Minutes of the National Blood Transfusion Committee

Monday, 18 September 2017, 13:00- 16:30

Friends House, 173 - 177 Euston Road, London, Greater London, NW1 2BJ

Present:

Dr J Wallis JW Chair NBTC
Ms L Sherliker LS Interim Secretary and National Lead: PBM Team, NHSBT
Ms C Bernstrom CBe EA to NBTC
Dr S Allard SA Royal College of Pathologists
Dr C Baker CB Patient Involvement Working Group
Mr S Bassey SB Transfusion Laboratory Managers Working Group
Dr A Benton AB Blood Implementation Group, Wales
Dr P Bolton-Maggs PB-M Serious Hazards of Transfusion
Dr C Carroll CC North West RTC
Ms K Coffey KC Operations Manager – PBM Team, NHSBT
Dr J Cort JC East Midlands RTC
Dr A Dodds AD North East RTC
Mr G Donald GD Patient Representative
Mr C Elliott CE Institute of Biomedical Science
Dr L Green LG Blood Components Working Group
Dr A Kelly AK Royal College of Paediatrics and Child Health
Dr P Kelly PK London RTC
Mr S Khan SK Intensive Care Society
Dr H Lyall HL (for Nicola Jones) East of England RTC
Dr G Miflin GM Medical and Research Director (NHSBT)
Dr A Morrison AM Scottish Clinical Transfusion Advisory Committee
Mr J Reid JR Royal College of Physicians
Mr C Robbie CR Principal Haemovigilance Specialist, MHRA
Ms M Sekhar MS British Society of Haematology
Dr N Sargant NS South Central RTC
Dr Y Sorour YS Chair of RTC Chairs & Yorkshire & The Humber RTC
Dr H Wakeling HW South East Coast RTC
Dr S Wexler SW South West RTC
Dr H Williams HW NHSBT Director of Diagnostic and Therapeutic Services (NHSBT)

In attendance:

Mr C Philips CP Head of Hospital Customer Service (NHSBT)
Dr L Estcourt LE Consultant Haematologist & Clinical Lead for the National Comparative Audit in Blood Transfusion (NHSBT)
Dr R Cardigan  RC  National Head of Components Development, NHSBT

**Apologies:**

Ms F Carragher  FC  Deputy Chief Scientific Officer, NHS England
Mr A Cope  AC  Royal College of Emergency Medicine
Ms R Gallagher  RGa  Royal College of Nursing
Ms G Gray  GG  Royal College of Obstetricians and Gynaecologists
Dr J Graves  JG  Infectious Disease and Environmental Hazards Department of Health
Mrs S Harle-Stephens  SHS  British Blood Transfusion Society, Plymouth
Ms K Hearnshaw  KH  Patient Representative
Ms Catherine Howell  CH  Interim: NHSBT Assistant Director Customer Services
Dr A Klein  AK  Royal College of Anaesthetists
Mr A Jackson  AJ  British Blood Transfusion Society
Dr N Jones  NJ  East of England, RTC
Dr M Jokinen  MJ  Royal College of Midwives
Mr G Methven  GM  Director of Blood Manufacturing and Logistics, NHSBT
Dr C Newson  CN  West Midlands RTC
Dr K Pendry  KP  Secretary NBTC
Mr J Thompson  JT  Royal College of Surgeons

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20/17</strong></td>
<td><strong>Welcome and apologies for absence</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Noted.</td>
<td></td>
</tr>
<tr>
<td><strong>21/17</strong></td>
<td><strong>Minutes of the meeting of the full Committee held on 20 March 2017.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The minutes of the meeting held on 20 March 2017 were agreed as a correct record.</td>
<td></td>
</tr>
<tr>
<td><strong>22/17</strong></td>
<td><strong>Regional Transfusion Committee (RTC) Chairs</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Youssef Sorour, RTC Chair of Chairs presented overview of the RTC Business meeting earlier that morning highlighting the ongoing issues with staffing in the Transfusion Laboratories, constraints on PBM Practitioners adding that Dr Lise Estcourt had given an update on the National Comparative Audit of Blood Transfusion Programme.</td>
<td></td>
</tr>
<tr>
<td><strong>23/17</strong></td>
<td><strong>NBTC Workplan for 2017/18</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Chair presented the NBTC workplan. Brief discussion on progress.</td>
<td></td>
</tr>
<tr>
<td><strong>24/17</strong></td>
<td><strong>Minutes of the meeting of the Executive Working Group held on 12 June 2017</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The minutes of the meeting held on 12 June 2017 were agreed as a correct record and any outstanding points form part of the agenda for this meeting.</td>
<td></td>
</tr>
</tbody>
</table>

