

**Minutes of the National Blood Transfusion Committee
28th September 2015
Royal College of Obstetricians and Gynaecologists**

Present:

Dr J Wallis	JW	Chair
Dr K Pendry	KP	Secretary
Prof M Murphy	MM	Consultant Haematologist NHSBT
Dr S Allard	SA	Royal College of Pathologists
Mrs T Allen	TA	NHSBT Assistant Director Customer Services
Dr C Baker	CB	Patient Involvement Working Group
Mr S Basse	SB	Transfusion Laboratory Managers Working Group
Dr P Bolton-Maggs	PB-M	Serious Hazards of Transfusion
Mr M Dawe	MDa	Principal Haemovigilance Specialist, MHRA
Mr G Donald	GD	Patient Representative
Ms L Mannion	LM	British Blood Transfusion Society
Ms R Gerrard	RG	NHSBT National Lead: PBM Team
Dr Alistair Dodds	AD	North East RTC
Dr Jon Cort	JC	East Midlands RTC
Dr C Newson	CN	West Midlands RTC
Dr N Sargant	NS	South Central RTC
Dr Y Sorour	YS	Yorkshire and The Humber RTC
Dr P Larcombe	PL	South East Coast RTC
Dr J Bamber	JB	East of England RTC
Dr G Cho	GC	London RTC
Dr M Desmond	MD	North West RTC
Dr S Wexler	SW	Representing South West RTC
Miss S Tuck	ST	Royal College of Obstetricians and Gynaecologists
Dr D K Whitaker	DKW	Royal College of Anaesthetists
Mr A Cope	AC	Royal College of Emergency Medicine
Dr H Williams	HW	NHSBT Director of Diagnostic and Therapeutic Services
Dr C Ronaldson	CR	NHSBT Director of Blood Supply
Stuart Penny	SP	Assistant Director National Operations Blood Supply (NHSBT)
Kairen Coffey	KC	Education & Audit Lead – PBM Team (observer)

Apologies:

Mrs C Bernstrom	CBe	EA to NBTC
Dr L Williamson	LW	Medical Director NHSBT
Mr D Palmer	DP	British Blood Transfusion Society
Dr S Morley	SM	Royal College of Paediatrics and Child Health
Dr L Green	LG	Blood Components Working Group
Dr S Allford	SAI	South West RTC
Prof M Bellamy	MB	Intensive Care Society

Ms Ann Benton	AB	Blood Implementation Group, Wales
Dr C Costello	CC	NHSBT Non-Executive Director
Mr C Elliott	CE	Institute of Biomedical Science
Ms R Gallagher	RGa	Royal College of Nursing
Ms M Jonkinen	MJ	Royal College of Midwives
Dr C Taylor	CJT	NPSA SPN 14 Working Group
Mr J Thompson	JT	Royal College of Surgeons
Mr D Watson	DW	Scottish Clinical Transfusion Advisory Committee
Dr M Allison	MA	Royal College of Physicians

01/15	Welcome and Introductions
	Introductions were made.
02/15	Apologies for Absence.
	Apologies were noted.
03/15	Minutes of the meeting of the full Committee held on 16th March 2015.
	The minutes of the meeting of the full Committee held on 16 th March 2015 were agreed as a correct record.
04/15	Regional Transfusion Committee (RTC) Chairs
	MD summarised the key issues arising from discussions at the morning meeting of the RTC Chairs:-
	<ul style="list-style-type: none"> • Key issues from the regions include funding for the PBM initiatives and communication of specific requirements of transfusion. There is no easy solution for this due to lack of operability between IT systems • KP gave an interactive session on the Clinical Benchmarking project. • There was a presentation by Stuart Penny on Supply Chain Modernisation in the North ; he was able to respond to questions posed by the RTC Chairs • The UKTLC survey results were presented by PB-M • JW mentioned that he would like the RTC Chairs to focus on the implementation of consent • This was MD's last meeting as RTC Chair and he thanked the group for their input into the meetings
	<u>Clinical Benchmarking</u> – KP highlighted key points from the interactive session that took place at the morning meeting. A new NBTC transfusion request working group has been established to support the Clinical Benchmarking project. KP highlighted papers E – papers E3 and asked for written feedback on the proposals for key performance indicators (KPIs) and the minimum dataset. It was agreed that the National Indication Codes would be updated following the publication of the NICE Guidelines in Nov 2015. The group agreed that when clinical benchmarking is available, reports should be deanonymised
	Action: NG to request feedback on papers E to E3 by 31st October 2015
	<u>Feedback from the Royal College and Specialist Societies</u> – ST summarised the key issues arising from discussions at the morning meeting of the Royal College

