

CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Friday 20 November 2015, 10:30 – 15:30
Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Derriford Hospital	Wayne Thomas (WT); Caroline Lowe (CL)
Dorset General Hospital	Dietmar Höfer (DH)
Gloucestershire Hospitals	Rob McGowan (RM); Joanne Goody (JG)
Great Western Hospital	Doug Smith (DS)
North Bristol Trust	Janet Birchall (JB); Karen Mead (KM); Jane Ashby-Styles (JAS)
North Devon District Hospital	Maggi Webb (MW)
Poole General Hospital	Alison McCormick (AM)
Royal Bournemouth Hospital	No attendee
Royal Cornwall Hospital	John Faulds (JF); Kate Quirke [Med. Student] (KQ); Ellen Kearney [Med. Student] (EK)
Royal Devon & Exeter Hospital	Barrie Ferguson (BF); James Piper (JP); Veronica Sansom (VS)
Royal United Hospital Bath	Sarah Wexler (SW) (chair); Dave Fisher (DF)
Salisbury District Hospital	Ian Jenkins (IJ); Caroline Mathews (CM)
Somerset Partnership NHS Foundation Trust	Suzi Davies (SD)
Taunton and Somerset Hospital	Alison Timmins (AT)
Torbay Hospital	Patrick Roberts (PR); Alistair Penny (AP)
University Hospitals Bristol	Tom Latham (TL); Soo Cooke (SC); Alan Cohen (AC)
Weston General Hospital	Fran Dollery (FD)
Yeovil District Hospital	Alison Hills (AH)
PRIVATE HOSPITALS	
Nuffield Health Cheltenham Hub	Sam Lewis (SL)
Nuffield Health Exeter Hub	Ian Christie (IC)
Spire Hospital, Bristol	No attendee
NHSBT	
Patient Blood Management Practitioner	Alister Jones (AJ)
Patient Blood Management Practitioner	Katy Hurrell (KH)
Customer Service Manager	Rhian Edwards (RE)
Trainee Clinical Scientist	Sara Wright (SR)

- Apologies:** Attached at end of minutes.
- Previous Minutes:** Minutes of the meeting held on 18 May 2015 were confirmed as a true record.

Matters Arising / Action Log:

All actions complete or nothing further to report; except for:

- Single unit transfusion audit: JB fed back on behalf of SB; feasible to collect data on single units issued. Would need co-operation from laboratory managers within region.
- Share initiatives/best practice re: introduction of transfusion alternatives. Lead role for this ongoing action was handed over to the SWPBM group to bring to RTC meetings as appropriate **SWPBM group**
SW asked if anyone attending NATA in April 2016 - yes, JF & KC.
- Explore provision of regional GP training guidance for blood tx: KC fed back another GP study day had been run on 8th November, but very low numbers of actual GPs attended. They felt consent was not an issue for them, and also issues highlighted in SHOT not really applicable to them. The GP transfusion audit will help provide a start to this process (having some data to present about their practice).
- Review HESW generic e-learning induction module for junior doctors - this does not replace hospital based transfusion training. All RTC members advised to convey this opinion locally.

3. Questions from Circulated Documents: KPI Issue & Wastage Data* (RE), Hospital WAPI, RBC and Platelet Issues Updates (JB) (*all presentations are available on the SWRTC website)

RCC issues to BRI influencing regional issues data (upward), otherwise SWRTC trend is mirroring national picture.

Platelets issues to Salisbury increasing (no representative present – but worth enquiring. **KC**

Issues to Great Western Hospital increasing – DS not certain why. JP reported that the haematologists in Exeter are getting more/better HLA matched platelets so need is reducing (as incrementing better).

Derriford has seen a drop in demand for platelets due to cardiac surgery cases being sent up to London.

RCC wastage at RD&E has been reduced by reviewing stockholding.

Torbay has also reviewed their stockholding, but are awaiting a second day time delivery, which will help further.

