

# **CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE**

**Thursday 27 November 2014, 10:30 – 15:30**  
**Oake Manor, Nr. Taunton**

## **Attendance:**

<b>NHS HOSPITALS/ORGANISATIONS</b>	
Derriford Hospital	Caroline Lowe (CL); Phil Gillen (PG)
Dorset General Hospital	Maraneka Greenslade (MG); John Thorne (JT); Caroline Blake (CB)
Gloucestershire Hospitals	Paul Turner (PT); Joanne Goody (JG); Rob McGowan (RM)
Great Western Hospital	Sally Caldwell (SC)
North Bristol Trust	Janet Birchall (JB); Tim Wreford-Bush (TW-B)
North Devon District Hospital	Maggi Webb (MW)
Poole General Hospital	Alison McCormick (AM); Sue Redfearn (SR)
Royal Bournemouth Hospital	Shane McCabe (SM); Julie Johnson (JJ)
Royal Cornwall Hospital	Richard Noble (RN); Stephen Bassey (SB); Deb Thomas (DT); John Faulds (JF)
Royal Devon & Exeter Hospital	Barrie Ferguson (BF); James Piper (JP); Veronica Sansom (VS); Ade Akinyemi (AA) – presentation only
Royal United Hospital Bath	Sarah Wexler (SW); Wayne Vietri (WV)
Salisbury District Hospital	Phil Donnison (PD); Effie Grand (EG)
Somerset Partnership NHS Foundation Trust	No attendance
Taunton and Somerset Hospital	Alison Timmins (AT)
Taunton and Somerset Hospital/Yeovil District Hospital	Sarah Allford (Chair) (SA)
Torbay Hospital	Patrick Roberts (PR); Alistair Penny (AP)
University Hospitals Bristol	Tom Latham (TL); Peter Soothill (PS)
Weston General Hospital	Louise Jefferies (LJ)
Yeovil District Hospital	Alison Hill (AH)
<b>PRIVATE HOSPITALS</b>	
BMI Bath Clinic	No attendance
Nuffield Health Cheltenham Hub	No attendance
Nuffield Health Exeter Hub	Iain Christie (IC)
Spire Hospital, Bristol	Roger Evely (RE)
<b>NHSBT</b>	
Patient Blood Management Practitioner	Alister Jones (AJ)
NCA	John Grant-Casey
Customer Service Manager	Rhian Edwards (RE)
Transfusion Registrar	Jo Collins
RCI Filton	Wendy Etheridge
RTC Administrator	Jackie McMahon (JM)

1. **Apologies:** Attached.
2. **Previous Minutes:** The minutes of the meeting held on 22 May 2014 were confirmed as a true record.
3. **Matters Arising (not covered in main agenda)**

Reported lack of efficacy of im administration of anti-D if BMI >30: At the last NBTC meeting, the MHRA representative stated he would discuss the background with colleagues and report back. The BCSH has published an addendum to its anti-D guidance, advising trusts to perform local risk assessments.
4. **Questions from Circulated Documents: KPI Issue & Wastage Data\* (RE)**
  - 4.1 Rhian Edwards introduced herself as the new Customer Service Manager for Filton & Plymouth. JP asked if the drop in red cell stock levels below the lower stock target was intentional.
  - 4.2 SWRTC Platelet Issues: Increase in regional issues was highlighted. Hospitals with the largest increases were contacted and the rise attributed to an increase in patients requiring platelets, although one hospital was transfusing prophylactically to MDS patients on azacitidine.
  - 4.3 CMV –ve RBC and Platelet Issues: Issues for Nov 12-Oct 13 and Nov 13-Oct 14 were compared and showed an overall regional saving of >£30K.
5. **Patient Blood Management Survey**
  - 5.1 AJ gave a brief summary of PBM within the NHSBT strategic plan and circulated a short PBM survey for trusts to complete as stakeholder input will be vital to help inform NHSBT and get PBM into their strategy. JM will send out a reminder in December to return any outstanding forms.
6. **National Blood Transfusion Committee update\* (SA)**

