

**CONFIRMED Minutes of London Regional Transfusion Team Meeting
Via Microsoft Teams**

**Thursday 7th October 2021
14:00-16:00**

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Cath Booth (CB)	Consultant Haematologist, Barts Health & NHSBT
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Shubha Allard (SA)	Consultant Haematologist, NHSBT
Ethan Troy-Barnes (ETB)	Haematology SpR, North Middlesex Hospital
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Charlene Furtado (CF)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Rachel Moss (RM)	Transfusion Practitioner, Great Ormond Street NHS Trust
Denise McKeown	Transfusion Practitioner, Imperial NHS Trust
Michael Makele	Pathology Quality Manager, Kings College Hospital
Selma Turkovic (ST)	PBMP, NHSBT
Kate Maynard (KM)	PBMP, NHSBT
Helen Thom (HT)	CSM, NHSBT
Richard Whitmore (RW)	CSM, NHSBT

Observers:

Dr. Farrah Shah, Medical Director for Transfusion, NHSBT
Dr. Nour Al Muzain, MTI Fellow, RC Pathologists

Apologies:

Ciara Donohue (CD)	Consultant Anaesthetist, Royal Free NHS Trust
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital (maternity leave)

Non-Attendees:

Ravi Raobaikady, Consultant Anaesthetist, Royal Marsden Hospital
Elisha Tuesday, Transfusion Laboratory Manager, Kingston Hospital
Donna Wiles, Transfusion Laboratory Manager, Northwick Park Hospital

Minute Secretary:

Angela Pumfrey (AP), London RTC Administrator

1. Welcomes and Apologies

Welcomes: RM and DM were welcomed to the group as joint Chairs of the London TP Group. It was noted that this is the second time RM has been a member of the group. CD has returned from maternity leave, but is unable to attend today's meeting.

The group welcomed Dr Farrah Shah and Dr Nour Al Muzain who joined the meeting as observers.

2. Minutes and Actions of Last Meeting

Item 5 Trauma Group: FC has amended the first paragraph. She will send the replacement to AP to insert into the minutes.

FC requested that the pages of future minutes are numbered.

Otherwise, the minutes of the last meeting on 1st July were accepted as an accurate record. AP to amend the minutes and arrange for them to be uploaded to JPAC website.

No actions to complete from the last meeting.

3. Lab Manager Update

DW not at the meeting to provide an update.

4. TP Update

RM and DM are sharing the role of Chair of the London group. They have nothing to report at present. The group will meet later this month.

