London Regional Transfusion Committee  
London Blood Transfusion Forum  
(Business Meeting)  
30th April 2014  
The Great Hall, St Bartholomew’s Hospital  
Confirmed MINUTES

Present:

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<td>Gavin</td>
<td>Central Middlesex Hospital - CHAIR</td>
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<td>Cole</td>
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<td>Gibb</td>
<td>Lisa</td>
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London RTC Minutes 30.04.14
Apologies had been received from Carol Cantwell, Tracey Tomlinson, Mandy Hobson, Sandy Kidd, Nora Williams, Sue Rudd, Hugh Booth.

Welcome and Introductions

GC welcomed everyone to the meeting and informed those present of the health and safety requirements for the building. GC thanked the sponsors. The meeting started 30 minutes later to accommodate those arriving late due to the tube strike.

Minutes and Actions of the Last Meeting

The minutes from the meeting held on 25th October 2013 were accepted by those present as an accurate record. If there are any amendments could they please be sent to London RTC Team for incorporation.

Action: Any amendments to the minutes to be emailed to London.RTC@nhsbt.nhs.uk and minutes to be put on RTC Website – CD

All actions from these minutes had been completed.

NBTC & RTC Chairs Feedback

Gavin Cho gave an update following the NBTC and RTC chairs meeting in March 2013. Topics discussed at the meetings were as follows:

RTC Chairs meeting feedback

This meeting updates work and concerns from the other 9 RTC regions. Below are the main topics that were discussed:

Pathology modernisation was discussed and there is concern across all regions with regards to the loss of key staff and skills in transfusion and haematology laboratories. It is felt this loss will impact on the quality of the service provided. GC noted that this may not affect the London regions as much as others.

The South East Coast RTC has developed an informed consent sticker to be added to the patient notes. This will be trialed in hospitals in the South East Coast and a consent survey is being developed to run alongside it.

The South West region has developed a consent for transfusion form and regional competencies to support this.

The North West region reported a concern regarding the number of HTC chairs attending regional meetings. GC highlighted that this was also a concern for the London region.

Audits Update were given as follows:

The multi regional NCA of transfusion in liver cirrhosis has been completed and the results circulated to those hospitals that participated. The results for the London region were presented during the afternoon education session.

The North West and South West RTC are auditing the use of platelets across the region.

The East of England conducted an audit into the transfer of blood components with patients. The results presented showed that only 10% of blood transferred was transfused and a large proportion was wasted due to a break in the cold chain or lack of documentation.

NBTC meeting feedback

NBTC Education Working group is currently collecting data to assess the training required for clinical staff at undergraduate and post graduate levels. The education of both Dr’s and nurses/midwives is
being looked at and steps are being made to ensure transfusion related education is included at this level.

Patient Information Working Group is making good progress with the Patient Information Leaflets but the challenge to ensure these get to patients is still on going. All existing leaflets have been reviewed and released in the new format. There are further leaflets being worked on for release later this year.

NPSA/SPN14 Review Group submitted their recommendations to the NBTC and has asked TP's to feedback on these.

Patient Blood Management is an emerging theme and workplans are being started to install the principles of PBM in England and North Wales.

**Regional Transfusion Committee**

**Membership**
GC thanked Steve Wiltshire for all his time, effort and support whist on the RTT. Steve has changed his position so has stepped down from the RTT.

GC asked for 2 representatives to join the RTT; one from each TAG group that is linked with the London RTC.

**London RTC Budget 2013/14**

There was no overspend on last years budget. GC thanked the sponsors for their support to allow events to be made available in the region. There is no confirmation for funds for 2014/15 but it is expected to be the same as last year.

**RTC Work Plan**

The London RTC work plan is being reviewed for 2014/15 and once complete will be hosted on the Transfusion Guidelines website.

Future London RTC education meetings are planned. There will be a paediatric focused afternoon in October and a full day surgical day later this year or early 2015.

**London RTC working group updates**

Updated from the various London RTC Working groups were given as below.

**London Platelet Action Group – Chair Rachel Moss**
- Second champions newsletter has been issued
- ST/R education day was competed and successful
- There will be another champions event in November
- An article will be submitted to Blood and Transplant Matters
- An audit on platelets will be planned for this year

**Transfusion Training Passport – Chair Mandy Hobson**
- Final draft agreed following comments and feedback from TP Groups and Skills for Health (SFH)
- Final draft submitted to SFH requesting that it be for England only and SFH to change document to reflect this
- Due for launch in Autumn 2014
- NBTC and SHOT support requested – awaiting response

**Non-Medical Authorisation of Blood – Chair Tollene Riley**
- Non-medical authorisation toolkit finalised and available on request – includes London and South East Coast Regional Policy. Will be uploaded to Transfusion Guidelines website
- Next course in South East region running at Tooting 28th April – 1st May
- Discussing accreditation of course with a University
Sample Labelling – Chair Adrienne Harper
- Sample top tips completed
- Sample labelling video – first draft completed. Awaiting approval before hosting on London RTC youtube channel.

**NHSBT Update**

Antonia Hyde presented the update and informed the meeting of the following:

MB pooled cryo is available to order from NHSBT and has a 36 months shelf life. Lisa Gibb asked whether the switch from pooled cryo to pooled MB cryo would be part of the contract with NHSBT. It was confirmed that this would be the case.

The online blood ordering system (OBOS) has drop down boxes for the ordering of phenotyped units and hospitals are encouraged to use these to minimise the risk of free text requirements being missed. HLA and HPA platelet orders can now be viewed on OBOS but these components still need to be ordered via paper request forms. There are plans to upgrade OBOS to allow HLA/HPA ordering but this is unlikely to be available until 2015.

