EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 23 February 2022, via Microsoft Teams Meetings
14:00pm -15:30pm

Attendance:

Name	Organisation	Name	Organisation
Dora Foukaneli **DF**	Consultant Haematologist, CUH / NHSBT	Lynda Menadue **LM**	HTC Chair, Peterborough
Frances Sear **FS**	PBMP, NHSBT	Claire Sidaway **CS**	TLM, Hinchingbrooke Hospital
Tom Bull **TB**	HTC Chair, Peterborough	Julie Jackson **JJ**	TP, James Paget Hospital
Joanne Hoyle **JH**	TP, West Suffolk	Katherine Philpott **KP**	TLM, Addenbrooke's
Clare Neal **CNeal** *Minutes*	RTC Administrator, NHSBT		

Apologies: Isabell Lentell **IL**, Mohammed Rashid **MR**, Gilda Bass **GB**, Lisa Cooke **LC**, Michaela Lewin **ML**, Suzanne Docherty **SD**, Stephen Wilson **SW**

1. **Welcome** **DF** welcomed everyone to the meeting. Introductions were made.

2. **Minutes agreed:** Previous minutes were agreed. Please advise **CNeal** of any amendments.

3. **RTC Business**

DF regional guidance of how to handle anaemic patients who need additional investigations - can we start developing this guidance? **KP** yes we can, it is on my to do list. **DF** that will help hospitals for CAS alert. **KP** it is on the TADG agenda. **CS** most of the laboratory staff will have a SOP they are working to which will have sections including 'in the event that we are not able to provide instantly'. It goes back to the understanding of the doctor on the ward of what they can and can't give. They hate seeing suitable, they would rather see compatible. **DF** you will be surprised how many people refuse to give a product that is suitable. KP our tags say suitable. **LM** surely if a doctor is refusing, you refer back to Haematologist. **CS** it just causes another delay, we've had a unit wasted before because of it.

KP asked **CNeal** to ask TP / TADG groups to share concessionary release SOP's if they are willing to so we can come up with something regional.

Audits

DF is there anything we can audit. **FS** are there any projects that people are working on in the region? What do people want to know? **JJ / JH** WBIT, I haven't had chance to look at it. **FS** there was an option to get an automatic report made. We had started looking at this. I think we should have a meeting about this with Brian Hockley. **JJ** O Pos / O Neg. The national TP group meeting is next week so there may be an update next week but think this will be a good regional piece of work. **DF** is it worth looking at patient optimisation. **LM** I was holding off on that as the pre-op anaemia stuff is coming out. I think we should hold off until national guidelines come out.

LM training ODP to use a cell salvage. I am struggling to get our cell salvage used and no-one is trained to use it. **FS** there has just been a national survey. There may be something in the results of that. I will ask my colleague who deals with cell salvage. It has been under utilised over the last few years. JJ the company we use are providing super user training and they are cascading to our ODP's. LM we did that but it was difficult to cascade as we couldn't release ODP's.

KP I wonder if it is worth waiting a bit as the new UKTLC guidance is coming out in the next few months.

FS we can do more than one audit at a time if it captures different staff groups.

Sharing stocks

DF can we see how we can optimise this and reduce wastage by moving stocks around. **FS** the issue would be who keeps this up to date. **DF** if we all had a common system and were all linked into one. **CS** Peterborough and Hinchingbrooke is manual so it is very difficult. **DF** this system relies on everyone using haemonetics technology. We need to look at locations and natural links. **KP** I have put it on the agenda for next TADG next week. **CS** we need to be aware of UKAS requirements and transportation with regards to temperature tracking. **DF** I would suggest talking about platelets initially and keep it small. **FS** I will ask bloodstocks and my team to see if there are examples of anywhere else that does anything similar. **CS** one question you are asked is 'is our main supplier a blood establishment', there are elements of being stuff being supplied from elsewhere. More places that do it, the tighter the regulations.

4. Education Working Group

Special Blood for Special People – Ideas to include

- Irradiated and CMV
- SHOT
- Special requirements not met
- Special products
- Paediatric products
- Time it takes for products
- Management of patient during that time
- Special blood for neonates. FS is that going to be useful for those on the call. Do we have a different paediatric event?