4. National Blood Transfusion Committee update* (SW)

- PBM: CEOs are being pushed to support and implement/embed PBM, it is being recognised that a proper system is needed.
- HEV: a lot of debate around who needs HEV-. NHSBT will start issuing HEV- components early next year – will NHSBT test all components? no only a selected proportion. Patients who need HEV- but don't get will be SHOT reportable. It was questioned if a sticker or card is needed for patients, and also noted that LIMS will/should be able to flag this. SW commented that there will be a need to educate patients and specialty clinicians, e.g. transplant/renal. It was suggested linking pharmacy issuing of drugs for particular conditions to the need for HEV- components.

5. Patient Blood Management – Update on Group Initiatives & NICE Transfusion Guidelines (AJ)*

6. Audits/Surveys

Regional Consent Survey results (AJ)*

SW requested that the TP group look in to the possibility of developing a consent sticker for the region. **TP group**

Regional GP/Primary Care Transfusion Audit results (KC)*

SW queried if the new NICE guidelines would have an impact on this. A suggestion was made that primary care requests should be limited to 2 units of RCCs. SC suggested that where they are being transfused the nursing staff need to challenge – ACU staff are very good at challenging the trigger and number of units and recommend IV iron if appropriate. AT reported MPH have a GP ‘referral for transfusion’ facility (this is day case unit led). JF reported that RCH have an anaemia/IV iron service that can pick up some of this – primary care can refer any anaemic patient. JF would like to try to scale this up in the SW region. Once RCH has the business case signed off will share with the RTC. **JF**

Regional Audit of Platelet Use in Haematology results (JB)*

JB explained the plan for the full NCA (taking place in January). TL asked if the NICE guidelines would have any bearing on the results. JB noted that the current BCSH guidelines on platelet use add more detail regarding specific patient groups compared to NICE.

2015 Database Survey results (JB)*

JB noted that 2 hospitals state that they have Electronic Dispatch Note (EDN) but are not using it (why not?).

NCA Update (KC)

NCA of PBM in Surgery (JB)*

DS commented that a trigger of 70g/L might be unrealistic in certain circumstances. JB noted that overall the results for the SW looked good.

7. i. SW PBM Group Update (JF)

The group is looking to create a standardised regional ICS data collection tool and development is well under way. JF/JAS gave a brief description and hope to be able to present a final version at RTC meeting in May 2016. **JF/JAS**

Maybe then consider a regional anaemia/iv iron use database, but a key factor will be measuring quality of life indicators. SW noted there are a lot of good tools for this already in existence but a standardised questionnaire would be needed.

ii. Surgical Blood Conservation – starting from scratch (JAS)*

NBT has now tripled its cell salvage provision, and is doing 6-10 iv iron infusions per week for pre-op. anaemia.

8. Hospital Presentations/Audits:

Royal Bournemouth platelet audit* (KC)

Key outcome of this audit was the introduction of a new platelet request form (with NBTC indication codes on in full). The NCA of platelets in haematology (in Jan. 2016) will act as a re-audit of this.

Royal Cornwall Hospital iv iron referral pathway* (JF)

RCH secured agreement from the healthcare commissioners to pay them the HRG code tariff for this procedure. In order to make this work there was a need to have sufficient numbers done to cover the staffing costs (about 40-50 per month). As part of this pathway JF is empowered to delay/defer patients for surgery.

9. SWRTC LIMS project update* (AP)

10. Transfusion Practitioner Group Update (AJ)

10.1 Regional competencies project – this was likely to be overtaken by revised national competencies being ratified in the near future.

11. Education sub-group update (KC)

KC highlighted the low turnout of GPs at the Managing Anaemia study day (aimed at them). GPs have training forums with mandatory training sessions – worth exploring this as a route for interfacing with GPs. **Ed. group**

12. Transfusion Laboratory Managers Update (JG)

Issues raised at the last regional TLM meeting:

*Independent midwives; *Kell/Cellano nomenclature (presentation on component labels); *FFDNA testing; *Lab. staffing levels; *72 hour rule; *Removal of isolation bags for units - who pays for clean up costs if a bag splits?; *Reduced supply of Albumin and anti-D (and how this impacts on care).

