

**Unconfirmed MINUTES OF THE REGIONAL TRANSFUSION COMMITTEE MEETING
SOUTH EAST COAST**

24th October 2013

The Euan Keat Education Centre, Princess Royal Hospital, Haywards Heath


Present:


RTT Members:		
Dr P Larcombe, Chair (PL)	E Whitmore, Secretary (EW)	
L Delieu, Darent Valley (LD)	R Goddard, QEQM (RG)	R O'Donnell, WSHT (RO)
	M Robinson, WSHT (MRob)	R Whitmore, NHSBT (RW)
RTC Membership:		
J Cole, Royal Sussex, (JC)	P Glinski, BSUH (PG)	S Goodwin, SASH (SG)
Z Sammut, WSHT (ZS)	E Small, MTW (ES)	C Sullivan, BSUH (CS)
	B Young, BSUH (BY)	
1.	Apologies : V Andrews, (VA) D Blackwell, Medway (DB) J Dalton, Deputy Chair (JD) R Ezekwesili, DVH (EZ) A Green, EKHT (AG) S Richardson, ESH (SR) R Rook, SASH (RR) M Rowley NHSBT (MRow) A Schreiner, DVH (AS) E Still, BMI Healthcare (LS)	
2.	<u>Welcome and Introduction</u>	<u>ACTION</u>
2.1	PL welcomed members to the meeting. Apologies were noted as above.	
3.	<u>Minutes of the Previous Meeting & Matters Arising</u>	
3.1	The minutes were reviewed and agreed.	
3.2	There were no matters arising.	
4.	<u>Budget Update</u>	
4.1	EW gave a brief overview of the budget position.	
4.2	The second education day (TADG/RTC) of the RTC year was scheduled to take place in mid April 2014, taking it into the 2014/15 budget year. EW suggested that the money saved in this tax year as a result of the later scheduling could be used to fund an interesting new regional initiative due to be discussed later in the meeting (see 7.4).	
4.3	Members noted that the £10 booking fee was not causing any issues for the region, from an affordability point of view.	
5.	<u>RTC Chairs Meeting Update & NBTC Meeting Update</u>	
5.1	PL gave a brief overview of matters discussed at the NBTC/RTC Chairs Meeting	

	<p>which had taken place in London on 21st October. Several items were highlighted for members' attention as follows:</p>	
5.2	<p><u>Unexpected bleeding events on new oral anticoagulants</u></p> <p>(i) RTC members expressed concerns about the rise in such events across the region.. The possibility of this becoming a topic for a NCA was noted, although it was felt that some more immediately effective action was required.</p> <p>(ii) Members discussed looking initially at occurrences within the region and collating anecdotal evidence, with the aim of producing a resource for regional use. RG offered to look at incidences in EKHT. It was suggested that a piece of work could be undertaken on this drawing from, but not repeating, work undertaken previously (e.g. by Dr Laura Green).</p> <p>ACTION: PL to write to Dr Laura Green re her presentation/work in this field RG offered to look at cases occurring in EKHT and feed back</p>	PL RG
5.3	<p><u>Continuing difficulties surrounding 2 samples for electronic issue, barcoded wristbands, Blood hound etc.</u></p> <p>Members discussed the ongoing difficulties surrounding compliance with the 2 sample system. It was suggested that, as BSUH had a successfully working system in place, it might be helpful to share their experiences with other hospitals. PL asked Julie Cole to begin preparing the necessary BSUH data with a view to making the information public by Easter 2014. Progress would be reviewed in 3 months time</p> <p>ACTION: JC to provide information on BSUH 2 sample system operation, for sharing regionally</p>	JC
5.4	<p><u>Several RTCs attach their business meetings to their educational events in order to maximise attendance. Is there scope for SEC RTC to follow suit?</u></p> <p>It was noted that this approach had been tried in the past in the SEC region, with variable results.</p>	
5.5	<p><u>Issues surrounding documentation when blood is transferred from institution to institution, when patients move.</u></p> <p>Members discussed their respective procedures in relation to the transfer of blood with patients. It was noted that the transferred blood was often wasted, despite existing guidance on good practice.</p> <p>http://www.transfusinguidelines.org.uk/document-library/documents/nbtc_tlm_transfer_of_blood/download-file/nbtc_tlm_transfer_of_blood.pdf</p>	
5.6	<p><u>SEC RTC Empowerment Survey</u></p> <p>It was reported that Brian Hockley was supporting the SEC RTC Empowerment Survey</p>	
5.7	<p><u>Do we want to be involved in a multi-region pre-operative anaemia audit? Brian H is happy to coordinate</u></p> <p>Following a brief discussion, members agreed that participation in the audit would be beneficial. PL would write to BH to obtain more information on what was involved, including timescales, level of interest from other regions etc.</p> <p>ACTION: PL to write to BH to note SEC interest and obtain more information.</p>	PL
5.8	<p><u>Dr Megan Rowley requested RTC support with a National 'fate of red cells' audit, repeating the data collected by the North of England</u></p> <p>MRob noted the likelihood of this being included in the forthcoming KPIs, and felt it would benefit hospitals to be able to account for their red cell use. RO offered to participate in the audit which would involve tracking red cells over a one week period.</p> <p>ACTION: RO to liaise with MRow re audit participation.</p>	RO/MRow
5.9	<p><u>New NBTC website goes live on Nov 15th</u></p> <p>Noted by all.</p> <p><u>Kate Pendry requested financial support for an extended audit of pre-operative</u></p>	

