

# **CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE**

**Thursday 17 November 2016 10:30 – 15:30**  
**Oake Manor, Nr. Taunton**

## **Attendance:**

<b>NHS HOSPITALS/ORGANISATIONS</b>	
Derriford Hospital	Caroline Lowe (CL)
Dorset General Hospital	Maraneka Greenslade (MG)
Gloucestershire Hospitals	Rob McGowan (RM)
Great Western Hospital	Sally Caldwell (SC)
North Bristol Trust	Janet Birchall (JB); Karen Mead (KM); Elmarie Cairns (EC)
North Devon District Hospital	Maggi Webb (MW)
Poole General Hospital	Vikki Chandler-Vizard (VCV); Mike Trevett (MT)
Royal Bournemouth Hospital	Shane McCabe (SM); Julie Johnson (JJ)
Royal Cornwall Hospital	Kathy Clarke (KC); John Faulds (JF)
Royal Devon & Exeter Hospital	Barrie Ferguson (BF); Julie Mitchell (JM) ; Trinda Cyrus (TC)
Royal United Hospital Bath	Sarah Wexler (Acting Chair) (SWe); Dave Fisher (DF)
Salisbury District Hospital	Effie Grand (EG)
Somerset Partnership NHS Foundation Trust	No attendance
Taunton and Somerset Hospital	Alison Timmins (AT)
Torbay Hospital	Patrick Roberts (PR)
University Hospitals Bristol	Adele Wardle (AW)
Weston General Hospital	Fran Dollery (FD)
Yeovil District Hospital	Alison Hill (AH)
<b>PRIVATE HOSPITALS</b>	
Nuffield Health Cheltenham Hub	Sam Lewis (SL)
Nuffield Health Exeter Hub	Iain Christie (IC)
Spire Hospital, Bristol	Roger Evelyn (RE); Hazim El Halabi (HEH)
<b>Patient Representative</b>	
	Helen Witham (HW)
<b>NHSBT</b>	
Patient Blood Management Practitioner	Katy Cowan (KCo)
Customer Service Manager	Inga Willett (IW)
Chief Nurse Diagnostic and Therapeutic Services	Catherine Howell (CH)
Management Graduate	Hollie McKenna (HM)
Consultant Clinical Scientist Trainee	Sara Wright (SW)
International Training Fellow – Transfusion Medicine	Trileeshiya Withanawasam (TW)
RTC Administrator	Jackie McMahon (JMc)

1. **Apologies:** Attached.
2. **Previous Minutes:** The minutes of the meeting held on 11 May 2016 were confirmed as a true record.
3. **Matters Arising (not covered in main agenda)**

Geriatrician membership on HTC: NBT now have an orthogeriatrician on their HTC. JB thought it worth keeping on the action list in light of our aging population and geriatrics not being very well represented on HTCs.

GP representation on RTC: JB acknowledged the barriers to attracting a GP to the RTC but thought we should keep trying and encouraged everyone to consider any GPs they knew who may be interested.

Helen Witham has recently joined the RTC as patient representative and was welcomed to her first meeting during the round robin introductions.
4. **Questions from Circulated Documents: Hospital WAPI, RBC, Platelet and CMV-ve Updates (JB)\* (\*all presentations are available on the SWRTC website)**

Issues: Comparing Nov 2015 – Oct 2016 to the preceding 12 months, rbc issues were down with little change in platelet issues.

Wastage: Percentage rbc wastage for the majority of Very High/High users was below 3%. It was higher in the Moderate/Low/Very Low user groups which is expected because of lower issues. Platelet wastage was quite variable across all user groups. The accuracy of the wastage data is dependant on hospitals inputting into Vanessa.

MW queried if anyone had problems with major haemorrhage calls from Maternity contributing to wastage. Two trusts reported that they have separate major haemorrhage policies for Obstetrics and that this may be the way forward. RUH do not thaw FFP and do not release platelets until they know it is a major bleed; Salisbury audited their platelet wastage and 80% was attributed to major haemorrhage calls so implemented a different pathway for Obstetrics.

O D Neg Issues: slight increase but to be expected as red cell issues are decreasing. Regionally we are slightly lower than the national average.

CMV-ve rbc & platelet issues have dropped in the majority of trusts since the SaBTO guidelines were introduced. Southampton still insist transplant patients have CMV-ve components, which impacts Poole, Dorset, Bournemouth and Salisbury. JB to approach her colleague in the South Central Region with a view to them contacting Southampton.