5. RTC Work Plan

- Trauma Group – Met a few days ago. The pilot audit has now been sent to 9 MTC's – if it's successful, it will be circulated nationwide. An audit on reversal of anticoagulation in trauma patients is planned for January 2022.
- LoPAG – Met in September. They have a new Chair. They are planning a virtual education day next year, postponed from July 2020. The next newsletter will be published soon. Membership is being reviewed due to non-attenders and the group wanting representation from high and very high users. The group agreed that the new Chair should be invited to join the group to provide feedback.
- Twitter – KM has taken it over. We have reached 1252 followers. We have probably reached the maximum number of followers and should now concentrate on keeping them. PK suggested we change our metric and only tweet twelve items a year, highlighting something that starts a conversation. KM suggested we post three original tweets a month and also review our impressions and reach.
- London TP Group – RM and DM have taken over the Chair role. No actions at the moment. They will meet later this month.
- BMS Empowerment Discussion Group – Has over 1000 members. Danny Gaskin is still involved. The sessions are now recorded and are posted on JPAC and the PBM England You Tube channel. We are also looking at awarding CPD points. We were awarded the best abstract poster at SHOT. The abstract was also submitted to BBTS and the IBMS Congress. CB suggested searching for other national awards we could nominate the group for. PK praised the work of the group and asked if it has had any national attention. SA reported that it was discussed at the RTC Chairs' meeting and thinks the model should be shared. She also suggested bringing it to the attention of UKTLC. SA asked if an article could be written for the RCPATH Bulletin for the College's Diamond Jubilee next year – ST will do this.
- Sleeping Groups – Should some be removed. The group agreed the following:
 - ❖ MH DVD – Remove as DVD's are no longer relevant
 - ❖ Shared Care – Non-active for some years, but is an area of unmet need and may be starting to raise some issues, so keep. Bring up at the next TP meeting to see if they want to take it over.
 - ❖ Non-Medical Authorisation – Remove as it is now embedded in hospitals that wanted it. WM thinks it may need revisiting because it has never been evaluated. RM feels it is a national problem so should be taken over by the NTPN – WM will ask them.
 - ❖ BMS Empowerment – Remove as we now have BMSEdG
 - ❖ Single Unit Policy - Remove as it is now a well-embedded part of PBM, but it is not used in every hospital.
 - ❖ Blood Tracking – Remove, but it should be a national issue – can the NTPN take it over. RM stated that the hospitals who have it are experiencing issues and need support, but there is no over-arching system in place to help them. RW reported that NHSBT are in ongoing discussions with LIMS groups, but it is definitely an NHSBT task to improve these systems. It is a widespread problem as hospitals are not all using the same system or not using the whole system. SA mentioned that SHOT has had input in transfusion IT systems and their Script survey may be worth looking at as it flagged up many concerns. It may also be worth contacting Jenny Davis at SHOT and the incoming Chair of NTPN for help. SA said there is a group involving various organisations that are working on drafting standards for safe transfusion of pathology networks, which includes transfusion IT. She will feedback this issue to the group.

6. Customer Services Update

- Customer Satisfaction Survey – has been extended to 10th October. We urge you to complete it as it does help us to decide what to focus on.
- DIN barcode labels – a significant number of labels have come from the supplier either marked or deteriorated so the bar code is unreadable. Some hospitals have agreed to take the affected units - if you cannot read them, you can request a credit.
- Convalescent Plasma – We still have not been advised by DoH to dispose of the old stock, so please hold onto your stock, but do not use it. We should receive confirmation very soon. If it is a clinical risk to store the old CP, let us know. CB reported there is a new trial in the pipeline, but it will not use old CP.
- O neg – ordering is inconsistent. Please do not request high spec or fresh blood for flying squad packs. Only order fresh rr blood if clinically appropriate, so that there is adequate stock for patients who really need it. Visit the link on JPAC for further guidance.

- Trust visits – CSM's want to visit hospitals as they feel they are losing touch with Lab Managers. Visits will mainly still be virtual, but they are happy to meet F2F if it is permitted. HT said that, from November, she will be travelling to London for three days/month so is happy to make F2F visits then.

7. Educating Junior Doctors

ETB has not focused on this further due to work commitments during the pandemic. He asked what the current priorities are: he thinks targeting new foundation doctors will be useful - their Trust's transfusion training is not very clinical, instead just covering safety. He suggested that, rather than providing very directed F2F training, we could have something long-standing on a digital platform. There was a long discussion where the following points were raised:

- ❖ Look at what virtual training others have done.
- ❖ ETB will conduct a survey of junior doctors to determine what training they would like, so hospitals can tailor their induction training to make it relevant.
- ❖ Produce an online standard transfusion training package for junior doctors
- ❖ Hospitals may not agree to "one size fits all" standardised training, preferring to devise their own local training,
- ❖ Transfusion bites sessions for junior doctors would be a good start to online training. Hold it weekly for no longer than half an hour, at a time that is convenient, e.g. lunchtime or after 5. Provide a certificate so it can be logged as learning. RTT members can take it in turns to present. Once we have 50-100 members, we can approach the RC Physicians for funding to roll it out further.
- ❖ Haematology trainees have received standardised pan-London virtual training since the pandemic, which has worked very well.
- ❖ There is a national group who are devising guidelines to cover each step of the transfusion process, so people can access only what they require.
- ❖ PK suggested approaching the Registrar at the RC Physicians to give us a training slot on the MRCP programme for 12-18 months.
- ❖ Look at partnering up with a university
- ❖ FC is currently building an online training course for anaesthetists – it is a long process and you have to bid for funding at every stage. Can NHSBT fund the development of external online courses?
- ❖ PK will approach the University Head of Education at Kings to scope out the idea and seek advice on how far we can develop it.

