

**UNCONFIRMED MINUTES OF THE SOUTH WEST REGIONAL
TRANSFUSION COMMITTEE**
Wednesday 11 May 2016 10:30 – 15:30
Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Derriford Hospital	Sophia Wrigley (SW)
Dorset General Hospital	David Quick (DQ); Dietmar Höfer (DH); Maraneka Greenslade (MG)
Gloucestershire Hospitals	No attendance
Great Western Hospital	Doug Smith (DS)
North Bristol Trust	Janet Birchall (JB); Karen Mead (KM); Christina Laxton (CL); Jane Ashby-Styles (JAS)
North Devon District Hospital	Maggi Webb (MW); Julie Mitchell (JM)
Poole General Hospital	Alison McCormick (AM); Vikki Chandler-Vizard (VCV)
Royal Bournemouth Hospital	Julie Johnson (JJ); Shane McCabe (SM); Suzanne Pledger (SP)
Royal Cornwall Hospital	Stephen Bassey (SB); Deb Thomas (DT); John Faulds (JF)
Royal Devon & Exeter Hospital	Barrie Ferguson (BF); James Piper (JP); Veronica Sansom (VS); Jack Cunningham & Keira Soanes (presentation only)
Royal United Hospital Bath	Sarah Wexler (Acting Chair) (SWe); Amanda Dornan (AD); Wayne Vietri (WV)
Salisbury District Hospital	No attendance
Somerset Partnership NHS Foundation Trust	No attendance
Taunton and Somerset Hospital/Yeovil District Hospital	Sarah Allford (SA)
Torbay Hospital	Patrick Roberts (PR)
University Hospitals Bristol	Soo Cooke (SC)
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	No attendance
Spire Hospital, Bristol	Roger Evelyn (RE)
NHSBT	
Patient Blood Management Practitioner	Katy Cowan (KC)
Customer Service Manager	Rhian Edwards (REd)
Haematology Registrar	Rosanna Ghinai (RG)
Consultant Clinical Scientist	Matt Hazell (MH)
International training fellow – transfusion medicine	Trileeshiya Withanawasam (TW)
RTC Administrator	Jackie McMahon (JMc)

1. **Apologies:** Attached.
2. **Previous Minutes:** The minutes of the meeting held on 20 November 2015 were confirmed as a true record.
3. **Matters Arising (not covered in main agenda)**
 - Share any initiatives/best practice regarding introduction of transfusion alternatives at future meetings: Ongoing.
 - RCHT managing primary care anaemia: KC liaising with JF regarding sharing business case once signed off in RCHT.
 - GP training: An advert has been sent out seeking a GP representative to join the SWRTC to raise anaemia awareness. As yet, no replies or interest
 - The North West RTC transfusion training film will be free to access.
4. **Questions from Circulated Documents: Hospital WAPI, RBC, Platelet and CMV-ve Updates (JB)* (*all presentations are available on the SWRTC website)**

RBC: Issues dropped year on year in line with national trend.
Platelets: The majority of hospitals are ordering less platelets with issues down 3.3% compared to 2013/14. Salisbury issues have increased significantly. KC to contact to discuss.
Wastage: RBC wastage is below 5% for the majority of hospitals. Platelet wastage is higher because of shorter shelf life. Wastage will be higher for smaller users and those further away from blood centres. The percentage of O-Neg issues continues to rise. There is a national initiative to reduce O-Neg issues and wastage. Hospitals with more than 12.2% of total RBC issues for 2015/16 will be contacted by NHSBT.
CMV –ve: Significant savings have been achieved regionally since SaBTO's recommendation.
SWe suggested that each hospital reviews and compares data within their BSMS usage group and contacts KC if any problems with O-Neg usage.
5. **National Blood Transfusion Committee update (SWe)**

SWe highlighted three topics:
HepE: It was acknowledged that this was implemented very quickly and the challenges and barriers to moving forward were recognised, together with the need to educate patients to keep it in perspective.
Orthogeriatricians: SWe asked if RTC members were aware of orthogeriatricians transfusing to higher Hb thresholds. They are also not well represented on local transfusion committees and should be encouraged to join. Following discussion on the appropriateness of giving tranexamic acid to traumatic hip fracture patients, it was agreed to ask the PBM group to write a regional TXA guideline for surgery. One of the RD&E hip surgeons is knowledgeable about TXA use in hip surgery and it was suggested inviting him to speak at the next meeting.
GP Representation at RTC: An advert has gone out via the GP training group to ask if anyone would like to be involved in this Committee – no

response as yet. AH thought she knew of a GP that might be interested and was asked to pursue.

