

London Regional Transfusion Committee

CONFIRMED Minutes of London Regional Transfusion Team Meeting

Friday 20th May 2016

09:30-12:30

Seminar Room, Mint Wing, St. Mary's Hospital

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Toby Richards (TR)	Consultant Vascular Surgeon, University College London
Nic Ketley (NK)	Consultant Haematologist, Queen Elizabeth Woolwich Hospital
Jen Heyes (JH)	PBM Practitioner, NHSBT
Gavin Cho (GC)	NHSBT
Rachel Moss (RM)	Seconded PBM Practitioner, NHSBT
Emily Carpenter (EC)	Seconded PBM Practitioner, NHSBT
Mandy Hobson (MH)	Transfusion Practitioner, Royal Free NHS Foundation Trust
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust

Apologies:

Megan Lawn (ML)	Transfusion Practitioner, Kings College NHS Trust
Shubha Allard (SA)	Consultant Haematologist, Barts Health NHS Trust & NHSBT
Sandy Kidd (SK)	Consultant Anaesthetist, Epsom & St. Helier NHS Trust
Hugh Boothe (HB)	Transfusion Laboratory Manager, Chelsea & Westminster Hosp
Richard Whitmore (RW)	Customer Service Manager, NHSBT
Sue Mallett (SM)	Consultant Anaesthetist, Royal Free NHS Foundation Trust
Dorothy Kasibante (DK)	Transfusion Practitioner, HCA International

Minute Secretary:

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

PK welcomed everyone to the meeting and introductions were made.

2. Minutes and Actions of Last Meeting

The minutes of the last meeting held on 10/02/16 were accepted as an accurate record.

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

Action 4c is still ongoing. Otherwise, all previous actions were completed.

3. PBM Projects

a) Iatrogenic Anaemia

- Project delayed due to organising the trauma day at St. George's.
- The visiting SpR from Italy will continue to run the project as she now has a substantive post.
- Even though the project will not save blood, we can pull lots of things from it. RM will work on these before she leaves in October.
- For neonates/babies, you need a smaller tube inside the bigger tube – TR stated that there are studies on this.
- PK mentioned that he sent an email to his junior doctors informing them what tests they need to do, which they found very helpful. The Committee felt that the RTC should devise one for the whole region. RM will lead on this. PK to forward a copy of the email to AP.

Action: PK to forward AP the email to junior doctors re. tests they should carry out.

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b) Obstetric Anaemia

- Most of the iron given was not via a proper prescription, so only casenotes where a proper prescription has been written will be reviewed.
- EC will seek the opinions of post-delivery patients that might need a blood transfusion: would they prefer iron rather than a transfusion?
- PBM team are trying to get information about anaemia put into bounty bags. Also TP's in London and SEC are interested in getting involved in parenting classes, and working with other regions on this.
- NK feels there is a lack of knowledge in primary care about iron deficiency and what tests to carry out, resulting in patients receiving inappropriate treatment.
- There was a long discussion about how difficult it is to set up anaemia clinics when hospital departments do not work together. The group strongly believe that an anaemia clinic in every hospital would save a lot of money, but with time and budget constraints, they are not easy to set up.

TR mentioned that he has received a grant from a sanitary product company following on from his study into women marathon runners. He asked the committee for their approval to allow them to badge future studies– their consent was given.

c) Single Unit Transfusion

Lewisham: Still ongoing. Reviewing elderly care patients only. Currently going through casenotes.

King's: Paper was finalised today – aim is to get it published in BMJ. Also looking at the economic outcomes of just giving one unit, which may also be published to show other hospitals what they could achieve.

Real Time Cost of Transfusion (in nursing time and consumables): JH reported this is something they are trying to calculate. They are following staff, timing each process in a transfusion. TR suggested asking junior doctors to report patients that are otherwise fit for discharge, but remain in hospital for a transfusion only. JH suggested it would be interesting to know what other treatment gets postponed because of transfusions.

TR mentioned that there was a study on using a pre-op checklist, which cut transfusions by 85%. The checklist can be uploaded to the website as a resource once the study has been published.

4. London RTC Budget Overview 2015-16

Paper attached with agenda. End of year deficit of £1744 due to renal day not attracting the expected number of delegates and part of the previous year's purchase of Turning Point voting pads being taken out of this year. Our projected deficit in January was £3000, so deficit is less than feared. Hospitals are struggling to release staff and it is proving more difficult to get sponsors as their budgets are being cut and they need approval for even small amounts. In addition, speaker expenses can be quite high, especially if from outside London. Therefore, it was decided we will try to use speakers from within London only. It was acknowledged that speakers from SHOT will claim expenses.

5. RTC Work Plan

Attached with agenda. JH explained what the work plan is. She has finalised the 2015-16 plan – items in grey are completed, whilst those in white are still ongoing and to be carried

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over to next year. Collating good practice from the renal day still to be done – RM to do.

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

a) April 2016 RTC – Evaluation

- Overall evaluation attached with agenda.
- It was evident from the number of forms returned without the back page completed, that several delegates left after the afternoon comfort break
- Several delegates complained about the poor audio in the room.
- We are looking into other venues for next year.

b) October 2016 RTC Update

- Theme and topics were discussed in February.
- Suggested to have someone from SHOT speaking.
- NK, MH and GC all offered to help. JH to arrange a telecon to discuss the agendas.