Graham Donald (GD) said that the Choosing Wisely campaign had slowed significantly and it has not gained much traction. Main problem around engagement and promotion by the Royal Colleges and Specialist Societies. SA suggested developing a campaign to muster enthusiasm. JW was not sure
that we alone could re-invigorate this campaign that was initially developed in North America with different drivers.

Louise Sherliker (LS) added that since circulating the Guidance on appropriate use of RTC budgets letter to NBTC Committee and RTC Chairs, but no feedback has been received to date.

25/17 Review of NBTC structure and function

Results from members survey

An on-line survey had been circulated to members and affiliated organisations/individuals asking for responses on questions about the NBTC structure and function. JW noted that there had been a good response rate. Regarding structure of the NBTC and RTCs, the majority of responses were in favour of the current structure which has proved successful and resilient especially in delivering local education. LS added that clearer high level governance around blood transfusion committees is needed. We currently follow the old strategic health authority model of 10 regions which has now changed to 4 regions with their own lines of governance, commissioning and strategic plans. She felt we needed to improve engagement with management lines across these four regions if we are to influence blood transfusion practice at local levels. JW suggested the possibility of having a representative for each of the four NHS regions drawn from the RTC chairs. JC suggested it would be more sensible to wait for the outcome of the current NHSi initiative on revised pathology services at STP level.

The survey revealed that there was some concern about our current line of reporting to the Chief Scientific Officer. The Chair, Jonathan Wallis (JW) agreed that a more clinical line of reporting would be more appropriate and will contact Sir Bruce Keogh regarding this. Stephen Bassey (SB) added that we do not get the required support from NHS England and the frustrations are growing.

Action: JW

JW concluded that according to its members the NBTC appears fit for purpose and does not need radical change. Huw Williams (HW) confirmed that NHSBT, the current funding source, has a budget of £350K per year. JW to take this to the EWG meeting in on 22 January 2018.

Action: JW

Current NBTC Terms of Reference

GD pointed out that as a Patient Representative he has not been invited to NBTC Executive Working Group meetings although the Terms of Reference state that Patient Representatives should be. This needs clarification.

SA added that on para 4. Membership, that the Royal College of Midwifery needs to be added to the list of Royal Colleges.

Action: JW/CBe

26/17 Transfusion 2023: Proposal for symposium on Transfusion strategy for
JW presented the proposal for a symposium to address future issues in Hospital transfusion including:

1. Patient Blood Management: the next steps (to include Big Data, benchmarking and PBM accreditation)
2. Blood bank staffing: problems and solutions
3. Safety and Regulation: error reporting and accreditation

JW wants to approach NHS England with these issues and to try to engage with them to set the agenda for transfusion over the next 5 years.

JW invited feedback on the list of proposed invitees and programme.

GD would like to see more media representatives invited. Perhaps the British Medical Journal (BMJ). A media campaign would be useful support. Gail Miflin (GM) happy to write a proposal and has relationships with journalists involved in the reporting on transfusion and she is happy to share information.

Chris Elliott (CE) offered support of this proposal highlighting the need to target key decision makers and mapping clear intentions as well as the challenges.

**Action:** JW to approach Prof Sue Hill with proposals and provisionally hold this meeting on 19 March 2018.

**27/17 Maintaining standards in Hospital Transfusion Laboratories**

In April 2017, the UK Transfusion Laboratory Collaborative wrote to hospitals describing a two-year project proposed by NHSBT to explore the potential benefits of working in a more co-ordinated manner. The proposed pilot study will focus on evaluating the potential benefits of adopting a more algorithmic approach to testing across RCI and hospital transfusion laboratories. In this model, small networks of hospital transfusion laboratories agree testing protocols with NHSBT; this includes triggers for referring investigations to RCI. In this way, hospital-based testing would be standardised and optimised to fit the resources available in each laboratory. By adopting agreed and standardised testing protocols, NHSBT would support hospital-based activities such staff training, validation, change control, documentation, and compliance.