6. Patient Blood Management (KC)

6.1 Update on Group Initiatives*

KC highlighted the resources that have been put together and these will soon be available on the website. Hospitals were invited to submit resources that might be useful. JB confirmed that NBT's transfusion committee is happy to share guidelines with the rest of the region.

6.2 Patient Representative

We are still without a patient representative. SWe will ask a colleague who is a regular transfusion user if she would be interested. Everyone was asked to consider if they had any patients who may be interested in the role as it would be good to have more than one.

7. Audits/Surveys

2016 Database Questionnaire (JB)

The 2016 survey will be circulated during July.

Single Unit Transfusion Data Collection (MW)

MW has pulled the information from her lab system but not analysed this. JB explained that if this can be done, it would be a simple way to monitor compliance with PBM and identify trends. MW/SB to discuss feasibility with their colleagues.

It was agreed to add a question to the database survey asking how many red cell transfusion requests were issued as one unit.

RCHT has produced some data which showed requests for single unit transfusions were around 20%. During a retrospective look back, Poole identified single unit requests at around 10% but this figure increased to 30% by their March 2016 HTC. Poole do feedback sessions to their lab. staff which has proved very useful and helps them feel more empowered to challenge requests.

8. Llama Farming in Cornwall (SB/DT)

SB/DT demonstrated RCHT's Llama Safe app. for producing blood transfusion sample labels at the patient's bedside using the QR barcode on the patient's wristband. Used for cross-matching only, the benefits have been a dramatic reduction in wrong blood in tube incidents, sample rejections and the need for second samples.

They are happy to send a device out for hospitals to test. More information can be found at: <http://www.llamasafe.co.uk/llama-safe/>

9. Hepatitis E - Hospital Impact (JB)*

JB presented the first full month's figures for HEV –ve RBC and platelet issues. SaBTO's decision about which patients would be affected was not made until the last minute and it was felt there was no real consensus on what group of patients to monitor. The extra cost of ordering HEV-ve components was discussed.

SW raised the issue of a regional agreement for the transfer between hospitals of patients with special requirements as the receiving hospitals is not always aware. This would not be easy to implement as data on certain groups of patients, i.e. solid organ transplants, is not always readily available. It was suggested that the best way forward would be for those patients to carry a special requirements card.

10. SW PBM Group Update (JF)*

RCHT have been invited to present their anaemia management model to Parliament on 29 June as part of an Anaemia Manifesto being launched by a group of UK stakeholders with an interest in iron deficiency. JF to feedback the outcome at the November RTC meeting.

ICS Database: JF presented the template for the proposed SW regional database which will be circulated around the RTC for feedback prior to agreeing the minimum datasets. The data will be submitted on excel spreadsheets and it was agreed that JMc will be responsible for managing the data centrally. Each trust will need to sign up to the database. The data will be anonymised but JF will check that our regional plan is acceptable from a patient data perspective. Once up and running, we can use the database to run audits, produce regional reports and benchmark.

Anaemia Management: RCHT's anaemia management service is now getting more referrals from primary care than pre-assessment. Once implemented, the service should make enough money to pay for itself and may become an income generator.

The next meeting of the SW PBM Group is on 9 June 2016 at RD&E.

11. Hospital Presentations/Audits:

An Audit of Emergency Group O Blood Use in Royal Devon and Exeter Hospital (JC/KS)*

Audit prompted by an awareness of stock issues around O RhD negative blood and as a non-trauma centre wanted to explore strategies for moving away from emergency O RhD negative to O RhD Positive. Looked at three options and the one being considered is for all males over 18 to be given O RhD Positive emergency blood. During the audit period, this would have saved 54 units of O RhD Negative blood.

