



National Blood Transfusion Committee

Draft Notes of the seventeenth meeting of the NBTC representatives of the Royal Colleges and Specialist Societies, held on Monday 28th September 2015 at the Royal College of Obstetricians and Gynaecologists, London

Present:

Miss Susan Tuck	(ST)	Chairman (Royal College of Obstetricians & Gynaecologists)
Dr Shubha Allard	(SA)	Royal College of Pathologists
Prof Mark Bellamy	(MB)	Intensive Care Society
Dr Paul Bolton-Maggs	(PB-M)	SHOT – Serious Hazards of Transfusion
Mr Andrew Cope	(AC)	Royal College of Emergency Medicine
Mr Graham Donald	(GD)	NBTC Lay Member
Ms Lynne Mannion	(LM)	British Blood Transfusion Society
Prof Mike Murphy	(MM)	Professor of Blood Transfusion Medicine, Oxford and NHSBT

Apologies:

Ms Rose Gallagher	(RG)	Royal College of Nursing
Dr David Whitaker	(DW)	Royal College of Anaesthetists

01/16	Minutes from the last meeting
	Minutes from the last meeting held on 16 th March 2015 were accepted as a correct record of the meeting.
	Mr Daniel Palmer has completed his term of office on the Council of the British Blood Transfusion Society, and therefore is no longer attending NBTC meetings. Ms Lynne Mannion is now representing the BBTS.
	Prof Bellamy indicated that he will be stepping down from the NBTC after this meeting, and that the Intensive Care Society will be nominating his successor.
	The group was disappointed to note that there was still no representative nominated by the Royal College of Physicians since the resignation of Dr Miles Allison prior to the September 2014 meeting. It was also concerning

	that colleagues representing the Royal College of Nurses and the Royal College of Midwives have difficulty attending these meetings and those of the full NBTC (the RCN representative attending one of the last six meetings and the RCM representative attending twice), since they represent staff with key roles in the safe use and administration of blood and blood products.
	GD felt that the NBTC needs to pursue remedies to these gaps in representation. PB-M suggested that a gastroenterologist would be an appropriate representative to seek from the RCP, for example from those involved in the NCPOD enquiry into the care of patients with upper gastrointestinal bleeding.
02/16	Matters arising from the Minutes
	<u>09.1/15 Education Working Group</u>
	SA summarised the progress of the Education Working Group (which was discussed with Paper H in the full NBTC meeting later in the day). With regard to blood transfusion content in undergraduate medical training, the RCPATH has devised a new curriculum, to which the NBTC's Education Working Group has contributed. The extent, to which this is implemented, however, still depends on individual medical schools. The BSH Education Committee runs "up-date" days for undergraduate medical students, usually held on Saturdays, some in London and some in the North of England. These cover topics such as the approach to anaemia, oncological haematology, and blood transfusion, including its safety aspects. These study days are always oversubscribed and elicit very favourable feedback from the students attending.
	GD asked where it was thought the largest gap in education is now. SA felt that training for Foundation doctors needs strengthening, and should be reinforcing undergraduate learning. GD suggested that teaching sessions for Foundation Years doctors should involve patients, and that team-based learning modules would be helpful.
	MM asked if the content of the BSH study days could be made available to medical schools for the benefit of those students who do not attend.
	SA commented that, with regard to postgraduate training, she needs College representatives to give feedback as to what has been achieved with their Colleges' curricula. MB reported that some scenarios from SHOT are being introduced into postgraduate "OSCE" examinations in intensive care training, and that the chairman of examiners shows interest in the importance of blood transfusion topics. There is a proposal for the Faculty of Intensive Care Medicine to join the examination group of the Royal College of Anaesthetists.
	PB-M reported from the SHOT perspective that progress in training was being made with the Royal College of Surgeons and the Royal College of