5.10	<p><u>anaemia and its correction (via NBTC PBM working group, not SEC RTC directly).</u></p> <p>Members were asked to ensure that our audit actions (see 5.7 above) did not overlap with this initiative.</p>	
5.11	<p><u>What is the role of RTCs in engaging GP commissioners in dealing with pre-op anaemia?</u></p> <p>Members' discussions highlighted the difficulties of engaging with the GP Commissioners on the matter of pre-operative anaemia funding. PL noted the tariff advantage of using the national charging code for pre-op anaemia.</p> <p>ACTION: PL and MRob to provide further details of this for wider dissemination as not all present were aware</p>	PL/MRob
5.12	<p><u>Review of the recommendations for O-neg use.</u></p> <p>(i) As the available data was some years old, the Transfusion Lab Managers Group would undertake a review. Gavin Cho and PL offered to assist.</p> <p>(ii) A general discussion about Oneg figures ensued and RW highlighted the increase in requests for highly specified products.</p> <p>ACTION: PL to contact Gavin Cho and send further details of involvement to EW and MS</p>	PL
5.13	<p><u>Clinical benchmarking and KPIs</u></p> <p>(i) EW reported that the meeting with Bruce Keogh was due to take place within the next week which could mean that PBM survey & KPI information could be available in early November.</p>	
6	<p><u>National / Regional Meetings</u></p>	
6.1	<p><u>SE TAG Meeting</u></p> <p>MRob noted his thanks for the use of the Tooting venue.</p> <p>Key points from the last meeting on 19th September included:</p> <ul style="list-style-type: none"> o Lack of staff: BMS cross-training o Blood on helicopters - The lab collaboration o Where did all those platelets go? The Kings experience and use of a Platelet monitor 	
6.2	<p><u>NBTC TAG /National TLM Working Group</u></p> <p>No new items to report at this time as there had been no further meetings since the last RTC on 1st May 2013.</p>	
6.3	<p><u>Appropriate Use of Blood Group:</u></p> <p>MRob reported that this group had been disbanded.</p>	
6.4	<p><u>SEC Transfusion Practitioners Group (TPG) Meeting</u></p> <p>SG gave a brief overview of discussions held at the meeting. Slide presentation to be inserted here, when available. Details of progress on the ICAG pads may be found at 7.4 below.</p> <p>ACTION: MS TO OBTAIN SG SLIDES</p>	MS
6.5	<p><u>Time to Transfuse! Joint TPG/RTC Event : 22nd November 2013</u></p> <ul style="list-style-type: none"> • Venue: Russell Hotel Maidstone • 8 sponsors: Comark, Labcold, Grifols, Immucor, Haemonetics, Quotient, Baxter, Pharmacosmos • 72 delegates so far; bookings continuing • 5 RCPATH & 6 IBMS credits awarded 	
6.6	<p><u>Mums, Babies & Blood: Delivering a Safe Transfusion: Joint London & SEC RTC</u></p>	

