

**South East Coast RTC Education Symposium**  
**Maidstone Academic Centre, Maidstone Hospital**  
**Friday 4 October 2019**

**Approved Minutes**

<b>Present</b>	<b>Role</b>	<b>Hospital/Trust</b>
Muhammad Ashfaq	Consultant Anaesthetist	Queen Elizabeth, the Queen Mother Hospital
Gemma Attwood	Associate Practitioner	Maidstone Hospital
Lynne Balderstone	Deputy Transfusion Practitioner	Tunbridge Wells Hospital
Claire Barnes	Transfusion Practitioner	Eastbourne District General Hospital
Dr Philip Blackie (Presenter)	Consultant in Anaesthesia and Intensive Care Medicine	Maidstone & Tunbridge Wells Hospitals
Hollie Bradford	Specialist Biomedical Scientist	Darent Valley Hospital
Michael Brooks	Jehovah's Witnesses	SE (Kent Region)
Dr Fatts Chowdhury (Presenter)	Consultant Haematologist in Transfusion Medicine	Imperial College NHS Trust & NHSBT
Samantha Connelly	Biomedical Scientist	East Surrey Hospital
Julie Cupitt	Biomedical Scientist	Maidstone Hospital
Chitra Chidambaram	Biomedical Scientist	Maidstone Hospital
Olivia Dabagolu	Biomedical Scientist	Maidstone Hospital
Anwen Davies (Presenter)	PBMP (SEC & SC)	NHSBT
Daniela Davies	Biomedical Scientist	East Surrey Hospital
Karen Edgley	Biomedical Scientist	Maidstone Hospital
Claire Edkins	Consultant Anaesthetist	Frimley Park Hospital
Evans-Jones Family (Presenter)		Harvey's Gang
Joanne Finden	Transfusion Practitioner	Berkshire & Surrey Pathology Service/W&FT
Karen Gaughan	Staff Nurse	Tunbridge Wells Hospital
Christian German	Advanced Biomedical Support Worker	St George's Hospital
Craig Guest	Consultant	Queen Elizabeth, The Queen Mother Hospital
Carolyn Gupwell	Haematology Clinical Nurse Specialist	Maidstone Hospital
Sarah Haskins	Senior Biomedical Scientist	Darent Valley Hospital

Chinthaka Hewavitharane	Speciality Doctor	Queen Elizabeth, The Queen Mother Hospital
Gayathri Hewawasam	Speciality Doctor	Queen Elizabeth, The Queen Mother Hospital
Ruth Hunt	Haematology Oncology, Clinical Nurse Specialist	Maidstone Hospital
Clive Hyam (Presenter)	Blood Stocks Management Data Analyst	NHSBT
Charmaine Jardiel	Asst Transfusion Practitioner	West Middlesex University Hospital
Glenn Jermy	Jehovah's Witnesses	South East (Kent) Region
Jenni Jeffrey	Senior Biomedical Scientist	William Harvey Hospital
Julie Kemp	Associate Practitioner	Tunbridge Wells Hospital
Jekaterina Kirienko	Biomedical Scientist	Royal Sussex County Hospital
Keith Kolsteren	Transfusion Practitioner	Kent & Canterbury Hospital
Dr Fiona J Lamb (Presenter)	Consultant Anaesthetist and Intensivist	East Surrey Hospital
Jo Lawrence (Presenter)	Transfusion Practitioner	Berkshire & Surrey Pathology Service
Karen Leesan	Birth Centre Manager/Midwife	Maidstone & Tunbridge Wells Hospitals
Dr Jonathan Linzner (Presenter)	Consultant Anaesthetist	Maidstone Hospital
Lisa March	Transfusion Practitioner	Queen Elizabeth, The Queen Mother Hospital
Darren Mason	Jehovah's Witnesses	SE (Kent) Region
Kate Maynard	Patient Blood Management Practitioner	NHSBT
Helinor McAleese	Specialist Transfusion Practitioner	Newham University Hospital
Nicolette McCarthy	Senior Midwife	Maidstone Hospital
Jane Mitchell (Presenter)	Senior Consultant	BB&A
Rebecca Mole	Trainee Biomedical Scientist	Maidstone Hospital
Carly Moore	Senior Biomedical Scientist	Maidstone Hospital
Joyti Nemane	Biomedical Scientist	Maidstone Hospital
Prof Adrian Newland (Presenter)	National Clinical Adviser Pathology	Clinical Productivity Operations Directorate, NHS Improvement
Charlotte Newman	Transfusion Practitioner	Darent Valley Hospital
Susan Nicholson	Senior Biomedical Scientist	Royal Sussex County Hospital
Christopher Palfrey	Staff Nurse	Tunbridge Wells Hospital