HW said standardised working needs to be streamlined. SB said that the skill set lies within NHSBT and that there is enthusiasm for the project.

Further discussions related to recent papers sent to Trusts outlining a new model for Pathology Modernisation. This proposes 29 networks developed by the Pathology Optimisation Panel, which is chaired by Professor Adrian Newland. NHS Improvement has been asked to implement the hub and spoke model over the next three years.

JW added that the reorganisation was considered necessary to make financial savings. CE reiterated concerns that transfusion had not been carefully considered in this process.

JW noted the existence of a multi-disciplinary group chaired by Dr Lishman, president of the RCPath, and the Pathology Alliance who have been aware of
developments and may comment on them.

The structure of transfusion in any networked structure needs to be considered carefully. There is evidence from existing pathology networks that too rapid change can de-stabilise transfusion services, especially out of hours’ provision. Budget allocation needs clarification but it appears there are no extra resources available for implementation of the NHSi plans for pathology.

Discussion took place over the importance of transfusion finding a voice

Ann Benton (AB) from the Welsh National Blood Transfusion Service talked about the Scottish plans for centralising services and a bespoke blood delivery service. JW to write to NHSi and the Pathology Alliance on behalf of the National Blood Transfusion Committee in collaboration with Dr Youssef Sorour, Chair of RTC Chairs.

Action: JW

28/17 Hospital accreditation for clinical blood transfusion

Dr James Uprichard (JU) presented a paper on the possible format and benefits of a PBM accreditation scheme in England. Aim is to help develop national PBM strategy, audit tools, educational material to support local programmes by encouraging excellence in PBM in other hospitals (i.e. set a benchmark for hospitals to aim for).

It was noted that there are unlikely to be funds for this initiative. External accreditation would be expensive. Self-accreditation will still incur some costs in terms of time. Self accreditation suggested with possibility of collating information centrally.

JC agreed that it is a good idea but a lot of work and financial outlay. JU agreed, a German paper relating to PBM bundles had outlined 300 criteria but any NBTC proposals would need to be simplified.

JW asked whether those NBTC members present supported PBM accreditation for hospitals. The majority were in favour. Pressure on Transfusion Practitioners was raised as a concern. The scheme would be voluntary. It was agreed that a Working Group is set up to explore further.

Action: JU

29/17 Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)

SABTO met in July 2017.

A discussion paper was presented on the continued importation of fresh frozen plasma for recipients born on or after 1st January 1996 as a risk reduction measure for vCJD. The committee was asked if this matter should be reviewed as the cohort of recipients was increasing year on year and there were difficulties in securing a long-term supply of plasma from countries with a low risk of vCJD. There were also concerns about the operational consequences of running a dual inventory for adult hospital services. The committee was informed of further work being carried out to try to interpret the recent Appendix III data which could lead to a better assessment of the risk of
transmission of vCJD from blood. The committee felt that this matter required further consultation with stakeholders and a proposal would be brought to the next meeting.

JW had written to SABTO asking if the use of irradiation to prevent transfusion-associated GvHD, and in particular the proposal for universal irradiation of platelets should be considered by the committee. The committee had concluded offline that they did not wish to take this forward.

30/17  Serious Hazards of Transfusion (SHOT)

SHOT 2017

Deliberation over whether to provide printed copies of future reports. Printing costs are £10K and design costs are £16K. PB-M asked for reasons to justify the printing. Phil Kelly (PK) suggested perhaps use the budget set aside for printing costs on providing more input into using messages via Social Media. Noted that SHOT already has a twitter account and much material on the SHOT website that can be accessed and sent electronically. About 2/3 of members voted for an electronic version only and 1/3 voted for a printed report. Noted however that the NBTC is not representative of the main users of the report for teaching who are transfusion practitioners.

MHRA/SABRE reporting

Assessment of SABRE data shows that overall the estimated volume of SAE reports remains similar to last year and the proportion of reports in each category again remains broadly similar with some variation from last year. It appears that there is a slight decrease in the number of SAE reports affecting specific laboratory activities and a slight increase in areas of the Blood Safety and Quality Regulations which also apply in clinical areas such as Storage and Component Collection Errors (CCE) Further assessment will be provided in the 2017 MHRA SHOT report.

