

## MEETING OF THE NBTC EXECUTIVE WORKING GROUP

Unconfirmed Minutes of the meeting of the Executive Working Group held on Monday, 28 May 2012, at the Association of Anaesthetists, London.

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**Present:** Professor Adrian Newland (Chair)  
Professor Mike Murphy (MM)  
Dr Mike Desmond (MD)  
Mr Robert Elshaw (RE)  
Ms Rebecca Gerrard (RG)  
Mr Jot Hyare (JH)  
Ms Tina Lee (TLe)  
Mrs Teresa Little (TL)

**Apologies:** Dr Claire Harrison (CH)

### 13/12 Executive Working Group meeting held on 24 January 2012

The minutes of the meeting held on 24 January 2012 were agreed as a correct record.

### 14/12 National Blood Transfusion Committee meeting held on 26 March 2012

The unconfirmed minutes of the meeting held on 26 March 2012 were noted.

### 15/12 Matters Arising

#### 15.1/12 National Comparative Audit (NCA) of Blood Transfusion

RG advised that following the NCA 2010 re-audit of the use of platelets a number of education tools and posters have been produced and are available on the Hospitals and Science website: [http://hospital.blood.co.uk/safe\\_use/platelet\\_education\\_resources/](http://hospital.blood.co.uk/safe_use/platelet_education_resources/)

Platelet demand is still rising but not as steeply. The current rate of increase is 3% although this is variable between the regions and usage in south west is reducing. Three RTC regions are presently auditing platelet usage in their regions.

### 16/12 NBTC work plan 2012/13

#### 16.1/12 NBTC/RTC website

MD advised that updates to the NBTC/RTC pages of the JPAC website are proceeding with new documents being posted and removal of all

minutes and presentations pre-dating 2011 in preparation for the redevelopment and restructuring of the website by JPAC. Each region has two representatives to advise on the content of their webpages.

RG confirmed that the planned restructuring of the website by JPAC has been further delayed and the process has been re-submitted for tender.

New web pages have been created for Patient Blood Management.  
<http://www.transfusionguidelines.org.uk/Index.aspx?Publication=NTC&Section=27&pageid=7728>

16.2/12 Education Working Group

A more detailed work plan for the Education Working Group was requested.

**Action: RG**

16.3/12 Patient Involvement Working Group

RG advised that the review of current patient information leaflets has been completed and the new leaflet on platelets has been redrafted and will be finalised in July.

The draft artwork for the fact sheets, posters and stickers for the forthcoming Patient Awareness Campaign 'Do you know who I am?' have been prepared and the Executive agreed to support the printing costs of approximately £1,000 from the NBTC budget.

Updates to the work plan were requested.

**Action: RG**

16.4/12 Pathology Modernisation/IT Working Group

The Chair referred to the merger between Barts and the London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospitals Trust to create Barts Health NHS Trust and his recent meeting with Gerry Gogarty, NHSBT Assistant Director for Business Development and Strategy, on developing a pilot site for an integrated transfusion service in the new trust. Progress will be reported to the September NBTC meeting.

No details are yet available on which other sites will be piloted.

JH enquired about the availability of information on the functionality of the individual transfusion laboratory IT systems as it would be useful to have some minimum standards recorded for each system before amalgamation and linkages are considered. It was suggested that contact is made with Andrew Hadley and Richard Gray at NHSBT.

**Action: JH**

16.5/12 Transfusion Laboratory Managers Working Group

The revised terms of reference as presented were agreed subject to the following amendments:

- 5.6 The secretariat for the group will be provided by the NBTC.
- 6.6 To read “Laboratory Managers to advise on what can be learnt from non-compliance reports from the MHRA and CPA”.

The group has secured two places on the MHRA Blood Consultative Committee and JH highlighted the importance to the laboratory managers in attending this meeting which is held twice a year. It was agreed that the cost of travel expenses for attendance at the MHRA meetings would be met from the NBTC budget.