	Anaesthetists, but not with the Royal College of Physicians.
03/16	09.2/15 - The administration of anti-D prophylaxis to pregnant women
	SA felt that it was helpful that the RCOG and the BCSH have adopted joint guidelines on anti-D prophylaxis, and reported that NICE are currently considering the economics of including free fetal DNA analysis of Rhesus D status (of the fetus) into the algorithm.
	SA also reported that Australian blood transfusion specialists have assessed the data used by Behring which led to the change in their Product Characteristics, but felt that these data are currently insufficient to change the recommendations for prophylaxis for women with a BMI above 30. The group agreed that the most important issue is to insure that current guidelines are followed meticulously, including that intramuscular injections should indeed be made into muscle tissue, using the deltoid muscle, rather than the gluteal muscle, if necessary.
	ST commented that the vast majority of anti-D administration is undertaken autonomously by midwives, since it is categorised in the British National Formulary as a medication, rather than a blood product, and its use in prophylaxis is therefore covered by a Patient Group Directive in most maternity units, meaning that midwives prescribe and administer it without medical involvement.
	PB-M reminded the group that the ongoing analysis by SHOT of Rhesus D negative women found in pregnancy to have become sensitised includes the recording of their BMI, so that the relevance of this factor will become clearer as more cases are assessed.
	Dr Wallis, as Chairman of the NBTC, later suggested that this topic be closed for the time being, until more data becomes available from the SHOT survey.
04/16	10/15 Choosing Wisely
	MM summarised the purpose of the "Choosing Wisely" initiative, from the American Board of Internal Medicine, which is intended to reduce the over-use of tests and procedures on patients. Different clinical specialties are asked to create a list of relevant tests and procedures in their field, and to involve patients in this task. The campaign has since been taken up in the UK by the British Medical Journal, which has drawn up a list of five questions for patients to ask their doctor before they proceed with a test, treatment or procedure, intended to challenge the rigor of the advice that such an intervention is needed for them. More than 70 organisations in the USA have produced relevant examples to which the principle is applicable. In the UK the Academy of Royal Colleges aims to collate lists of five tests or treatments from each of the Royal Colleges. MB pointed out that the top five priorities are likely to be slightly different in different specialties. He suggested that the initiative should be included in College

	newsletters.
	MM felt that the challenge indeed is to devise the best ways of disseminating these questions, and that it was not known what the Academy would do to take the initiative forward, although they are currently discussing this. With regard to blood transfusion, the majority are prescribed by junior doctors, and he was unsure how best to make them aware of the initiative.
	MB asked if patients are being involved in the initiative in the UK. GD responded that this was not yet happening widely, and suggested that posters should be designed for display in GP surgery waiting rooms. It would also help to have NHS England involved, for example to facilitate publicity through "NHS Choices". MM pointed out that the NBTC reports directly to NHS England, although this relationship had not worked brilliantly thus far. However the "Choosing Wisely" initiative could be included in the topics at their next interaction.
05/16	11/15 Interim oral reports from Royal Colleges and Specialist Societies
	From the Intensive Care Society MB reported that there is now a separate Certificate of Completion of Training and final examination in Intensive Care Medicine, which means that the ICS can influence the syllabus to include scenarios involving blood transfusion. Meanwhile the inclusion of intensive care work in the "Acute Common Core Training" in Medicine gives Intensivists the opportunity to influence the awareness in other physicians of transfusion issues.
	AC reported from the Royal College of Emergency Medicine that blood transfusion matters are already covered in their "exit" examinations. From the Royal College of Pathologists SA reminded colleagues about the blood transfusion symposia which the RCPATH holds every two years, with the next one being scheduled for 24 th and 25 th November 2016. These events are always well attended, and she asked for suggestions for suitable topics to be included in the next symposium. The RCPATH has a campaign to promote awareness about sickle cell disease among patients, doctors and donors. The RCPATH is supporting initiatives to develop a curriculum on transfusion medicine for clinical scientists wishing to train to become future consultants, which would enable them to manage laboratories, and would be a new venture for transfusion medicine.
	DW had submitted a report from the Royal College of Anaesthetists which describes the RCA Departmental Accreditation Scheme, now with over 60 Anaesthetic departments joined in the process, of which three have so far completed accreditation. The required standards include a number relating to blood transfusion matters. The RCA has been closely involved in the 2015 audit of Patient Blood Management in adults undergoing scheduled surgery, which is due to report in October. Many articles are published in Anaesthetic journals and presented at national meetings on

