

UNCONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE
Wednesday 25 May 2022, 10.30 – 13.00
Via Microsoft Teams

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Dorset County Hospital NHSFT	No Representation
Gloucestershire Hospitals NHSFT	Stuart Lord (SL), Tracy Clarke (TC), Rebecca Frewin (RF)
Great Western Hospitals NHSFT	Sally Charlton (SCh), Jassy Uppal (JU)
North Bristol NHS Trust	Mooi Tay (MT), Elmarie Cairns (EC), Tim Wreford-Bush (TWB), Karen Mead (KM)
Royal Devon University Healthcare NHSFT (Barnstaple)	No Representation
Royal Cornwall Hospitals NHS Trust	Nesa Kelmendi (NK), Ian Sullivan (IS), Pedro Valle-Vallines (PVV), Carol McGovern (CM), Oliver Pietroni (OP)
Royal Devon University Healthcare NHSFT (RD&E)	Barrie Ferguson (BF), Carolyn Jones (CJ)
Royal United Hospitals Bath NHSFT	Helen Maria-Osborn (HM), Jenny Page (JP)
Salisbury NHSFT	Caroline Mathews (CM), Sarah Salisbury (SS)
Somerset NHSFT	Michelle Davey (MD)
Somerset NHSFT/Yeovil District Hospital NHSFT	Charlotte Neville-Rutherford (CNR)
Torbay and South Devon NHSFT	Patrick Roberts (PR), Alistair Penny (AP)
University Hospitals Bristol & Weston - Bristol	Stephen White (SW), Soo Cooke (SCo)
University Hospitals Bristol & Weston - Bristol/NHSBT	Tom Latham (TL)
University Hospitals Bristol & Weston - Weston	David Brunt (DB), Egle Gallo (EG), Lucia Elola Gutierrez (LG)
University Hospitals Dorset NHS FT – Bournemouth	Lorraine Mounsey (LM), Ian Mowatt (IM)
University Hospitals Dorset NHS FT - Poole	Vikki Chandler-Vizard (VCV), Alison McCormick (AM)
University Hospitals Plymouth NHS FT	Stuart Cleland, Chair (SC), Caroline Lowe (CL), Tom Scorer (TS), Samantha Reynolds (SR), Linda McCracken (LM)
Yeovil District Hospital NHSFT	Alison Hill (AH)
PRIVATE HOSPITALS	
Spire Hospital, Bristol	Sarah Threader (STh)
Patient Representatives	Helen Witham (HW)
NHSBT	
Customer Service Manager	Rhian Edwards (RE)
Customer Service Manager	Emma Taylor (ET)
Clinical Consultant	Mike Murphy (MM)
RTC Administrator	Jackie McMahon (JM)
NHSE&I	Bruce Daniel (BD)

***Full copies of all presentations will be available with the minutes**

1. Welcome and Apologies:

All welcomed. Apologies will be attached to the minutes.

2. Previous Meeting Minutes

The main points of the meeting held on 25.11.21 were highlighted and the minutes approved.

2. NBTC/RTC Chairs Meeting Update (SC)*

SC provided a review of the meeting held on 28 March 2022. A document containing a more detailed summary and links to some of the papers presented at the meeting will be circulated separately:

- Revision of how budgets calculated following RTC realignment has led to a small increase to the SW RTC budget.
- SHOT CAS Alert discussed with particular reference to concessionary, rapid release of the best matched red blood cells for patients with red cell antibodies. Unlikely to be further NHSBT/NBTC guidance – down to trusts to implement or update their own policies – any newly developed SOPs will be shared via the NBTC. Engagement with local RCI and NHSBT consultant is advised and the BSH guideline on haemolytic anaemia was referenced. This and guidance created by Barnsley NHSFT for patients with pan-reactive antibodies and patients with known antibody specificity are in the more detailed summary document.