Red cell immunohaematology (RCI) laboratory at NHSBT have requested that all request forms are fully completed when samples are referred as MHRA require 100% compliance.

Sp-ICE has been uploaded with archived results which are now available to view.

The A RhD negative platelet stocks have now returned to a reasonable level so NHSBT should be able to meet orders. AH thanked hospitals for their support and understanding while stocks were low.

NHSBT request that 24 hours notice be given for HLA matched platelets where possible, especially at weekend and bank holidays, as this allows the best donor match to be sourced and selected.

The closure of the Brentwood centre at the current location has been approved by the Department of Health and there will be a small stock holding unit in the Brentwood area to support local hospitals. The initial stage of the project will be to realign some hospitals with Tooting or Colindale. This will be trialled with Ipswich hospital to assess the impact and monitor the change. Hospital moves are planned for summer 2014 but will depend on results of trial with Ipswich.

Lisa Gibb asked if additional routine deliveries would be available as currently there is only one delivery to GOSH. AH stated that this may be a possibility when hospitals have been moved from Brentwood to Colindale but could not give a timeframe for this.

**HLA matched platelets – an update**

Helen North from H&I Colindale presented an update to the group. This presentation will be added to the Transfusion Guidelines website.

The key points to note were:
- The return of platelet increment data is important as it allows the best platelets to be selected for your patient.
- An FBC to determine platelet increments can be performed 10 minutes after the completion of the transfusion.
- Currently less than 50% of increments are returned to NHSBT.

**ACTION:** Upload presentation to website – CD
**ACTION:** Hospitals to encourage return of platelet increment data to NHSBT

**Patient Blood Management – London Pilot Update and Discussion**

JH and AD gave an update to the group regarding the plan to run a PBM pilot in London looking at the implementation of a single unit policy.

JH stated that the idea was to show how a single unit policy could lead to a reduction in blood requirements without impacting on patient care. This is to be trialed in 2 London Hospitals; one a large or very large user of blood and the other a moderate to low user. A letter will be sent to hospitals
to explain the pilot and ask for expressions of interest. A member of the PBM team will be available to work with the hospitals to implement a single unit pilot.

**CMV negative requirements – Audit, data and discussion**

Wendy McSporran and Lisa Gibb gave a presentation regarding CMV testing and requirements following SABTO recommendations in 2011. The presentations will be available on the transfusion guidelines website.

**Ask the Audience**

The delegates were asked in advance of the meeting to send questions for the 'Ask the audience' session. This session was chaired by Clare Denison and the following questions were asked.

*Who is using fibrinogen and when do colleagues expect to be able to use for acquired deficiency given the cost of cryo vs. fibrinogen?* - Sue Rudd, TLM, Epsom and St Helier

There was discussion in the room regarding the use of fibrinogen. Some trusts use fibrinogen concentrate in surgery but this is not widely practiced. There was discussion regarding practice on some European countries where cryo is not produced by the blood service.

Sue Mallett stated that this is used at The Royal Free in liver transplant surgery where there is massive bleeding; she also added that they are using TEG in these circumstances to guide component transfusion.

Louise Tillyer stated that this is used for post op surgical bleeding at The Royal Brompton Hospital and also added the point that it is a Payment by Results (PbR) exclusion therefore the cost can be reclaimed by the Trust.

Megan Lawn stated that this was not in routine use in trauma involving major haemorrhage at any of the 4 MTCs in London.

*Inappropriate use of blood components have been showed to still be too high: (RBC 20%, Platelets 20-30%). BMS involvement in the issue of components could be used to control the requests more but generally never accepted (despite degrees and higher degree being obtained by them). How can we change this?* – Brian Robertson, Transfusion Practitioner, Guy's and St Thomas's Hospital

There was a wide discussion regarding the empowerment of BMS staff in transfusion laboratories to challenge clinical decisions. Experience of the staff member can effect the level of confidence in challenging Dr's decisions. It was stated that there needs to be a strong team within the transfusion department and support from haematology consultants and registrars if requests are referred to them.

Clinical training for the laboratory staff may help build confidence in this area.

Megan Rowley also suggested that there may be some benefit in laboratory staff receiving conflict resolution training.

*When is it acceptable to stop checking legacy systems? The current workflow here involves checking two legacy systems for antibodies prior to issue. As a system gets older then there are fewer people who know how to access the system, I also have concerns about the accuracy of information in old systems that may have been entered manually following the use of reagents that are not as good as modern ones.* - Gavin Cho, Consultant Haematologist, West Middlesex Hospital

Since 2005 all transfusion records should be kept for at least 30 years. The cost involved in migrating legacy data across systems needs to be balanced with the risk to patient safety regarding special requirements or antibody history.

*Haemoglobinopathy patients are supported through transfusion, where they is a higher tendency for them to become sensitised to red cell antibodies. Why are we not supporting these patients further with extended phenotyped blood to prevent antibody production to Jk, Fy, MNSs systems rather than wait for an antibody to be made further before avoidance?* – Brian Robertson, Transfusion Practitioner, Guy's and St Thomas's Hospital

The requirements for these patients is complex and this is understood by NHSBT. AH and RW explained that there will be genotyping available for all sickle patients in the near future and this service will be offered for free for a set period to time. The phenotype requirements for these patients and the impact on the blood supply can then be understood.

London RTC Minutes 30.04.14
**Any Other Business**

There were no any other business items raised.

**Date of next Meeting**

The next meeting will be in October – date and venue TBC

The meeting closed at 12.30 pm.