

NBTC Patient Blood Management Working Group

Confirmed Minutes of a meeting held on 28 January 2013
at the Association of Anaesthetists, 21 Portland Place, London.

Present: Professor Mike Murphy (MM)
Dr Shubha Allard (SA)
Dr James East (JE)
Ms Rebecca Gerrard (RG)
Ms Victoria Griffin (VG)
Mr Kenneth Halligan (KH)
Dr Alwyn Kotze (AK)
Ms Lynne Mannion (LM)
Dr Kate Pendry (KP)
Dr Megan Rowley (MR)
Mr Toby Richards (TR)

Apologies: Professor Adrian Newland
Mrs Teresa Allen (TA)
Mr Stephen Bassey (SB)

01/13 Welcome and introductions

MM welcomed members to the second meeting of the working group advising the main purpose is to progress the initial recommendations on PBM.

02/13 Minutes of the last meeting

The minutes of the meeting held on 20 November 2012 were accepted as a correct record and the action log was duly noted.

03/13 Recommendations for the implementation of PBM

MM stated that Papers A to C have been incorporated into one draft document in a format similar to previous Health Service Circulars (HSC) in preparation for circulation to hospital trusts. A key issue for consideration is how the communication should be badged and disseminated. It was felt this should be similar to the PBM conference which was jointly hosted by the DH, NBTC and NHSBT.

Action: VG to discuss with DH.

Other comments arising from discussion of the draft paper:

- The need to determine how this is going to be taken forward and what hospitals could expect will come next.
- The requirement for a Trust board non-executive to drive forward

and oversee the PBM project. This could be included in the hospital's governance process.

- The need to involve middle management and include a score card system.
- The preliminary document sets the scene and leads to development of more detailed performance measures similar to the Commissioning for Quality and Innovation (CQUINS) payment framework to encourage divisions in hospitals to produce basic data on how many units are transfused and transfusion rates per 1000 patients.
- Provide details of quarterly blood transfusion rates as a measure to stimulate PBM.
- The requirement for resources to develop a central benchmarking tool to collect and analyse blood use in 2/3 specified conditions to demonstrate value. It will be the responsibility of hospital management to collect a minimum dataset for patients at risk of transfusion, pre-operative patients and for transfused patients. Include this as part of the patient's choice in understanding treatment options. It is important that PBM takes account of patient outcomes.
- There is a requirement for standardised rather than raw rates of transfusion and an assurance to hospitals that the data will be risk adjusted. Link this to the NICE guidelines on transfusion and quality standards.
- Refer to the good governance of Patient Reported Outcome Measures (PROMs).

05/13 Further development of PBM

05.1/13 Draft minimum transfusion dataset

The draft document was reviewed with the following comments:

- The dataset should be split into mandatory and desirable categories.
- There is a need to produce a separate dataset document for patients at risk of transfusion with a starting point in the laboratory for patients undergoing elective surgery or other conditions.
- Capture data prospectively – denominator data will need to be collected retrospectively.
- Requirement to state the trigger for transfusion and the exact date and time of transfusion.
- Include a single unit transfusion policy.

05.2/13 Indication codes to capture the reason for transfusion

There is presently no standard transfusion request form although work has been done on procedure codes. The clinical reason for transfusion is important and a standard list can be prepared.

Action: KP agreed to amend as discussed.

05.3/13 Draft Key Performance Indicators

The draft document was reviewed and members were requested to submit suggestions to KP and MR. A final paper will be submitted to the NBTC meeting in April.

Action: KP and MR.

06/13 Blood Stocks Management Scheme (BSMS) development of a central benchmarking tool

There is a need for engagement with BSMS on involvement with PBM.

Action: TA

07/13 To conduct an initial audit of PBM measures by October 2013

TR has provided some questions for inclusion in the audit and further work to develop the audit proposal will be carried out by teleconference. MR referred to the need to be mindful that the NCA programme for the current year is full and hospitals already have two big audits to complete.

Action: MR

08/13 Support NICE in its development of guidelines and quality standards

MM reported that a stakeholder workshop was held on 22 January 2013 to develop the draft scope of the clinical guideline on the assessment for and management of transfusion. A consultation document will be published shortly and circulated to the NBTC membership for comment.

09/13 National Commissioning Group (NCG)

There was discussion how to utilise the NCG funding of £500,000 to support PBM initiatives. Proposals included:

- The establishment of a mechanism for central benchmarking and analysis of data.
- A national audit of PBM.
- Awareness and sharing of education resources e.g. offer education packages to foundation schools.
- The development of a parallel toolkit to be published on the transfusionguidelines website (it was noted that the website is scheduled for redevelopment).
- Publicity for PBM by members speaking at targeted meetings including medical staff inductions e.g. FY1.
- A national conference for healthcare professionals involved in PBM.
- Development of a transfusion App.
- Understanding the patient experience of PBM.

10/13 Date of Next Meeting

To be arranged.