

**South East Coast Regional Transfusion Team Meeting**  
By Teams  
**Thursday 1 October 2020 (1545 – 1715)**

	Minutes	ACTIONS
1.	<p><b>Present:</b></p> <p>Howard Wakeling (HW) RTC Chair, Consultant Anaesthetist, Western Sussex Hospital NHS Foundation Trust (FT)</p> <p>Fatts Chowdhury (FC) Consultant Haematologist in Transfusion Medicine Imperial College Healthcare NHS Trust/ NHSBT</p> <p>Anwen Davies (AD) Patient Blood Management Practitioner, SEC/NHSBT</p> <p>Ruth O'Donnell (RO'D) Transfusion Practitioner, Western Sussex Hospitals NHS FT</p> <p>Simon Rang (SR) Consultant Anaesthetist, Queen Elizabeth, The Queen Mother Hospital</p> <p>Zoe Sammut (ZS) Laboratory Manager, Western Sussex Hospital NHS FT</p> <p>Roose Spicer (RS) Senior Biomedical Scientist, Kent and Canterbury Hospital</p> <p>Liz Tatam (LT) Transfusion Practitioner, Sussex &amp; Surrey Healthcare Trust</p> <p>Richard Whitmore (RW) Customer Services Manager NHSBT</p> <p><b>Minutes:</b></p> <p>Frances Moll (FM) SEC RTC Administrator, NHSBT</p> <p><b>Apologies:</b></p> <p>Emma O'Donovan Consultant Haematologist, East Surrey Hospital</p> <p>Nelson Johnson Transfusion Site Lead, Berkshire and Surrey Pathology Services</p> <p>Lisa March Transfusion Practitioner, Queen Elizabeth, The Queen Mother Hospital</p>	
2.	<p><b>Minutes of meeting held on Thursday 2 July 2020</b></p> <p>The Minutes were approved and will be published on the JPAC website.</p> <ul style="list-style-type: none"> <li>Action points or matters arising</li> </ul> <p>Some action points continue to be interrupted due to the Covid-19 pandemic and will be added to future agenda.</p> <ul style="list-style-type: none"> <li>Demand and Supply Challenges – SR to talk to LM about O neg practices and protocols in East Kent in the Autumn</li> <li>Blood Stocks Workshop – RW informed the group that support was available to hospitals via the <a href="#">website</a> and that a future online session could be run if there was enough demand.</li> </ul>	<p>FM</p> <p>SR/LM</p> <p>ALL</p>
3.	<p><b>NBTC Summary</b></p> <p>HW provided members with an update from the NBTC meeting held on Monday 28 September 2020. The meeting included discussion on:</p> <ul style="list-style-type: none"> <li>Sharing virtual education meetings, providing content for a national audience.</li> <li>The possibility of developing a UK-wide information sheet, for standardising consent.</li> <li>The importance of protecting study leave so staff can “attend” education events.</li> <li>2019 SHOT report and new online webinars.</li> <li>Next year's budget likely to be very similar to this year.</li> <li>There was a proposal to review RTC boundaries from 10 to 7 regions to bring them in line with the NHS England regions.</li> <li>Presentation on blood demand, calculations and predictions based on different levels of virus.</li> <li>Development of a competency framework for transfusion practitioners is being considered, to see what TPs do and future roles and banding.</li> <li>A Consultant clinical scientist role is being developed; and</li> <li>an update on the Covid Convalescent Plasma trial.</li> </ul>	

