

**Confirmed Minutes of the
London Regional Transfusion Committee
London Blood Transfusion Forum (RTC Business Meeting)
held on 19th October 2015
at Camden Centre, London**

Present:

Abdul Adamu	Whittington Hospital
Mohammed Al-Aqly	St. John & St. Elizabeth Hospital
Bruce Arrigoni	Imperial NHS Trust
Lubna Awas	University College London Hospital
Kasia Ballard	West Middlesex University Hospital
Jennifer Bennett	NHSBT
Chetan Bhatt	Whittington Hospital
Hugh Boothe	Chelsea & Westminster Hospital
Alison Brownell	Queen's Hospital
Stephen Cann	Princess Royal University Hospital
Anna Capps-Jenner	Ealing Hospital
Ishmael Carboo	Cromwell Hospital
Elaine Carter-Leay	Queen's Hospital
Sandeepa Chandarana	Barnet General Hospital
Sarah Clark	Royal Free Hospital
Ben Clevenger	Royal Free Hospital
Sue Cole	Princess Royal University Hospital
Helena Day	Harefield Hospital
Penny Eyton-Jones	Great Ormond Street Hospital
Nicola Faulkner	Hillingdon Hospital
Fernando Fegarido	Epsom & St. Helier NHS Trust
Susan Gane	Imperial NHS Trust
Sheena Gardner	The London Clinic
Lisa Gibb	Great Ormond Street Hospital
Frances Gill	NHSBT
Laura Green	NHSBT
Esther Hill	Spire St. Anthony's Hospital
Amanda Hobson	Royal Free Hospital
Antonia Hyde	NHSBT
Denise Jameson	Barnet General Hospital
Charmaine Jardiel	West Middlesex NHS Trust
Lesley Jones	Spire St. Anthony's Hospital
Amanda Joseph	Kingston Hospital
Orla Kavanagh	Great Ormond Street Hospital
Susan Kendall	BMI Hendon Hospital
Alexander Kidd	Epsom & St. Helier NHS Trust
Dileetha Kuruppu	Kings College Hospital
Megan Lawn	Kings College NHS Trust
Sarah Lennox	Royal National Orthopaedic Hospital
Anna Li	Royal Free Hospital
Angela Maddison	Royal London Hospital
Tim Maggs	Guy's & St. Thomas' NHS Trust
Kuziva Makanza	NHSBT
Susan Mallett	Royal Free Hospital
Ila Mandavia	North Middlesex University Hospital
Mary-Anne Marchbank	BMI Coombe Wing Kingston Hospital
Michelle Martin	St. Bart's Health

Alexander Martinez	Homerton University Hospital
Josephine McCullagh	Barts Health NHS Trust
Joan Milligan	Northwick Park Hospital
Anne Minogue	Queen's Hospital
Joe Nanuck	Queen Elizabeth Hospital Woolwich
Khaya Ndebele	BUPA Cromwell Hospital
Lloyd Noble	Charing Cross Hospital
Nonyelum Nweze	St. George's Hospital
Paul Philip Orense	St. George's Hospital
Marcelina Parpas	Epsom & St. Helier NHS Trust
Meenakshi Patel	Royal Marsden Hospital
Rebecca Patel	London Northwest Healthcare
Reshma Patel	University College London Hospital
Priti Patel	Royal Free Hospital
Carolyn Price	Guy's & St. Thomas' NHS Trust
Linda Price	Queen Elizabeth Hospital Woolwich
Gill Rattenbury	Parkside Hospital
Tollene Riley	Royal Brompton Hospital
Brian Robertson	St. Mary's Hospital
Megan Rowley	NHSBT/St. Mary's Hospital
Ian Salisbury	Royal London Hospital
John Sam	Whittington Hospital
Nick Schofield	Royal Free Hospital
Nidhi Sharma	Barts Health NHS Trust
Sally Sharp	Harefield Hospital
Satyadeep Singh-Gujral	NHSBT
Seema Solanki	HCA International
Julia Stanger	Northwick Park Hospital
David Stokes	Spire St. Anthony's Hospital
Caroline Subramaniam	Central Middlesex Hospital
Amit Thakor	North Middlesex University Hospital
Tracey Tomlinson	NHSBT
Antoinette Turner	University College London Hospital
Anoja Wijenayake	Kings College Hospital
Bassey Williams	St. George's Hospital
Pascal Winter	Barts Health NHS Trust
Julie Wright	Queen's Hospital

10/15 **Welcomes and Introductions**

GC welcomed everyone to the meeting and informed those present of the Health & Safety requirements for the building.

