

Draft Minutes of the NBTC's Patient Blood Management Working Group

Monday, 12 June 2017, 10:30 - 12:30

@ Birmingham New Street, Room 2

Jonathan Wallis	NBTC Chair
Kate Pendry	NBTC Secretary/ Clinical Director Patient Blood Management NHSBT
Shubha Allard	Consultant Haematologist
Paula Bolton-Maggs	SHOT Medical Director
Catherine Howell	Chief Nurse DTS, NHSBT
Ant Jackson	Transfusion Practitioner (BBTS Rep)
Mike Murphy	Professor of Blood Transfusion Medicine, Oxford & NHS Blood and Transplant
Toby Richards	Consultant Vascular Surgeon (by telephone)
Sue Robinson	Co-Chair NBTC Anaemia working group
Louise Sherliker	National Lead: Patient Blood Management Team NHSBT
James Uprichard	Consultant Haematologist

Apologies:

Stephen Bassey	Transfusion Laboratory Manager
Aman Dhesi	Development Manager - Patient Blood Management Team
Graham Donald	Patient Representative
James East	Consultant Gastroenterologist
Kath Hearnshaw	Patient Representative
Andrew Klein	Royal College of Anaesthetists
Alwyn Kotze	Consultant Anaesthetist
Emma Stapley	NHSBT, Senior External Affairs Officer

12/17	Welcome and apologies
	The Chair welcomed everyone and noted apologies.
	Toby Richards joined the meeting by telephone for the first part of the meeting.
13/17	Notes of the meeting held on 30 January 2017.
	The minutes of the meeting held on 30 January 2017 were agreed as a true record subject to the amendment of some typographical errors.
	Action: CBe
14/17	PBM Activities
	<u>Single Unit Transfusion</u> : LS confirmed a saving of £62K over the year in the Kings College Hospital pilot. LS to circulate abstract. MM stressed

	the importance of this information going to hospitals. The information is included in the PBM Newsletter and is on the website.
	Action: LS
	<u>NW Pre-op Anaemia:</u> The NW group is progressing well with plans to join a large collaborative looking at the implementation of pre-operative anaemia management as part of a <i>Get it Right First Time</i> project run by Mike Reed, Consultant Orthopaedic Surgeon from Northumbria with NHS Improvement.
	<u>PBM in Obstetrics:</u> There are 4 large hospitals involved in a regional London RTC audit. The aim is to implement and evaluate the impact specific aspects of PBM, particularly anaemia management, on obstetric patients and to determine obstetrics patient's opinion of transfusion.
	<u>Blood Choices App:</u> This is a slow moving project. The aim is to develop an App to support decision making in prescribing red cells in stable adult patients (covering anaemia management and consent).
	An overview is being presented at ISBT. Aman Dhesi arranged a Webinar that generated interest. Litigation is a concern and laws are constantly changing. The App will be kite-marked.
	<u>NBTC Blood Components App:</u> This app provides access to the NBTC indication codes as well as thresholds for paediatric and neonatal transfusion on Apple and Android platforms. It has already proved popular according to analysis and there is the opportunity for further development e.g. for special requirements.
	LS to prepare a review of the Blood Choices App for the NBTC meeting on 18 September 2017.
	Action: LS
	<u>PBM and Elective Surgery Project with Barts Health:</u> Key area is orthopaedics. Data collection is useful and it is used to share with Senior Management. It is in early stages.
	<u>Big Data - Hospital Integration:</u> AD is working through information governance. There are 6 key questions based around the NICE Guidelines. Project needs to be finished by September with a view to demonstrating and feeding back to R&D Committee in November 2017.
	<u>Blood Components Specific Projects:</u> O D Neg usage is at its lowest since 2009. There was a notable drop since the campaign last June.
	<u>National Platelet Action Group:</u> Responsible for developing and promoting educational resources and best practice in hospitals with respect to stock, demand and issue and the reduction in platelet wastage. JW said this group is not reactive to the NBTC it is an NHSBT initiative.
16/17	NBTC Anaemia working group

	SR confirmed that the group has met in February and May of this year. They have written to NICE to request a representative to work with the group. The primary focus is on pre-operative anaemia and then the focus will branch out to other areas of anaemia.
	There are 5 items in progress. Discussions on how to implement BSH Guidelines. Workstreams were explained and hip replacements and best practice tariffs were a focus. JW asked regarding the management of pre-operative clinics and screening for anaemia. It was noted that earlier screening, e.g. at the clinic visit where a decision was made to schedule the operative procedure might be beneficial. . It was noted that attempts to engage primary care had not been very successful and were not likely to be a profitable route
	TR joined the meeting by telecom. He noted that there is no evidence that pre-operative iron has any patient benefit and the current implementation of pre-operative anaemia management, following NICE guidelines and other international guidelines is having an impact on recruitment into the PREVENTT study. This randomised controlled trial is designed to understand the benefit of pre-operative intravenous iron and identify any complications. He reiterated that intravenous iron takes 10 days to have an effect. If it is given 2 or 3 days prior to surgery this is ineffective. JW and KP responded that it is difficult for hospitals to ignore the guidelines; some of the consensus statements / guidelines have been written and publicised by the lead investigators of PREVENTT
	TR requested that NBTC / NHSBT should encourage recruitment into the PREVENTT study - about 130 more patients are required. JW supported this. LS will prepare an overview of pre-operative anaemia management for the next PBM Newsletter; this will include a focus on the PREVENTT study.
	Action: LS
	TR to send précis the main points of the conversation and send to KP, LS and CBe.
	Action: TR
17/17	Supporting PBM Implementation
	James Uprichard presented a paper on the possible format and benefits of a PBM accreditation scheme in England
	<u>Why do we need this?</u> <ul style="list-style-type: none"> ○ Demonstrate a track record of excellent PBM. ○ Resource for demonstration of best practice with audit and education. ○ Help develop national PBM strategy, audit tools, educational material to support local programmes ○ Encourage excellence in PBM in other hospitals (i.e. aim for PBM accreditation).
	<u>Chief Executive etc. agreement / support</u> <ul style="list-style-type: none"> ○ Education and raising awareness of PBM (and transfusion in general) across the trust and particularly amongst the senior