4.	<p><b>RTT Membership</b></p> <p>HW welcomed Roese Spicer, Senior BMS at Kent &amp; Canterbury Hospital, to her first meeting, and thanked members for confirming her membership. HW had a promising discussion with another Consultant, who agreed to consider putting their name forward for RTT membership.</p> <p>RTT Membership would remain on the agenda.</p>	FM
5.	<p><b>Budget Update</b></p> <p>No monies had yet been spent this year. Consideration is being given to technical equipment/ new software/ licences, to improve the virtual experience. Spending would be down, because face to face meetings were not taking place.</p>	
6.	<p><b>RTC Work Plan 2020</b></p> <p>AD went through the Work Plan and highlighted the Audits/ Surveys, some have been delayed due to the pandemic. The work plan would be updated and shared for information</p> <p>RW to advise date for next TADG meeting</p>	AD/FM RW
7.	<p><b>Meetings and Events Update</b></p> <ul style="list-style-type: none"> <li>• <b>Transfusion Education Events Survey Results</b> – the results were shared with the members. These had helped inform the planning for the joint education day.</li> <li>• <b>Joint SC/SEC Education Day</b> – Transfusion Bites – Wednesday 7 October 2020 - this event was now in the final planning stages. There was a full programme for the morning. The event was being chaired by HW and Simon Stanworth, (acting Chair for the South Central RTC). This will be the first joint event, and 154 delegates had signed up to-date for the virtual Teams event. We will be sharing the presentations after the event, to widen the educational access.</li> <li>• <b>Feedback from London BMS Empowerment Day and RTC events (July)</b> 80 people had joined the RTC event which received positive feedback. BMS Empowerment day – 30 people joined and again there was very positive feedback. Both had worked well.</li> <li>• <b>Proposals for future events</b> – there is an appetite for the virtual events; it is essential to have sufficient people behind the scenes to make them run smoothly. Future planning will depend on the national discussion and for NBTC to provide a clear direction for these events, to avoid duplication of topics, and how best to share and ensure wider access.</li> <li>• An RTC Business meeting is required, and it was suggested this could take place on Tuesday 9 March 2021 alongside an RTT meeting. It was proposed that a wider audience be invited. With an agenda to potentially include: NHSBT update; audits; Blood product usage and wastage during the pandemic (regional); shifts in services from site to site – logistic problems on lab staff. Movement of services between hospitals; deployment of staff – challenges; how many private facilities were used by the NHS for emergency services; it would be good to look backwards and forwards</li> <li>• It was suggested that a simple/short survey (how many private facilities were used/ how many staff deployed/ what were the challenges) could be devised with the results conveyed at the event. RW to help put the survey questions together. To be considered for circulating in the new year.</li> </ul>	RW
8.	<p><b>Audits</b> – A summary and the recommendations were shared with the members As an RTT, our role is to facilitate awareness of these recommendations.</p> <ul style="list-style-type: none"> <li>• <b>NCA 2018 Major Haemorrhage National Recommendations</b> Members of the RTT complimented the team involved in producing the summary document and felt that the key findings and recommendations were well presented and clear for hospitals to interpret. AD to feed this back.</li> </ul>	AD

	<p>(When reviewing the results, please note numbers participating were low).</p> <p>As a region the RTT should consider trying to gauge how many hospitals have O pos as policy for males to see if any sharing of best practice was possible. From a regional perspective, these guidelines are very helpful, but it is a for Trusts to make local guidelines and make sure they are communicated clearly to clinicians.</p> <ul style="list-style-type: none"> <li>• <b>Audit of Management of Maternal Anaemia</b> – everyone has had the national report, there is no regional report. Recently published key recommendations were discussed. Obstetric teams are completing the audits, so it is important the results and recommendations go back to the obstetrics departments. There is greater awareness of Maternal anaemia now, but with shared care between primary care and obstetricians, the message can fall between the two. Ownership is needed as to whose role it is to look after these patients with anaemia. With the apparent prevalence in pregnant women so high, should they all be given iron, with the instructions that reduce side-effects? It was suggested that the RTT should Include an education session around maternal anaemia and try and invite GPs (CPD points would be essential).</li> <li>• <b>2018 PBM Survey</b> – regional results would remain on the agenda.</li> <li>• <b>SHOT 2019 Key Recommendations</b> these have been shared – <a href="#">SHOT report</a>.</li> </ul>	FM
9.	<p><b>RTC Working Group Updates</b></p> <ul style="list-style-type: none"> <li>• <b>QS138 Update</b> – Latest cycle due in April was cancelled due to Covid. A questionnaire was sent around regarding QS1a – iron deficiency and having a good system in place pre-operatively, and QS4b – consent for transfused patients. The TP group has decided to specifically look at QS4b Consent only this time– highlight the resources - flag up ICag pad; plus improving training. More teaching is required at University level. The next cycle has opened today, with a closing date in October.</li> <li>• <b>O neg</b> – the recommendation we would like Hospitals to be issuing O pos blood for adult males and females over 50, as the first line of attack for unknown patients in a major haemorrhage scenario (exemptions apply). Many are doing this, but not all. This will lead to a saving of O neg. There was no objection to a survey to find out what the O pos /O neg policy is in the surgeries. What the practice is? ACTION</li> <li>• <b>A neg platelets</b> – somewhat superseded, we have seen a change in practice - many Hospitals used to keep A neg platelets as stock platelet, but there has been a reduction in demand. While still getting platelets for specific patients, if these are not used, they then become stock platelets, so there has been a reduction in requests for stock. This is being monitored.</li> <li>• <b>London &amp; South-East Trauma and Haematology Group</b> (10 July) – A survey is to be sent out to find which hospitals had guidelines for PCC to reverse warfarin; and reversing DOACs; also haemorrhage protocols for children. Members also discussed their experience of the pandemic; an update on convalescent plasma, the REMAP-CAP and RECOVERY Trials was presented; the plasma/red cell study had been on hold and Cryostat 2 study, now reactivated. The group also reviewed number of traumas seen during the lock-down, significantly lower for the time of year, but when presented they were quite severe. Coming out of lockdown, the activity has now almost returned to normal.</li> </ul>	RW/AD
10.	<p><b>NHSBT Updated members on the following</b></p> <p><b>Contracts</b> – block contracts in place will be extended this calendar year, these are in place to secure NHSBT costs. Financial Officers will not have their usual information</p> <p><b>Traffic</b> – areas around Tooting were blocked because of cycle lanes! Restrictions lifted and improved the situation. There are delays however in other areas in London. Timings are being adjusted.</p> <p><b>End of EU transition</b> - any haulage through the Dartford Tunnel will have to go through Customs, parking on M2, will restrict our access to Kent and East Kent – plans will be introduced in the near future to adjust timetables. There will be a new schedule out of Tooting, following a very good trial.</p>	