PR had a couple of patients who have had false positive CMV serology after having CMV positive products. This can result in patient classification of CMV+ve and incorrect selection of BMT donor.

The additional cost of HEV-ve components was presented. SaBTO is discussing whether testing should be universal but no recommendation available as yet.

**Post meeting note:** universal hepatitis E virus (HEV) screening of all components will take place after April 2017.

## **5. National Blood Transfusion Committee update (SWe)**

NCG Pricing Proposals: The new pricing proposals prompted a lively discussion at the September meeting. Following confirmation that differential pricing for O D neg red blood cells is not being pursued, the major concern was the impact on hospitals furthest away from blood centres if zoned delivery charges are introduced. SWe highlighted the potential for increased wastage in these hospitals if they change their stockholding.

CH commented that the NBTC Chair and hospital representatives had been pleased with the outcome of the November NCG meeting and that letters will be going out to hospitals in December.

**Post meeting note:** The cost of a unit of red cells will increase by £4.46 from 1 April 2017 and the extra charge for universal HEV screening will be absorbed within this cost.

Trust Highlight Report/Blood Usage Data:

JB presented slides on the new trust highlight report that is being implemented nationally and the existing regional blood usage data report.

The new report has been launched by the PBM team for distribution to trusts on a monthly basis and compares the current month's usage to the monthly average from the previous 12 months. It also gives a 12 month total cost of wastage based on data entered into BSMS.

Comments received on the new report included:

- report can be skewed by hospital speciality and availability of blood from NHSBT;
- it would be useful to have the trust data included on the top line of the report with the regional and national data.

The blood usage data report currently circulated to trusts with their HTC reports highlights trends, includes previous years' averages and enables benchmarking against other Trusts within the same BSMS category. It gives a good overview and the time spent looking at data is minimal.

Following discussion it was agreed to circulate both.

## **6. Apheresis Strategy for the South West (HM)\***

HM outlined the NHSBT/SW RTC collaboration project to provide a web-based apheresis referral pathway for the south west region. This will require the support of the HTTs and has already been successfully implemented in the north west RTC region. Referral pathways can be quite complex and access to referral forms is known to be a problem within the region. Since implementation in the north west there have been no known failures in service provision and the speed of treatment has improved. Everyone at the meeting was happy to support the project and HM confirmed the next step is to circulate a 10-minute

survey to HTTs. This will be circulated on 21 November with a deadline of 9 December for completion. This will be followed by the delivery of a live webpage and report outlining progress in February 2017.

**7. Proposed Regional Strategy for the use of O D Neg and O D Pos Red Cells (JB)\***

JB presented a document which captured all the recent guidance that has been issued around reducing O D Neg use. Following discussion, the consensus was that everyone has good practice and is doing what they can to reduce use. There is no requirement for a regional strategy.

**8. Audits/Surveys**

**2016 Database Results (inc. Single unit transfusion episodes data collection) (KCo)\***

KCo presented the results of the 2016 database survey. All NHS trusts and private hospitals responded: six hospitals were able to provide data on single unit red cell transfusions (within 24 hours) as a percentage of all red cell transfusion episodes; only three hospitals achieved >75% for regular training for permanent medical staff; five hospitals had no strategy for single unit RBC use; marginal change in IOCS (↓) and POCS (↑); no hospitals using >10 doses of rFVIIa in non-haemophilia. Some hospitals are unable to easily extract single unit transfusion data partly down to IT/ time issues but it was agreed to keep the question on the survey.

JMc to correct survey entry from no to yes re. Yeovil haematology representation on HTC.

Despite difficulties with the 2016 survey, it was agreed to carry on with the electronic version.

**Follow-up from Audit of GP Transfusion Practice (JB)\***

JB summarised the key findings and recommendations from the original survey. The SW RTC tried to run some transfusion training for GPs with little success. Best way forward is to incorporate teaching into their own education sessions. Following their GP audit, RD&E has now introduced a limit of two units for primary care transfusions and an Hb threshold of 80g/l. The HTT evaluate GP requests and will accept a higher threshold if reasonable. In the 18 months since implementation, they have not received a request for more than two units. They now feel they have a relationship with GPs but it has taken time.

**9. SW PBM Group Update (JF)**

Cell Salvage Database:

Trusts have started submitting data and we could potentially get around 5000 entries per annum. JF will pool the data to get an understanding of practice and will review headings to ensure everyone is using the same template.

SM suggested using the annual database survey to target cell-salvage users for any future cell salvage survey.

TXA Algorithm for Surgery:

This was discussed at the last SWPBM Group meeting with agreement to progress.

