

London Regional Transfusion Committee

London & South East Trauma & Haematology Group

Friday 10th July 2020
MS Teams

Attendees

Name	Hospital	Name	Hospital
Fatts Chowdhury (FC)	NHSBT/SMH(Chair)	Selma Turkovic (ST)	NHSBT
Emily Carpenter (EC)	KCH (minutes)	Kate Maynard (KM)	NHSBT
Kelly Feane (KF)	SGH	Al Hunter (AH)	NHSBT
Gary Wareham (GW)	KSS		

Apologies

Name	Hospital	Name	Hospital
David Johnson	SMH	James Uprichard	SGH
Shubha Allard	NHSBT/RLH	Anwen Davies (AD)	NHSBT
Laura Green	NHSBT/RLH	Denise Mckweon	SMH

Introduction

Due to the Covid-19 outbreak, this meeting was held virtually using MS Teams. FC welcomed the group and led introductions. Previous minutes were agreed with no further corrections. Action log was updated.

Action EC: Send round document update: updated ToR, PCC survey, MTC feedback template and data collection tool

Action All: Send back any final comments for updated ToR, PCC survey, MTC feedback template and data collection tool within 1 week

Updates from MTCs

SGH – KF

Code Reds have reduced during the pandemic but it has not been a significant drop. Cryostat recruitment stopped due to COVID-19 but now back up and running. There has been a spike of transfusion reactions since April, with 18 allergic type reactions. KF is investigating if there is any links between the patients, e.g. COVID-19.

KCH- EC

KCH has restarted much elective orthopaedic surgery at Orpington site but main theatres is not due to open until next week following refurbishment. During refurbishment the blood fridge gateway was damaged creating big difficulties in making ready the new theatres Haemobank80 but this is now scheduled to go live as theatres re-opens. EC continues to attend monthly M&M to discuss trauma code reds

but noted that less ED consultants are able to attend which is hindering dissemination of learning points.

CUH, OUH, BSUH – No update

SMH – FC

DMcK examined SMH trauma data since January 2020, as expected a sharp drop in code reds noted at end of March. The new blood fridge for ED had a delayed go live due to COVID-19 and IT issues, but is now live. It went down within 4 days and required engineer repair. Vascular surgery has recommenced but much elective surgery is still largely cancelled.

GSTT – CF

Surgery is now going live gradually. They have been isolated patients prior to cardiac surgery which will be fully resumed soon and Guys theatres also re-opening.

KSS –GW

GW reported that there was no major changes. The majority of KSS cases are still going to KCH, but some go to BSUH and SGH. They are working with NHSBT to trial whole blood in the future.

Update on Convalescent Plasma – AI Hunter

CP plasma tested for neutralizing antibody titres and graded a high, medium or low/no detectable titre. High titre CP is used for clinical trial patients, medium is quarantined for possible future fractionation and low/no detectable titre can potentially be manufactured into standard plasma.

The new appointment booking system for CP went well, the first 5 time donor returned last week. However, although many donors recruited a large percentage did not have the high antibody levels suitable for CP. Now trailing 'sample first' which will identify donors with the best antibody titre levels who will be invited back to donate. NHSBT are also trying to contact GPs via CCGs to find donors.

Carpark space has been used to situate hired walk in freezers for CP to stock pile for next 6 months in Colindale, Filton and Manchester. PHE were originally providing NHSBT with EURIMMUN assay results (to detect COVID antibody titre levels) but this has now been brought in-house so this has reduced TTT. Considering that CP may become a standard component so planning how to migrate this into business as usual.

Moved hospitals to 'block contracts' in April, rather than assumed use/Estimated Annual Volumes and adjusting based on actual demand. Noted that demand is now back to near normal.

Sep 2019 DOH approved SaBTO recommendations for using UK sourced plasma for all patient groups as risk of vCJD transmission through plasma assessed as low. NHSBT has been working to ensure sufficient stocks of UK sourced plasma to ensure continuity of supply to hospitals. Plan assumed non-UK/MB stocks would be exhausted in Sep 2020 but as demand dropped this may now be early 2021.

NHSBT is examining the possibility of funding for a potential combined/single-bag red cell, plasma and platelet component for prehospital use. However, the component specifications are challenging (storage etc). Wastage has to be carefully considered and will learn from 'Whole Blood' observational study. Likely to be at least a year from launch.

AH reiterated the importance of updating NHSBT via a PBMP if there was a planned decision to move from octaplasLG to FFP.

DONM: November 2020. EC to set up a doodle poll with a choice of two dates.