Minutes of Last Meeting

The minutes of the last meeting held on 29th April 2015 were accepted as a true record.

Action: AP to arrange for them to be uploaded onto JPAC website.

11/15 **NBTC & RTC Chairs Meeting Feedback**

GC gave a presentation.

Feedback from Meeting of RTC Chairs

- North East – 2 one day events – Introduction to Coaching & Action Learning Sets.
- East of England – 2012 platelet use audit was repeated Oct 14 – Mar 15
- South East Coast – Harvey's Gang won a Kate Granger award – interest in this scheme beyond SEC.
- North West – education event on mothers and babies who may need

- transfusion
- South Central – Top 10 tips for implementation of IV iron.
- All regions are undertaking PBM initiatives.

NBTC Update

- Choosing Wisely campaign from Academy of Medical Royal Colleges which started in USA
- Blood Components Working Group
- Recommendations for Training & Assessment in Blood Transfusion: training as minimum every 3 years and assessment at least every 3 years.
- Recommendations for practical assessments
- Feedback on consultations on NICE guidelines now closed.

London RTC Update

Staffing:

- Jen Heyes is on a 6 month career break
- Rachel Moss is on a 6 month secondment to cover her post
- Emily Carpenter is on a 12 month secondment to cover Claire's maternity leave.
- GC is stepping down as Chair whenever a new Chair is appointed. The NBTC is adamant that all RTC Chairs should be a medically qualified person. If anyone is interested in taking on this role, please let us know.

Transfusion Training:

- Blood component transfusion is a guide in the Skills for Health Framework – not known how many are accessing it.
- E-learning module will be launched end of October.

Nurse Authorisation of Blood Components

- Met with RCN representative to include them in this project.
- Aim is to include RCN and NMC to raise profile of blood component authorisation for nurses.

Massive Haemorrhage DVD

- Separated into clinical and lab sides
- Working group established – first meeting in November

Nurse Lanyard Cards

- Poster presented at ISBT
- Nurses are likely to carry and use it and it is found to improve the bedside checking process
- Final results of post-implementation audit will be available in November

BMS Empowerment

- New working group chaired by Hugh Boothe
- Will be made up of Band 6 & 7 BMS's who have been nominated by their TLM's
- First meeting in December

Anaemia Working Group

- Following documents uploaded onto the RTC homepage: anaemia newsletter template, checklist for setting up anaemia clinic and quick audit to identify need for an anaemia service

Renal Education Day

- To be held on 22nd January 2016
- Joint meeting with ANSA

National Pathology Week

- 2-8 November
- Focus will be on sickle cell

There was a question about the Training & Assessment document, asking if it was finally going to be changed to reflect the recommendations. GC said that they are very close to being completely ratified.

12/15 Where do Platelets Go? – Rachel Moss

- Audit was done in the summer.
- London hospitals asked to capture platelet requests over a 1 week period
- 788 episodes submitted, 90% of which came from just 5 hospitals
- The results were broken down into various categories
- Decided to concentrate on the non-haematology cases because haematology is being done in 2016 by the National Comparative Audit. Out of the non-haematology cases, oncology and liver disease patients are the highest patient group using platelets.
- The P11 code 'Other' was used the most – we need to look at the P codes and how we use them in more detail.
- The report still to be written up.
- Actions should be in place by the next RTC meeting in April.
- There will also be an individual report for each individual hospital.
- The Platelet Champion from each hospital will be asked to focus on their highest using patient group.
- To be taken to LoPAG Steering Group for discussion.

13/15 NHSBT Update – Antonia Hyde

Hepatitis E Testing:

- SaBTO working group established.
- Recommendations to introduce donor blood component testing for Hep E -ve components and advise transplant patients of risk of eating poorly cooked pork or pork products containing sausages or offal.
- HEV Screening will begin in 2016
- Survey sent out to help with planning
- Aims – printed on label, OBOS selection, EDN
- LIMS providers told that HbS will be added to EDN – please check with your LIMS supplier that there will be no adverse impact on the import of your e-despatch note.
- HbS units are coming across

A question was asked about what is the time slot for using HEV –ve units, but no one knew.

Issues with TNT

- Problems are being addressed at national level
- Creating a training document with a competency element and NHSBT will train the trainers

Anti D

- Foetal RHD genotyping – to prevent unnecessary administration of Anti D
- For further information contact Erika Rutherford.