13. Any Other Business

- AJ: NWRTC has requested any funds left over in the SWRTC budget be forwarded to them to support funding production of a transfusion safety video. SW agreed so long as access/download of the final product is freely available to SW clinical staff. **AJ**
- DF: the revalidation period for the GMP course on learnbloodtransfusion (LBT) needs to be reduced to annual (at RUH). AJ is the LBT and said he will action this. **AJ**

14. Date of Next Meeting

11 May 2016

South West Regional Transfusion Committee Meeting – 20.11.15 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 20.11.15				
2	Share any initiatives/best practice re. introduction of transfusion alternatives at future RTC meetings	SWPBM group	Ongoing	
3	Increased platelet issues at Salisbury – HTC chair present, but new to role; worth enquiring why	KC	Complete	Spike due to a couple of patients. Issues have since settled down.
6	Consent survey follow-up: look in to developing regional consent sticker for notes	TP group		Discussed at TP Meeting on 10.12.16
6	GP practice audit: RCH have draft business case for managing primary care anaemia cases in hospital; once signed off will share regionally	JF		KC liaising with JF
7	Present final version of SWPBM group ICS database at May 2016 RTC meeting	JF/JAS	Complete	
10	Regional transfusion competencies: uncertain when national guidelines will be signed off; agreed to launch regional version	AJ/CL/TP Group		National Guidelines to be presented at March 2016 NBTC meeting
11	GP training: ed. sub-group to look in to accessing GP training forums (which are mandatory)	Ed. sub-group	Ongoing	
13	Enquire whether NW transfusion training film (requesting RTC funding) will be free to access, and downloadable	AJ	Complete	
13	Change revalidation periods on learnPro (learnbloodtransfusion) at RUH	AJ	Complete	

GLOSSARY OF ABBREVIATIONS

ABLE	Age of Blood Evaluation
BCSH	The British Committee for Standards in Haematology
BPL	Bio Products Laboratory
CMV (-ve)	Cytomegalovirus (negative)
CPA	Clinical Pathology Accreditation
ED	Emergency Department
F1/F2	Foundation Doctor
GI	Gastrointestinal
GP	General Practitioner
Hb	Haemoglobin
HBe	Haemoglobin E
HESW	Healthcare Assistant
HTC	Hospital Transfusion Committee
ICS	Intraoperative Cell Salvage
ISO	International Organisation for Standardisation
IV	Intravenous
KPI	Key Performance Indicators
LIMS	Laboratory Information Management System
MHRA	Medicines and Healthcare Products Regulatory Agency
MSc	Master of Science
NBT	North Bristol Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NICE	National Institute for Health and Care Excellence
NPSA	National Patient Safety Agency
PBM	Patient Blood Management
RBCs/RCC	Red Blood Cells / Red Cell Concentrate
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RD&E	Royal Devon & Exeter Hospital
RTC	Regional Transfusion Committee
RTT	Regional Transfusion Team
RUH	Royal United Hospital (Bath)
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SHOT	Serious Hazards of Transfusion
SPN14	Safer Practice Notice No. 14
ToRs	Terms of Reference
TXA	Tranexamic Acid
WAPI	Wastage as Percentage of Issues
WBIT	Wrong Blood in Tube

South West Regional Transfusion Committee Meeting

Friday 20 November 2015 at Oake Manor, nr Taunton

APOLOGIES

Hospital	Name	
North Bristol Trust	Tim	Wreford-Bush
North Bristol Trust	Christina	Laxton
Dorset	Caroline	Blake
Dorset	David	Quick
Poole	Vikki	Chandler-Vizard
SPIRE Bristol	Roger	Evely
Cornwall	Richard	Noble
Cornwall	Nicki	Jannaway
Cornwall	Deb	Thomas
Cornwall	Stephen	Bassey
Circle Bath	Norjin	Pejcic
Bournemouth	Jason	Mainwaring
RUH Bath	Jerry	Nolan
Salisbury	Effie	Grand
Salisbury	Anne	Maratty
Nuffield South West	Anna	Gillard
GWH	Sally	Caldwell
BMI Bath	Caroline	Gladman