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London Regional Transfusion Committee

CONFIRMED Minutes of London Regional Transfusion Team Meeting
Via Microsoft Teams

Thursday 1st April 2021
14:00-16:00

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Shubha Allard (SA)	Consultant Haematologist, NHSBT
Cath Booth (CB)	Consultant Haematologist, Barts Health & NHSBT
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Charlene Furtado (CF)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Michael Makele (MM)	Pathology Quality Manager, Kings College Hospital
Deepa Takhar (DT)	CSM, NHSBT
Helen Thom (HT)	CSM, NHSBT
Richard Whitmore (RW)	CSM, NHSBT
Selma Turkovic (ST)	PBMP, NHSBT
Danny Gaskin (DG)	PBMP, NHSBT

Apologies:

Ravi Raobaikady (RR)	Consultant Anaesthetist, Royal Marsden Hospital
Elisha Thuesday (ET)	Transfusion Laboratory Manager, Kingston Hospital
Ethan Troy-Barnes (ETB)	Haematology SpR, North Middlesex Hospital
Sammy Conran (SC)	Transfusion Practitioner, Croydon University Hospital
Donna Wiles (DW)	Transfusion Laboratory Manager, Northwick Park Hospital
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital
Ciara Donohue (CD)	Consultant Anaesthetist, Royal Free NHS Trust (maternity leave)
Kate Maynard (KM)	PBMP, NHSBT (maternity leave)

Non-Attenders: None

Minute Secretary:
Angela Pumfrey (AP) London RTC Administrator

1. Welcomes and Apologies

Welcomes: Helen Thom will be covering the CSM role from 26th April whilst DT is on secondment.
Apologies: RR, ET, ETB, SC, DW. EC is starting her maternity leave soon.

2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 21st January were accepted as an accurate record.
ACTION: AP to arrange for minutes to be uploaded to JPAC website

3. Lab Manager Update

DT gave the update in the absence of DW.
The group met virtually on 25th February and the attendance was good. Two MHRA representatives hosted a questions and answers session. Other topics discussed were – cold chain of non-blood products, inspections, BMS and MLA roles, sharing documents and SOP's, transport schedules.
There was a discussion about whether to hold future meetings virtually or face-to-face, or as blended meetings. It was highlighted that virtual meetings are working well and have attracted higher attendance. Both SA and PK mentioned that this issue was discussed at the NBTC. They had tried blended meetings, but it did not work well, and their experience is that it is better to have either solely virtual or face-to-face meetings.

4. TP Update

SC was not present so sent an update that was read out to the group.

- Regional TP virtual meeting held on 3rd Feb and was very well attended.
- Business as usual in the first half and two presentations afterwards:
  - Octapharma re Fibryga: fibrinogen concentrate licensed for use in major haemorrhage
  - Massimo re. non-invasive Hb POCT device.
- We discussed regional activity for the year. EOI received for Anaemia Working Group which will be linked to the National TP Network. Opportunity to develop anaemia e-learning modules with NHSBT.
- We held a virtual farewell for Amanda Hobson who retired last week; she has been an inspirational TP and will be sorely missed.
- More dates for 2021:
  - 21/4/21 11-2 (aim for regional approval of TP framework JD/PS by the end of this session)
  - 21/07/21, 11-1
  - 20/10/21, 11-1
- TP2021 has been re-scheduled for 28th-30th June.
- My term as Chair is due for renewal so I did extend an invitation for EOI, with none received to date. I am therefore happy to continue for another term should the RTT agree. *PK mentioned that the NBTC agreed that she can have a deputy at the NBTC meeting to share the workload if this helps.*
- In response to Emily's email regarding her position on the RTT, I am of the opinion that her input is valuable from a trauma network perspective and just to wish her all the best in her maternity leave as this will be her last RTT

WM wanted to say that SC is doing an amazing job driving collaboration across England.

