

## National Blood Transfusion Committee

Unconfirmed minutes of the NBTC's  
Patient Blood Management Working Group

Monday 30 January, 10:30 – 12:30

Jonathan Wallis	NBTC Chair
Kate Pendry	NBTC Secretary/ Clinical Director Patient Blood Management NHSBT and CMFT
Shubha Allard	Consultant Haematologist NHSBT and Barts
Paula Bolton-Maggs	SHOT Medical Director
Graham Donald	Patient Representative
James East	Consultant Gastroenterologist OUH
Kath Hearnshaw	Patient Representative
Simon Noel	Blood Safety Team, OUH
Sue Mallett	Consultant Anaesthetist RFH
Toby Richards	Consultant Vascular Surgeon UCH
Emma Stapley	NHSBT, Senior External Affairs Officer
James Uprichard	Consultant Haematologist St George's
Aman Dhesi	Development Manager - Patient Blood Management Team (for Louise Sherliker) NHSBT
Mike Murphy	Professor of Blood Transfusion Medicine, Haematologist, NHS Blood and Transplant and OUH

**Invited attendee:**

Dora Foukaleni	Consultant Haematologist NHSBT and Addenbrookes and Chair of O Neg working group
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**Apologies:**

Stephen Bassey	Transfusion Laboratory Manager Royal Cornwall
Ant Jackson	Transfusion Practitioner (BBTS Rep)
Alwyn Kotze	Consultant Anaesthetist Leeds TH
Heather O'Shea	NHSBT Stakeholder Relations Manager
Louise Sherliker	Interim National Lead: Patient Blood Management Team NHSBT

01/17	Welcome and apologies
	The Chair welcomed everyone to the meeting and noted the apologies highlighting that Heather O'Shea is no longer on the working group and that Emma Stapley (Senior External Affairs Officer) has taken over comms support for PBM.
02/17	Notes of the meeting held on 20 June 2016.
	The minutes of the meeting held on 20 June 2016 were agreed as a true record with the exception of a query noted below.
	<u>15/16 NHSBT PBM work plan 2016/17</u>
	GD queried whether the KPIs were being met as per this item and with

	clarification it was understood that some were, but not all.
<b>03/17</b>	<b>Matters Arising</b>
	An updated Summary of Agreed actions is shown the end of these minutes.
<b>04/17</b>	<b>NHSBT PBM workplan 2016/2017</b>
	KP gave an overview of the current PBM workplan.
	MM would like to see Plasma Wastage recorded and AD agreed to add this for the next meeting. Could there be a KPI to include rate of transfusion consent as the current one measures presence of policy only. This would be difficult to monitor but is now a NICE QS so Trusts should be starting to look at mechanisms for data collection. Plan to have consent as a workshop at the Sept 2017 NBTC meeting where this can be explored further.
	<b>Action: AD to include FFP wastage in KPIs</b>
	GD sought clarification on what the financial implications were of blood wastage. JW noted that red cell wastage in England is less than 2% and low compared to other countries.
<b>05/17</b>	<b>Supporting PBM Implementation</b>
	KP gave overview of Clinical Benchmarking for the group adding that it has been rebadged as Transfusion Informatics.
	The PBM team have submitted a bid to NHSBT R&D with hospital partners and IBM for funding for a proof of concept project to assess the viability and identify dependencies of 5 objectives (data collection; centralised database; benchmarking reports; bespoke reports; access for demand planning/research). If approved pilot would run for 6 months from April 2017.
	Subject to Information Governance approval, data will be collected from 3 hospitals, sent to the IBM cloud environment and aggregated by IBM in order to answer the following questions based on national standards and utility for NHSBT inventory management:
	<ol style="list-style-type: none"> <li>Where does blood go by diagnosis, procedure, HRG, indication provided by requester etc (red cells and platelets)</li> <li>Transfusion rates for key procedures - bundles as defined for the PBM surgery audit</li> <li>Pre transfusion Hb and platelet count divided into cohorts and analysable by indication for transfusion or clinical area</li> <li>Single unit transfusion rate for red cells and platelets</li> <li>Rate of red cell O neg to non-O neg patients</li> <li>Transfusions per 1000 bed days (red cells / platelets)</li> </ol>
	The group wished KP luck with this pilot.
	The NBTC Transfusion Indication codes have been developed into an app that is currently only available for iPhones. 'NBTC Blood Codes app'
	Demand shows that it is needed on Android and Windows phones (cost