	<p>management team; help for resources.</p> <ul style="list-style-type: none"> ○ Audit trail - evidence of PBM across organisation. ○ Multidisciplinary team approach: PBM bundles.
	<u>Suggestions:</u>
	Self-accreditation initially.
	<ul style="list-style-type: none"> ○ This would include a checklist of PBM tools. ○ Sites would send evidence of compliance with the criteria to PBM accreditation central. ○ When the number of centres achieving PBM exemplar status has reached a critical mass, a peer review programme could be arranged. This will enhance credibility of the scheme.
	The AABB scheme had previously been suggested by MM in 2016 but had met a cool reception from the NBTC committee. However there seemed to be a change in attitude though noting that there are barriers to implementation particularly with regards to resources required to run the scheme and to participate in the scheme. The benefits of being a PBM exemplar / accredited site could be significant.
	KP/JW/JU to take proposal to NBTC on 18 September 2017. CBe to arrange teleconference to discuss this between JW/KP/MM/JU within the next 4 weeks.
	Action: CBe
18/17	National Symposium on Patient Blood Management / Transfusion
	JW led discussion. A national seminar on transfusion has been held every 5 years since the late 1990s and these have proved to provide a focus for the development of a national strategy for Better Blood Transfusion and Patient Blood Management and have also managed to ensure that Transfusion Issues are on the national agenda and resourced in hospitals.
	Aim:
	A seminar which will define the direction of PBM / Transfusion strategy in England over the next 5 years. A high level meeting which will require leaders in PBM and key stakeholders to produce a set of actions to support the delivery of PBM / safe transfusion practice in hospitals and the engagement and change required
	All agreed that the seminar would be a great way to continue focus on transfusion issues. The key will be to ensure the right programme and presence of key stakeholders.
	CH had some useful suggestions re the target audience - this should be a select group of key influencers from NHS England, NHS Improvement, NHS Resolution and CQC.
	KP/LS/JW to put together a proposal and CH / MM to act as a sounding board.
	Action: JW/KP/LS/CH/MM
	Discussion over whether it might be possible to have the PBM Seminar

	2018 in place of the NBTC meeting to avoid excessive cost.
	CH agreed to allocate some budget for a Spring 2018 Seminar Subject to agreement on the programme and audience.
	CH has a contact with an Events Manager at the Royal College of GPs should we ever need a deal on meeting space.
	Action: CH
19/17	Coherence of transfusion guidelines
	Andrew Klein was unable to attend and so KP will prepare a paper for him to review in time for the meeting in January (date TBA).
20/17	Feedback from meeting delegates
	Neither Graham Donald nor Kath Hearnshaw was available to attend the meeting today. Thanks were extended to Graham Donald and it was suggested that between him and Kath Hearnshaw they can decide which of them attends the PBM and EWG meetings as it is not essential to have them both attending.
21/17	Date of next meeting
	<u>NBTC PBM/EWG</u> 22 January 2018 WEDC - Room 3c (on waitlist for Boardroom)
	<u>NBTC PBM/EWG</u> 04 June 2018 WEDC - Boardroom

NBTC PBM Working Group

SUMMARY OF AGREED ACTIONS - Meeting held on 20 June 2016

Minute Ref	Agreed Action	Update:	Status:
15/16	NHSBT PBM work plan 2016/2017		
	Take the issue of wastage to TLMs for everyone to enter wastage into BSMS accurately.	SB	
	The issue of wastage is to be taken to each RTC.	All	
	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	
	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.
	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	PBM survey 2015		
	Publish PBM survey report in Transfusion Medicine.	KP/LS	In Progress.
17/16	Supporting PBM Implementation		
	Pilot PBM QI project		
	Discuss pilot sites with SB / SN and MM.	KP/AD	Verbal update from AD
20/16	Other PBM activities		
	Discuss comparison of paper based vs. electronic system.	JW/MM/AD	
	Share information regarding PILS to PBMP Education Team and PIWG.	AD	The sections competed were

			complementary. If any inconsistencies are found between PILs and NHS Choices these will be aligned.
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NBTC PBM Working Group

SUMMARY OF AGREED ACTIONS - Meeting held on 30 January 2017

Minute Ref	Agreed Action	Responsibility	Completion /Review
04/17	NHSBT PBM workplan 2016/2017		
	AD to include FFP wastage in KPIs	AD	
05/17	Supporting PBM Implementation		
	Check RTC budgets to see if any under spend could fund this app development for Android and Windows phones.	LS/AD	Completed.
	Check format and layout of Highlight Reports as they do not currently report on Octoplas use.	AD/KP/LS	
06/17	National Initiatives supporting PBM		
	<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	Completed.
08/17	Other PBM activities		
	<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	Completed.
	<u>Smartphone Application:</u>		
	Provide wording for definition of cardiovascular disease fo present to NBTC on 20 March.	SA	
	Add to NBTC Agenda for 20 March 2017.	CBe	Completed.
09/17	Feedback from meeting delegates		
	Provide clear guidelines to the Lay	KP	Completed.

	Representatives on how they could be useful at meetings.		