EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 17th May 2018 from 9.40 am to 1.15 pm at the Hallmark Hotel, Cambridge

Attendance:

Name	Role	Hospital
Donella Arnett **DAr**	Transfusion Practitioner	Watford
Debbie Asher **DAs**	EPA Transfusion Team Leader	Norfolk & Norwich
Claire Atterbury **CA**	Transfusion Practitioner	Queen Elizabeth
Gilda Bass **GB**	Transfusion Practitioner	West Suffolk
Karen Baylis **KBa**	Transfusion Practitioner	Lister
Kaye Bowen **KBo**	Transfusion Practitioner	Peterborough
Imogen Butcher **IB**	Transfusion Lab Manager	West Suffolk
Lisa Cooke **LC**	Consultant Haematologist	Queen Elizabeth
Julie Edmonds **JE**	Transfusion Practitioner	Lister
Loraine Fitzgerald **LF**	Transfusion Practitioner	Bedford
Dora Foukaneli **DF**	Consultant Haematologist	Addenbrooke's & NHSBT
Joanne Hoyle **JH**	Transfusion Practitioner	West Suffolk
Anu Jaggia **AJ** *(from 11.30 am)*	Consultant Haematologist	Princess Alexandra
Paramdeep Jandu **PJ** *Speaker*	Anaesthetist	Bedford
Nicola Jones **NJ** *RTC Chair*	Consultant Anaesthetist, HTC Chair	Papworth
Georgie Kamaras **GK**	Consultant Anaesthetist, HTC Chair	Luton & Dunstable
Sharon Kaznica **SK**	Transfusion Practitioner	Ipswich
Michaela Lewin **ML**	Transfusion Practitioner	Papworth & Addenbrooke's
Hamish Lyall **HL**	Consultant Haematologist	Norfolk & Norwich
Cathryn McGuinness **CMG**	Transfusion Lab Manager	Princess Alexandra
Lynda Menadue **LM**	Consultant Anaesthetist, HTC Chair	Peterborough
Sheila Needham **SN**	Transfusion Practitioner	Lister
Tina Parker **TP**	Transfusion Practitioner	Broomfield
Katherine Philpott **KP**	Transfusion Team Leader	Addenbrooke's
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Ali Rudd AR	Transfusion Practitioner	Norfolk & Norwich
Frances Sear **FS**	PBM Practitioner	NHSBT
Tracey Tomlinson **TT** *Speaker*	RCI Manager	NHSBT
Steve Tucker **ST**	Transfusion Lab Manager	Papworth
Devalia Vinod **DV**	Consultant Haematologist	Luton & Dunstable
Shalinee Wickramasinghe **SW**	Regional CSM Lead	NHSBT
Laura Wilmott **LW**	Acting Transfusion Lab Manager	Peterborough
Jane O'Brien **JO'B** *Minutes*	RTC Administrator	NHSBT

Apologies:

Debo Ademokun CH Ipswich
Nigel Brinkley QM NEESPS
Lesley Denham PM Spire Hartswood
Kathleen Ford TP NNUH
Teresa Green TLM iPP
Luke Hounsom HTC Chair Basildon
Allan Morrison TTL NEESPS
Debbie O'Hare HTC Chair NNUH
Janet Pring TP NNUH
Nick Sheppard TLM Broomfield
Ellen Strakosch TP LDUH
Muhsin Almusawy CH Bedford
Susan Bradley CH Watford
Camilla Conway TLM Ipswich
Sarah Endicott CPFT
Gerald Glancey HTC Chair Ipswich
Carol Harvey TLM Colchester
Julie Jackson TP JPUH
Tracy Nevin TP Princess Alexandra
Natalie Outten TP Southend
Ben Sheath TP Watford
Claire Sidaway TLM Hinchingbrooke
Andy King-Venables TP Hinchingbrooke

1. **Welcome:** NJ welcomed everyone to the meeting and introductions were made around the table. She said that Steve Tucker from Papworth is retiring this month and thanked him for all his hard work in the region over many years and wished him a happy retirement on behalf of the RTC. DF and ML added comments that he had been very strong in his role and would be very much missed.