	of Specialist Societies Meeting: -
	<ul style="list-style-type: none"> • Anti-D for obese women – The data has still not been received on which decision was made. In Australia, there has been a decision that there is not enough evidence to change the approach. If anti D is given IM then it was emphasised that this truly must be IM. Adverse events, in particular new cases of sensitisation must be reported to SHOT. As this was an ongoing action, this is now closed • ST expressed her thanks for PB-M providing a SHOT update and report to the meeting. The group find this of great use • This is ST's last meeting as chair. ST's successor as a representative from the Royal College of Obstetricians and Gynaecologists will be Gabriella Gray. DW will take over as the chair for the Royal Colleges and Specialist Societies meeting.
	<u>The Choosing Wisely Campaign</u> -
	MM gave an overview of the morning workshop from the Royal Colleges and Specialist Societies Meeting. MM explained that the campaign started in the USA where 5 Transfusion statements had been developed by the AABB. In the UK, 7 statements were formulated and These were circulated to colleagues within the PBM teams in NHSBT who voted for the top 5.
	The 5 statements were submitted to the Academy of Medical Royal Colleges via the Royal College of Pathologists representative. MM explained to the group that the Academy are considering the submissions and a decision will be made in November
	<u>RTC Chairs Reports</u>
	For information only.
	<u>Update on manufacturing proposals for North of England and the reorganisation in the North</u>
	<p>Stuart Penny gave a presentation on the proposed modernisation of manufacturing in the North of England. Below are a few key points from the presentation:</p> <ul style="list-style-type: none"> - NHSBT will move to three manufacturing sites. Manufacturing from Sheffield and Newcastle will move to a refurbished, modernised Manchester facility. - Working 24/7, NHSBT will get the best use of donations and the ability to make components 24/7 - NHSBT have begun to discuss these proposals with hospitals. There have been a few issues raised by hospitals to date, e.g. Amount of routine stock to be held at SHUs, contingency for poor weather (how to get blood across the Pennines) and the provision of specialist components. SP commented that the bulk of stock will move overnight in temperature controlled vehicles. NHSBT will ensure that stock holding at all SHUs is reassessed as part of this initiative. - Next steps would be to continue discussions around HTC's, HTT's and user groups. Individual discussions will take place at Hospitals where required then NHSBT will develop and agree plans of provision. - A separate project will review the estate and provision of other services in the East of Pennines (Leeds/Sheffield areas) – NHSBT will initiate

	<p>formal consultation with Hospitals to understand hospital needs and identify options. At the end of the financial year, NHSBT would like to have assessed options and be in a position for a final proposal for this area. SP stressed that NHSBT is committed to a continued presence in the Leeds/Sheffield area.</p> <p>TA raised a query about the East of Pennines project regarding feedback from Hospitals for solutions around diagnostics. MD asked if solutions were produced for these sites, would this have an effect on other regions. TA said that we are currently just looking for solutions for hospitals in the EoP region. YS asked will a second delivery for blood products be honoured in the new proposal. SP said this would be discussed in the consultations within each Hospital.</p>
05/15	Minutes of the meeting of the Executive Working Group held on 22 June 2015
	The minutes of the meeting that was held on 22 nd June 2015 were agreed as a correct record.
06/15	NBTC Working Groups
	<u>Blood Components Working Group</u>
	Stephen Thomas, Assistant Director Manufacturing Development, gave a presentation to the group on Pathogen Inactivation and bacterial screening. He also gave a brief overview of liquid plasma vs thawed plasma
	<ul style="list-style-type: none"> • The group requested for the paper on pathogen inactivation vs bacterial screening to be shared with the committee and feedback collated from each region • MM suggested that one or two Clinicians from hospitals are involved in the decision making process, e.g. at a project board level. • Extending shelf life for thawed plasma at 4oC vs never frozen plasma is being considered by the SAC BC
	Action: NG to share ST presentation with the group.
	JW to agree with Stephen Thomas the best approach to hospital representative involvement in decision-making processes about blood component development
	<u>Patient Involvement Working Group</u>
	CB highlighted the Working Group aims;
	<ul style="list-style-type: none"> • Further develop information on blood transfusion for patients and the public, e.g., Patient Information App • Ensure patient information leaflets (PILs) relevant and up to date • Promote transfusion awareness in collaboration with specialist societies and groups • Provide support to other organisations • Promote implementation of SaBTO guidance on consent.
	There was a discussion that took place about a new PIL on Hep E and how to introduce it. This needs to be considered and taken forward.