RG requested that the group should also promote the availability and use of e-learning package at.

<http://www.transfusionguidelines.org.uk/index.asp?Publication=BBT&Section=22&pageid=974> .

16.6/12 Emergency transfer of blood and components with patients between hospitals – guidance document

JH referred to the guidance document published in March 2011 stating that the majority of problems were caused by different methods used for the transfer of blood components between hospitals. Laboratory managers feel that the storage times set out in Appendix 1 of the guidance document are not achievable and work is ongoing to validate the blood transit boxes to the correct temperature. Further concerns relate to the cost of returning the empty blood transit containers and the wastage of blood components which are not transfused.

As noted at the NBTC meeting in March, the group will produce a more concise and usable summary document for the packing of blood components for transfer with patients between hospitals.

**Action: JH to report to the September NBTC**

16.7/12 Safer Practice Notice (SPN) 14 Working Group

Dr Craig Taylor (CJT), Chair of West Midlands RTC, joined the meeting by telephone for discussion of this item. CJT will chair the working group.

MM presented the terms of reference for the SPN 14 Working Group with the remit to:

1. Review the format and frequency of competency assessments with a greater emphasis placed on knowledge and understanding rather than observed assessment.
2. Revise and update the SPN competencies.
3. Develop a framework of standard knowledge tests transferable between trusts.

The terms of reference were approved subject to deletion of references to the Rapid Response Report which has already been reviewed.

CJT stated that any revised recommendations on competencies needed to be practical, workable and address the concerns of transfusion practitioners. It is intended to retain the core membership of the previous Review Group with additional input from the wider transfusion practitioner community. A telecon would be arranged prior to the seminar of transfusion practitioners scheduled for 26 June 2012.

**Action: CJT to provide update report to the September NBTC.**

#### **17/12 Patient Blood Management Seminar – 18 June 2012**

MM presented the final programme for the seminar to be held on 18 June at the Royal College of Pathologists in London. The aim of the seminar is to focus on patient blood management by avoiding unnecessary transfusions and using alternative measures where appropriate.

There is a need to define the expected outcomes from the seminar to influence appropriate use of all blood components and in discussion the following issues were highlighted:

- There is evidence from a systematic review of the use of tranexamic acid in surgical patients that this has reduced the requirement for blood transfusion.
- Introduction of performance measures for patient blood management e.g. checking the blood count before giving blood, consent for transfusion, etc.
- Presentations from the seminar will be recorded and available for use at regional meetings.
- A statement of outcomes from the 5 workshops will be produced. The outcomes will be publicised via the RCPATH, RCP and to clinicians.
- The outcomes will be used to provide recommendations for implementing patient blood management in hospitals via the RTCs and HTC.

#### **18/12 NHSBT Strategic Plan 2012-17**

The meeting reviewed the NHSBT strategic plan for 2012-17 noting the focus on strengthening donation services and improving interface with NHS hospitals. With regard to the review of diagnostic services provisions, RE expressed concern that this should not include the closure or transfer of red cell reference laboratories.

There was discussion on the use of platelets in non-haematology patients with a suggestion for a clinical research trial on the use of platelets in patients taking anti-platelet medication.

JH enquired how the services provided by NHSBT compare with their counterparts in other European countries and in discussion it was agreed to invite Steve Morgan, NHSBT Associate Director for International Services, to the September NBTC meeting to present on this topic.

**Action: MM**

## **19/12 Audience Response System**

RG presented a proposal to purchase an audience response system for use as a shared resource by the 10 RTCs at education meetings. The system which includes handsets and receivers can provide immediate feedback and interaction between speakers and delegates, assess actual learning and reduce administrative time in collating results from evaluation forms. A trial has been carried out in the southern RTCs and the system has proved popular. The cost of 160 handsets with receivers is £6,000 inclusive of VAT and could met from the NBTC budget.