Anaemia Manifesto Meeting Feedback:

The Manifesto, supported by Vifor Pharma, identifies five key areas for improving IDA in England (attached). JF's trust (RCHT) has engaged with local MPs to drive support for their anaemia programme and JF thought this seemed a good way forward.

In the absence of a national strategy, it was agreed that JF would look at how we can adapt the manifesto points to take forward regionally.

**10. Hospital Presentations/Audits:**

RD&E: Use of TXA in Hip Fractures (BF)\*

BF's presentation highlighted that there is good evidence for the use of tranexamic acid but no good evidence that thrombotic risk is altered. NICE and AAGBI 2015/16 recommend giving to all where blood loss is expected to be 500 mls or more. The University of Exeter Medical School are proposing a RCT involving 8800 patient/80 hospitals to detect an increase in mortality and risk of thrombosis in hip fracture patients.

Presentation of results of NCA of Red Cell & Platelet Transfusion in Adult Haematology Patients (JB)\*

Inappropriate transfusing is still taking place with most inappropriate rbc and platelet transfusions given to patients with chronic bone marrow failure. Prophylactic platelet use in reversible bone marrow failure has improved. BSH guidelines are now more uniform than previously but there are still discrepancies with some guidelines.

Proposed Regional Survey of Transfusion Laboratory Function (JB)\*

JB presented a proposal for a survey of lab function in the region to highlight concerns within our transfusion labs. It was agreed that IW/MW will do some further work on the questions to ensure the survey is thorough and user friendly prior to launching to the lab managers. There is the potential for it to be adopted nationally as the NBTC are aware of problems on a national scale.

**11. Update on SW RTC LIMS Project (JB)**

NBT will pick up this project as they now have the upgraded software.

**12. Transfusion Practitioner Group Update**

**12.1 Blood Transfusion Training Survey/Consent Sticker/Transfusion Record (KM)\***

KM presented the results of the blood transfusion training survey that was circulated to TPs in October 2016. 94% of participants indicated that they would be willing to work towards regional knowledge based competency standards and this needs to be taken forward.

Interest in a consent sticker/transfusion record for patient notes varies and the aim is to share via templates on the website.

**14. Education Sub-Group Update (KCo)**

The forthcoming PBM in Surgery day is attracting a lot of interest with 70 delegates registered. Lab. Matters will be repeated in December and the Midwives day will run at the end of January. Ideas

for future events are always welcome.

#### **15. Transfusion Laboratory Managers Update (DF)**

Attendance at TLM meetings is being affected by staffing and workload pressures. Topics discussed at the last meeting included:

- Recommendation in latest antenatal guidelines that all anti-D detected be quantified by continuous flow analyser – challenging to follow.
- Continued anti-D supply problems with BPL.
- Aging LIMS systems.
- ISO15189 standards which UKAS are inspecting against. UKAS inspectors' seem unnecessarily interested in issues which TLMs consider to be trivial.

#### **16. Any Other Business**

- EG asked if labs in the region accepted interosseous blood samples; the NBS policy is to accept if that is all that is achievable.
- Fibrin Sealants are being removed from price capping.
- Following her return to work after a period of ill-health the current RTC Chair will be standing down and SWe confirmed that she is happy to continue in the role.
- IC requested SWe raise the concerns re. the UKAS inspections at NBTC and if other regions felt the same way, propose a communication from NBTC to UKAS to encourage them to prioritise more sensibly.

#### **17. Date of Next Meeting**

10 May 2017

### South West Regional Transfusion Committee Meeting – 17.11.16 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 17.11.16				
3	GP practice audit: RCH have draft business case for managing primary care anaemia cases in hospital; once signed off will share regionally	JF	Complete	Copies available from JM
3	Orthogeriatrician representation on HTC	All		C/f as rolling action
3	GP representation on RTC : all to consider if they know any GPs who would be keen	All		C/f as rolling action
4	Approach colleague in South Central region with view to them contacting Southampton hospital re. their requirement for CMV-ve products for transplant patients	JB	Haematologist currently on mat. leave	JB pursuing
5	Feedback comments re new Trust Highlight Report	JM	Complete	Added to feedback spreadsheet
6	Complete Apheresis Strategy survey (to be circulated on 21.11.16)	All	Complete	
8	Correct Yeovil's database survey response re. haematology representation on HTC	JM	Complete	
9	Consider how we can take Anaemia Manifesto forward as a region	JF		
10	Finalise Lab. function survey	IW/MW	Complete	
12	Progress work on regional knowledge based competency standards for blood transfusion	TP Group (KM)	Ongoing	TP Meeting on 18.05.17
12	Post consent sticker/transfusion record templates on website	TP Group (KM)	Ongoing	Awaiting go-ahead. TP meeting on 18.05.17
16	Take concerns re UKAS inspections to March RTC Chairs/NBTC meeting	SWe	Complete	Option to invite UKAS inspector to Lab. Mgrs mtg – IW pursuing

