

CONFIRMED Minutes of London Regional Transfusion Team Meeting Via Microsoft Teams

**Thursday 20th January 2022
14:00-16:00**

Present:

Rachel Moss (RM) (Chair)	Transfusion Practitioner, Great Ormond Street NHS Trust
Cath Booth (CB)	Consultant Haematologist, Barts Health & NHSBT
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Shubha Allard (SA)	Consultant Haematologist, NHSBT
Ciara Donohue (CD)	Consultant Anaesthetist, Royal Free NHS Trust
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Charlene Furtado (CF)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Denise McKeown	Transfusion Practitioner, Imperial NHS Trust
Selma Turkovic (ST)	PBMP, NHSBT
Helen Thom (HT)	CSM, NHSBT
Richard Whitmore (RW)	CSM, NHSBT
Andy Godfrey (AG)	Consultant Haematologist, Royal Marsden NHS Trust

Apologies:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Ethan Troy-Barnes (ETB)	Haematology SpR, North Middlesex Hospital
Donna Wiles (DW)	Transfusion Laboratory Manager, Northwick Park Hospital
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital (maternity leave)
Ravi Raobaikady (RR)	Consultant Anaesthetist, Royal Marsden Hospital

Non-Attendees:

Michael Makele, Pathology Quality Manager, Kings College Hospital
Elisha Tuesday, Transfusion Laboratory Manager, Kingston Hospital

Minute Secretary:

Angela Pumfrey (AP), London RTC Administrator

1. Welcomes and Apologies

Welcomes: AG joined the meeting with WM. Ursula Wood has not contacted AP following the invitation to join the group.

Apologies: Phil Kelly, Ethan Troy-Barnes, Donna Wiles, Ravi Raobaikady
RM kindly took on the role of Chair.

2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 7th October were accepted as an accurate record. AP to arrange for uploading onto the JPAC website.

Actions from Last Meeting:

2. Completed
5. Completed, but Ursula Wood has not responded
5. Twitter – will be discussed in the activity log
5. Shared Care – will be discussed at the next TP Group meeting in February (RM/DM)
5. NMA – the NTPN have not yet met (WM/RM/DM)
5. Blood Track – SA gave an update under AOB.
7. Online junior doctor training - PK not present to comment – will carry over to the next meeting
- 9c. Closed as pertains to the RTC meeting.
10. Completed

3. Lab Manager Update

DW not present to comment. HT reported that TADG met yesterday. There was a presentation on how St. Mary's reduced their stock requirements. Contact HT or AP if you would like a copy.

4. TP Update

They met at the end of October. DM gave an overview of what was discussed - sample tubes, validity of sub-working groups, training passports, vein-to-vein tracking system, WBIT's, SHOT presentation on patient safety.

5. LoPAG Update

Ursula Wood not present to comment. ST will give an update in the activity log.

6. RTC Work Plan/Activity Log

- November RTC Education Event: Went very well. Presentations are uploaded onto YouTube.
- Trauma Group – Will meet next week. The audit on reversal of anticoagulation will run from 4th January until 15th April. Its aim is to help hospitals that do not have guidelines. Data can be inputted retrospectively or prospectively and can be submitted until the end of March, with the portal open until mid-April. Your hospital's unique code can be obtained from FC, ST or Anwen Davies.
- LoPAG – Met in December. They are planning a virtual education day this year. A newsletter was published in November and they are working on April's one. A different topic will be covered in each newsletter. New members have been recruited from high and very high user hospitals.
- Twitter – Danny Gaskin has taken it over. We have 1277 followers. We need volunteers to help with retweeting and live tweeting during events.
- BMS Empowerment Discussion Group – Is very popular and still receiving very good feedback. Membership currently stands at over 1600 members. We may have to look at holding the meetings as webinars if we have a very large number of people attending at any one time. CB questioned whether nurses would benefit from a similar group. RM suggested we could test the appetite for it at the LoPAG education day. ETB is thinking of setting up a similar group for junior doctors.
- Sleeping Groups – The following groups will remain: Shared Care, Non-Medical Authorisation, Blood Tracking Task & Action.

7. Overall Evaluation from November RTC Education Event

AP circulated the results of the overall evaluation before the meeting and gave a brief summary. TBS was 97%. 70 forms returned; the highest number since we started holding virtual meetings. Scoring range was 1-5: no one scored lower than 3, with most delegates scoring 4 or 5. Feedback for the speakers was very positive. AP pointed out that Laura Green only had 34 responses, probably due to her presentation disappearing from the first evaluation form. An amended form was resent, but it appears that some delegates were still using the original one.

