Draft Minutes of the Face to Face meeting of the
TRANSFUSION LABORATORY MANAGERS WORKING GROUP
OF THE NBTC

Wednesday, 25 April, 2018

Birmingham New Street, Room 2

Present:

Stephen Bassey (SB) Chair and National Commissioning Group
Pete Baker (PB) North West region
Celina Bernstrom (CB) Administrator
Mike Dawe (MD) MHRA representative
Simon Ennis (AG) East Midlands region
Mike Herbert (MH) West Midlands region
Amanda McManus On behalf of OWD and Ruth Evans.
Chris Philips (CP) NHSBT Head of Hospital Customer Service

Chris Robbie (CR) MHRA representative
Brian Taylor (BT) Yorkshire & Humber region
Tracey Tomlinson (TT) For Mark Williams (Head of RCI)
Karen Ward (KW) North East region
Maggi Webb (MW) South West region

Apologies:

Elaine Addison (EA) North West region
Ruth Evans (RE) Scientific and Technical Training
Carol Harvey (CH) East of England region
Mike Roberts (MR) National Platelet Supply Manager (Patient Services)
Brian Robertson (BR) London region
Malcolm Robinson (MPR) South East Coast region
Rashmi Rook (RR) South East Coast region
Julie Staves (JS) South Central region
Mark Williams (MWi) Head of RCI

Agenda Item

19/18 Welcome and apologies

Apologies were noted most notably due to staffing issues.

20/18 Minutes of teleconference on 13 March 2018

The minutes from the meeting held on 13 March 2018 were agreed as a true record.

16/18 Emergency Planning

CP said in the geriatric area K neg or K pos would be used is less of a concern than say, maternity. *Who on call does remote issue?* Julie Staves sent apologies and so was unable to update. Concerns over algorithm not being present. If issue algorithms
for LIMS rather than a tracking system. LIMS is simple enough with rules embedded within them.

CP confirmed a lack of progress on this. At the London TAG meeting recently Richard Whitmore has asked for support. Wastage is causing problems. SB said that guidance should be stipulated by BSH. SB has letter to be cascaded via the RTC Administrators.

**Action: SB/CBe**

### 21/18 NHSBT KPIs

CP gave overview confirming 97% of orders are delivered accurately. March figures were not as favourable and recruitment is underway for more black donors. “Britain’s Got Talent” had an act that involved recruiting for more black donors.

CP to feedback MH – ROs to Craig Wilkes. SE enquired whether an exchange programme is the method of choice for sickle cell patients an asked for evidence of an impact assessment? CP confirmed that the number of exchanges is increasing and one factor in driving up demand with exchange using 10 units. A growth is realised between 10% and 16% year on year.

Importing blood and blood products was discussed as this does not generally happen at present however, some plasma is imported. MD offered his help as an advice source regarding regulatory concerns.

O neg usage is increasing and o neg uses is broadly consistent. Wastage is low. AMc highlighted a shortage of a neg red cells to make platelets. There is more disparity between K neg and O pos.

Age of issue slide showed a marginal improvement.

The change in age of platelets by profile of red cells seems to have evened out now. SB asked for the reason from CMV request. CP confirmed that best practice is sometimes not being applied. Reasons for demand were explored and varying. CP directed towards website as a resource where PILs exist and information on CMV negative when required.

### 22/18 VMI

CP updated on agreed percentage after consultation with Lucy Frith being as working towards KPOS 75%/25%.

### 23/18 Supply of O Neg & NCA

Julie Staves not present to provide an update. SB confirmed NCA sent out in May. Option is a list of o neg units. Download onto own IT systems. Julie is piloting this in early May.

### 24/18 Age of platelets

Regional discussion regarding the age of platelets at delivery. PB confirmed orders come in and are sent out straight away. Age of platelets is good but this is irrelevant with such fast turnaround times. CP advised that when hospitals are ordering long expiry dates should be requested. Discussions over the timeframe were explored. Is this 5 days or 3 days? Usage is erratic. SB asked how before long dated platelets processed. This area is a struggle for NHSBT. Different hospitals have different needs and dates vary. BSMS are issuing 2/2 matrix on platelet stockholding which may change practice marginally.
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<tr>
<th>25/18</th>
<th>2017 MHRA update</th>
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<tr>
<td>MD gave overview confirming that there is an impending IT system and SABRE is being replaced with expected delays. MD is available to assist and advise. BCRs will still be controlled externally but managed by MD.</td>
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<td>A desire for accreditation had been previously noted. The stance from MHRA is that the CPA are a separate organisation and not linked to MHRA. MD hopes to ring-fence blood transfusion to avoid going via CPA with the advice being to stick with good practice guide BSQRs. SB asked whether there is a plan to increase number of inspections due to lack of compliance and MD confirmed the official line will continue to be BCR.</td>
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<td>Are LIMS – IVD regulations only cover algorithms within LIMS. Further restriction with electronic issue without any clinician interaction. URS – MD go out to customers – explain process of e.g. transfusion. Look at 4 or 5 user groups and see how processes are used within LIMS system and they refused, saying they were developing for individual sites.</td>
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<td>Does one LIMS system suit all requirements and can a core functionality be produced for a LIMS system and add algorithms after. Current work practices need to be considered. There is a need to globalise procedures to standard. MD asked for clarification on how laboratories secure services. SB wants compliance with the same guidance and the current system is not working. Discussions on how to take forward. A library of URSs was suggested. SE said that guidance is due to be rewritten.</td>
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<td>SB suggested collect anyone LIMS or tracking within last time period. MD suggested to e-mail big documents to everyone. From laboratory in Norway trying procure a new LIMS system. They surgically picked apart the elements they wanted. Once all assembled send to MD.</td>
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<td>MD asked KW as an aside what was feedback from MHRA presentation. KW confirmed that it was obvious that the product was not ready. Past experience with issues was a concern. MW was tendering for new LIMS system. This is dictated by IT issues. They have system hasn’t been built yet. One integrated system is preferable.</td>
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<td><strong>Action:</strong> everyone to send to CBe.</td>
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<td>Succession planning was discussed and SE enquired what the process is for notifying the MHRA when a Blood Bank Manager leaves. MD is to investigate and report back.</td>
<td><strong>Action:</strong> MD</td>
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<td>26/18</td>
<td>NHSBT contracts</td>
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<td>Update to comply with the release of good practice (prev EU GMP). – CP to contact CH on this.</td>
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<td>27/18</td>
<td>Membership selection</td>
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<td>To approve letter for RTC. Distribution confirmed as being to RTC administrators/RTC Chairs to cascade within their regions to hospital transfusion teams and user groups. SB to forward letter to CBe and CBe to contact Fay Underhill to get a list of hospital user groups as advised by CP.</td>
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<td><strong>Action:</strong> SB / CBe</td>
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<td>28/18</td>
<td>RCI collaborative working</td>
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RCI Antibody Confirmation Service. TT works with SHOT so aware with incidents that currently exist. TT gave overview of presentation confirming that the main driver is failure to identify historical problems.