MM stressed that the link between trusts and NHSBT is key and suggested collating the regional NHSBT contact details for trusts.
- Transfusion 2024 Update:
 - MHRA reluctant to align standards with UKAS. They are the law, UKAS is peer review. NBTC requesting clear evidence of discrepancies via Lab Managers network.
 - Transfusion 2024 checklist coming soon
 - UK TLC Standards to be published shortly
 - National problem with lab. staff shortages/safe staffing levels acknowledged.
- Haematology Trauma Working Group, currently mainly southeast-based, looking to expand membership to other major trauma centres. Group meets every 3 months via Teams for one hour. Details of their next education event on Trauma & Coagulation on 19th July were circulated post-meeting.
- Plasma for Medicine – 2024 is the earliest we would see the move towards a reasonable number of products sourced from UK plasma.

MM clarified that the ambition is not to be self-sufficient in plasma products but to be able to supply a portion of the UK's IVIg use with UK plasma.
- RCT looking at the use of whole blood in the trauma setting due to commence in June, initially using D-ve blood whilst assessing safety of D+ve blood. SC referenced two papers looking at this in more detail.
- Universal plasma/platelets – work underway on distribution of anti-A and anti-B in population to assess risk in pooled compared to apheresis platelets and if pooled platelets can be assessed as high titre negative. Decision expected shortly on funding application for UK sourced and manufactured dried plasma.
- Blood Pricing – price increase of 6% agreed by NCG, with fixed capacity + variable cost to remain for 2022/23 with the aim to return to cost per item in 2023/24. NHSBT aims to reduce the cost base for blood by 10.9% over the 2023-2027 period. Suggestion for differential pricing for O-ve to incentivise reduced use but no plans to introduce.

MM highlighted the absence of any funding for Transfusion 2024 or support for hospitals in the NCG's pricing calculations and was surprised that the RTC Chairs hadn't raised that point.
- NCA of NICE quality standards – over half of respondents met the standards for iron supplementation (59%), TXA (68%), one unit and reassess (58%) but only 26% met the

standard for written or verbal consent. There has been an increase in the number of sites using data to drive KPIs and PBM initiatives.

- Consent for Blood Transfusion OSCE guide produced by the PIWG for the Geeky Medics website a useful resource.

3. **HTC Chair's Report Highlights (SC)***

Third meeting using this reporting format.

- Good response overall.
- Blood Component Usage – SC highlighted the general trends in usage and wastage across the groups. RUH abandoned pilot of pre-thawing FFP for major haemorrhage as no difference in usage but increase in wastage. A general increase in activity at NBT has led to an increased use of blood boxes which is contributing to wastage. Derriford have implemented a plan to reduce platelet wastage due to pre-ordering for haem/onc patients.
- QS1 Iron Supplementation – several trusts committed to CQUIN. RUH – 100% of anaemic patients referred to surgical anaemia service and 100% have iron pre-/post-op. Poole/PANDA project reporting pre-op staff overwhelmed and understaffed and difficulties with LIMS.
- QS2 TXA – use in orthopaedics common with a few trusts looking to expand service to other surgical specialties.
- QS3 One Unit and Re-Assess – reinforced through use of audit, promotion & education, best practice champions, introduction of EPR/e-prescribing.
- QS4 Written and Verbal Consent. Variable compliance but good work going on within trusts via audit - Yeovil audit every month and compliance usually 100% - and the introduction of other strategies to improve compliance.
- RTC Objective O+ for bleeding males – most trusts now have a policy or are working towards one.

4. **NHSBT Update (ET)***

Customer Service Update: Although stock levels are improving, trusts are still asked for their continued support in managing their stock levels; updates were given on the new H&I request forms, the procedure for cancelling HLA standing platelet orders and a change to the management of verbal crossmatch requests to RCI. ET's last meeting and Rhian Edwards will be returning to the role of CSM for the SW region at the beginning June.

PBM: Update given on new e-learning modules and progress with the LBT modules following move away from LearnPro; O+ implementation toolkit now live and the PBM toolkit review complete with new information added; BMSEDG were recent winners of an Advances in Healthcare award and their monthly BMS education events continue; updating of transfusion guidance for new TPs nearing completion and will be available as a digital resource by the end of the year; any feedback on the new BSMS monthly hospital reports is welcome and can be given via ST; patient focussed anaemia infographics launched which will also be useful for clinical audiences.