8. Customer Services Update

- Asking hospitals to review use of HT for Cryo. Some labs are ordering 100% HT – NHSBT are struggling to meet demand.
- NHSBT is short of O neg RBC. No issues with other products, but demand for platelets has dropped in the last few months. We are not asking hospitals to introduce their shortage plans, but it could be necessary. FC thinks the drop in platelets is due to Covid, ward closures, and reduction in transplants. CB thought operations being cancelled due to staff shortages may also play a part.
- New CP trial is starting so NHSBT is collecting CP with a particular titre range. We still have not been advised by DoH to dispose of the old stock, so please hold onto it. If it is a clinical risk, please let us know.
- HT's secondment will finish at the end of April. Her post in Colindale is being advertised. RM thanked her for the hard work and support she has given the RTC since taking on the role.

9. Educating Junior Doctors

ETB not present to provide an update.

10. Royal Marsden Anaemia Data

RR not present to discuss. WM and AG will present on his behalf at the next meeting.

11. May 2022 RTC Meeting

As part of the NBTC rolling programme of education, RTCs' are required to enter their events onto a central calendar as soon as possible so there is no duplication or bunching up of events. The NBTC will no longer suggest topics - we can decide the themes ourselves.

Confirmed Minutes of the RTT Meeting – 20 January 2022

- After some discussion, two topics were suggested for the 2022 meetings: solid organ and bone marrow transplants and Cart-T, and change in MH protocol and coagulation. It was agreed to hold MH in May and transplant in November.
- A planning group to be set up – please contact AP if you would like to help. RM offered to help with the MH meeting. CD offered to help with the transplant meeting.
- As usual we will have an education event, followed by the business meeting. This time we will have just one link to cover both sessions.
- RM is concerned that the NHSBT/Customer Services update is very repetitive across all meetings which could put off some staff from attending. HT stated that they are aware of this. CB suggested naming or badging the event so it will appeal to the audience we are trying to attract.
- Case studies to be included.
- The May RTC is already scheduled for 26th May. AP asked the group to set a tentative date for the second RTC so she can enter it onto the calendar. 9th November was agreed.

Post-meeting Note: Due to another RTC region holding an event on a similar topic, we will do transplant in May and MH in November.

12. Any Other Business

a) PK's Email Re. Future RTC Budget Scenarios

We anticipate that people will vote for either Option 2 (based on number of hospitals) or Option 3 (based on blood use). It was pointed out that, if we continue to hold mainly virtual meetings, we will not need extra funding as they incur no cost. AP confirmed that, over the last two years, we have not spent most of our current budget, but, if we do return to F2F meetings, it is highly likely that the venues will raise their prices to cover lost income and the increasing cost of food and energy. If this is the case, we may struggle to cover the cost, even with funding from sponsors. Both RM and FC think we should take this opportunity to future proof our budget as we will probably never get the chance again. RM suggested we could use the extra money to fund staff to attend external conferences, scholarships, etc. FC mentioned that, if we continue with virtual events, we could use the money to upgrade the IT that we need to improve the running of them. AP to feedback comments to PK.

b) Transfusion 2024 / Blood Track Update

There is some variation of Blood Track vein-to-vein models among hospitals. Two main issues:

- We need evidence that it will improve safety: there is a stream looking at data, cost-effectiveness, funding for implementing Blood Track, toolkit for hospitals.
- SHOT SCRIPT survey of transfusion IT: the link to the summary on the SHOT website is below. SA recommends that the next step is to set up a working group to see what we can do to support hospitals.

<https://www.shotuk.org/resources/current-resources/script/>

FC said it is difficult to convince Trust Senior Management Boards that hospitals need it. SA understands this is an issue, but feels that, now the pandemic is coming to an end, we can refocus and look at tangible objective ways to engage senior management. We can use the data to make it relevant to hospitals. The quality standards NCA has been redone and the report is being formulated currently. We can use that data comparatively to see what hospitals are doing.

13. Date of Next Meeting

31st March 2022 at 2pm

London RTT - Action list for 20th January 2022

Item No	Action	By Whom	Completion
2.	Minutes of October meeting to be uploaded to RTC website	AP	Completed
6	Volunteers to help run Twitter account	All	
6	Raise issue of an EDG for nurses at LoPAG education day	UW/PBMP	
10	Ask RR for anaemia presentation	WM/AG	
12a	Feedback comments on budget scenarios to PK	AP	Completed

END