NBTC Patient Blood Management Working Group

Confirmed Minutes of a meeting held on 3 June 2013
at the Association of Anaesthetists, 21 Portland Place, London.

Present:  Professor Adrian Newland (Chair)
          Professor Mike Murphy (MM)
          Mrs Teresa Allen (TA)
          Mr Stephen Bassey (SB)
          Mr Graham Donald (GD)
          Dr James East (JE)
          Ms Rebecca Gerrard (RG)
          Mr Kenneth Halligan (KH)
          Dr Alwyn Kotze (AK)
          Ms Lynne Mannion (LM)
          Dr Kate Pendry (KP)
          Dr Megan Rowley (MR)
          Mr Toby Richards (TR)

Apologies:  Dr Shubha Allard (SA)
            Dr Paula Bolton-Maggs (PBM)
            Ms Vicky Griffin (VG)
            Dr James Uprichard (JU)

11/13  Minutes of the meeting held on 28 January 2013

The minutes of the meeting held on 28 January were approved as a correct record.

12/13  Matters Arising

12.1/13  Initial recommendations from the NBTC for the implementation of Patient Blood Management (PBM)

A final paper on initial recommendations for the implementation of PBM was provided for information.

In response to a query from GD regarding the status of the document, the Chair advised that the NBTC are seeking a meeting with Sir Bruce Keogh to discuss the publication of the recommendations and the possibility of developing one or two Commissioning for Quality and Innovation (CQUIN) indicators relating to blood transfusion.

12.2/13  National Commissioning Group (NCG) for Blood

Clarification was sought on the level of funding the NCG are providing for the PBM initiative. TA advised that sum available is
£250,000 and not £500,000. To date approval has been received to provide support to the National Comparative Audit programme to assist with the national PBM audit and to develop electronic links to benchmark blood component usage in hospitals.

### 13/13 Recommendations for the implementation of PBM

#### 13.1/13 Update on AIM II trial

KP presented on a trial NHSBT have been working on with 4 NHS Trusts and America's Blood Centers (ABC) since September 2011 to implement a process for systematic data collection and analysis to support PBM. The data collection process has proved problematic and after 18 months, 1 Trust has extracted a 2-year dataset whilst the other 3 Trusts have extracted one month's dataset. It is likely that this system will not be suitable for large scale rollout in view of the complexities and resources required at Trust level. The stakeholders will discuss the next steps required to achieve systematic data collection as this is considered to be essential for effective implementation of PBM.

KP presented data from the Dudley Group of Hospitals who were able to provide a full 2-year dataset. This is a large District General Hospital (DGH) covering most specialties but not cardiac surgery.

Haematology and gastrointestinal specialties were the highest users of red cell transfusions and their combined usage accounted for 50% of the total red cell usage. 70% of platelet usage was for patients with haematological diagnoses.

The AIM II Working Group will make recommendations about how best to collect, analyse and present hospital blood usage data.

#### 13.2/13 Minimum dataset for transfusion

KP presented a paper detailing the key elements of the transfusion minimum dataset required to capture standardised data from Trusts. The systematic collection of data on the use of blood and transfusion alternatives would provide a better understanding of where blood is used and the information necessary for the benchmarking of Trusts in order to monitor their performance in the implementation of PBM.

Ideally the data would be collected from existing electronic data sources, the Laboratory Information Management System (LIMS) and the Patient Administration System (PAS) and uploaded to a central database for analysis and reporting.

A number of suggestions were discussed including:

- Standardised elements for the request form including coded clinical reason.
- Specification for mandatory fields in electronic communication systems.
- Specification for mandatory fields in LIMS.
- Link to the work of National Laboratory Medicine Catalogue.
It was agreed that information on consent to transfusion should be included in the mandatory section.

The suggestions will be discussed at a meeting of the British Committee for Standards in Haematology (BCSH) blood transfusion task force in July.

### 13.3/13 Key Performance Indicators for PBM

The paper presented set out key performance indicators for PBM to enable benchmarking between Trusts and within specialities to drive improvements in appropriate blood use.

A series of indicators were proposed:

- Proportion of medical staff trained in appropriate use of blood.
- Proportion of patients undergoing major blood loss surgery where pre-operative anaemia screening was performed at least 2 weeks before surgery (14-45 days).
- Transfusion rates for key operations e.g: primary CABG, primary hip replacement, AAA repair (red cells, FFP, platelets).
- Proportion of patients undergoing defined types of major surgery (e.g: AAA, CABG) where intra operative cell salvage and tranexamic acid were used.
- Proportion of red cell, platelet and plasma transfusion episodes with pre-transfusion laboratory tests and clinical indication documented.
- Timely supply of components in massive haemorrhage.

It was suggested that two performance indicators could be developed into national CQUINS, possibly:

- Pre-operative management of anaemia.
- Patient consent to transfusion.

### 14/13 Blood Stocks Management Scheme (BSMS)

The possibility of using the BSMS as a resource for capturing and analysing blood usage data was discussed and noted.

### 15/13 To conduct an initial audit of PBM measures

MR tabled a paper outlining an audit proposal for a National Comparative Audit of PBM measures. The aim of the audit is to describe the policies, practices and resources for PBM using an organisational audit tool and to review current PBM practice in a sample of elective surgical patients. This will provide a baseline of practice prior to implementation of the national PBM initiative, highlight areas of good practice and variability in practice and enable hospitals to prioritise implementation of PBM initiatives.

Hospitals will be asked to complete an organisational audit tool and
audit 10 consecutive cases for each of four “index operations”. These procedures are performed in many trusts and are associated with significant blood use:

- Elective hip and knee replacement surgery.
- Elective colorectal resection for any indication.
- Elective urological (or gynaecological) surgery.
- Elective aortic aneurysm surgery.

It was suggested the audit should also include questions about the use of tranexamic acid and anaemia in pregnancy.

The audit project group will review and further develop the questionnaire with the aim of carrying out the audit in 2013.

### 16/13 NICE guidelines and quality standards

MM advised that the draft guideline scope has now been agreed and will be based on appropriate use of blood components and alternatives but will also include safe transfusion practice, consent and use of electronic systems. NHSBT and NBTC submitted comments to NICE on the scope consultation document.

GD and KH are the patient representatives on the guideline development group and the first meeting will be held on 20th June 2013.

### 17/13 National Commissioning Group (NCG) for Blood

There was discussion on further resources required to support the PBM work programme in addition to the funding already agreed by the NCG to support the NCA programme and benchmarking of blood component usage in hospitals.

The proposals included:

- NCA audit programme to support audit of patient blood management.
- Additional analytical post for the Blood Stocks Management Scheme to better understand the demand for blood.
- Develop a proposal for the risk assessment of the need for transfusion in patients with pre-operative anaemia.

All proposals will require submission of a business case for funding to the NCG.

### 18/13 Date of next meeting

Monday, 7th October 2013 at 10.30am. Venue to be advised.