

The Chief Medical Officer's  
National Blood Transfusion Committee

Confirmed minutes of a meeting of Regional Transfusion Committee Chairs  
held on 24 September 2012 at the Royal College of Pathologists, London.

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<b>Present:</b>	Claire Harrison	CHa	Chair and London RTC
	James Bamber	JB	East of England RTC
	Janet Birchall	JB	South West RTC
	Gavin Cho	GC	London RTC
	Mike Desmond	MD	North West RTC
	Adil Iqbal	AI	North East RTC
	Peter Larcombe	PL	South East Coast RTC
	Angela McKernan	AM	East Midlands RTC
	Anthony Stock	AS	South Central RTC
	Craig Taylor	CJT	West Midlands RTC
	Adrian Newland	AN	NBTC Chair
	Mike Murphy	MM	NBTC Secretary
	Rebecca Gerrard	RG	NHSBT Head of Better Blood Transfusion
	Teresa Little	TL	NBTC Administrator

**In Attendance:**

Brian Hockley	BH	BBT Data Analysis and Audit Manager
Chris Philips	CP	NHSBT Head of Customer Services

**Apologies:**

Patrick Roberts	PR	South West RTC
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**RTC 11/12 Minutes of the meeting held on 26 March 2012**

The minutes of the last meeting were accepted as a correct record.

**RTC 12/12 RTC Reports**

RTC Chairs presented their reports and highlighted the main issues from the regions. Key items of discussion were:

- A joint Patient Blood Management education day held in the London and South East Coast RTCs had a high attendance and was well received. Similar events are planned in other regions over the next few months.
- Concern about the process for pathology modernisation and its impact on hospital transfusion laboratories and staff.
- The provision of blood components at the roadside requires the hospital transfusion laboratory and clinical team to develop a process for patient identification and traceability.
- Concern regarding the implementation of SaBTO proposals on consent for transfusion and the statement on CMV products.

- A request from the East Midlands RTC for the establishment of accredited training for transfusion practitioners.
- London RTC reported that NHSBT delivered blood components at night during the period of the Olympic games. Whilst not initially favoured, the arrangement worked well and resulted in a reduction in ad hoc deliveries.
- Transfer of blood with patients. Blood seems to leave individual trusts without the transfusion laboratory being aware of it.
- Not all RTCs have a specific patient representative but include patient speakers on relevant topics at their meetings.
- It was agreed that reports from the NBTC meeting could be shared after the meeting unless otherwise stated.

#### **RTC 13/12 NHSBT support for the RTCs**

CP referred to concerns raised at previous meetings of RTC Chairs regarding the role of the Customer Service Managers (CSMs) and their support to the RTCs and Transfusion Laboratory Manager (TLM) groups. The CSMs have been under pressure over recent months due to several vacant posts across the country. However, recruitment is proceeding to build up the team and interim cover is being provided in regions with vacancies. Additionally, the BBT teams have been strengthened. It is intended that CSMs should be present in all regions and provide support to and information for the RTCs meetings.

CH stated that the original concerns resulted from reports that the role of the CSMs was changing and highlighted the importance of CSMs having a scientific background.

In discussion, RTC Chairs stressed the importance of support for the regional committees through the CSM, BBT and Patients Clinical Team networks and the need to strengthen and stabilise the teams. It is also important to communicate the role and work of CSMs to hospital transfusion laboratory managers.

#### **RTC 14/12 Survey of Hospital Transfusion Committee (HTC) Chairs**

MD presented the final results of a survey of HTC Chairs to explore the relationship and working between the hospital and regional transfusion committees and determine what improvements can be made. A total of 91/160 completed surveys were received representing a 57% response rate.

In discussion, the RTC Chairs agreed the following actions to improve and enhance engagement with the HTCs:

- Development of information packs for the HTC Chairs with RTC contact details and links to the NBTC and RTC webpages.
- Regular feedback to the HTCs from the NBTC and RTC meetings.
- Encourage reporting of HTCs to RTCs by introduction of standard templates for completing
- Consultation on the content of education sessions and improved publicity of education events to relevant groups.

- Information on the role and responsibilities of the trust wide transfusion expert.

MD to finalise the paper with recommendations for circulation and comment by the RTC Chairs.

**Action: MD**

## **RTC 15/12    RTC Audits**

### 15.1/12    RTC Clinical Audit Projects

BH presented a paper setting out the process for formalising regional clinical audit projects carried out by the RTCs. This proposes establishment of an audit programme for regional audits to avoid duplication and encourage use of common datasets for benchmarking. A closer relationship between the National Comparative Audit (NCA) and RTC audit programme was also proposed to ensure the national and regional audits were complementary. Future requests for RTC audit projects would be submitted for review to the NCA Programme Implementation Group on a quarterly basis. Dr Megan Rowley will provide clinical support for the audits. It was confirmed that the revised process would only affect regional audits requiring support of the Data Analysis and Audit Manager.

