REGIONAL TRANSFUSION COMMITTEE

UNAPPROVED Minutes of the meeting held on Thursday 26th March 2015
10.00 am at St John's Innovation Centre, Cambridge

Attendance:

Name	Role	Hospital
Bal Appadu **BA**	Consultant Anaesthetist, HTC Chair	Peterborough
Donella Arnett **DAr**	Transfusion Practitioner	Watford
Debbie Asher **DAs**	EPA Network Manager	Norfolk & Norwich
Charlotte Alford **CAl**	Transfusion Lab Manager	Luton & Dunstable
James Bamber **JB** *Chair*	Consultant Anaesthetist HTC Chair	Addenbrooke's
Alex Boyle **AB**	Transfusion Practitioner	Norfolk & Norwich
Cynthia Beatty **CB** until 12.30	Consultant Haematologist	West Suffolk
Kaye Bowen **KB**	Transfusion Practitioner	Peterborough
Sue Bradley **SB**	Consultant Haematologist	Watford
Yolande Davies **YD**	Senior BMS	West Suffolk
Dora Foukaneli **DF**	Consultant Haematologist	Addenbrooke's, NHSBT
Gerald Glancey **GG** until 12.30	Consultant Nephrologist HTC Chair	Ipswich
Carol Harvey **CH**	Lead Biomedical Scientist Transfusion, Pathology 1st	Southend
Rukhsana Hashmat **RH**	Customer Services Manager	NHSBT
Henrietta Hill **HH** until 12.30	Consultant Anaesthetist HTC Chair	Luton & Dunstable
Loraine Holland **LH**	Transfusion Practitioner	Bedford
Joanne Hoyle **JH**	Transfusion Practitioner	West Suffolk
Julie Jackson **JJ**	Transfusion Practitioner	James Paget
Marek Kasznicki **MK**	Consultant Haematologist	Lister
Cathryn McGuinness **CMG**	Transfusion Lab Manager	Princess Alexandra
Tina Parker **TPa**	Transfusion Practitioner	Broomfield
Frances Sear **FS**	PBM Practitioner	NHSBT
Rebecca Smith **RS**	Transfusion Practitioner	Ipswich
Louise Welham **LW**	Transfusion Practitioner	Addenbrooke's
Jane O'Brien **JO'B** *Minutes*	RTC Administrator	NHSBT

Apologies:

Debo Ademokun CH, Ipswich
Joe Burford BMS, WSH
Adrian Ebbs TLM, QEHKL
Margaret Holden HM, Broomfield
Nicola Jones CA, Papworth
Michaela Lewin TP, Papworth
Debbie O'Hare CA, NNUH
Ali Rudd TP, NNUH
Sue Turner TP, Colchester
Vamsi Velchuru CA, James Paget
Gilda Bass TP, WSH
Kate Campbell TLM, Papworth
David Green TLM, Basildon
Caroline Hough TP, Addenbrooke's
Andy King-Venables TP, Hinchingbrooke
Fadzai Marange PM, Nuffield
Janet Pring TP, NNUH
Nick Sheppard TLM, Broomfield
Steve Tucker TLM, Ipswich

1. **Welcome:** JB welcomed everyone to the meeting and introductions were made around the table.

2. **Minutes of last meeting:** agreed as accurate, no matters arising.

3. **FFP and Cryo use in the East of England:** FS gave a presentation on the results of this online survey which was carried out in order to determine if there

have been any actual or anticipated increases to FFP and Cryo use in the region and to discover which plasma products are used for patients born after 1996. Please see presentation attached with these minutes.
DAs asked if there had been any further development on extending the shelf life of thawed FFP. DF said at the moment there is no intention to extend the shelf life because there is a decrease in factor concentration following thawing and there are no clinical studies to measure the effectiveness of FFP more than 24 hours post thaw. Rebecca Cardigan, Head of Component Development, NHSBT has written a paper on the topic which will be published shortly. Please see related Position Statement at:
http://www.transfusionguidelines.org.uk/document-library/position-statements
DF said there were suggestions that hospitals internally audit the time of day that FFP is most used in order to assess if pre thawed FFP is a viable option. At Addenbrooke's peak times of use have been identified.

4. **"Challenges and Successes of Patient Blood Management"**, our education event for 2015 will be held on 15th October at Wyboston Lakes Conference Centre. The programme is based around the PBM strategy using examples of good practice from both this region and nationally. Topics to be covered are: restrictive blood sampling, single unit transfusion, TACO case studies from SHOT, laboratory empowerment, patient assessment and pre-optimisation, underlying causes of anaemia, post operative and discharge pathways, renal anaemia and the establishment of a multi-disciplinary PBM programme. JB said the theme for this event came from this committee thanks to our constant sharing of good practice. He asked that everyone encourage colleagues to attend.

5. National Comparative Audit on Patient Consent: DF presented the regional results of this audit which took place in 2014. The following points were noted:

- Involvement of patients in transfusion has been discussed since the late 1990's and it was formally recommended by SaBTO in 2013 that hospitals have a written policy for patient consent for transfusion.
- The audit was launched soon after the SaBTO recommendations and although many hospitals did not have measures in place, it was felt that the results could serve as a baseline.
- The GMC states that a patient has the right to accept or refuse medical treatment and interventions but the patient must be informed.
- It can be challenging to assess if patients have read and understood the information leaflets which are often distributed throughout areas of hospitals by TPs.
- With regard to the documentation of risks and alternatives, DF believes that it is the documentation that is lacking not the explanations to patients.
- HH said that transfusion for surgical patients is included in the written consent, but the issue is much more difficult for medical patients.
- It was agreed that the audit was difficult to complete and DF said it was also very hard to analyse.
- In discussion about obstetric patients, it was noted that pregnant women are given a good deal of information throughout pregnancy and may not remember something specifically relating to transfusion. JB said that placenta accrete and placenta praevia patients at The Rosie Hospital are given full information including about cell salvage.