Assessment of human factors and SAE reports indicates that 6% of all reports are directly linked to staffing and workload issues. However there is concern about underreporting due to a lack of information in the reports, or incomplete investigations.

31/17  NBTC Working Groups

Blood Components Working group (Dr Laura Green)

Dr Rebecca Cardigan presented planned developments from the components development laboratory.

Whole Blood:

RC outlined a planned clinical study which will look at the potential use of whole blood (leukocyte depleted) for treatment of haemorrhagic trauma, especially preadmission. Follows work in military setting. General uptake may add complexity to supply chain and wastage may increase if not suitable for other patients, although interest in e.g. cardiac surgery. Effect of cold storage on platelet function and shelf life requires consideration.

SHOT collects information on which components are transfused and PB-M said if changes are being made then they would be grateful for early information about planned changes or new components so they can be added
to the SHOT questionnaires.

**Universal Plasma:**

NHSBT has collaborated with Nonwovens Innovation and Research Institute, Carbosynth and MacoPharma to create a prototype anti-A and B removal filter. The consortium has applied for a National Institute for Health Research grant to develop the system over 3 years to a stage where CE marking and marketisation may follow. The system would allow removal of anti-A and B from plasma, creating a 'universal' plasma component. Further development might allow removal of A and B antibodies from platelet concentrates and RBC containing plasma e.g. for exchange transfusion or whole blood. The committee expressed considerable interest in this proposal.

**Patient Involvement Working Group (Dr Charlie Baker)**

Charlie Baker (CBa) gave overview saying that the PIWG met in June and has been discussing requirements and processes to achieve information standard kite mark. Following on from the Consent Event in the morning it was agreed that the PIWG would produce guidance..

**Action: CBa**

Most Patient Information Leaflets have been reviewed and updated over the last 18 months.

**Patient Blood Management Working Group (Louise Sherliker)**

LS gave overview of current and future initiatives from their working group meeting held in June 2017. The key items for discussion were NBTC Anaemia working group, supporting PBM implementation and a National Symposium on Patient Blood Management/Transfusion.

**NBTC Blood Components App**

LS gave overview and outlined the successes which included a larger than expected download. Agreed to circulate further information for promotional purposes. Asked for Royal Colleges to specifically engage with members to support further uptake

**Action: LS**

**Anaemia Working Group (Dr Sue Pavord)**

Work continues in this newly formed group with identified workstreams which included developing commissioning pathways.

**Education Working Group (Dr Shubha Allard)**

Overview given of projects completed since the last NBTC with a focus on the PBM App on a medical device to support decision making around anaemia management and use of red cells in non bleeding adult patients.

The Education Working Group ToRs need updating. Shubha Allard (SA) and Paula Bolton Maggs (PB-M) had previously met with the GMC regarding undergraduate training and will attempt a further follow up meeting. GMC guidance is broad and difficult to include detail in relation to any particular
Transfusion Laboratory Managers Working Group (Stephen Bassey)

Key message relates to staff training and networking. There is increasing pressure on Laboratory Managers to tick boxes and it is difficult to compare other local sites.

JW asked if there are any standards on delivery of components to a clinical area and suggested setting a standard to monitor how quickly components can be supplied to certain services. CR suggested identifying sites for inspection and for those not compliant the MHRA inspectors can take action.

32/17 National Comparative Audit of Blood Transfusion Programme

Dr Lise Estcourt (LE) addressed concerns over amount of work that is involved in audits and the tight schedule which did not always allow time for recommendations to be implemented. AFFINITiE is complete and being reported and so the workload should be reducing. JC said that the reports are valuable and but the fact that audits have become mandatory needed to be addressed. LE said that there has been discussion in changing the name of NCA to Quality Improvement. It would result in more junior medics being able to take part in an audit.

33/17 Blood Components Development

See Blood components working group

34/17 NHSBT

Key Performance Indicators for NHSBT – JW expressed concern over age of platelets being transfused particularly in distant sites such as Plymouth. Chris Phillips (CP) noted concern regarding provision of O RhD neg K-neg red cells due to movement of stock to fulfil orders. Trauma Centres have large stocks and NHSBT are aware of this and working with Transfusion Laboratory Managers to look at percentage ordering from hospitals.

