

National Blood Transfusion Committee

NBTC Patient Blood Management Working Group

Unconfirmed Minutes of a meeting held on 18 November 2013 at the Royal College of Pathologists, London.

Present: Professor Adrian Newland (Chair)
Professor Mike Murphy (MM)
Dr Shubha Allard (SA)
Mrs Teresa Allen (TA)
Mr Stephen Bassey (SB)
Dr Paula Bolton-Maggs (PB-M)
Mr Graham Donald (GD)
Dr James East (JE)
Ms Rebecca Gerrard (RG)
Ms Vicky Griffin (VG)
Mr Kenneth Halligan (KH)
Dr Alwyn Kotze (AK)
Dr Kate Pendry (KP)
Dr Megan Rowley (MR)
Mr Toby Richards (TR)
Dr James Uprichard (JU)

Apologies: Ms Lynne Mannion (LM)

19/13 Notes of the meeting held on 3rd June 2013

The minutes of the meeting held on 3rd June 2013 were agreed as a correct record.

20/13 Matters Arising

Minute 12.2/13

RG stated that NHSBT has agreed to provide additional support for the National Comparative Audit programme for three years but the funding will need to be found from existing NHSBT/PBM budgets.

21/13 Meeting with NHS England

The Chair and Secretary reported on their recent meeting with Sir Bruce Keogh (Medical Director) and Prof Keith Willett (Director for Acute Episodes of Care) of NHS England.

Key topics of discussion included:

- Support for NBTC initiatives in all aspects of blood transfusion practice including how best to support the implementation of

- PBM measures and dissemination of information to hospitals.
- Support for enablers for PBM such as a national dataset for blood transfusion.
 - Encourage relevant national audit bases to include collection of data on transfusion.
 - Pilot some local CQUINs relating to transfusion.
 - NHS England pilots of PBM e.g. on anaemia management – some broader pilots of PBM, identify the costs.
 - Support for SHOT in resisting the MHRA recommendations for the ‘yellow card’ reporting of adverse events and incidents related to transfusion.
 - Consideration of which NHS body has responsibility for the National Patient Safety Agency (NPSA) 2006 recommendations on safe transfusion practice as they need to be revised and updated.
 - Consideration of the development of quality standards after the completion of the NICE guidelines on transfusion and the possible development of CQUINs for transfusion.
 - Links and liaison with the NBTC including NHS England representation/attendance at NBTC meetings.

Professor Keith Willett is leading the work on enhanced recovery of patients and trying to embed some of the elements on pre-operative and pre-delivery assessments and cell salvage.

It was noted that Sir Bruce Keogh is the plenary speaker at the next year’s SHOT symposium.

22/13 Patient Blood Management – National Survey

The survey report and summary of results were provided to the meeting and MM outlined the key headlines:

- 146/149 (98%) of Trusts responded
- 40% of Hospital Transfusion Committees do not include PBM in their remit or mention the development of a PBM working group
- 96% Trusts have a consultant haematologist responsible for transfusion but only 94 (64%) provided information about the number of assigned programmed activities for transfusion; 50% of those that did respond indicated their haematologists have no assigned programmed activities for transfusion
- 24% Trusts have < 1 whole time Transfusion Practitioner
- 61% of Transfusion Practitioners spend 30% or less of their time on PBM activities
- Trusts responding to the survey have 36 different types of transfusion laboratory IT; many have poor functionality to support PBM e.g. only 24% of Trusts use electronic order communications for blood ordering and only 69% of blood transfusion laboratory systems record the reason for transfusion to facilitate audit
- Less than 50% of Trusts have a process for reporting blood usage to clinical teams
- Only 53% of Trusts undertake local audits of blood use

- Most Trusts offer training to the majority of clinicians, but 20 (14%) did not comment on the training of their FY doctors, and over 40 (27%) did not send data on how they trained their Core or Specialist trainees.
- Less than 50% of Trusts provide information about blood transfusion and document consent in the majority of their patients who might need transfusion
- Only 78% of Trusts provide arrangements for the identification and management of anaemia before elective surgery
- Only 25% of Trusts use near patient haemostasis testing
- Only 25% of Trusts have a policy to minimise the volume and frequency of blood samples to minimise iatrogenic anaemia
- Only 73% of Trusts use tranexamic acid for trauma patients (despite the results of reduced mortality in the CRASH-2 trial)
- No Trusts use tranexamic acid for greater than 40% of surgical patients
- Only about 50% of Trusts are using intraoperative cell salvage for orthopaedic surgery
- Only 29% of Trusts have implemented a policy of transfusing one unit of red cells at a time in non-bleeding patients followed by reassessment of further need for transfusion.

