

London Platelet Action Group



dLoPAG Steering Group Minutes

Wednesday 9th December 2020

Via Microsoft Teams

Attendance	Role	Organisation
Kelly Nwankiti (Chair) (KN)	Trust PBM	Kings College NHS Trust
Denroy Lindsay (DL)	Senior BMS	Great Ormond Street NHS Trust
Rebecca Patel (RP)	TP	Northwick Park Hospital
Wendy McSporran (WM)	TP	Royal Marsden NHS Trust
Helen Wadham (HW)	BMS	Guy's & St. Thomas' NHS Trust
Ursula Wood (UW)	TP	Guy's & St. Thomas' NHS Trust
Fatts Chowdhury (FC)	Consultant Haematologist	Imperial College NHS Trust / NHSBT
Pooja Onyewuchi (PO)	Senior BMS and Training Officer	University College London NHS Trust
Sofhia Akhtar (SA)	BMS	University College London NHS Trust
Selma Turkovic (ST)	PBMP	NHSBT
Danny Gaskin (DG)	PBMP	NHSBT
Richard Whitmore (RW)	CSM	NHSBT
Sophie Staples (SS)	BSMS Specialist	NHSBT
Angela Pumfrey (AP)	RTC Administrator	NHSBT
Apologies		
Gill Rattenbury (GR)	TP	Chelsea & Westminster NHS Trust
Sara Hammond (SH)	TP	Barts Health NHS Trust
Kelly Feane (KF)	TP	St. George's NHS Trust

Item 1 – Welcomes and Apologies

DG welcomed everyone to this virtual meeting and apologised that the meeting invite and agenda were sent round so late.. DG introduced himself as the replacement for Kate Maynard whilst she is on maternity leave. His email address is daniel.gaskin@nhsbt.nhs.uk

Item 2 - Minutes of Last Steering Group Meeting

The minutes of the last meeting were accepted as a true record.

Item 3 – London RTC Platelet Issue & Wastage Data (BSMS)

ST gave a presentation on platelet data and profiling. It was explained that the data presented is currently being reviewed by ST, DG, KN and SS, so if there is anything that has been missed, please let them know and they can amend it. The data shows weekly 7-day

platelet demand. There was a dip when the pandemic started, but figures have now returned to pre-Covid levels.

Wastage: Three hospitals have not submitted any data and some hospitals have incomplete data. It was highlighted that all the figures will be skewed due to Covid. UCH had really high figures (they are high users anyway), but they have now made improvements by amending their standing orders for HLA platelets according to their usage and reducing their CMV platelets order.

Bart's and Marsden Sutton have not submitted a full 12 months of data. WM said that the Marsden has just now employed a data inputter, so the data will now be entered.

WAPI data: Some hospitals have not submitted data, but there is consistent wastage activity for all hospitals between March and May, which fits in with the pandemic. SS confirmed there was a correlation between start of lockdown and wastage increase, but it is more prominent for RBC than platelets. It decreased from May onwards and has not increased during the second lockdown, but there is a lag in data entry.

St. Thomas' wastage has improved since November, but their usage is still variable. It is very difficult to predict why this is, but there has been a lot of major haemorrhages and the surgical patients list being changed frequently.

St. Mary's figures are high – FC said the problem is patients moving between sites and the transfusion team not being informed.

What is an acceptable WAPI figure? SS said that 2% is the WAPI for platelets, although that is a soft target due to the acknowledged differences between hospitals. FC said that the acceptable figure in these Covid times is anything under 5, but is normally 2.

Post-meeting Note: Following the meeting, SS looked into this further and wants to amend the minutes to read the following:

"There is no published WAPI target for platelets and BSMS is working to produce some evidence-based targets for WAPI and will report to the group when available."

Item 4- A and AB Neg Platelets

ST presented the slides. Weekly use went up during the first lockdown, but has now returned to pre-Covid level. Most hospitals are using less A neg platelets compared to last year. The target to reach has been removed as unsure of its validity. The data will continue to be reviewed and there will be further figures for the next meeting.