6.7	<p><u>Event 24th January 2014</u></p> <ul style="list-style-type: none"> • Venue: ICO Conference Centre, London • 3 sponsors: Grifols,Haemonetics,CSL Behring – additional sponsors were being sought • 86 delegates so far; bookings continuing • 5 RCPATH & 5 IBMS credits awarded <p><u>Time to Transfuse? Joint TAG/RTC Event : 10th April 2014</u></p> <ul style="list-style-type: none"> • Venue: University of Sussex, Falmer, Brighton • Sponsorship – invitations to be issued within the next week or so • Event will be publicised from late November onwards to avoid overlap with the TPG November event. • RCPATH & IBMS credits to be sought once programme is in place 	
7	<p><u>Working Groups: Updates</u></p> <p>7.1 <u>BMS Empowerment:</u> RO reported that, following input from Brian Hockley on the format, the BMS empowerment survey was ready to circulate. RO urged all BMSs to participate as their views were needed to create the necessary tools and resources. The report would be anonymised.</p> <p>7.2 (i) <u>BSMS Usage Data/Platelet Action Group (PAG)</u> A Platelet Action Group meeting had been arranged for October 24th but had failed to take place due to travel difficulties for 2 of the group's members.</p> <p>(ii) RG highlighted the success of platelet stock sharing practices at EKHUFT over the past 3-4 years. RW attributed their success to RG having embedded the practice in the lab, an area with which other labs struggled. ACTION: RG & MRob had plans further discussions to move this forward as part of the next SEC PAG meeting in November.</p> <p>7.3 (i) <u>Nurse Authorisation of Blood: (NAG)</u> LD outlined the progress the group had made so far. Following early discussions and an invitation to attend a London NAG meeting in July, it was agreed that both groups would work together, with liaison between the two undertaken by Jennifer Heyes(JH).</p> <p>(ii) Following several minor changes to the documentation a draft was now available which would require ratification by the SEC RTT; the draft would also be presented at the forthcoming TPG meeting. It was proposed that the documentation would be uploaded to the website as a toolkit, once agreed</p> <p>(iii) Feedback received from the NA courses run at Filton & Colindale had been very positive. ACTION: LD, JH & EW to share the paperwork and protocols with the regions when finalised</p> <p>7.4 (i) <u>Informed Consent Action Group (ICAG)</u> The working group survey had now been created and was due to be circulated in the region in Nov/Dec. PL was asked to assist with providing the names of key medical staff, for distribution.</p> <p>(ii) It was expected that the ICAG Pad trial would be undertaken by each hospital in the SEC region providing transfusion services to medical patients and on medical wards only.</p> <p>(iii) For full details of the proposed timeline for the ICAG initiative, please see the slide presentation below.</p>	<p>BG/MRob</p> <p>LD/JH/EW</p>