In discussion views were expressed that not all regions consider this a high priority purchase, there were reservations about the feasibility of transporting the system between the 10 RTCs and the additional time burden on speakers in preparing suitable questions for the audience responses. The RTCs in the north of the country have access to conference facilities with similar in-house systems available if required. It was therefore proposed that the three south of England RTCs explore other funding possibilities to purchase the equipment with use restricted across the neighbouring regions.

**Action: RG**

## **20/12 Survey of HTC Chairs**

MD presented the final results of a survey of Hospital Transfusion Committee chairs to explore the relationship between RTCs and HTCs. An overall 60% response rate was achieved with 92 replies received across all 10 regions.

Of the HTCs that responded:

- 72% were aware of the RTC websites.
- 57% said they attend about a quarter of RTC meetings.
- 52% stated their attendance at RTC meetings was limited by work commitments.

There was an indication from 50% of the respondents that steps could be taken to improve the relationship between the two committees and the Executive discussed:

- Raising awareness of the RTC web pages.
- Enhancing communications between the RTC Chairs and HTCs.
- Greater and earlier publicity of events in the region.
- Broadening the scope of attendance at education meetings.
- Some RTCs provide data to each HTC on activities and trends in blood usage and this information is useful for HTCs.

A submission will be presented to the September meeting of RTC Chairs.

**Action: MD**

## **21/12 Process for Clinical Audit Projects in relation to RTCs**

RG presented a paper setting out a proposed process for submitting and reviewing clinical audit projects from the RTCs to provide a system of evaluation of audit proposals and an agreed programme of audits. Audit proposals would be submitted using a standard project document and reviewed twice yearly for inclusion in an annual audit programme. The RTC projects would be aligned with the national and regional audit programme to avoid duplication of projects and data collection periods associated with the National Comparative Audits (NCA) for Blood Transfusion.

It was considered that the NCA steering group could review and determine the project proposals from the RTCs at their main meeting and by an additional teleconference mid-year.

The Executive agreed to some flexible support working between the NCA and RTC audit staff.

**Action: RG**

## **22/12 NHS Litigation Authority (NHSLA)**

MM reported on a joint letter from SHOT and the NBTC to the NHSLA in response to their proposal to remove blood transfusion from the risk management standards for hospitals in 2013/14. The letter dated 18 May 2012, details data demonstrating an ongoing need for continued monitoring of blood transfusion in hospitals and improved transfusion training and education in all relevant disciplines. A formal response from the NHSLA is awaited.

## **23/12 Transfusion Training**

MM provided a letter sent to the President of the Royal College of Pathologists from NHSBT setting out the deficiencies and concerns in the training in transfusion medicine as evidenced in College examinations which indicate that a major problem is the limited hospital-based training within haematology training programmes. The letter proposes a meeting of stakeholder organisations involved in this issue.

## **24/12 Transfusion Practitioner Development Framework**

RG presented a draft framework for transfusion practitioners which sets out options for a continuing personal development plan specifically for transfusion practitioners to be launched at their national conference on 26 June.

The document would be circulated electronically to the Executive for comment prior to the June conference and presented to the September NBTC meeting with a request for endorsement.

**Action: RG**

**25/12 Cytomegalovirus (CMV) tested blood components**

JH referred to the recently published SaBTO position statement and queried the status of the recommendation relating to bone marrow transplants. It was confirmed the recommendation is not mandatory or formal policy and it is for clinicians to agree a local policy.

**26/12 Fresh Frozen Plasma (FFP)**

JH raised the issue of extending the shelf-life of FFP from the present 24 hours after it is thawed as is accepted by several other countries. This was discussed at the March 2012 meeting of the NBTC with a request that NHSBT consider whether the shelf life can be increased to 48 or 72 hours.

**Action: Laura Green**

**27/12 Mr Robert Elshaw**

The Chair noted that this was Bob Elshaw's last meeting prior to his standing down as Chair of Yorkshire and Humber RTC and expressed thanks and appreciation for his immense contribution to the region and the NBTC and wished him well for the future.