

## London Regional Transfusion Committee

### Confirmed Minutes of London Regional Transfusion Team Meeting

Monday 23<sup>rd</sup> November 2015

15:00-17:00

Library Seminar Room, Medical Library, Royal Free Hospital

#### Present:

Gavin Cho (GC) (Chair)	Consultant Haematologist, North West London
Aman Dhesi (ASD)	PBM Regional lead, NHSBT
Rachel Moss (RM)	Seconded PBM Practitioner, NHSBT
Emily Carpenter (EC)	Seconded PBM Practitioner, NHSBT
Mandy Hobson (MH)	Transfusion Practitioner, Royal Free London NHS Trust
Sue Mallett (SM)	Consultant Anaesthetist, Royal Free NHS Foundation Trust
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Julia Stanger (JS)	Transfusion Laboratory Manager, North West London NHS Trust

#### Apologies:

Megan Rowley (MR)	Consultant Haematologist, Imperial Healthcare & NHSBT
Toby Richards (TR)	Consultant Vascular Surgeon, University College London
Megan Lawn (ML)	Transfusion Practitioner, Kings College NHS Trust
Shubha Allard (SA)	Consultant Haematologist, Barts Health NHS Trust & NHSBT
Hugh Boothe (HB)	Transfusion Laboratory Manager, Chelsea & Westminster Hosp
Richard Whitmore (RW)	Customer Service Manager, NHSBT
Antonia Hyde (AH)	Customer Service Manager, NHSBT
Matt Free (MF)	Transfusion Laboratory Manager, St. George's Hospital

#### Minute Secretary:

Angela Pumfrey (AP)	London RTC Administrator
---------------------	--------------------------

### 1. Welcomes and Apologies

EC was welcomed to her first RTT meeting. RM and EC have now started their secondment roles as PBM Practitioners for NHSBT. They will cover everything that Jen and Claire were doing. RM will be doing a project between London and South East Coast regions and EC is helping to cover the South East Coast region whilst their PBMP is on long-term sick leave.

- MF has resigned from the RTT due to work commitments at St. George's.
- There has been no expressions of interest in taking over the RTC Chair role.
- Sandy Kidd, HTC Chair at Epsom & St. Helier Trust, wants to be a member of the RTT.
- The group felt that we need more medical representation on the committee.

The following was agreed:

- Email all Consultants Haematologists and HTC Chairs re. RTC Chair role and extra medic representation. Ask for expressions of interest either from themselves or someone they think would be suitable.
- Email all TLM's and TP's re. RTC chair role and extra medic representation. Ask them to forward email onto anyone they think would be suitable.
- Email Sandy Kidd re. offer a place on the RTT
- Email Malcolm Robinson re. replacement for MF

## London Regional Transfusion Committee

**Action:** Email Consultant Haematologists and HTC Chairs, TLM's and TP's, Sandy Kidd, Malcolm Robinson

**Post-Meeting Note:**

Two expressions of interest received for RTC Chair role.

Sandy Kidd has accepted the offer to become a RTT member.

### 2. Minutes and Actions of Last Meeting

The minutes of the last meeting held on 21/09/15 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

Two future projects:

Iatrogenic Anaemia – RM will lead on this. We will work with St. George's and West Sussex Hospital Trust. Proforma and proposal has been written. Will start in ICU measuring pre and post haemoglobin – how much is taken compared to how much is needed.

Single Unit Policy – EC will lead on this at the Royal Free maternity wards. Looking at usage and patient opinion of transfusion. Still in very early stages. SM suggested we look at consent for giving transfusions to fit, healthy women.

### 4. RTC Work Plan

The updated work plan will be attached with the minutes.

#### a) RTC October 2015

AP gave a summary of the overall evaluation of the day. Overall top box score was 98.4%. Good comments about the venue and the event as a whole - all marks were excellent or good. One sponsor did give feedback that the delegates did not come to visit her during break times, despite being reminded to do so. The group also noticed this and could not really think of a way this could be solved, especially as these companies are no longer able to give away free items as in the past. It was mentioned that it could be because the delegates were in the same room and sat back down at their table rather than walk around during break times.

#### b) RTC January 2016

Agenda virtually finalised. Details have been mailed out to 27 renal units. Awaiting approval from the Renal Association to put it on their website's calendar of events. 5 CPD credits awarded from RCPATH and 6 awarded from IBMS. 4 confirmed sponsors. Registration is quite slow. The group wondered whether we should record the day.

**Post-Meeting Note: Details are now on the Renal Association website.**

#### c) RTC April 2016

EC will lead on this with SM. SM stated that she wants it to focus on PBM – 1 hour for each session. Obstetric – women with anaemia post-delivery – whether or not to transfuse. 2 talks – pre and post-delivery.

FFP and platelets – managing patients on anti-platelet therapy.

Cardiac – patients on anti-platelet drugs and surgery

## London Regional Transfusion Committee

The group had concerns that it is a mix of topics and people would not be bothered to attend the whole day if there was only one talk that they want to listen to. It was felt it would be better to have a themed day as it will encourage more people to attend and stay the whole day.

During the morning business meeting, we can discuss the NICE guidelines. How are hospitals getting on with implementing them. Care quality standards will be coming out next year following these guidelines.