DF will create a small agenda. **FS** once we have an agenda and timings we can circulate information and start looking at speakers.

LM I think the educational working group worked well. We talked about having bitesize sessions rather than longer study days. We talked about having presentations for doctors on the deanery platform. We talked about recording presentations. We can also post to the YouTube channel. **DF** we are looking at utilising the deaneries platform, lets develop generic presentations suitable for everyone. **TB** there were quite a few people that were involved in this bridge platform. **LM** it's not difficult to put on Bridge and works fine. **DF** in parallel with this activity, I was thinking of developing toolkits. What do we need to teach and communicate with junior doctors? We need a minimum data set. **LM** you need to have a core for everyone and then have separate that is more specific to each area. **FS** that will be good for us as a place where to start. **DF** yes we have to deliver teaching. Time is not the only constraint. You need to look at subjects and how to deliver it. **JJ** documentation of consent for transfusion would be a good one. I was just looking at the NCA results that came out. NICE have got a specific format. **DF** in preparation for the next education working group meeting shall we start creating a list of core subjects, that can be the backbone for toolkits / generic guidance. **FS** we need a junior doctor toolkit.

5. Budget and Future Meetings

Discussed options for future meetings, do people want to return to face-to-face or stick with meetings remotely. There is the option to rotate RTC meetings around the region to make it easier for everyone to access. **FS CNeal** has looked at some options for meetings, such as through calders as before and other venues suggested by RTC members. **FS** there may be an option to return to the Cambridge Centre by numbers may be reduced. If we have education events, this will use a lot of our budget. **CNeal** our used to get used completely on the RTC meetings and an education day. If we need to use external venues for other meetings, we may not be able to accommodate all meetings face-to-face. FS previously meetings in the Cambridge area were considerably cheaper than the prices coming through Calders now. **DF** we need to consider how many can be supported remotely and then look at a balance of rotating between face-to-face. Do you feel that we keep a number of RTC's face-to-face? **LM** I think having an option for some to be face-to-face. I understand that some hybrid meetings may be difficult.

FS our laptops don't work without the VPN. There are other regions that have had sponsors for meetings although we can struggle to get those. **LM** we are not allowed sponsorship for our meetings as doctors. They have tightened the rules. **TB** they had to be very clear about how they define the educational content but this was about 3 years ago, I am not sure what the rules are now. If you are at a meeting face-to-face you are at the meeting, whereas, online at work you easily get disturbed. **DF** we definitely need one face-to-face. **FS** Maybe the February meeting could be remote. **DF KP** can you think about venues for TADG meetings. **KP** we have been all over the place for previous meetings. **FS** if anyone knows of smaller venues to hire it would be really beneficial to know. **KP** we prefer face-to-face meetings. **FS** we can investigate for the Cambridge Centre for later in the year. **JH** we put a survey out and the response from TP's was that they wanted a combination of both virtual and face-to-face. **DF** we don't have the budget to have all these meetings face-to-face if we can't use the Centre. **FS** we might be able to accommodate more this year as we are not having education days. **CS** if we have one of each face-to-face and the rest virtual, will you lose the rest of your budget. **FS** it won't be transferred to next year. We might be able to use cheaper rooms which gives us more options. **DF** has anyone had any experience with hybrid meetings? We have experienced difficulty. **LM** we have had problems with the tech with it. We have had trouble getting the tech to work when we are in the hospital. **FS** I have found them difficult. **LM** people at home can't hear people at the back of the room. **DF** that is why it may be better to stick to either face to face or virtual. **JJ** there needs to be good hybrid etiquette. **DF** it is keeping everyone synchronised on the meeting. It is not an easy decision.

6. Any Other Business

There was no other business.

DF people are having to move onto other activities.
Thank you very much for attending and your contributions.

Date and Time of Next Meeting: Wednesday 22nd June 2022 and Thursday 13th October 2022

Actions:

	Detail	**Responsibility**	**Due**
1	Special Blood for Special People	**DF** to create agenda	**ASAP**
2	Start creating lists of education / subjects that can backbone for toolkits / guidance - Feedback to **CNeal** Take to sub groups – TP and TADG	**ALL** **KP / JJ / JH**	**Ongoing**
3	Ask TP / TADG for copies of concessionary release SOP	**CNeal**	**ASAP**