**RTC Chairs' Meeting Summary**

  - Impact of pathology modernisation is a recurring theme and a survey has been produced for circulation to the regions. Results will be presented at the March 2015 NBTC meeting.
  - Clinical concerns: impact of NOACS and emergency surgery; disappointment re NICE TEG/Rotem guidelines; intra-osseous G&S samples; communication re. need for special components.
  - PBM: SE Coast informed consent action pad developed to improve consent. SA circulated copies and comments were invited on the 'Record of Decision to Transfuse' sticker with a view to potentially taking forward in this region. SE Coast has been asked if they can demonstrate improvements in practice and SA will report back on any results at the May 2015 RTC.
  - Requests for data from other RTCs : standards to be circulated.

- National O-Neg survey for lab. managers to be circulated.
- NCA: Surgical Blood Management - Spring 2015.
- Affinitie – development & evaluation of enhanced NCA reporting.

### **NBTC Meeting Summary**

- National request form for transfusion – general consensus from NLM group. SB commented that everyone likes the idea but it is unlikely to succeed because of each trust's individual needs.
- Standardisation of investigating/managing anaemia outcomes (part of PBM working group) – potentially useful tool but nothing yet on PBM website.
- PBM working group has several ongoing projects.
- NPSA SPN14 – documents circulated based on skills for health and need to be reviewed to only high level standards for routine transfusion practice.
- MHRA clarification of competency assessment for collection – clearly now state an initial assessment of competency and thereafter at intervals of no more than 24 months, which can be knowledge based.
- SHOT: ABO incompatible transfusions are mostly human error – need to process map and re-design; increase in day case transfusions and numbers of reactions being identified – need to supply patients with written information re. what they should be looking out for and provide contact details.
- NHSBT: O-Neg demand increasing – discussion re introducing premium for O-Neg.

### **7. Patient Blood Management- Implementation of Recommendations\* (JB)**

- JB gave an overview of a strategy for introducing PBM within hospital trusts – some key components being the importance of corporate level 'buy-in', the right HTC membership to drive PBM within the individual specialties, a robust IT solution to enable monitoring/audit and good blood stock control (lab. staff empowerment).
- To facilitate PBM in the region, we will continue with the database survey, identifying outliers; continue sharing information, guidelines, protocols, etc.; develop transferrable regional competency assessments; progress the LIMS project with Clinisys.
- Four trusts represented at the meeting were confident their lab. staff questioned inappropriate requests on a routine daily basis (Bournemouth, Poole, RUH and RCHT) and Bournemouth are happy to share their platelet request form, copies of which were made available at the meeting.
- Single unit transfusions in non-bleeding patients: Taunton & Somerset have discussed introducing on haematology ward and UHB have introduced and reduced usage by around 10%. Both trusts are happy to share documentation and

other trusts were invited to share their protocols. SA suggested incorporating single unit transfusion into a survey.

- Introduction of transfusion alternatives – employing anaemia nurses to manage medical anaemia was discussed together with associated cost savings. Regionally, some initiatives are already up and running and SA invited any other ideas from around the region.

## **8. Primary Care Engagement/Anaemia Management (BF)**

BF, an ex-GP with many years experience, led a discussion around GP engagement/GP referrals for anaemia into MAU from a primary care perspective. In her opinion, transfusion forms a minor part of a GP's role and currently CCGs are looking at much bigger issues. BF also pointed out that a major obstacle to getting GPs to attend study days/why they want to charge is that they have to pay for locum cover. However, she thought they would be receptive if we went to them.

- During the discussion, it was noted that regionally there are many different practices & methods of communication with GPs.
- One trust is considering putting the onus on GPs and is formulating a referral form for the GP to prescribe blood.
- It was agreed it would be useful to formulate something going forward that will work for both sides and AJ will speak to a couple of trusts to discuss their practice re. anaemia clinics.

## **9. Audits/Surveys**

### **2014 Database Survey Results\* (JB)**

19 responses – 17 NHS/2 private hospitals. The survey was done electronically for the first time and the majority of participants were happy with this method. Concern re. lack of HTC attendance by medicine, surgery, orthopaedics, obs. & gynae., ED and CG in some trusts. Induction training for permanent medical needs to be better and regular training is not good for medical staff. Most trusts do not have electronic tracking but a slight improvement in electronic issue was noted.

