

**Confirmed Minutes of the Meeting of the  
NBTC Patient Blood Management Working Group  
held on Monday, 22<sup>nd</sup> June 2015, 10:30 – 12:30**

**@ Holiday Inn London Bloomsbury, Corum Street, London, WC1N 1HT.**

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**Present:**

Jonathan Wallis	NBTC Chair and Consultant Haematologist
Kate Pendry	NBTC Secretary and Clinical Director Patient Blood Management NHSBT Transfusion Laboratory Manager
Stephen Bassey	National Lead: Patient Blood Management Team
Rebecca Gerrard	Patient Representative
Graham Donald	Consultant Vascular Surgeon
Toby Richards	SHOT Medical Director
Paula Bolton-Maggs	Consultant Haematologist
Shubha Allard	Patient Representative
Kenneth Halligan	Consultant Haematologist
Megan Rowley	NHSBT Assistant Director Customer Service
Teresa Allen	Consultant Anaesthetist
Alwyn Kotze	Transfusion Practitioner (BBTS Representative)
Lynne Mannion	EA to NBTC
Celina Bernstrom	

**Apologies**

James Uprichard	Consultant Haematologist
James East	Consultant Gastroenterologist
Mike Murphy	Professor of Blood Transfusion Medicine, Haematologist, NHS Blood and Transplant and Oxford University Hospitals Biomedical Scientist (BBTS representative)
Daniel Palmer	NHSBT Stakeholder Relations Manager
Louanna Prince	

<b>09/15</b>	<b>Notes of the meeting held on 22<sup>nd</sup> January 2015</b>
	The minutes of the meeting held on 22 <sup>nd</sup> January 2015 were agreed as a correct record.
<b>10/15</b>	<b>Matters Arising</b>
03/15	<u>Patient Blood Management – National Survey</u>
	AK noted that Professor Mike Murphy had felt this was not appropriate for a journal as it stands. AK is the lead author of revised BCSH guidelines on the management of pre operative anaemia and suggested that the survey date may form part of the editorial that will accompany the guidelines when they are published in the BJA.

	The PBM team at NHSBT are planning to repeat national PBM survey this autumn focussing on how things have changed since the last survey. Both surveys together will be written up as a paper for Transfusion Medicine
	KP added that BCSH Guidelines on Major Haemorrhage are due to be published in the British Journal of Haematology and will be available online in August <i>post meeting note: now available on line</i> <a href="http://onlinelibrary.wiley.com/doi/10.1111/bjh.13580/abstract">http://onlinelibrary.wiley.com/doi/10.1111/bjh.13580/abstract</a> . A review of Big Data has been accepted for publication in Transfusion Medicine
<b>11/15</b>	<b>NHSBT PBM strategy</b>
	RG presented the PBM strategy as a work in progress and it has been presented at various NHSBT Committees for comment. It has not been officially signed off but represents the story so far. It is hoped that this can be presented to the NHSBT Executive Team for sign off in September 2015.
	The presentation and acceptance of the strategy will enable funding to support the 3 year PBM action plan
	GD reiterated that the more ambitious the strategy the better. All were in agreement. It is important to change attitudes in practice.
	TR at trust level, blood does not appear on the radar because other budgets take priority. AK said the other group that we are not engaged with are the Commissioners. In order to define the savings, we need to spend some money on data gathering.
	SA asked that it might be important to have greater representation from those interested in anaemia round the table. KP noted in addition that there not a good enough representation from Physicians for the NBTC meetings.
<b>12/15</b>	<b>Progress with Systematic Data Collection for PBM (clinical benchmarking and key performance indicators)</b>
	KP updated on progress.
	<u>So far:</u>
	NHSBT have been consulting with HSCIC now since early 2014 and joint work has been conducted on a SCCI Idea to Need (I2N): <ul style="list-style-type: none"> <li>• The I2N was presented at the November 2014 SCCI Board</li> <li>• Minimum Dataset was incorporated into this I2N and was reviewed by HSCIC subject matter experts prior to presentation.</li> <li>• Approval was granted for further exploratory work to be carried out.</li> <li>• We now have a named person who has been assigned to work with us as HSCIC lead to move through the next phase of HSCIC acceptance / feasibility</li> <li>• Need to Requirement Stage and Requirement to Full Stage (requires at least 9 months)</li> </ul> <p>A draft Minimum Dataset has been developed:</p>