- West Herts Trust includes patient consent on the care plan as a tick box and signed by the patient, who is given an information leaflet. If the patient is unable to consent, the form is signed by the doctor.
  West Suffolk Hospital includes consent on the prescription chart and patients are also given information leaflets. FS said all NHSBT patient information leaflets are reviewed annually. JB asked if these 2 hospitals would be prepared to share their documentation.
- CB said she thought that patients are not fully informed as to the risks of transfusion, especially immune complications.
- SB said the audit didn't include whether a patient is notified that they have received a transfusion and therefore cannot donate blood. DAr said that the patient discharge letters from West Herts include information about transfusion.
- GG said he thought that patients should be asked if they had been given the opportunity to discuss transfusion with their clinician, not if they fully understand the risks and alternatives of their treatment.
- It was agreed that patient consent remains a very complex issue with no simple solutions but it was noted that documentation provides a legal footing if needed.
  Action: West Herts Trust and West Suffolk Hospital to send copies of their consent documentation to JO'B.

6. **Regional Platelet Audit:** JB gave a presentation of the results of the re-audit of regional platelet use, which is attached with these minutes.

- This audit was a repeat of the one carried out in 2012 which was the result of a very large increase in platelet use throughout the region.
- Basildon and Papworth Hospitals did not participate in this audit. Both hospitals have large cardiac units and are the second and third biggest users of platelets in the region.
- Comparing the results of hospitals which took part in both 2012 and 2014, there was little change in the specialisms of patients requiring platelets. The percentage of haematology patients receiving platelets dropped from 69% to 60% and the percentage of platelets to patients suffering massive haemorrhage dropped from 14% to 6%. The number of cases of 2 or more units of platelets issued as one dose was almost halved.
- GG asked about the threshold for patients following chemotherapy. DF said that guidelines currently under revision are likely to recommend that if a patient has potentially reversible thrombocytopenia, platelets should be maintained at $\geq 10 \times 10^9$/L but for chronic patients in the absence of bleeding there is no need to maintain this threshold.
- DF requested that Basildon and Papworth Hospitals be asked if they will perform this audit at a time convenient for themselves. *Action: JO'B to contact.*
- DF asked if Broomfield Hospital could do a presentation on the treatment of burns patients and how it impacts on component use at a future RTC. *Action: TPa to arrange.*

7. **AFFINITIE:** John Grant-Casey, NCA Programme Manager, attended the meeting to give a presentation on this audit research project. The presentation is attached and any queries should be addressed to John at: john.grant-casey@nhsbt.nhs.uk

- JG-C opened by asking those present if they were satisfied with the audit programme as it stands. TPa said that audit results take much too long to be published and, by the time they are available, the results may be irrelevant. She also found some audits are too complex. Most present agreed.
- Each of the partners in the project have different roles to play including economy evaluation, implementation of change, enhanced intervention and research and development.
- Data will be analysed in the same way but presented differently and it is hoped that this will encourage implementation of recommendations.
- Concern was expressed that being unable to share audit results is a retrograde step.

8. National Comparative Audit on anti-D: FS gave an abbreviated presentation of the 2013 anti-D audit.

- JB expressed concern that 27% of women offered it decline anti-D and said this is an education issue. CMG praised the NHSBT leaflets and DF said TPs have very little contact with pregnant women.
- CMG said that the transfusion lab at Princess Alexandra has taken ownership of anti-D and are tying all the pathways together. JB asked if she would report back to the RTC when this had been fully implemented.
- BA said some countries administer anti-D to all RhD negative pregnant women.

9. NHSBT Update: RH gave this presentation, attached with the minutes.

10. Pathology Transformation:

- CH said she found the article written by FS and DAs in the recent Blood and Transfusion Matters on the changing face of pathology services to be very helpful. See: http://hospital.blood.co.uk/media/27343/issue-44-winter-2014.pdf
- It was noted that RTC attendance by laboratory staff from tPP should be encouraged.

11. A.O.B:

- JB said the Trauma Network require our assistance in ascertaining the number of trauma MBL activations for peer review. To this end JO'B sent out a request last week. JB thanked everyone who had responded and asked others if they could do so.
- CH reported that Southend Hospital had a bomb scare thanks to hand grenade left in an outpatients clinic. As a result, transfusion was evacuated and closed for 2 hours, while there was a bleeding patient in theatre.

12. Close: JB closed the meeting at 1 pm and thanked everyone for their support of the RTC.

Future meetings: Wednesday 17th June 2015
Thursday 22nd October 2015
both from 10 am to 1 pm, St John's Innovation Centre, Cambridge.

Attachments:
FFP and Cryo Use in the East of England – RTC presentation
2014 Regional Platelet Audit Results – RTC presentation
AFFINITIE – presentation, John Grant-Casey
NHSBT Update – presentation, Rukhsana Hashmat

Actions:

Action	Responsibility	Status / due date
West Herts Trust and West Suffolk Hospitals to send copies of their consent documentation to JO'B	DAr & JH	
Invite Papworth and Basildon Hospitals to complete the regional platelet audit at a convenient period	JO'B	Complete. Awaiting response
Invite a member of staff from Broomfield Burns Unit to attend the next RTC to give a talk on the treatment of burns patients	TPa	