

London Regional Transfusion Committee

CONFIRMED Minutes of London Regional Transfusion Team Meeting

Thursday 27th October 2016

09:30-12:30

Mint Wing, St. Mary's Hospital

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Jen Heyes (JH)	PBM Practitioner, NHSBT
Clare Denison (CD)	PBM Practitioner, NHSBT
Gavin Cho (GC)	NHSBT
Mandy Hobson (MH)	Transfusion Practitioner, Royal Free NHS Foundation Trust
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Antonia Hyde (AH)	Customer Service Manager, NHSBT
Rachel Moss (RM)	Transfusion Practitioner, GOSH
Julia Stanger (JS)	Transfusion Laboratory Manager, North West London NHS Trust
Andrina Dowling (AD)	Specialist BMS in Transfusion, The Holly Hospital

Apologies:

Toby Richards (TR)	Consultant Vascular Surgeon, University College London
Shubha Allard (SA)	Consultant Haematologist, Barts Health NHS Trust & NHSBT
Sandy Kidd (SK)	Consultant Anaesthetist, Epsom & St. Helier NHS Trust
Nic Ketley (NK)	Consultant Haematologist, Queen Elizabeth Woolwich Hospital
Sue Mallett (SM)	Consultant Anaesthetist, Royal Free NHS Foundation Trust
Dorothy Kasibante (DK)	Transfusion Practitioner, HCA International
Richard Whitmore (RW)	Customer Service Manager, NHSBT

Minute Secretary:

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

PK welcomed everyone to the meeting.

Andrina Dowling was welcomed as a new member of the group, as representative from South Thames TAG.

Ciara Donohue was confirmed as a new member of the group to replace Sue Mallett who will be retiring. She was the only expression of interest we received following the RTC meeting on 14th Oct 2016. PK to send Ciara an email to confirm her place on the team.

Emily Carpenter's secondment at NHSBT has finished and she has returned to her role at King's College.

Megan Lawn has now retired from her role as TP at Kings College Hospital.

The replacement for Megan Rowley will be whoever is appointed to replace her at NHSBT.

Hugh Boothe has stepped down from the group as he has left his role as TLM at Chelsea & Westminster.

WM has identified a Consultant at Royal Marsden who would be interested in joining the group – she will approach him.

ACTION: WM to approach Consultant re. joining the group.

ACTION: PK to contact Ciara Donohue to accept application to join the RTT.

2. Minutes and Actions of Last Meeting

Megan Lawn requested via email a slight change under Item 4c. Otherwise, the minutes of the last meeting held on 28/07/16 were accepted as an accurate record.

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

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Outstanding Actions from July Meeting:

Action 8.2 – PK has contacted Alison Brownell and Anne Minogue at Queen's Hospital. The templates can be found at (www.hospital.blood.co.uk). Kings College iron clinic have no desire for a joined iron clinic. There is a newly created national group to look at anaemia. It was acknowledged that there is a lack of time between the GP referral to the date of surgery. Patients receive point of care treatment at pre-op stage, but move to a service when found to be anaemic. RM said the service would need a good nurse specialist. CD to send PK contact details for the TP at Bolton Hospital in order to contact regarding their anaemia clinic.

Action 4b – SK is meeting with the Head Examiner at St. George's Medical School next week to discuss OSCE around transfusion episode.

Action 4f – JH explained that NHSBT policy prevented her from setting up a Facebook page. The group mentioned about a popular Twitter page called 'Team Haem'. They post case studies, including transfusion ones, and are looking for transfusion professionals to comment on it. AD will feedback to the TAG group to see whether this is something we could get involved with.

Action 6 – Discussed under Item 12.

Action 7.3 – No patients identified or approached. It was suggested we could approach colleagues who need regular blood transfusions. It was clarified that the user group will be a sounding board only that we will go to when we need advice. Therefore, they only need to be a virtual group, with maybe a face-to-face meeting once a year. Someone would need to run the group to keep them focused. There was a discussion on how to find members. Consultants and TP's could help by approaching patients after discharge.

Action: CD to send introduction email to PK for Bolton Hospital.

Action: AD to feedback about 'Team Haem' to TAG.

Outstanding Actions from May Meeting:

Action 3a – PK has sent AP the email with copy to the rest of the group.

Action 5 – RM has not worked on this yet.