	<p>£4,000 - £4,500). LS/AD to check RTC budgets to see if any under spend could fund this.</p>
	<b>Action: LS/AD.</b>
	<p>Hospital Highlight Reports are being sent out to all HTTs via RTC Administrators. Aim is to run Pilot for 6 months and then feedback. The group felt it would be useful to share the regional data at RTCs.</p>
	<p>PB-M noted that the highlight reports are not able to demonstrate Octaplas use. MM aired concerns over format and the data is not easy to read. AD agreed to look at this at the end of the pilot with LS.</p>
	<b>Action: AD/KP/LS</b>
<b>06/17</b>	<b>National Initiatives supporting PBM</b>
	<p>Choosing Wisely campaign received some BBC coverage at launch. The idea of empowering patients to reduce health costs was newsworthy. However, further publicity has been lacking. Our PBM group needs to think of ways we can raise clinician and public / patient awareness of these key messages</p>
	<p>GD posed the question is this about empowering patients or improving practice. If this relates to Patient Blood Management then it needs to be about empowering people.</p>
	<p><u>Blood Transfusion – NICE quality standard.</u> The NICE transfusion quality standards were published in December 2016; here is the link: <a href="https://www.nice.org.uk/guidance/qs138">https://www.nice.org.uk/guidance/qs138</a>.</p>
	<p>JW expressed concern that the feedback from NBTC during the consultation exercise did not seem to be reflected in the final version, particularly with regards to single unit red cell transfusion. As such, JW did not feel that NBTC could endorse the quality standards.</p>
	<p>GD and MM explained the process and that the wording and selection of the standards was very much driven by the wording of the original NICE transfusion guidelines published in Nov 2015.</p>
	<p>MM suggested writing recommendations from the NBTC based on a synthesis of quality standards. KP/JW look at responses from NICE, what was submitted and then report back to the meeting in March.</p>
	<p>Needs further discussion at the forthcoming NBTC meeting on Monday, 20 March 2017. CBe to add to agenda.</p>
	<b>Action: JW/KP/CBe</b>
	<p><u>James Lind Alliance</u> MM gave status update. Due to be completed in 2017. He extended thanks to Graham Donald and Toby Richards and everyone involved in the project.</p>
<b>07/17</b>	<b>PBM Pilots</b>
	<u>Pre operative Anaemia Project NW RTC</u>

