



## National Blood Transfusion Committee

### Draft Notes of the sixteenth meeting of the NBTC representatives of the Royal Colleges and Specialist Societies, held on Monday, 16<sup>th</sup> March at the Royal College of Obstetricians and Gynaecologists, London

#### Present:

Miss Susan Tuck, Chair	ST	Royal College of Obstetricians & Gynaecologists
Dr Shubha Allard	SA	Royal College of Pathologists
Dr Paula Bolton-Maggs	PB-M	Serious Hazards of Transfusion
Mr Graham Donald	GD	NBTC Lay member
Ms Lynne Mannion	LM	British Blood Transfusion Society
Dr Sarah Morley	SM	Royal College of Paediatrics and Child Health
Mr Daniel Palmer	DP	British Blood Transfusion Society
Dr Jonathan Wallis	JW	British Society for Haematology
Mr David Whitaker	DW	Royal College of Anaesthetists

#### Apologies:

Mr Andrew Cope	AC	Royal College of Emergency Medicine
Ms Rose Gallagher	RG	Royal College of Nursing

<b>01/15</b>	<b>Minutes from the last meeting</b>
	The minutes from the meeting held on 29 <sup>th</sup> September 2014 were accepted as a correct record.
	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. The comment was again made that physicians are the greatest users of blood and blood products.
<b>02/15</b>	<b>Matters arising from the Minutes</b>
02.1/15	<u>Education Working Group</u>
	SA asked for College representatives to promote the practice of giving patients information about the administration of blood and blood products and of obtaining explicit consent from patients for this. There is a useful training tool for this in the <a href="http://www.learnbloodtransfusion">www.learnbloodtransfusion</a> e-learning modules. SA remarked that not all trusts have a policy on this, which leads to considerable inconsistency in practice. It is important to educate doctors

	<p>on this issue, but it is also necessary to have relevant patient information available to give. Patients need knowledge about transfusion, its alternatives, its purpose and the potential complications which is proportionate to their situation. Appropriate patient information leaflets are available on the <a href="http://www.blood.co.uk">www.blood.co.uk</a> website of NHSBT. Surgical patients are generally more often informed than medical patients are. GD emphasised that patients need reasonable information to enable them to understand the issues in question. DP added that retrospective information is also important; when patients have been given blood and blood products in an emergency and when they were unconscious.</p>
	<p>Regarding the content of specific postgraduate curricula on blood transfusion matters, SM reported that the Royal College of Paediatrics and Child Health was intending to set up a course on transfusion topics, but that funding for this had not yet been identified. ST reported no new movement on modifications to the curriculum at the Royal College of Obstetricians and Gynaecologists but there is active collaboration with the BCSH on relevant clinical guidelines, e.g. on the management of postpartum haemorrhage, which have a considerable influence on the MRCOG examination questions, which is another way of influencing training. DW reported that the Royal College of Anaesthetists is producing a training video on transfusion matters, and that all anaesthetic meetings now have blood issues included in the programme. A few changes have been introduced in the curriculum, regarding the pre-operative assessment of anaemia and the use of cell salvage during surgery. DW also commented that there is nothing concerning blood transfusion in the postgraduate training curriculum of the Royal College of Radiologists, although this is of significant relevance to interventional radiological procedures which are used on actively bleeding patients.</p>
02.2/15	<b><u>Guideline requiring two separate blood samples for compatibility testing</u></b>
	<p>The group is aware that, despite some difficulties and variations in its implementation this guidance will not change. The interpretation of what constitutes separate samples varies from hospital to hospital, as does the strictness of implementation of the “zero tolerance” for errors in the labelling of the blood samples, e.g. minor variations in spelling. SM commented on particular problems in Paediatrics with parents complaining about their child being subjected to repeated venepunctures and distress.</p>
03/15	<b>The administration of anti-D prophylaxis to pregnant women</b>
	<p>The group noted information from the MHRA, which had been communicated to ST after the last meeting, indicating that the German Competent Authority would have authorised the changes to the summary of product characteristics made in January 2014 by Behring concerning Rhophylac (anti-D immunoglobulin), raising concerns of inadequate protection in obese women, to whom the product should therefore be administered intravenously. As the relevant clinical data supporting this recommendation is regarded as being commercially sensitive, other EU</p>

	countries have to rely on the assessment of the relevant evidence made by the German Competent Authority.
	GD asked if the UK MHRA is indeed satisfied that the German Authority did see convincing evidence. SA commented that the national representatives who assess such decisions are not clinically qualified and may not be aware of the clinical importance of these statements.
	ST commented that the subsequent statement on this issue by the BCSH and RCOG was unhelpful and simply advised that each maternity unit should make a local "risk assessment" of policies concerning anti-D administration to obese women. Furthermore, that adding an additional complexity to the existing guidelines would increase the possibility of errors being made, which are already significant in number. In addition, most anti-D administration is undertaken by midwives, few of whom are able to give intravenous injections. There is thus continuing confusion on the optimal policy and no widespread implementation of any change to guidelines for obese women.
	PB-M commented that it will be very interesting to see the information from SHOT's ongoing audit of cases of Rhesus D sensitisation, which started in 2013, and from which the first data will be reported at the SHOT annual meeting on 27 <sup>th</sup> June.
	SA undertook to seek some clarification of the evidence which Behring has on this issue
<b>04/15</b>	<b>Patient Blood Management Newsletter Number 3</b>
	The sub-committee noted the third Newsletter of the NHSBT Patient Blood Management Team (formerly known as the Better Blood Transfusion Team) which was issued in December 2014 and focuses on the use of platelets.
	There was again comment that the issuing of the Newsletter was not widely known. It is not clear who is informed of the availability of a new edition. It appears on the NHS Blood and Transplant website. The group assumed that its availability was notified to Hospital Transfusion Committees, but it is clear that this is not effectively further disseminated to Royal Colleges and to clinicians more generally. PB-M commented that Royal Colleges should bring their Members attention to the existence of the Newsletters.
<b>05/15</b>	<b>Interim oral reports to NBTC from Royal Colleges and Specialist Societies</b>
	These were given to the full NBTC meeting later in the day, and all issues are already included in these Minutes.

<b>06/15</b>	<b>SHOT UPDATE</b>
	PB-M informed the group that the 2014 report will be published on 27 <sup>th</sup> June 2015 at the annual SHOT Symposium. On this occasion the SHOT Symposium is being held in association with the meeting of the International Society of Blood Transfusion. Registration can only be undertaken on the ISBT website <a href="http://www.isbtweb.org/london">www.isbtweb.org/london</a> and it is only possible to register for the entire conference (not just for the SHOT Symposium day). The deadline for the early registration fee is 21 <sup>st</sup> May, and the deadline for online registration is 18 <sup>th</sup> June. The conference is being held at the ExCel Centre in the Royal Victoria Docks, London E16. The SHOT Symposium is on Saturday 27 <sup>th</sup> June from 10 am to 4pm.
<b>07/15</b>	<b>Any other business</b>
	The group noted that new NICE guidelines on blood transfusion will be issued in the near future, with a draft expected to be available in May 2015.
<b>07/15</b>	<b>Date of Next Meeting</b>
	Monday, 28 <sup>th</sup> September 2015 at 11.30am at the Royal College of Obstetricians and Gynaecologists.