

**East of England Regional Transfusion Committee**  
**EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK**  
 Minutes of the meeting held on Thursday 16<sup>th</sup> January 2014 at the Cambridge  
 Donor Centre **APPROVED**

**Present:**

<b>Name</b>	<b>Hospital</b>	<b>Name</b>	<b>Hospital</b>
Michaela Lewin <b>ML</b> <i>Chair</i>	Papworth	Claire Atterbury <b>CA</b>	NHSBT Queen Elizabeth <b>KL</b>
Sharon Kaznica <b>SK</b>	Ipswich	Alex Boyle <b>AB</b>	Norfolk & Norwich
Kaye Bowen <b>KB</b>	Peterborough	Frances Sear <b>FS</b>	Hinchingbrooke
Natalie Outten <b>NO</b>	Southend	Sheila Needham <b>SN</b>	Queen Elizabeth II
Joanne Hoyle <b>JH</b>	West Suffolk	Loraine Holland <b>LH</b>	Bedford
Gilda Bass <b>GB</b>	West Suffolk	Donella Arnett <b>DA</b>	Watford
Tracy Nevin <b>TN</b>	Princess Alexandra	Sue Turner <b>ST</b>	Colchester
Maria O'Connell <b>MO'C</b>	Basildon	Rebecca Smith <b>RS</b>	Ipswich
Jane O'Brien <b>JO'B</b> <i>Minutes</i>	NHSBT		

**Apologies:**

<b>Name</b>	<b>Hospital</b>	<b>Name</b>	<b>Hospital</b>
Donna Knight <b>DK</b>	Queen Elizabeth <b>KL</b>	Tina Parker <b>TPa</b>	Broomfield
Ellen Strakosch <b>ES</b>	Luton & Dunstable	Janet Pring <b>JP</b>	Norfolk & Norwich
Ali Drew <b>AD</b>	Norfolk & Norwich	Aman Dhesi <b>ADh</b>	NHSBT
Julie Jackson <b>JJ</b>	James Paget	Emily Okukenu <b>EO</b>	Barts Health
Caroline Hough <b>CHo</b>	Addenbrooke's	Karen Baylis <b>KBa</b>	Lister
Claire Sidaway <b>CS</b>	Addenbrooke's	Julie Edmonds <b>JE</b>	Lister

1. **Welcome:** ML wished everyone a happy New Year and welcomed all present to the meeting.

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

**3. RTT/RTC Update:**

Audits:

- The proformas for the regional pre-transfusion haemoglobin audit, to take place from 20<sup>th</sup> – 26<sup>th</sup> have been distributed. ST asked why the hospital number is required and felt it was inappropriate to give this information. JO'B said it would be used for cross referencing to the appendix which asks for clinical information on patients with a pre-transfusion haemoglobin of >100g/L. It was agreed that Colchester use date of birth for this.
- The transfer of blood with patients audit has now finished. However, as JO'B believes she has not received transfer documentation on all incidents, it was agreed at the last meeting of the East of England TADG that she request copies of all documentation and an email to this effect has been sent to all TLMs. Two hospitals have so far responded and both included a transfer not yet recoded. The NBTC have expressed an interest in this audit and have asked Jim Bamber to share our results at the next meeting in March.
- The NCA on patient consent is taking place now. The 2014 Survey of Red Cell Use is taking place in February and March. The regional platelet audit will be repeated in October.

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### Education events:

- Mums, Babies & Blood will be held on the 19<sup>th</sup> June at St John's Innovation Centre. The programme and speakers are now all confirmed. Most of the agenda is the same as previous years and we are again anticipating the event to be over subscribed. In the first instance it is likely that we will restrict attendance to 3-4 per Trust and give preference to those who have not attended before. GB attended the last event in 2012 and found it very useful but it seems unlikely that we will be able to offer places to TPs this year.
- "If you cut me do I not bleed?", our main event for 2014 aimed at all those involved in surgical practice will be held on Thursday 18<sup>th</sup> September at Wyboston Lakes. The draft programme was discussed.

We have bought Turning Point (an interactive voting system) from the RTC budget for use at education events and meetings.