2. **Minutes of last meeting:** one error in spelling of a member's name, now corrected. Otherwise minutes agreed as accurate.
   Matters arising:
   - Action 1: HL said that a letter had not yet been written to the BSH expressing concerns about the changes to anti-D testing. NJ said that another RTC had also commented on the matter.
   - Action 2: MR said he had passed on the feedback about the NHSBT charge per order not per collect but there would be no change.
   - Shared Care: changes had been made to include the treatment of some patients with monoclonal antibody therapy. NJ said encouragement of the use of shared care forms had been mentioned at the National meetings.
   - Irradiated labels (action from October 2017 meeting): CA said she had been invited to join a working group looking at new irradiated labels after feedback from this region about proposed new labels. A different design has now been proposed but this has not yet been ratified. CA said that there would be posters and screen savers showing the new labels when they are introduced.

3. **TP, TADG & RTT updates:** FS gave this presentation. **Attachment 1**
   - "The Power of Blood" was the first BMS study day since 2013 because of anticipated poor attendance due to short staffing. It was very well received so it is hoped that we can hold another in 2019. Many thanks to those TADG members who gave presentations and shared their expertise.
   - Booking for "Mums, Babies & Blood" is going very well. DF said that Bank midwives often miss out on this kind of education day and asked that anyone with links with Bank staff would please promote it.
   - WBIT regional bench marking data 2017: CA said that as Queen Elizabeth and James Paget have Blood Track, in theory there should be no incidents of WBIT. DF said that it is not technology itself that makes a difference but how it is used. ST said that there is a zero tolerance policy at Papworth, enforced by ML plus Papworth has no A & E, where a significant number of incidents occur in other hospitals.
   - HL asked how other hospitals managed situations in which a trauma patient might not have a wristband on when blood samples are taken. CMG said samples remain with the patient until he/she is identified. CA said that with the East Anglia ambulance service, who's paramedics are transfusion competent, the samples remain with the patient until the patient's wristband arrives. She said a similar situation can occur with babies when there is a delay in using a hospital number and the samples remain with the baby.
   - With regard to the staff groups involved in WBIT, FS said it would be interesting to know what percentage of all transfusion samples are taken by each staff group which might give the WBIT data a different perspective.
   - With regard to education, DAr said she had found that emergency doctors often don't come to training. Others present said that they get slots within individual department's training.
   - DF said that the education resources being collated by the education working group are mostly presentations from RTC education days checked by 2 people

for content and suitability. NJ agreed that infiltrating training within specialisms is a good way forward. HL said he had done some training with FY1 & 2 doctors and the feedback was very good but many said it wold have been more useful at the beginning of their year. He said the Penny Allison video proved very popular.

- The pre-operative anaemia working group have developed an algorithm as a standard for good practice in both primary and secondary care. The reverse of the algorithm has examples of surgical procedures with the potential for bleeding which were taken from MSBOS.
- FS said that hospitals can link their own processes into the algorithm. A major challenge will be getting GP engagement; Commissioners are hoping to incentivise GPs. DF said that secondary care should have some expectations of GPs including sorting out anaemia prior to elective surgery. FS said there is the potential for CQUINS or best practice in the future but it was likely that it would take 2 to 3 years. Anyone with GP links should utilise them.
- An interim toolkit with links to relevant patient information leaflets, journal articles and BSH guidelines is available until a full supporting document is developed. The algorithm will be accompanied by a covering letter giving further detail for some clinical situations.
- LM said that Peterborough are in the process of setting up a peri operative IV iron process and asked if they should put that on hold. FS said no, all processes should tie in together.
- LC said that she was very glad that IV iron is being discussed at a National level. She said that QE opened an anaemia clinic which was very popular but had no funding so it has since closed. She sees functional iron deficiency as the biggest problem but without resources it is difficult to treat chronic patients. CA said that QE uses more IV iron than any other hospital in the country and has very few reactions. HL said IV iron could not be administered in primary care and CA said in theory it could in cottage hospitals.
- As HL has some final feedback on the algorithm to be discussed at the RTT, it was suggested that it be circulated and any comments sent to JO'B before the end of May. **Action 1.**

4. **NBTC & RTC Chairs update:** NJ thanked HL for standing in during the period of her maternity leave. She gave a presentation summarising the March meetings. **Attachment 2.**
    - The meeting included a workshop on the use of components specifically the demand for blood with extended red cell phenotype and the demand for group A D negative platelets. NJ summarised each of the presentations given during the workshop and said each comes with evidence which she will circulate. If you have any comments on the Workshop findings as detailed in the presentation, please pass them on to JO'B by 15th June and they will be collated and forwarded to the NBTC. **Action 2**
    - There was discussion about the use of high titre negative platelets if Group O has to be given. DF said that there had been some haemolytic reactions in neonates and KP said such components are not given to paediatric patients at Addenbrooke's.
    - The NBTC has a list of objectives along similar lines to the EoE RTC Action Plan.
    - NJ said this region had been expressing concerns about pathology modernisation to the NBTC for some years but recently other regions have been giving similar feedback. David Wells, Head of the Pathology Consolidation Project was given time on the agenda. Consolidation is part of the "Getting it right first time" initiative and £5 billion of savings have been identified.