	<u>Patient Blood Management Working Group</u>
	KP highlighted key points from the PBM WG paper.
	<u>Education Working Group</u>
	SA gave an overview of the paper and highlighted that:
	<ul style="list-style-type: none"> • Scientific Training – SA is seeking a TLM representative to contribute to ongoing discussions on scientific training. • <u>There is variation in the length of time that haematology specialty trainees spend learning about transfusion; many regions have a 3 month attachment but in London for example the registrars are only released for the NHSBT transfusion courses (4 weeks)</u>
	Action: SB to raise at next TLM Meeting.
	<u>NBTC Recommendations for Training and Assessment in Blood Transfusion</u>
	The Feedback for the NBTC Standards for Training & Assessment in Blood Transfusion documents were collated and circulated to the group prior to the meeting. This is aimed at staff that collect and / or administer blood and blood components
	There were comments made about some ambiguities in the text. It was agreed to recirculate the papers for further and final comment from committee members
	Action: NG to recirculate documents to group asking for feedback by 12th October.
	<u>Transfusion Laboratory Managers Working Group</u>
	SB highlighted the 2 sample rule and that we need to investigate the implementation of this process. From the recent UKTLC Survey that was sent to lab managers, it was noted that 38% of Hospitals haven't implemented the 2 sample rule. The recent UKTLC survey was discussed and the report will be circulated when it is completed
	Action: UKTLC Survey results need to be checked by SB and PB-M before final report is circulated to the group.
07/15	National Comparative Audit of Blood Transfusion Programme
	Agenda item was not discussed due to lack of time, paper had been circulated
08/15	National Commissioning Group for Blood (NCG)
	Discussion at the EWG led to agreement that NBTC would support differential pricing of O RhD neg red cells to drive best use however TA explained that it would not be possible to implement the differential pricing at this time. A request was made on behalf of the NBTC for a proposal to be put to the NCG to use some of the money intended as a rebate to Trusts to be set aside for use for the Clinical benchmarking feasibility study

	Action: CB to prepare a request for funding for Clinical Benchmarking from the NCG
09/15	NICE consultations
	JW thanked all for their input and comments towards the NICE guidance for Clinical Transfusion. MM explained that over 700 comments were received and that these had been collated and individually answered. MM explained that NICE Clinical Guidelines for Transfusion would be finalised and released in November 2015.
10/15	Serious Hazards of Transfusion (SHOT)
	PB-M gave an overview highlighting the SHOT update and recent report. The following key points were noted:
	<ul style="list-style-type: none"> • Transfusions at night – should be undertaken if clinically necessary, but ensure that adequate staffing is available to ensure safe practice • Go live date for phase 1 of the combined haemovigilance reporting system with MHRA is October 2015 • Jayne Addison, PBM Practitioner based in Liverpool, has been appointed to take on the joint PBMP and SHOT post • The date of the next SHOT annual conference is 7th July 2016. This conference will be taking place in The Lowry Centre in Salford. PB-M invites teams to submit abstracts • PB-M highlighted from a recent report from Jo Martin about a nurse being prosecuted for manslaughter for ABO incompatible transfusion
11/15	Medicines and Healthcare products Regulatory Agency (MHRA)
	JW reported that he had requested a meeting with the MHRA Inspectorate on interpretations of BSQR. This meeting was held on 7 th Aug 2015, and attended by SB, JW and reps from NI, Scotland and Wales. Discussion of traceability and training intervals took place. The MHRA are investigating the wording of the BSQR re traceability. They indicated that some degree of flexibility may be applied to training intervals where a risk-adapted programme is in place. Full minutes for meeting are available from MDa
	MDa gave an overview of the BCC meeting which took place in September 2015. At that meeting, communications between MHRA and hospitals was discussed and MHRA proposed the development of an open forum. This was generally welcomed and further work with proposals will follow. MDa noted that where hospitals are unhappy with MHRA decisions it is important for hospitals to challenge MHRA decisions openly.
12/15	NHSBT
	Agenda item was not discussed due to lack of time; a paper had been circulated.
13/15	Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)
	Hepatitis E Screening – Presentation on Hep E screening for clinicians from Stephen Thomas and Jayne Peters, Haematology Specialty Trainee Manchester.
	NHSBT is planning to introduce screening for Hep E for selected recipients in