5. RTC Work Plan

- Trauma Group – An audit template for reversal of anti-coagulants is almost completed. Pilot will hopefully start in June/July, with full implementation in the autumn.
- LoPAG – Meeting on 10th March was cancelled; now rescheduled for 21st April. Still no one has come forward to take over as Chair. New version of newsletter in progress.
- Twitter – now at 1197 followers - next target is 1250. Rebranding is complete. We need to increase our activity in uploading content: if you have anything to share on Twitter, please contact DG.
- LinkedIn – has now been set up and branded. We are not yet using it to engage with people - we need to set a date when we will start using it.
- TP Group – Met on 3rd February. TP's and TLM's asked to update their contact details. Members had concerns about the completion of the SHOT human factors questionnaire. EOI for joining working groups.
- BMS Discussion Group – this has spread nationally. Education presentations are based on topics members would like presented. Feedback is positive and TBS is always above 90%.

PK raised an issue brought up at the RTC Chairs meeting about how difficult it is to locate videos on the PBM England You Tube channel. Alternatively, searching for London RTC does not bring up the You Tube channel, so how can we improve our visibility? It was accepted that we cannot have our own You Tube channel, and this is probably not needed anyway. ST confirmed that there is someone responsible for the analytics for the PBM England channel and DG mentioned that the development of the channel is on the PBM agenda. In the meantime, the best thing for us, as a region, is to promote our events via Twitter. SA said that the NBTC will put together national guidance, as they realign the regions, so each RTC has something uniform to follow. She clarified that, whilst there will be a core of central standardisation, regions will still have the freedom to forge their own local innovative ideas.

6. Customer Services Update

- UK plasma: we have been asked to collect plasma for medicine.
- Pricing and Billing – we have moved over to blended pricing. This means there is a fixed cost applied to each hospital and an extra, variable cost depending on your usage. Your invoice will show a small cost for the product only, but the fixed cost will not be shown, so bear in mind that the total price will be higher. A letter has gone out to hospitals and there is more information on the website.
- Email Addresses: in line with GDPR regulations, all email addresses will now be shown in the BCC line, so that people's email addresses are not visible to others. DT said there were group discussions when the regulations first came out, but we may need written consent.
- The RTC Chairs meeting discussed increasing the cost of products for hospitals that do not have a good cell salvage system as an incentive to use cell salvage. RW was not aware of this and SA thinks this would be difficult to implement.

7. Educating Junior Doctors

ETB is not present to report on this. PK said we are the only RTT with a junior doctor on the committee. FC is working with NHSBT to build a mandatory course for anaesthetic junior doctors. Hope to be in place by the autumn.

It was brought up at the NBTC meeting that in some areas they are merging Trusts to make uber Trusts, which is reducing time for training. PK asked if this is happening in London and, if so, what can we do?

FC said that our training is usually more than 15 mins and is module-based.

WM said this year the error rate is increasing at the Marsden due to lack of face-to-face training.

CB said Barts have had e-learning for many years, but this last year have struggled to get mandatory training figures above 80% due to staff having other priorities and being redeployed.

CF said they have always had a mixture of face-to-face and e-learning. They have been developing an e-learning package along with Kings College and have been using a user-friendly e-learning platform. Modules are designed to cater to specific roles. It is being finalised and they will see what feedback they get.

RW thinks you need a Q&A session at the end of the training to prove that you have taken it all in and learnt from it. However, FC said it is easy to bypass the training and just answer the questions.

PK questioned whether we should put best practice transfusion training on the website - we could film what good training looks like. FC said the Blood Assist App can be part of the induction programme. DG explained it can be used in mandatory training or as a screen saver on the wards – it is compatible with computers as well as mobiles.

8. Transfusion 2024 Recommendations – How to Take Forward

WM read through the recommendations to see if we could take anything forward in London. A topical issue at the moment is laboratory staffing – "ensuring adequate staffing and skill mix to cover lab workload and complexity at all times." We last did a UK Laboratory Collaborative Survey in 2017. WM asked if it is worth London doing a transfusion lab perspective on current staffing, as the survey is unlikely to be repeated anytime soon.