Action: RM to collate good practice guidance from renal day.

3. Terms of Reference

Document circulated with the agenda. There was concern that we are being too ambitious with the number of members from each role. Therefore, a minimum of one representative from each role will be sufficient. To reach a quorate, we will accept a majority attendance (an exact number not to be stipulated). With regards to non-attendees, after discussion, it was agreed that absence at three consecutive meetings, without apologies, will result in the Chair contacting you as to whether you will attend the fourth meeting and your commitment to the group. JH will amend this document and re-circulate with the minutes.

Action: JH to amend the ToR document and re-circulate to the group

4. Budget

AP confirmed we currently have a balance of £3000 in the RTC budget. We will need to spend some money on BMS and TP education days and stationery, but there is no large expenditure expected before the end of the financial year. JH asked the group if they have any ideas what they would like to spend the money on. After some discussion, it was agreed to offer the cost of the delegate fee for the national NHSBT conferences in February

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next year, as we will not be holding an all day education event. We will ask each Trust to nominate one person to attend either the paediatric conference or the management conference. We will offer 10 funded places for each day. Email to be sent by AP on behalf of PK to HTC Chairs, Consultants, TLM's and TP's.

Action: AP to draft the email

Post-Meeting Note: AP and JH are discussing with Finance how this can work due to NHSBT cross-charging policy.

5. Lab Manager Update

a) North London TAG (JS)

Zero tolerance with regards to missing information on samples. - Clarification of zero tolerance needed. Some omissions are obviously not tolerated, but what about gender, time bled, signature of person who took the sample. RCI usually accept the samples under concession, but the number of concessions are increasing. It was felt this is not something that the RTT can help with. AD thinks that the problem stems from junior doctors not realising that the BT lab is so strict, because other labs do not have the same zero tolerance policy.

Shared care – JH is setting up a working group made up of London, SC, SEC and EoE to discuss how to make this workable.

Sharing of units – If hospitals share units, why can't NHSBT accept about to expire unused units back from hospitals and redistribute them. MHRA have no problem with us doing this as long as we can prove no break in the cold chain and it will help wastage figures. MH said that she has also raised this question and is waiting a reply.

b) South Thames TAG (AD)

Differing roles of Band 2 MLA's - A staff audit of Band 2 MLA's in London has identified that their roles differ in different hospitals and, in some cases, they are doing the role of a Band 5 BMS, such as cross-matching and issuing albumin. The concern amongst the group is that, whilst the MLA's may have received training, if they are not qualified and covered by a professional body (e.g. HCPC), they are not covered if anything goes wrong. One of the TLM's from the SEC region wants to ask the IBMS if MLA's could receive BMS training. The group did not think this was a good idea. It will also be raised at the National Lab Managers' Group and PK is going to include it as a concern at the NBTC RTC Chairs meeting in March.

LIMS Access – The above topic brought up the issue of how the MLA's are getting the appropriate access to LIMS. It was clarified that each hospital is able to set their own level of access.

6. TP Update

A survey was sent out to TP's. WM reported that the group discussed what topics would be valuable to the TP's: presentation skills, writing a business case (CD may be able to invite someone from the Civil Service who will be able to talk about how to write a business case in the the public sector). A forum will be devised so TP's can share information. Competency assessment – they will write a simple disclaimer for transfusion trained staff to sign to say they have done transfusion training and consider themselves competent. This will negate the need for them to do training again if they move Trust.

It is hoped that the group will be able to collate all the work that has been done and publish a paper.

There was a long discussion about the roles of TP's in other countries and PBM in other countries.

7. PBM Projects

a) Obstetric Anaemia

Work has been handed over to CD. Retrospective data collected at Royal Free & Barnet Hospitals, which will need to be cleaned. There is a Registrar at Whipps Cross Hospital who is interested in taking part and will collect their own data. The flow chart is completed, but will need to promote to the clinicians.

A working group will be set up and a toolkit devised to support hospitals.

Action: CD to discuss working group formation with Aman Dhesi.

b) Iatrogenic Anaemia

Nothing to report. Just needs to pull it all together and devise a toolkit.

c) Pre-op Clinic

TR not present to comment, but AP read out an email from him about an iron therapy and PBM day being held on 02/02/17 at UCLH. It will focus on how to set up PBM and anaemia clinics and is open to all. A copy of the draft programme was distributed.