	Jan 2016
	There is active engagement with hospitals to understand the demand for Hep E negative components and the systems that will need to be put in place for highlighting patients and ordering the components
	A Q&A sheet has been developed for hospitals
	There are still several unanswered questions which require further clarification from SaBTO eg: which groups other than transplant recipients may be at risk, the duration of the need for HepE neg components pre and post transplant
	The PowerPoint presentation will be made available for hospitals to use to raise awareness amongst clinicians of the need for hep E screening and identification of at risk groups
	During the current financial year, there will be no extra charge, the likelihood of future charges will depend on the level of demand for screened components
14/15	NBTC Budgets
	This item was not discussed. Report attached for information.
15/15	Chairman's Items
	JW gave thanks to the following members who were all standing down: Mike Desmond, Chair of the RTC Chairs Meeting, Susan Tuck, Chair of Royal Colleges and Specialist Societies Working Group, James Bamber EoE RTC Chair and Peter Larcombe, SEC RTC Chair
16/15	Any Other Business
	Forthcoming awareness event on Sickle Cell and Transfusion as part of the RCPATH National Pathology week – SA explained that the awareness week will take place the 2nd November – 8th November. Each Hospital will be sent a pack which will include Sickle Cell Resources to promote Transfusion and Sickle cell disease
17/15	Date of Next meeting
	NBTC/RTC Chairs – Spring meeting Monday, 14 th March 2016 at The Hotel Russell, 1-8 Russell Square, London, WC1B 5NR
	NBTC/RTC Chairs – Autumn meeting Monday, 19 th September 2016 at Royal College of Obstetricians and Gynaecologists, (Rooms on Regents Park) 27 Sussex Place, Regents Park, London, NW1 4RG

Summary of Agreed Actions: Meeting held on 28th September 2015

Minute Ref	Agreed Action	Responsibility	Completion /Review
06/15	NBTC Working Groups		
	NG to share ST presentation on pathology inactivation and bacterial screening with the group.	NG	
	Scientific Training – SA is seeking a TLM representative to contribute to ongoing discussions on scientific training. SB to raise at next TLM Meeting.	SB	
	NG to recirculate documents to group asking for feedback by 12 th October on NBTC Recommendations for Training and Assessment in Blood Transfusion	NG	
	Draft UKTLC Survey results need to be checked by SB and PB-M before circulating them to the group.	SB & PB-M	
09/15	NICE consultations		
	NG to circulate the NICE Clinical Guidelines once received from MM.	NG	
11/15	Medicines and Healthcare products Regulatory Agency (MHRA)		
	MD asked the RTC Chairs/Hospitals to challenge the MHRA Decisions to get a better understanding of the inspections.	All	
13/15	Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)		
	The New recommendations for immunocompromised patients needs to be discussed at Regional Committee Meetings.	RTC Chairs	
	JP to share presentation on Hep E with the group so this can be discussed at Hospital. KP and ST to liaise before sharing information.	Jayne Peters	