Representation from the RTC Chairs on the NCA programme group was invited although the time commitment of the quarterly meetings was of concern to the RTC Chairs who suggested that this meeting is dovetailed into an existing meeting.

BH was requested to provide an update audit report to each RTC Chairs meeting.

**Action: BH**

### 15.2/12    Multi-regional audit of blood component transfusion in patients with liver cirrhosis

A proposal to launch a multi-regional audit of the use of blood components in patients with liver cirrhosis was noted. The pilot phase will be carried out at four hospitals during October 2012 and the plan is to launch the audit in February 2013. Hospitals will be invited to participate in the audit for a defined period of 4 weeks.

## **RTC 16/12    Platelet audit**

### 16.1/12    South West RTC – Platelet Use Survey 2012

JBi presented the results of a survey of platelet use in the South West RTC. Data collection took place for one month during March 2012 to identify where platelets are being used and 17/19 (90%) of hospitals in the South West region responded to the survey. 1158 platelet units were transfused during this period and of these haematology use accounted for 765 units (65%) and surgical use accounted for 194 units (17%). The

audit demonstrated some poor practice e.g. inappropriate use of double-dose platelets.

The data results from the South West RTC were compared with a similar survey undertaken in the North East RTC. This indicated similar results, the South West median was 61 years versus 56 years in the North East and across the specialties the South West used 7% more platelet units in haematology and 5% fewer in surgery.

#### 16.2/12 East of England RTC – Audit of Platelet Transfusion Requests 2012

JB stated that the background to the audit of platelet transfusions in the East of England was as a result of an increase in platelet issues of 16.6% in the region in 2011 compared to an 8.6% national increase.

Data collection took place during March and April 2012 from 18 hospitals. There were 769 transfusions during this period and 1286 units of platelets transfused. Haematology/oncology patients accounted for 45% of transfusions, 15% were for cardiac patients and 13% were for surgical patients. 13.2% had  $\geq 2$  platelet units per transfusion per episode and 57.4% of  $\geq 2$  platelet unit transfusions were deemed to be inappropriate.

CH thanked both regions for their audits. She also commented that it was good to hear reports of regional audits and proposed this is a regular agenda item.

#### **RTC 17/12    RTC Support - Website**

MD presented a report on the NBTC and RTC areas of the transfusion guidelines website:

The quarterly download statistics for the period April to June 2012 showed that the RTC sections had 84 (37%) documents in the top 200 downloads from the whole site, which is the highest of any section of the website. The NBTC section had 13 (12%) documents in the top 200 downloads. Between April and June 2012, the RTC pages were viewed 24,974 times and the NBTC pages 8,311 times.

Reference was made to the removal of old documents from the website and the RTC Chairs requested that the regional administrators and website leads should review the list of frequently downloaded documents to ensure these are retained on the webpages if still relevant. Whilst the need to remove minutes pre-dating 2011 was accepted, there was concern that current policies and procedures should not be removed.

A business case for the development of the new website will be presented to the JPAC UK Forum in September 2012.

#### **RTC 18/12    RTC Support - Administrators**

RG presented an update report on the administrative support provided to the RTCs:

- The job description for the RTC Administrator post has not been

reviewed since the posts were established in 2006. This has been updated to reflect changes in the duties and responsibilities since that time with a view to submission for job evaluation review.

- A standard evaluation form to assess feedback from education events is being developed.
- A set of common objectives for the RTC Administrators have drafted and these will be finalised at a meeting in December 2012.

The RTC Chairs recorded their appreciation of the support they receive from their administrators and the quality of work provided. They hoped that the job evaluation process would be reviewed sympathetically.

CH asked whether any additional administrative resource could be provided for the London RTC relative to the size of this region. It was stated that any request for additional hours would require submission of a business case.

#### **RTC 19/12 RTC Chairs' Items**

CJT provided a letter from the West Midlands Transfusion Laboratory Managers Group highlighting their concerns about the centralisation of pathology services. Specifically these relate to the loss of specialist staff and the effect on blood transfusion practice, and the lack of opportunity as a professional group to input their expertise and experience into the pathology modernisation exercise.

CH stated that almost each region had highlighted concerns about the pathology modernisation process, the loss of senior staff capability and clinical service provision. This is a key feedback from the regions to the NBTC to develop multiple dialogues with Professor Sir Bruce Keogh and the Department of Health on pathology modernisation.

AN stated that consultation documents on pathology modernisation made almost no mention of blood transfusion and it was essential to produce an environment that retained specialist staff. It is essential to report that there are serious concerns.

#### **RTC 20/12 Any Other Business**

CH advised that she is standing down from the as Chair of the London RTC following meeting and Dr Gavin Cho would now take on the role. Dr Mike Desmond would chair future meetings of the RTC Chairs.

#### **RTC 21/12 Dates of Meetings in 2013**

10.00am Monday, 22 April 2013.  
10.00am Monday, 30 September 2013.

The meetings will be held in London – venue to be confirmed.