# A 5-point manifesto for improving iron deficiency anaemia care in England

## 1 DEFINE OVERARCHING BEST PRACTICE PRINCIPLES

- Achieve consensus on key principles for diagnosis and management of iron deficiency anaemia (IDA) in England
- Ensure specific practice guidelines for IDA are developed by the National Institute for Health and Care Excellence (NICE)



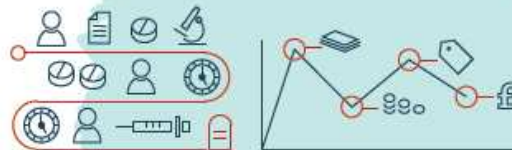
## 2 TAILOR SERVICES LOCALLY

- Review local practice and identify areas for improvement
- Identify a local 'anaemia champion' within every acute care hospital
- Develop clearly understandable local care pathways for IDA, including referral criteria from primary care
- Develop a Best Practice Tariff for IDA management that requires local service improvements



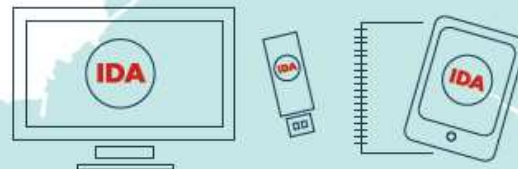
## 3 DEVELOP THE EVIDENCE BASE

- Conduct long-term IDA treatment trials focused on major mortality and morbidity endpoints
- Perform health economics analyses on the cost effectiveness of improving IDA management



## 4 EDUCATE HCPS AND PATIENTS

- Develop e-learning packages for healthcare professionals (in primary and secondary care) who manage patients with or at risk for IDA
- Create multi-format patient education materials to empower people with or at risk of IDA



## 5 DEFINE AND MEASURE SUCCESS

- Develop a dashboard of appropriate metrics to measure performance in IDA care
- Include some or all of these metrics within formal assessment and remuneration mechanisms for care delivery in England (e.g. Quality and Outcomes Framework [QOF])



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**Anaemia  
Manifesto.**



## South West Regional Transfusion Committee Meeting

Wednesday 17 November 2016 at Oake Manor, nr Taunton

### APOLOGIES

Hospital	Name	
Bournemouth	Jason	Mainwaring
Cornwall	Stephen	Bassey
	Deb	Thomas
	Carol	McGovern
	Sara	Staddon
Derriford	Sophia	Wrigley
Dorset	Dietmar	Hofer
	David	Quick
GWH	Doug	Smith
Glos	Sally	Chown
NBT	Christina	Laxton
NHSBT	Edwin	Massey
Poole	Alison	McCormick
RD&E	James	Piper
Salisbury	Anne	Maratty
	Ian	Jenkins
Torbay	Alistair	Penny
UHB	Tom	Latham

## GLOSSARY OF ABBREVIATIONS

AAGBI	Association of Anaesthetists of Great Britain and Ireland
BMT	Bone Marrow Transplant
BSMS	Blood Stocks Management Scheme
CMV (-ve)	Cytomegalovirus (negative)
CPA	Clinical Pathology Accreditation
FFP	Fresh Frozen Plasma
GMP	Good Manufacturing Practice
GP	General Practitioner
Hb	Haemoglobin
HepE	Hepatitis E
HEV (-ve)	Hepatitis E Virus (negative)
HTC	Hospital Transfusion Committee
HTT	Hospital Transfusion Team
ICS	Intraoperative Cell Salvage
IDA	Iron Deficiency Anaemia
LIMS	Laboratory Information Management System
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NCG	National Commissioning Group
NHSBT	NHS Blood and Transplant
NICE	The National Institute for Health and Care Excellence
PBM	Patient Blood Management
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RD&E	Royal Devon & Exeter Hospital
RUH	Royal United Hospital, Bath
RCT	Randomised Controlled Trial
RTC	Regional Transfusion Committee
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SWRTC	South West Regional Transfusion Committee
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UKAS	United Kingdom Accreditation Service
WAPI	Wastage as Percentage of Issues
WOMAN	World Maternal Antifibrinolytic Trial