	KP gave overview and discussed implementation of pre-op anaemia management. Need to measure results before and after to measure impact of anaemia management.
	<u>Single Unit Transfusion Project London RTC</u> <ul style="list-style-type: none"> <li>The aim of the project was to implement a single unit red cell transfusion policy in two London NHS Hospitals (Kings College Hospital and University Hospital Lewisham) and evaluate the impact on blood usage.</li> <li>This project started in September 2014 and involved a member of the NBSBT PBM practitioner team working with a transfusion team and clinical area to deliver improved practice and cost savings. A paper is in preparation to be submitted to BMJ Open</li> </ul>
	JU added that St. George's Tooting have actioned a similar project and patients are assessed after each unit of red cells. Problems highlighted over clinical engagement. Most significant effect was a reduction from 3 to 2 units.
	<u>Iatrogenic Anaemia</u> A joint patient blood management project between St George's NHS Foundation Trust, Western Sussex Hospitals NHS Foundation Trust and NBSBT
	Overview: <ul style="list-style-type: none"> <li>Objectives: Evaluate the volume of diagnostic blood loss and its impact in adult ICU patients</li> <li>Design: prospective cohort study</li> <li>Patients: 40 adult patients admitted for ≥ 48 hours in ICU</li> </ul>
	<u>New NBTC Anaemia Group</u> First meeting taking place Monday, 06 February 2017.
	To develop an anaemia working group as a subgroup of the NBTC to drive the improvement programme of anaemia management. The group will work with key stakeholders including key pharmaceutical companies involved in anaemia management. The aim is to drive the agenda for patient blood management through the NBTC. <ul style="list-style-type: none"> <li>Produce overarching patient blood management guideline for management of anaemia</li> <li>Raise awareness of importance of anaemia recognition, investigation and management with clinicians, patients and public</li> <li>Develop tools to support implementation of anaemia management across primary and secondary care</li> <li>Work with commissioners to commission pathways that support best practice</li> <li>Develop KPIs to monitor compliance with quality standards in anaemia management</li> </ul>
	<u>PBM QI project</u> AD updated confirming this is part of NCA project plan.
<b>08/17</b>	<b>Other PBM activities</b>
	<u>PBM Education Workplan 2016/2017</u>
	NMA course review will be fed back at the NBTC meeting

	SA gave overview and MM asked if we can benchmark hospitals against those who have participated in e-learning. Concerns were raised over number of e-learning modules.
	<u>O D Neg working group</u> Disucssion was led by DF on controlling O D Neg demand and differential pricing.
	The O D negative working group, a joint initiative between the NHSBT, NHS and private hospitals, supports hospitals for the appropriate usage of O D negative red cells. The guidance is available via a web-based toolkit. The group launched the 'Save One Unit a Week' campaign in summer 2016. Following a number of surveys, audit reports and communications with representatives from different sections, the group's activities for reduction of usage of O D negative red cells and stabilisation of supply chain are focusing on the reduction of substitutions by the NHSBT and rationalisation/control of demand by hospitals.
	Differential pricing has been under intense scrutiny. DF has developed a model based on the activites undertaken in each hospital and underlying O neg rate in patient population to estimate 'allowable' levels of O neg demand. Once this has been sense checked by Trusts it could be used as a basis for deamnd amnagement especially in times of shortage
	MM was keen on the model and all agreed it was good to have a framework from which to work. Hospitals with low usage have been excluded completely which it was agreed was appropriate. AD to take to RTCs to get feedback. CBe to add to agenda for the NBTC in March.
	<b>Action: AD / CBe</b>
	<u>Platelet Working Group</u>
	<b>Objective:</b> <ol style="list-style-type: none"> <li>1. Responsible for developing and promoting educational resources and promoting best practice in hospitals with respect to stocking, requesting, issuing and reducing wastage of platelets</li> <li>2. The group is considering new and more effective ways to deliver the key messages about platelet use to the clinicians</li> </ol>
	<b>Key Outcomes and actions:</b> <ul style="list-style-type: none"> <li>• Nursing Times Article written by group members, – 'Platelets a sticky problem'. Awaiting publication date: <i>post meeting note published 30<sup>th</sup> Jan 2017</i></li> </ul> <p><a href="https://www.nursingtimes.net/clinical-archive/haematology/strategies-to-reduce-inappropriate-use-of-platelet-transfusions/7015206.article">https://www.nursingtimes.net/clinical-archive/haematology/strategies-to-reduce-inappropriate-use-of-platelet-transfusions/7015206.article</a></p> <ul style="list-style-type: none"> <li>• Educational resource in development to support appropriate use of apheresis platelets</li> <li>• Presentation delivered to London Platelet Action Group Platelet Champions day by JA. Indications for Apheresis platelets emphasised and highlighted NHSBT are working towards further reduction of the proportion of platelets manufactured by apheresis to 45-50% by June 2017</li> <li>• Group members reviewing all PBM platelet resources in line with NBTC indication codes and newly published BSH Platelet guidelines.</li> </ul>