5. **Management of patients on monoclonal antibody therapy:** TT attended the meeting to give this presentation. **Attachment 3**
   - RCI have provided a "suite" of information; see: http://hospital.blood.co.uk/clinical-guidelines/nhsbt-clinical-guidelines/
   - This information needs to be shared with clinical colleagues.
   - There was an amendment to the BSH compatibility testing guidelines in 2017: https://b-s-h.org.uk/guidelines/guidelines/pre-transfusion-compatibility-procedures-in-blood-transfusion-laboratories/
   - ST asked if information on patients given this therapy would be available on Sp-ICE; TT said yes if hospitals had agreed to share information but 2% have not.
   - TT said that patients' blood is phenotyped by IBGRL prior to the starting therapy which reduces delay in providing blood.
   - TT said that NHSBT had found that information from drug companies supplying this type of therapy was incomplete. If anyone does not find the information provided by NHSBT and BSH helpful, please contact TT.

6. **Transfer of blood with patients audit:** FS gave this presentation. **Attachment 4a.** A final report has also been written. **Attachment 4b**
   - The 2017 audit showed less transfer of blood components with patients and more transfusions en route, so overall more appropriate practice.
   - LW said that Peterborough attach a laminated label stating the exact contents of the transport box with a cable tie to prevent staff opening the box "to see what's inside". **Attachment 5.**
   - LC said that it should be made clear especially to trauma teams, that if the box is sealed it must go to the transfusion lab; often A & E staff discard the contents.
   - GB asked DF if Addenbrooke's A & E staff are trained in receiving blood components transferred with patients. DF replied that she thought further training was needed and, in future, a TP will be assigned to liaise with A & E.

7. **Regional wastage campaign:** FS gave this instalment of the ongoing regional wastage campaign. **Attachment 6.**
   - This time the presentation included graphs showing each hospital's data for each component for Q3 as a bar chart with a line graph showing the previous 12 month average.
   - JE said that Lister have had high platelet WAPI for some time; the TPs have worked hard to try to change this but they have frequent changeovers of lab and consultant staff. LC said it can be difficult to get locum haematologists to change practice and she suggested they should undergo theoretical competencies as some had not worked in transfusion for many years.
   - DAr said that Watford's high Group O D negative red cell waste was caused by a faulty fridge at a private hospital to whom they provide blood. This fridge has now been replaced.
   - Papworth were awarded O D negative champions for a clear reduction in waste for Q3 over the previous 12 months. ML said that education in the form of audits and lunchtime sessions for lab staff had brought about the change.
   - GB said that Clinisys won't allow issue of group compatible blood after O D negative has been issued.

8. **NHSBT Therapeutic Apheresis Services (TAS):** Elaine Howe, NHSBT TAS Service Development Manager and Nancy O'Brien, Lead Nurse for TAS in London attended to give an overview of the service provided by NHSBT. **Attachment 7**

- CMG asked what photophoresis is; EH explained that UV light treatment removes white cells as a non-invasive way of reducing graft vs host disease in transplant patients without the use of steroids.
- NO'B said that the London service is based at Great Ormond Street Hospitals.
- HL said that plasma exchange is used at NNUH in the renal unit and asked what other sort of patients would benefit from the treatment, NO'B said it is used in paediatrics, renal, urology and rheumatology patients.
- EH said she would link in with FS and the TP Network to see if they could help pass the message to other clinical areas. She said NHSBT are looking to assist with un-met demand, not take over existing services. They are also happy to help with competencies.
- NJ thanked them for their presentation.

9. **Audit of blood use in critical care:** Dr Paramdeep Jandu, an anaesthetist at Bedford Hospital attended the meeting and gave this presentation. **Attachment 7**
   - NJ said that the advice on the transfusion threshold for patients with sepsis or traumatic brain injury is subject to change and maybe conflicting and HL noted that there is sometimes conflict on Hb thresholds between intensivists and surgeons.
   - LM said that gastric surgeons are keen not to transfuse and HL pointed out that they are one of the patient groups who wold benefit from IV iron.
   - CA suggested that PJ submit his findings as a poster presentation for BBTS.
   - LM said it would be a useful audit to conduct in obstetrics.
   - NJ thanks PJ for his presentation.

