

**DRAFT MINUTES OF THE MEETING OF THE EXECUTIVE WORKING GROUP**

**EWG BUSINESS**

**Monday, 30 January 2017**

**Members:**

Dr Jonathan Wallis	NBTC Chair
Dr Kate Pendry	NBTC Secretary
Dr Paula Bolton-Maggs	SHOT Medical Director
Dr Nicola Jones	East of England RTC
Dr Youssef Sorour	Chair of RTC Chairs
Dr Huw Williams	Director of Diagnostic and Therapeutic Services, NHSBT
Mr Aman Dhesi	PBM practitioner deputising for Louise Sherliker

**Invited Attendees:**

Mr Chris Phillips	Head of Hospital Customer Service, NHSBT
Dr Stephen Thomas	NHSBT - Assistant Director - Manufacturing Development

**Apologies:**

Mr Stephen Bassey	Transfusion Laboratory Manager
Mrs Catherine Howell	Chief Nurse Diagnostic and Therapeutic Services, NHSBT
Mr Mick Burton	NHSBT - Accountable Executive - Core Systems Modernisation
Mrs Louise Sherliker	Interim National Lead: Patient Blood Management Practitioner Team

<b>01/17</b>	<b>Executive Working Group meeting held on 20 June 2016</b>
	The minutes of the meeting held on 20 June 2016 were agreed as a true record.
<b>02/17</b>	<b>Review of NBTC Workplan 2016/17</b>
	KP presented overview of workplan.
	<ul style="list-style-type: none"> <li>o Sickle cell audit not yet reported. Hopefully it will be ready by March 2017.</li> <li>o B Ridler, Exeter, to be invited to lead a future workshop on consent following her project.</li> </ul>
	<b>ACTION: KP/ JW to start planning consent workshop for autumn NBTC meeting and invite B Ridler.</b>

	<b>ACTION: AD to ask Papworth for sharing best practice in O D neg management.</b>
	<b>ACTION: AD to add a list of hospitals that use O D positive for unknown patients to the O D neg toolkit on the <a href="http://hospital.blood.co.uk">hospital.blood.co.uk</a> website.</b>
<b>03/17</b>	<b>NBTC Working Groups update</b>
	<u>TLM Working Group</u>
	<ul style="list-style-type: none"> <li>○ Ongoing review of wastage in hospitals.</li> <li>○ Support for ffdNA testing.</li> <li>○ Collaboration with RCI - training, referral and results.</li> </ul>
	<u>Education Working Group</u>
	SA provided a paper behalf of the group highlighting projects completed, projects in progress and future projects.
	<u>Patient Involvement Working Group</u>
	Biddy Ridler has completed her Masters on public and patient perceptions of blood transfusion.
	<u>Patient Blood Management Working Group</u>
	There was discussion regarding the NICE Quality Standards. NICE had not made any changes in response to the NBTC comments submitted during the consultation or subsequently when asked to put the name of the NBTC in support of the standards. These comments most particularly related to the standard that one unit transfusions should be used in patients not on chronic transfusion programme. JW felt that the NBTC could not therefore support the standards as presented. KP and JW will study the minutes of the consultation exercise held on the NICE website. A compromise suggested at the PBM meeting by Dora Foukaneli was to recommend that the standards be applied only to appropriate subgroups of patients. JW commented that the single unit transfusion pilots reported at the PBM meeting related only to a very limited proportion of patients on care of the elderly wards.
	To be further discussed at the NBTC on Monday, 20 March 2017.
	<b>Action: CBe update agenda for NBTC in March.</b>
	<b>Action: KP / JW to discuss NBTC approach to NICE quality standards for presentation to NBTC in March 2017.</b>
<b>04/17</b>	<b>Serious Hazards of Transfusion (SHOT)</b>
	<ul style="list-style-type: none"> <li>○ 20<sup>th</sup> Anniversary of SHOT.</li> <li>○ Repeat UK TLC survey comes out in March.</li> <li>○ Applicants for the SHOT Cell Salvage expert position are to be interviewed.</li> <li>○ Budget - no change. Discussed electronic only vs. print copy of Annual Report. Cost around £25k for design. Awaiting feedback from a recent survey.</li> <li>○ PBM was commended on the prolific and useful output from the SHOT team.</li> </ul>
	It had been agreed by the NBTC a few years ago that it is appropriate for Octapharma to supply their complete data about SD-FFP issues to SHOT so

