

London Regional Transfusion Committee

London & South East Trauma & Haematology Group

Monday 1st July 2019

14:00 – 16:30

West End Donor Centre

Topic

JU welcomed the group and led introductions. Previous minutes were accepted.

Group discussed expected update to SaBTO position statement regarding vCJD

Post meeting link: <https://www.gov.uk/government/publications/risk-reduction-measures-for-variant-creutzfeldt-jakob-disease-pcwg-report>

Attendees

Name	Hospital	Name	Hospital
Fatts Chowdhury	NHSBT/SMH	James Uprichard (Chair)	SGH
Kelly Feane	SGH	Carla Pereria	KCH
Emily Carpenter (minutes)	KCH	Ruth Smith	CUH

Apologies

Name	Hospital	Name	Hospital
Denise McKeown	SMH	Alastair Hunter	NHSBT
Shubha Allard	NHSBT/RLH	Anwen Davies	NHSBT
Dora Foukneli	NHSBT/CUH	Ken Amenyah	KCH

Updates from previous actions:

Group decided to await outcome from Trauma NCA to highlight if any gaps remain.

EC to send plasma sign posting document to JU and LG.

Updates – Major Trauma Centers

SMH – FC

- Following the move of BTL to mint wing which is further from ED, SMH is aiming to provide pre thawed plasma directly in ED and also possibly theatres.

KCH – EC & CP

- Noted small number of HEMS samples both being received in BTL, and queries being made from ED staff regarding acceptance.
- Moved to extended post thaw expiry for FFP and Octaplas.
- ED have requested additional pre thawed Octaplas to be held in ED, but as there have not been any delays and it is unlikely to reduce wastage (despite plans to reduce box 2 thaw activation), this has been declined for the time being.
- Using HEMS samples as primary sample if received
- Moving to O Pos for Males under 18

SGH - KF

- SW (designated part time Trauma TP) has left , replacement role will not be designated in the same way.
- SGH are not looking into putting thawed plasma in ED

CUH- RS

- About to launch new locked emergency blood fridge
- Plan to put in O pos in ED fridge when locked
- CUH are not looking into putting thawed plasma in ED
- Not been asked for prethawed plasma in lab
- Use A FFP as pre thawed component. If paediatric known, will thaw MB AB FFP only if time.
- CUH are still giving O neg to females under 16

OUH – No representative

BUH – No representative

RLH – No representative

Feedback from the trauma education day – KF/JU

Kelly Feane presented very positive feedback following the trauma education day.

223 delegates from 50 trusts. 98% would recommend the event, excellent feedback.

Noted that there is a lot of admin support required to host this event. SR suggested looking into if this could become a BBTS SIG event, which is more likely to get additional admin support.

Major Incident Numbering

All struggling achieve the estimated DOB as directed by DOH. SMH has moved to 1900 for adults, DOA for paed. KCH is continuing with fixed 1900 but continuing the Trust is continuing to meet. SGH is awaiting guidance from NHS England on how to achieve the new requirements. EC and SR discussed that a EPR systems are unable to produce non-consecutive numbers, KCH are considering pre allocating patients on to EPR and randomly select them.

SR suggested we send out a doodle poll to quantify which pan London hospitals have achieved this so far. Group decided to reconsider this at the next meeting as deadline has only just passed.

Emergency Preparedness, Resilience and Response guidance for Hospital Transfusion Teams - FC

Launched on JPAC on Feb 2019, but is now having a few more updates. The most recent update will be published in Transfusion Medicine.

Group discussed the 'blood co-ordinator' role. This is normally filled by a TP during routine hours, but other roles may need to be trained to provide cover out of hours. This may be BMSs, Haem Regs, Trauma Nurses etc. Noted that for many staff they will need training either in clinical support, or emergency transfusion practice to provide the role well.

Action EC: Raise at TPG the need for a toolkit to support this document. To include items like draft action card for 'blood co-ordinator role and training guidance.

Pre Hospital Sampling Update

When the 3 HEMS team are able to follow the sampling methods discussed at previous meetings, the red request form and the red stickers, this group will issue awareness documents for BTLs and ED department.

Cambridge are continuing not to request pre-hospital sampling. SGH are rejecting HEMS samples due to the risk of mis-labelling. KCH are accepting these samples if the red numerical sticker is present and correct.

Group discussed that in addition to the risk of mis-labelling, the 2nd sample will be mixed field anyway, so BTLs will be obliged to stay on group O blood. This makes the benefits minimal.

Any other business including date for next meeting

Trauma Education Events

FC suggested the trauma group could become an annual event. It was decided the admin requirement would be too severe to put on annual as is. However, it was again suggested that it might be possible to get additional support if Trauma became BBTS SIG. EC suggested that as an alternative we could host an RTC education event on the alternate years.

Action EC: Raise to RTT holding trauma education afternoon every other year.

Representation for the Group

The group noted there were several group members that have had very little input in recent years and do not send deputies. It is unclear if this is because they are too busy to attend regularly, or are not seeing a benefit for their Trust from the agenda.

It was considered that some members want to remain on the email list for info only, and some Trusts prefer to have emails to go to all team members to give several people the opportunity to attend but there should be always be good trust representation.

Each Trust should have a Consultant, TP and TLM as members.

FC suggested allowing dial in to assist members with long travel times. Group agreed, but voiced concerns that over use of dial in might be challenging.

Action JU: Review ToR for quorate levels, and actions to be taken if members not attending for extended length of time. To consider which job roles are required at next meeting.

Action EC: Ask Sue Katic to set up telecon support for next meeting.

Action SR – to send JU membership concepts

Action EC: To send out agenda and previous minutes via email as well as calendar invite.

Group Discussed what topics might be useful as standing items on this agenda, suggestions included lessons learned from trauma Als, and document review.

DONM - Monday 2nd Dec

(post meeting update, date changed to Monday 9th Dec)