	<p>Expected to be complete Feb 2017</p> <ul style="list-style-type: none"> <li>• BSMS snapshot survey of A neg platelet use and wastage complete, 80% response rate, headlines expected end of Jan and full report end of March 2017 - results expected to support review of platelet stock holding algorithm and a resource for best practice of A neg platelets</li> <li>• Addendum to BSH MH guidelines due, currently the guidelines state 'Group A platelets should be given.' Awaiting clarification on change of focus from group A and a date for the publication.</li> </ul>
	<u>AFFINITIE and PBM audits</u>
	<b>Update on NCA Programme: PBM audits in surgery and haematology</b>
	<p>PBM Audit in surgery first round reported in Oct 2015. Abstracts presented at BSH, BBTS and NATA. There are two publications in preparation</p> <p><b>PBM Audit in surgery second round autumn 2016</b> Data collection complete: 2240 cases from 184 sites Report due Spring 2017</p> <p><b>PBM Audit in Haematology</b> First report published summer 2015, repeat due July 2016 Results of first round will be presented at the PBM WG meeting</p> <p>Both audits are part of the AFFINITIE Research programme</p>
	<u>Smartphone Application: Update from SA / AD</u>
	<p>AD gave overview and it is progressing well. Wanted decision on 2 topics – due to time agreed to send around after the meeting via email for census decision.</p>
	<p>SA identified need for definition of cardiovascular disease. JW said that this should be based on the definitions used in the large trials that provided evidence for the thresholds given. Need wording to present to NBTC in March. SA to note and CBe to add to agenda.</p>
	<b>Action: SA/CBe</b>
	<p>Decision support in Oxford: - MM provided a verbal update. SN added there was a notable increase in compliance with single unit requests. JW added that everyone is seeing reduction in red cells and it would be interesting to analyse variation across hospitals according to their use of decision support models. MM would welcome visitors to his trust.</p>
	Update on Websites, Patient information leaflets & Online PBM Tools.
	<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Revised Sickle Cell Disease Patient Information Leaflet (PIL) will be effective from 16.01.17</li> <li>• Photo shoot took place on the 19th Dec to obtain an appropriate image for the front cover of the Patient Blood Management PIL. Once agreed by the PIWG this revised leaflet is ready to go to print</li> <li>• The only PIL left to review is the children's pack. This is already under review and will be made available as individual</li> </ul>

	<p>leaflets, rather than a pack.</p> <ul style="list-style-type: none"> <li>• The only PBM team resources left to review this year are: CMV fact sheet; the Cryo fact sheet and FFP fact sheet are almost complete</li> <li>• Hospitals and Science website data, June – Dec 2016           <ul style="list-style-type: none"> <li>◦ Patient Information Leaflets – 6571 hits (38.17%)</li> <li>◦ Patient Blood Management home page – 3208 hits (18.64%)</li> <li>◦ Pre-operative Anaemia – 1385 hits (8.05%)</li> <li>◦ O D Negative Red Cell Toolkit – 1176 hits (6.83%)</li> <li>◦ Single Unit Blood Transfusions -1137 hits (6.61%)</li> <li>◦ Education – 1072 (6.23%)</li> <li>◦ Consent for transfusion – 889 hits (5.16%)</li> <li>◦ Platelet Resource page is under review</li> </ul> </li> </ul>
	Update from Cell Salvage Action Group from AD : key point is work that is going on in BBTS re educational resources. NB Karen Shreeve stepping down as chair and will be replaced.
<b>09/17</b>	<b>Feedback from meeting delegates</b>
	The lay Representatives commented that they needed clear guidelines on how they could be useful at meetings.
	GD added that there is too much to cover in these meetings and that papers should be provided in advance where possible.
	<b>Action: KP</b>
<b>10/17</b>	<b>AOB</b>
	PBM accreditation – Dr Uprichard felt it would be a useful objective for Trusts to meet as patients might select one hospital over another if PBM measures in place. This should be explored again and might make a good topic for the PBM symposium planned for Nov 2017 (see below).
	KP noted that there is a PBM symposium every 5 years and we should plan for a November 2017 date with a link with national pathology Week. Agreed. KP to organise through PBM team with MM, LS and SA.
<b>11/17</b>	<b>Date of next meeting</b>
	<b>NB Note New Date</b>
	NBTC EWG / NBTC PBM Monday, 12 June 2017 BNS Room 2