The other thing she looked at was adverse event reporting – "promoting a culture where staff are supported in reporting adverse events." Could we do an educational session around this - a learning opportunity around what went wrong and what went right this past year.

RW stated that UKAS are starting to look at staffing numbers. He has noticed that more and more lab staff are multi-trained in other aspects of pathology rather that blood transfusion. SA suggested checking with Rashmi Rook first where UKAS is with this work to get an idea of what is happening nationally. SA questioned how many labs have capacity plans: this is an important recommendation and we should be promoting it? Also important is leadership within lab staff. There are lots of ways this can be done, but it is happening slowly. Entry criteria for BMS to join the HSST is becoming higher so is more inclusive, so more people can enter it.

CB asked if we can publicise to hospitals what will be taken forward from the recommendations so they know what is going to be offered in the way of resources? RW suggested we first see what

RR says. SA said there will be a NCA that will incorporate this topic, probably in the autumn. Data from model hospitals as a benchmark will be done by the Chair of the NBTC.

Action: Discuss with Rashmi Rook to see what is going on re. capacity planning on UKTLC. RW will contact her and set up a meeting with WM and CB. Add to TADG agenda for next meeting.

9. 2021 RTC Meetings

The group were asked whether our next RTC meeting should be an education session only or combined with a business meeting, or have them as two separate meetings, bearing in mind we did not have a business meeting last year. CB mentioned the expected recommendation from PBM England about better co-ordination of education events among the RTC regions so that there are fewer, but larger events and topics are not duplicated. It was clarified that the discussions are still ongoing at national level and nothing has yet been decided. Even when a decision is made, SA thinks it is unlikely that it will be mandatory and some leeway will be allowed for regions to set up their own events.

FC thought we should have a business meeting and touch base with other hospitals after this past year. We could benchmark with regards to wastage and usage in the last year, highlight the difficulties with training via remote platforms and celebrate our successes.

CB suggested focusing on what great work people have done during the lockdown with regards to training.

RW suggested focusing on what people have experienced in the past year; both successes and failures and what changes have occurred.

WM thought we could include clotting and celebrate donors re. CVP.

PK wondered if we could have a presentation that is relevant to both transfusion staff and the general public, especially SCD patients. RW said the Sickle Cell Society are very keen to publicise their condition and recruit more donors.

SA mentioned that there is a huge amount of data on demand. We could present how NHSBT managed the changes in demand throughout the pandemic. She also mentioned that she has spoken to John James, the CE of the Sickle Cell Society. She thinks he would be very keen for the Society to participate in our event. They are doing a lot of work around SCD history and are even putting together an exhibition – SA can forward it to the group. SA will contact John James.

DT reminded the group that World Donor Day is on 14th June. After some discussion, the group agreed to hold the RTC meeting on this day, and further agreed to hold the education session from 2-4, followed by the business meeting from 4-5. The theme will be around celebrating success through thick and thin and SCD. It was agreed that the education session will be open to all RTC regions, but the business meeting will only be open to London RTC members.

Organising group led by ST, will consist of DG, CB, FC, DT and RW. ST will email everyone the date for the first meeting– anyone is welcome to join the group.

The second RTC meeting will be held on 10th November, also virtually. The topics/theme will be decided at the next RTT meeting.

Action: SA to contact the SCD Society CE re. participating in June RTC meeting.

10. Any Other Business

a) Budget Overview 2020/21

AP explained there is no 2020/21 budget overview to present, as we did not spend any of our budget or make any income for the last financial year. She is not sure if the budget is the same amount for this new financial year.

11. Date of Next Meeting

1st July 2021 at 2pm

London RTT - Action list for 1st April 2021

London Regional Transfusion Committee

Item No (minutes)	Action	By Whom	Completion
2.	Minutes of January meeting to be uploaded to RTC website	AP	Completed
8.	Set up meeting with Rashmi Rook	RW	
8.	Add to next TADG agenda	RW/HT	
9.	Contact SCD Society CE re. June RTC meeting	SA	

END