

London Regional Transfusion Committee

CONFIRMED Minutes of London Regional Transfusion Team Meeting Via Microsoft Teams

Thursday 21st January 2021

14:00-16:00

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Cath Booth (CB)	Consultant Haematologist, Barts Health & NHSBT
Ravi Raobaikady (RR)	Consultant Anaesthetist, Royal Marsden Hospital
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Elisha Tuesday (ET)	Transfusion Laboratory Manager, Kingston Hospital
Ethan Troy-Barnes (ETB)	Haematology SpR, North Middlesex Hospital
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Sammy Conran (SC)	Transfusion Practitioner, Croydon University Hospital
Charlene Furtado (CF)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital
Donna Wiles (DW)	Transfusion Laboratory Manager, Northwick Park Hospital
Deepa Takhar (DT)	CSM, NHSBT
Selma Turkovic (ST)	PBMP, NHSBT
Danny Gaskin (DG)	PBMP, NHSBT

Apologies:

Shubha Allard (SA)	Consultant Haematologist, NHSBT
Alison Brownell (AB)	Consultant Haematologist, Queen's Hospital
Richard Whitmore (RW)	CSM, NHSBT
Ciara Donohue (CD)	Consultant Anaesthetist, Royal Free NHS Trust (maternity leave)
Kate Maynard (KM)	PBMP, NHSBT (maternity leave)

Non-Attendees:

Michael Makele (MM)	Pathology Quality Manager, Kings College Hospital
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Minute Secretary:

Angela Pumfrey (AP)	London RTC Administrator
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1. Welcomes and Apologies

Welcomes: This was Danny's first RTT meeting as the new London PBMP covering Kate's maternity leave.

Apologies: Shubha Allard, Alison Brownell, Richard Whitmore. Alison has informed the Chair that she will be retiring in March, so will no longer attend these meetings.

2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 8 October were accepted as an accurate record.

ACTION: AP to arrange for minutes to be uploaded to JPAC website

Outstanding Actions from June Meeting:

Item 12(b): Recruitment of BAME donors – RW has raised with Donor Services and is awaiting their response. **RW was not present to comment.**

3. Lab Manager Update

DW will be providing the update from now on.

The group last met on 19 November and DW reported what topics were presented and discussed. UKAS have stated that they cannot cancel any further inspections. There are reports that hospitals who request to delay are being charged £12,000. There is concern about the extra pressure this will put on hospitals.

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4. TP Update

- No meeting since July. The next meeting will be held first or second week in February.
- The group's activity was slow last year due to the pandemic. TPs' workload increased during the pandemic and many were redeployed, so it will be a challenge to get any project off the ground. The group will decide what they are going to focus on when they meet.

National TP Network: Met last week. EC, SC and WM met with NHS England and NHS&I to discuss the TP role and competencies. They think the situation is similar to the one faced by genomic counsellors some years ago. Our next step is to outline what TPs' do on a day-to-day basis. Each region will write a job description for each band, ranging from 5 to 8b, which will be agreed by the group in April. We also need to know how many TPs' are currently in post and in what hospitals. NHS England and NHS&I said that TPs' need to give up their registration to join a new professional body, but SC thinks it is unrealistic to expect TPs' to do this.

National TP education day has been postponed from February to the summer.

NBTC has agreed to fund the purchase of a platform we can use for presentations and webinars. The RTC can also use it for events.

5. RTC Work Plan

- October RTC meeting – our second remote RTC meeting. Well attended. Videos have been edited and uploaded onto our You Tube channel. A link to view the feedback/evaluation from delegates was emailed to the group previously. TBS = 94%
- BMS Discussion Group – continue to meet once a month and is aimed at junior BMS' with little experience. The group currently has 280 members from all over England, but is increasing regularly. Feedback from attendees is 100%.
- Trauma Group – Surveys have been completed and the data is being reviewed. DG, FC and EC will make a draft report and will present to the group.
- LoPAG – Still no one has come forward to take over as Chair.
- Twitter – now at 1154 followers – our next target is 2000. Engagement with the group is increasing. Some work has been done on rebranding the account. PK spoke about how to engage with people via social media and how to give them what they want within as short amount of time as possible, which again raised the topic of uploading short videos. DG said that, within the medical community, there are a growing number of Twitter accounts, so we need to make ours worth following. He explained that we can look back at our past data to see which posts were most popular so we know what topics interest people. DT suggested that LinkedIn could be a useful tool. The group agreed to set up our own LinkedIn page – DG offered to do this. EC suggested doing something on Twitter to commemorate World Blood Day on 14th June – she suggested Harvey's Gang. The group agreed with this and suggested that the week before WBD we post original content about the work we do – it was suggested that everyone records a short video explaining their role..
- There was a discussion about whether to remove some of the archive/sleeping groups.

Action: DG to set up a LinkedIn page

6. Customer Services Update

- Convalescent Plasma – the REMAP-CAP trial has been put on hold for the time being while analysis is done. The Recovery trial has restarted as there may be some benefit of using CP on less sick patients, so we have resumed plasma donations.
- Damage to FFP and cryoprecipitate packs could be caused by being stored in big freezers as they are very fragile.
- Customer Satisfaction Survey – the results are good, with over 80% of customers satisfied.
- Block contracts – will continue for the time being.
- O Neg K Pos units – all hospitals are taking a certain proportion which has reduced O neg wastage.

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7. Educating Junior Doctors

To be deferred to the next meeting.

8. Transfusion 2024 Recommendations – How to Take Forward

WM asked if there is anything the RTC should be taking forward from these recommendations. She will read through them and feedback to the next meeting.

9. IV Iron Service during a Pandemic

RR stated that the Marsden could not carry out pre-op iron management during the pandemic, so now have a backlog of 1000 patients. He wants to know what the situation is in other hospitals. He feels strongly that every hospital should have an anaemia nurse as TPs' cannot run anaemia services alongside their normal workload.

RR asked the group if they would agree to a survey of hospitals to find out about their iron management. WM said there is a NCA audit due in the summer, which has a section about anaemia management, which may help us to get the information we need.

There is concern that we may overwhelm hospitals by giving them more surveys/audits to complete, especially at the moment. Therefore, the group felt it was better to use the results of the NCA, but we need to ensure we get the right information from the survey. There is also concern that the response rate for surveys is decreasing. SC suggested we could use an existing database rather than create a new one, such as the Ferrinject database.

10. Any Other Business

a) DT Secondment

DT announced to the group that she will be taking on a one year secondment role. Her post will be advertised.

b) RTC Business Meeting

This will be in addition to the education session in May. CB thinks we should not shelve the idea, but hold it later in the year once we see what the situation is regards the pandemic.

11. Date of Next Meeting

1st April 2021 at 2pm

London RTT - Action list for 21st January 2021

Item No (minutes)	Action	By Whom	Completion
2.	Minutes of October meeting to be uploaded to RTC website	AP	Completed
5	Set up a LinkedIn page	DG	Completed

END