DRAFT MINUTES of the
EXTRAORDINARY TELECONFERENCE of the
NATIONAL BLOOD TRANSFUSION COMMITTEE
DURING COVID-19 PANDEMIC

Monday, 30 March 2020, 13:00 – 15:00

Dr J Cort JC Interim Chair NBTC, East Midlands RTC
Dr S Allard SA Secretary, NBTC,
Dr L Anderson LA Chair of the Scottish Transfusion Committee
Ms C Bernstrom CBe EA to NBTC
Dr A Benton AB Blood Implementation Group, Wales
Dr P Bolton-Maggs PB-M Royal College of Pathologists
Dr C Carroll CC North West RTC
Dr F Choksey FC West Midlands RTC
Dr S Cleland SW South West RTC
Ms S Conran SC Chair, National TP Group
Dr A Dodds AD North East RTC
Mr G Donald GD Patient Representative
Ms H Doughty HD NBTC Emergency Planning Working Group
Ms K Dowling KD Deputy Chair, TLM Working Group
Dr L Estcourt LE Clinical Lead, National Comparative Audit in Blood Transfusion (NHSBT)
Ms C Howell CH Chief Nurse Diagnostic and Therapeutic Services (NHSBT)
Dr P Kelly PK London RTC
Dr G Mifflin GM Medical and Research Director (NHSBT)
Dr S Narayan SN Medical Director, SHOT
Prof J Neuberger JN Chair, SaBTO
Dr M Rowley MR Secretary, Scottish Blood Transfusion Society
Dr N Sargent NS South Central RTC
Ms L Sherliker LS National Lead: PBM Team
Ms J Staves JS Chair, TLM Working Group
Ms S Timmins ST South West RTC
Dr H Wakeling HW South East Coast RTC
Ms H Witham HW Patient Representative

In attendance:
Prof M Murphy MM Consultant Haematologist, PBM Self-Assessment Working Group
Mr B Taylor BT Deputising for Youssef Sorour Yorkshire & Humber RTC

Apologies:
Dr C Baker CB Patient Involvement Working Group
Dr R Cardigan RC National Head of Components Development, (NHSBT)
Mr M Dawe MD MRHA
Welcome and Introductions

JC welcomed everyone to the Zoom meeting at these extraordinary times.

The minutes of the NBTC meeting held on 30.09.19 were agreed as a true record subject the comments below.

NBTC
- SA – has asked NHSE for endorsement in respect of Transfusion 2024. No further progress at present considering greater priorities around COVID-19. Updates to follow.
- Some actions from the September meeting will need to be deferred due to current constraints around COVID and abbreviated 2 hour call today.

Appointment of NBTC Chair and Deputy Chair

Professor Cheng-Hock Toh has been appointed as NBTC Chair commencing 1st May 2020. He is Professor of Haematology at the University of Liverpool and the Academic Vice-President of the Royal College of Physicians and the National Specialty Lead for the National Institute for Health Research (NIHR). He is current President of the British Society for Haematology (BSH) until completion of this role at end April 2020.

Dr Jon Cort, Consultant Anaesthetist at the Chesterfield Royal Hospital NHS Foundation Trust, has been appointed into the new position of Deputy Chair to the NBTC and will continue in the current position of interim NBTC Chair until 1st May 2020.

RTC Chairs update

Key points from RTCs from Alistair Dodds deputising for Youssef Sorour.
### Constraints – busier. Discussion about RTTs and boundaries and cross working. COVID will impact for foreseeable future.

### 03/20 COVID-19 update

Overview accompanied by slides NHSBT Challenges and maintaining the blood supply led by Gail Miflin.

- Demand for red cells has decreased by 30% in the past few weeks probably due to cancelled elective surgery and COVID-19 response.
- Demand for O neg has not decreased as much, therefore represent 16% of red cell demand in the last 7 days.
- Demand for platelets has also decreased in the past few weeks although less significantly.
- Demand for A neg and AB neg has not decreased as much, therefore represent 18.4% of platelet demand in the last 7 days.

- NHSBT is monitoring staff sickness to understand where resource needs to be reallocated.
- GM described NHSBT plans to produce convalescent plasma in light of COVID-19 pandemic. Patients are not yet being approached to donate plasma; donation will be arranged for a month after they have recovered from COVID-19 infection. Planned processes include separate call centres, donation clinics etc. Messages will be confirmed and circulated and will include actions once processes have been put into place.