TPs at Norfolk & Norwich attended a meeting at the Norwich Spire hospital where they were shown an ATR algorithm with the Spire Manchester logo which is a direct copy of our regional document. Our document is copyrighted and we have credited BCSH as the original source, however there is no acknowledgement on the Spire document. MediaStudios, the graphic designers at CUH who produced the document for us, said it was "illegal and discourteous" to use our algorithm in this way. AD contacted the person named on the Spire document, who said she was unaware of the copyright and agreed to acknowledge East of England RTC and BCSH. If anyone sees a copy this algorithm in circulation at their local Spire, JO'B asked that they check to see if credit has been acknowledged.

**4. MBL Skills & Drills:** ML reported on a recent MBL Skills and Drills exercise carried out at Papworth.

- This had mixed success and led to several action points being put in place including a laminated copy of the MBL protocol to be placed in the blood transfer box and additional training. A "code red" button has been added to the intranet for instructions as to what to do in a massive blood loss situation. ST said Colchester has the same thing, but some staff believe that clicking on it activates the protocol.
- It was also suggested that information on group compatibility should be added to either the bag or the reverse of the tag, but the implementation of this may prove difficult. When a unit of blood is issued which is not the patient's group, but is compatible, some laboratories have a sticker for blood bags, with words to the effect that the unit is safe to transfuse.
- CA asked if ML would share the back story used. ML said this followed the **Situation Background Assessment Recommendation** template.
- ML said drills would now be held quarterly in clinical areas and only the Consultant concerned would be notified. GB said WSH also perform drills exercises in the laboratory which have proved to be very useful.
- TN asked if those present attend the scene when a massive blood loss has been called and some replied that they did, depending on the situation. It was noted that if there is no-one present assessed to collect blood, it can be issued by a BMS, although this would be more difficult out of hours.
- NO said skills and drills are performed in Obstetrics at Southend because of CNST. CA asked who had regular meetings between the transfusion lab and

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obstetrics and KB said they have monthly half hour sessions with midwives which have proved very useful. She said they have problems with non- GB patients who are not used to the pregnancy care provided in this country and sometimes attend hospitals for the first time when in labour. She said Peterborough have about 12 MBL calls per month and recently had call to use the new regional paediatric MBL algorithm. It was noted that transfusion rates are not on the algorithm but are on the full Addenbrooke's policy.

*Actions: Send "not same group but ok to transfuse" information to JO'B for circulation. ML to send skills and drills back story to JO'B for circulation. CA to distribute Addenbrooke's paediatric policy.*

### 5. PBM team update:

- The National PBM document has yet to be published. There was discussion about NHSBT increasing the cost of blood in order to fund further support services.
- London RTC has a Twitter account which has a constant supply of new information, including links to websites from all over the world. No-one present uses Twitter; CA suggested inviting Jen Heyes, who set up the London account, to do a talk and demonstration at the next RTC meeting.
- The North East TP Group has written a letter to Craig Taylor, who was leading the NPSA Competency Review Group, to express their dis-satisfaction with the time taken to produce guidelines. It was agreed that ML also write on behalf of this group.
- Please send any interesting trauma case studies to AD
- **Electronic Delivery Notes** were discussed; these are very popular with those who use them. For those labs which do not, discussion on the matter with the TLM was suggested.
- CA recommended looking at the following PBM Guidelines from Perth, West Australia:  
<http://www.health.wa.gov.au/bloodmanagement/professionals/index.cfm>
- ML suggested looking at an online course available in Australia:  
<http://www.health.vic.gov.au/bloodmatters/cert.htm>
- BBTS HoT SIG is on 13<sup>th</sup> May in Birmingham and the main BBTS education event is in September.
- Frances Sear has been appointed to the PBM Practitioner post for the East of England and starts in the role in March.
- DA reported that having had another TP seconded for 6 months, they have been able to demonstrate cost savings so the role will now be made permanent. DA is happy to assist anyone who wishes to put forward a case for additional staffing. LH said she had been given additional duties relating to anti-coag and bone marrow patients and has no holiday cover.
- CA noted that Emily Okukenu is retiring.

### 6. KSF Framework for TPs:

- LH said she felt that the Specialist Nurse KSF does not reflect the actual job done by TPs. Several TPs present have been assessed against a Key Skills Framework but it was noted that this is largely being withdrawn.
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- GB suggested that the group work together to format a TP job description with core responsibilities. In the current climate of down banding it may prove useful.