 <p>ICAG RTC Update.ppt</p>	<p>ACTION: PL to provide names of key medical staff (for Nov/Dec circulation of survey) and engage with the Deaneries to ensure as many participants as possible. In addition, PL to write to medical leads across the region for circulation and engagement.</p> <p><u>PBM Action Group</u> – No new items to report at this time.</p>	<p>PL</p>
<p>7.5</p> <p>8.</p> <p>8.1</p> <p>8.2(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p>	<p><u>Audit Update</u></p> <p><u>NCA Audit</u> No update available at this time.</p> <p><u>SEC RTC Audit</u> EW outlined the background to the proposed survey of the SEC region, noting the history of regular ‘update’ surveys in the south east coast.. This survey was particularly important given the many changes which have taken place over the past 2-3 years, for example, Trust mergers, partnerships and the consolidation of pathology networks across several sites.</p> <p>It was expected that the survey outcomes would include:</p> <ul style="list-style-type: none"> ○ a better understanding of the health services available in the region ○ an opportunity to update the NHSBT Customer Database, enabling better communications region-wide ○ an opportunity for the region to highlights key concerns ○ a focus for ideas for future regional education events, working groups and projects ○ Appropriate comparison of usage data, better able to fit like with like <p>Having delayed issuing the survey due to possible clashes with the PBM, ICAG and BEG surveys, it would now run from mid November to mid January, following RTT feedback on its content. Results would be collated by BH and these would be shared at the Spring RTC meeting (hopefully Feb 2014).</p> <p>There were no observations or issues raised in relation to the proposal or the timeline.</p>	
<p>9</p> <p>9.1</p> <p>(i)</p> <p>(ii)</p>	<p><u>NHSBT - Update</u></p> <p>RW provided the following update from NHSBT :</p> <p>Sp-ICE</p> <ul style="list-style-type: none"> • Positive feedback received from hospitals • Results available 2-3 days ahead of hard copy reports • Hard copy reports will be withdrawn in the future only after full agreement with users • Nationally, 204 hospitals have returned FRM4116 • You can now access H&I results on Sp-ICE <ul style="list-style-type: none"> – If your hospital Consultants/clinical team can be persuaded to use Sp-ICE, hardcopies results can also be withdrawn after full agreement with users <p>High Titre</p> <ul style="list-style-type: none"> • The 8th Edition of the Red Book is available 	

	<ul style="list-style-type: none"> The web page provides an on-line browser edition http://www.transfusionguidelines.org.uk/index.aspx?Publication=RB Section 12.11 is an update about High Titre testing 	
(iii)	Components/Deliveries Overnight deliveries were being reviewed following the success of the “Olympic Schedule”, which would involve a change to drivers’ contracts.	
(iv)	NHSBT had identified a preferred supplier for Short Journey Boxes which maintain the cold chain for a minimum of 3hrs.NHSBT would undertake the validation and publish the results and roll out of the boxes would take place centre by centre from April 2014.	
(v)	NHSBT Update Members were advised to check the monthly Update regularly using the online link: http://hospital.blood.co.uk/	
(vi)	ITS RW gave an overview and update of the ITS project . Please see embedded PowerPoint presentation. The PowerPoint also contains an update on the Stock Management Project.  ITS_11022 August 2013.ppt	
10	<u>AOB</u> There were no AOB issues raised.	
11	<u>Closing Remarks & Future Meeting Dates</u>	
11.1	PL thanked members for attending and closed the meeting.	
	<u>SUMMARY OF ACTION POINTS</u>	
5.2(ii)	ACTION: PL to write to Dr Laura Green re her work in the field of new oral anticoagulants and unexpected bleeding events. RG offered to look at cases occurring in EKHT and feed back	PL RG
5.3	ACTION: JC to provide information on BSUH 2 sample system operation for sharing regionally	JC
5.7	ACTION: PL to write to BH re the multi-region pre-op anaemia audit to note SEC interest and obtain more information.	PL
5.8	ACTION: RO to liaise with MRow re participation in the national ‘fate of red cells’ audit.	RO/MRow
5.11	ACTION: PL and MRob to provide further details of this for wider dissemination as not all present were aware (GP commissioning & pre-op anaemia)	PL/MRob

5.12(ii)	ACTION: PL to contact Gavin Cho and send further details of involvement to EW and MS (Oneg use – review of recommendations)	PL
7.2(ii)	ACTION: RG & MRob had plans further discussions to move this forward as part of the next SEC Platelet Action Group meeting in November (PAG work on BSMS usage data).	RG/MRob
7.3(iii)	ACTION: LD, JH & EW to share the nurse authorisation of blood paperwork and protocols with the regions when finalised	LD/EW/JH
7.4(iii)	ACTION: PL to provide names of key medical staff (for Nov/Dec circulation of ICAG survey) and engage with the Deaneries to ensure as many participants as possible. In addition, PL to write to medical leads across the region for circulation and engagement.	PL