**Action:** JC to pursue discussions with GM around NBTC support for Convalescent plasma initiatives.

### Key Messages:

- NHSBT stock levels remain very strong despite the current Covid-19 context. Red cell and platelet stocks are updated daily on our Hospital & Science website.
- Demand for red cells overall has been declining in the past 3 weeks, but O neg proportion has been growing. We are attempting to keep pace with increasing demand through growth of our donor bases, but we need support from the wider NHS to ensure demand is appropriate.
- Demand for platelets overall has also been declining steadily in the past 3 weeks. However, demand for A neg and AB neg platelets have been rising as a % of total platelet demand. Again, support required to ensure appropriateness of demand.

**NBTC comms to hospitals – Shubha Allard/Jon Cort**

NBTC website includes information around Emergency Blood Management Plans for hospitals, FAQs for hospital transfusion laboratories, update NBTC Red cell shortage plan.

**Actions for this committee:**

- Although stocks are stable all hospitals must be prepared in case of shortages and Emergency Blood Management Plan needs to be activated.
- RTC Chairs – reinforce PBM messages.
- Consider RTC/RTT working arrangements during the pandemic.
- Hospitals – ensure that there is no deferring to use of universal products in patients with COVID-19 with guidance available for ABO grouping and antibody testing within hospitals.
- Please ensure that everyone is aware of information on the COVID-19 resource of the hospital and sciences website (hospital.blood.co.uk)

**“Guidance and triage tool for the rationing of blood for massively bleeding patients during a severe national blood shortage” Heidi Doughty/Mike Murphy**

- The red cell shortage plan has been updated -asking everyone to cascade widely.
• It became apparent that a guidance and triage tool for massive haemorrhage would be helpful considering the potential severe shortage of blood components.
• MM, HD and Laura Green have produced a first draft based on work by the Canadian Blood Services. It is aligned to the London Trauma Team massive haemorrhage document that was published a few days previously.
• The aim is to confirm this paper asap so please feedback by Thursday of this week so this can be finalised and issued to hospitals.

**Action: CBe to circulate urgently for feedback.**

Discussion around this paper included:
• SA confirmed that the Canadian documents from 2012 have been updated.
• SA highlighted the importance of being prepared, aligning with the HEMS team and considering wastage.
• JC confirmed this is to be shared with anyone considered an influential expert.
• GD an uncomfortable read from the view of a Patient Representative.
• AK offered to compose a document from a paediatric point of view.

**Action: AK**
• MM would like Royal College representatives to feedback.


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**NBTC comms to hospitals – Shubha Allard**
Emergency Blood Management Plan, working arrangements RTT and RTCs, FAQs for hospital transfusion laboratories, update NBTC Red cell shortage plan.

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**Customer Service Update – Chris Philips**
• NHSBT Hospital and Science website has been updated with a specific COVID-19 page
• CP – FAQs well received.
• KPIs not discussed due to time limit of call.

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**04/20 Group O Neg Group**

Update from Louise Sherliker.
• LS – update echo what GM said.
• Changes in O D neg demand being monitored by PBM and Hospital Customer Service Manager team.
• GM – we are working to understand hospital blood use. London, and maybe other cities, may experience changes. We aim to keep communicating. Processes will inevitably be changed in line with changing landscape around COVID-19.
• SA added that the needs of haematology patients will continue.
• CH added that a parallel piece of work is being led by Sara Trompeter in relation to haemoglobinopathy patients.
• O D neg working group held its first telecon in the previous week

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**05/20 Transfusion 2024 Recommendations**

Summary and update led by Jon Cort.
• Work on Transfusion 2024 remains important. Actions underway or proposed.
  • JC confirmed that work with NHSi is focussed with a working group.
• PBM self-assessment group chaired by James Uprichard and Mike Murphy included work around engaging with the NHSi model hospital.
• Angela Douglas not present but it is thought that headway was being made around endorsement for the Transfusion 2024 recommendations.
• Two contributing factors to slow progress of T2024 being Brexit and now COVID-19. As soon as we emerge from the pandemic hopefully progress will be picked up once again.

Development of NBTC/NHSBT IT working group led by Jon Cort.
• Will be able to devote more time to this when he becomes Deputy Chair in May and after pandemic is over.
• SA – more integration projects with NHS. CH (for GM) discussions around this and will be collaborating and supporting this.
• JC offered reassurance. Anticipates better engagement after COVID-19. This is priority after the pandemic has passed.