Ruth Palfrey	Sister	Tunbridge Wells Hospital
Ishani Ranaweera	Biomedical Scientist	Darent Valley Hospital
Miriam Reddy	Biomedical Scientist	Northwick Park Hospital
Robert Reilly (Presenter)	Chief Biomedical Scientist Blood Transfusion	Maidstone Hospital
Patricia Richards	Transfusion Laboratory Manager	Queen Elizabeth Hospital, Woolwich
Malcolm Robinson (Presenter)	Chair, Harvey's Gang	Harvey's Gang
Sophie Rowe	Trainee Biomedical Scientist	Maidstone Hospital
Elizabeth Tatam (Presenter)	Specialist Practitioner in Transfusion	East Surrey Hospital
Sandra Samuel	Junior Sister	Southlands Hospital
Michael Sanderson	Specialist Biomedical Scientist	Royal Sussex County Hospital
Corinne Selsby	Senior Staff Nurse	East Surrey Hospital
Manoj Senaratne	Associate Specialist Anaesthetics	Queen Elizabeth, the Queen Mother Hospital
Tara Shojai	Biomedical Scientist	Northwick Park Hospital
Emma Small (Presenter)	Transfusion Practitioner	Maidstone Hospital
Louise Smith	Biomedical Scientist	Tunbridge Wells Hospital
Harpreet Sodhi	Consultant Anaesthetist	William Harvey Hospital
Gisele Sogie-Thomas	Biomedical Scientist	Maidstone Hospital
Raquel Souto	Theatre Practitioner	Maidstone Hospital
Selma Turkovic	PBMP - London	NHSBT
Eleanor Way	Biomedical Scientist	Darent Valley Hospital
Richard Whitmore (Presenter)	Customer Services Manager	NHSBT
Agnes Williams	Sister	Maidstone Hospital
Sarah Wright	Chemotherapy Development Nurse	Kent & Canterbury Hospital

# Making a NICE change... in Transfusion

## **Welcome & Scene Setting**

Dr Fatts Chowdhury, Consultant Haematologist, Imperial College Healthcare NHS Trust, and NHSBT, welcomed everyone to the Maidstone Academic Centre, and outlined the plan for the day.

## **Minutes of previous meeting**

The minutes of the meeting held on 8 March 2019 were approved, with all action points completed.

## **Update from the National Blood Transfusion Committee (NBTC)**

Dr Chowdhury provided the RTC with a brief summary from the NBTC meeting (30/09/2019). The minutes of the NBTC meeting will be published on the JPAC website.

Budget - There were no plans to cut the RTC budget this year.

## **Hospital Updates**

### **East Sussex Healthcare Trust (ESHT) - Claire Barnes**

- Harvey's Gang implemented and has had two successful laboratory visits since April with further visits provisionally booked.
- New ICP is being produced following audit to incorporate the TACO checklist and Informed Consent on the prescribers' page.
- At present there is a large focus on IV iron.
- We now have 4 Haematology Consultants at ESHT and one Specialist Registrar.

### **Brighton and Sussex University Hospitals NHS Trust (BSUH) - Julie Cole**

- New MHP with ROTEM guided product issue is proving very successful.
- Routine use of ROTEM especially on ITU is also proving successful.
- Ongoing ICS, iron treatment and appropriate pre op assessment all helping with our PBM.
- We have a new TP starting mid-October to join our team.

