

South West Patient Blood Management Group Minutes

Tuesday 4 October 2022

Via Microsoft Teams

Present:

Elmarie Cairns, Chair (EC), Oliver Pietroni (OP), Donna Davis (DD), Alison Hill (AH), Karen Mead (KM), Sophie Scutt (SS), Annette Bayon (AB), Michelle Davey (MD), Paul Scates (PS), Jane Donald (JD), Ryan Phillips (RP), Ian Sullivan (IS), Alison Robinson (AR), Carol McGovern (CM), Issie Gardner (IG), Ian Mowatt (IM), Stuart Lord (SL), Joe Niblett (JN), Lorraine Mounsey (LM), Katharine Sprigge (KS), Fran Morrison (FM), Jackie McMahon (JM)
Karen Heath (KH), Octapharma (part)

1. Welcome

EC opened the meeting and welcomed all those present.

2. Summary of Previous Informal Meeting (EC)

- Agreement to submit cell salvage data for 2020 and 2021 via SharePoint using the existing headings.
- Discussed cell salvage issues around training and machinery.
- OP talked about Emergency Blood Management Plan

3. RTC& PBM Update (EC)

- The O+ in bleeding men objective is being wound down and support will now be provided to hospitals on a one-to-one basis.
- The survey of maternal anaemia management practice is being finalised and will be circulated via the regional obstetric anaesthetic groups.
- It is likely that TXA will be the next regional focus and it is currently the subject of an NBTC campaign with comms, including infographics going to HTC Chairs. Follow @PBM_England for further updates.
- The final section of the re-formatted annual transfusion survey is being finalised and will be launched via SNAP following the November RTC meeting.
- The next topic for the NBTC education programme will cover transfusion practice in medicine and the regional BMS programme continues to roll out.
- A regional template for the rapid release of blood components has been shared.
- HTC Chairs now have the opportunity, via the HTC Chair's Report to RTC, to raise any issues/concerns with the wider RTC or NBTC if necessary.
- New and updated PBM resources include the Iron in Your Diet PIL and anaemia e-learning modules; the first four modules for LBT have been developed and tested and progress continues with Transfusion 2024.

4. UKCSAG Update (EC)

- Last met in June.
- Still analysing the survey with the main issue being multiple responses from one site. Discussed separating the cardiac and non-cardiac centres to avoid skewing the data.
- Lots of discussion around CS QC with around a ¼ doing QC but when and how often is very different. The Group is hoping to produce some guidance.
- Lots of interest nationally in vaginal cell salvage. If anyone with a service is happy to share their policy, please let EC know.
- Next meeting on 12.10.22.

5. Regional Cell Salvage Data Update (OP)

Aim to review the latest data in Nov/Dec and present an update at the January meeting.

EC encouraged everyone to upload their 2020 2021 data and thanked everyone that had already done so. Please contact JM if any issues accessing SharePoint.

6. Model Hospital PBM (OP)

This is a service that enables trusts that have submitted data to compare their performances nationally and regionally. An NHS.net email address is required for access. Some blood transfusion metrics have recently been added, using data from the recent NCA of the NICE Quality Standards, and OP gave an overview of what this looks like for RCHT. It's not perfect as due to the small number of cases audited, the results of the iron supplementation QS weren't a true reflection of the service at RCHT.

EC agreed that only being able to put small numbers forward was not great for compliance rates and commented that because it was based on blood transfusion, this limited the numbers and didn't necessarily reflect the work of PBM in reducing transfusion rates.

OP thought it was a useful tool overall though if used with an understanding of where the information comes from.

7. Anaemia CQUIN (OP)

Looks at the proportion of patients that are appropriately screened for anaemia and iron deficiency pre-op before major elective surgery, with a target of 45-60%. RCHT are not participating due to recent changes in PBM and iv iron service staffing, but OP thought it would be interesting to see what everyone is achieving, what the barriers are to achieving 100% and how people get around the short interval between assessment and surgery for major elective cancer surgery.

SL commented that GHNHSFT have done Q1, and compliance has met the target. In response to EC's query about managing short timescales between assessment and surgery, SS replied that the trust has a very clear anaemia guideline and that they have just employed an anaemia nurse.

8. Octapharma Presentation (KH)

Presentation from Karen Heath on Fibryga fibrinogen concentrate.