Platelet Supply Project

- On target to reduce apheresis collections to 60% by April 2016
- Do not support the use of apheresis platelets for stock-holding

14/15 H & I Consolidation – Colin Brown

- Demand for HLA-selected platelets up by 15% since 2008/09

- Consolidated provision of HSP to two sites only (Colindale & Sheffield), a number of improvements made and recruiting new donors to maintain stock levels
- You can help and get best match for your patient by:
 - Giving 24 hours notice when ordering (where possible)
 - Review whether CMV neg platelets are necessary
 - Appropriate use of out-of-hours service
 - Increment data returns (pre and post transfusion platelet count)
- Increment data is very important to H&I – helps them see whether the patient has the best outcome and assesses the efficacy of each unit.
- Developing performance data tool – aiming to be ready in 2016 – that will give hospitals data on their increment returns.
- By the New Year, if submitting increment data, you will need to give your name (anonymous at the moment)

There was a question on what percentage of requests for HLA-selected platelets are made by Consultants. CB did not have data for this.

If there is a patient who is becoming refractory, you no longer give apheresis if patient not incrementing. It is better to test them straight away to see if they are refractory. Do not waste time trying single random platelets – just send samples in for testing.

15/15 Update from Haematology & Trauma Group – Steve Wiltshire

James Uprichard is the new Chair of this group. Thank you to Megan Lawn who was the previous Chair.

SW gave a presentation covering MTC updates, what will be the future direction of MTC's in the UK. The aim is to try to standardise practice across all trauma units, as currently units are not doing the same thing. At the last meeting there was a presentation about the air ambulance service and a talk given by Dr. Mark Yazer visiting from the USA.

There was a question from the group about whether we can use something cheaper than PCC. Tranexamic Acid can be used, but depending on what type of injury – e.g. in head injuries it is better to give PCC. Also better to give PCC because of an aging population on Warfarin.

16/15 Ask the Audience

1. What happens with shared care if a patient is not on Sp-ice

MR explained that most labs have set up the first part which is specific to their lab, but not the second part which involves other labs taking it on board. A problem is technology and processes. Where is the gold standard information: some of it is in the notes, but if they are not available, should be in Blood Bank, but they do not want to put the information onto Sp-ice. Other members also reported that Sp-ice does not work well in their hospitals either.

Brian Robertson wants to set up a working group to discuss this issue further. Several other people offered to join this working group.

Action : Brian Robertson to set up a working group on information on Sp-ice and how it is recorded.

2. How to improve attendance of HTC Meetings

- Change the name to Patient Blood Management Group – because everyone is involved in PBM whatever their role
- Give clinical areas a presentation to do at the meeting
- Make each HTC meeting for one speciality of each division with clinicians from their area. Gets people more engaged.
- Who should attend – Better Blood Transfusion team should state who should attend.

- Choosing Wisely – tell them you are going to talk about that as well – it will be a reason to be there
- Get an anaesthetist involved – change the committee membership.
- NICE guidelines for transfusion – when their guidelines are implemented that will help.
- Get other people to come and air their views.

3. NBS ITS

You have to pay for patient information to be put onto Sp-ice. It is money that hospitals cannot afford to spend. CSM's to ensure that hospitals are more engaged with the process. They are looking to see whether there is a way to get information from LIM's across to Sp-ice.

4. Agency Nurses Administering Blood

What is being done about agency nurses giving blood transfusions and the errors and incidents this creates. It was felt the agency themselves should ensure their nurses have had appropriate training and are competent. This is not the responsibility of the hospital. There are training programmes in place, but practice is not standard amongst hospitals, even though the theory is the same. This will be looked at further within the TP group meeting next week.

5. Platelet Increments

Increment data is needed after every transfusion – how do we get the message out there? The problem is that each person thinks someone else has filled out the increment data. On the paperwork put the time from finishing the transfusion to when you can do the increment as some people leave it too long and then forget to do it. Have a reminder at the back of the form to send off the data.

Aim is for increment data to be sent electronically, but IT system not yet in place to allow this.

6. Hep E Procedures

How long do we have to give Hep E products for? SaBTO guidance on clinical practice is that patients who are immunosuppressed need irradiated blood. NHSBT will produce a Q&A leaflet that will cover these issues.

Testing Donors for Hep E. Similar testing to CMV. Not a mandatory test, but it will be printed on the label whether donor is –ve characteristic. Donors will be tested as a group, not individually. When donors are tested as +ve, we will recruit new donors and they will then become part of our pool of donors.

7. Fax Machines

Hospitals are wanting to get rid of them. The survey has been out and the main response is that it is not on the radar of most of the hospitals. CSM's will not review fax machines in the near future, but let them know if your hospital is wanting to get rid of it.

17/15

Any Other Business

None.