

## London Regional Transfusion Committee

### Confirmed Minutes of London Regional Transfusion Team Meeting

Monday 21<sup>st</sup> September 2015

Meeting 15:00-17:00

Boardroom, Clarence Memorial Wing, St. Mary's Hospital

#### Present:

Gavin Cho (GC) (Chair)	Consultant Haematologist, North West London
Jen Heyes (JH)	PBM Practitioner, NHSBT
Rachel Moss (RM)	Transfusion Practitioner, Imperial Healthcare NHS Trust
Megan Rowley (MR)	Consultant Haematologist, Imperial Healthcare & NHSBT
Mandy Hobson (MH)	Transfusion Practitioner, Royal Free London NHS Trust
Megan Lawn (ML)	Transfusion Practitioner, Kings College NHS Trust
Toby Richards (TR)	Consultant Vascular Surgeon, University College London
Sue Mallett (SM)	Consultant Anaesthetist, Royal Free NHS Foundation Trust

#### Apologies:

Aman Dhesi (ASD)	PBM Regional Lead, NHSBT
Richard Whitmore (RW)	Customer Service Manager, NHSBT
Antonia Hyde (AH)	Customer Service Manager, NHSBT
Shubha Allard (SA)	Consultant Haematologist, Barts Health NHS Trust & NHSBT
Matthew Free (MF)	Transfusion Laboratory Manager, St Georges Hospital
Hugh Boothe (HB)	Transfusion Laboratory Manager, Chelsea & Westminster Hosp

#### Minute Secretary:

Angela Pumfrey (AP)	London RTC Administrator
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### 1. Welcome

GC welcomed Toby Richards to his first meeting.

### 2. Minutes and Actions of Last Meeting

The minutes of the last meeting held on 15/06/15 were accepted as an accurate record.

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

**All actions from the last meeting were completed.**

### 3. PBM Project

JH updated the group on the single unit policy. The pilot at King's College Hospital has finished and the results were very positive with a 50% reduction in blood wastage which resulted in a saving of over £28,000 over the 6 month period. She is hoping to get the results published in the BMJ. It was asked how we can sustain this reduction. JH explained that, whilst she is away, someone at Kings will take over her work and, when she returns, she will go back to Kings and look at 3 months data. The pilot at Lewisham Hospital is still ongoing.

Next Regional Project: Iatrogenic anaemia will be the next project, but AD not present to discuss it further. It is thought that this project will be led by either RM or EC.

## London Regional Transfusion Committee

Anaemia Working Group Resources: Documents have been uploaded onto the London RTC homepage to support and assist hospitals in obtaining funding for setting up iron clinics. These include a quick audit tool, a checklist and a newsletter.

It was mentioned that Kings College has implemented a new system for giving iron. Designated clinic time has been ratified and there is also an outreach team. If there are enough numbers, a business case for a dedicated, separate clinic will be developed. TR thinks that the NICE guidelines will state that there should be an immediate therapy clinic in every hospital. The issue is which clinical speciality should lead on these clinics. TR has drafted some guidelines for pre-op surgery which he read out to the group, which he hopes will be approved.

### 4. RTC Work Plan

The updated work plan was circulated at the meeting and will be attached with the minutes.

#### a) RTC October 2015

Almost 90 delegates have now registered. Two speakers still to be confirmed:

The Shape of Pathology Services – Frances Sear is looking for possible speakers.

The Changing Provision of Patient Services – David James can no longer speak. MR has approached other people, but with no success. It was acknowledged that there are a limited number of people who can talk on this subject and it was suggested that we change the topic. The following suggestions were made:

- Presentation about women's health and iron infusion in the community
- Iron deficiency in blood donors/health of blood donors – MR suggested Dave Roberts for this
- Extend TR's talk to include iron deficiency/high percentage of anaemic marathon runners.
- Keira Donaghue to talk about single unit policy from a surgical point of view – SM to contact
- Move presentation on single unit policy from the morning to the afternoon.

By next Wednesday JH and RM will finalise the agenda.

**Action: MR to contact Dave Roberts in the first instance.**

**JH and RM to finalise the agenda by 30/09.**

**Post-meeting Note: Dave Roberts not able to speak. New speaker found and agenda amended accordingly.**

#### b) RTC January 2016

Agenda is almost finalised – still a few speakers to find. Will start to advertise soon. There is another telecon meeting tomorrow to discuss the agenda with James Neuberger from Organ Donation. ANSA (Anaemia Nurses Association) will badge the first part of the day.

#### c) RTC April 2016

We need to decide the theme. TR suggested clotting, FFP, PCC, change of blood group as he thinks there is a lot we can cover. SM and ML volunteered to lead on this and EC will lead from PBM. SM/PBM team will lead on setting up the working group and chair the afternoon session. Title not yet decided. MR suggested carrying out a 'where does FFP go' audit. It was thought we can ask the delegates at the October RTC what happens to FFP at their hospital.

**Action: SM/PBM team to set up working group**

## London Regional Transfusion Committee

### d) LoPAG

'Where do Platelets Go' audit was closed on 01/09. At the moment, Brian Hockley is crunching numbers and cleaning data. RM will meet with him on Friday. She will present the results at the October RTC. It will include a report that each Trust can populate with their own figures. A poster is going to be submitted for the platelet HoT-SIG.