Action: JH to set-up telecon

c) Trauma Group Update

- Not met since the last RTT meeting.
- Trauma day held on 18/05. Very diverse group of delegates from all over the region. Evaluation appears to be positive. Will do another one in 12-18 months. Major incident planning and aide memoire - trauma group to sign off.

There was a long discussion about how NHSBT would operate if London was on lock-down. PK asked how we can convince the Trusts' Management Boards that it is very important that staff are released for major incident training. It was acknowledged that it is mostly middle management who block staff attending due to staff shortages. One suggestion was to invite middle managers to our trauma days also.

d) BMS Empowerment – Evaluation of Workshops

- Overall evaluation attached with agenda.
- Both days were free, but attendance was not as good as we hoped because people could not get out of the lab.
- A questionnaire was distributed to find out how empowered the BMS' were before the day. Then they will be asked to complete another questionnaire to find out whether they are more empowered after the day.
- The workshop will be run again, either later in the year or next year. EC suggested 3 days per year in Colindale, Tooting and Worthing or Southampton.
- The committee agreed that training for BMS' is very good as they are under a lot of pressure.

e) Review of Workplan for 2016/17

JH explained that NHSBT have just gone through a restructuring process and there is now a dedicated education PBMP for the whole country. They are holding two national education days this year, one of which will be in London. With this in mind, the Committee was asked whether we should not hold an all day education day in 2016/2017, but instead encourage people to attend the national days. It was decided that we will wait and see how the national days go before deciding whether to cease our all full day education events, but we will continue to have the half day education sessions at the RTC meetings.

Transfusion Training Passport:

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Uptake has not been as high as we hoped. MH is trying to find out what the barriers are. NBTC have produced standards as well which they will also want to put on Skills for Health website. Therefore, it has been decided to put ours on hold for a few months and see what happens with the NBTC standards.

Nurse Authorisation Group:

We will continue with it as nurses have asked for support and a yearly update. In addition, Nurse Authorisation courses are very popular – they are all fully booked for this year. We will keep trying to engage the NMC.

Twitter:

We have about 250 followers. All other regions have dropped their own accounts and instead use the NHSBT generic one. It was agreed we will keep our local RTC account open.

Massive Haemorrhage DVD:

On hold because the North are doing one. Will look into how to take this forward with the working group.

MBOS App:

Nothing to report – no progress due to new changes to apple software.

Patient Information and Consent:

Will be reinstated – will work across all regions in SE to collect information and share best practice.

Shared Care:

The Shared Care form is out-of-date and no one is using it, probably because people do not know about it. A new action group will be formed to look at the problems. A representative from each of the 4 SE regions will be recruited.

Guy's & St. Thomas' give their patients a blood card to carry with them, asking medical staff to phone them for information about the patient's requirements. All information is sent to the patient's home address.

6. Investigation of ? Transfusion Reactions

JS not present to comment.

7. Development of PBM Centres of Excellence

TR reported that Royal Free are 6 months into doing a PBM patient safety project to create small centres of excellence. Information on how they were created can be uploaded to help other hospitals who want to do the same. They will be applying to the Health Foundation & Efficiency Change Programme for funding. TR asked the Committee for their approval to badge the application – approval was given.

8. Any Other Business

8.1 Paper-Free RTC Meetings

The Committee gave their approval for future RTC meetings to be paper-free. There will be no delegate packs and all papers will be emailed to delegates to bring on the day.

8.2 RNOH Anaemia Clinic

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TR mentioned that there is someone at RNOH who is very keen to set-up an anaemia clinic. He has the clinic space and all the procedures in place, but needs some help for a few months on the ground and help creating the business case. Can NHSBT offer manpower to help him? JH explained we do not have anyone as there is only her and CD after October. They can help him remotely and will find a draft business case to send to him. The group said that it seems like he is almost there anyway and does not require the sort of support that the PBM team could give him. NK suggested he could use a TP from within his Trust. Other suggestions were a medical student, SpR or Darsi Fellow.

Action: JH to source business case

8.3 Refund of Payment for Education Days

It was decided that it should be clearly stated when inviting people to register for paying RTC events, that there will no refund in the event of not being able to attend. We will also make it clear that all registered places are transferable.

8.4 Payment Methods for RTC Events

Several members felt that payment by cheque or postal order is out-of-date and may put off some people from registering. They thought that we should offer on-line payment. AP explained that because the London RTC budget code is a series of sub-codes within the NHSBT account, it would be very difficult to ensure that the money finds its way into our budget. JH confirmed that it would also be very difficult to set up our own bank account due to the auditing required.

8.5 Sponsors for RTC Events

PK suggested asking non-commercial companies to sponsor our events rather than medical companies only.

8.6 JPAC Website

JH reported that the JPAC website is becoming increasingly difficult to work with and uploading items onto it is very time-consuming. They are trying to get a web page on the Hospital & Sciences website instead.

9. Date of Next Meeting

Original dates scheduled for July and October need to be changed.

Next meeting will now be

Thursday 28th July 2016 1330–1630

Room 3bc, NHSBT West End Donor Centre

London RTT - Action list for 20th May 2016

Item No (minutes)	Action	By Whom	Completion
2	Minutes of February meeting to be uploaded to RTC website	AP	Completed
3a	Forward junior doctors' email to AP re. tests to carry out	PK	
5.	Collate good practice guidance from renal day	RM	In progress
5b.	Set-up telecon to discuss October 2016 agendas	JH	Completed
8.2.	Source business case for anaemia clinic	JH	In progress

END