This was followed by a discussion around dosing and how quickly it becomes effective. IG, UHBW (St Michaels) confirmed they generally give 3g but only to patients assessed with low fibrinogen and active bleeding and they give 6g up-front for really low fibrinogen. This also falls in line with Obs Cymru and Liverpool Women's.

In response to OP's query, KH confirmed it is a plasma derived product that goes through a solvent detergent process to inactivate viruses and that if used correctly there have been no reported side effects. If anyone has any further queries, email EC or JM who will pass on KH's email address.

9. Implementation of Fibrinogen Concentrate at GHNHSFT (SS/DD)

SS gave the background to the implementation of FC at GHNHSFT following the introduction of 2 Rotem machines. No business case was required as FC was ordered as a 'no brainer' by the Lab. Manager - the only proviso is that it is only given based on a Rotem result. DD commented that having it in theatres has been transformational, particularly with obstetric PPHs. It is used as a major haemorrhage product but most usage is in obstetrics. Now that COVID funding has run out, looking at ways of cross-charging – currently funded by blood transfusion.

There was a discussion on how blood product budgets are devolved within trusts, and it was agreed that it would be an interesting project to take forward at some point.

Following OP's query, SS and IG confirmed that generally Rotem is used in obstetrics following a blood loss of 1.5 litres.

SS mentioned a poster that has been produced looking at usage/costs and the use of other products which they are happy to release for the next meeting.

IG, SS/DD were asked to share their protocols via SharePoint and IG was also happy to share the Obs Cymru protocol for both Rotem and TEG.

10. NATA Poster Presentations

(i) Tackling Increasing Blood Transfusion Rates in Obstetrics at Royal Cornwall Hospital (RP)

After patient transfusion rates doubled in two years (from 17 to 36), looked back at why it had occurred.

The transfusions were deemed appropriate, and the audit also showed an increase in the use of iv iron post-delivery.

As well as several atypical presentations in 2021, a higher number of patients presented with anaemia at the point of delivery compared to 2020 – impact of COVID?

Obstetric cell salvage well established for c-sections, but should it be considered for vaginal deliveries where most transfusions occur?

High reinfusion rates were largely attributable to the giving back of partial bowls, and cell salvaged blood is offered back routinely to protect against further PPH and anaemic symptoms post-delivery.

There was a discussion around anaemia management and RCHT now have a target Hb of 110 after 28 weeks based on local data and are looking at a more robust policy to further optimise women at 36 weeks who are known to be at risk of anaemia. There was a further question about experience of symptomatic improvement with iv iron post

delivery and EC queried if maternal anaemia management pathways should be a topic for a future meeting, but KS highlighted that there will be a survey of maternal anaemia going out to the region shortly. There was agreement to pooling data regionally on vaginal cell salvage.

(ii) Cell Salvage and PBM in Gloucestershire (JD)

JD presented GHNSFT's NATA poster on the implementation of a cell salvage service which has achieved outstanding results in a four-year timeframe, going from 37 cases in 2018 to 1600 in 2022.

The trust was congratulated on this achievement and DD thanked the SW PBM Group for their invaluable support which highlights the power of collaborative working.

During a discussion around the financial effectiveness of having the service, it was agreed it is difficult to equate the savings in red cells compared to the amount of re-infused salvaged blood.

A variety of staff help deliver the service, with some trusts relying on their scrub staff and others using their ODPs and anaesthetic nurses

11. AOB
None

12. Date of Next Meeting
17 January 2023

A copy of the meeting slidedeck has been uploaded to SharePoint

SW PBM Meeting, 04.10.22 : Actions		
Action	Actioner	Comments
Let EC know if happy to share vaginal cell salvage policy via UKCSAG	All	
Upload 2020 and 2021 cell salvage data to SharePoint	All	
Send requests for Karen Heath's contact details to EC/JM	All	
Add blood budgets, EPO and GHNHSFT FC poster as future meeting topics	JM	
Share fibrinogen concentrate protocols	IG, SS/DD	IG to include Obs Cymru and Liverpool Women's
Upload vaginal cell salvage data to SharePoint	All that use	
Submit any suggestions for future meeting topics/highlight any interesting pieces of work	All	
Complete meeting feedback form	All	