It is proposed to carry out a national comparative audit of Patient Blood Management in surgery during 2014.

There was discussion on the management of pre-operative anaemia. The main responsibility for this falls on the hospital pre-admission clinics. It is recognised that identifying and treating anaemia by GP practices prior to referral for surgery would improve patient care. MR advised that the Royal College of General Practitioners has an initiative whereby nominated topics can be prioritised for research and quality improvement. The deadline for 2013 has passed but MR/KP and AK could follow this up to see if pre-operative anaemia management could become a topic in future years.

Action: MR to liaise with KP and AK and the Royal College of General Practitioners.

Other actions to arise from discussion of the survey results were as follows:

- Preparation of the survey results as a regional slide presentation for discussion at RTC meetings. To be actioned as soon as possible.
- Development of an article for publication in a peer review journal highlighting the survey results dovetailed with NBTC recommendations for publication early next year. AK, TR and TA agreed to assist with the article.

23/13 Information from PBM survey on IT capability

A paper highlighting the capability of IT systems in hospitals was reviewed. Out of the 146 Trusts which responded:

- 35 Trusts indicated they are using electronic order communications for blood components requests.
- 101 Trusts record the reason for blood component requests in LIMS.
- National indication codes for transfusion are used in 48 Trusts.

24/13 Transfusion dataset and key performance indicators

KP reported on a proposal to develop transfusion dataset standards. The dataset circulated for discussion was developed in Oxford and there needs to be consideration of how this can be adapted for paper requests. It was agreed to proceed with the development of a standardised dataset for electronic blood ordering.

Action: KP

25/13 Key Performance Indicators (KPIs)

Eight draft key performance indicators were presented based on those developed in the USA by the Association of American Blood Banks (AABB).

It was agreed to focus on transfusion consent and pre-operative anaemia screening and to proceed with the development of the KPIs.

Action: KP to progress.

26/13 Proposal for North West regional project to implement pre-operative anaemia management

KP outlined a proposal for a project to support the implementation of pre-operative anaemia management in hospitals in the North West region. The aim of the project is to develop standardised referral pathways between primary and secondary care, investigate and manage pre-operative anaemia and develop a best practice toolkit for use across the country. To date four pilot sites have been identified within four different specialties including elective orthopaedic surgery. The business case presented set out a funding requirement of £26,000 to cover the costs of a part-time project manager for one year, business analyst support and administration costs. The project is supported by the Chairs of the Regional Transfusion Committees.

TA agreed to have further discussion within NHSBT for the release of monies approved by the NCG to fund the project. The Chair agreed to provide a letter of support letter from the NBTC, if necessary.

Action: TA

27/13 Patient Blood Management in Medical Patients

KP presented the paper which gave an overview of the results of the Audit of the Use of Blood in Medical patients conducted in 2011/2012 and reported in 2013.

- In Part 1 of the audit of 9126 patient transfusions submitted,

4818 were transfused outside of audit standards.

- In Part 2 of the audit 3138 of the 4818 cases were selected for consultant review and of 1592 cases reviewed in detail, 13% of medical patients were found to have been inappropriately transfused i.e. being transfused for potentially reversible anaemia or above recommended thresholds.

A number of resultant actions and recommendations have been identified which link to the activities of the PBM working group. In particular, the group were requested to approve the outputs from the audit with regards to the tools and resources developed to improve the management of anaemia, the promotion of the use of single unit transfusions and appropriate transfusion requesting for medical patients.

The audit is linked to the Royal College of Physicians (RCP) and a paper is being prepared for publication in the college journal of 'Clinical Medicine'. A poster is also being developed.

28/13 PBM Smartphone Application

SA outlined a draft business case for funding to develop and promote a PBM Smartphone Application (PBM App). A PBM App would provide ready availability to guidelines for clinicians.

In discussion of the proposal it was suggested that the British Society for Haematology may be better placed to support the long term funding and ongoing maintenance of a PBM App, possibly jointly with NHSBT.

29/13 Any Other Business

TR advised on discussions to hold a UK conference on patient blood management involving the British Blood Transfusion Society and the Hospital Transfusion Special Interest Groups (HoT SIGs). The sources of funding are being explored.

30/13 Date of Next Meeting

The next meeting of the working group to be arranged in May 2014.