8. RTC Work Plan

The following are items updated since the last meeting.

a) Evaluation from October RTC

AP read out a short summary of the evaluation of the day. Evaluation forms are still coming in, so the written overall evaluation will be distributed with the minutes.

Morning business forum – majority rated as excellent, the rest rated as good. All would recommend to a colleague. The majority of delegates found something they could take back to their Trust.

Afternoon education session – 57% rated as excellent, 42% rated as good, 6 forms not fully completed. All would recommend to a colleague.

No HTC Chairs attended..

Action: AP to circulate overall evaluation form with the minutes.

b) TP Education Day

JH is working with a group of TP's to plan the next TP education day which will be in February. The theme will be coagulation.

c) Single Unit Transfusion

Nearly finished.

Lewisham - the data has been analysed. Audit report still in draft at the moment. Single unit policy will be implemented across the Trust for all patients. If more data is collected within a year's time, they will try to publish the findings.

Kings – publication in BMJ still pending. GC said they may want payment to publish it. PK said Kings would be willing to pay if this is the case. Still working on the health economics.

d) BMS Education & Empowerment

Empowerment Group Chair: Hugh Boothe has stood down as Chair from this group. No one from the group has volunteered to take over. Expressions of interest have gone out to the TAG.

Education Days: There will be two education days next year: 15th and 28th February.

There was a telecon this week to draft the agenda. JH read out the agenda which has been devised by the junior BMS's on the group.

BMS Empowerment Survey: Matt Free at St. George's Hospital is piloting this survey. If successful, it will be made available for the London BMS's to use as a tool.

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e) Twitter

We now have 335 followers. The tweets from the RTC meeting were very good – thanks to Emly Carpenter.

9. Theme for April 2017 RTC

Suggestions were as follows:

Solid organ transplants	Organ transplant without stem cells
GI bleeding – IV iron	NCA lower GI bleeds
Coagulation	Nurse prescribing
Shared care	HEV
Experience of a patient who had organ or stem cell transplant	

Working group: CD will lead. WM volunteered to help. Expressions of interest to help with be sent to the whole RTT. It was thought that SA and Emily Carpenter may be able to help in finding speakers.

10. Joint Education Day

CD has been approached by the South East Coast region with the suggestion of holding a joint education day next year on obstetrics. It was acknowledged that obstetrics is a very popular topic and, in the past, we have always had very good attendance. The group are very happy to participate in this and suggested holding it in June.

11. Event Brite

CD explained that this is a free online service that offers a complete registration service for free events. Delegates register online. It is something we can consider for our events as it would save AP a lot of time.

12. National Pathology Week

There will be two local initiative events at Colindale and St. Bart's Hospital. They will focus on patients living life on transfusions. JH will attend both of them to do tweets.

13. Any Other Business

a) Audit

JH highlighted that the London region is not carrying out any audit at the moment, whereas other regions do several. She suggested doing an audit on O D neg red cells used, along with some other suggestions.

After a long discussion about possible topics, WM suggested an audit on consent policies. She would like to review what other hospitals' consent policies are as she thinks different hospitals have very different policies. The audit could be carried out by TP's – WM will bring up at the next TP meeting.

Action: WM to bring up consent audit at TP meeting.

14. Date of Next Meeting

26th January 2017 – 1330 - 1630 – Telecon

9th March 2017 – 1330 - 1630 – Venue TBC

22nd June 2017 – 1330 - 1630 – Venue TBC

14th September 2017 – 1330 - 1630 – West End Donor Centre

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London RTT - Action list for 27th October 2016

Item No (minutes)	Action	By Whom	Completion
1.	Approach Royal Marsden Consultant re. joining the group	WM	Completed
1.	Contact Ciara Donohue re. joining the group	PK	
2.	Minutes of July meeting to be uploaded to RTC website	AP	Completed
2.	Send email re. Bolton Hospital anaemia clinic to PK	CD	Completed
2.	Feedback to TAG about 'Team Haem'	AD	
2.	Collate good practice guidance from renal day	RM	
3.	Amend and recirculate ToR document	JH/AP	Completed
4.	Draft an email re. national conference nominations	AP/PK	Completed
7a	Discuss obstetric project with Aman Dhesi	CD	
8a	Circulate RTC overall evaluation forms	AP	Completed
13	Bring up consent audit at TP meeting	WM	

END