SC thanked ET for her contribution to the RTC and welcomed RE back.

5. **RTC Working Groups Feedback***

TLM Group: (IS) – Last met in March:

- The Regional Pathology Workforce Lead for NHSE&I gave a really useful presentation on how they can support labs with training new and current staff and what services they can provide.
- Recent UKAS/MHRA inspections discussed – no discrepancies reported this time but will continue to monitor.
- CAS Alert - most labs have action plan in place or are working towards.
- Agreed regional contingency plan around analysers and reagent provision to cover any problems with supply of equipment or technology.
- NPEX and NHSBT trials discussed. RCHT to pilot cfDNA reporting with IBGRL.

TP Group: (SL) – Last met in February:

- Shared learning element covered 'when things go wrong' and feedback from a trust EMERGO exercise.
- Identified future project work for the group around major haemorrhage and simulation.

- Interest from other regions' TP groups in our TP Sharepoint site and establishing a similar resource.

PBM Group: (EC) – Last met in January:

- Transfusion survey discussed and group asked to review PBM questions.
- UKCSAG learn cell salvage modules have been updated and are available via the JPAC website. Interim report on national survey expected soon.
- Cell salvage data presented.
- Suggested education sessions for September 2022 meeting - Fibrinogen Concentrate, Teg & Rotem and the use of EPO pre-operatively.

6. Cell Salvage Data Presentation (OP)*

OP presented an analysis of cell salvage activity across the region for 2019. The data collected compared activity and highlighted some variations in practice/data collected. Assumptions were made where there were gaps in the data:

- Eight hospitals contributed, representing 6,000 cases.
- 2,400 patients received some of their own blood back, representing 725 litres, with 359 patients receiving more than 440 ml.
- Vascular, obstetrics and orthopaedics represented 94% of the cases.
- Data suggests the distribution of pre-op maternal Hb appears similar across the region and that we should be using more TXA where indicated.
- Highlights the need for better quality data/improvements in the way that data is collected and recorded. Hopefully the move towards electronic records will facilitate this.

MM agreed that there is work to do around TXA with the recent NICE QS audit highlighting that more than 30% of patients that should receive TXA do not, and that we should expect a push on TXA for surgery via the NCA programme, the NBTC and Royal Colleges. Further analysis of the individual NCA audit responses will be carried out with the aim to provide further information around the performances of individual trusts and some recommendations on how to improve practice where needed, including the use of TXA.

EC confirmed that the cell salvage audit will be repeated and encouraged participation from all trusts that are able to capture the data and OP suggested the informal SWPBM group meeting in June would be a good forum to agree the core datasets going forward.

7. Networks, CDC's, Laboratories & Systems

South West NHSE&I (BD)*

SC introduced Bruce Daniel, Head of Pathology for NHSE&I. BD gave a detailed breakdown of the current work themes that NHSE&I are undertaking. Areas for collaboration to make transfusion more visible were discussed with particular interest shown in Model Hospital and making transfusion KPI data more visible and easier to access. OP was keen to have some input in the kind of data that is submitted and will contact BD to discuss, and then feedback to other interested parties within the SW RTC. SC asked for him and ST to be copied into any correspondence so that he can ensure co-ordination at a national level. BD confirmed that the current tranche for digital funding for transfusion systems is closed but that it is still worth flagging up any requirements for digital development via the regional networks.

8. POISE-3 TRIAL (AM)*

POISE-3 (Peri-Operative Ischaemic Evaluation) trial of tranexamic acid in patients undergoing non-cardiac surgery. 2 x 2 factorial design looking at two aspects:

- in patients undergoing non-cardiac surgery at risk for bleeding and cardiovascular events, does TXA result in lower incidents of bleeding
- is it non-inferior to placebo with respect to major cardiovascular complications within 30 days of randomisation.