06/20 Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)

• Paper C is self-explanatory.
• Consent – 6 potential scenarios and the consent process needs to be considered but work slightly differently around each scenario.
• MM confirmed Andrea Harris has been leading the group formed by SaBTO to review guidance. No major changes and this is still in draft form.
• GD queried how long consent is valid for when elective surgery is postponed. Discussion; this should take the form of a verbal check with the patient if their previous consent still stands.
• MM highlighted the main issues, regarding duration of consent validity, are around multi-transfused patients. Confirmed that consent should be obtained, at least, every 12 months.
• AD suggested the need for clarification about alternatives i.e. does it encompass only what is available locally or more widely?
• MM – please send questions in. James Neuberger, Chair of SaBTO has helped with drafting.
• JN added always reconfirm consent before any procedure and stipulated that legal advice should be sought to avoid contradicting Montgomery.
• MM – suggested comments via CBe and SA by 3rd week in April.

Action: CBe and SA

07/20 AOB and Date of Next Meeting

Monday, 28 September, Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London, WC1R 4SG

• Hopefully the COVID-19 situation will have abated by then to enable this meeting to proceed.
• CC regarding Cell Salvage – suggested investigating the capacity and associated costs of private providers of ICS. NHS ICS practitioners can move to other locations to provide service as necessary. Discussions around how well equipped the major trauma centres are and are they in a position to offer cell salvage.
• JC – suggested – CC also provide input to red cell shortages document.

Action: CC

• HLH - Influx of numbers – PK raised. Any advice on management of these patients? PK to forward information from Kings Hospital, London.
• AK – now has an HLH telecom – will raise as part of this.

Action: PK

• AD – RTC Chairs to review compliance with the NICE guidelines. Discussion to continue following this meeting.
• MM – please feedback any update on the PBM self-assessment exercise in terms of metrics or demonstrating compliance.
- LE – P1 interim results on the medical use of blood which incorporates some NICE quality standards.

The Chair Opened the floor and some delegates left the meeting.

AD
- Blood Conservation is important now and will become increasingly so.
- Review use of tranexamic acid. Discuss focus and direction. Optimise use of blood.

JC
- Discussions around empowerment of laboratory staff and how to implement across each region.
- PK suggested identifying the relationship of staff to each other and building on this.
- CC – looked at a telephone checklist. Talked about challenge of laboratory staff encouraging the challenging of a clinician. This has caused problems.
- SN confirmed this initiative has worked well for cardiac surgery.
- NS highlighted concerns around BMS empowerment which has caused problems in the South Central region. Is this part of the training syllabus? Gaps in knowledge are evident.
- LS – resource tools worked alongside laboratories. This is not a good time but in future decide how we can role this out regionally. NS highlighted need to address study leave and funding.
- JC – keen to make this more stringent after COVID-19. Remove the word “challenge”. Believes we can empower at a regional level.

PBM optimising pathways – what other great ideas?

SC
- Many women in obstetrics are anaemic. Recognition that – iron deficiency is almost normal and in their region, they blanket treat with iron.
- 4000 obstetric deliveries a year.
- JC – does not give FFP in absence of ROTEM. Others also take defrosted FFP. Some hospitals are too small for implementation of ROTEM.
- CC/SC – discussions around freeze dried plasma- and reconstituting product then do not have to cross match and its possible to obtain quickly. Priced at £1K like other similar products.
- JC – please send any flow charts or pathways via Celina.

Action: All

Look at virtual meetings going forward. Significant cost savings to be made. JC to reflect on potential future use.

- NS said we should encourage plasma donations especially in patients with antibodies.
- JC – need to rollout on a unified national basis. Exciting developments around convalescent plasma.
- NS people who regularly donate have been cancelled. Plenty of co-ordinating required.
- LS asked CC to write a document around red cell use. Happy to work together if required to identify a clearer message around IV iron.
- JC urged people not to forget about the CQUIN.

Action: CC

08/20 CLOSE

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For Information only
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<td>Minutes of the RTC Chairs meeting September 2019 and RTC updates</td>
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<td>SHOT update inc UKTLC (Shruthi Narayan)</td>
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**Working Groups reports:**

- Patient Involvement Working Group (Charlie Baker)
- PBM self-assessment Working Group (James Uprichard and Mike Murphy)
- Education Working Group (Lise Estcourt and Anne Davidson)
- Transfusion Laboratory Managers Working Group (Julie Staves)
- NBTC Emergency Planning Working Group (Heidi Doughty).

**RCI Assist (Mark Williams)**

**National Comparative Audit (NCA) (Lise Estcourt)**

**Report on the Systematic Reviews Initiative (Susan Brunskill).**

**Choose Wisely – Website link to resources from NBTC website**


**RCPath Symposium on Advances in Transfusion Medicine 26th and 27th November 2020**

https://www.rcpath.org/event/advances-in-transfusion-medicine-symposium.html