**Action:** **SM/EC to draft an agenda.**  
**Email Jane Moore at NICE to ask if she can speak on the day.**

### **d) LoPAG**

The individual hospital reports should be completed this month. The spreadsheet can be printed out and sent to the relevant ward.

Steering group will meet in January. We can utilise the Platelet Champions to take the work from the steering group out to the hospitals.

The next target is apheresis platelets – can go straight from using pooled platelets to HLA matched platelets rather than using apheresis platelets. Next year there will be more pooled platelets as NHSBT will move back to pooled donors so it will become the norm. EC and RM is going to devise a myth-busting poster for labs. JS asked if NHSBT can send round a memo stating that if your patient does not need apheresis platelets, they will not get it as this will give BMS' confidence to say we are using pooled platelets. RM said that she & EC will pull together all the resources that will help the hospitals to implement this change. The platelet champions will help cascade the information.

### **e) Trauma Group**

Next meeting in January. Trauma education day for all the four networks will be held in May at St. George's – the RTC are supporting it by publicising it. Each MTC will nominate a link person who will contact local Trauma Centres in the network to ask what they would like included on the education day.

### **f) Transfusion Training Passport**

It is finished. Will need to find out from TP's who is using Skills for Health framework and how you can push it.

### **g) Massive Haemorrhage DVD**

Meetings of the working group ongoing. The North West region is doing something similar, but on a much faster timescale.

### **h) Nurse Lanyard Group**

Should be closed soon. Nurses that have seen it are really pleased with it and say it has helped. Audit information and stats then write it up.

## **5. Labelling of Apheresis**

JS reported that in her lab multiple packs made from one donor are regularly being labelled incorrectly, which mixes up pack 1 and pack 2, making it look like the same pack has been transfused twice. How can this be solved and do other hospitals have this problem? WM said that the problem occurs because the electronic bar scan is the same for both packs. JS said that there should be something incorporated into the system so that it differentiates

## London Regional Transfusion Committee

between the different products, but identifies that it is the same donor. AD said there is a group looking at redesigning the blood pack labelling and the different bar codes – he will feedback this back to the group. RM suggested reporting this to AH and bringing up at the London TAG.

**Action: AD to feedback to the group looking at redesigning labelling.**

### 6. 2016 Dates and Venues

Next meeting will be on 10 February 2016. RM to check if the Boardroom at St. Mary's is available. Hopefully by February we will have a new RTC Chair and then can arrange the dates for the rest of the year.

**Post-Meeting Note: St. Mary's Boardroom is not available. The Boardroom at King's College Hospital has been booked.**

### 7. Any Other Business

#### 7.1 Sp-ice and Legacy Systems

GC feels that having to look at both Sp-ice and two Legacy systems to find any previous antibody history is not practical. RM said they need to do a risk assessment and then decide whether to dump the Legacy system and just get the information from Sp-ice. MH said a lot of hospitals have turned off their Legacy systems and just use Sp-ice and LIMS. JS said the problem is that they get a lot of sickle cell patients come via A&E. It was suggested to bring this up at TAG and also have as an Ask the Audience question at the RTC.

#### 7.2 Integrated Transfusion Service (ITS) – Email from Brian Robertson

The National Transfusion Lab Managers' group has queries and questions about how ITS will be implemented. Richard Grey should talk to them about it. Can RTC take this on as a project? Could ask Richard Grey to speak about this at the April RTC – by then more hospitals would have gone live with it.

#### 7.3 Single Unit Transfusion Policy

There are going to be little pins and stickers for staff at hospitals who have implemented the single unit policy. At Guy's & St. Thomas' there is a stand in the hospital foyer giving these out. Lanyards have also been made.

#### 7.4 Harvey's Gang

RM gave the background behind Harvey's Gang and how it started in the South East Coast region. Harvey wanted to see where the blood he was given came from and so was taken to the lab to see what happened. Other children wanted to do the same thing and it collectively became known as Harvey's Gang. The West Sussex Hospital Trust started Harvey's Gang as a charity so that the concept can be rolled out to other hospitals throughout the country. If you want to implement it in your hospital, contact Malcolm Robinson and he will send you all the things you need.

MR is also hoping to initiate the development of a book about transfusion for children as part of the 'Monkey Wellbeing' series. [www.monkeywellbeing.com](http://www.monkeywellbeing.com)

## London Regional Transfusion Committee

### 7.5 NICE Transfusion Guidelines

SM informed the group that the BMJ have done a five page summary of the NICE Guidelines.

### 8. Date of Next Meeting

Wednesday 10<sup>th</sup> February 2016 – 1030–1230  
Boardroom, Kings College Hospital

### London RTT - Action list for 23<sup>rd</sup> November 2015

Item No (minutes)	Action	By Whom	Completion
1.	Email Consultant Haematologists and HTC Chairs re. RTC chair role and medical representation	AP	Completed
1.	Email TP's and TLM's re. RTC chair role and medical representation	AP	Completed
1.	Offer Sandy Kidd membership of RTT.	AP	Completed
1.	Email Malcolm Robinson re. replacement for MF	AP	Completed
2.	Minutes of September meeting to be uploaded to RTC website	AP	Completed
4c.	Draft agenda for April 2016 RTC	SM/EC	Completed
4c.	Email Jane Moore to ask her to speak at April RTC	AP	Completed
5.	Feedback to group looking at redesigning labelling	AD	Completed

**END**