The trial outcome concluded that the incidence of composite bleeding was significantly lower with TXA compared to placebo and indicated a reduction in blood transfusion of around 26%. It estimated that globally the use of TXA could prevent around 8 million bleeding events requiring transfusion annually. One of the authors has also published a bleeding risk calculator to estimate the decreased bleeding risk in TXA in individual patients. MM reiterated there is still work to be done around TXA and SC highlighted that feedback from the HTC Chair's reports indicates that

some trusts are looking to expand their use of TXA. OP pointed out the value of comparative data to back this up and will be liaising with Bruce Daniel to get some transfusion data onto model hospital. Due to differing implementation rates in different specialities, RTT to re-visit potential for producing regional guideline.

9. 2019 Re-Audit of the Medical Use of Red Cells (PD)*

PD presented the results and recommendations. MM commented that some of the results reinforced the importance of capturing transfusion related procedures electronically to ensure more accurate reporting.

Current and upcoming audit activity:

- Audit of upper GI bleeding – in progress
- Audit of PBM in elective paediatric surgery – June 2022
- Audit of Blood sample collection and labelling – October 2022

10. Upcoming Education Events

- 07.07.22 Transfusion Matters – a regional event for junior lab. staff
- 07.09.22 Maternity & Obstetrics: What's Blood Got to Do with It? – a national event covering maternal anaemia, vaginal cell salvage, antibodies and major haemorrhage
- 10.11.22 Transfusion Still Matters – a regional event for experienced lab. staff

11. Regional Transfusion Survey (SC)

SC gave an update on progress and proposed launch date.

12. AOB

None

13. Date of Next Meeting

23 November 2022

South West Regional Transfusion Committee Meeting – 25.05.22 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
8	Re-visit producing regional TXA guideline	RTT		

South West Regional Transfusion Committee Teams Meeting

25th May 2022

APOLOGIES

Name	Hospital
Lorraine Poole	Dorset Hospitals NHSFT
Robert Orme	Gloucestershire Hospitals NHSFT
Julie Ryder	Great Western Hospitals NHSFT
Freya Collings	Great Western Hospitals NHSFT
Fran Morrison	Great Western Hospitals NHSFT
Kay Rouse	Patient Representative
David Tucker	Royal Cornwall Hospitals NHS Trust
Paul Kerr	Royal Devon University Healthcare NHSFT
Adele Wardle	Royal United Hospitals Bath NHSFT
Paul Scates	Torbay & South Devon NHSFT

GLOSSARY OF ABBREVIATIONS

BMSEdG	Biomedical Scientist Empowerment, Education & Discussion Group
BSMS	Blood Stocks Management Scheme
BSH	British Society for Haematology
CAS	Central Alerting System
ccfDNA	Cell Free Foetal DNA
CQUIN	Commissioning for Quality and Innovation
CSM	Customer Service Manager
EPO	Erythropoietin
FFP	Fresh Frozen Plasma
GI	Gastro Intestinal
HLA	Human Leucocyte Antigen
HTC	Hospital Transfusion Committee
IVIg	Intravenous Immunoglobulin
JPAC	Joint United Kingdom (UK) Blood Transfusion & Tissue Transplantation Services Professional Advisory Committee
KPI	Key Performance Indicator
LBT	Learn Blood Transfusion
LIMS	Laboratory Information Management System
MHRA	The Medicines & Healthcare Products Regulatory Agency
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NCG	National Commissioning Group
NHSBT	NHS Blood and Transplant
NHSE&I	NHS England and NHS Improvement
NICE	The National Institute for Health and Care Excellence
NPEX	National Pathology Exchange
OSCE	Objective Structured Clinical Examination
PANDA	Pan Dorset Pre-Operative Anaemia Screening
PBM	Patient Blood Management
PIWG	Patient Information Working Group
QS	Quality Standard
RCHT	Royal Cornwall Hospitals NHSFT
RCT	Randomised Control Trial
RCI	Red Cell Immunohaematology
ROTEM	Rotational Thromboelastometry
RTC	Regional Transfusion Committee
RTT	Regional Transfusion Team
RUH	Royal United Hospital, Bath
SHOT	Serious Hazards of Transfusion
SOP	Standard Operating Procedure
SWPBM	South West Patient Blood Management (Group)
TEG	Thromboelastography
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UK TLC	UK Transfusion Laboratory Collaborative
UKAS	The United Kingdom Accreditation Service
UKCSAG	UK Cell Salvage Action Group