

**EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK**

Minutes of the meeting held on Wednesday 5<sup>th</sup> November 2014 at the  
Cambridge Donor Centre **APPROVED**

**Present:**

<b>Name</b>	<b>Hospital</b>	<b>Name</b>	<b>Hospital</b>
Claire Atterbury <b>CA</b> <i>Chair</i>	Queen Elizabeth KL	Andy King-Venables <b>AKV</b>	Hinchingbrooke
Julie Jackson <b>JJ</b>	James Paget	Tina Parker <b>TPa</b>	Broomfield
Natalie Outten <b>NOu</b>	Southend	Janet Pring <b>JP</b>	Norfolk & Norwich
Michaela Lewin <b>ML</b>	Papworth	Frances Sear <b>FS</b>	NHSBT
Joanne Hoyle <b>JH</b>	West Suffolk	Lorraine Holland <b>LH</b>	Bedford
Jane O'Brien <b>JO'B</b> <i>minutes</i>	NHSBT	Maria Puskas <b>MP</b>	Watford

**Apologies:**

<b>Name</b>	<b>Hospital</b>	<b>Name</b>	<b>Hospital</b>
Ali Rudd <b>AR</b>	Norfolk & Norwich	Sheila Needham <b>SN</b>	QE II
Alex Boyle <b>AD</b>	Norfolk & Norwich	Julie Edmonds <b>JE</b>	Lister
Tracy Nevin <b>TN</b>	Princess Alexandra	Ellen Strakosch <b>ES</b>	Luton & Dunstable
Gilda Bass <b>GB</b>	West Suffolk	Sue Turner <b>ST</b>	Colchester
Kaye Bowen <b>KBo</b>	Peterborough	Maria O'Connell <b>MO</b>	Basildon

**1. Welcome and apologies:** CA welcomed everyone to the meeting and introductions were made around the table. Apologies were read out plus a list of those who had not responded to the invitation to attend.

**2. Minutes of previous meeting:** agreed as accurate.

Matters arising:

Turning Point technology was discussed. During training ML uses Turning Point to ask questions on a particular topic, gives a presentation then delivers the same questionnaire in order to determine the level of understanding amongst the audience.

The Turning Point presentations from the midwives and surgical study days are available from FS on request. A single sheet quiz available for use in hard copy is attached.

Action Plan:

- NOu said a BMS at Southend gave a presentation on new oral anti-coagulants (NOACs). CA asked if it would be suitable for the TADG, who might be interested.
- Sponsors for future meetings were discussed. Octapharma have offered to sponsor the next meeting but JO'B said there had been several cancellations by sponsors at both the TP and TADG meetings. MP offered to speak to Sorin, who supply cell savers at Watford. She said a large part of her remit is to encourage the use of cell salvage and there was discussion on the difficulties of providing this service including competencies and lack of awareness of the Cell Salvage Action Group and NICE Guidelines. *Action: MP to contact her cell salvage rep at Sorin to ask if he would sponsor the May meeting*

**3. RTT/RTC Update:** CAAt gave this update:

Education events:

“Blood Transfusion in Surgical Practice”: with 12 speakers and 100 delegates, this was the best attended regional event that we have held. Most presentations are now on our website. There were no delegates at all from Colchester and Luton & Dunstable and just one person (the TP) from Papworth and Princess Alexandra. The event was agreed by all present who had attended to have been an excellent day, with comments that the GP and patient talks had both added a different perspective. It was noted that there are problems with pathology network employees attending education events as EPA have no education budget and TPP appear to have no facility to pay delegate fees. CPD points were also discussed; the Royal College of Pathologists now require members to apply for their own points in retrospect for regional meetings as do some other Royal Colleges. The Royal College of Anaesthetists allocates points in advance without charge but the Royal College of Surgeons charge a fee, even for NHS organisations, if they have sponsors and charge a delegate fee.

2015: At the last RTC meeting it was agreed that the theme for the 2015 education event be the challenges of the implementation of PBM. The RTT will be drafting a programme at the next meeting. Topics may include:

- Consent and barriers of delivery. To include the results of the NCA on patient consent.
- Restrictive blood sampling – Nicola Jones, Papworth
- Use of erythropoietin
- Optimisation of the patient, including financial implications.
- Single unit transfusion – a pilot is commencing at a London hospital
- Renal anaemia
- Underlying causes of anaemia; with particular reference to patients given “quick fix” transfusions without further investigation.
- Platelets – new guidelines are currently in development.

Twitter: We now have a Twitter account: [@EoE\\_RTC](#).

