

Present:

Name	Hospital	Name	Hospital
Jim Bamber <i>JB Chair</i>	Addenbrooke's	Dora Foukaneli <i>DF</i>	Addenbrooke's & NHSBT
Donella Arnett <i>DAR</i>	Watford	Debbie Asher <i>DAs</i>	Norfolk & Norwich
Claire Atterbury <i>CAt</i>	Queen Elizabeth	Frances Sear <i>FS</i>	NHSBT
Jane O'Brien <i>JO'B</i> <i>Minutes</i>	NHSBT		

Apologies: Carol Harvey, Sharon Kaznica, Michaela Lewin.

1. Welcome: JB welcomed all present to the meeting.

2. RTT business:

- Minutes of last meeting agreed as accurate.
- A breakdown of RTT attendance over the last 10 meetings was distributed. It was agreed that we contact those who have been able to attend very few meetings and ask if they would like to stand down. The need for another consultant haematologist on the group was also discussed and DF agreed to approach some of her colleagues at other hospitals.

3. RTC business:

Pathology modernisation survey: Following the NBTC and RTC Chairs meetings, JB was tasked with conducting a survey of other regions to determine what effect, if any, Pathology Modernisation has had. A scoping exercise to RTC Chairs and Administrators to determine the level of pathology modernisation in each region should be carried out. A further survey to affected lab staff addressing the issues/questions below should follow:

- Stage of process – fully implemented, in transition, under negotiation
- Concerns – to include staff numbers, skill mix, financial responsibility
- Impact on HTT members – consultant haematologists, TLMs, TPs
- Service improvement (if any).

DAs said she found one of the biggest issues was the transition process especially in terms of communication and IT systems.

Action Plan: the RTC action plan was discussed and it was agreed by those present that we are an active region with interesting ongoing projects. With regard to the issue of new oral anticoagulants (NOAC) and the problems relating to the lack of reversal agents, DF suggested that she and FS draft a selection of bullet points from Trevor Baglin's presentation at "Blood Transfusion in Surgical Practice" to order to provide some regional advice to assist TPs.

4. Education events:

Blood Transfusion in Surgical Practice: a detailed break down of the feedback was circulated and discussed. A common comment on Trevor Baglin and Toby Richards talks were that they were too short, so it may be that we should have allocated more time to those. It was agreed that the timings of the other talks were appropriate. JO'B noted that both EPA and TPP do not seem to have processes in place to pay delegate fees. Also, despite being asked to let JO'B know if they are unable to attend, as with previous years some of the haematology SpRs who are given free

places did not attend without notice. This means we pay delegate fees to the venue unnecessarily.

Education day 2015: Following discussion at this morning's RTC meeting, it was agreed that the implementation of PBM should be the theme for next year's event. DAs said that PBM is being driven partly by anaesthetists so the subject should appeal to them in addition to HTC members. The following topics were suggested:

- Consent and barriers of delivery. To include the results of the NCA on patient consent.
- Restrictive blood sampling – Nicola Jones, Papworth
- Use of erythropoietin
- Optimisation of the patient, including financial implications.
- Single unit transfusion – a pilot is commencing at a London hospital
- Renal anaemia
- Underlying causes of anaemia; with particular reference to patients given "quick fix" transfusions without further investigation.
- Platelets – new guidelines are currently in development

A draft agenda should be put together prior to the next RTT meeting and anyone attending the forthcoming meetings "Advances in Transfusion Medicine" and "Patient Blood Management in Clinical Haematology" should take note of any topics and speakers who might be suitable for our event.

It was agreed to hold the meeting at the end of September or beginning of October.

5. PBM Toolkit for HTC Chairs: Following the work in some other regions, FS has drafted a toolkit for HTC Chairs. It was agreed that this is a good idea and CA suggested that something similar for Consultant Haematologists leading on transfusion would also be very useful. DF suggested this could be discussed with Shuba Allard.

6. Twitter: As confirmed at this morning's RTC meeting, our region now has a Twitter account, which we will begin to publicise.

7. GP Training: It was suggested to DF that the Post Graduate Medical Centre at Addenbrooke's, which provides training for GPs, would welcome sessions relating to transfusion. It was agreed that we offer single sessions to include topics such as early diagnosis and treatment of iron deficiency anaemia and anti-D (including appropriate taking and labelling of samples).

8. PBM survey: A survey of specialisms and PBM practices was sent to TPs at all regional hospitals to help us gain an overview of initiatives in the region. A similar survey, then entitled Transfusion Alternatives and Avoidance, was performed in 2010, so it may be interesting to look at changes over the past 4 years.

9. Pre transfusion Hb audit: At the last meeting, members were asked to determine the ease with which they would be able to obtain information on patients with fractured neck of femur in order to conduct a more detailed audit on such patients. All those responding indicated that it would be possible, with varying degrees of difficulty and involvement of colleagues. CA said she had been informed that #NOF patients are regularly audited nationally, therefore we should discover what information is collected and if regional data, including haemoglobin levels and numbers of units transfused, can be extracted from the database.

NB: The Royal College of Physicians host this database at <http://www.nhfd.co.uk>. Log in is required to access information

10. A.O.B: None

11. **Date and time of next meetings:** it was agreed to continue with RTT meetings following on from RTC meetings, with others added as required.

Meeting dates: 18th December 2014, 2 – 4 pm Cambridge Donor Centre

26th February 2015 1.45 – 3.45 pm, St John's Innovation Centre.

Actions:

Action	Responsibility	Status/due date
Contact RTT members unable to attend meetings on a regular basis	FS	ASAP
Invite a haematology consultant colleague to join the RTT	DF	12 th December
Draft surveys on Pathology Modernisation to determine level of development nationally	JB, JO'B, FS	
Select relevant information from Trevor Baglin's presentation on NOACs to provide guidance for TPs	DF, FS	ASAP
Suggestions of topics and speakers for the 2015 education day to JO'B please	All	12 th December
Draft programme and check venues	JO'B	17 th December
Contact Post Graduate Medical Centre to offer sessions on transfusion related topics to GPs	DF	17 th December
Determine specifics of data collected by the National #NOF database		17 th December