10. **NHSBT update:** MR gave this presentation. **Attachment 8.**
    - There are an estimated 14,000 patients with sickle cell disease in the UK and increase in demand for Ro blood is expected to rise year on year.
    - With regard to the amber alert for platelets which occurred during severe weather, HL said that the timing of the alert (at the end of the working day) wasn't good. In addition, the wording was different in the 2 communications; one said don't stock platelets and the other said don't stock A negative.
    - ST said that the impact was considerable because clinicians were under the impression that platelets were not available. Platelets were actually wasted because clinicians weren't using them and the lab had stock.
    - JE said that she had been approached by 2 nursing colleagues who felt NHSBT are losing goodwill amongst donors many of whom now believe that the have to make an appointment to donate. KBo had received the same feedback and donors had mentioned that they tried to make appointments without success. TT said she had already passed this feedback on and thinks there have been complaints from walk in donors who have had to wait. KBo asked if NHSBT keep track of donors who try to book places but are unable to do so. **Action 3**
    - In summary HL said NHSBT should be more clear as to whether they want hospitals to not stock platelets or to accept substitutions.

11. **A.O.B:**
    - JE and SN gave some feedback on 2 problems their lab manager had encountered with Winpath. The first relates to the fact that if a user changes the phenotype of a patient there is not the corresponding change to genotype and as this feeds through to ICE, the wrong genotype is recorded. It has been reported to Clinisys who said they are aware of the problem but the Lister are the first hospital to report it. DF said it should be reported to the MHRA as a device incident and SN said they are formulating their report to MHRA. Others present don't report genotype on ICE. The

second issue relates to matching criteria when merging patient records and an incident occurred when 2 different patients were linked.

- SK asked if there was any further development on the use of NHS number as a key identifier. CA said she sent this around as a TP query and the results were that a third of respondents use unique hospital numbers, a third NHS number and a third use both. DF said there are pros and cons to both, partly depending on the hospital population.
- DF asked that all hospitals engage with the NCA O D negative audit. There has been a big demand both in the UK and internationally and this is the third audit in 10 years. If anyone has any problems please contact Brian Hockley, NHSBT audit officer.
- HL mentioned that giving group O FFP to a non group O individual is a never event and only one in 3 of the EPA hospitals LIMS systems had a block on such an issue so HL suggested hospitals check their own LIMS.
- KBo said there is a newly formed National TP group for Chairs of the regional Networks and she would report the Clinisys issues to them.
- TPa said she is still waiting for a full explanation on the blood clot issue. She said the letter sent by NHSBT on the matter was not dated or signed. She had recently spoken to the South East Region Quality Manager but still had 9 patients to whom she has been unable to give a full explanation. She also said that the final report for last June's TACO audit has still not been circulated. CMG said that she had recently had a very good response from NHSBT about another incident.

12. Next meeting: to be held on 17th October 2018 at the Hallmark Hotel Cambridge.

Actions:

No.	Action	Responsibility	Status/due date
1	Comments on regional algorithm on identification and treatment of iron deficiency anaemia to JO'B		31st May
2	Comments on the NBTC workshop findings relating to the demands for blood with extended red cell phenotype and Group A D negative platelets to JO'B for collation	All concerned	15th June
3	Discover if NHSBT keeps a record of donors attempting to book appointments who are unable to do so.	DF	

Diary dates:

Mums, Babies & Blood: 28th June Hallmark Hotel

Blood, Sweat and Fears: 14th November Hallmark Hotel

Attachments:

1	TP, TADG & RTT updates *Presentation (anonymised)*	 RTT TP TADG updates.pdf
2	NBTC, RTC Chairs update *Presentation*	 NBTC RTC Chairs feedback.pdf
3	Monoclonal antibody therapy *Presentation*	 Monoclonal antibodies.pdf
4a	Transfer of blood with patients *Presentation*	 Transfer of blood with patients audit.
4b	Transfer of blood with patients *Final report*	 Transfer of blood with patients 2017 a
5	Blood tags for use during transfer *Tag, Peterborough City Hospital*	 Transport seal tags.docx
6	Regional wastage campaign *Presentation (anonymised)*	 Wastage campaign.pdf
7	Audit of blood use in critical care *Presentation*	 Blood transfusion in CCC.pdf
8	NHSBT update *Presentation*	 NHSBT update May 18.pdf