which as lean as it can be for a trauma unit. They have pink and blue trays in the fridge so they know which blood to give to males and females.

It was asked if the major haemorrhage protocol will be the same. The MH box carries 6 units of O D Neg.

**c)     Training – One-Off Competencies**

Some Trusts do accept sign-off competencies. One hospital accepts competencies upto 3 years old and this has not increased incidents. At the TP meeting they agreed that staff involved in transfusion should be able to self-declare themselves as competent. NHSBT now accept mandatory training done in other Trusts. The group agreed that staff should be allowed to self-declare themselves as competent.

**21/16     Any Other Business**

None