	<ul style="list-style-type: none"> <li>• It is intended that this is used to drive the data standard and therefore, clinical coding requirements</li> <li>• NHSBT will provide a project manager to drive the feasibility study with HSCIC</li> <li>• Clinical Benchmarking is one of the key facets of the PBM strategy</li> <li>• Identification of platform for data warehouse, analysis and reporting is required</li> </ul>
	<p>Transfusion Request Working Group convened:</p> <ul style="list-style-type: none"> <li>• First meeting to be held 31st July 2015</li> <li>• Rebecca Gerrard; Julie Staves; Elaine MacRate; Mike Murphy; Peter Baker; Frances Sear; Stephen Bassey; Suzy Hall; Toby Richards, Karen Shreve <ul style="list-style-type: none"> <li>○ Agree final minimum dataset</li> <li>○ Agree format of transfusion request specification</li> <li>○ Develop KPIs for PBM</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• NLMC is not funded at present and we have lost support from RCPATH – Dr Gifford Batstone (hopefully only temporarily). CB to add to the agenda of the NBTC Meeting on Monday, 28<sup>th</sup> September.</li> <li>• Sunquest ICE are interested in supporting the development of a standardised approach to transfusion requesting and will work with pilot hospitals to develop this</li> </ul>
	<b>Action: CB</b>
	SA enquired whether there was linkage to existing databases and why is transfusion data not being collected.
	TR suggested writing a letter requesting transfusion data is added to registries but we need to know who to contact. HQIP own all national funded audits and registries. KP to approach Professor Daniel Keenan, HQIP, as he works at Central Manchester Hospitals as a cardiac surgeon.
	<b>Action: KP</b>
<b>13/15</b>	<b>‘Choosing Wisely in the UK: The Academy of Medical Colleges’ initiative to reduce the harms of too much medicine on behalf of MM</b>
	KP gave overview of MM’s paper highlighting the risks of ‘Too Much Medicine’ avoiding wastage and excess usage.
	Professor Mike Murphy has been investigating how this will be set up in the UK. The Royal College of Pathologists will be represented on the Choosing Wisely Board and MM will lead an approach to agree the top 5 ‘Transfusing Wisely’ Indicators
	These are the AABB examples:
	<ol style="list-style-type: none"> <li>1. Don’t transfuse more units of blood than absolutely necessary.</li> <li>2. Don’t transfuse red blood cells for iron deficiency without hemodynamic instability.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Don't routinely use blood products to reverse warfarin.</li> <li>4. Don't perform serial blood counts on clinically stable patients.</li> <li>5. Don't transfuse O negative blood except to O negative patients and in emergencies for women of child bearing potential with unknown blood group.</li> </ol>
	AK highlighted importance of educating people to understand that blood transfusions can potentially be harmful. The list needs to be highlighted to patients in hospitals, doctors, everywhere and very much needs to be in public domain.
	JW questioned how to get this message across as it needs to infiltrate into primary care. TR suggested taking this to Commissioners.
	The Choosing Wisely campaign is Academy of Royal Medical Colleges initiative. MR asked whether it was necessary to work with BBTS as well as NBTC. KP suggested raising awareness of the Choosing Wisely campaign at the next BBTS conference in September 2016.
<b>14/15</b>	<b>PBM Pilots</b>
	KP presented overview of pilots.
	Pre operative Anaemia Project NW RTC – It was questioned whether we get patients flagged as anaemic before surgery. JW highlighted concerns of directing this to GPs.
	Single Unit Transfusion Project London RTC – RG gave overview highlighting good results over several months of data.
	Linking data in LIMS to transfusion episode (Clinisys) SW RTC - problems with validating
<b>15/15</b>	<b>Other PBM activities</b>
	AFFINITIE and surgical PBM audits: SA overview. The data collection cut off is at the end of month. And recruitment into the AFFINITIE study is going according to plan
	Smartphone Application: SA highlighted the significant progress and the successful meeting with the digital provider. The product is scheduled for delivery in January 2016 and has been funded by the NHSBT Trust fund.
	Toolkit - RG updated.
	Website – RG gave brief update that a new Website Development Manager is being recruited. RG detailed complicated links between pages on site requiring links from JPAC to Hospital and Sciences website. Research is needed into what patients and the general public need or want from the website and this will be discussed further at the PIWG on 26 <sup>th</sup> June.
<b>16/16</b>	<b>Serious Hazards of Transfusion (SHOT)</b>

	PB-M gave overview highlighting that SHOT was set up in 1996 and now has 18 years of accumulated data and an international reputation as the best haemovigilance scheme in the world.
	SHOT has recently been challenged by the UK Forum with regard to professional accountability. The SHOT medical director provides a report for each UKF meeting and attends in person at least once a year, usually in September. The UKF is represented at the SG and their representative was present at the UKF meeting in March where SHOT was criticised. It seems that the UKF believe it to be appropriate to have greater say and direction in what SHOT recommends and publishes. This has not been their understanding and is not what is clearly stated in the Terms of Reference. Until recently the UKF has been supportive.
	PB-M is looking for support from patients. The need for a Patient Voice was highlighted. PB-M asked for Patient Representatives Graham Donald and Kenneth Halligan's support going forward. JW also added that the NBTC and the NBTC EWG would act in strong support of SHOT and its independence.
<b>17/15</b>	<b>AOB</b>
	SA wished to raise the current albumin shortage (SA).
	TR added that with reference to the NICE document he disagreed with iron recommendations pre and post operatively. He has agreed to prepare a formal response for the consultation
	<b>NBTC EWG/NBTC PBM:</b>
	Royal College of Obstetricians and Gynaecologists (Room on Regents Park) - Monday, 18 <sup>th</sup> January 2016

**NBTC – PBM working group**  
**SUMMARY OF AGREED ACTIONS – Meeting held on 22 June 2015**

Minute Ref	Agreed Action	Responsibility	Completion /Review
<b>12/15</b>	<b>Progress with Systematic Data Collection for PBM (clinical benchmarking and key performance indicators)</b>		
	Transfusion Request Working Group to meet 31 <sup>st</sup> July 2015.	KP / CB	completed
	NLMC is not funded at present and we have lost support from RCPATH – Dr Gifford Batstone. CB to add clinical benchmarking to the agenda of the NBTC Meeting on Monday, 28 <sup>th</sup> September.	CB	completed
	TR suggested writing a letter requesting transfusion. HQIP own all national funded audits and registries. KP to approach Professor Daniel Keenan, medical director of HQIP as he works at Central Manchester Hospitals as a cardiac surgeon.	KP	completed