Most hospitals have reduced their AB neg platelet use in Q3. In future the data will be calculated in years, not quarters. Usage for St. Thomas' has increased, but HW is surprised it is so high as they have changed their AB platelet orders – she will look into it further.

Item 5- PAG Update

- PAG met in October - they will meet quarterly.
- There is rising demand for AB neg platelets, so please follow the recommendation to only order for your AB patients.
- There is significant O pos platelet wastage – please try to order O pos platelets into your hospital if possible.
- Survey on best platelet ordering practice was sent to hospitals. If you would like to take part in this survey, please let your PBMP know.
- EU exit – should cause no issues for NHSBT as we are self-sufficient and do not import or export any components from the EU.

- Please do not change your stock holding practice unless you are advised to do so.
- Please continue to encourage your patients to donate CVP if they have had Covid.
- Pre-op anaemia toolkit is coming out tomorrow
- Platelet poster – there is a minor change
- Red cells in platelet packs is being looked into – we will have feedback for next meeting

DG asked the group if they would like to see any changes to the data presented. Is there data you would like to see or data you want removed? SA would like to see why we are wasting platelets and where is the wastage occurring. WM wants to see the data against the hospital episodes statistics – chart the activity in hospitals against the ????? (could not make out these couple of words)

Item 6 – SaBTO Changes and Amendments to Guidelines

KN wanted to know how hospitals are getting on with implementing the changes. There have been some improvements seen in the data presented.

RP stated her Paediatric Consultant will not be filling in special requirements anymore for CMV –ve children as other paediatric hospitals are no longer filling in their special requirements.

The shared care document for GOS, Marsden and UCH has been updated – WM will send to RP and will share with the group once ratified and published.

Item 7 – Red Cell Contamination in Platelets

KN asked if anyone looked at their platelet packs and find any problems? KN reported an improvement at King's.

RW reported that this is an issue for NHSBT, with the percentage of red cells in platelets up to 2%.. There has never been a bag returned from King's that NHSBT did not think was fit for use, but KN has valid concerns that some reactions have been caused by this contamination. There will be papers coming out about reverting to FBC to measure red cell contamination in platelets. RW will push for automated counts on platelets, so we have a measurable standard for red cell contamination, rather than using the current colour chart.

Item 8 – LoPAG Newsletter

All the suggestions made at the last meeting were looked at. The most popular suggestion was fewer words and more information on how Trusts are performing, such as traffic light systems and league tables.

We are looking to create a dashboard which will form the majority of the newsletter, but this will not be ready before the next meeting. In the meantime, a draft newsletter has been created, which does include a lot of text. SS showed it to the group and explained how it has been laid out. It will be sent to the group for review and can hopefully be sent out before Christmas. SS mentioned it is difficult to compare hospitals using traffic light systems and league tables, especially when some hospitals do not enter their data. DG suggested whether we could look at hospitals comparing themselves and the progression they have made, rather than comparing against other hospitals.

RW feels we should consult hospitals before we start using traffic light systems, league tables or dashboards. There are pertinent questions we should ask them first which will give us a better idea of how to compare one hospital's practice with another.

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ST mentioned that NHSBT's platelet survey could be helpful, as most of the questions are the same ones suggested by RW. She will ask for the survey to be shared with us so the group can give their feedback.

RP suggested the newsletter is sent to a wider audience, especially if we are going to change the content. It has previously been sent to the HTTs' only who can decide who to cascade to, but if we wish to send to a wider audience, it needs to be tailored to them, i.e. more clinical and educational.

There was a discussion about clinicians training and knowledge of blood transfusion. WM and KN stated that it is not enough to have a good training and knowledge base. Often doctors are wary about transfusing because of professional safety and how to defend their actions if the patient comes to harm.

Item 9 – AOB and Date of Next Meeting

Nothing to report.

The next meeting will be held on Wednesday 10th March 2-4pm. It will be a Microsoft Teams meeting – 2-4pm is a good time for everyone.