8. Royal Marsden Anaemia Data

RR was not present to discuss this.

9. Any Other Business

a) Transfusion 2024 Progress

SA circulated an update from the NBTC on progress made so far. She gave some background on Transfusion 2024 and explained that its implementation was delayed. The update is divided into four key strands and SA went through them in order. NBTC is now focusing on the implementation. They want to make the document relevant to individual hospitals and clarify what Transfusion 2024 will mean for them. A checklist for hospitals will be drafted – SA asked for volunteers to help her develop it further.

b) KM Stepping Down

KM announced that she will be leaving in December to start a new job as TP at Croydon Hospital, so this will be her last RTT meeting.

c) RTC Meeting November 2021

- The title is 'To P or not to P – Is Plasma the Question?'
- Two draft flyers have been created – the group agreed to use the Shakespeare image for the main advertising and the other image during the event.
- The draft agenda for the education session was shown. CB reported that Laura Green has confirmed. The Hepatologist that CB contacted cannot do it – she has asked him if he can nominate someone else. PK will ask the Liver Intensivists and a Haematologist at Kings if they can do it.
- AI Hunter knows someone who could do the talk – waiting for him to get back to us.
- PK cannot attend as he is at a conference - FC kindly offered to stand in as Chair.

d) Sponsors for Events

AP reported that she has been approached by five sponsors over the past few months asking if we require their input on any of our events. She also reported that some regions have had a sponsor give a short presentation at their events and Pharmacosmos have even run whole events for some regions. She brought this to the attention of the group in case it is an option they want to consider in the future. PK feels there is a benefit from not having any outside input, but understands that we should probably keep in contact with our usual sponsors. He asked whether they would be willing to support other educational activities, but AP does not think she can charge them if we are not incurring any costs. It was suggested that perhaps there needs to be a national strategy on how RTC's transact with sponsors. The group agreed they are not keen to have sponsors involved in our events if we do not require financial support from them, especially as this will eat into time for presentations.

10. Date of Next Meeting

20th January 2022 at 2pm

The group scheduled in the following meetings for 2022:

31st March

5th July (Tuesday)

29th September (but depends on the date for the NBTC meeting)

AP to send out calendar invites

A provisional virtual RTC meeting will be scheduled for 25th May 2-5pm. It will be a national event under the national rolling programme, so we will have to submit to the NBTC what topic we want to do – ST will look out for what other regions are doing. PK thought the rolling programme was yet to be approved and AP stated that the RTC Administrators were informed that the NBTC will decide the topics and each RTC will choose the one they want to do. As there appears to be conflicting views how the rolling programme will work, it was agreed to make it a provisional date initially until we receive further clarification.

London RTT - Action list for 7th October 2021

Item No	Action	By Whom	Completion
2.	Minutes of July meeting to be amended and uploaded to RTC website	AP	
5.	Invite LoPAG Chair to join the RTT	ST/KM	
5.	Twitter – research metrics, impressions and reach	KM/PK	
5.	Shared Care – does the TP group want to take this over?	RM/DM	
5.	Non-Medical Authorisation – ask NTPN if they want to take this over?	WM	
5.	Blood Tracking – feedback to the safe transfusion standards group	SA	
7.	Approach University Head of Education at Kings re. online junior doctor training	PK	
9(c)	Approach Liver Intensivists and Haematologists re. presenting at RTC meeting	PK	
10.	Send out calendar invites for RTT and RTC meetings	AP	

END