	<p><b>NHSBT Blood donation</b> – cautiously optimistic in meeting demands, some fragile areas – O neg and A pos red cells. The problem relates to donor attendance, fewer clinics and fewer coming through the door (social distancing); convalescent plasma also having an impact. Everyone was asked to encourage people to donate.</p> <p><b>Laboratories</b> – be careful how and what you order.</p> <p><b>Granulocytes</b> – notice needs to be given if required.</p> <p><b>Customer Satisfaction Survey</b> - only 40% completed by SEC – please encourage your labs to complete the survey.</p>	ALL
11.	<p><b>Group updates</b></p> <ul style="list-style-type: none"> <li>• <b>TPG Update</b> – 29 June/ 21 September 2020 – LT updated members. The admin and collection workbooks aimed at people gaining baseline knowledge on transfusion were now available on the <a href="#">JPAC website</a>; Members discussed the clinical and laboratory transfusion reaction forms developed mainly by East Kent and also shared on JPAC; QS138 audit; there was also a conversation on the future of training – most was taking place remotely, e.g., online/ video and discussed what is the best way forward and how it can be sustained.</li> <li>• <b>TADG meeting</b> – 5 August 2020 – RW updated members – it was a Teams meeting – 60 people attended. It had worked well, but people were reluctant to participate, and had to be actively named to pose a question. There was recognition that Labs were not kept informed as clinical services returned to hospitals. Hospitals knew services were being re-introduced, but for Labs demand went up before this was communicated. Services in many Trusts were moved from one site to another site. In London Sickle Cell and other transfusions were taking place in different locations, and one hospital provided the service in homes “very impressive”.</li> <li>• <b>PBM Update</b> – slides to be shared</li> <li>• <b>PBM tool kit</b> – this consisted of guidance for clinicians; convalescent plasma – information card etc.; a two-part maternal anaemia resource has been developed – important to link with the national audit; A new blood assistant App to provide guidance to hospital staff for transfusion to adults - this is in its pilot phase.</li> </ul>	
12.	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b>TLM representation on the National Group</b> – Zoe Sammut agreed to put her name forward as representative for the South East Coast.</li> </ul> <p>AD informed members of two future virtual meetings</p> <ul style="list-style-type: none"> <li>• <b>National TP Group</b> (Webinar event in February)</li> <li>• <b>Convalescent Plasma external Webinar</b> (October 26) - look out for information</li> <li>• <b>Isatuximab</b> – is associated with a risk of interference with blood compatibility tests. AD brought members attention to the brochure. This had been shared by TADG</li> <li>• <b>Component development workshop</b> – HW invited members to suggest areas for development of new products – what new product would you like to see coming online in the next few years – eg: increase shelf life/ versatility of components. <i>Universal platelets</i> – at present we try and give compatible platelets, if we could minimise this give universal platelets. (RW thought this might be under consideration). <i>Irradiating all platelets</i> - ready in stock; (RW this has been explored but worth looking at again). Any other thoughts please contact Howard.</li> </ul>	<p>All</p> <p>All</p>
13.	<p><b>Next Meetings:</b>      <b>Thursday, 3 December 2020</b>                                  <b>Tuesday 9 March 2021</b></p>	