Pre-transfusion Hb audit: It was noted during data input of this audit that there were a large number of transfusions commenced out of hours (20.00 – 08.00). This information was presented at the RTC and included in the audit final report distributed to hospitals early last month. The regional average was 22% with some hospitals significantly higher than this.

Platelet audit: a repeat of the 2012 regional platelet audit is taking place in October and November. The audit should cover 40 cases or 4 consecutive weeks.

October RTC meeting: CAAt said she thought this meeting was particularly good and thanked Papworth for their 2 excellent presentations. ML said that with regard to restrictive sampling, there had been resistance from the lab staff presumably because adaptors had to be fitted to tubes before they could be processed. JJ said James Paget use paediatric sample tubes which are the same size as adult tubes but with an inner to reduce the sample size and so there are no difficulties with analysers.

**4. NHSBT Update:** See presentation attached with minutes. Several people said that the new Hospitals and Science website does not display properly. JO'B said a recent browser is required such as Chrome or Firefox or Windows Explorer 9. “The Update” does not display as a whole document anymore and it cannot be saved a facility which JJ finds useful. *Action: JO'B /FS to pass on this feedback.*

FS said that if the NPSA review body recommendations for competency assessments are agreed, the Skills for Health would employ e-learning and would like user feedback on the LearnBloodTransfusion platform. CAAt said she had always used it and found it to be both theoretical and practical. She recently tried a new system which feed results directly into ESRs but had problems with that. JH said WSH used their own e-learning and would be unlikely to change. JJ said it takes longer to do than face to face training, James Paget has insufficient computers and staff are not given dedicated time for it. JH said WSH have training days. CAAt said some of the older healthcare assistants don't use computers and so are given paper copies. It was noted that the NPSA guidelines stated that training for competencies is not the responsibility of TPs.

**5. Posters and presentations:** CAAt said that BBTS had been well represented by our region this year with a poster presentation from Broomfield and both GB and FS giving presentations. She said that BBTS is changing towards a laboratory/clinical interface and its focus is becoming more patient based than research based. She said that she thinks membership in beneficial to TPs. CAAt said there is a lot of good work being done in the region which is not being publicised. She said abstracts are quite easy to write and all the information to be used in the final presentation or poster is not needed at that stage. BBTS publishes all abstracts in a magazine which is very helpful and it includes a lot of useful contacts. She did a white board exercise, using our TP group as an example, to show the kind of key points that can be included in an abstract. In this instance, aims and objectives of the group, the education element, professional interaction and peer support.

**6. How do we solve a problem like red cell wastage?:**

- TPa, together with the Haematology Manager and TLM at Broomfield, did a poster presentation for BBTS. She said she found it to be a scary process and also felt that the wastage problem had not been fully addressed. She circulated copies of the poster which everyone found to be clear and concise.
- There are 5 blood bank fridges external to the lab, which were not temperature mapped 24 hours a day. Stock in these is now checked daily and laboratory staff have been empowered to query requests. Forms for staff to record telephone requests for blood components and forms to record orders from NHSBT were introduced. *Action: TPa agreed to share these forms.*
- It was noted that periods of peak wastage occurred during school holidays and a lot of waste is the result of time expiry.
- TPa said the cost savings had been considerable.
- LH said there is very little laboratory waste at Bedford and most waste occurs in wards. A monthly report of orders and waste is now issued to clinical areas.
- CAAt said Queen Elizabeth have a 12 hour re-reservation on red cells. Others present use 48 hours.

**7. Antibodies and antigens:** JP gave a presentation (attached with minutes) then JP, ML and NO led workshops looking at sample identification panels. It was noted that when multiple antibodies seem likely, blood should be issued with the proviso that is it the best match available at the moment. It then becomes a clinical decision as to whether to wait for a more fully cross matched product or transfuse with the best available. Communication is crucial in this scenario.

**8. I.V. iron quiz:** CAAt did not have this to hand so it will be carried over to the next meeting.

**9. PBM recommendations:**

FS and JO'B have circulated a survey of clinical specialisms and PBM practices in order to compile a database for the region. It was stressed that only information known or readily accessed should be completed; further information can be added as it becomes available. Only half of the region's hospitals have returned these; we would be grateful if the rest could be sent to JO'B as soon as possible.