	that the data for plasma are complete and the rates of major morbidity and death can be accurately computed in relation to total components issued. These are aggregate data and individual hospitals are not identified. Recently provision of these data had been held up as Octapharma were asking each hospital every year for permission to release the information. All agreed that this was not necessary and confirmed that these data should be provided annually
<b>05/17</b>	<b>NBTC budget</b>
	Aim to be able to continue the support for the NBTC activities including main meetings and working groups, the following actions have been taken:
	<ul style="list-style-type: none"> <li>○ Guidelines for travel have been circulated stipulating no first class rail tickets and rail tickets to be booked 2-3 weeks in advance of the meeting to secure best price.</li> <li>○ Working groups to have one face to face meeting a year.</li> <li>○ Apart from NBTC main meetings - aim to use NHSBT meeting rooms to help reduce room costs.</li> </ul>
<b>06/17</b>	<b>NHSBT items</b>
	CP gave overview of Supply Chain Modernisation project and Leeds Sheffield project. Both are progressing smoothly having benefitted with early and proactive engagement with stakeholders. JW noted the ongoing need for washed red cells at Freeman may be negated if selected Red Cells are labelled HT negative. Internal NHSBT discussion about the possibility of this ongoing.
	CP gave overview of NHSBT KPIs. Overall, meeting most KPIs apart from substitutions for Ro and wastage of A neg red cells (over collected to manufacture A neg platelets) JW was interested to see age of platelets at issue. This will be monitored as manufacturing is consolidated in the North.
	It was noted that there was increasing demand for A neg platelets; an addendum has been developed for the BSH major haemorrhage guidelines to state that transfusion of platelets can cross ABO group in emergency and therefore no need to use A neg as universal group for stock. HW reported that O neg demand has fallen, although O neg issues continue to be flat despite fall in red cells in total due to frequent substitution with O neg for Ro red cells.
	HW gave a brief overview of the major core systems modernisation project.
<b>07/17</b>	<b>National Commissioning Group update</b>
	HW updated group on NCG discussions / decisions confirming that a letter has gone to hospitals a few weeks ago.
	JW noted that continuing need for apheresis platelets for people born after 1/1/1996 was raised at the NCG. Edwin Massey had followed this up

	with Helen New who provided an audit trail to support the decision to continue with this as described in the BSH paediatric transfusion guideline.
	<b>Action: KP has sent JW the email trail from Helen New and JW will pick this up outside the meeting.</b>
	<b>Action: JW to follow up on need for apheresis platelet for those born after 1/1/1996.</b>
<b>08/17</b>	<b>Update on components</b>
	HEV screening - SaBTO decision was to introduce universal screening as soon as Blood Services could scale up testing to meet this requirement, NHSBT plans led by Stephen Thomas; go live date will be April / May 2017. JW has been asked by SaBTO to give an idea of cost implementation of new safety initiatives in hospitals for future reference.
	A proposal for universal irradiation of platelets was under discussion. This is already done in Wales and Scotland. There was discussion as to whether the known adverse effects on platelet quality were clinically significant. The evidence for this is weak. However in light of the findings from 20 years of SHOT and the impact of universal leucodepletion, most particularly the highly effective LD in platelets in PAS, whether irradiation was still necessary. It was suggested that this was an appropriate question for SaBTO. JW noted that asking this question could delay any change and might produce unexpected results. Members of the EWG agreed that it was an appropriate action.
	<b>Action: JW to prepare paper for SaBTO with proposal to re-consider the need for irradiation of blood components as a risk reduction measure for GvHD in the presence of leucodepletion, and to consider the benefits or otherwise of universal irradiation.</b>
	Manufacture of 2 packs of pooled platelets from 8 donors, ST led discussion. The change had been risk assessed through the ABO Risk Based Decision Making framework. It was concluded that there was a cost saving available but it did not justify the increase in risk. This is to be reviewed in perhaps two years time once the blood pack tender is completed, or if other mitigations such as pathogen inactivation have been introduced.
<b>09/17</b>	<b>Date of next NBTC EWG Meeting</b>
	<b>NB Change of date/venue</b>
	NBTC EWG / NBTC PBM Monday, 12 June 2017, NHSBT Birmingham New St, Room 2, Vincent Drive, Edgbaston, Birmingham, B15 2SG.

**Comment [A1]:** Ask JW I presume this will be for all blood components not just platelets

**Comment [ST2]:** I hadn't appreciated this – we would need to review LD efficacy data and SHOT reports for all component types.

**NBTC – Executive working group**  
**SUMMARY OF AGREED ACTIONS – Meeting held on 30 January 2017**

Minute Ref	Agreed Action	Responsibility	Completion /Review
<b>02/17</b>	<b>Review of the NBTC Workplan 2016/17</b>		
	Start planning consent workshop for autumn NBTC meeting and invite B Ridler.	KP/JW	
	Ask Papworth for sharing best practice in O D neg management.	AD	
	Add a list of hospitals that use O D positive for unknown patients to the O D neg toolkit on the hospital.blood.co.uk website.	AD	
<b>03/17</b>	<b>NBTC Working Groups update</b>		
	Discuss NBTC approach to NICE quality standards for presentation to NBTC in March 2017.	KP/JW	
	Update agenda for NBTC in March to include NBTC approach to NICE quality standards and PBM app demonstration.	CBe	
<b>07/17</b>	<b>National Commissioning Group update</b>		
	KP/JW to discuss the email trail from Helen New and JW offline.	KP/JW	
	Follow up on need for apheresis platelet for those born after 1/1/1996.	JW	