### **Maidstone and Tunbridge Wells Trust (MTW) – Emma Small**

- Blood360 project to go live on 19<sup>th</sup> November 2019. Purpose is to improve blood component traceability within the organisation.
- Cell free foetal DNA business case submitted and approval to proceed granted by HTC.
- Electronic issue project: negotiations currently underway with clinical services.

### **Surrey and Sussex Healthcare Trust (SASH) - Elizabeth Tatam**

For Surrey and Sussex Healthcare Trust Transfusion Team the main aim for the year was to roll out the IDA processes we'd designed in collaboration with clinical departments, particularly surgery and obstetrics.

We have had varying degrees of success with this, but audits have been completed, SOP's updated and operational meetings occurring around the Trust to facilitate progress of the initiative. Although there is evidence that testing for and provision of iron replacement is increasing, there is still work to be done. A business case is being prepared for a dedicated service.

Smaller improvements include adapting the transfusion request form to include the option to indicate pregnancy within the surgery/diagnosis box; provision of neonate flying squad blood for immediate collection if required; and succeeding in changing the unknown patient ED registration process in line with the safety notice of 2018.

### **Darent Valley Hospital (part of North Kent Pathology Services) – Charlotte Newman**

Since the last meeting we have in post a new Head of Department, who covers both Darent Valley Hospital and Medway Maritime Hospital (MMH). We also have a Senior BMS, in post at DVH. Laboratory staffing has considerably improved in recent months with an increase in the number of fully trained BMS able to work in Blood Transfusion.

We achieved full UKAS accreditation in June this year, including our new Biorad IH-500 analysers. The lab staffs are currently working to validate testing methods to get the analysers working to full capacity.

We are working towards aligning training practices and procedures with MMH to facilitate cross site working for lab staff.

### **East Kent Hospital University Foundation Trust (EKHUFT) - Keith Kolsteren**

- EKHUFT is due to have a new APEX system upgrade installed which will also need to be tested against Windows 10 which will bring the Trust together.
- Elective orthopaedics moved to Kent and Canterbury as a trial to improve emergency care patient flow at the William Harvey. This has been successful and the plan is to replicate this with Margate elective orthopaedic patients.

### **Berkshire and Surrey Pathology Services (BSPS) – Joanne Lawrence**

- BSPS has introduced 5-day extended expiry post thaw for FFP
- All sites now receiving O Neg Kell pos units, to help keep wastage down.
- Actively trying to get agreement for electronic tracking on the 3 Surrey sites (Berkshire sites have had tracking in place for many years)
- BSPS are working on a definitive table for group and save – a big project across all five sites.

## **PRESENTATIONS – Key Points and Summaries**

### **The O Neg challenge – don't be Negative for O Positive**

Richard Whitmore, Customer Services Manager, NHSBT

Clive Hyam, Blood Stocks Management, Data Analyst, NHSBT

Jo Lawrence, Transfusion Practitioner Berkshire & Surrey Pathology Service

Clive Hyam Key points:

- ❖ Don't over specify units for emergency use, follow the guidelines
- ❖ Consider the use of O Pos K Neg units for at least some of your emergency blood provision
- ❖ O Neg (rr K Neg) units are NOT a universal answer? Anti c stimulation in the 18% who are R1R1

Richard Whitmore summary:

- Overall RBC demand continues to decline
- Differential demand (O neg, R<sub>o</sub>)
- Stock levels / challenges in blood donation
- Impact of the Interval / Compare trials
- Resilience of blood management systems

Jo Lawrence Key points:

- ❖ Moving to O Pos for emergency blood is safe if managed well and appropriate training given.
- ❖ Introduce it slowly men O+ / women O- to start with, then expand to O+ for women >50 once everyone is used to seeing the 2 types in the fridge.
- ❖ Monitor usage to show staff what a difference it's making to encourage them to keep using O Neg appropriately and to make sure the O Pos is used for the right patients.