### **LIMS Project Update\* (AP)**

AP was unable to give any meaningful update as he is awaiting a replacement software update from Clinisys. JB is hopeful we can submit an abstract for ISBT next year and that the associated publicity should motivate Clinisys to keep the project moving forward.

### **NCA Report on Red Cell Use\* (AJ)**

AJ presented the results of the audit. All participating hospitals should have received their local report and AJ can circulate a copy of the national level report if required.

### **NCA Report on use of Anti-D\* (JG-C)**

JG-C presented the results. Overall, the results were good with the majority of women getting anti-D on time. Some differences in practice were highlighted and there is some work to be done around PSEs.

### **NCA AFFINITIE Presentation\* (JG-C)**

JG-C gave the background to the project which is being funded by the National Institute for Health Research in association with university research establishments. Under the current clinical audit system, there is not a lot to show in terms of changes in practice. Future audits will be fed back to hospitals in different ways and then a comparison made to establish if practice changes depending on the type of follow up they receive.

To enable the new system to be effective, trusts are requested not to share results with each other.

The first audit will be launched in April 2015 with a scheduled repeat in summer 2016.

### **10. Hospital Presentations/Audits:**

#### **Taunton & Somerset Never Event – Background and Actions\* (AW)**

AW described the background and contributing factors that led to a patient receiving the wrong unit of blood. The patient came to no harm and the action plan to prevent reoccurrence includes removing the compatibility form from the checking process which should force check at bedside, change from 2 person to 1 person check, and consider introduction of electronic bedside tracking.

#### **RD&E Audit on Patient Identification in Theatres\* (AA)**

Following an ABO incompatible red cell transfusion in theatres, AA presented an audit of patient id in theatres. No data was gathered on how many of the patients received blood. Bournemouth stated that their electronic blood tracking system has helped because blood cannot be given unless a label is visible. The opinion of anaesthetists present was that if there is a need to see an id label, it can be found.

#### **RUH Audit on the use of EPO\* (WV)**

The main aim of the audit was to identify patients who may be eligible for ESA therapy and to provide evidence of the benefit to patients and reduced transfusion costs associated with ESA usage. It also highlighted gaps between guidelines and current practice and it is planned to repeat the audit against BCSH guidelines.

#### **Proposed MDS Audit (JB)**

Undertaking an audit of transfusion-dependent patients has previously been discussed and we now have a registrar who is keen to get involved. Currently seeking some statistical help re. number of patients required/period of audit. Some trusts have already expressed an interest and more information will be circulated when it is available.

### **11. Use of cffDNA testing to avoid administration of anti-D to pregnant women when the fetus is RhD-negative: Implementation in the NHS\* (PS)**

PS presented study data on the use of a blood test to be offered to pregnant women to determine the Rh-D blood group of their unborn

baby. This will negate the need for administration of anti-D to Rh-D negative women carrying Rh-D negative babies. The data clearly supported routine introduction of the test.

**12. Education Sub-Group Update (AJ)**

The last meeting was held on 23.09.14. AJ summarised forthcoming study days:

8.12.14 – HCA ‘Safety in the Blood’ study half day, RD&E;

15.12.14 – Lab. Matters – transfusion laboratory staff training and empowerment study day, Oake Manor;

28.01.15 – Midwives study day, Oake Manor;

25.03.15 – Management of Anaemia study day, Oake Manor.

The rolling programme of events is continually reviewed and proposed events include a half-day training event for HCAs in the northern half of the region in Feb 2015 and a pre-op study day towards the end of 2015.

**13. Blood Conservation Group Update (AJ)**

Need to review structure of group following release of PBM recommendations. AJ suggested reverting focus back to cell salvage, particularly now that more blood conservation practitioners and anaemia nurses are being employed, and will take forward via the RTT.