## NBTC PBM Working Group

### SUMMARY OF AGREED ACTIONS – Meeting held on 20 June 2016

Minute Ref	Agreed Action	Update:	Status:
15/16	<b>NHSBT PBM work plan 2016/2017</b>		
	Take the issue of wastage to TLMs for everyone to enter wastage into BSMS accurately.	SB	On agenda 30.01.17
	The issue of wastage is to be taken to each RTC.	All	Completed through hospital reports.
	The KPI Dashboard is to be presented to NBTC EWG meetings with 6 monthly activity figures. Dashboard to include wastage from NHSBT. (TA / CP)	CP	CP to give update this afternoon.
	BBTS are trying to expand their TP education, PBMP Team to link with them to find synergy. Send information to SHOT for posting on their website on education days.	AD	Completed.
	O D Neg blood wastage is higher than in other countries but is more readily available in the UK. Collate and send figures on international wastage to compare to wastage as reported by BSMS.	KP	Completed. KP has some figures from Steve Morgan. Not on website yet. Takes 1 week to upload and go live.
	Contact JU to get St George's as a case study to share on toolkit for management of O D neg.	AD	Completed. Waiting for feedback from hospital before case will be written and published online.
16/16	<b>PBM survey 2015</b>		
	Publish PBM survey report in Transfusion Medicine.	KP/LS	In Progress BH has confirmed.
17/16	<b>Supporting PBM Implementation</b>		
	Pilot PBM QI project		On agenda for 30.01.17
	Discuss pilot sites with SB / SN and MM.	KP/AD	Verbal update from AD
20/16	<b>Other PBM activities</b>		
	Discuss comparison of paper based vs. electronic system.	JW/MM/AD	On agenda for 30.01.17
	Share information regarding PILS to PBMP Education Team and PIWG.	AD	The sections completed were complementary. If any inconsistencies are found between PILs and NHS Choices these will be aligned.

## NBTC PBM Working Group

### SUMMARY OF AGREED ACTIONS – Meeting held on 30 January 2017

Minute Ref	Agreed Action	Responsibility	Completion /Review
<b>04/17</b>	<b>NHSBT PBM workplan 2016/2017</b>		
	AD to include FFP wastage in KPIs	AD	
<b>05/17</b>	<b>Supporting PBM Implementation</b>		
	Check RTC budgets to see if any under spend could fund this app development for Android and Windows phones.	LS/AD	
	Check format and layout of Highlight Reports as they do not currently report on Octoplas use.	AD/KP/LS	
<b>06/17</b>	<b>National Initiatives supporting PBM</b>		
	<u>Blood Transfusion – NICE quality standard.</u>		
	Write recommendations from the NBTC based on a synthesis of quality standards - look at responses from NICE, what was submitted and then report back to the meeting on 20 March.	JW/KP	
	Add to NBTC Agenda for 20 March 2017.	CBe	
<b>08/17</b>	<b>Other PBM activities</b>		
	<u>O D Neg working group</u>		
	Differential pricing provides a framework from which to work. Hospitals with low usage have been excluded completely. Take to RTC Chairs to get their feedback.	AD	
	Add to NBTC Agenda for 20 March 2017.	CBe	
	<u>Smartphone Application:</u>		
	Provide wording for definition of cardiovascular disease to present to NBTC on 20 March.	SA	
	Add to NBTC Agenda for 20 March 2017.	CBe	
<b>09/17</b>	<b>Feedback from meeting delegates</b>		
	Provide clear guidelines to the Lay Representatives on how they could be useful at meetings.	KP	