### **Diagnostic Networks and Blood Transfusion**

Professor Adrian Newland CBE, National Clinical Adviser Pathology,

Clinical Productivity Operations Directorate, NHS Improvement

Key points:

- ❖ Pathology modernisation leading to network formation with interoperability of IT services across all specialties and bidirectional links to the clinical services
- ❖ Support for transfusion services with integrated services across the networks while maintaining quality.
- ❖ Development of an understanding of workforce needs with improved recruitment, training and retention

### **Nice Transfusion: Past and Present**

Emma Small, Transfusion Practitioner,

Maidstone and Tunbridge Wells NHS Trust

See Presentation – available on website

## **QS138 Regional Audit Results**

Anwen Davies, Patient Blood Management Practitioner,  
NHSBT

In summary:

- Gap analysis is not as simple as we first thought
- As a region our relative strengths lie with appropriate use of TxA and red cells
- There is room for improvement around consent
- The results for QS1a indicate poor compliance but further work needs to be done to capture the right audit population

## **Communicating Change**

Jane Mitchell, Senior Consultant  
BB&A

Key points:

- ❖ A compelling reason why
- ❖ Provide the big picture
- ❖ Information that cuts through
- ❖ Appeal to multiple intelligences
- ❖ Help people draw their own conclusions
- ❖ Nudge, don't push

## **Perioperative Anaemia Pathways**

Dr Jonathan Linzner, Consultant Anaesthetist  
Maidstone and Tunbridge Wells NHS Trust

In summary:

- Perioperative anaemia significant healthcare burden associated with poorer outcomes
- Iron deficiency is the most common cause
- Identification and treatment using a pathway is the most efficacious management strategy

What impact will implementation have?

- Lab testing requirements - pre op testing and cross match requirements
- Transfusion needs
- Outcomes and costs

## **Harvey's Gang Update and a Family's Experience**

Malcolm Robinson, Chair, Harvey's Gang

- ❖ Harvey's Gang - building and expanding, now on 102 sites.
- ❖ Family's' personal experience and how being a member of Harvey's Gang helped.
- ❖ Website [page](http://harveysgang.com) (harveysgang.com)

## **Tranexamic Acid – an old friend returns**

Dr Philip Blackie, Consultant in Anaesthesia and Intensive Care Medicine  
Maidstone and Tunbridge Wells NHS Trust

Key points:

- ❖ TXA is incredibly cheap
- ❖ TXA is safe
- ❖ Early TXA use saves lives from bleeding

## **Laboratory Empowerment**

Robert Reilly, Chief BMS Blood Transfusion  
Maidstone and Tunbridge Wells, NHS Trust

Key points:

- ❖ Lab staff need to be self-motivated and aim to apply their knowledge for scientific innovation and creativity
- ❖ Lab empowerment should encourage medical lab scientists to use their knowledge and skills to support clinical staff provide good patient safety, patient care and appropriate therapy and treatments.
- ❖ Lab empowerment is a natural evolution of Schemes like Better Blood Transfusion 1-3 and Patient Blood Management. It involves the communication and sharing of scientific knowledge for continuous professional development and for improvement and effective clinical support in Healthcare services.

## **Consent in Transfusion**

Elizabeth Tatam  
Specialist Practitioner in Transfusion  
Surrey & Sussex Healthcare NHS Trust

Dr Fiona J Lamb  
Consultant Anaesthetist and Intensivist  
Surrey and Sussex Healthcare NHS Trust

Key points

- ❖ The consent for transfusion conversation is about discussing the risks, benefits and any alternatives.
- ❖ Consent for transfusion is mandatory, supported by a huge amount of national guidance and research.
- ❖ Involve the patient; Listen to their responses/ queries; Document your discussion
- ❖ Consent can lead to improved patient safety, healthcare professionals' confidence in their decision making and patient experience.

The presentations, where permission has been granted, will be available on the [JPAC website – RTC SEC page.](#)

**Next Education Event: Wednesday 26 February 2020.**