CP updated on Blood Stock Projects and Integrated Transfusion Services saying that it is a well supported operation and that there is active recruitment into that team.

CP confirmed that Core System Modernisation is moving ahead.


HEV testing update/other infectious threats – HW confirmed that universal HEV testing went live in April 2017.

35/17 NCG

Impact of the 2016/17 NCG agreement to the introduction of the £11 customer collect charge was discussed. The charge reflects the cost to service ad hoc orders by NHSBT but was applied per order rather than per delivery. As a result, the costs were much higher than anticipated. The chairmen of the East Midlands and Yorkshire and Humber regions reported concern at the financial
impact of the charge. No change is proposed for NCG 2017/18. The next NCG meeting is in November where these charges will be debated further.

<table>
<thead>
<tr>
<th>36/17</th>
<th>Any Other Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SW brought up the question of apheresis platelets verses pooled platelets. SA will highlight content in guidelines and circulate.</td>
</tr>
<tr>
<td></td>
<td>Action: SA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37/17</th>
<th>Date of Next meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spring 2018</td>
</tr>
<tr>
<td></td>
<td>Monday, 19 March 2018</td>
</tr>
<tr>
<td></td>
<td>Autumn 2018</td>
</tr>
<tr>
<td></td>
<td>Monday, 24 September 2018</td>
</tr>
<tr>
<td></td>
<td>Venue – Ambassadors Bloomsbury, 12 Upper Woburn Place, London, WC1H 0HX</td>
</tr>
<tr>
<td>Minute Ref</td>
<td>Agreed Action</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>25/17</td>
<td>Review of NBTC structure and function</td>
</tr>
<tr>
<td></td>
<td>The Chair to contact Sir Bruce Keogh regarding a more clinical line of reporting as without the support of NHS England frustrations are growing.</td>
</tr>
<tr>
<td></td>
<td>The NBTC appears fit for purpose and does not need radical change. Huw Williams (HW) confirmed that NHSBT, the current funding source, has a budget of £350K per year. JW to take this to the EWG meeting in on 22 January 2018.</td>
</tr>
<tr>
<td></td>
<td><strong>Current NBTC Terms of Reference</strong></td>
</tr>
<tr>
<td></td>
<td>Ensure that Graham Donald, Patient Representative is invited to NBTC Executive Working Group meetings.</td>
</tr>
<tr>
<td></td>
<td>Add the Royal College of Midwifery to the list of Royal Colleges.</td>
</tr>
<tr>
<td>26/17</td>
<td>Transfusion 2023: Proposal for symposium on Transfusion strategy for hospitals to cover the next 5 years.</td>
</tr>
<tr>
<td></td>
<td>JW to approach Prof Sue Hill with proposals for the symposium on 19 March 2018.</td>
</tr>
<tr>
<td>27/17</td>
<td>Maintaining standards in Hospital Transfusion Laboratories</td>
</tr>
<tr>
<td></td>
<td>Write to NHSi and the Pathology Alliance on behalf of the national Blood Transfusion Committee in collaboration with Dr Youssef Sorour, Chair of RTC Chairs.</td>
</tr>
<tr>
<td>28/17</td>
<td>Hospital accreditation for clinical blood transfusion</td>
</tr>
<tr>
<td></td>
<td>JU to set up a Working Group to explore a voluntary PBM accreditation scheme.</td>
</tr>
<tr>
<td>31/17</td>
<td>NBTC Working Groups</td>
</tr>
<tr>
<td></td>
<td><strong>Patient Involvement Working Group (Dr Charlie Baker)</strong></td>
</tr>
<tr>
<td></td>
<td>PiWG to produce Guidance for requirements and processes to achieve information standard kite mark.</td>
</tr>
<tr>
<td></td>
<td><strong>Patient Blood Management Working Group (Louise Sherliker)</strong></td>
</tr>
<tr>
<td></td>
<td>NBTC Blood Components App - Circulate further information for promotional purposes and follow up with Royal Colleges to confirm engagement with members to support further uptake.</td>
</tr>
<tr>
<td>36/17</td>
<td>Any Other Business</td>
</tr>
<tr>
<td></td>
<td>SW brought up the question of apheresis platelets versus pooled platelets . SA to check guidelines and report back.</td>
</tr>
</tbody>
</table>