The price of antibody investigation proposed is £15. Constraints explored as suggested by SE concerns over ANOTHER request form.

SB said that the proposal is not a bad idea but further clarification and breakdown is required of where the cost of £15 stems from. Everyone likes the idea in principle but justifying the cost is hard.

There are benefits to the proposal of shared care but the cost is prohibitive. Driver should be to benefit patient safety. SB wants to support but sadly the cost is an issue at present.

TT confirmed that there is no scope to putting other information on SPICE. PB asked about validation of results by panel sheets? SPICE needs investment by NHSBT so can be developed into a more useful resource.

TT to feedback cost concerns.

TT confirmed it is not always general policy to send identified antibodies to RCI. Many hospitals need confirmation from RCI. SB suggested making SPICE free then the cost barrier would not exist.

MD said there would be greater value in linking SPICE with other LIMS providers. The phenotype/genotype uptake was less than expected. We are a long way off from an integrated system.

A vote was instigated and the majority voted in favour of the proposal if there were no costs involved but that the cost element was prohibitive overall. SB suggested raising feedback at NCG meeting.

Turnaround times were explored. These are loaded promptly into SPICE. They are calculated from the time of booking.

TT looking at next year’s turnaround times. Different turnaround times for different tests is the RCI plan.

Dara patients discussion. Cost of genotyping and phenotyping explored. SE – camellia are worse than Dara TT said.

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<th>29/18</th>
<th>NHSBT communication</th>
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Issues with supply of low use products. A number of hospitals have ordered more then what was required to stock their own and ended up with even more stock than NHSBT – meant to be working in partnership.

CP to talk to those responsible for the management of components and supply and stock levels are to be looked at every Wednesday.

SABTO are looking into VCjd screening again. There is a need for centralisation. MD said if no product is available is there scope to use OCTOPLAS. What methods are in place at local level? Is there scope to return units or relocate blood and blood products?

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<th>30/18</th>
<th>Pack labels</th>
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CP updated on new pack labels, testing, communication and cost. CP struggling to understand the reasons for changing the pack labels. NHSBT looked at TLMs. Look at what is important and concerns over 2017/18. NHSBT confirmed that the project scheduled for implementation 2019 is slowing down in favour of engagement in other hospitals. Jonathan Wallis, Chair NBTC has raised concerns over a LIMS upgrade.

CP suggested letting him know any concerns with pack label, barcode being moved, cost, whatever. SB historical labels were discussed and explored as was validation. PB – release notes and no compliance of quality regulations.

Concerns of CLINYSIS. IT/software will soon become obsolete.

Tri with small components for a short time was discussed as a transition state label. Research is being conducted. CP said there has been some discussion with suppliers although to what extent is unclear.

SE, MW and KW have all e-mailed Craig Wilkes with no response. Concerns over this were raised and CP to investigate to fully understand scope by talking to each hospital.

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<th>31/18 AOB</th>
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<td>MD asked whether we include TP staff numbers and BMS numbers in BCR and it was confirmed that only BMS’s are.</td>
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<td>SB agreed to let MH send a Survey Monkey about TPs.</td>
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<td>CP asked whether anything different should happen in the processing of platelets. All irradiated KW said and SB confirmed a high proportion in additive solution. MW said it is difficult to order HLA matched platelets. Can this process be simplified?</td>
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<td>MW asked for a state-of-play regarding BPL. PB confirmed they didn’t buy albumen through the usual channels. PBL have no anti-tetanus.</td>
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<td>Irradiated platelets have not been changed. People did not like the new labels. No signature – moved on since then? Since RADTAG. CP current situation is that he listened to concerns raised, employed a human factors consultant.</td>
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<td>SE asked whether anyone has found a way of avoiding the £11 charge. IN NEQUAS fell foul of anti KJB anti phenotyping.</td>
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<td>SB raised the use of anti-D for terminations. NEQUAS is working with the Pregnancy Advisory Services.</td>
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<td>SB thanked Maggi Webb for her contribution as she is due to retire.</td>
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<th>32/18 Date of next meeting</th>
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<td>Wednesday, 06 June @ 11:00</td>
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Future telecons sent via calendar invitation:

- 18.07.18 @ 11:00
- 12.09.18 @ 11:00
- 21.11.18 @ 11:00
- 16.01.19 @ 11:00