**7. Patient Information and Consent:** most hospitals represented here are participating in the Consent Audit.

**8. Jehovah's Witnesses:** Mr Paul King, Jehovah's Witness Hospital Liaison Committee (HLC) representative for Cambridge attended the meeting.

- Mr King has no clinical background and has worked with Cambridge hospitals for 22 years. He said that he had found TPs to be very helpful and welcoming and he felt that misunderstandings which have caused issues in the past have now been mostly resolved.
- Mr King distributed information packs which contained the "Advance Decision to Refuse Specified Medical Treatment". This document allows a person to indicate that they refuse all primary blood components (red cells, platelets, plasma) plus their personal choices about other treatments (autologous procedures, minor blood fractions). It also indicates that the person who has signed the directive consents to their medical condition being discussed with their HLC representative. Jehovah's Witnesses should carry this document at all times, plus a copy is lodged with their local congregation.
- It is a BMA recommendation that these forms be reviewed four yearly. ST said she had found some JW patients did not carry a directive and Paul said they were attempting to educate and ensure that the document is always carried. ST also said she wondered if some people are fully aware of what they are signing and, for example, may refuse autologous procedures such as cell salvage without fully understanding. AB said she thought a photo would be an extremely useful addition to the document.
- JW HLCs also provide Care Plans e.g. for women giving birth and oncology patients.
- ML asked why JWs refuse blood and Mr King replied that JWs believe fully in the Bible and it demonstrates repeatedly that blood is sacred and specifically says one should abstain from blood.
- CA asked if many Jehovah's Witnesses are doctors and if so how they cope if their beliefs contradict the treatment of patients. Mr King said there are increasing numbers of JW doctors and the GMC states that medical and nursing staff with conscientious objections to certain aspects of their profession, should have those objections respected.
- ML thanks Mr King very much for attending the meeting and participating in discussion. *NB: Mr King left some copies of a "Transfusion Alternatives" DVD. If you did not attend the meeting and would like one, please contact JO'B.*

**9. Sharing Good Practice and Hospital Updates:**

- MO asked what those present were doing with NPSA competencies. Basildon have developed and introduced e-learning which requires a 90% pass. Just 2 or 3 people present are using LearnPro; most have developed their own version. *Action: Please email MO with details of individual training*
- Papworth are shortly to introduce paediatric tubes for ITU patients, thus becoming compliant with BCSH Guidelines.

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- TN asked if there is a time limit after the blood test when anti-D should be administered. No-one was aware of a specific limit, but the dose should be given at 28 – 30 weeks.
- Colchester are using “Golden Hour” boxes instead of replacing off site fridges but these are very expensive.
- CA reported that Queen Elizabeth have recently done an audit on haematology/oncology patients. Literature suggests a Hb trigger of 100g/L but the audit showed that the actual trigger was 85 – 87 g/L. The audit results have been submitted to NCA and NATA.
- KB highly recommended the Blood Transfusion course she did in Newcastle last year. The course will run again from September until June 15 so KB will speak further about it at our next meeting.
- LH asked who appraises transfusion reactions, to which the reply was the lab and consultant haematologist. She also asked how easy introducing 2 samples for pre-transfusion compatibility testing was and those who have done so said there were problems initially most of which are now resolved.

The meeting closed at 3 pm.

### Future meetings:

RTC meeting: Thursday 20<sup>th</sup> March 2014, 10 am – 1 pm, St John’s Innovation Centre

TP Network meeting: 1<sup>st</sup> May 2014 10 am to 3 pm, Cambridge Donor Centre.

### Actions:

Action	Responsibility	Status/due date
Send “different group but safe to transfuse” stickers to JO’B for circulation	All concerned	
Send MBL Skills & Drills back story to JO’B for circulation	ML	
Distribute Addenbrooke’s full paediatric MBL policy	CA	ASAP
Invite Jen Heyes to attend the next East of England RTC meeting to demonstrate the benefits of the London RTC Twitter account	CA/AD	ASAP
Write to Craig Taylor on behalf of the Network to express concern at the delay in recommendations from the NPSA Competency review Group	ML	ASAP
Send examples of e-learning competencies to MO	All concerned	ASAP
Add Newcastle Transfusion course to next agenda	JO’B	22 <sup>nd</sup> April