RD&E Single Unit Transfusion Audit (BF)*

Prompted by NCA PBM audit results. RD&E did well but not in use of single units. 66 transfusion episodes were audited, 41% of which followed the single unit transfusion guideline. Of the 41%, 33% required a second unit. Actions put in place following the audit include increased education of doctors and the creation of a poster for clinical areas. Then re-audit. BF happy to share poster.

12. Update of SW RTC LIMS project (JB)

JB gave some background on the project to provide an IT solution which links Hb data to transfusion episodes to enable users to define levels of appropriate use of red cells amongst specialities. Clinisys are the IT provider and we are now in the final stages of validation. JB suggested that Clinisys users approach them to ask when the RTC-initiated software update will be available.

13. Transfusion Practitioner Group Update

13.1 Regional Competencies Project (KM)*

Four regional competencies have been developed - sampling, pre-collection, collection and administration (NBTC have 3). All comply with NBTC standards and are ready for final sign-off and posting on website. Trusts are free to adapt to take into account their local protocols but the minimum standards should be retained to ensure transferability.

13.2 Consent Sticker

It was agreed to make a regional transfusion record and a consent sticker template available via the SWRTC website.

14. Education Sub-Group Update (KH)

Planned events: Lab. Matters (May 2016), Anaemia in Primary Care (Sept 2016), PBM in surgery (Nov 2016), Midwives study day (Jan 2017).

15. Transfusion Laboratory Managers Update (MW)

MW summarised some of the topics discussed: issues; couriers; reagent deliveries coming from Liverpool with no cold chain; NHSBT's over reliance on adhoc deliveries; deliveries not received on time; SLAs not going to lab. staff; HEV –ve; blue light prices may have to rise if application to use bus lanes is successful.

Suggestions made: transport – one fixed delivery time a day and then pick slots; drivers to be multi-skilled; addition of handling fee for collections; drivers to carry a card as proof of GMP training.

16. Any Other Business

SWe mentioned that the extension to FFP shelf life now requires FFP thawers to be cleaned every day.

17. Date of Next Meeting

17 November 2016.

South West Regional Transfusion Committee Meeting – 11.05.16 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 11.05.16				
3	GP practice audit: RCH have draft business case for managing primary care anaemia cases in hospital; once signed off will share regionally	JF	C/f from Nov 15 mtg	KC liaising with JF
4	Contact Salisbury re. rise in platelet issues – has there been a change to the services they offer?	KC		Significant increase since 2013/14
4	Review and compare issues data within BSMS usage group/contact KC if any problems with O-Neg usage	All		
5	Encourage orthogeriatricians to join HTC's	All		
5	Regional PBM group to write regional protocol for use of TXA in surgery	SW PBM group		
5	Approach GP re joining RTC	AH		
6	Submit any useful PBM resources to RTC for inclusion in regional resources.	All		
6	Consider candidates for patient rep.	All		
7	Discuss feasibility of single unit transfusion audit with colleagues	SB/MW		
7	Add question to SWRTC database form requesting data on number of red cell transfusion requests issued as one unit	JM		
10	Feedback at Nov RTC on outcome of Anaemia Manifesto meeting	JF		
10	Circulate ICS database for feedback	JF		
12	JB suggested Clinisys users approach them to ask when the RTC-initiated software update will be available	Clinisys Users		
13	Prepare regional competencies for posting on website	KM/AH		
13	Prepare regional transfusion record and consent sticker for posting on website	KM/AH		

GLOSSARY OF ABBREVIATIONS

CMV (-ve)	Cytomegalovirus (negative)
FFP	Fresh Frozen Plasma
GMP	Good Manufacturing Practice
GP	General Practitioner
Hb	Haemoglobin
HepE	Hepatitis E
HEV (-ve)	Hepatitis E Virus (negative)
HTC	Hospital Transfusion Committee
ICS	Intraoperative Cell Salvage
LIMS	Laboratory Information Management System
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
PBM	Patient Blood Management
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RD&E	Royal Devon & Exeter Hospital
RTC	Regional Transfusion Committee
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SWRTC	South West Regional Transfusion Committee
TXA	Tranexamic Acid
WAPI	Wastage as Percentage of Issues