	blood transfusion related matters.
	ST reported the publication in May 2015 of a new “Green top” guideline by the Royal College of Obstetricians and Gynaecologists on “Blood Transfusion in Obstetrics”. A number of the issues highlighted in the June 2015 SHOT report are of direct relevance to Obstetrics and Gynaecology, including the ongoing audit of anti-D immunisation in Rhesus D negative pregnant women, the importance of informing the transfusion laboratory if a patient has special requirements such as those relating to being pregnant or having a significant haemoglobinopathy, and the conduct of regular training drills for the care of patients with major haemorrhage. The key findings and recommendations from the SHOT report have been conveyed to the RCOG President for inclusion in the College Newsletter. ST also highlighted an important practical issue currently under review concerning the need to simplify the guidelines relating to the use of parenteral iron preparations for women with iron deficiency, not necessarily yet with a low haemoglobin concentration, who are unable to tolerate oral preparations, but need their iron stores to be optimised in anticipation of blood loss at delivery or during surgery such as myomectomy in relation to menorrhagia.
	LM reported from the British Blood Transfusion Society that the Society is in the process of updating and reformulating the examinations for a specialist certificate to enable biomedical scientists to be accredited as laboratory scientists and “SPOTS” (Specialist Practitioners of Transfusion), which will be affiliated academically to Manchester University. The BBTS is also increasing efforts to publicise the Patient Blood Management newsletters.
06/16	12/15 Patient Blood Management newsletter Number 4
	The sub-committee noted the fourth Newsletter of the NHSBT Patient Blood Management Team which was issued in May 2015, and focuses on the appropriate use of Group O Rhesus D negative red blood cells.
07/16	13/15 SHOT up-date
	PB-M described the unusual launch of the report for 2014 in June 2015, which was held in association with the meeting of the International Society of Blood Transfusion. This resulted in a different and more multinational audience than usually attends the annual SHOT symposium. Among the key topics was a change to the wording of recommendations regarding the administration of transfusions at night, which should not be discouraged if needed, but should take place with the same safety monitoring as at other times of day. This could be applicable to patients with sickle cell disease and thalassaemia major, for example, who want transfusions to disrupt their lives as little as possible. The analysis by SHOT for 2014 had found no more errors occurring at night than in the daytime. However, the occurrence of multiple errors in adverse events was again a finding, emphasising the importance of the five points to adhere to at the bedside

	<p>check. There were more cases of transfusion associated circulatory overload, and the SHOT group is devising a clinical calculator to help to reduce this problem. MB remarked that this complication is significantly under-appreciated, and ST concurred that the wide variation in patients' blood volume in relation to their body weight is often not taken into account when prescribing transfusions.</p>
	<p>PB-M informed the sub-committee that SHOT "sound bites" are being introduced on its website. SHOT is making excellent progress in the collaboration with the MHRA, such that they are now reporting jointly and consistently. The SHOT Board is undertaking a strategic review of its work, with a further meeting on 14th October to consider where it should develop its efforts in the future.</p>
	<p>The Report for 2015 will be published at the SHOT meeting to be held at the Lowry Centre in Manchester on 7th July 2016.</p>
08/16	Any other business
	<p><u>14.1/15 Nomination of a new Chairman for the Sub-Committee</u></p>
	<p>This is ST's last meeting as Chairman of this group, and the members unanimously nominated Dr David Whitaker, from the Royal College of Anaesthetists, as her successor.</p>
	<p>ST is also standing down as the representative of the Royal College of Obstetricians and Gynaecologists, since she will be retiring from clinical practice in 2016. The College has nominated Miss Gabriella Gray, Consultant Obstetrician and Gynaecologist at St Thomas' Hospital, London, as her successor in this role.</p>
09/16	14.2/15 National Pathology Week 2nd to 8th November 2015
	<p>SA drew the group's attention to the meeting at the Royal College of Pathologists during National Pathology Week, which this year will focus on sickle cell disease and blood transfusion.</p>
10/16	14.3/15 CPD recognition for attendance at educational meetings
	<p>A query was raised later by the Regional Transfusion Committees group concerning the difficulty that those trying to organise educational meetings face when trying to have the meetings assessed as accruing recognition for Continuing Professional Development for those attending the meeting. Meeting organisers are asked by Royal Colleges to pay a fee of the order of £40 to £50 for this assessment. RTC meeting organisers cannot afford to pay such fees and the consequent lack of CPD recognition results in poor attendance by doctors.</p>
11/16	Date of Next Meetings

	Monday 14 th March 2016 at 11.30 am at Hotel Russell, 1-8, Russell Square, London WC1B 5BE
	Monday 19 th September 2016 at 11.30 am at the Royal College of Obstetricians and Gynaecologists, 27, Sussex Place, Regent's Park, London NW1 4RG.