**14. Transfusion Laboratory Managers Update (JG)**

Issues discussed included – need for review of order times/deliveries; problems when returning boxes and samples when couriers used for routine deliveries; ITS; existing MB FFP contracts vs. cost of Octaplas (cheaper) and increase in volume that is now needed for young adults; x-matched (phenotyped) rbcs being charged as adhoc when should have been routine; O-Neg use.

**15. Transfusion Practitioner Group Update (CL)**

Last meeting in July 2014: presentation from GWH on pre-op anaemia management; discussed PBM recommendations; regional sample competency document at final review stage, will then circulate around RTC and post on website.

**16. Any Other Business**

PT raised the potential anti-D shortage and queried if it was within the remit of the RTC to write to BPL to register concern.

**17. Date of Next Meeting**

Monday 18 May 2015.

### South West Regional Transfusion Committee Meeting – 27.11.14 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 27.11.14				
5	Send out reminder to complete PBM survey	JM	complete	
6	Feedback comments on SE Coast 'Record of Decision to Transfuse' sticker with a view to taking forward in this region	All		
6	Report back any results from SE Coast that demonstrate improvements in practice as a result of using sticker – May RTC	SA		
7	Share protocols re single unit transfusion in non-bleeding patients	All		
7	Consider single unit transfusion as regional survey topic	All		
7	Share initiatives re. introduction of transfusion alternatives	All		
8	Find out more about regional practice for anaemia management	AJ		
13	Discuss redefining BCG at next RTT meeting	AJ	complete	
16	Write to BPL to register concern re predicted anti-D shortage – SA to raise at next NBTC meeting (March 2015)	SA		

## GLOSSARY OF ABBREVIATIONS

BCSH	The British Committee for Standards in Haematology
BMI	Body Mass Index
BPL	Bio Products Laboratory Ltd
CCG	Clinical Commissioning Group
cffDNA	Cell-free fetal DNA
CG	Clinical Governance
CMV (-ve)	Cytomegalovirus (negative)
ED	Emergency Department
EPO	Erythropoietin
ESA	Erythropoiesis-stimulating agent
G&S	Group & Save
GP	General Practitioner
GWH	Great Western Hospital, Swindon
Hb	Haemoglobin
HCA	Healthcare Assistant
HTC	Hospital Transfusion Committee
IM	Intra-muscular
ISBT	International Society of Blood Transfusion
ITS	Integrated Transfusion Services
IV	Intravenous
KPI	Key Performance Indicators
LIMS	Laboratory Information Management System
MAU	Medical Admissions Unit
MB FFP	Methylene Blue treated Fresh Frozen Plasma
MDS	Myelodysplastic Syndrome
MHRA	Medicines and Healthcare Products Regulatory Agency
NBT	North Bristol Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NICE	National Institute for Health and Care Excellence
NLM	National Laboratory Managers
NOACS	Novel Oral Anticoagulants
NPSA	National Patient Safety Agency
PBM	Patient Blood Management
PSE	Potentially Sensitising Event
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RCI	Red Cell Immunohaematology
RD&E	Royal Devon & Exeter Hospital
RTC	Regional Transfusion Committee
RTT	Regional Transfusion Team
RUH	Royal United Hospital (Bath)
SHOT	Serious Hazards of Transfusion
SPN14	Safer Practice Notice No. 14
TLM	Transfusion Laboratory Manager
UHB	University Hospitals Bristol



## South West Regional Transfusion Committee Meeting

Thursday 27 November 2014 at Oake Manor, nr Taunton

### APOLOGIES

Hospital	Name	
Circle Bath	Norjin	Pejcic
Derriford	Sophia	Wrigley
	Adrian	Copplestone
Gloucestershire Hospitals	Sally	Chown
Great Western	Doug	Smith
North Bristol	Michael	Milne
North Devon	Kathleen	Wedgeworth
Poole	Vikki	Chandler-Vizard
Royal Cornwall	Nicki	Jannaway
	Carol	McGovern
Royal United Hospital	Jerry	Nolan
	Helen	Maria
	Susan	Scott
	Dave	Fisher
Salisbury	Anne	Maratty
Somerset Partnership	Robin	Payne
University Hospitals Bristol	Alan	Cohen
Weston	Francoise	Dollery