- Single unit transfusion: FS reported that a working group has been set up consisting of AK-V, GB and a TP from NNUH and will meet shortly. She invited others to join if interested and CAAt volunteered.
- NOACs: FS and Dora Foukaneli are to put together some bullet points from Trevor Baglin's presentation at BTISP to assist TPs. AK-V said that anti-coagulation teams are not involved with NOACs and it was noted that this is because there is no monitoring of these drugs and their use is physician led.
- ML said she does a transfusion newsletter as Papworth, originally intended for link nurses etc. However, with Trust approval it now has full Trust circulation. She does a 90 minute session at Anglia Ruskin university and includes a section on PBM. Several present said their hospitals now have PBM groups.
- CAAt believes other regions have developed guidelines on pre-admission and pre-assessment. *Action: FS to investigate.*
- CAAt asked if Toby Richard's presentation on anaemia from BTISP was available on the website. JO'B replied that she did not have the presentation or have permission to use it. *Action: CAAt to ask for permission to add the presentation to our website*
- It was previously agreed that we discuss one aspect of the PBM recommendations at each meeting.

**10. Sharing good practice and hospital updates:**

- NO said they had re-visited the NCA paediatric audit of 2010 and re-audited aspects of paediatric transfusion.
- ML referred to the SHOT recommendation that all pathology samples should be collected against the same criteria given to transfusion samples. She said there had been issues with collection of coagulation samples and the Deputy Director of Nursing had appreciated that training for the collection of transfusion samples was better.
- ML said they were unable to minute HTC meetings because of the lack of administrative support and said they had decided to use an action plan instead. Others present had various people to provide HTC minutes, including taking them themselves or using the HTC Chair's secretary. It was suggested that the non minuting of HTC meetings introduces risk (Reference: Health Service Circular 2007/001)
- At Papworth, there is a checklist on the back of request forms and a tick box stating "I have taken this sample in accordance with the checklist on the reverse", although use of this is not yet mandatory.
- ML asked if others present issued PCCs (Octaplex, Beriplex) and Riastap outside the laboratory. Several said these were issued by pharmacies and in some case Critical Care units had their own supplies

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- LH said she now has a new matron who was a TP for 6 years. She said they are considering introducing second samples and that they had 100% traceability in September.
- CAAt said that thrombosis and the HTT now share monthly meetings, so she attends every second month. She said they had just introduced Haemonetics BloodTrack for sampling, collection and administration and is told QE is the only hospital using it for all 3.
- There was discussion on second samples in obstetrics; some hospitals do not have a second group and save sample taken at 28 weeks, which causes problems if a sample is not taken on admission
- NO asked if anyone else had problems with the SHOT Dendrite website. Apparently following an upgrade lots of people are having difficulty logging in
- NO referred to problems with IT systems and the fact that what might be seen as human error is actually a result of over reliance on information systems. For example during the issue of MB FFP, the date of birth requirement has not been updated on Clinisys and 2 "rules" have to be imposed in order to ensure MBFFP is issued to the right age groups.
- LH said midwives had asked her about Jehovah's Witness patients and anti-D. CAAt said the considerable majority of Jehovah's Witnesses are fully aware of what constitutes a blood product and have advance directives as to what products they will accept.

### 11. A.O.B:

- There was discussion on the impact of pathology modernisation. It was noted that at some hospitals lab staff made redundant by the process are now back working as bank or agency staff. It was noted that there are logistics issues with EPA where by transfusion samples are being sent in error to NNUH and sometimes by the time they are returned to JPUH or QE, they have to be discarded.
- CAAt suggested that it would be helpful for TPs and TADG members to have access to each others meeting minutes. *Action: JO'B to raise with East of England TADG*
- FS and JO'B now have an nhs.net address: NHSBT.EoERTC@nhs.net

### Attachments with minutes:

Blood loss estimation exercise

Antibody investigations – PowerPoint, Janet Pring

NHSBT update – PowerPoint, Frances Sear

"Where on the web?" – a list of useful websites

### Next meetings:

TP Network: 11<sup>th</sup> February 2015,

7<sup>th</sup> May 2015, both 10 am to 3.30 pm at the Cambridge Donor Centre

RTC: 26<sup>th</sup> February 2015, 10 am to 1 pm at St John's Innovation Centre, Cambridge

**Actions:**

<b>Action</b>	<b>Responsibility</b>	<b>Due date/status</b>
Contact cell salvage rep at Sorin to see if he would sponsor the May meeting	MP	Complete. Sorin to attend TP meeting 7 <sup>th</sup> May and MP to do presentation on cell salvage from a TPs perspective
Pass on feedback that The Update can no longer be saved except as a webpage	FS/JO'B	
Send forms for record telephone requests and NHSBT orders to JO'B for circulation to the group	TPa	
Complete the PBM and clinical specialisms survey and return to JO'B	Thos who have not yet done so	ASAP
Discover if other regions have developed guidelines or policies on pre-assessment and pre-admission	FS	
Ask Toby Richards for a copy of his anaemia presentation and for permission to add it to our website.	CAt	
Ask if the EoE TADG is happy to share minutes with the TP Network	JO'B/FS	3 <sup>rd</sup> December