A LoPAG day will be held next year. MR thought that they should also be encouraged to attend the BBTS meeting as it is focused on platelets. JH said that H&I are now going to produce increment data for matched platelets. This can be presented at RTC and also the LoPAG day, but needs to be anonymised due to Caldicott regulations.

### e) Trauma Group

New Chair is James Uprichard. The group met recently and there was a talk from Dr Mark Yazer from Pittsburg about whole blood for use on trauma patients. ML went through their section on the work plan and gave updates. There was a discussion about having a trauma education day for the four networks only. RTC can badge it and offer support, but the trauma group need to take ownership of it themselves. The Chair wanted Blood Bank Managers to also get more involved in actions of the group.

### f) BMS Empowerment and Education

JH and HB are organising this for Band 6 and Band 7 BMS's. They want to find out what more junior members of staff want for their education days – survey BMS's. Ask Lab Manager to nominate someone to be on the group. They are planning to hold two study days at Tooting and Colindale. It was mentioned that some hospitals have already done similar surveys. The first meeting will be held at the end of October. MR asked that conflict resolution is included in the education day as this was very well received before.

## 5. Anti-D Presentation

AD not present, but JH brought up on his behalf. The TP group have developed an Anti-D tool that will help midwives to make the decision whether to give Anti-D. AD took this to the RCN for review and they have decided to develop it as part of their on-line learning package.

## 6. Paediatric/Neonatal Plasma

This was raised by JS, but she was not present. MR brought up on her behalf. It is difficult to get AB Methylated Blue plasma. It is recommended in paediatric patients to use low titre AB, but the plasma we are supplied comes from Austria which is not AB titre tested. This issue has been cascaded up to Helen New through the components group.

## 7. Regional Dashboards/Just Save 1 Campaign

Papers circulated to the group with the agenda.

Wastage dashboard – this is in the form of an excel worksheet. You can add the details of your hospital and enter your own wastage figures and it will automatically compare your hospital with the national average. This worksheet will be uploaded onto the London RTC homepage along with an instruction letter and you can download the sheet for your own use. The national average figure will be updated monthly by AP.

Just Save 1 Campaign poster and explanation – will be launched at the October RTC. Someone will need to present it in JH's absence.

## 8. PBM Practitioner Secondment

Rachel Moss and Emily Carpenter will be seconded to the PBM team to cover JH and CD for 6 months and 1 year respectively.

Emily will still be involved in the anaemia working group.

## 9. 2016 Dates and Venues

Dates for 2016 still to be set. The next meeting before the end of the year will be on either 16<sup>th</sup> or 23<sup>rd</sup> November. RM provisionally booked the Boardroom, but SM will try to get a room at the Royal Free.

**Post-Meeting Note: SM has booked a room at the Royal Free for 23/11/15.**

## 10. Any Other Business

### 10.1 D Variant Blood Labelling

This was also raised by JS who was not present. MR is not sure of the details, but thinks there was a case of a donor with D Variant, but this was not labelled. The group felt this should be raised at TAG rather than this meeting.

### 10.2 RTC Chair

GC informed the group of his intention to step down as Chair in the near future. He will remain in the role until a new Chair is found. Expression of interest will be requested at the RTC in October. There were some varying views as to what the NBTC criteria for candidates are. MR is sure that it can only be a medically qualified person and is willing to challenge this. GC will ask the NBTC for clarification and feedback to the group.

RM will remain as Deputy Chair even though she is being seconded to NHSBT as it is only for a period of 6 months.

**Action: GC to seek clarification from NBTC re. criteria for RTC Chair  
Ask for expressions of interest at October RTC**

### 10.3 PBM Survey

TR has the results of this survey. He explained that the document is very lengthy and extensive and mainly contains tables. He has not managed to review them all, but did go through some of them. He thinks we need to educate junior doctors and nurses and also include some of the things in their training and exams. RM said that junior doctors tell her that the Consultant makes the decision and they are not in a position to challenge them. TR said they should challenge because that is the only way to bring about change. RM said that the junior doctors want an app that helps them to make a decision rather than one that just directs them to guidelines. JH said that it is a decision making app.

### 10.4 Re-instatement of Paediatric Group

MR said that we used to have a paediatric representative in the group who were going to set up a paediatric working group, but this never happened. She feels we need to target paediatrics. TR suggested having one RTT a year for paediatrics, but it was felt that instead we have a paediatric representative on the group – one from GOS was suggested.

## London Regional Transfusion Committee

### 11. Date of Next Meeting

Monday 23<sup>rd</sup> November 2015 in the Library Seminar Room, Medical Library, Royal Free Hospital

### London RTT - Action list for 21<sup>st</sup> September 2015

Item No (minutes)	Action	By Whom	Completion
2.	Minutes of June meeting to be uploaded to RTC website	AP	Completed
4a	Ask Dave Roberts if he can speak at London RTC	MR	Completed
4a	Finalise October RTC agenda	JH/RM	Completed
4c	Set up working group for April 2016 RTC	SM/PBM	Pending
10.2	Clarification from NBTC re. criteria for RTC Chair	GC	Completed
10.2	Ask for expressions of interest at October RTC for RTC Chair	GC	Completed

**END**